

Franklin Women

November/December 2018 Newsletter

Last month I attended the [NHMRC Symposium on Research Translation](#). Over the course of those 2 days I heard talks on everything from meta research (yes, that is a thing) to research waste and partnering with consumers. In the days since I have reflected on why I enjoyed the conference so much, and one word keeps coming to mind – growth. As someone who started their career as a lab scientist, attending a conference to hear discussions on these bigger picture concepts relevant to our sector made me realise how much I have grown as a researcher (and how much more growing I have to do!). But what was impressed on me most was how the Australian health and medical research sector itself is going through a period of growth. The old ways of doing things are gradually being reimaged and replaced with a new focus on diversity, innovation, efficiency and impact. Although I feel a wee bit out of my depth, I am excited to be a part of this new direction and what it means for not only researchers but also the community who benefit from what we do.

While I am on the theme of growth, it would be remiss of me not to acknowledge what 2018 has meant for Franklin Women. Thanks to the support of you, the FW community, it has been a year that has seen our first event outside Sydney – [Let's Meet Newcastle](#), the delivery of our [Mentoring Program](#) for its second year (with a massive cohort of 74!!), and the launch of our [Academic Partners](#) initiative enabling two Equity Think Tanks. The support of our Academic Partners allowed us to resource some paid staff – this investment in us means we can continue to work on investing in the women in our sector. I won't lie, in some parts 2018 has been a tough year, but for the most part it has been rewarding, and that is what growth is all about.

Here's to a year of growth for us all in 2019. Happy reading.

Melina and the FW team



What happened this month

- The NHMRC released further guidelines for their [new grant schemes](#) and [Principal Committees](#)
- Our friends at AbbVie are currently advertising a [Market Access Intern position](#)
- New Medical Research Future Fund [Priorities for 2018–2020](#) were released, including a focus on translation, capacity and collaboration
- The [Australian Technologies Competition](#) winners were announced, including [AdAlta](#) and female founding CEO Sam Cobb as the MedTech winner – congratulations!
- A new guide has been released by Universities Australia on how senior leaders can improve equity in higher education by actively [creating opportunities for their staff](#)

- The Australian Academy of Science announced their [*science priorities*](#) for the federal election, highlighting a stronger commitment to equity in science
- The evidence is pouring in that [*greater flexibility at work*](#) is good for engagement, morale, female representation and overall business
- The 2019 [*Superstars of STEM*](#) were announced, congratulations to these inspiring women!



Career Profile

Meet [*Dr Sarah Glastras*](#), *Staff Specialist in Endocrinology and a clinician researcher in the area of diabetes, pregnancy and fetal programming at the Royal North Shore Hospital, Kolling Institute and University of Sydney.*



What is your training in the health or medical science field?

I am a clinician-researcher and I work as a clinical endocrinologist. I completed my medical degree at the University of Sydney in 2004. As part of this I undertook an honours project with endocrinologist Professor Kim Donaghue who really was the person who sparked my interest in medical research. I went on to complete physician training (RACP) with a subspecialty in endocrinology, during which time I had my first 2 children. In my final year of endocrine training (3 months after delivering twin boys), I began my PhD alongside Professor Carol Pollock. She has been an inspirational role model and provided a tremendous amount of support and encouragement throughout my PhD and since. My PhD work (2013–2016) investigated the role of maternal obesity in programming offspring towards metabolic

disease and chronic kidney disease, utilising rodent models of maternal obesity and high fat diet/streptozotocin-induced models of diabetes.

Tell us about your current role and how you got to be there? I have several different hats. My role as a Staff Specialist at Royal North Shore Hospital was certainly facilitated by my experience and research interest in metabolic disorders in pregnancy. The PhD in the same area made me a very competitive candidate when I went for the job. I have been able to head up a working group focusing on Complex Medical Conditions in Pregnancy. Continuing the research career alongside my clinical responsibilities will definitely be facilitated by my NHMRC Early Career Fellowship next year. As any researcher knows, securing funding is tough and ensuring designated time for output is critical. Planning early and asking for strategic help from the University of Sydney, where I hold a conjoint senior lecturer position, were keys to success. My role as wife and mother of 4 children adds to the complexity of life, but makes it all worthwhile.

What are some of the unique challenges and benefits of being a clinician researcher?

It is useful for my research career to have my clinical roles as it often leads me to think of new ideas, areas of clinical need, and problems relevant and important to patients and their carers. It brings the human side into my research. I really enjoy talking to my patients about my research. As I am sure many clinician researchers will relate, the downside of clinical work is that it can take priority over research at times. I have found that if I am not careful, tasks such as following up test results, emails, phone calls from patients and health care providers, writing letters of consultation, and performing on-call responsibilities can seep into my precious research time if I don't make a conscious effort to separate the two. You have to be ruthless and protect your research time. I have actually mastered the ability to 'switch' from one role to another quite seamlessly: clinician, researcher, mum.

