



Australian Academy *of* Health and Medical Sciences

ABN 55 167 124 067

**ANNUAL
REPORT
JUNE 2018**

THE ACADEMY

ABOUT THE ACADEMY

The Academy was established in 2013 to provide an impartial and authoritative voice for healthcare, informed by the best available evidence and expert advice from the best and brightest in health and medical research.

The Academy is an independent, interdisciplinary body of elected Fellows. Fellows are elected by their peers for their distinguished achievements and exceptional contributions to health and medical science in Australia.

The Academy focuses on the development of future generations of health and medical researchers, on providing independent advice to government and others on issues relating to evidence based medical practice and medical researchers, and on providing a forum for discussion on progress in medical research with an emphasis on translation of research into practice.

The Academy is registered with the Australian Charities and Not-for-profits Commission (ACNC) and is endorsed as a deductible gift recipient.



ACKNOWLEDGEMENTS

The academy relies on funds from its Fellows and charitable donations, to support its mentoring activities and the project work it undertakes on health-related research. We are most grateful to all the organisations who have supported our work through grants and sponsorships during the past year and through donations in previous years, who are acknowledged in relevant places throughout this report.

The Academy is grateful for all gifts and donations for our educational and other charitable activities. All donations are spent on the charitable activities: none are used for administrative purposes.



Australian
Academy of Health and
Medical Sciences

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AAHMS 2017/18

THE YEAR IN NUMBERS

Australian
Academy of Health and
Medical Sciences

49
NEW FELLOWS
IN 2017
TOTAL
FELLOWSHIP: 320

MENTORSHIP



State with the
most Fellows:
Victoria



60
**Avg age of
Fellows**

PARTICIPATION



- ✓ 79 Fellows involved in Fellowship Selection Committees
- ✓ 20 Fellows involved in the Research Prioritisation Advisory Committee



26%
**of Fellows are
women**

PUBLIC ENGAGEMENT

Twitter



Top Tweet:
145 engagements

Facebook



243% increase
in Facebook
followers

Academy events



Over 700
participants at
Academy events

75% **Clinical
Fellows**

25% **Non-Clinical
Fellows**

ACADEMY MISSION AND OBJECTIVES

MISSION

To promote **health and medical research** and its translation to enable a **healthier community in Australia and the World**.

OBJECTIVES

- **Recognise high achievement** in research in medical sciences, and in development of evidence-based, sustainable health and medical practice and policy.
- Promote and facilitate the development of academic medicine and efficient **evidence-based** clinical practice to ensure the best possible health outcomes for all Australians.
- Provide expert **independent scientific assessment** of issues relevant to the health of Australians.
- **Promote** Australian health and medical sciences with other Academies, nationally and internationally.
- Be a source of independent **expert advice** to all Australian governments and other funding sources on research priorities in health.
- **Engage** with the community, to promote and build confidence in evidence-based medical and health policies and practices, and to address issues of public concern.
- Develop **partnerships** between stakeholders to promote and share knowledge in health and medical science.
- Provide advice on **education** of health and medical scientists at all professional levels.
- Provide **mentorship** and support for aspiring academic clinicians and clinically focused researchers. Encourage and assist in developing professional linkages as part of the initial and continuing education and training of health and medical professionals. Encourage the generation, development and translation of new knowledge in the health and medical sciences.
- Provide an environment for debate and dissemination of knowledge in the field of medical sciences and research. Provide a **forum** for bringing together leaders from different domains of health and medical sciences and related fields, to meet the objectives of the Academy and to develop partnerships across disciplines.
- Assist the Australian government and other agencies to **promote improvements** in health in the Asia Pacific region by applying health and medical science in the regional context.

STRATEGIC PLAN 2015 – 2017

1. Recognise high achievement in research in health and medical sciences, and in development of evidence based health and medical practice and policy.

Action: Appoint a Fellowship that is internationally recognised for their achievements in health and medical sciences.

KPI: Fellowship appointees meet and continue to meet recognised benchmarks in the areas of publication, policy, and practice as recognised, for example, through election to appropriate colleges, international speaking engagements.

KPI: an appropriate gender, state, and discipline balance amongst elected fellows.

2. Develop and provide authoritative and independent advice from recognised health and medical researchers and leaders for community, industry, and government, with the aim of improving health.

Action: Hold or host international, national and state meetings on topics relevant to health and medical research.

KPI: One national Academy meeting, and one state national meeting per state, per year.

Action: Prepare definitive and timely reports on matters relating to health and medical research.

KPI: One government commissioned and one Academy commissioned report written by Academy Fellows and published each year.

3. Provide quality mentorship and role models to the next generation of health and medical researchers.

Action: Run a mentorship program for research orientated health and medical science professionals.

KPI: >50% of Fellows actively mentoring at least one mentee.

KPI: Appropriate gender and state balance of mentees.

4. Engage with the community industry and government, to promote the role of scientifically generated evidence to guide medical and health policies and practices.

Action: Establish a register of media trained and community engaged Fellows to talk through the media and public engagement about the Academy, its role in ensuring evidence based health practice, and topics relevant to the Academy’s goals.

KPI: >20 mentions in the national press, and >20 public talks per annum across all states of Australia, delivered by AAHMS fellows and branded as AAHMS related, that relate positively to evidence based health and medical practice.

KPI: Fellows formally participating in government, industry and community meetings on behalf of the AAHMS.

5. Promote Australian health and medical sciences with other Academies, nationally and internationally.

Action: Join and engage with the Australian Council of Learned Academies and the Interacademy Medical Panel.

KPI: Academy Fellowship attendance at relevant meetings of ACOLA and IAMP, and correspondence with the UK, USA, Chinese, and Canadian Academies.

6. Provide a professionally led and managed Academy.

Action: Establish appropriate standing orders and policies regarding Academy management, and business.

KPI: Reports on Academy business are endorsed by the Annual General Meeting of the Fellowship.

The AAHMS Strategic Plan 2015 – 2017 was written and approved by Council in 2015.

GOVERNANCE

PRESIDENT'S REPORT

The Academy is now five years old – this may be hard to believe, especially to the 12 of us who sat round a table at the Shine Dome in Canberra in 2013, to discuss the possibility of its creation! I am pleased to report that we are now recognised by State and Federal Governments, and by ACOLA, as a significant addition to the Australian Learned Academies.

ANNUAL SCIENTIFIC MEETINGS

We have now seen successful meetings held in Brisbane, Canberra and Adelaide, and this year's meeting in Melbourne promises to continue this trend. Each scientific meeting has focused on a significant and topical area of health and medical research, each has been well attended and, according to our surveys, much enjoyed by the Fellowship. Next year's meeting will be in Perth, and the topic of the meeting is still open for discussion and your input. While I recognise that Perth will be a long way to travel for many of us, I think that we all acknowledge that the strength of the Academy will lie in strong and engaged state branches, that can work with state government to address issues of relevance to the Fellowship in each state, and that it is important that we fly the flag for the Academy in each state by rotation as we have done successfully to date.

ELECTION TO THE FELLOWSHIP

During the 2017/18 year, we admitted 49 new Fellows to the Academy and the selection committees set about delivering the next Fellowship round – thanks to their thorough review of the candidates, Council and the Board ratified 37 new Fellows for admission to the Academy in October 2018, which will bring our total Fellows to 357. There remains a pressing need to attract nominations of younger Fellows (median age at election this year: 58), of women (M:25; F:12 elected), of surgeons (1 this year), and of allied health professionals (1 this year). I would urge you all to consider colleagues worthy of nomination,

especially in these categories: now is the time of year to nominate, and we cannot be a truly representative Academy if we do not recruit appropriately across all disciplines. Our target for the coming years is to elect up to 30 new Fellows each year, with an expectation that the Academy will reach a steady state Fellowship of about 500, as older colleagues retire and elect to move to the 'retired' Fellowship category.

We were all sad to hear of the passing of Professor David Cooper AO this year; his contributions, personally and professionally, will be sorely missed.

ACTIVITIES OF THE ACADEMY IN 2017/18

Board and Council

The AAHMS Board [Council Executive] met four times during the year. Mostly, the Board considers reports from the CEO and President, from Council, and from the various sub-committees. The Board formally adopts and approves actions of the Academy as a company, considers and manages risk, reviews the Academy's By-laws, and oversees elections of Board and Council members.

The Academy's Council is the major connection between the Fellowship and the Academy management. I encourage all Fellows to consider standing for election to Council, particularly if you have ideas or projects that you want to see the Academy pursue.

A special committee chaired by Steve Wesselingh was charged this year with producing a report to the Federal Department of Health on priority setting for the Medical Research Future Fund, and after extensive consultation submitted the report in July. This contracted report has provided substantial funding to assist with the Academy's finances.

Finance, Audit and Risk Committee (Chair: Hon Treasurer, Simon Foote)

The Finance, Audit and Risk committee meets 4-6 times a year, to review the Academy's accounts, and performance against budget, propose a budget for the following year to council, and to examine and manage risks to the Academy. This committee's work is central to the good management of the Academy, without which we could not safely function.

Mentorship committee (Chair: Ingrid Scheffer)

The Mentorship Committee meets four times a year, to review what is now a very successful mentorship program, with 15 new mentees accepted into the program in 2017/18, taking the total to 35. The committee considers 15-20 new proposals from the Fellowship for possible mentees each year, awards travel scholarships for mentees to attend the annual meeting, and organises a mentorship workshop at the annual scientific meeting. It is hugely rewarding for mentors and I would urge Fellows to sign up to participate. The Committee also has overview of state branch activities for young scientists and doctors interested in health and medical research, with events held in Victoria, Queensland, and Western Australia.

