

# the Australian Society for Medical Research



Newsletters, News and Events

## Newsletters

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## ASMR NEWSLETTER MARCH 1996

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### President's Report

#### ALL CHANGE IN CANBERRA

You have probably noticed that, politically, the earth moved a couple of weeks ago and there are new faces at the helm of the nation. I'll sketch out what we know of their policies for health and medical research in a moment, but first a few remarks about the campaign and ASMR's efforts therein.

#### National opinion poll

Neither side brought any explicit new commitments to the campaign itself, and indications had been that while health was recognised as a significant election issue, medical research was seen in a separate box, irrelevant to the electorate. Late last year ASMR commissioned Newspoll to conduct a national opinion poll to test public attitudes to health and medical research. The results were very favourable in that they showed the public strongly endorsed the importance of medical research to health care, felt Australia should do significantly more, through increased Government support, and would be concerned if their preferred party did not have such a policy [for full results, see article, page 3]

The federal election was called on Jan 26 so the poll results were launched in a national press release the following week, and again in mid-February, after the first releases of parties' positions on health had appeared. Media interest was reasonable, somewhat stronger than in 1993, with some radio interviews and articles in some major dailies, but the volume of other news during the campaign was a big obstacle.

#### Policies of the new Government

Neither party made any public announcements of policies for medical research until the last ten days of the campaign, and neither party leader mentioned medical research. Drs Lawrence and Wooldridge both re-committed to the "2 %" target, but made relatively small promises otherwise: \$ 30 m over three years for medical

research institutes (including \$ 20 m for a single institute in Perth) from the ALP at the eleventh hour; \$ 1.0-1.5 m extra for PHRDC and \$ 1.5 m for clinical research centres of excellence from the Coalition. An additional \$ 9.3 m in postgraduate scholarships and \$ 30 m/year in university infrastructure was also announced by Senator Robert Hill (notionally 15 % of which would flow to medical research departments).

Dr. Wooldridge wrote to ASMR in response to our public statements and the circular to our members, stating that: "the Coalition will maintain the existing commitment to a medical research effort equivalent to two per cent of the national health budget by the end of the century. We believe this is vital if we as a nation are to contribute to the international medical research effort." Senator Hill, in the science, engineering and technology policy statement "Investing in Tomorrow" criticised Labor's "broken promises to scientists, such as the promise to increase medical research funding to 2 % of the health budget by the year 2000."

Following the change of government, Michael Wooldridge has been confirmed as Minister for Health and Family Services, Amanda Vanstone as Minister for Employment, Education & Training, and unfortunately Science has again slipped to the outer Cabinet (Peter McGaurin, represented by Industry Minister John Moore in Cabinet]. The Secretary of the Department of Health, Stephen Duckett, has departed and been replaced by Andrew Podger, former Secretary of Dept. Housing and Regional Development (under Brian Howe).

It is expected that all programs will come under severe pressure for spending cuts in the upcoming Budget. Prospects for new commitments being made are extremely poor, and considerable effort will be required to hold the line. ASMR will be seeking early assurances that the existing modest program of increases (from the 1995 Budget) will remain. Beyond that, we have to ensure the rhetoric of the "2 %" promises, which ought to see significant increases in national investment, is actually put into place.

### **Unfunded salary increases**

NHMRC salaries are linked to general movements in academic salaries. Due to the adoption of enterprise bargaining, increases of 5-7% are in train at several institutions, with no clear prospect that these increases will be funded, even in 1997. ASMR will naturally be advocating that NHMRC receive supplementation to avoid either effective 5 % cuts in grant budgets as the new salaries bite, or a commensurate reduction in the number of grants funded.

### **ASMR Home Page**

On a happier note, thanks to the efforts of Webmaster Matt Gillespie, we have a home page at last (<http://www.medstv.unimelb.edu.au/ASMR>). This site is definitely under construction, so wander in and tell us what you want to see there.

Finally, I want to thank every ASMR member who struck a blow for medical research during the election campaign, by standing by for calls from the press, hassling their local candidates, or just bending the ear of anyone who'd listen. It was not the most convenient of times (grant writing and all) - so the effort was all the more welcome. Let's keep at them.

Graham Mann

## Poll Update

### ATTITUDES TO HEALTH AND MEDICAL RESEARCH - a national opinion poll

ASMR has often encountered the belief that research does not rate as a political issue. While it is clear that it is not volunteered when people are asked for the big issues on their mind, we were unable to find evidence that it had ever been asked about specifically. In particular, it seemed reasonable to suspect that the community recognised a link with health, which ranks at number one or two in political weight.

We therefore designed a questionnaire to be put to a national opinion poll sample by Newspoll Market Research, and it was run on December 8-10 last year with the financial support of various medical Colleges and Faculties of Medicine.

### Results

The questions were introduced as being about medical research in Australia, defined as "all research aimed at improving health and the prevention and treatment of disease".

1A. *Do you personally think medical research is important to improve the quality of health care in Australia?*

98 % said it was important, including 89 % very important.

1B. *Do you personally think medical research is important in keeping health care costs down?*

90 % said it was important, including 70 % very important.

2. *Would you say that the amount of medical research done in Australia matters to you personally, or is it of no concern?*

85 % said it matters, including 64 % to whom it matters a lot; concern was somewhat lower in the 18-24 age group (72 % and 38 %, respectively).

3. *Would you say that the amount of medical research done in Australia is too little, too much, or is it the right amount?*

52 % said too little, 27 % about right, 1 % said too much, and 20% had no opinion.

4. *If more medical research is needed in say certain areas like heart disease, cancer or mental health, which one of the following should be mainly responsible for paying for it?*

78 % nominated government, 9 % private industry, and 8 % the public through donations.

5. *Australia spends about \$ 35 billion a year on health care. How much of this do you personally think should be invested in medical research on health problems in Australia?*

The alternatives offered were none, 1, 2, 5, 10 and > 10 per cent. The average was 9 per cent (see Figure); 79 % said more than 2 per cent.

6. *Everyone in Australia now pays about six cents a day through taxes to support government-funded medical research. How much extra would you personally be prepared to pay per day if that money was guaranteed to go to medical research?*

The alternatives offered were nothing, 2, 4, 6, and > 6 cents. The weighted average was 4.7 cents/day.

7. *Thinking of the coming Federal election ... If your preferred party's policy for health did not include major improvements in support for medical research in Australia, would you personally be concerned or not?*

80 % would be concerned, including 37 % very concerned.

Apart from the somewhat less strong response by young people to Q2, there were

no significant differences in response by demographic group or voting intention.

## Discussion

These results represent the first serious attempt to quantify public attitudes to health and medical research and its funding in Australia. No attempt was made to set the level of support against that for other public services; this would have required a much larger survey, and we felt it best to have these questions answered before proceeding in that direction.

