



Institute for Health Research

THE UNIVERSITY OF NOTRE DAME AUSTRALIA

For the health and wellbeing of people and communities in need.

Institute for Health Research Annual Report

2017

1 Background & Summary

The Mission of the Institute for Health Research (IHR) is “*To promote and support excellence in research at Notre Dame that will improve the physical, mental, social and spiritual health and wellbeing of people and communities, particularly those in need*”. This forms the basis of five primary objectives as outlined in the Institute’s 2015 – 2017 [Strategic Plan](#) and guided by three principles:

- Provide leadership, innovation and quality service;
- Consultative and collaborative work practices; and
- Build on the expertise and knowledge available across Notre Dame and other locations.

Staffing

The number of IHR staff directly funded by the University has shown a small growth over the last few years to help accommodate the increased demand for HDR student supervision and support, and administrative duties that include managing student infrastructure, planning training workshops and supporting research activities (casual employment contracts, timesheets, study participant recruitment, purchasing and the reconciliation of grant funds).

In addition, over the last two years, the IHR has purposefully broadened the scope of its statistical expertise by contracting a qualitative biostatistician to complement its quantitative experts. This role is critical to appropriately advise and train colleagues and supervise HDR students on research design and analysis of the large number of studies that require mixed-methods approaches to analyse categorical data obtained through the use of surveys, interviews and focus groups.

Table 1: Staff, HDR students and Adjunct appointments

Staff as at 30th June	2015	2016	2017
Academics	2.5	2.5	3.0
General	0.8	0.9	1.0
Contracted by IHR	-	0.4	0.9
Research Funded	2.9	1.9	2.0
Total	6.2	5.7	6.9
HDR's	34	49	52
Adjuncts	6	14	25

Data source: Staff contracts

Through development of industry partnerships, the IHR has generated an income stream by establishing service agreements to provide biostatistical expertise aimed at enhancing the research activities in several hospitals. The service agreements and collaborative relationships within participating institutions facilitate research opportunities that flow back to Notre Dame through the attraction of new HDR students, co-authored publications and collaborative grant funding opportunities.

Research Capacity

In addition to the 3.0 FTE whose primary role is to supervise and contribute to research projects undertaken at Notre Dame, the IHR also accommodate independently supported research-focused positions (2.0 FTE). These positions are largely funded by external sources which include CRN (closed in May 2017), research grants and industry partnerships. Some of these researchers provide training and supervision to HDR students placed within their team.

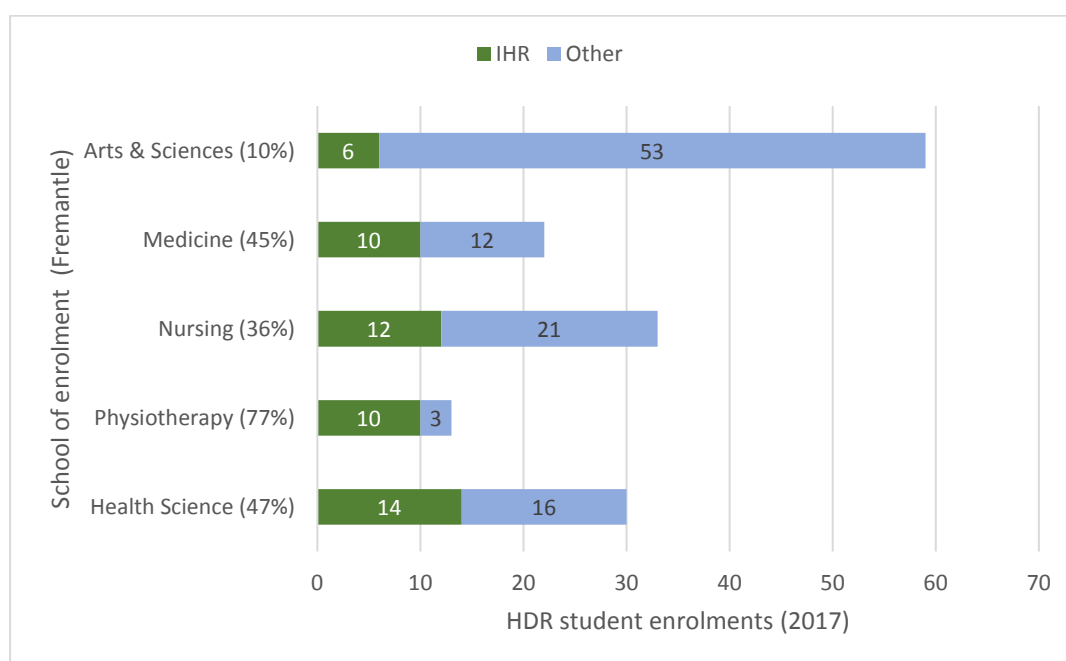
In keeping with the *University's Research Operational Plan 2015-2017* Objective 1, "Strengthen the University's culture of research and scholarship", the IHR has also sought to increase the number of adjunct appointments of individuals who are recognised experts within their fields resulting in four-fold growth over the last three years. These appointments build research opportunities through collaborative projects, additional HDR supervision capacity and grant funding opportunities.