What is one of your favourite projects you are currently working on? I am fascinated by the area of fetal programming. Maybe it has been fuelled by my own observational 'experiment' at home with my identical twins who are so similar yet have some unique differences; influence on body size began in utero without doubt. It is incredible that in utero exposure to maternal conditions such as obesity and diabetes can result in permanent metabolic changes in the offspring that they then carry well into adult life. The mechanisms have already attracted a lot of research interest. Preventing adverse fetal programming effects in the setting of maternal obesity and diabetes is the next step to reducing the transgenerational propagation of obesity and metabolic disease.

What are some of the major 'outputs' from your work? I was reflecting only earlier this week when my twins turned 6 that the first year of my PhD was hard work on so many levels, yet I still managed to be a finalist in the Young Investigator Award at the Australian Diabetes Society conference in the basic science area that year. I subsequently won the award 2 years later. I was able to obtain 5 first author publications from my animal work and, more recently, my clinical research has resulted in several publications; the meta-analysis of gestational diabetes in twin pregnancy is a favourite as it highlights the difficulties of extrapolating diagnostic and therapeutic targets for gestational diabetes in singleton pregnancies to twin pregnancies.

Do you have any side interests or passions that you are looking to develop? I really enjoy providing career coaching and mentorship to junior colleagues. I am hoping to provide the same sort of support to others as I have received during my career.

What food have you eaten too much of in your life? That would have to be chocolate. Come to think of it, I could do with some now!



Upcoming FW Event

On the 5th of December we hosted our final Franklin Women event for 2018 – In Conversation with Elizabeth Koff – and what a conversation it was with the Secretary of NSW Health! Almost 90 women gathered to hear Elizabeth's reflections on her

career as she was interviewed by ABC reporter [Meredith Griffiths](#). Below FW team member [Dr Amy Vassallo](#) sums up her reflections of the night.

 **Hossai Gul**
@HossaiGul

Replying to @clarewhatson @amyjvassallo and 7 others

I feel so rejuvenated by all the inspiring, motivated, intelligent, honest, badass women I meet at every @FranklinWomen event. Reminds me of how lucky I am to be in a #health and #medical sector that is so rich in supportive women 🙌🙌🙌🙌🙌

5/12/18, 8:36 am

4 Retweets 13 Likes

 **Laura Parr**
@LauraKParr

Career advice from @ElizabethKoff: "You may be bitterly disappointed if you plan your career down to the letter. Many people don't work in the final area they did their qualification in. There's so much room to move horizontally." @FranklinWomen @CentenaryInst #WomeninSTEMM

4/12/18, 6:20 pm

10 Retweets 23 Likes

 **Jocelyne Basseal**
@JocelyneBasseal

Education is important; experience is critical but emotional intelligence is the most important. Develop these skills to become a well rounded individual @ElizabethKoff @meremuses @FranklinWomen #FWInConversation

4/12/18, 6:23 pm

4 Retweets 13 Likes

 **Franklin Women**
@FranklinWomen

Final question for @ElizabethKoff - what defines your leadership? Authenticity, be approachable, (it's still me, even in this leader role), have a sense of humour, be the light, bring people along #FWInConversation

4/12/18, 7:20 pm

10 Retweets 23 Likes

The buzz at this event was remarkable and I couldn't help but feel humbled by the talent gathered in the room (and on Twitter!). There were so many nuggets of advice from Elizabeth, from her beginnings as a dietitian to her current position as Secretary of NSW Health. Here are some of my key take home messages as a recent PhD grad:

1. **Cool it with the career planning (for now)** – Anyone who knows me knows that I'm a planner. But one of the first comments from Elizabeth was that you'll likely be bitterly disappointed if you plan your career to the T. So yes, while there are times when you need to be strategic, 2019 is my year to be opportunistic.
2. **Careers can go forwards, sideways and backwards** – Elizabeth emphasised that careers are not linear, skills are transferrable across different roles and content areas, and sometimes a 'backwards' step is needed to set an upwards trajectory. This was true for Elizabeth!
3. **A good mentor is essential** – It's critical to step outside of your direct team when you're seeking out a mentor. Someone external to your day-to-day can create a safe space to talk, brainstorm and problem solve with.
4. **Be ambitious (and don't feel guilty for it!)** – One of the biggest gender differences in leadership Elizabeth has witnessed is that women tend to hide their ambition and wait to be tapped on the shoulder for opportunities, or wait until they exceed all the selection criteria before applying for a job or promotion (called the Tiara syndrome!). But Elizabeth emphasised that we need to reframe this thinking: it's OK for women to be ambitious – as long as you're enjoying what you're doing, let go of the guilt.
5. **Start a reflective journal** – Elizabeth highlighted the importance of dedicated time for reflection, and how it can help you get through the hardest work days. Even if you don't think you're the warm and fuzzy type, try a reflective journal. This will definitely be on my New Year's resolution list for 2019 – if Elizabeth Koff can make the time for it, so can I!
6. **Be authentic and a source of light** – When asked what defines her leadership style, Elizabeth's first response was her authenticity. There can be a lot of heartache in health and medical research careers, so it's vital for leaders to be a source of light.
7. **Be genuinely curious when you network** – One of my favourite parts of this event was watching how Elizabeth interacted with the crowd before and after her interview. She

approached women to chat with (whether they were PhD students or professors), truly listened, had genuine curiosity to hear their stories, and remembered the conversations.