The responses are gratifyingly clear. Australians see a strong link between health and medical research in Australia and the quality and cost-effectiveness of health care. They care about how much research we do, and by a two-to-one majority, want more to be done; virtually none want to reduce our efforts. The community is quite comfortable with government taking the lead in seeing that the national medical research effort is expanded. The amount of extra resources that they are prepared to invest is very large: around five cents a day extra, nearly double the current level of government-funded health and medical research. In 1990-91 terms, when investment was around \$ 600 m/year nationally, and two-thirds of that was from government (taxpayer) sources, this would amount to \$ 300 m extra per year - e.g. a trebling of NHMRC's budget!

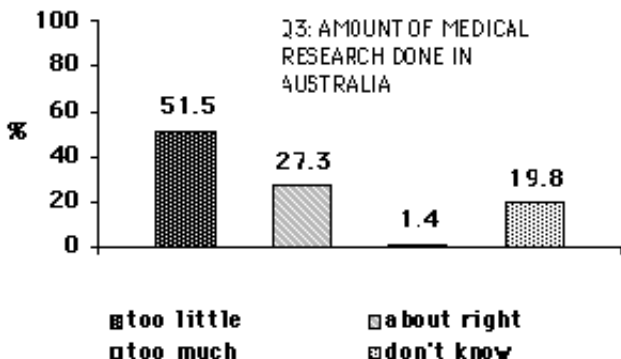
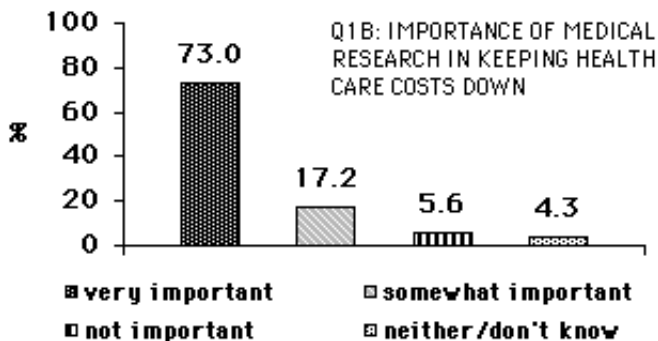
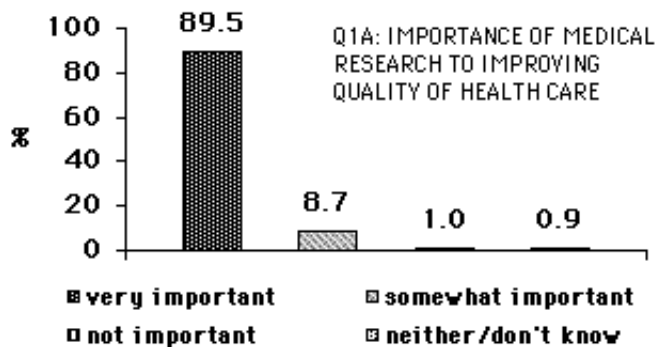
With public support for medical research as high as it is, it seems that current levels of promotion of medical research to the public, by ASMR and others, are broadly effective. However, these attitudes seem not to be reflected in public policy, and we need to develop more specific strategies for seeing that these strong community expectations realised at that level.

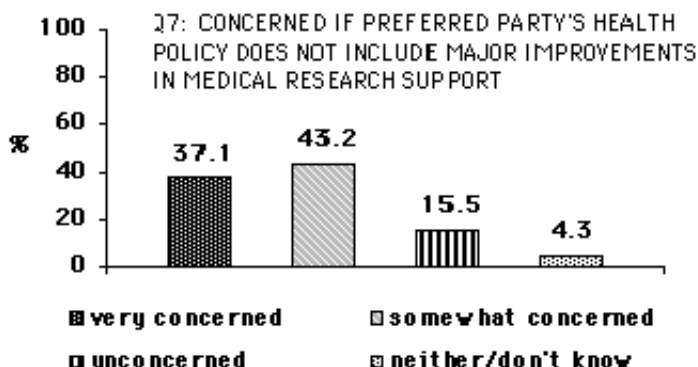
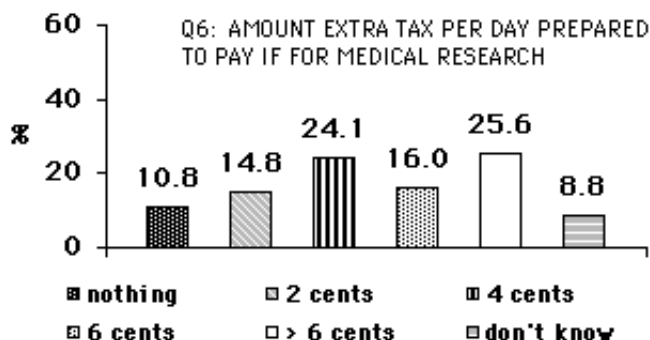
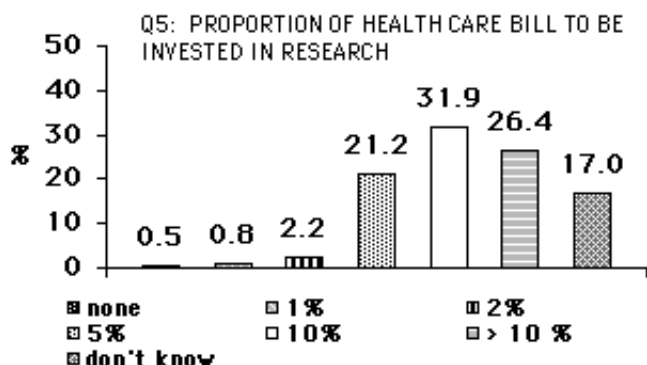
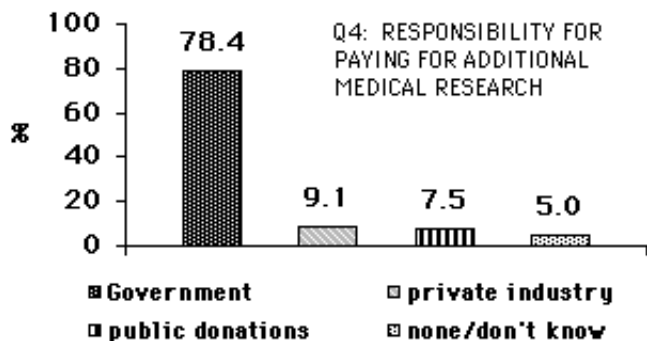
## Methods

The survey was run as part of an "omnibus" telephone survey, which included questions about demographic and socioeconomic status, and voting intention of the respondent. The sample, of 1200 adults aged 18 and over, was obtained by a stratified random sample process which included quotas for urban and non-urban areas in each state, and random selection of an individual in each household. Data were weighted to reflect the age and sex distribution of the population.