HDR Students

Despite relatively static staff/researcher numbers in the IHR over the last three years, the number of HDR students (co-)supervised by one or more IHR personnel grew by over 150% to 52 in 2017 (with a further four who were enrolled through the School of Medicine (Sydney) or another university). It should also be noted that 25% of these students were co-supervised by IHR appointed adjuncts.

Consequently, IHR staff/researchers are involved in the supervision of almost half of HDR students enrolled via a health-school on Fremantle campus in 2017 (Figure 1) which is higher than previous years.

Figure 1: HDR student numbers by school and IHR supervision involvement (Aug 2017)



Data source: Research Office

Of the 52 Fremantle-based HDR students supervised by IHR personnel, 67% were enrolled in a professional doctorate or PhD. The IHR staff/researchers were the principal supervisor for 38% of these students.

Statistical Training

The IHR extended its commitment to provide statistical workshops to all UNDA campuses by providing training opportunities in Sydney and Broome this year. The IHR is currently developing on-line training modules to further meet the requirements of a multi-campus university and the large number of HDR students that are unable to attend the campus during normal working hours. Further details are provided in Section 5.

Engagement with School HDR Program

Commencing in late 2016 and fully implemented during 2017, the IHR now has a staff member on all of the Fremantle-based health schools and Sydney's SoN Research Committees. This action was taken to maximise the connectivity between the research activities of the schools and the IHR, and to assist with:

- timely provision of statistical support during committee meetings;
- providing a single point of contact for the school within the IHR;
- scheduling training opportunities that better align with school course requirements;
- create opportunities for cross-disciplinary collaborations between the schools and the IHR;
- increase the level of joint HDR student supervision between school-based and IHR staff.

Influencing Research Policy

Working with the other Institute Directors and Research Office staff during 2017, the IHR was instrumental in implementing:

- 'Team-based PhD Scholarship' scheme that aims to develop capacity in research active groups by encouraging researchers to collaborate and bring the brightest of students to Notre Dame;
- Support from both the Research Committee and Academic Council to enable the establishment of Institute-based Research Committees to support those student projects that do not fit well within the existing school-based system; and
- Introduction of a 'Research Grant Scheme' to extend the existing Research Incentive Scheme by providing more funds to seed a project and potentially increase external grant funding success.

2 Research Activity

In keeping with the University's *Research Operational Plan 2015-2017*, the IHR has "Increased the University's research activity" (Objective 2) and "Increased the quality and extent of research collaborations in the University's research focus areas" (Objective 3) through the provision of:

- Statistical training workshops;
- provision of research design and analysis advice to staff and HDR students;
- direct supervision of HDR students;
- engaging with industry partners and exploring research opportunities;
- participating in collaborative grant funding opportunities; and
- on-going development of research related policies and practices.

Research Income

As shown in Table 2, the value of IHR-related grant submissions and contracts has grown substantially over the last three years reaching over \$9 million with research related service agreements valued at further \$750,000 in 2017.

Table 2: Research grants and contacts

Grants	2015		2016		2017	
	No.	\$	No.	\$	No.	\$
Submitted	17	3,643,653	18	3,031,787	14	9,362,620
Successful	3	753,293	6	952,425	2	5,002,700
Under Review					7	1,005,295
Unsuccessful		2,890,360	12	2,079,362	5	3,354,625
Transferred			1	533,731		
Contracts	1	53,500	3	238,833	3	750,686

Data source: Research Office

Note: Numbers represent total value of grants/contracts in the awarded year. Actual funding period may span 1 - 4 years