If you want to catch up on more of the conversation, head onto Twitter (you don't need an account) and search [#FWInConversation](#) or event attendee [Laura Parr](#) has written another [brilliant event summary](#).

The changing landscape of health research in the bush

This month we've been thinking a lot about supporting research activity across disciplines and areas, but what about geographical site? To tell us more about rural health research, here's [Dr Alice Munro](#).



I would describe my current position as my dream role. No seriously, it is. It uniquely combines my deep understanding of both the value and vast potential of meaningful research to improve rural health outcomes, with my social work skills that strive to support and advocate for our rural communities. I recently commenced in a newly created position as the Research Manager for [Western NSW Local Health District](#) (as our Board and Chief Executive, Scott McLachlan inherently understood that for our LHD to provide world-class health care to people living in Western NSW, research needs to be integrated into the heart of what we do).

The very broad objective for this role is to build a more robust and proactive research culture for our 7,000 staff employed across 38 health facilities dotted across one-third of some of NSW's most sparsely populated areas. Our health disparities here in Western NSW are very real indeed, and combined with barriers to accessing health care closer to home, we know that we have a lot of work to do to continue to improve how we deliver care to our 280,000 'locals'.

Despite the barriers to equitable service delivery, we believe these challenges create unique opportunities for research to foster solutions relevant to our rural context. We are a naturally innovative mob out here, as we often have to think outside the box and 'make do', which can spark ideas for change that have potential to be scaled up to other parts of rural Australia or the world. Take, for example, telehealth. A lot of eyes watch what we do in this space as virtual health care is evolving to be part of 'business as usual' as we aim to reduce our 13 million kilometres of staff travel each year to see patients in remote facilities, among other things. Now we need to translate what we do, or how I like to refer to it, use the power of research to tell this story, by conducting a robust evaluation of our virtual health models.

But we are seriously lacking in resources to undertake research into these very important rural health issues. A [recent paper](#) highlights that from 2000 to 2014, a mere 1.1% of all NHMRC funding (or n=185 grants) was defined as ‘Australian Rural Health Research’. This is very daunting indeed given that we represent one-third of Australia’s total population. If this doesn’t motivate you to empower rural health research, I don’t know what will! But in the ever-so-wise words of Australia’s first Rural Health Commissioner, [Emeritus Professor Paul Worley](#), rural clinicians and communities need to “be curious” rather than angry as to why this is the case. I agree Paul, and take this as a call to action to improve the quality and quantity of meaningful health research in rural and remote Australia.

But we have hope for what lies ahead. We see that the rural health research landscape is much like one of our iconic rivers, the Macquarie, the Darling or the Lachlan – rivers that are truly the lifeline for our communities. A healthy river does not happen in isolation, but is part of a larger ecosystem. When there are more sources of water flowing into this ecosystem, the current is stronger, the river is more resilient, the environment is productive and communities flourish. With this in mind, we need a more equitable balance of collaborators, resources and funding to ensure our rural health research ecosystem can weather our biggest health storms. And we are ready to roll our sleeves up. Are you?

[Dr Alice Munro](#) is the Research Manager at Western NSW LHD, a rural social worker, Deputy Chair of the [Western NSW Health Research Network](#) and a recent PhD graduate. She lives and works on Wiradjuri country in Orange, NSW, and when not researching or social working, you can find her with Bessie the cat having a cuppa, or out on an adventure in the roof-top tent somewhere in our amazing country.



We are loving right now...

Christmas!! As we all prepare for a well-earned break over the holiday season, here are some of our current favourite finds for celebrating the most wonderful time of the year:

- You’ll be the office favourite if you bring in one (or more!) of these [cute holiday treats](#)
- Since the ugly Christmas jumper may not be particularly practical for the Aussie holidays, try an [Ugly Christmas Rashie](#) instead!
- For some, the holiday season isn’t all fun and games – try this [survival guide](#)
- Getting ready for your holiday mail out? Here at FW we love a good geeky [Christmas card!](#)
- But this might be the [best present](#) to find under the Christmas tree 😊
- Ok one more, [happy holidays](#) from the FW team!

We want to include your contributions in our newsletter. If you are doing something, or know about something, that you think other women in our field would be interested in, drop us a [line](#). We are all about sharing, promoting and collaborating between women in our field. Don’t be shy, it might bring about a great opportunity! Want to receive our newsletters directly to your inbox? [Subscribe here](#).