Reports Committee (Chair: Anushka Patel)

The reports committee meets 2-4 times a year by teleconference, and is currently considering new topics for the Academy's progress over the next 12 months. During the year, reports were submitted to government and NHMRC on gene technology, on funding of research, on assessment of research proposals, and on methods for prioritising research strategies. Additionally, I and Frank Gannon gave evidence as representatives of the Academy to Commonwealth Senate and House of Representatives committees.

State Branches

There are active state branches in Western Australia, South Australia, New South Wales, Victoria, and Queensland. If you do not know who your state branch chair is, you can find out on our web site. I encourage you to attend and

contribute to as many state branch meetings as you can, and to use your Chair's contact with the Academy as a member of Council to feed your thoughts to the Council about how the Academy can best serve you and the health and medical sciences landscape.

The Academy recognises and thanks the Board and Council and all committee members, who give of their time voluntarily to assist with running of the Academy and, where they incur expenses to take part in Academy business, do not seek reimbursement from the Academy's limited financial resources. I would particularly like to thank Steve Webb, who is stepping down as WA State Branch Chair, having also previously served on Council, for his commitment to the Academy over the past four years.

RELATIONSHIP OF AAHMS TO ACOLA

The Australian Council of Learned Academies (ACOLA) has as members, each of the Australian Learned Academies (Science, Technology and Engineering, Social Science, Humanities). ACOLA acts as a forum for issues relevant to all Australasian learned academies, and for preparing reports for government and others, where input from more than one Academy would be relevant (e.g. Precision Medicine, Energy, Synthetic Biology). I and the President of the New Zealand Royal Society Te Aparangi have been attending ACOLA board meetings as observers, and AAHMS Fellows have contributed significantly to ACOLA reports this year. ACOLA has recently undergone restructuring to become a company limited by guarantee and I am exploring how we can participate further in their activities.

SECRETARIAT AND OFFICES

Last year, I asked the Fellowship at the AGM whether they would support the funding of a professional secretariat for the Academy, if I was unable to secure it from outside sources. I am pleased to be able to report that the Academy was able to secure funding from the Commonwealth Department of Health, which

has enabled us to appoint our first CEO, Catherine Luckin. I hope that by now most of you will have met Catherine.

I would like to take this opportunity to thank Simone Yendle for her sterling work as COO over the first four years of the Academy's work, and wish her well in her new position of General Manager of ACTA. I also thank Dr Nicola Cooley who helped hold everything together in the interval between Simone's departure and Catherine's arrival.

The Academy initially occupied some borrowed space in the Royal Australasian College of Physicians in Melbourne. This was always seen as a temporary arrangement until we could find a more permanent home, ideally accompanied by office space in each State to encourage state branch activities. We were fortunate to be offered office space in a Queensland Government building for a three year lease on an effectively rent-free basis, and have moved our main office and staff to the new address over the last couple of months. We continue discussions regarding office space in other locations, with a promising opportunity in Sydney, which would be particularly valuable for our CEO, who commutes between Sydney and Brisbane. Over the next year or two we will seek more permanent office space for the other state branches, possibly in Universities or institutes in the relevant states.

MY RETIREMENT AS PRESIDENT

I am honoured that the Council and Board have been keen that I continue to occupy the position of President on an ongoing basis. However, in discussion with Council and our newly appointed CEO, I have decided to rationalise the rules around the Presidency. Going forward, a Fellow will be elected by the fellowship to the Board as President Elect at the AGM prior to the retirement of the incumbent president. They will take up the Presidency at the following AGM for a period of three years, and will then remain on the Board as past president for 2 years. I will therefore retire as President at the 2019 AGM and I am delighted to announce that Prof Ingrid Scheffer has accepted the role of President Elect.

I am pleased to report the academy is in good shape, five years after its creation, and in good hands. The Academy's future impact will lie largely in the hands of you, the Fellowship – the extent to which we contribute to health and medical sciences through the academy will determine the impact of the Academy on health in Australia and globally, as promulgated in the Academy's mission statement.



Ian Frazer AC
President 2014 -

CEO'S REPORT

2017-2018 has been a year of transition for AAHMS and is therefore an exciting time for me to pen my first CEO's report for the Academy.

A HOME FOR THE ACADEMY

Most significantly, we moved from the Royal Australasian College of Physicians' office in Melbourne to a dedicated office space in Brisbane. This is a huge milestone for the Academy and will provide a springboard for the next phase of our work. This space is kindly supported by the Queensland Government and will house three full time staff members and provide convenient access to a Boardroom for internal and external meetings.

REFLECTING ON THE 2015-17 STRATEGY

My arrival coincides with the end of the Academy's previous strategy period and it is clear that the hard work of the Board, Council, Fellows and the staff that preceded me has delivered success on multiple fronts here.

A critical role of any Academy is **recognising excellence** through election to the Fellowship and 2017-18 saw 49 new Fellows elected to the Academy. As of 30 June 2018, the Academy's Fellowship stood at 320 of Australia's leading researchers. We will add to this at our October 2018 AGM by electing a further 37 new Fellows, taking the total to 357. We could not function without the generosity of these Fellows who give their expertise and time to support our activities. I would particularly thank the selection committee chairs and members for ensuring that we deliver a fair and robust election process.

Another central aspect of our work is to inspire and support the next generation of health and medical research leaders in Australia by **providing quality mentorship and role models**. Over the past year, we have welcomed more than 400 participants, including students, trainees, junior doctors and early career researchers, to our *Life as a Clinician Scientist*

events – with meetings taking place for the first time in Queensland and Western Australia, alongside our third annual event in Victoria. The mentorship scheme continues to grow, with a record number of applications this year and a total of 35 mentees by 30 June. These individuals not only liaise with the Academy as Mentees, but contribute to our work as Associate Members. Again, Fellows give their time to act as Mentors, with mutual benefit.

Over the past year, the Academy has begun to grow its policy activities and a highlight has been our work with the Department of Health to support priority-setting within the Medical Research Future Fund. Prof Steve Wesselingh led a committee of Fellows to deliver a report to the Department, and we continue to work with them. This is an important step in the Academy's efforts over the past few years to **develop and provide authoritative and independent advice**, and builds on our submissions to government and other bodies on topics including:

- House of Representatives Standing Committee on Education, Employment and Training inquiry on Funding Australia's Research.
- NHMRC's Structural Review of Grant Funding and associated peer review processes.
- The National Gene Technology Scheme.

We have also continued to engage the Australian Council of Learned Academies (ACOLA) as they take forward important projects on key areas of science advice, and Academy Fellows have participated in the steering committees of all of ACOLA's projects over the past 12 months. Collectively, the above activities ensure that we **engage with stakeholders to promote the role of evidence in policy-making**.

The Academy's State Branches are critically important to our operation, not only providing fora for Fellows to gather and network, but also leading on the delivery of valuable activities, including many of our events. I am grateful to

the State Branch chairs for all the time they put into supporting the Academy, in particular this year I would thank Professor David Watson and colleagues in South Australia for delivering a highly successful 2017 Annual Scientific Meeting and AGM in Adelaide in October, which was hosted jointly with the Academy of the Social Sciences in Australia – this kind of joint activity delivers on our commitment to **working with other Academies**, especially where our collective voice is more authoritative. I should also thank Professor David Vaux and colleagues in Victoria who have been working hard throughout the year to arrange the 2018 meeting in Melbourne.

All of this relies upon a **professionally managed and led Academy**, and it would be remiss of me not to add my thanks to that of the President's, to Simone Yendle and Nicola Cooley, for all their work during 2017-18 and the preceding years. I have inherited a very well run operation and I look forward to building on their success.

LOOKING AHEAD

I am hugely excited to be leading the Academy into its next phase of work. We have recruited

two new staff members for the 2018-19 year:

- Belinda Snell joins as Fellowship and Administration Coordinator.
- Katrin Forslund joins as the long-awaited Policy and Projects Officer.

With three full time staff for the first time in the Academy's history, we are better equipped than ever to support your work as Fellows and to progress new activities. In that regard, I will shortly be engaging the Academy's Board and Council in discussions about our next strategy and the next phase of our election process, as numbers begin to plateau. I am also meeting with previous members of the Academy's Communications Committee to consider how to take this important activity forward strategically. I would welcome input from all Fellows as we progress these discussions over the coming months – please do not hesitate to get in touch.



Catherine Luckin
Chief Executive Officer

ACADEMY COUNCIL AND EXECUTIVE

ACADEMY EXECUTIVE COUNCIL / BOARD



Professor Ian FRAZER AC FRS FAA FTSE FAHMS
President, Director (2014 -)

Professor Ian Frazer was trained as a renal physician and clinical immunologist in Edinburgh and Melbourne, and holds an academic appointment in the Department of Medicine at the University of Queensland (UQ). He chairs the board advising the federal government on the Medical Research Future Fund, and is a member of the Commonwealth Science Council. He leads a research program at TRI on skin cancer immunology, and founded and is advisor to Admedus Vaccines, a biotech company developing new vaccine technologies. He is internationally recognised as the co-creator of the technology for the cervical cancer vaccines. Professor Frazer was awarded the 2008 Prime Minister's Prize for Science, the 2008 Balzan Prize for Preventive Medicine, the 2009 Honda Prize and was recently elected as a Fellow of the esteemed Royal Society of London. In 2012, Professor Frazer was appointed as a Companion of the Order of Australia (AC) in the Queen's Birthday Honours. In 2014, Professor Frazer was elected as the inaugural President of the Australian Academy of Health and Medical Sciences. Professor Frazer chairs the Australian Medical Research Advisory Board and sits on the NHMRC's Council, the Genomics Health Futures Mission Steering Committee, and the Commonwealth Science Council.