In the majority of cases, the research income shown in the table is through collaborative projects that draw on the statistical expertise of the IHR team rather than with a UNDA lead investigator. While acknowledging the desire to change this, the statistical expertise of its staff has enabled the IHR to win a number of contracts to support industry partners with their research efforts. These external relationships have directly contributed to increased HDR enrolments, joint publications and collaborative grant applications. Additionally, the revenue generated by these contracts has also been used to directly support research activities within Notre Dame. For example, during 2017 the IHR:

- Employed a highly experienced biostatistician to support the research efforts of the Burns Injury Research Node Master's program provided through the School of Physiotherapy;
- Provided funding for teaching buy-out for two research active staff within the School of Health Sciences;
- Employed an active researcher in the field of gynaecology to work within the existing team based at the IHR/SJoG Hospital to contribute to work output and increase their grant competitiveness.

Publications

The IHR continues to demonstrate the robustness of the research they participate in with 50 publications accepted into peer reviewed journals in 2017 (year to date). While this is lower than in the previous year (65 publications), this is largely due to the loss of a full-time researcher to another university, another being on parental leave and of several HDR students concluding their PhD studies (Table 3).

Table 3: Publications by key author

Publications	2015	2016	2017
Total	39	65	50
- Student	11	15	9
- Adjunct	0	0	6
- Staff/Researcher	3	9	2
- Collaboration	25	41	33

Data source: Staff CVs

It is also pleasing to see the number of publications with the lead author being an adjunct appointee of the IHR grew in 2017. It is also likely that there will be additional publications by adjunct researchers that do not involve IHR staff but in which they acknowledge their affiliation to the IHR. Attempts will be made to capture these publications in future years. Details of the 2017 publications are shown in Appendix B3.

Conferences

In collaboration with researchers from Curtin and UWA, Notre Dame researchers led by Professor Beth Hands of the IHR held the 12th International Developmental Coordination Disorder Conference in Fremantle during 2017. Through successful collaboration with Curtin and UWA researchers this event drew speakers from around the world and had over 165 participants. The next conference will be held in Finland in 2019.



In addition, a number of HDR students and IHR staff presented their research finding at a range of national and international conferences throughout the year. These included:

- Amanda Timler, Ranilla Bhoyroo and Dr Paola Chivers – 12th International DCD, Fremantle.
- Dr Lizzy Codde - Australian Society for Colposcopy and Cervical Pathology, Sydney.
- Dr Edwina Coghlan, The International Gynaecological Cancer Society Meeting, Lisbon.
- Drs Kevin Chung, Pyi Naing and Harveen Kuppusamy - The Cardiac Society of Australia and New Zealand's Annual Scientific Meeting, Perth.
- Miles Murphy - Australian Physiotherapy Association Research Symposium, Canberra.
- Miles Murphy - Sports Medicine Australia National Conference, Langkawi.
- Jane Chambers – Drug & Alcohol Nurses of Australasia Endurance Forum, Sydney.
- Sarah Harris – Sports Medicine Australia National Conference, Langkawi.
- A/Prof Caroline Bulsara – Healthy Ageing Network Symposium, Nedlands.
- A/Prof Caroline Bulsara – WA Psycho-oncology Group Symposium, Nedlands.
- Ranila Bhoyroo – SWAN – Symposium of WA Neuroscience, Nedlands

3 Three Year Plan

3.1 Overview

The future growth of the IHR is directly related to growth in its budget and the capacity of the research staff within it. At present, many IHR staff members are employed in a part-time capacity which limits their workload, ability to take on additional supervisory roles for HDR students and direct involvement in future research studies.

Similarly, while the number of active researchers within the IHR is low, most are also at an 'early' stage of their research career. These staff require student supervisory mentorship, success in securing local funding monies, support to attend conferences and access to experts with a well-established research track record to ensure they become competitive for national grants.

A key strategy for building research capacity at Notre Dame in the coming three years will include

- i) maximising the value of existing research dollars;
- ii) identifying and developing academic staff that have the greatest potential to become competitive for grant funds; and
- iii) leading and collaborating on research activities that are likely to attract external funding.