ASMR is grateful to the following donors for their support of this project: Royal College of Pathologists of Australasia, Australian and New Zealand College of Anaesthetists, Royal Australasian College of Surgeons

Royal Australian College of Obstetricians and Gynaecologists, Australian College of Paediatrics, Royal Australian and New Zealand College of Psychiatrists, Faculty of Medicine, Monash University, Faculty of Medicine, University of Melbourne, Faculty of Medicine, Flinders University, Faculty of Medicine and Dentistry, University of Western Australia, Australian Biosearch Pty. Ltd.





## HEALTH AND MEDICAL RESEARCH AND AUSTRALIA'S FUTURE

The ASMR recently hosted a Symposium at the Walter and Eliza Hall Institute where several senior Australian health and medical researchers discussed the

future of medical research in Australia. The speakers, from across the spectrum of medical research from basic molecular science to community-based health promotion, highlighted the pay-offs from investment in research and agreed that knowledge was the key to dealing with health problems.

Dr. Peter Colman of CSIRO described the work of his team in developing a drug against the influenza virus, which was recently honoured by the award of the Australia Prize. He pointed out how the discovery grew out of many years basic research into the structure of proteins, and originally started for reasons which had nothing to do with influenza. The message from this experience is that important medical discoveries arise from basic research and can only be acted upon in an environment which supports scientific excellence. The successful use of this Australian designed drug stood to return \$600 million to the Australian community, not counting royalties or spin-offs. This benefit is ten times the original cost of the research.

Rhonda Galbally, CEO of the Victorian Health Promotion Foundation emphasised a whole-of-life approach to maintaining health. This includes good quality research to discover at what stage of life intervention would be most effective in avoiding health problems, and careful evaluation of health programs to ensure that they worked.

Professor Joe Sambrook, Director of Research at the Peter MacCallum Cancer Institute presented criteria for judging the effectiveness of granting systems. He emphasised the strengths of our medical research grants system, stating that it aimed to deliver high quality research in a publicly accountable manner. However he called for greater streamlining and flexibility to ensure good new ideas could be supported as rapidly as possible, and insisted that realistic funding should be provided to get the job done.

Keith Stanley of Sydney's Heart Research Institute pointed out the opportunities provided by our location close to the researchers in East Asia who are now rapidly developing a strong science base. He described recent moves to establish an Asia-Pacific Molecular Biology Organisation, along the lines of EMBO.

All speakers agreed that the new knowledge required to deal with health problems in Australia would only come through building on our existing strengths across the full spectrum of health and medical research. Most importantly we must find new ways of channelling the community's support into stronger government and private sector funding for research.

Sir Gus Nossal chaired a vigorous debate on the issues presented, and was presented with the Honorary Life Membership of the ASMR, as approved at the recent AGM of the Society.

In all, the symposium provided much food for thought and flagged several issues for further debate by the health and medical research community. We look forward to furthering that process in these pages and possibly by further symposia in other centres- hopefully as stimulating and enjoyable as this one was.

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## **THE STRUCTURE OF THE BOARD OF DIRECTORS OF ASMR.**

Kieran F. Scott. President-elect

This article is intended to open discussion within ASMR on the structure and means of election of our Board of Directors, an issue which in my view is central to the effective workings of our Society and is in need of change. The views expressed here are my own and do not reflect the position of the Board of Directors. This article is the first in a series which will seek to identify the key issues for discussion and to set out a proposal for change. It could potentially lead to a motion to amend the articles of association being put to the members at the 1996 or 1997 annual general meeting once a full debate has taken place.

## **Background.**

The activities and areas of influence of ASMR have dramatically increased over the last five years, both nationally and internationally. While this process is far from complete, the Society's profile has been raised in several ways:-

- as a key organisation for consultation and advice in the development of Government policy with respect to medical research.
- as a representative body in communication of the views and aspirations of medical researchers with fund providers such as NHMRC.
- as a source of information and informed opinion for the media in areas relevant to medical research.
- as a group charged with the obligation to raise the profile of medical research in Australia both locally and internationally.

The implementation of this policy has required ASMR to extend its communications network to all stakeholders in medical research. This has been achieved in the areas of contact with affiliate societies, patient-based support groups and Foundations, and in establishment of state-based member networks. Our mechanisms of communication with our own membership are improving exponentially with a revamped newsletter and our first steps into electronic communication. The increased contact with the political system and the media has been spectacularly successful in raising the profile of ASMR both within Government and within our own constituency. We have also put in place mechanisms to engage with the pharmaceutical and research support industries. There are other significant areas, particularly in the corporate sector, with which we have yet to gain a significant profile but which do, and will continue to, influence the development of medical research.

These developments mean the obligations and responsibilities of the Board of Directors of ASMR are being exercised in a much more public way than in the past. As we continue to expand, there will be an increasing need for continuity and experience in the operations of the Board. The developments also mean that the infrastructure of the Society needs to keep pace with the increasing demands on directors' time and resources. I think it is appropriate now to examine the issue of directors' terms and the age-limit on directors.

## **The Current Situation.**

### (i) Elections

The current system of election for the board of directors (10 members plus the president) is that all directors resign after one year of service (with the exception of the President-elect) and 10 positions become vacant. There is no limit to the number of times an individual can nominate for election except that they must be



under the age of forty at the time of election.

#### (ii) Appointment of Officers.

The first act of a newly-elected Board is to elect officers. The Executive consists of the President, a newly-identified President-elect, a Secretary and a Treasurer. Committee chairs are also appointed. Currently these are (i) membership, (ii) research careers, (iii) public relations (iv) communications. The National Scientific Conference local organising committee (a committee formed within the State in which the NSC will be held) is represented by a Director from that State. All appointments are for one year. Remaining board members are assigned to committees to assist in their work

### **Arguments for extension of the terms of Directors**

#### (i) The "retention of board experience" argument.

Newly-elected board members have an extremely steep learning curve on first election. At the end of one year, they have gained a significant knowledge of the workings of the Board and their particular portfolio, however they may at that time fail to be re-elected for a subsequent term. An extended term would allow the Society to adequately capitalize on this expertise.

#### (ii) The stabilise portfolio argument.

As ASMR expands its contact base into professional societies, industry groups, the media, the political scene and develops further its own use of multimedia such as the internet, more of the work of committees will rely on the establishment of strong relationships with individuals in outside organisations. Extended terms will provide sufficient stability for committee chairs to hold these posts for longer than the current one year. Often, the strategies and plans put in place by a committee will not come to fruition within the term of that Committee. An extended term will give them more time to put in place the initiatives they have begun in their first year.

### **Age limit for Directors**

Currently there is an age limit (40 years) on Directors. This mechanism has served the Society well in the past and has led to the ASMR being seen as a "young person's" Society and the voice of the "young Turks" of medical research. However, this great strength also raises an important question: how does the Society adequately represent the views of its older members? More importantly, how does the Society access the experience and encourage the commitment of our senior colleagues. These people have no mechanism of obtaining formal positions of influence within ASMR. Is it reasonable that they be excluded from influencing the governance of the Society, other than by voting for Directors or by submission to the Board?