Professor Ingrid SCHEFFER AO MBBS PhD FRS FAA FRACP FAHMS
Vice-President, Director (2014 -)

Laureate Professor Ingrid Scheffer is a physician-scientist whose work as a paediatric neurologist and epileptologist at the University of Melbourne has led the field of epilepsy genetics over more than 25 years, in collaboration with Professor Samuel Berkovic and molecular geneticists. Together they identified the first epilepsy gene and many genes subsequently. Professor Scheffer has described many novel epilepsy syndromes and refined genotype-phenotype correlation of many disorders. Her major interests are genetics of the epilepsies, speech and language disorders, autism spectrum disorders, and translational research. She led the first major reclassification of the epilepsies in three decades for the International League Against Epilepsy. She has received many awards: 2007 American Epilepsy Society Clinical Research Recognition Award, ILAE Ambassador for Epilepsy Award, 2013 Australian Neuroscience Medallion, and the 2012 L'Oréal-UNESCO Women in Science Laureate for the Asia-Pacific region. In 2014, she was a co-recipient of the Prime Minister's Prize of Science, and awarded the Order of Australia. She has sat on the NHMRC since 2015. In 2014 she became the inaugural Vice-President of the Australian Academy of Health and Medical Sciences and in 2018 was elected as a Fellow of the Royal Society of London.



Professor Simon FOOTE MBBS PhD DSc FFSc(RCPA) FAA FTSE FAHMS
Hon. Treasurer (2018 -), Director (2014 -)

Professor Simon Foote was appointed as Director of the John Curtin School of Medical Research at the Australian National University in November 2014. His prime research interests are in the areas of infectious disease, specifically malaria, where his team is developing new antimalarials using a genetics approach. He has worked on the genetics of numerous diseases including Multiple Sclerosis and Cancer and leads a team who are trying to understand the genetics of indigenous glomerulonephropathy. Professor Foote obtained his medical degree in 1984 at the University of Melbourne and in 1989 completed his PhD in Molecular Genetics studying the genetic basis of drug resistance of the malarial parasite. He worked at the Genome Center at the Whitehead Institute, Massachusetts Institute of Technology where he produced the first physical map of a human chromosome and then a map of the entire human genome. He returned to Australia where he headed the Genetics and Bioinformatics Division at the Walter & Eliza Hall Institute of Medical Research, Melbourne, was the Director of the Menzies Research Institute Tasmania, University of Tasmania from 2005 to 2011, and the Dean of the Australian School of Advanced Medicine at Macquarie University from 2012 - 2014.



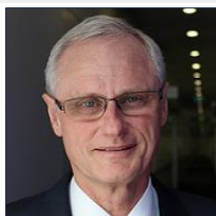
Professor Steven WESSELINGH BMBS PHD FRACP FAHMS
Public Officer, Director (2014 -)

Professor Steve Wesselingh is the inaugural Executive Director at the South Australian Health and Medical Research Institute (SAHMRI), he is also the Theme Leader for Infection and Immunity at SAHMRI, where he is developing a program of research into the microbiome and its impact on our health. He holds professorial appointments at Flinders University and University of Adelaide. Steve is also the inaugural Director of the NHMRC accredited South Australian Academic Health Science and Translation Centre. Prior to joining SAHMRI, Steve was Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University. Before taking up the Deanship, he was Director of the Burnet Institute. Professor Wesselingh undertook his undergraduate and doctoral training at Flinders University/Flinders Medical Centre in South Australia and his post-doctoral training at Johns Hopkins in the United States. In 2012, Professor Wesselingh was inducted into the Johns Hopkins Society of Scholars. Professor Wesselingh is an Infectious Diseases Physician and researcher who has worked in the areas of Neurovirology, HIV and vaccine development. Professor Wesselingh has consistently worked towards the integration of high quality medical research with health-care delivery, leading to improved health outcomes for Australia and the poorly resourced countries of the region.



Professor Bronwyn KINGWELL BSc(Hons) PhD FAICD FAHMS
Director (2017 -)

Professor Bronwyn Kingwell is a NHMRC Senior Principal Research Fellow, and at the Baker Heart and Diabetes Institute is head of the Translation Domain and the Metabolic and Vascular Physiology Laboratory. She is also a graduate and fellow of the Australian Institute of Company Directors. Professor Kingwell's fundamental and clinical research in arterial biomechanics has elucidated genetic, hormonal and environmental (exercise, diet) mechanisms contributing to large artery stiffening as well as opportunities for therapeutic modulation. With her collaborators, she has contributed to our understanding of coronary plaque rupture, one main mechanism responsible for myocardial infarction, and has identified lipidomic biomarkers which through a licensing agreement with Zora Biosciences are currently available as a clinical test at the Mayo clinic. She has pioneered the transition of detailed cellular and molecular studies of high-density lipoprotein (HDL) in laboratory models, in particular with regard to glucose metabolism, to a human context. This work has opened new avenues in HDL therapeutics. Her contributions have also extended to studies influencing national and international physical activity guidelines. Professor Kingwell is a current member of the National Committee for Medicine and Public Health (Australian Academy of Science) and the Victorian Government SMaRT panel.



Professor Nicholas TALLEY MBBS MMedSc MD PhD FRACP FAFPHM FACP
FRCP FACG AGAF FAHMS
Director (2014 -)

Laureate Professor Nicholas J. Talley was elected Treasurer of the Academy at its foundation in 2014. He is Pro Vice-Chancellor (Global Research) at the University of Newcastle, Australia (since 2015). He was formerly Pro Vice-Chancellor (and Dean) of the Faculty of Health and Medicine (2010-2015) and Acting Deputy Vice-Chancellor Research (2013-2014) at Newcastle, Chair of the Department of Internal Medicine at Mayo Clinic Florida (2007-2010) and Foundation Professor of Medicine at the University of Sydney (Nepean Hospital 1993-2002). He currently holds adjunct appointments as Professor at the Mayo Clinic, the University of North Carolina and the Karolinska Institute. He is a Past President of the Royal Australasian College of Physicians (2014-2016) and is Chair of the Council of Presidents of Medical Colleges (CPMC). He is the Editor-in-Chief of the MJA (since 2015). Nick is a neurogastroenterologist with a very active research program (H index 129) and is a Senior Staff Specialist at the John Hunter Hospital. Awards received include the Distinguished Research Prize from the Gastroenterological Society of Australia (2006) and the NSW Excellence in Biological Sciences (2014). Nick is a member of the NHMRC Research Committee (since 2015). He is also the co-author of "*Clinical Examination: A Guide to Physical Diagnosis*."



Professor Robyn WARD AM MBBS(Hons) PhD FRACP FAHMS
Director (2014 -)

Professor Robyn Ward AM FAHM joined the University of Sydney in July 2018 as the inaugural Executive Dean of the Faculty of Medicine and Health. She was the former Deputy Vice-Chancellor (Research) and Executive Dean (Acting) of the Faculty of Medicine of the University of Queensland. Professor Ward is an academic leader, cancer researcher and medical oncologist. She is a member of the Pharmaceutical Benefits Advisory Committee (PBAC), chairs the Commonwealth Medical Services Advisory Committee (MSAC), and serves on the Council and Executive of the Australian Academy of Health and Medical Sciences. In 2013 she was made Member of the Order of Australia (AM) for significant service to medical research and patient care in the field of oncology.

STATE BRANCH CHAIRS AND MEMBERS OF COUNCIL



Professor Maree TEESSON AC BSc(Hons) PHD FAHMS FASSA
Chair, NSW & ACT State Branch and Council Member (2016 -)

Professor Maree Teesson AC, is Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use and NHMRC Principal Research Fellow, UNSW. Her vision is to build the world's leading dedicated translational research program for the prevention and treatment of comorbid mental health and substance abuse. She leads a large vibrant research centre (over 70 staff) spanning 7 universities internationally. The innovation of her research has been recognised through leadership of over 100 grants (including 13 NHMRC, 2 CRE) totalling over \$47M and over 280 publications. She is the winner of the prestigious 2014 Australian Museum Eureka Award for Mentorship of Young Researchers.



Professor Ranjeny THOMAS MBBS MD FRACP FAHMS
Chair, QLD State Branch and Council Member (2016 -)

Professor Thomas is Professor of Rheumatology at University of Queensland, Translational Research Institute, consultant rheumatologist at Princess Alexandra Hospital and fellow of the Australian Academy of Health and Medical Sciences. Her research seeks to understand autoimmune disease and restoration of immune tolerance. Through this work, she developed and tested the first rheumatoid arthritis vaccine. She has also contributed major insights into how the microbiome is involved in causing spondyloarthritis leading to the development of disease biomarkers and therapeutic strategies. Ranjeny is founder and a director of the spin-off company, Dendright, which is developing immunotherapy for autoimmune diseases.



Professor David VAUX AO BMedSci MBBS PhD FAA FAHMS
Chair, VIC & TAS State Branch and Council Member (2016 -)

Professor David Vaux is Deputy Director of The Walter and Eliza Hall Institute of Medical Research (WEHI). He graduated MBBS from Melbourne University in 1984, obtained a PhD from WEHI in 1989, and worked as a post-doc at Stanford University before returning to Australia in 1993. His research field is the molecular biology of physiological cell death. He launched the molecular era of cell death research by identifying the first component of the mechanism cells use to kill themselves; showing that failure of cell death leads to the development of cancer; and demonstrating that the cell death mechanism is evolutionarily conserved. He helped identify and characterise two families of cell death inhibitors, which underpinned the development of new classes of cancer therapies that work by activating the cell death machinery in cancer cells. He was awarded the Burnet Medal from the Australian Academy of Science (2010), and the Victoria Prize for Science (2003). He has an interest in research integrity, and is on the Board of The Center for Scientific Integrity, the parent organisation of Retraction Watch.