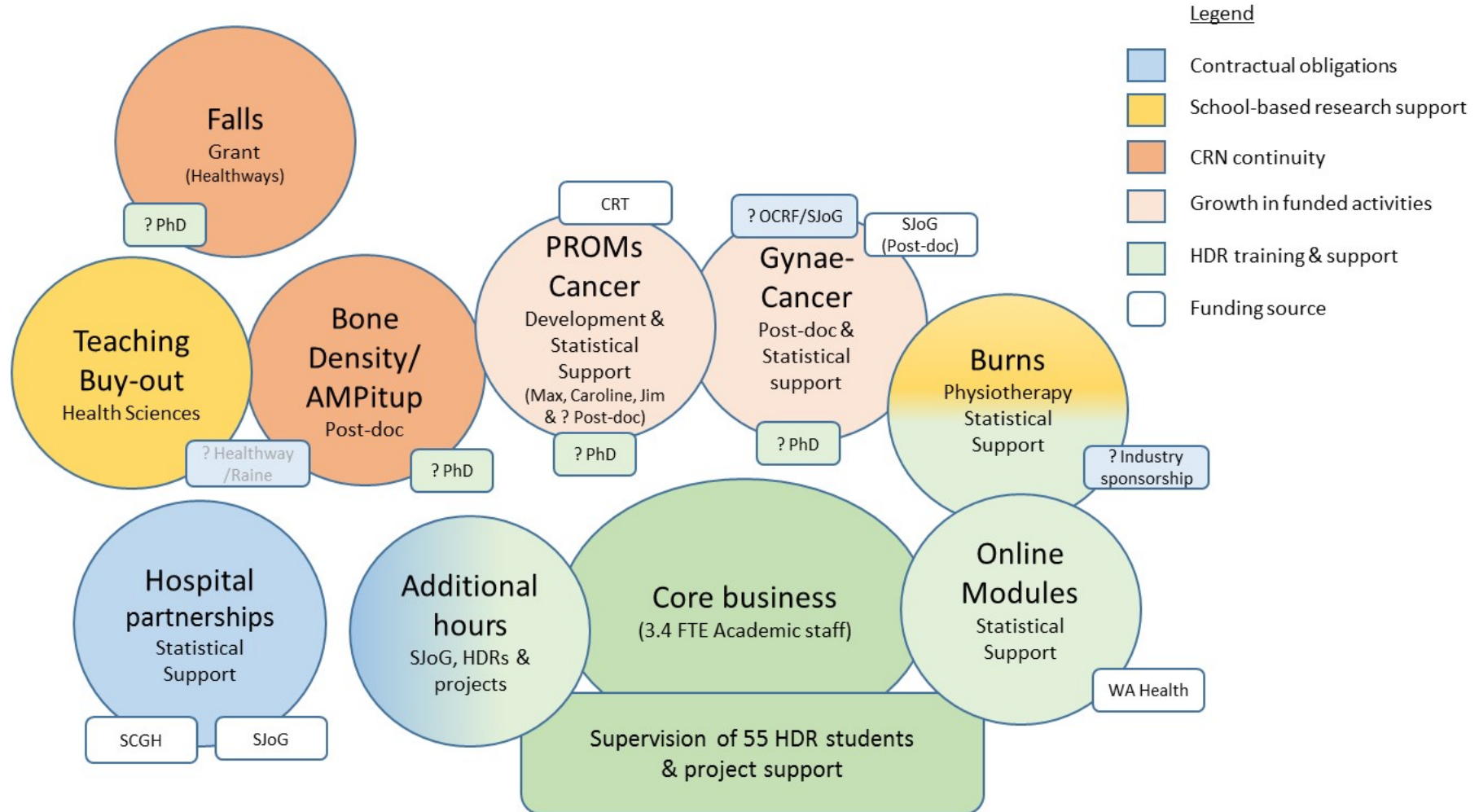
IHR staff will need to work with the Research Office to implement these strategies if research activity is to grow in the competitive and tight fiscal environment facing the university sector.

Despite these constraints, the IHR has identified a number of key research initiatives and priorities that commenced during 2017 and aims to consolidate during the 2018 – 2020 period to build its teaching and research capacity (refer to Figure 2). These include:

- Provision of on-line statistical training modules to better cater for analytical needs of many medical research students (undergraduate and post graduate) that are not provided elsewhere. These modules will be developed to support all students but specifically targeting those who are not based on campus;
- Working closely with the health-schools to develop their HDR research programs;
- Providing specialist statistical support for research associated with the Burns Injury Research Node and its associated Masters training program provided through the School of Physiotherapy;
- Maintaining the momentum of some research commenced with CRN funding – specifically in the areas of falls and bone density/AMPitup;
- Expanding the research efforts in the area of gynaecological cancers;
- Coinvestigators in a 5-year, \$5 million grant that is examining the implementation of patient reported outcome measures with breast surgeon and 2017 WA Scientist of the Year, Professor Christobel Saunders and others;
- Working closely with hospital-based clinical researchers to develop industry relevant research priorities and translational outcomes.