Any change to the mechanism by which the Society elects its representatives will require amendment of the Articles of Association of the Society and must be carried by a majority of voters at an AGM. Over the next year, I am seeking input from all of our members and stakeholders with respect to these issues. Please feel free to contact me with your view and you can be certain it will be heard. Given the importance of these issues, I would prefer written responses via letter, E-mail

(kieran.scott@unsw.edu.au) or Fax (02) 361 2794.

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## DISCUSSION PAPER

### Appointment of Research Assistants to positions on NHMRC Project Grants

*ASMR is developing a position statement on issues affecting research assistants in the health and medical research system. The following article represents a summary of the first detailed submission we have received since we called for submissions last year. The full text of this paper, written by Dr Phil Marley, is available on the ASMR Homepage (<http://www.medstv.unimelb.edu.au/ASMR>). We look forward to receiving responses to the specific issues he has raised, as well as further contributions from ASMR members, especially research assistants. Please contact the Research Careers Subcommittee through the convenor, Peter O'Loughlin.*

#### Summary

A number of problems exist in the present Conditions of Award of Project Grants with respect to the appointment of Research Assistants. These include restrictive processes that do not recognise experience gained while employed in non-NHMRC-funded positions, lack of automatic recognition for experience gained more than two years ago while employed on NHMRC funds, the requirement to refer non-base-level appointments to the NHMRC for approval and the resulting lack of autonomy of grant holders to manage their one-line budgets independently, and lack of guidelines for the appointment of RAs at various levels within the Level A classification. These problems pose serious impediments for RAs who wish to maintain stable employment or develop a career within medical research. This is exacerbated by the fickle nature of research funding, which often requires research projects to be funded from multiple sources during their life.

This discussion paper highlights some of these problems, and makes some suggestions to remove some of the impediments to the appointment of RAs to levels appropriate to their skills and experience. These suggestions are designed to stimulate discussion on the present conditions for appointing RAs and the career paths available for RAs in medical research.

#### Current Conditions of Award for Project Grants (effective 1 February 1995)

Section 6f of the current Conditions of Award states:

"Appointments of persons not currently employed on NHMRC grants should be made at the base level of the approved position and subject to the person having the required qualifications (ie. RA1 -BSc; RA2 - BSc(Hons); RA3 - BVSc, MSc, MPH; RA4 - MPsyh; RO1 - MBBS, BDS, PhD)."

The above conditions require all persons not presently employed on NHMRC grants who are being appointed to Research Assistant positions on NHMRC Project Grants be appointed at the base salary appropriate for their qualifications alone, *irrespective of their present employment level or their work experience*. In practice, people named in the grant application and approved by the regional grant interviewing committee (RGIC) and Grants Committee may be appointed to a level higher than the base level, but this applies only at the time of grant review and only to persons

named in the application.

The Conditions of Award of Project Grants and these guidelines for RGICs create two serious problems:

- (a) Curtailed career opportunities for Research Assistants.
- (b) Difficulty in obtaining an experienced Research Assistant required for an ongoing Project Grant.

Any applicant for a vacant Research Assistant position can only be appointed at an RA level appropriate for their qualifications alone, unless they are transferring from another NHMRC-funded position. No opportunity is offered in the Conditions of Award for the experience of such an applicant to be taken into account, or for their present level of employment on another agency's or university's grant to be considered. This seriously curtails the career opportunities for Research Assistants.

If an experienced RA should leave or not take up the position, they cannot be replaced with another similarly experienced person; the new appointee must be appointed at the base level dependant on their qualifications only, unless the new person is transferring from a *current* NHMRC-funded position. This requirement can prevent a new or ongoing project from recruiting someone with the necessary experience required for the project to be viable since such a person may not be permitted to be appointed at a level appropriate to their experience.

The NHMRC does not recognise any experience gained in non-NHMRC-funded positions as being equivalent to experience gained in an NHMRC-funded position. This is patently absurd and blatantly discriminatory. It is also unrealistic to expect an experienced and skilled applicant for a Research Assistant position to accept an offer of employment at the base level and then await the adjudication of the NHMRC for possible advancement to an appropriate higher level at some indeterminate later date.

### **Some suggestions for discussion**

When reviewing an application, an RGIC/Grants Committee will recommend a level for any Research Assistant appointments appropriate to (i) the experience and qualifications of any named person (especially incumbent employees), and (ii) the requirements of the project proposed. At present, on the one-line budget, any funds from an unfilled Research Assistant position or for one filled at a grade below the salary offered on the grant are available to the grant holder to expend as they see fit (subject to the usual \$10,000 -per-item rule). The proposals below modify this arrangement and are intended for discussion.

- (a) *Equivalent employment conditions for equivalent experience.* Applicants for Research Assistant positions should be appointed to a level that (i) reflects their relevant experience and skills, and (ii) reflects the needs of the position.
- (b) *Position descriptions for the 8 levels of Research Assistant.* At present, the lack of definition between the 8 levels of Level A Research Assistant creates a number of ambiguities, uncertainties and problems. In particular, we need clarification of the advancement of Research Assistants through the RA levels during the life of a grant.

(c) *Level of employment to reflect duties to be performed.* The lack of definition of the 8 levels within the Research Assistant scales makes it difficult to decide on the level of appointment suitable for the duties to be performed. Some thought needs to be given to providing better guidelines for determining the level of RA appointment.

(d) *Local decisions on level of RA appointment.*

If a grant has an above-base-level RA position funded on it, grant holders should be able to fill the position up to the level funded *without referral back to the NHMRC for approval*. Responsibility for ensuring the appropriate level of appointment for new RAs should reside with the institution who is employing them. The NHMRC should not be involved (unless it could *guarantee* decisions on the appropriate level for new RAs *within 48 hours* of receiving a c.v. - which is improbable).

(e) *Position statement on Level A appointments.* The Grants Committee or MRC should publish a position statement on Research Assistant appointments on NHMRC-funded grants to clarify the intentions of the Conditions of Award of Project Grants and the obligations the NHMRC sees itself as having towards the career development and continued employment of Research Assistants on its grants.

The above items are presented to stimulate discussion about the career paths for Research Assistants and the arrangements for their employment on NHMRC-funded grants. They are not necessarily my own views.

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NHMRC Senior Research Fellow  
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## SUMMARY OF LEURA CONFERENCE, 1995

The 1995 National Scientific Meeting was a great success thanks to the member of the local organising committee and all the participants (250). With the generous sponsorship of AMRAD, Ciba-Geigy, COSA, CSL Ltd, Eli Lilly, The Garvan Institute, The Howard Florey Institute and Knoll Pharmaceuticals as well as a host of other companies, institutes and departments, we were able to sponsor five international speakers as well as our local "stars" in the research arena. In addition the sponsorship was used to subsidise the costs for student members.