Professor David WATSON MBBS MD FRACS FAHMS
Chair, SA & NT State Branch and Council Member (2016 -)

Professor David Watson is head of Surgery at Flinders University. He leads a multidisciplinary research group which is addressing oesophageal disease. He also pioneered the development of laparoscopic surgery and has led 15 randomised trials, which underpin the evidence base supporting surgery for gastro-oesophageal reflux. He is now addressing oesophageal cancer by leading a multistate consortium. Professor Watson has led national and international organisations. He is Vice-President (President-elect) of the International Society for Diseases of the Esophagus. He led the establishment of the Australia and New Zealand Gastric & Oesophageal Surgery Association and served as President until 2011. He has received awards for surgical research excellence, including the Royal Australasian College of Surgeons' John Mitchell Crouch Fellowship, a James IV Travelling Fellowship, and honorary fellowship of the Royal College of Surgeons of Edinburgh. Internationally, he has well established links with research collaborators in China, the Netherlands and the UK.



Professor Steve WEBB MBBS PhD MPH FRACP FCICM FAHMS
Chair, WA State Branch and Council Member (2014 -)

Professor Steve Webb is an adult intensive care physician at Royal Perth Hospital where he continues to have clinical commitments caring for patients who are critically ill. He is a Professor of Critical Care Research at Monash University and holds adjunct professorial appointments at the University of Western Australia and the George Institute for Global Health. His major research interests relate to utilising clinical trials to determine optimal management of various forms of immediately life-threatening illness. He has an interest in the use of innovative trial methods such as platform trials and cluster-crossover designs. Trials that he has been involved with have changed clinical practice and healthcare policy. He led time-critical observational studies that were pivotal in establishing the severity of the 2009 influenza A H1N1 pandemic. Professor Webb has also played a leadership role in research policy and management in Australia and globally, having been a rotating chair of the Australian and New Zealand Intensive Care Society Clinical Trials group, by his role in the establishment of the Australian Clinical Trials Alliance, and by his contribution to the establishment of the International Severe Acute Respiratory and Emerging Infection Consortium.

ACADEMY ORDINARY COUNCIL MEMBERS



Professor Louise BAUR AM MBBS BSc(Med) PhD FRACP FAHMS
Council Member (2014 -)

Louise is the Professor and Head of Child & Adolescent Health at the University of Sydney and Head of The Children's Hospital at Westmead Clinical School. In addition, Louise is a consultant paediatrician at the Sydney Children's Hospitals Network where she is an active member – and former Head - of Weight Management Services. She is Director of the NHMRC Centre of Research Excellence in the Early Prevention of Obesity in Childhood (EPOCH). Prof Baur has made research contributions to the prevention of obesity, especially in early childhood; the impact of food marketing to children; the antecedents of obesity and the metabolic syndrome in young people; the complications of obesity; the management of obesity and related disorders in a variety of clinical settings; and the measurement of body composition, dietary intake & physical activity in young people. In 2014 Louise became a Founding Fellow and member of Council of the Australian Academy of Health and Medical Sciences. In 2010 Louise was made a Member of the Order of Australia "for service to medicine, particularly in the field of paediatric obesity as a researcher and academic, and to the community through support for a range of children's charities".



Professor Simon GANDEVIA DSc, MD, PhD FAA FRACP FPhysiol FAHMS
Council Member (2017 -)

Professor Simon Gandevia is a clinical neurophysiologist, and NHMRC Senior Principal Research Fellow, with a history of major discoveries about human movement control in health and disease. His research covers four strands: (i) neural mechanisms of proprioception; (ii) neural control of muscle performance, especially during muscle fatigue; (iii) control of human breathing muscles, and (iv) passive properties of muscles. His work has generated new techniques and provided insight into disorders, including stroke, spinal cord injury, prior–polio, asthma, chronic obstructive pulmonary disease, and obstructive sleep apnoea. He currently heads a broad program on pathophysiology of motor impairments. In 2011 he became the only researcher in the history of the Journal of Physiology to publish more than 100 papers in it. He has long had a role in assisting and developing ethical research conduct. He cofounded Neuroscience Research Australia (formerly the Prince of Wales Medical Research Institute) in Sydney where he is Deputy Director.



Professor Frank GANNON BSc(Hons) PhD MRIA FAHMS
Council Member (2016 -)

Professor Frank Gannon is an international thought leader and researcher. His contributions have been recognised by election to EMBO, Academia Europaea, Royal Irish Academy, European Academy of Cancer Sciences, Mexican Academy of Medicine and Honorary doctorates from University of Jozsef Attila, Szeged (Hungary), The University of Queensland (Australia) and Queens University Belfast (Northern Ireland). He leads a major medical research Institute active in discovery and translational research. His research has ranged from the isolation of one of the first eukaryote genes to the provision of new insights on the control of gene expression, based on studies of the estrogen receptor. He has also contributed over 100 editorials on topics of relevance to science and society.



Professor Christina MITCHELL MBBS PhD FRACP FRCPA FAHMS
Council Member (2014 -)

Professor Christina Mitchell is a physician scientist who has made major contributions to the field of intracellular signalling and haematology. Her work has concentrated on the regulation of phosphoinositide signalling by the inositol polyphosphate 5-phosphatases. She has taught the molecular basis of human diseases and haematology to science, biomedical and medical students at Monash University and has played a major role in research leadership, building research teams, and infrastructure. She is currently Dean of the Faculty of Medicine Nursing and Health Sciences at Monash University.



Professor Kathryn NORTH AM MBBS MD FRACP FAHMS
Council Member (2014 -)

Professor Kathryn North AM is Director of the Murdoch Children’s Research Institute and the David Danks Professor of Child Health Research at the University of Melbourne. Professor North is trained as a physician, neurologist and clinical geneticist and was awarded a doctorate for research in neurogenetics. She completed a postdoctoral fellowship in the Harvard Genetics Program. Professor North is a national and international leader in Genomic medicine. In 2014, she was appointed as Co-Chair of the Global Alliance for Genomics and Health – a collaborative network of over 470 organisations across over 45 countries funded by the NIH and the Wellcome Trust. Commencing in 2016, she leads an NHMRC-funded national network of over 70 institutions - the Australian Genomics Health Alliance. Professor North has received a number of awards including the GSK Australia Award for Research Excellence (2011), the Ramaciotti Medal for Excellence in Biomedical Research (2012), and Member of the Order of Australia for service to medicine in the field of neuromuscular and neurogenetics research (2012). She chairs the International Advisory Board of the Great Ormond Street Institute of Child Health (UK) and is a member of the Board of the Victorian Comprehensive Cancer Centre.



Professor Anushka PATEL MBBS SM PhD FRACP FCSANZ FAHMS
Council Member (2014 -)

Professor Anushka Patel's research focus is on the development and evaluation of high-impact solutions to improve delivery of effective treatments to people with or at high risk of cardiovascular and related chronic conditions. With a conjoint professorial appointment at the University of New South Wales, she is the Chief Scientist of The George Institute for Global Health, a medical research institute with offices in Sydney, Beijing, New Delhi and Oxford, focused on discovering solutions for the prevention and management of chronic diseases and injury. Prof Patel has a medical degree from the University of Queensland, a Master of Science (Epidemiology) degree from Harvard University and a PhD from the University of Sydney. She has attracted over \$80 million of funding from domestic and international sources, with advisory roles for WHO and European Commission, and lead authorship of a chapter on cardiovascular health care delivery for the World Bank's Disease Control Priorities Project.



Professor Fiona WOOD AM BSc(Hon) MBBS DM FRCS FRACS FAHMS
Council member (2017 -)

Winthrop Professor Fiona Wood is a Plastic & Reconstructive Surgeon specialising in the field of burn care, trauma and scar reconstruction. As Director of the WA Burns Service of Western Australia she is consultant at The Perth Children's and Fiona Stanley Hospitals. As director of burns research, she leads an interdisciplinary team with broad collaboration focused on translation to improve clinical outcomes. She has been the recipient of the 2003 Australian Medical Association 'Contribution to Medicine' Award and an Order of Australia Medal for work with Bali bombing victims. As a National Living Treasure and Australian Citizen of the Year in 2004, she received the honour of being named Australian of the Year in 2005. Fiona and Marie Stoner, co-founders of Clinical Cell Culture, now Avitamedical, won the 2005 Clunies Ross Award for their contributions to Medical Science in Australia.