IHR staff and their researcher collaborators have applied for team-based PhD scholarships to help develop the research focus areas outlined above. These HDR students will be necessary to develop the capacity and momentum in these research areas from 2018 onwards (see Figure 2).

Figure 2: IHR priority research areas for 2018 – 2020.



3.2 Constraints in Achieving the Plan

Expansion of the research efforts within the IHR are limited by human, financial and infrastructural resources. For example:

- Achieving the research program outlined in the three-year plan is dependent on attracting the necessary PhD-level HDR students to work in the nominated areas;
- Further increases in HDR supervision by IHR staff outside these research areas is likely to require an increase in FTE or greater involvement by school-based academics;
- Space constraints limit the capacity to expand HDR students or additional researchers within the IHR;
- School-based research active staff need to have greater capacity to develop their track records if they are to become competitive for grant funding opportunities. At present, much of the research capacity of the University is linked to external funding sources; and
- Development of a vibrant and productive HDR program remains challenging as Notre Dame is competing with other universities that offer substantial funding to prospective PhD students and post-doctoral research fellowships.

Expanding the role of the IHR to be a truly 'national' Institute is also challenging. At present, staff are only able to provide on-site support in Sydney and Broome once a year due to budgetary constraints. Experience in the provision of on-site statistical support at a major tertiary hospital whilst remaining part of the IHR statistical team has demonstrated the viability and benefits of potentially providing a similar out-reach service in Sydney. During the next triennium, the IHR will develop a business case to enable it to provide biostatistical support capacity in Sydney.

3.3 Risks associated with Plan

Personnel

The research activity and direction in the IHR is highly linked to the reputation and expertise of its staff. Loss of any of its team would severely impact on the research outcomes described above and its ability to participate in collaborative research and external consultancies.

Similarly, the majority of the research capacity in the IHR is funded by non-university sources. Decisions made externally to cease current funding streams would see these activities collapse with additional consequences for any collaboratively supervised HDR students.

Financial

Most of the IHR initiatives to support research at Notre Dame comes from the income it raises through its biostatistical support consultancies in the hospital sector. Loss of this income stream will markedly reduce the Institute's capacity to seed fund or support other research opportunities, as well as reduce the level of industry engagement.

Support from the health-schools and research policy

The IHR has attempted to steer a course of support for school-based research without engaging in direct competition. As school research capacities grow, and depending on University policies about the role and function of its national institutes, how the IHR matures in the next three years could change significantly from its current position.

Complementing the introduction of team-based PhD scholarships in conjunction with the placement of releasing research active academics from the schools to enable 'research-time' could significantly refocus the research direction of the University and the Institute from that described above.

4 Development Needs

Staff in the IHR are generally highly trained and have considerable experience in health research. Despite this, there is the need to ensure they maintain and develop their professional skills and remain abreast of new thinking and trends in the broader field of health research. This is more fully described below.

Statistical support and training

The IHR is a small, focused group that plays an active role in the research quality and output of staff and students in the health schools. This type of professional support is fairly unique across the academic sector but it has proved to be successful across a number of key performance measures (grant applications, HDR students, industry engagement, publications, training sessions, promotion of internal and external research activities).

The calibre of the team is also clearly demonstrated by the inclusion of IHR staff in numerous local, national and international grants and research projects by external researchers. This collaboration has contributed enormously to the reputation of Notre Dame and contributed to it performing well in the health field in academic institution comparisons. There is a risk to Notre Dame however, as this success is largely due to the personal reputations of Professor Max Bulsara and Associate Professor Caroline Bulsara and the other IHR team members need to the time and opportunity to be fully developed.

To this end, the IHR is actively trying to build its biostatistical capacity to ensure the University has a succession plan as these two exceptional research staff move towards retirement age. In addition to identifying potentially suitable replacements in both quantitative and qualitative statistics, it also requires the provision of training opportunities gained by working with the lead biostatisticians. While this risk has been identified for Notre Dame, some more concrete growth and succession plan needs to be agreed to if such a unique service to support and promote research at Notre Dame is to continue beyond the next few years.