Some highlights included: The media symposium, organised by Associate Professor Black, in which we all practised techniques for "loosening" up and wiggling our behinds so that we could attend interviews in a more relaxed manner; the after dinner speaker, Dr Lesley Russell, from the Sydney Olympic Committee, who was a source of inspiration to us all; the high standard of presentations which made the job of the judges for the prizes so very difficult.

The Champion-Ma-Playoust Award was given to Helen Venetsanakos from the Department of Histopathology, Flinders Medical Centre, SA. The AMRAD Young

Investigator Awards were given to: Laura Issa, NSW; Joseph Badolato, NSW; Sinthia Anticevich, NSW; David Massasso, NSW; Mark Kepper, Qld; Julie Rowe, SA; Brent McParland, NSW; Kimberley Sweeney, NSW; Rosemary Keogh, VIC.

The Today's Life Science Prize went to Sholla Onasanya from NSW. In addition there were 19 travel subsidies provided by ASMR.

The NARF Award was presented to Jung-Ping Liu from the Department of Medical Oncology, Newcastle Mater Misericordiae Hospital.

The Leura Resort was a pleasant place to be and the energy for social activity was equal to that of the scientific presentations. We are glad it is over and look forward to the 1996 meeting.

Carol Armour for the Local Organising Committee

## **NOTES FROM ASMR**

The Committee would like to express its gratitude to Carol Armour and the members of the 1995 NSC Local Organizing Committee for producing an excellent scientific meeting, in addition to a meeting that allowed substantial social interaction between the members. We are grateful to Carol for taking on this task especially since she was the first convenor of a NSC who has not been a director of the Society.

Our thanks are also extended to the International speakers, Prof Gareth Evans, Prof Michael Eichelbaum and Prof Albert Osterhaus who supported both the scientific and social sides of the meeting and were only too willing to talk to student members during student's lunch which was a successful new initiative at last year's meeting.

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## **NSC 1996 UPDATE**

*VENUE:* ANA HOTEL GOLD COAST.

*ROOM CHARGES:* \$125 per room

\$150 share triple

*TRAVEL:* Regular Flights to Brisbane / Gold Coast with bus transfers to Hotel

### **FIRKIN ORATION: Professor Ralph Bradshaw**

President of FASEB and Professor of Biological Chemistry at UC Irvine

### **AWT EDWARDS: Professor John Mattick,**

Director of The Centre for Molecular & Cellular Biology The University of Queensland

*SYMPOSIA:* Apoptosis, Signal Transduction and the Cell Cycle Mapping Human Genome Disorders Photobiology and Skin Cancer The Brain and Psychiatric Disorders Cytokines, Fibrogenesis and Liver Injury Advances in Vaccine Technology

## **FURTHER INFORMATION**

Contact Dr Paul Bates, Faculty of Science and Technology,

Griffith University, NATHAN, 4111  
Ph. 07 3875 5358  
Fax 07 3875 7656  
Email P.Bates@sct.gu.edu.au

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## Research Careers Subcommittee Report

A major focus of the Research Careers Subcommittee for 1996 will be the preparation of a discussion paper on medical research conducted by hospital scientists in Australia, which is an important part of Australia's medical research effort. In addition to NHMRC funding inadequacies, these researchers are affected by changes in state based funding for salaries and infrastructure and in some cases by privatisation of health units. We have contacted hospital scientists in each state to seek comment and input. It is planned to contact the Australian Association of Clinical Biochemists, the Australian Institute of Medical Scientists and the Australian Society for Microbiology in each state, as the major societies representing hospital scientists. If you know of any other regional contacts that should be included, please let me know. We would welcome any contributions for the discussion paper from ASMR members.

Last year the Research Careers Subcommittee developed a questionnaire to survey Australian biomedical researchers overseas in order to establish a demographic data base and identify the main researchers choosing to work outside Australia. The questionnaires were distributed widely and to date around 60 have been returned, mostly from USA, UK and Canada. However, we still need more in order to establish an accurate profile of the Australian biomedical researcher overseas. This questionnaire will be incorporated onto the ASMR Homepage which should allow for greater dissemination. If you know of any researchers overseas please obtain a copy of the questionnaire by contacting me or advise the researcher of the Homepage address. Those returned so far are being collated by Judy Halliday.

An edited version of a discussion paper prepared last year by Philip Marley on the appointment of research assistant to positions on NHMRC project grants is published in this issue of the ASMR Newsletter. The paper highlights the problems experienced by research assistants. I would urge all research assistants and employers of research assistants to read it carefully and comment on its content. The full document appears in the ASMR Homepage.

Peter O'Loughlin

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## FINANCE REPORT

The activities of the ASMR have dramatically increased in recent years, and it has sometimes been a struggle to finance all those extra commitments. At the recent Annual General Meeting of the ASMR, the financial report presented demonstrated the need for the society to take very prompt action to ensure the ongoing financial security of the society. The Board of Directors has decided that the society needs to develop a long-term financial strategy during 1996 to ensure continuing funding for all the activities which we are undertaking. To this end, we are developing a business plan which will approach the problem in two ways: by establishing an extended base of ordinary members, and by increasing the number of ASMR supporting members from the business community. In the interim, the board has adopted a policy of only undertaking further new activities which are self-funded.

Elsewhere in this newsletter the public opinion poll has been discussed. This poll was only proceeded with once the board had commitments from our supporters to help meet the cost. All the specialist medical colleges and all Medical faculties were approached for support. The contributors who financially supported the poll to date are:

Royal College of Pathologists of Australasia  
Australian and New Zealand College of Anaesthetists  
Royal Australasian College of Surgeons  
Royal Australian College of Obstetricians and Gynaecologists  
Australian College of Paediatrics  
Royal Australian and New Zealand College of Psychiatrists  
Faculty of Medicine, Monash University  
Faculty of Medicine, University of Melbourne  
Faculty of Medicine, Flinders University  
Faculty of Medicine and Dentistry, University of Western Australia  
Australian Biosearch Pty. Ltd.

We thank all these groups for their assistance in enabling us to provide an extremely valuable resource to all health and medical researchers.

Despite the record numbers of financial members noted in the Membership report, there remain over 150 members who are in arrears with their membership dues. I would urge anyone who has overlooked paying their 1995/6 dues to do so soon, and I would also urge current members to encourage their colleagues to join the society.