STANDING COMMITTEES

FINANCE, AUDIT AND RISK COMMITTEE

Professor Simon Foote (Chair, Hon Treasurer)

Director of the John Curtin School of Medical Research at the Australian National University

Professor Louise Baur

Head, Child & Adolescent Health, Sydney Medical School, University of Sydney and Head, Children's Hospital Westmead Clinical School

Professor Stephen Nicholls

Deputy Director and Heart Health Theme Leader, South Australian Health and Medical Research Institute

Prof Kathryn Refshauge

Dean, Faculty of Health Sciences and Professor of Physiotherapy, University of Sydney

Professor Andrew Scott

Head, Tumour Targeting Laboratory; Scientific Director of Positron Emission Tomography, Department of Molecular Imaging and Therapy, Austin Health, ONJ Cancer Research Institute

Professor Steve Webb

Senior Staff Specialist in Intensive Care, Royal Perth Hospital, University of Western Australia

Professor Ian Frazer (Ex-Officio)

President, AAHMS

MENTORSHIP COMMITTEE

Professor Ingrid Scheffer (Chair)

Chair of Paediatric Neurology, Director of Paediatrics, The University of Melbourne, Austin Health and The Florey Institute of Neuroscience and Mental Health

Professor Louise Baur

Head of School/Associate Dean, The Children's Hospital at Westmead Clinical School, University of Sydney

Professor Greg Goodall

Co-Director, SA ACRF Cancer Genomics Facility
Laboratory Head, Centre for Cancer Biology

Professor Christina Mitchell

Academic Vice-President & Dean, Faculty of Medicine, Nursing and Health Sciences, Monash University

Professor Maree Teesson

Director, NHMRC Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre

Professor Steve Webb

Senior Staff Specialist in Intensive Care, Royal Perth Hospital, University of Western Australia

Professor Ian Frazer (Ex-Officio)

President, AAHMS

REPORTS COMMITTEE

Professor Anushka Patel (Chair)

Chief Scientist, The George Institute for Global Health

Professor Simon Gandevia

Deputy Director, Neuroscience Research Australia

Professor Frank Gannon

Director and CEO, QIMR Berghofer Medical Research Institute

Professor Ken Ho

Emeritus Professor, The Garvin Institute of Medical Research

Professor Maria Makrides

Theme Leader, Healthy Mothers Babies and Children, South Australian Health and Medical Research Institute

Professor Paul Scuffham

Deputy Director, Menzies Health Institute Queensland and Director, Centre for Applied Health Economics, Griffith University

Professor Peter Soyer

Director, Dermatology Research Centre, Diamantina Institute, The University of Queensland

Professor David Vaux

Deputy Director, The Walter and Eliza Hall Institute of Medical Research

Professor Ian Frazer (*Ex-Officio*)

President, AAHMS

SECRETARIAT (2017-18)

Chief Executive Officer (since May 2018)

Ms Catherine Luckin

Executive Officer (January – July 2018)

Dr Nicola Cooley

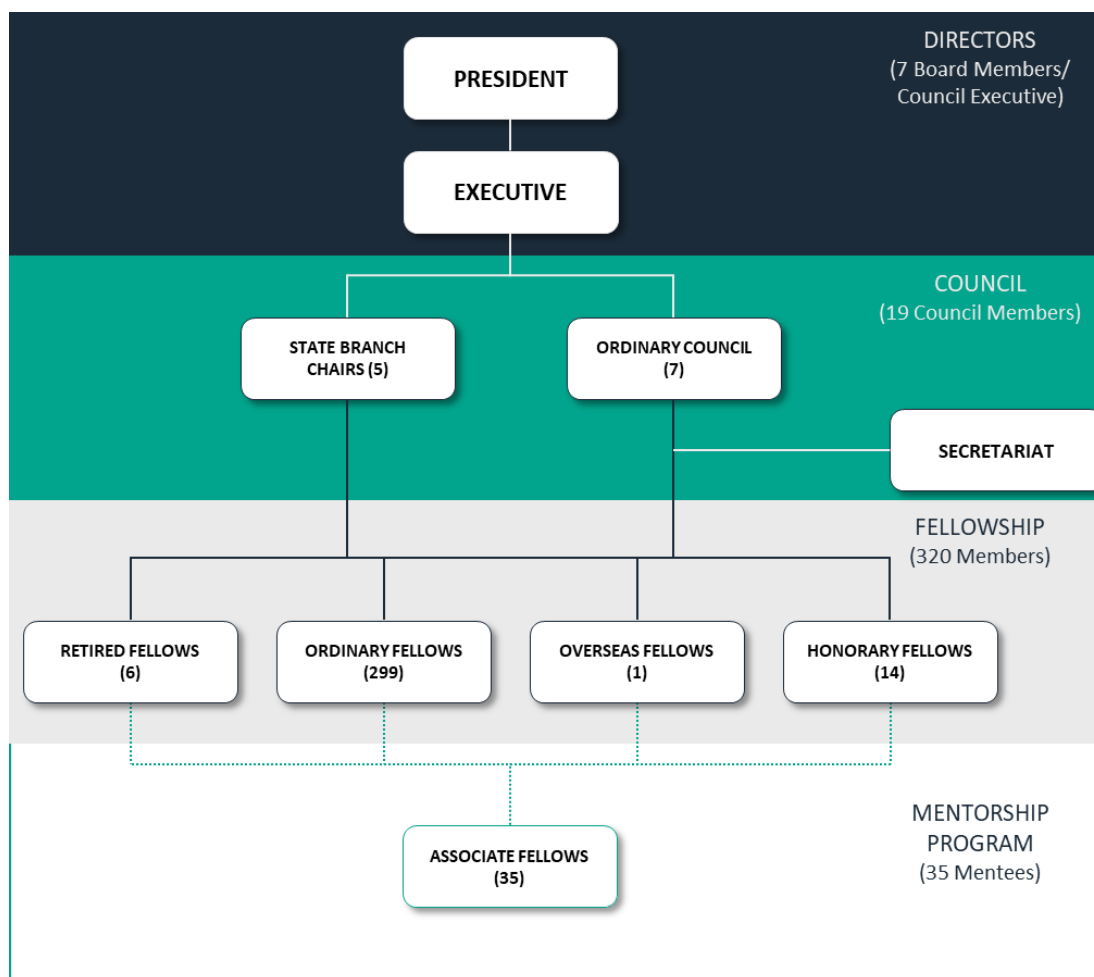
Executive Officer (July – November 2017)

Ms Simone Yendle

Administrative Assistant (July – December 2017)

Ms Siena Ramsay

ORGANISATIONAL CHARTS



Fellowship

Ordinary Fellows

Ordinary Fellows are appointed through highly competitive, peer review election process and must be Australian citizens or permanent residents.

There are currently 299 Ordinary Fellows.

Retired Fellows

Ordinary Fellows may elect to become Retired Fellows when they have retired or are no longer earning an income, and wish to pay a reduced subscription.

There is currently 6 Retired Fellows.

Overseas Fellows

Overseas Fellows have contributed substantially to Australian health and medical science or the business of the Academy, but are ineligible for Ordinary Fellowship by virtue of overseas residence.

There is currently 1 Overseas Fellow.

Council

Ordinary Council Members

Professor Louise Baur AM
 Professor Simon Gandevia
 Professor Frank Gannon
 Professor Christina Mitchell
 Professor Kathryn North AM
 Professor Anushka Patel
 Professor Fiona Wood AM

State Branch Chairs

Professor Maree Teeson (NSW & ACT)
 Professor Ranjey Thomas (QLD)
 Professor David Vaux AO (VIC & TAS)
 Professor David Watson (SA & NT)
 Professor Steve Webb (WA)

Honorary Fellows

Honorary Fellows have distinguished careers in academic medicine in Australia, and are not eligible for Ordinary Fellowship.

There are currently 14 Honorary Fellows.

Directors

Professor Ian Frazer AC (President)
 Professor Ingrid Scheffer AO (VP)
 Professor Nicholas Talley (Treasurer)
 Professor Steve Wesselingh (PO)
 Professor Simon Foote
 Professor Bronwyn Kingwell
 Professor Robyn Ward AM

Prior to the 2018 AGM, 19 Council Members including 7 Board Members.

Currently there are 320 Fellows of the Academy with a further 37 to be inducted at the 2018 AGM.

Fig 1. Organisation Charts, prior to the 2018 AGM

ACTIVITIES AND HIGHLIGHTS

FELLOWSHIP

The following 49 distinguished leaders were inducted to the Academy at the 2017 AGM:

Prof Emily Banks FAHMS

Prof Fran Baum FAHMS

Prof James Beeson FAHMS

Prof Caroline Bower FAHMS

Prof Jeffrey Braithwaite FAHMS

Prof Jeremy Chapman FAHMS

Prof John Christodoulou FAHMS

Prof Arthur Christopoulos FAHMS

Prof Judith Clements FAHMS

Prof Mark Cook FAHMS

Prof Andrew Davidson FAHMS

Prof Mark Dawson FAHMS

Prof Louisa Degenhardt FASSA

FAHMS

Prof John Furness FAA FAHMS

Prof Jacob George FAHMS

Conjoint Prof Peter Gibson FAHMS

Prof Dale Godfrey FAHMS

Prof Ross Hannan FAHMS

Prof Philip Hogg FAHMS

Prof Dietmar W. Hutmacher FAHMS

Prof Michael Jennings FAHMS

Prof Kiaran Kirk FAHMS

Prof Patrick Kwan FAHMS

Prof Sunil Lakhani FAHMS

Prof David Le Couteur FAHMS

Prof Andrew Lloyd FAHMS

A/Prof Sherene Loi FAHMS

Prof Georgina Long FAHMS

Prof Alan Lopez FAHMS

Prof Lisa Maher FAHMS

Prof Glenn Marshall FAHMS

Prof Patrick McGorry FAHMS

Prof Gita Mishra FAHMS

Prof Philip Mitchell FASSA FAHMS

Prof Lorimer Moseley FAHMS

Prof Stephen O'Leary FAHMS

Prof Gordon Parker FASSA FAHMS

Prof Roger Reddel FAA FAHMS

Prof Jamie Rossjohn FAA FAHMS

Prof Richard Scolyer FAHMS

Assoc Prof Clare Scott FAHMS

Prof Andrew Scott FAHMS

Prof Markus Seibel FAHMS

Prof Catherine Sherrington FAHMS

Prof Karen Simmer FAHMS

Prof Cameron Simmons FAHMS

Prof Helena Teede FAHMS

Prof Graeme Young FTSE FAHMS

Prof Stephen Zubrick FAHMS

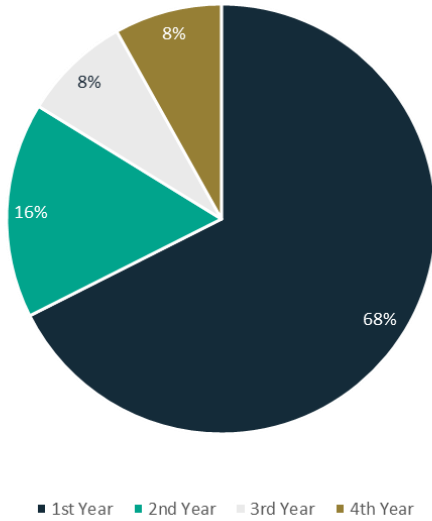


'Class of 2017' – the newly inducted Fellows at the Fellows' Dinner, Adelaide, October 2017