Research capacity

At present there are no University funded full-time research positions in the IHR. As such, the capacity for the Institute to generate research income that is administered by the University is very limited. Increasing the size of research active staff within the IHR should be a priority in the coming years if this, and the potential of providing some post-doctoral opportunities for recent PhD graduates, is to occur.

On-going training and develop

While the IHR enjoys having highly trained and respected biostatisticians, the field of statistical analysis in a clinical setting evolves rapidly and there is the need to ensure staff remain at the forefront in this space. The current IHR budget has very little capacity to enable its staff to attend conferences or professional development programs and this needs to be addressed.

Developing expertise in the area of health economics and the undertaking of clinical trials would also greatly strengthen the range of skills that the IHR could offer Notre Dame researchers.

Financial

At present the IHR has no *ad hoc* funds to support collaborative projects that require mutual financial contribution to be involved. This can include co-payment for data access or meeting the costs associated with undertaking a small project. This can limit research and grant opportunities.

5 Other Activity

To date, IHR staff have provided a number of statistical training workshops to staff and HDR students based in Fremantle, Sydney and Broome. In addition to training in the use of two quantitative statistical packages, workshops on introductory statistics through to complex regression and survival analysis were provided. Similarly, training in qualitative techniques and the use of NVivo was also provided at each site.

A timetable of courses provided so far this year are shown below with a final round of training to be provided in Fremantle in late November.

Statistics workshops (2017)

19 April	Introduction to Stata v14
9 June	NVivo Qualitative Analysis
9 June	Survival Analysis using SPSS
9-10 June	Sydney Research Workshops & Clinics
10 June	Introduction to SPSS
10 June	Basic Statistics using SPSS
14 – 16 August	Broome Research Workshops & Clinics

Training Seminars

- Dr Paola Chivers – SJoG Research & Ethics Education Program, Subiaco.

International training

- Ranila Bhoyroo – Neuro-informatics and brain network analysis, Malaysia.

Information dissemination

- The IHR has enhanced its [web site](#) throughout 2017 which now provides much greater detail of the people, their expertise, research interests, upcoming events and research news.

Appendix A1: Activity Table

Activity Indicators - IHR	2014	2015	2016	2017	2018	2019	2020
Number of reportable research grants in progress (by category below)	8	9	10	Will be completed once audited University financial reports are available	Will be completed once audited University financial reports are available		
Cat 1 Australian Competitive Research Grants	1	2	2				
Cat 2 Other Public Sector	2	2	3				
Cat 3 Industry and Other	5	5	5				
Income for reportable research grants in progress (by Category)	\$362,806	\$383,021	\$498,848	To be provided at a later date			
Cat 1 Australian Competitive Research Grants	\$81,044	\$171,847	\$241,069				
Cat 2 Other Public Sector	\$128,160	\$71,620	\$111,530				
Cat 3 Industry and Other	\$153,602	\$139,554	\$146,249				
Number of grant/contract applications submitted	17	22	19				
Number of successful applications	9	4	4				
Total value of successful applications	\$1,071,917	\$300,144	\$1,684,587				
Number of applications currently under review	n/a	n/a	n/a				
Reportable publications Total (by category below)	20	28	43				
Journal Articles (quartiles below)	20	27	41				
<i>Quartile One</i>	11	15	26				
<i>Quartile Two</i>	5	8	10				
<i>Quartile Three</i>	0	2	1				
Conference publication	0	1	0				
Book/ Book Chapter	0	0	1				
Other	0	0	1				
HDR Commencement	5	8	9				
HDR load (total EFTSL)	9	16.4	20.25				
HDR Completions							
Internal Collaborations (based on publications)	11	15	24				

Data source: Research Office

1. Data for the first two rows are based the University's audited financial reports which are available in March every year for the previous year.
2. The data is based on research activity by staff and HDR students. For the table Institute staff are those University personnel that are formally affiliated with an Institute on University Staffing records (through Maze prior to 2017). HDR students were allocated to an Institute based on their supervisor's formal affiliation with an Institute as described in the previous sentence.
3. Personnel affiliations were crosschecked in IRMA for the Funding (rows 4-7) and Reportable publications (row 8) data.

