1994 was my first full year as Director of the John Curtin School of Medical Research (JCSMR).

As Director of the JCSMR I have four major aims:

- to enhance student teaching and training,
- to recruit new young faculty as senior members retire,
- to free up current funds to allow flexibility in research activities, and
- to develop systems that will facilitate the interaction between scientific and clinical activities within the ACT.

The JCSMR's research is focused on the cellular and molecular basis of medicine and it follows the tradition laid-down by its founder Howard Florey (developer of penicillin). This research institution is charged with the responsibility not only to carry out excellent biomedical research but, in particular, to carry out the most innovative work in this area. The JCSMR, with its links to other research schools in the Institute of Advanced Studies of the ANU is ideally positioned for such a role. For this reason any suggestion that the School be separated from the IAS would have a negative effect on the functioning of the School.

The JCSMR has had the highest international recognition awarded to scientists who have worked within its walls over the last 30 years, demonstrating the success of John Curtin's vision which was followed through by subsequent Prime Ministers: Ben Chifley who laid the Foundation Stone in 1949, in memory of John Curtin, and Robert Menzies who unveiled the stone commemorating the opening of the JCSMR by Howard Florey in 1958.

In 1994 we celebrated Frank Fenner's 80th birthday and the contribution of his virology studies to the global eradication of smallpox. This disease had been a scourge to mankind for a length of human history. The eradication of this disease is yet another clinical outcome of basic science of incalculable value to world medicine.

While it is only through a window on the past that we can appreciate the value of achievement of a School such as the JCSMR we must look ahead and ask "Where are we going?" There has been an acceptance within the JCSMR that the Director has a duty to ensure that resource allocation is directed to the scientific and strategic needs of the School. Peer review has been introduced as part of this process to determine the scientific merit of proposals from Faculty members. The introduction of rolling tenure appointments (five year renewable) allows the career development of selected individuals within the JCSMR and provides the means for recruitment of new faculty as senior staff members move into retirement. The strength of the JCSMR has been its ability to concentrate on research issues without being unduly influenced by the weight of world opinion. The record of the JCSMR is exemplary and can withstand any challenge.

The JCSMR will continue its basic science focus maintaining its breadth with Divisions working in areas of neuroscience, cell biology, biochemistry, molecular biology and clinical science. Such a broad base is essential if we are to function as an effective medical research institution. The JCSMR
will also maintain the tradition of carrying out basic science in the context of its clinical relevance. The provision of funds from the ANU for the development of a National Collaborating Centre for the Study of Autoimmunity illustrates how we can build on basic science to meet some of the more urgent medical needs of the community. This ANU funded initiative has brought scientists and clinicians together to discuss approaches to the understanding and treatment of some of the major chronic diseases of today's society - rheumatoid arthritis, diabetes, lupus erythematosis and multiple sclerosis. The breadth of the JCSMR and its expertise in the areas that underpin the study of such diseases make a venture of this magnitude only possible here at the ANU.

Several principles need to be followed as we steer the JCSMR towards the 21st Century. First, we need to have some staff turn-over. We must allow for continuing recruitment of young staff members into the JCSMR. We secondly, do not want to lose the valuable expertise and experience that is associated with senior staff members. The problem we face now that age retirement is being phased out is how to resolve these competing needs. One solution might be to provide a system that would make it easy for senior staff to slowly wind down their research activities if they wish. This could be achieved in a way that would not interfere with rejuvenation of the School if such individuals were to take their retirement funds and become associated with the JCSMR as Visiting Fellows. Such workers could support their research by way of grant support with funding coming from the JCSMR or other agencies. Space could be provided with existing groups within the JCSMR. A School such as the JCSMR will always have space for individuals working in a way that supports its activities.

We have made a joint appointment of a JCSMR staff member who will work half-time within the Division of Biochemistry and Molecular Biology in the Faculties and half-time in the JCSMR. This individual is responsible for student teaching in the area of molecular immunology and will look after honours students who will be spending time on their research efforts in the JCSMR. The Australian National University (ANU) has contributed part of the Quality Funding to support these honours scholarships. The joint appointment will enhance teaching in the area of molecular immunology in the ANU, with some members of the JCSMR contributing to this teaching activity. It will also provide access for research staff at the JCSMR to honours students who may wish to carry out their research studies in the JCSMR. In the long-term these activities will enhance the recruitment of research students to the JCSMR, and will contribute to our collaborations with scientists in the ANU Faculties.

Progress has also been made in our attempts to strengthen the interactions between the JCSMR's basic scientists and their clinical colleagues. The opening of the Canberra Clinical School at the Woden Valley Hospital has provided the opportunity to move ahead in this area. The proposal presently under consideration is that a National Health Sciences Centre (NHSC) be developed in the ACT. The NHSC will be a consortium consisting of the ANU, ACT Health, the Canberra Clinical School and the University of Canberra. The members of this consortium will contribute their individual strengths to a more powerful body that will have the capacity to produce funding by the conduct of contract research. In this process the consortium will build on an infrastructure that will facilitate physician/scientist training, the training of research nurses, and ultimately will provide a structure whereby basic research findings can be efficiently brought to their clinical end point. It is expected that the development of the NHSC will progress slowly during the next two to three years.

Throughout 1994, I have been asking for cooperation from Faculty in planning to raise the level of funding coming into the JCSMR by somewhere in the region of $300,000 to $400,000. This did seem to be a tall order at first glance, but considerable progress has been made in this area by
members of the JCSMR using their strong scientific capabilities to bring funding for Postdoctoral Fellows into the JCSMR. Presently, we are running close to the situation where approximately one-third of the salary and research support for Postdoctoral Fellows in the JCSMR is being provided by external granting authorities. This activity is providing approximately $250,000 to $300,000 a year towards the running costs of the School.

1994 has been a year of achievement. However, in December of this year we were shocked by the draft report of the Industry Commission on Research and Development, which recommended that JCSMR funds be turned over to NHMRC where centralisation of funding would provide a way in which the distribution of funds could be seen to be more contestable. Fortunately, the Industry Commission has recognised this to be a complex issue that falls a little outside their immediate expertise and has wisely recommended that the review of the JCSMR and the Institute of Advanced Studies in 1995 provide guidance for the Commission in this area. This is a sound decision and we awaited the outcome of these reviews with confidence. It is the rash steward that recommends - when times are tough - slaughter of the goose that has been laying golden eggs.