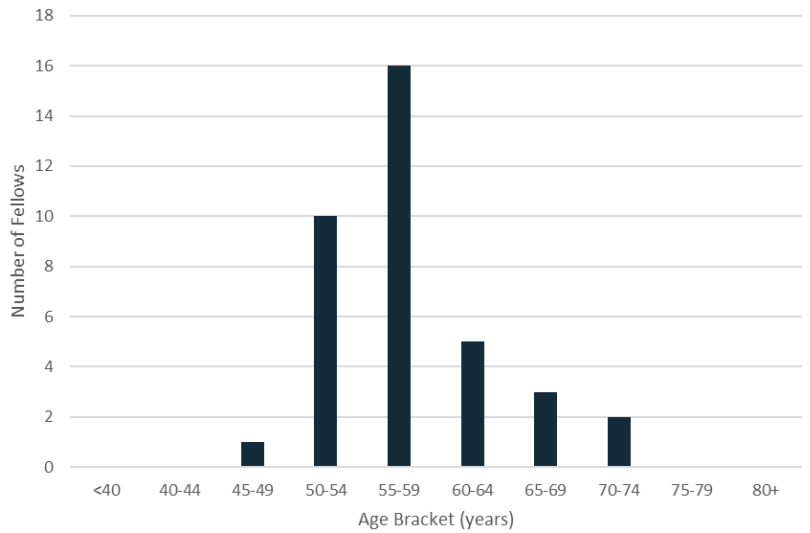
The election process that took place between October 2017 and June 2018 will see a further 37 new Fellows welcomed to the Academy at the 2018 AGM and Fellows' Dinner. This will bring the total number of Fellows to 357, as of October 2018, including 337 Ordinary and Overseas Fellows, 14 Honorary Fellows and 6 Retired Fellows.

Nominees remain under consideration for four election rounds and 8% of successful candidates in 2018 were in their 4th year of nomination – consistent with the same figure in 2017. Figure 2 shows data on the incoming Fellows, who have an average age of 58 years, setting the average age of Ordinary Fellows at 60 years. Figure 3 provides data across the Fellowship, as it stands from October 2018, which now includes 26% women.

2018 Fellowship election: Year of Nomination

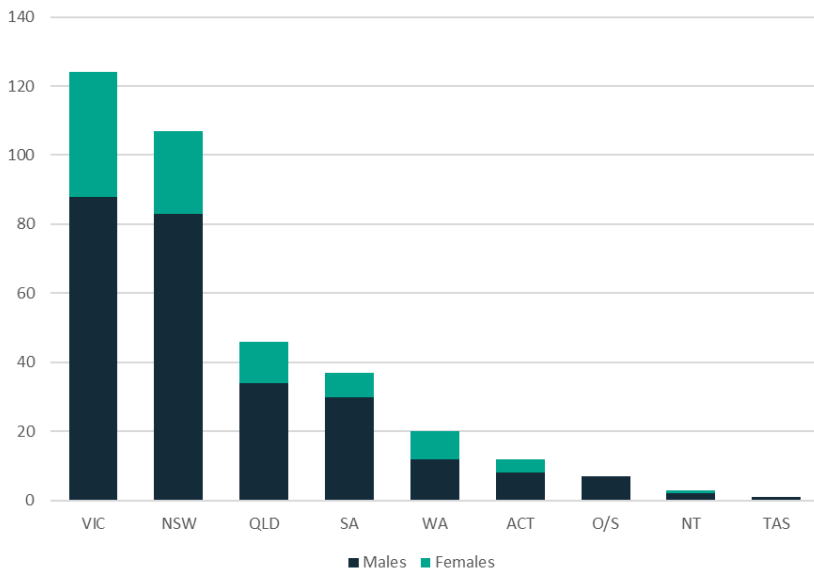


2018 Fellowship election: Age range of new Fellows



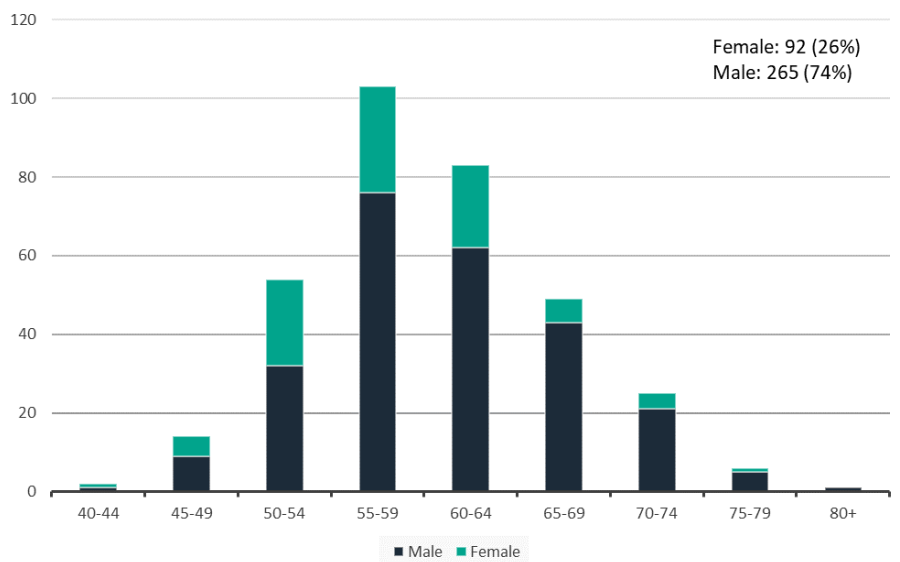
Figs 2a & 2b. Data on incoming Fellows, elected during the 2017-18 election process, to be admitted in October 2018 (above)

Fellowship at October 2018: Geographical Distribution



Figs 3a & 3b. Data on entire Fellowship, as it stands following October 2018 admission ceremony (left and below)

Fellowship at October 2018: Gender & Age Distribution



COLLABORATION WITH EXTERNAL ORGANISATIONS

DEPARTMENT OF HEALTH

The Academy embarked upon a new partnership this year with the Department of Health, which saw us support their efforts to develop a methodology to guide priority setting for the Medical Research Future Fund (MRFF). A key part of the project was the preparation of a report for the Department, developed by the Research Prioritisation Advisory Committee (RPAC). Professor Steve Wesselingh chaired this Committee, which incorporated membership of 18 Fellows from across the disciplines.

STATE GOVERNMENTS

The State Branches continue to meet regularly and are encouraged to invite relevant external representatives to attend. These may include members of other academies and representatives from state and federal government. For example, the NSW & ACT Branch, under the guidance of Prof Maree Teesson, meets with the NSW Office of Health and Medical Research around ongoing support and collaboration.

Our relationship with the Queensland government progressed particularly this year, as they supported our move to the Gabba Towers office space in Brisbane.

ACOLA

The President continued to represent the Academy as an observer at the Australian Council of Learned Academies (ACOLA) Council meetings. Academy Fellows participated in the interdisciplinary ACOLA projects on precision medicine, synthetic biology and artificial intelligence.

ACADEMY OF SOCIAL SCIENCES IN AUSTRALIA

In October, the Academy hosted its annual scientific meeting in partnership with the Academy of Social Sciences in Australia, on the topic of 'Health Equity: Challenges and Solutions'. The collaborative meeting took place in Adelaide and brought Australia's leaders in health and medical research, social and political

science together to strategically address the needs of our community – a community uniquely placed to drive greater integration between clinical and research settings and policy engagement, to positively impact health outcomes.

Sessions explored challenges and potential solutions, particularly in the context of closing the gap for Indigenous health and wellbeing. Speakers included Dr Richard Horton, Editor-in-Chief of The Lancet and Professor Anne Kelso AO CEO of the NHMRC.

NHMRC

The Academy has a good relationship with the National Health and Medical Research Council (NHMRC) and Prof Ian Frazer joined the NHMRC Council in September 2018, meaning Fellows have an opportunity to input to these meetings through the President.

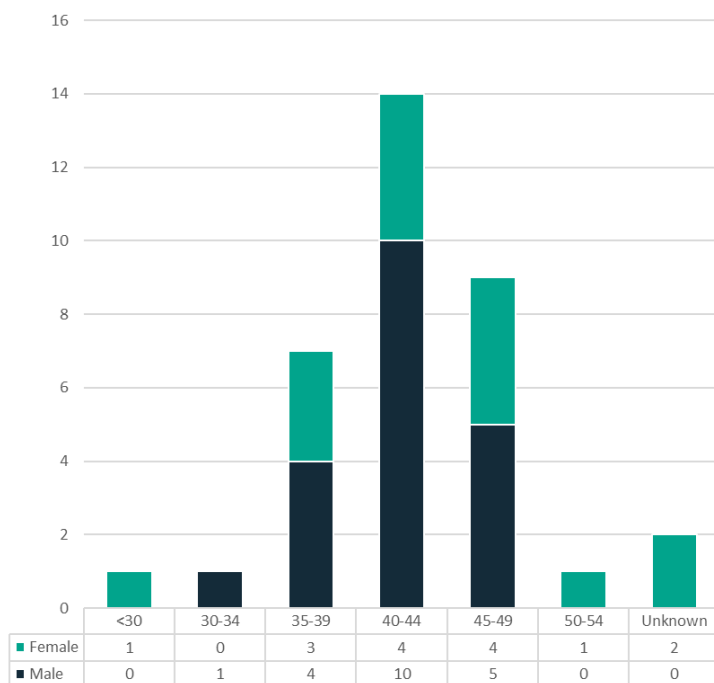
REPORTS AND SUBMISSIONS

The Reports Committee was established to provide guidance to Council on the commissioning, preparation, and acceptability of reports prepared by or for the Academy. In addition, the Committee facilitates responses to requests for submissions from outside bodies on matters deemed relevant to the Academy.