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## **MEMBERSHIP**

We currently have record levels of financial regular members. However we still need more new members. We will be embarking on a membership drive to increase our numbers of regular members. Our annual invoice for subscription dues will be sent out in the 2nd week of April, this will include a letter indicating the benefits of the society, information about the upcoming national scientific meeting and the recent national poll conducted by ASMR. In addition we need encouragement at ASMR state meetings, state scientific meetings and at an institution level. We also need easy access to membership forms for potential new members. A number of new members have utilised the membership forms placed inside the newsletter, so please don't throw them away, give them to any potential new members. We also have in the pipeline a new ASMR poster to be placed on walls everywhere. This poster highlights the benefits of ASMR and encourages membership. The Email addresses supplied with membership subscriptions have also been extremely useful and have enabled us to contact our member rapidly through-out the election campaign, so could all members with Email addresses please put them on their subscription forms.

Steve Wesselingh

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## **NEW MEMBERS OF ASMR**

### **NSW**

Dr. Robert Vandenberg  
Mr Omar Jamal  
Dr. Trevor Biden  
Ms Debbie Marsh  
Dr. Amanda Capes  
Mrs Lucinda Beutler  
Mr. Bryan Goodwin  
Dr. Salvador Gala  
Dr. Jason Smythe

## **VIC**

Mr. Ross Vlahos  
Ms Leecia Murray  
Mr. D. DeMarchi  
Dr. Ismail Kola

## **QLD**

Dr. Louise Hafner  
Mr. David Purdie

## **SA**

Dr. Moira Clay  
Ms Marid Fuller  
Dr. Tim Chataway  
Ms Angela Baker

## **WA**

Dr. Elizabeth Quail

## **OVERSEAS**

Dr. Melissa Brown  
Dr. James McCarthy

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## **PUBLIC RELATIONS**

The committee has undergone a major change from 1995, with a new Convenor and many new members. In 1996 we hope to complete the projects initiated in 1995 and commence some new ones. First, and as mentioned elsewhere in this newsletter, an ongoing task is to assist with the distribution and publicity of the Newspoll conducted at the end of 1995. Convincing the media of the need to promote this information - particularly amidst the many competing demands of election time - is rather a challenge and it is clear that we need to streamline our publicity process to make it more efficient for any future similar occasions. Raising awareness of medical research issues amongst the general community is a continuing challenge, however an even greater one is to rapidly and efficiently communicate our needs to the appropriate politicians and government bodies. To this end, at key times throughout the year (eg., pre-election, pre-budget), we would like to maximise and speed up the letters from ASMR members concerned about medical research issues



to their local members and other politicians.

We are considering the initiation of a "rapid-response network" (similar to that run by larger US groups, such as the Society for Neuroscience) to facilitate and coordinate our efforts at short notice. We will let you know more of this initiative in the next newsletter. It is also evident that there are many in the medical research community who are unaware of our Society or have been poorly informed of its activities and aims. We hope to revamp our brochures and posters in order to publicise ASMR more effectively in each State. Finally, but perhaps most importantly, we are working towards raising the funds for supporting a professional public relations position in the Secretariat. It is clear that this essential component of ASMR activity is becoming increasingly difficult and time-consuming, and could be enhanced greatly by professional assistance. We will be looking for ways to fund this position, as soon as possible.

We are very keen to hear of your ideas on ways in which we can enhance the public and political profile of medical research and ASMR, so feel free to contact me at any time with your thoughts (Dr. Janet Keast, Dept. Physiology & Pharmacology, University of Qld, 4072; Phone 07-3365-3334, Fax 07-3365-1766, j.keast@mailbox.uq.oz.au)

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## STATE REPORTS

### S. A.

Plans are well underway for ASMR activities in South Australia for 1996. A major focus will be Medical Research Week, including the Annual Scientific Meeting, Schools' Career Days and the Medical Research Week Dinner. In addition, we are planning a variety of public relations activities designed to raise the profile of medical research in SA.

There is increasing support for the innovative ASMR quarterly workshops in SA. The quarterly workshop committee, convened by Sarah Robertson, continues to engage top quality international and national speakers. The first workshop for 1996 was held recently and was attended by over 80 local medical researchers. The guest speaker was Dr David Phillips from the MRC Environmental Epidemiology Unit in Southampton UK, who spoke on "Maternal and foetal origins of diabetes in adult life". Don't throw them away, give them to any potential new members. We also have in the pipeline a new ASMR poster to be placed on walls everywhere. This poster highlights the benefits of ASMR and encourages membership. The Email addresses supplied with membership subscriptions have also been extremely useful and have enabled us to contact our member rapidly through-out the election campaign, so could all members with Email addresses please put them on their subscription forms.

Steve Wesselecently with the Minister for Health in SA, Dr Michael Armitage and the head of the SA Health Commission, Mr Ray Blight. Dr Armitage and Mr Blight were presented with the concept of a South Australian Medical Research Institute "Without Walls", designed to enhance collaborative research efforts in SA. Dr Armitage has agreed to establish a working party, including members of both sides of the house as well as ASMR representatives, to examine the feasibility of this proposal.

Moira Clay

## Victoria

Medical Research Week plans are well underway for this year's event. The format will be similar to that of last year and encompass a series of displays at Scienceworks, a media lunch where the ASMR investigator award will be announced, lectures to be held at Monash Medical Centre, the Annual dinner and presentations of the Premier's Award for PhD students. Westpac Banking Corporation has sponsored MRW in Victoria for the last 14 years, but will no longer be a sponsor. We acknowledge their past support and we are actively pursuing other companies with the view of long term sponsorship for this event.

ASMR-Vic has made a submission to the Economic Development Committee of the Victorian Parliament relating to Medical and Public Health Research in Victoria. This committee will:

- Review current funding support to medical and public health research bodies within Victoria indicating roles of State and Commonwealth governments, support by private sector and charitable organisations, and the basis of infrastructure support.

- Review the focus and scope of research in Victoria and make recommendations on whether the State Government funding would benefit from greater coordination and strategic planning of research directions.

Matthew Gillespie and Julie Mercer

## Tasmania

Our main activity has been organising Medical Research Week over June 3-7. We have had good support from The Grand Chancellor Hotel in providing us an excellent venue for the MRW Literary Luncheon. Negotiations are underway with a prominent scientific celebrity to deliver the Luncheon address. The other main activity has been a local recruiting of members for the ASMR. To this end, negotiations are proceeding with the Tasmanian Haematology, Immunology and Neoplasia Group ("THING") to join as an affiliated society. If successful, this will add an additional 300 to the list of researchers represented by ASMR.

Bruce Lyons

## NSW

ASMR (NSW) kicked off 1996 with our AGM at the Department of Pharmacy, Univeristy of Sydney. Our new committee is:- Chair, Dr Philip Hogg, Secretary will be shared by Dr Peter Gunning and Dr Johnathan Smythe, Treasurer, Dr Alaina Ammit, who will also chair the Scientific Meeting committee, Membership, Dr Siiri Iismaa, and Careers/Schools will be chaired by NSW Director, Dr Suzanne Ollerenshaw. Plans are well underway for Medical Research Week.

