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ADS MEMBER STORIES

Celebrating 50 years

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Celebrating Australian Diabetes Society's 50th Anniversary

In celebration of the Australian Diabetes Society's 50th Anniversary, we want to take a moment to reflect on our journey and share the incredible contributions made by our members over the past five decades.

We have highlighted member stories from past presidents' and council members' on personal experiences of their time on council; where the society was positioned and its achievements; where diabetes management and treatment was placed in the diabetes field and how it has changed over the years. Also how the ADS has engaged and collaborated with key stakeholders like Diabetes Australia and the Australian Diabetes Educators Association and undertaken the operations of our divisions the National Association of Diabetes Centres and Diabetes Feet Australia. The development of numerous ADS clinical diabetes resources, the vast array of awards/grants/fellowships on offer and the successful educational programs and events delivered for our members.

The ADS values our members' and their enormous contributions to the society's legacy and our collective efforts to better manage and treat the person with diabetes. Our members' are an integral part of the society's growth and success!

We hope you enjoy reading our member highlights while looking back at 50 years of your society; the ADS!

Celebrating 50 years

PROFESSOR STEPHEN TWIGG



Special Message from Professor Stephen Twigg

It has been a great privilege for me to serve on the ADS, being elected to ADS Council in 2004, then especially as past ADS President in 2008–2010, then post Council. In mentorship projecting from the shoulders of ADS giants from the last millenium, ADS has progressed so well into the current one. I recall many happy memories, working with like-minded colleagues under the ADS banner across recent decades, serving ADS members, to ultimately ‘improve the lot’ of the person with diabetes. As a past ADS Treasurer (2004–08), it is also a pleasure to reflect upon the established financial security of ADS.

As summarised in my ADS Kellion Award Lecture (2021), ‘Collaborating to Conquer Diabetes Complications’, I reflect upon my lead involvement in enabling ADS to realise national priority initiatives. Working collegially with serial ADS Councils and members and ADS administration, these are:

- Commencing the inaugural ADS John R. Turtle Diabetes Clinical Skills Training Course for advanced trainees in Endocrinology in 2002. The Course has progressed annually now approaching 21 years since its inception, in training generations of diabetes and endocrine specialists in practical aspects of diabetes care.
- In glucose care, the inaugural ADS (and ADEA) prediabetes position statement (pub.MJA, 2007); the inaugural ADS position statement on individualising glycaemic targets in diabetes (MJA, 2009); then the inaugural ADS Ambulatory Glucose Profile Workshop Interpretation Guideline (2019). These statements provided great practical clinical guidance for safe and effective care.
- In type 1 diabetes, the inaugural NHMRC Federal Dept of Health and Aging Evidence-Based Clinical Care Guidelines across the lifespan (2011) with APEG, which emphasised that ‘type 1 diabetes is different!’. Then in health care delivery with DA, the continuous glucose monitoring (CGM) Advisory to the Federal Govt (2017), in the first round of CGMS subsidy for people with diabetes; and administering for Kellion Diabetes Foundation and DA in the Kellion Victory Medals Scheme (2020–ongoing), celebrating healthy longevity in people with type 1 diabetes.

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PROFESSOR STEPHEN TWIGG

- In research advocacy, initiating the annual ADS Skip Martin Early Career Fellowship (2009-) for early career researchers, with its many excellent recipients across the years and providing leverage in research funding to other competitive research funding bodies.
- In diabetes and driving (D&D) leading on the ADS D&D Working Party making recommendations for Austroads (2012; 2016; 2017; 2022); this series aided safe driving for people with diabetes, setting and maintaining the national legislated standard.
- In foot care in diabetes, as inaugural NADC High Risk Foot Service Standards (2018-ongoing) and Accreditation processes (2019-ongoing) Hon Chair, working closely with NADC CEO, Ms Natalie Wischer; as clinical lead of the NDSS DA Foot Forward consumer & clinician educational initiative (2019-), also joyfully with Natalie, and ADS CEO, A/Prof. Sof Andrikopoulos; then more recently as co-lead in the DFA Australian Clinical Care Guidelines in Diabetes-Related Foot Disease (2022). These processes established standards for accessible inter-disciplinary team care of foot ulcer treatment and amputation prevention across Australia.
- In the emerging complication of diabetes and liver disease (DLD) as ADS DLD Subcommittee Chair (2022-ongoing), and ADS representative on the Gastroenterology Society of Australia Liver disease (termed MAFLD) guidelines committee (2022-ongoing). These initiatives promise much needed guidance in screening for liver disease in people with diabetes in Australia.

Cheers and happy 50th to the ADS! My sincere thanks to all those great people who collaborated so well to make and then shape our beloved ADS! I encourage keen younger Society members to step up to ADS Council, seek mentorship, and make your contributions, in the process enabling ADS to thrive and mature into its next 50 years, serving its members and progressing diabetes care initiatives in Australia.