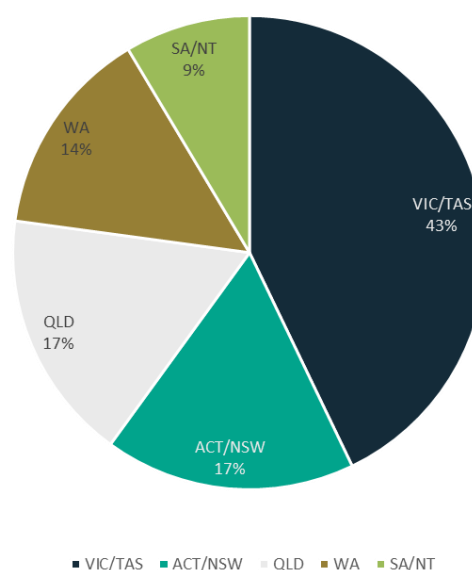
The Academy contributed to the following reports and submissions through input from the Reports Committee, Board, Council, State Branch Chairs and other Fellows:

- Response to the first round of consultations on the Review of the National Gene Technology Scheme (September 2017).
- Response to the NHMRC's Structural Review of Grant Funding (December 2017).
- Subsequent follow up letter to NHMRC regarding the proposed peer review arrangements (June 2018).
- Written response to the House of Representatives Standing Committee on Education, Employment and Training – Research funding inquiry (June 2018).

Mentees: Gender and age distribution



Mentees: Distribution among State Branches



Figs 4a & 4b. Age, gender and state distribution of AAHMS Mentees (above and right)

MENTORSHIP PROGRAM

MENTORSHIP PROGRAM DEVELOPMENT

“My interaction with Mentor was one of the best discussions I have ever had on career, goals and ideas”

Academy Mentee feedback, 2017

The aim of the Mentorship Program is to grow the next generation of leaders in health and medical research. Those involved in the program also become Associate Members of the Academy, with 35 Associate Members enrolled as of June 2018. Figure 4 shows data on this cohort. The rate of intake has increased since the Program’s establishment in 2015, and we now operate two rounds per year due to demand. Nominations are accepted at any time, with the deadline for each round scheduled on 31 May and 30 November, annually.

The geographical distribution of Mentees remains uneven and we are keen to see more nominations from around Australia, particularly Tasmania, the Northern Territory and ACT. If you are aware of colleagues reaching the Associate Professor or junior Professor level who may benefit from a formal mentorship relationship, please visit our website or contact the secretariat.

Each year the Committee issues a questionnaire to both

the Mentors and Mentees to evaluate the Program. The results were overwhelmingly positive again this year and the Committee will continue to refine the Program in line with the participants’ feedback. 93% of mentees who responded felt their mentor had the right skills to mentor them and 86% reported a good relationship with their mentor. Likewise, 86% of mentors who responded reported a good relationship with their mentee.

“The matching was incredibly well done. Professional issues [my mentee] faces are almost identical to the ones I faced”

Academy Mentor feedback, 2017

TRAVEL GRANTS

In 2017, the Committee established Travel Grants of up to \$1,000 to allow two Associate Members to attend the annual meetings and present their experiences to the Fellowship. Both the Travel Grants and the annual Mentorship Workshop expenses have been met by the Academy’s generous donors: Merchant Charitable Foundation, Ms Veronika Butta and the Frazer Family Foundation.

LIFE AS A CLINICIAN SCIENTIST EVENTS

We were delighted this year that our *Life as a Clinician Scientist* events took place in three States. In July 2017, the Victoria State Branch held its second annual event, which was once again a resounding success, drawing well over 200 attendees including medical students, junior doctors and Fellows. It has been warmly supported by the Victorian medical schools at Monash, Melbourne and Deakin Universities. For the first time, research institutes were also invited to participate and given the opportunity to showcase their research programs. Six institutes took up offer: The Australian Regenerative Medicine Institute, Murdoch Children's Research Institute, The Centre for Eye Research Australia, Walter and Eliza Hall Institute of Medical Research, Hudson Institute of Medical Research, and The Florey Institute of Neuroscience and Mental Health. The lunchtime poster sessions were abuzz with excited potential PhD students. The feedback indicated that for many attendees this was a life-changing experience in terms of their career direction.

March 2018 saw our first *Life as a Clinician Scientist* event in Queensland, entitled the *Queensland Clinical Science Symposium: Foundations and Frontiers*. The aim of the event was to inspire and encourage clinicians, researchers, junior doctors and medical students to pursue excellence in clinical practice and medical research. The event was kindly supported by Griffith University School of Medicine, The University of Queensland Faculty of Medicine, The Translational Research Institute, Queensland Brain Institute and the University of Queensland Medical Society. With almost 200 attendees, the event was so well received that the Queensland branch has initiated a Foundations and Frontiers seminar series.

Finally, in April 2018, we hosted our first *Life as a Clinician Scientist* event in Western Australian – a workshop targeted at junior doctors interested in research as part of the Science on the Swan event. We will be looking to build on the success of this event in future years.

FINANCIALS

TREASURER'S REPORT

The Academy has posted a surplus for the financial year ending 30 June 2018 that amounted to \$ 168,059 (2017 surplus \$ 149,732) and is solvent.

The principal activity of the Academy during this period was promotion of Australian health and medical sciences through engagement with and provision of independent expert assessment and advice to the community, to government, and to other learned Academies. No significant changes in the nature of these activities occurred during the year.

Membership dues were primarily used for the operations of the Academy by our staff in Melbourne and latterly in Brisbane, and events were subsidised by ticket sales and sponsorship. A government grant assisted with our delivery of priority-setting advice in relation to the Medical Research Future Fund. The mentorship program continued to be supported by donations made in previous years.

The membership fees will increase by 3% for the next financial year, as approved by Executive Council, on advice from the Finance, Audit and Risk Committee, with standard membership fees for 2018/9 set at \$1,159.28 + GST.

BALANCES AS AT 30TH JUNE 2018:

Total Equity	= A\$ 625,316
Income from Memberships	= A\$ 272,456
Total Operating Costs for YTD ending 30 th June	= A\$ 300,225

Although investment income continues to be relatively modest, the Board has resolved to maintain a low-risk and short-term investment strategy for the coming financial year and will reassess this strategy regularly, in liaison with the Finance, Audit and Risk Committee.

The Academy is now in a position where it has been able to take on three full-time members of staff, for the first time. However, fundraising remains a key challenge for the Academy to achieve longer term sustainability.

For a more detailed breakdown of income and expenditure please refer to the AAHMS 2018 Special Purpose Financial Report below.

This is my first Treasurer's Report for the Academy, and I am grateful for the support provided by members of the Finance, Risk and Audit Committee. I look forward to another strong and productive year.



Professor Simon Foote

Hon Treasurer 2018 -
MBBS PhD DSc FFSc(RCPA) FAA FTSE FAHMS

SPECIAL PURPOSE FINANCIAL REPORTS PACKAGE

FOR THE YEAR ENDED 30 JUNE 2018

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Revenue	3	468,284	422,606
Depreciation and amortisation expenses	4	(1,091)	(427)
Employee benefits expenses		(143,760)	(152,776)
Event expenses		(70,009)	(48,976)
Freight and cartage		-	(139)
Other expenses		(85,365)	(70,556)
Profit before income tax		<u>168,059</u>	<u>149,732</u>
Retained earnings at the beginning of the financial year		<u>457,257</u>	<u>307,525</u>
Retained profit attributable to members of the company		<u>625,316</u>	<u>457,257</u>

The accompanying notes form part of these financial statements.
These statements should be read in conjunction with the attached auditor's review report.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	742,643	458,474
Trade and other receivables	6	67,046	26,652
Other current assets	7	7,889	9,780
TOTAL CURRENT ASSETS		817,578	494,906
NON-CURRENT ASSETS			
Property, plant and equipment	8	4,316	427
TOTAL NON-CURRENT ASSETS		4,316	427
TOTAL ASSETS		821,894	495,333
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	196,578	38,076
TOTAL CURRENT LIABILITIES		196,578	38,076
TOTAL LIABILITIES		196,578	38,076
NET ASSETS		625,316	457,257
EQUITY			
Retained earnings	10	625,316	457,257
TOTAL EQUITY		625,316	457,257

The accompanying notes form part of these financial statements.
These statements should be read in conjunction with the attached auditor's review report.