The Federal election campaign was co-ordinated in NSW primarily through the national office. Thanks to all those members who used the information sent out by both electronic and regular mail to raise the profile of medical research with their local candidates. E-mail was highly successful in this campaign so I would urge all

members who have yet to provide us with their address to do so. By now you will know who your new federal members are and it will be useful to the Society for you to maintain contact with them over the term of the next parliament.

The National Scientific Meeting at Leura in December, 1995 was by all accounts a great success. Some of the highlights, in addition to the high quality of the science, were the enthusiasm of our students both in their talks and at the students lunch, the surprised and elated look on the face of our Champion Ma Playoust Award winner, and discovering how difficult it is to sing the Welsh National Anthem at 1am in the morning, without making a complete fool of yourself!

Kieran Scott

## QUEENSLAND

The primary focus of State ASMR activities this year is the planning of the National Scientific Conference at the Gold Coast. We look forward to seeing you all in November!

Planning has also commenced for Medical Research Week, with the two major events to be the AMP Queensland Biomedical Research Awards and our Annual Dinner. We are again very grateful to the AMP Society for generously supporting these awards and we look forward to another strong field of entrants, in both the pre- and postdoctoral categories. A call for abstracts will be circulated shortly to all Qld members - please keep your eyes open for it! (closing date for the abstracts will be early in April). The finalists will be presenting their work at a special evening to be held at the Bancroft Centre, Tues June 4, where the two winners will be announced and each presented with a cheque for \$1500. Our dinner on Friday June 7 will again be held at the Sheraton Hotel, enjoying the views over the city. We are very fortunate to have as our guest speaker Dr. Graham Mitchell, Director, Research and Development, CSL Limited. The dinner is always a very stimulating and enjoyable evening, and we look forward to another chance to meet with our colleagues in such a relaxed environment.

Janet Keast and Judy Halliday

## WA

Organisation for Medical Research Week is well underway. The local State Branch recently met for the first time and appointed several people to subcommittees that will organise the week's activities. These subcommittees, which comprise people from a wide range of disciplines to ensure broad representation, are also actively involved in recruiting new members and sponsors, as well as organising visits to key politicians (especially in the past few weeks) and to schools.

This year Medical Research Week activities will include several public lectures, a Schools' night for teachers and students and the Medical Research Week Dinner on Friday June 7. We are delighted to have Professor John Funder, Director of the Baker Institute of Medical Research, as the invited speaker for the dinner. He will also participate as the keynote speaker in a Mini-Symposium sponsored by the Raine Medical Research Foundation to be held on Thurs June 6th.

ASMR will again participate in the annual Combined Biological Sciences meeting to be held at the Esplanade Hotel on Friday August 16, 1996. This meeting was

extremely successful last year, and will again feature a selection of outstanding invited national speakers. ASMR will once again award a prize for an outstanding poster presentation at the meeting.

Peter Leedman

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## NHMRC TRAINING AWARDS COMMITTEE

### Prof Valerie Alder

The training awards committee is a working committee of the NHMRC Medical Research Committee (MRC). It processes, ranks and recommends support for the training fellowships and scholarships (CJ Martin, Neil Hamilton Fairley, Australian Postdoctoral and the Australian Applied Health Fellowships, and the Medical/Dental, the Dora Lush and the Aboriginal Health Research Scholarships) as well as making policy recommendations to MRC

### Scholarships

Each year the committee recommends about 20 successful Dora Lush, and 55 Medical/Dental Scholarships for support. All applications are assessed and ranked by separate working parties of the committee according to a marking scheme which takes into account, suitability of applicant (partially based on applicant nominated referees reports), undergraduate record (and postgraduate clinical training for med/dents), research experience, research project, and publications. The committee also recommends about 5 Aboriginal Health Research Scholars for support, to assist applicants the "instructions to applicants" are much more detailed this year. These applications are sent to 3 external reviewers in the area of Aboriginal Health who rank the applications in conjunction with 2 members of the committee. Particular emphasis is paid to the relevance of the project and the applicant's background and experience to Aboriginal Health.

In addition scholarship applications in the HIV/AIDS area are sent to 3 external assessors as well as to 2 committee members, followed by a recommendation for support to Commonwealth Aids Research Grants (CARG), who make the final decision on the numbers and applicants to support. This system will continue for HIV/AIDS scholarship applications this year.

For the first time last year, applicants were asked to nominate themselves for consideration in special initiative areas (SI) if appropriate. The committee and the referees are asked to consider the suitability of the project for consideration in these areas. SI applications ranked close to but below the position recommended for support are given special consideration. As a consequence 12 SI scholarships commenced this year. The same procedure will be followed for this year's round of applicants. Successful SI applicants in the Dora Lush category who commence in 1997 will receive an additional \$2000 per annum to their stipend as an incentive.

The maximum period of support is for three years, with a maximum extension of 6 months if an adequate case for extension is made to the Committee by the candidate and supervisor and if final completion of the PhD can be guaranteed. An annual report is required from the supervisor and candidate, followed by a report on completion of the scholarship and a final report one year after completion to assist the secretariat in compiling data so that a final publication list can be made

for the project. Applicants already enrolled for the higher degree at the time of application will have their scholarship term reduced by the equivalent full time enrollment prior to commencement of the scholarship.

## **Fellowships**

The training fellowships scheme is targeted to research training immediately after the thesis is awarded. The large number of high quality applications (last year 25 fellowships were awarded from 146 applicants) is therefore restricted to candidates who are no more than two years postdoctoral at the time of application (July 31st) from the date at which they were notified of having been successful in their PhD. For the first time last year the APD and the AAHS fellowships were open to Australian applicants working overseas (less than 2 years post doc) and the response was strong and very competitive: of the 10 overseas applicants 4 were awarded fellowships. This change in conditions was an attempt to tap into and assist to return those young researchers who had been supported by an overseas laboratory immediately post doc and now were seeking ways of returning. Indeed the Committee is keen to seek information on the need for such support for Australians working in research overseas who may wish to return but find it difficult within the current structure of support. We plan to place a call on the NHMRC WWW page (address below) for such information which will then be of value in considering any future changes to the fellowship scheme. It is the intention that the Australian Postdoctoral Fellowships and the Australian Applied Health Science Fellowships which are held for 4 years at an Australian Institution are taken in an environment which is totally different from that at which the PhD was undertaken. This is to ensure that the fellow extends his/her research experience by gaining new working relationships, new research techniques possibly in a different research area. Applicants who nominate to stay with the same institution, department or in some cases even research group, must provide a full and detailed justification otherwise their application may be prejudiced.