Professor Stephen Twigg

Royal Prince Alfred Hospital and the University of Sydney

Professor of Endocrinology, Stan Clark Chair in Diabetes and Head of RPAH Endocrinology Department

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A/PROFESSOR MARGARET MCGILL AM



Special Message from Associate Professor Margaret McGill AM

I was employed as Australia's first paediatric diabetes educator by Professor Martin Silink in 1978 and then joined the team at RPA in 1985. I became a member of ADS in the early 80s and even though it was a scientific body for endocrinologists and scientists there was no question about me becoming a member, an early sign of the inclusiveness of the ADS. "Back in the old days" teams were small and usually only 1 diabetes educator was employed per hospital. With time, Diabetes Centres developed, Medical Directors of these Centres were often fulltime or nearly fulltime and the multidisciplinary teams grew in size. Great camaraderie existed amongst the teams within and across the States. The diabetes landscape was still relatively small and we all knew each other. Attending the ADS meeting was a highlight of the clinical year. It was so exciting as a "nurse" to be invited to attend and participate in a scientific meeting. How well I remember the intense anxiety I felt presenting my first simple research project! However, there was no need to be nervous as senior endocrinologists welcomed fledgling diabetes educators at these ADS meetings. We all got to know each other well, we had a lot of respect for each other and had a lot of fun! The dance floor at the annual conference was full within seconds of the band playing! A major change I have seen over the years is the fragmentation of diabetes teams where, in particular, due to the lack of FTE employment in hospitals for medical specialists, they often need to work across several sites, reducing opportunities for staff to get to know each other well. In 2011, I was made a life member of ADS. I was the first nurse to receive this honour and together with Professor Lesley Campbell, we were the first women to receive this tribute. Move now to more recent times and the ADS is a wonderful scientific organisation which really serves the broad needs of its membership. Whether it is through excellence in professional education and mentoring of junior membership or funding and fostering excellence in research or advocating for people with diabetes or forging strong links with DA and ADEA, the ADS is an organisation of which we can all be proud. The dance floor still fills up quickly!

Associate Professor Margaret McGill AM

Assistant Director at the Royal Prince Alfred Hospital Diabetes Centre

Associate Professor in the Faculty of Medicine and Health at the University of Sydney

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PROFESSOR DAVID JAMES



Special Message from Professor David James

I began my diabetes research career at UNSW as an Honours student in 1979 when diabetes research in Australia was in its early stages, with only a few university labs scattered across the country headed by people like Joe Bornstein and Mick Gould at Melbourne, and Michael Clark in Tasmania.

In the 1980s, two influential groups emerged as major forces in diabetes research: one led by Len Harrison and Richard Larkins at Royal Melbourne, and another led by Don Chisholm and Ted Kraegen at the Garvan Institute in Sydney. These groups were unique because they combined basic diabetes research with clinical research in the same laboratory, which led to significant progress. The collaboration between basic scientists and clinical researchers proved fruitful, as the basic scientists gained insights into the challenges faced by individuals with diabetes, while the clinical researchers began to approach the disease at a molecular and pathway level.

During this time, the Australian Diabetes Society (ADS) played a major role in providing a rich environment for the integration of basic and clinical research. The ADS's rise coincided with this era, and their scientific meetings were particularly memorable and inspiring. Joint meetings with the Endocrine Society Australia (ESA) attracted top international speakers, making them fantastic events. These gatherings also provided young researchers like myself with the opportunity to meet diabetes researchers from all over Australia and forge lifelong connections. I can still remember presenting a poster at one ADS meeting in 1983 and being grilled by Len Harrison, who had recently returned to Australia after ground-breaking work on the insulin receptor with Ron Kahn. Len and I have remained great friends ever since, and the ADS facilitated this connection.

In the early days at the Garvan Institute and Royal Melbourne, the joint ADS-ESA meetings were designed with the philosophy that basic and clinical research should go hand in hand, and there was mutual respect from both sides. Unfortunately, in the current era, diabetes research efforts have become more siloed - something I lament. Arguably this could be a major reason for the marked decline in funding for diabetes research in Australia - now at an all-time low. Despite this, Australia still possesses a strong diabetes research workforce, and the ADS continues to be their common home.

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PROFESSOR DAVID JAMES

In moving forward, I think we need to reflect on where we are going in diabetes research in this country and again try to reach an armistice where both sides – the basic and the clinical – can reunite to formulate a map for future diabetes research, and define the key problems in the field, propose joint basic-clinical research projects and determine our key strengths to help us get there. In the end, this must be driven by the science and the desire to find real-world solutions to what is a complex problem. We have made huge progress over the past 40 years but we are still at the foothills. Drugs like Ozempic give us great hope but they are not the end but rather the beginning. After all these drugs emerged from a joint venture between basic and clinical science.