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018

	Note	Retained Earnings \$	Total \$
2018			
Balance at 1 July 2017		457,257	457,257
Profit for the year		168,059	168,059
Balance at 30 June 2018		<u>625,316</u>	<u>625,316</u>
2017			
Balance at 1 July 2016		307,525	307,525
Profit for the year		149,732	149,732
Balance at 30 June 2017		<u>457,257</u>	<u>457,257</u>

The accompanying notes form part of these financial statements.
These statements should be read in conjunction with the attached auditor's review report.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Sales	32,143	28,890
Membership fees	232,062	244,996
Sponsorships	57,359	45,636
Donations	-	92,200
Government Grants	250,000	-
Other Income	13,860	-
Payments to suppliers and employees	(301,309)	(257,083)
Net cash used in operating activities	284,115	154,639
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest income	5,034	4,562
Payments for plant and equipment	(4,980)	-
Net cash provided by investing activities	54	4,562
CASH FLOWS FROM FINANCING ACTIVITIES		
	-	-
Net cash provided by financing activities	-	-
Net decrease in cash held	11 284,169	159,201
Cash at beginning of financial year	458,474	299,275
Cash at end of financial year	5 742,643	458,474

The accompanying notes form part of these financial statements.
These statements should be read in conjunction with the attached auditor's review report.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

The financial reports cover Australian Academy of Health & Medical Sciences Ltd as an individual entity. Australian Academy of Health & Medical Sciences Ltd is a not for profit company incorporated and domiciled in Australia and registered with ACNC.

The functional and presentation currency of Australian Academy of Health & Medical Sciences Ltd is Australian dollars.

The financial report was authorised for issue by the Directors on the 18th day of September 2018.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

Australian Academy of Health & Medical Sciences Ltd applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are special purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the ACNC. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements, except for the cash flow information have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

2 Summary of Significant Accounting Policies

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment of losses.

Asset are carried at cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Plant and equipment

Plant and equipment are measured using the cost model.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Depreciation

Property, plant and equipment excluding freehold land, is depreciated on a straight line basis over the assets useful life to the Company, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

Financial Instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision interest bearing deposits.

Impairment of financial assets

At the end of each reporting period, the company assesses whether there is any objective evidence that a financial asset has been impaired.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Impairment of Non-Financial Assets

At the end of each reporting period the company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Cash and Cash Equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Revenue and Other Income

Membership fees and donations

Membership fees and donations are recognised as revenue when received.

Interest revenue

Interest revenue is recognised using the effective interest rate method.

All revenue is stated net of the amount of goods and services tax.

Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing or financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Where a change in comparatives has also affected the opening retained earnings previously presented in a comparative period, an opening statement of financial position at the earliest date of the comparative period has been presented.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
3 Revenue and Other Income		
Revenue		
Other revenue:		
Interest received	5,034	4,562
Other revenue	463,250	418,044
	468,284	422,606
Total revenue	468,284	422,606
Interest revenue from:		
Interest Received	5,034	4,562
Total interest revenue on financial assets not at fair value through profit or loss	5,034	4,562
Other revenue from:		
Sales	32,143	28,890
Member Subscriptions	272,456	244,996
Donations	-	92,200
Sponsorships	57,359	45,636
Other Revenue	13,860	-
Government Grants	81,500	-
Centrelink Parental Leave funds paid	5,932	6,322
Total other revenue	463,250	418,044
4 Profit		
The profit for the year has been arrived after taking into account the following items:		
Depreciation of plant and equipment	1,091	427

These notes should be read in conjunction with the attached auditors' review report of Merrotts Chartered Accountants.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
5 Cash and Cash Equivalents		
Cash at Bank	69,588	74,385
Gift Fund Account	65,753	70,416
Negotiator Investment Account	582,620	313,184
Petty Cash Account	652	489
Imprest Account	5,522	-
Cash at Bank - State Branches	18,508	-
	<u>742,643</u>	<u>458,474</u>
Reconciliation of cash		
Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:		
Cash at Bank	69,588	74,385
Gift Fund Account	65,753	70,416
Negotiator Investment Account	582,620	313,184
Petty Cash Account	652	489
Imprest Account	5,522	-
Cash at Bank - State Branches	18,508	-
	<u>742,643</u>	<u>458,474</u>
6 Trade and Other Receivables		
Current		
Accounts Receivable	<u>67,046</u>	<u>26,652</u>
The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.		
7 Other Assets		
Current		
Prepayments	<u>7,889</u>	<u>9,780</u>

These notes should be read in conjunction with the attached auditors' review report of Merrotts Chartered Accountants.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
8 Plant and Equipment		
Office Furniture & Equipment	7,322	2,342
Less: Accumulated Depreciation	(3,006)	(1,915)
Total Plant and Equipment	4,316	427
9 Trade and Other Payables		
Current		
Government Grants Received in advance	168,500	-
Employee Costs Payable	11,126	17,415
Other Liabiliy	1,002	1,017
GST Payable	15,950	19,644
	196,578	38,076
Trade and other payables are unsecured, non interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short term nature of the balances.		
10 Retained Earnings		
Retained earnings at the beginning of the financial year	457,257	307,525
Net profit attributable to members of the company	168,059	149,732
Retained earnings at the end of the financial year	625,316	457,257

These notes should be read in conjunction with the attached auditors' review report of Merrotts Chartered Accountants.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
11 Cash Flow Information		
Reconciliation of result for the year to cashflows from operating activities.		
Reconciliation of net income to net cash provided by operating activities:		
Profit after income tax	168,059	149,732
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
Depreciation	1,091	427
Changes in assets and liabilities		
(Increase)/decrease in other assets	1,891	(3,048)
(Increase)/decrease in investments	(4,980)	
(Increase)/decrease in trade and other receivables	(40,394)	1,495
Increase/(decrease) in trade and other payables	158,502	10,594
	284,169	159,201

12 Financial Risk Management

The company is exposed to a variety of financial risks through its use of financial instruments.

The company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The company does not have any derivative instruments at 30 June 2018.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Objectives, Policies and Processes

The board of directors receives overall responsibility for the establishment of the company's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the company's activities.

The day-to-day risk management is carried out by the company's finance function under policies and objectives which have been approved by the board of directors. The chief financial officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and assessment of market forecasts for interest rate movements.

The board of directors receives monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below.

The company does not hold any financial assets with terms that have been renegotiated, but which would otherwise be past due or impaired.

The other classes of receivables do not contain impaired assets.

13 Company Details

The registered office of the company is:
Australian Academy of Health & Medical Sciences Ltd
Merrotts, Level 6
241 Adelaide Street, Brisbane QLD 4000

The principal place of business is:

Gabba Towers
411 Vulture Street, Woolloongabba QLD 4102

RESPONSIBLE PERSONS' DECLARATION

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes present fairly the company's financial position as at 30 June 2018 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements;
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.
3. The company is a registered health promotion charity and is endorsed as income tax exempt.

This declaration is made in accordance with a resolution of the Responsible Persons.

Director:



Simon Foote

Dated this 18th day of September 2018

AUDITOR'S INDEPENDENCE DECLARATION



Level 6,
Brisbane Club Tower
241 Adelaide Street
Brisbane Qld 4000
Australia

GPO Box 565
Brisbane Qld 4001
Australia

Phone:
61 (07) 3233 0600

Fax:
61 (07) 3233 0601

Email:
mail@merrotts.com.au

Web:
www.merrotts.com.au

Australian Academy of Health & Medical Sciences Limited

ABN 55 167 124 067

Independence Declaration under Section 60-40 of the Australian Charities and Not for Profits Commission Act 2012

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

- (i) no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act in relation to the review, and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Merrotts Chartered Accountants

Trevor Zimmermann
Partner

Brisbane

DATE: 18/9/18

Accounting

Audit & Assurance

- Statutory
- Internal
- Government

Business

- Services
- Audit
- Restructuring

Corporate Services

Estate Planning

Forensic Accounting

Litigation Support

Recruitment

- Executive
- Accounting

Superannuation

- Administration
- Planning

Taxation

Liability limited by a scheme approved under Professional Standards Legislation

INDEPENDENT ACCOUNTANT'S REVIEW REPORT



Level 6,
Brisbane Club Tower
241 Adelaide Street
Brisbane Qld 4000
Australia

GPO Box 565
Brisbane Qld 4001
Australia

Phone:
61 (07) 3233 0600

Fax:
61 (07) 3233 0601

Email:
mail@merrotts.com.au

Web:
www.merrotts.com.au

Accounting

Audit & Assurance

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Taxation

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the member of Australian Academy of Health & Medical Sciences Limited

Report on the Financial Report

We have reviewed the accompanying financial report, being a special purpose financial report of Australian Academy of Health & Medical Sciences Limited, which comprises the statement of financial position as at 30 June 2018, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a statement of accounting policies and other explanatory information, and the directors' declaration of the responsible entity.

Responsible Entities Responsibility for the Financial Report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 2 to the financial report is appropriate to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act). The responsible entities' responsibility also includes such internal control that the responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express a conclusion on the financial report based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements ASRE 2415 *Review of a Financial Report – Company Limited by Guarantee or an Entity Reporting, under the ACNC Act or Other Applicable Legislation or Regulation*, in order to state whether, on the basis of the procedures described, anything as come to our attention that causes us to believe that the financial report does not satisfy the requirements of Division 60 of the ACNC Act including: giving a true and fair view of the registered entity's financial position as at 30 June 2018 and its performance for the year ended on that date; and complying with the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission regulation 2013* (ACNC Regulation). ASRE 2415 requires that we comply with the ethical requirements relevant to the review of the financial report.

A review of a financial report consists of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.

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INDEPENDENT ACCOUNTANT'S REVIEW REPORT

Conclusion

Based on our review, which is not an audit, nothing has come to our attention that causes us to believe that the financial report of Australian Academy of Health & Medical Sciences Limited does not satisfy the requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2018 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 2 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis of Accounting

Without modifying our conclusion, we draw attention to Note 2 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the responsible entities' financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose.



Merrotts Chartered Accountants



Trevor Zimmermann

Partner

Brisbane

DATE: 18 September 2018.