This year a new fellowship is advertised, a single NHMRC/ R.G Menzies fellowship which is jointly funded by the Menzies Foundation and NHMRC. This is for support for one fellow to spend the overseas segment of the fellowship in the UK. Applicants may nominate to be considered for this award if they are applying for a CJ Martin or a Neil Hamilton Fairley Fellowship and 2 boxes are provided on the these application forms for nomination and justification for such an award. The conditions of award are identical to those for the CJ and NHF but in addition the successful applicant will be contracted by the Menzies Foundation and the possibility of a small enhancement to the fellowship allowances will be discussed perhaps for conference travel or any other relevant requirement.

SI areas are the same as for scholarships, but this year it is unlikely that there will be two extra fellowships supported by the National Action Plan for Dementia Care so that dementia becomes the same as any other SI area. Each overseas fellow is provided with an Australian mentor from the membership of the committee. The mentor keeps in touch with the fellows and offers to assist should problems arise. This has proven to be a very successful system for the few fellows who do end up with work related or even personal problems which threaten to interfere substantially with the progress of their career.

## **Notification of Outcome of Application**

As soon as possible, (usually in November), successful and unsuccessful applicants

receive a letter notifying them of the outcome. Unsuccessful applicants will be notified of their ranking position in their category of fellowship or scholarship.

## Current Issues

One issue currently under consideration by the committee which may result in changes in the years to come is how to attract clinically qualified people into research. Several possibilities which may impact on the scholarship and training fellowship scheme are under discussion, including combined MBBS/PhD scholarships for both undergraduate and postgraduate medical degree scholars, and B Med Sci scholarships taken during one year out from training for an MBBS and being solely for research. I cannot recommend too highly that all applicants read the condition of awards for these scholarships and fellowships which can be obtained from the relevant University office (Research /scholarships) on application or from the NHMRC WWW page where they will shortly be posted.

The NHMRC World Wide Web page address is  
<http://www.health.gov.au/hsh/nhmrc/nhmrc.htm>

Valerie A Alder Phone: +61 9 346 3314  
Lions Eye Institute Fax: +61 9 346 1545  
Centre for Ophthalmology and Visual Science  
Nedlands, Western Australia

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## ANIMAL WELFARE BILL

An exposure draft for a Bill to create a National Animal Welfare Authority has been released from The Greens (WA) via their Senator Christabel Chamarette. The initial draft of this Bill was created in 1990, but the Humane Society International has re-drafted the Bill in early 1995 and asked The Greens (WA) to present it as an exposure draft to promote public discussion. They will pursue the bill in the next Parliament.

The bill covers broad areas of animal management, but specifically it addresses the following:

- The creation of a National Animal Welfare Authority to develop an animal welfare strategy and to train and oversee inspectors.
- Restrict and improve transportation of live animals with a view to phasing out the export of sheep and cattle entirely one year after the enactment of this Bill.
- Prohibit saleyard curfews, prohibit transportation of disabled animals.

### In relation to research:

- The Authority would be responsible for issuing licences for approved research, the operation of a supply unit, the operation of a research unit, and for all research projects funded by a Commonwealth Department or program.
- The Commonwealth must neither fund nor promote the use of animal experimentation in any educational institutional and must enforce the use of alternatives.
- Phase out the use of non-human primates used in Federally-funded establishments with five years of the enactment of this bill.
- That a sum equivalent to 50% of NHMRC monies spent on animal research be

spent on investigating alternatives to animals in research. By their calculations of 70% of the NHMRC's \$120m budget spent on animal research, a total of \$36m should be allocated for this initiative. This figure is based on a proportion of grants for which animal ethics clearances are sought, and clearly does not represent the actual proportion of NHMRC funds that support animal experimentation. This misunderstanding has been acknowledged by Humane Society International and The Greens (WA).

The latter four points could potentially have a severe impact on health and medical research projects which depend on animal experimentation, quite apart from the massive, and misgiven funding shifts implied especially since the terms of reference are not clearly defined in the draft.

Expressions of interest and feedback on this Bill are required by April 30, 1996. Further information can be obtained from former senator Christabel Chamarette (06) 277 3790 or 015 774 441 or Jacqui Svenson (09) 481 1244 or (008) 803 178.

Matthew Gillespie

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## **ASMR HOME PAGE**

The ASMR now has a home page on the WWW. Although in its infancy the home page at the moment covers topics including the goals and general information about ASMR, a detailed listing of ASMR directors, a calendar of forthcoming events and the full discussion paper on research assistants. Additions to this home page will include the Newsletter, and career information including the overseas employment questionnaire in email format. Any further additions to the Homepage or notification of material for inclusion on the Homepage, please advise Matthew Gillespie (email: [matthew\\_gillespie.medicine@mac.unimelb.edu.au](mailto:matthew_gillespie.medicine@mac.unimelb.edu.au)).

The home page can be accessed via the following address:  
<http://www.medstv.unimelb.edu.au/ASMR>

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## **ORDER OF AUSTRALIA**

In the recent Australia Day Honours List an ASMR member, Professor Colin Johnston, and an ex-president, Professor Paul Nestel, were named as Officers of the Order of Australia. The ASMR is delighted that these individuals have received public recognition for their efforts and achievement in the field of health and medical research.

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## **Supporting Members of ASMR**

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CSL Diagnostics  
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## **Affiliate Members of ASMR**

Australasian Society for the Study of Hypertension in Pregnancy  
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Australian Diabetes Society  
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Australian Society for Immunology  
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Clinical Oncology Society of Australia  
Transplantation Society of Australia and New Zealand  
Gastroenterology Society of Australia  
Australian Association of Neurologists  
Australian & New Zealand Society of Nephrology  
Association of Australian Medical Research Institutes

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## **Calendar of Forthcoming Events**

Motor Neurone Disease Association of Australia, June 22-23, 1996, Hobart Tasmania, contact MNDAA secretariat ph 03-9596 4761, fax 03-9596 8005

13th International Congress on Animal Reproduction, June 30-July 4, 1996, Sydney, NSW, contact ICAR secretariat ph 02-262 2277

Endocrine Society of Australia/ Australian Society for Reproductive Biology, September 29-October 2, 1996, Manly Pacific Hotel, Sydney, NSW

Seven Transmembrane Domain Receptor Meeting, October 2-3, 1996, Manly Pacific Hotel, Sydney, NSW. Session topics are: receptor structure-function; signalling; receptor localization; differentiation development and regulation; subtypes, splicing and function. Contacts Dr. Patrick Sexton (email U5636655@ucsvc.ucs.unimelb.edu.au) or Dr. David Findlay



(David\_Findlay.medicine@mac.unimelb.edu.au), St. Vincent's Institute of Medical Research, 41 Victoria Parade, Fitzroy 3065, ph 03-9288 2480, fax 03-9416 2676

35th Annual ASMR National Scientific Conference, November 24-27, 1996, Gold Coast, Qld, contact Dr. Paul Bates ph 07-3875 5358, fax 07-3875 7656, email P.Bates@sct.gu.edu.au

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