Appendix B1 – Submitted and awarded funding applications

Chief Investigators (*key contact)	Lead org.	Project title	Scheme	Closing date	Status	HERDC reporting Category	Budget
Christobel Saunders (UWA), Claire Johnson (UWA, SJOGH), Jason Micallef (UWA, AIM), *Jim Codde, *Max Bulsara, Matt Bellgard (MU), Nik Zeps (ND & MU), Chris Reid (Curtin Uni), Valerie Pratt (WA Health)	UWA	Patient first: Continuous Improvement in Care – Cancer (The ‘CIC’ Cancer Project)	Cancer Trust EOI	1/06/2017	Successful	2	\$5M consisting of \$3.75m grant with a further \$1.25m collaborator top-up.
*Ranila Bhoyroo	Notre Dame	Towards an understanding of the cause of Developmental Coordination Disorder in children: an fMRI study	International Brain Research Organisation Travel Grant	1/09/2017	Successful	3	Euro1,800 funds direct to HDR student
* Aime Munro, *Jim Codde, *Paul Cohen (ND & SJOGHSubi), Julia Brotherton (Aust Dept Health), *Max Bulsara, *Caroline Bulsara, Nerida Steel (WA Health), Kay Walley (WA Health)	Notre Dame	Investigating the Effectiveness of the National Human Papillomavirus Vaccination Program for Aboriginal Women that Reside in Western Australia.	Cancer Council WA	3/01/2017	Under review	3	\$75,000
Sarah Hardcastle (Curtin Uni), Brigid Lynch (Cancer Council Victoria), Terry Boyle (Curtin), Kerry Courneya (Uni Alberta Can), Christobel Saunders (UWA)	Curtin University	The promotion of physical activity to adult cancer survivors in regional and remote areas of Western	Cancer Council (through NHMRC)	15/03/2017	Under review	1	no funds to ND

& RPH), Cameron Platell (SJOGH), *Paul Cohen (KEMH, SJOGH) , *Dana Hince		Australia using Fitbit technology and health coaching	funding process)				
*Elissa Burton, *Anne-Marie Hill, *Jim Codde, Keith Hill (Curtin), Phil Airey (Council on the Ageing WA)	Notre Dame	Do peers promote resistance training participation by older people?	Healthway Exploratory Grant	1/04/2017	Under review	1	\$75,000
*Louise Stewart, D'Arcy Holman (UWA), Colin Stewart (UWA), *James Semmens (ND& Curtin), Katrina Spilsbury (Curtin), Susan Jordan (QIMR Berghofer), *Paul Cohen (ND & SJOGH)	Notre Dame	Factors predicting ovarian cancer: a large population-based cohort study with long-term follow-up.	Ovarian Cancer Research Foundation	1/04/2017	Under review	3	\$27,799
Tom Brett, Diane Arnold-Reed, Gerald Watts (RPH/UWA), Alistair Vickery (UWA), *Lakkhina Troeung, * C. Bulsara, Nigel Stocks (Uni Adel), *Max Bulsara, Gerard Gill (Deakin), Claire Heal (James Cook)	Notre Dame	An intervention to improve the detection and management of Familial Hypercholesterolaemia in primary care	NHMRC Partnership Project	12/04/2017	Under review	1	\$558,588
Hands Beth*, McIntyre Fleur, Piek Jan, Rigoli Daniela, Licari Melissa	Curtin University	The relationship between motor co-ordination and mental health in young adults	Curtin Research Allocation Fund (RAF)	8/06/2017	Under review	3	\$17,927
Monterosso Leanne, Bulsara Max*; Krishnasamy Meinir, Crosbie Christina, Augustson B, Parr Alison, Emery Jon	Notre Dame	Early Nurse-led intervention for non-transplant eligible multiple myeloma patients (ENable)	HCF Research Foundation	17/08/2017	Under Review	3	\$250,981
Bradleigh Hayhow, Megan Galbally, Islam Hassan (UBC), Andrew Whitehouse (TKI), Sergio Starkstein (UWA), Athanasiso Gaitatzis (WANRI), *Max Bulsara, Stuart Watson (Murdoch)	Notre Dame	Mental health outcomes in the offspring of individuals with epilepsy	Raine Medical Research Foundation - Clinician	30/03/2017	Unsuccessful	3	\$432,336

			Research Fellowship				
*Caroline Bulsara, Kieran English (Bentley Hospital), Christopher Beer (UWA), Rosemary Saunders (ECU)	Notre Dame	Defining the support needs of patients and families post severe stroke: a qualitative study	Slater & Gordon	1/06/2017	Unsuccessful	3	\$17,003
Andrew Redfern (UWA), Katie Meehan (UWA), Richard Allcock (UWA), Shaouli Shahid (Curtin), Leanne Pilkington (WA Health), Pilar Blancafort (UWA), *Max Bulsara (UNDA), Jennifer Stone UWA	UWA	Defining and Defeating Indigenous Disadvantage in Breast Cancer Survival	NHMRC	30/3/2017	Unsuccessful	1	\$1,700,716
Rachael Moorin (Curtin), Jeffery Hughes (Curtin), Sallie-Anne Pearson (UNSW), David Preen, *Max Bulsara (UNDA), Bruno Stricker (EUMC), Christobel Saunders (UWA), Naomi van der Linden (UTS), Christopher Reid (Curtin)	Curtin University	Are calcium channel blockers associated with breast cancer? Impact of long-term use in Australian and Dutch women	NHMRC	30/3/2017	Unsuccessful	1	\$599,906
Rachael Moorin (Curtin), *Max Bulsara (UNDA), Jenny Doust (Bond U), Rachel Huxley (Curtin), Richard Fox (UWA), Peter O'Leary (Curtin), John Slavotinek (Flinders), Donald McRobbie (SA Gov)	Curtin University	Monitoring changes in CT scanning usage to minimise cancer risk?	NHMRC	30/3/2017	Unsuccessful	1	\$604,664

Data source: Research Office

Appendix B2 – Submitted and awarded Consultancies, Contracts & Tenders

Chief Investigators (*key contact)	Lead org.	Project title	Funding Org.	Status	Closing date	External closing	Budget
*Jim Codde, *Max Bulsara, *Caroline Bulsara, *Paola Chivers and the Stats Team	Notre Dame	Statistical support for research at Sir Charles Gairdner Hospital over the next four years	Sir Charles Gairdner Hospital - Tender	Successful	1/1/17	3	\$600,000
*Jim Codde, *Max Bulsara, *Caroline Bulsara, *Paola Chivers and the Stats Team	Notre Dame	Statistical support for SJOG Hospital	SJOG Hospital Subiaco Murdoch	Successful	1/1/17		\$45,000
Paul Cohen and Jim Codde	Notre Dame	Funding for a post-doctoral research fellow to develop and progress new research initiatives.	SJOG Hospital Subiaco	Successful	31/12/2017		\$105,686

Data source: Research Office and IHR

Appendix B3 – Publications by IHR staff - published or accepted (YTD 2017)

1. Acton J, Tucker PE, Bulsara MK, Cohen PA (2017). Working hours of obstetrics and gynaecology trainees in Australia and New Zealand. *The Australian and New Zealand Journal of Obstetrics and Gynaecology*; doi: 10.1111/ajo.12605.
2. Brennan-Jones CG, Eikelboom RH, Jacques A, Swanepoel D, Atlas MD, Whitehouse AJ, Jamieson SE, Oddy WH. Protective benefit of predominant breastfeeding against otitis media may be limited to early childhood: results from a prospective birth cohort study. *Clin Otolaryngol.* 2017 Feb;42(1):29-37. doi: 10.1111/coa.12652. Epub 2016 Apr 24. PMID:27037737
3. Buchiboyina A, Ma E, Yip A, Wagh D, Tan J, McMichael J, Bulsara M, Rao S (2017). Servo controlled versus manual cooling methods in neonates with hypoxic ischemic encephalopathy. *Early Human Development*, 112, p35-41
4. Burton E, Farrier K, Hill KD, Codde JP, Airey P, Hill AM (2017). Effectiveness of peers in delivering programs or motivating older people to increase their participation in physical activity: Systematic review and meta-analysis. *J Sports Sciences*, DOI: 10.1080/02640414.2017.1329549.
5. Carroll GJ, Makin K, Garnsey M, Bulsara M, Carroll BV, Curtin SM, Allan EM, McLean-Tooke A, Bundell C, Kemp ML, Deshpande TP, Ihdahid D, Coleman S, Easter T, JTriplett J, Disteldorf T, Marsden CH, Lucas M (2017). Undetectable Mannose Binding Lectin and Corticosteroids Independently Increase Serious Infection Risk in Rheumatoid Arthritis. *The Journal of Allergy and Clinical Immunology In Practice*; doi: 10.1016/j.jaip.2017.02.025
6. Chung K, Playford D, Strange G, Celemajer D, Codde J, Scalia G (2017). Left heart disease and pulmonary hypertension: Are we seeing the full picture? *Heart, Lung & Circulation*, (In Press).
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Data source: IHR staff and researchers (Sept 2017)