Professor David James

Professor/Leonard P Ullmann Chair in Metabolic Systems Biology and ARC Laureate Fellow
Charles Perkins Centre, University of Sydney

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PROFESSOR STEPHEN STRANKS



Special Message from Professor Stephen Stranks

My first contact with the Australian Diabetes Society was through word of mouth while playing golf with one of my main mentors, Steve Judd, and his great mate John Carter. Both were fine endocrinologists but Steve was a heavily involved proponent of ESA whereas John was a recent past president of ADS. Much of the banter was around the relative strengths of each society and, like a good trainee, I maintained an even-handed approach and have remained a member of both throughout my professional career. As time passed my interests galvanised into the areas of diabetes therapy and research and post-graduate education. The ADS has provided me with invaluable education and opportunities for my development, initially through attendance at ADS scientific meetings and then through involvement with committees and working groups. I was an ADS representative on the endocrine Advanced Training Committee of the RACP for 8 years which I enjoyed immensely. Subsequently I joined the council in 2015 and continued in various roles culminating in 2 years as president elect/vice president in 2019-20 and then as president in 2021-22. I look back on these years fondly, despite being a COVID president, and am proud of what we achieved in difficult circumstances. Like most organisations we had to switch Council meetings to virtual and this has removed some of the difficulties of attendance, particularly for those outside the eastern states. We placed an emphasis on diversity and balance and hopefully ADS represents all of the elements of the diabetes professional community. The congress moved nimbly between face to face, virtual and hybrid – it is a credit to the organisers and program organising committee to have achieved this so smoothly. Unification with DA and formation of the society pillars with appropriate sub-committees were the major other achievements – I think the society is in a strong position moving forward.

One of the major benefits of involvement with ADS for me has been the development of relationships and friendships. I have found the clinicians and scientists volunteering their time to be universally motivated, interesting, thoughtful and forgiving but also great fun. The administrative staff are efficient, helpful and friendly and always keen to minimise the stress on volunteers. It seems churlish to single out individuals but I should mention a few particular stars. Glynis Ross was the president prior to my term and is a person from whom I learnt an enormous amount and am still stunned by her drive and commitment. Sof Andrikopoulos' role in ADS has been varied and enormously important.

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PROFESSOR STEPHEN STRANKS

He maintains incredible energy, good humour and clarity of thought which seems to have continued despite the Tigers' dominance fading. Tony Russell provided invaluable support and advice as vice president through my term and made my job much easier – I'm sure he will provide a steady hand to move the society onwards.

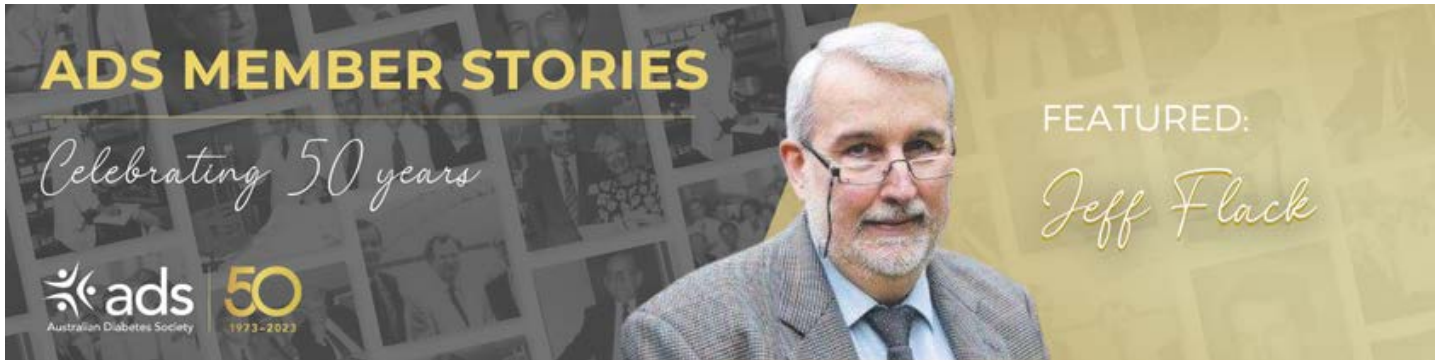
Overall the ADS has been an enormously positive influence on my life and career and can recommend involvement to all of you.

Professor Stephen Stranks

Network Director Southern Adelaide Diabetes and Endocrine Services

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PROFESSOR JEFF FLACK



Special Message from Professor Jeff Flack

Thank you for asking me to contribute to the Australian Diabetes Society's 50th Anniversary. To the best of my recollection, I believe I joined the ADS in the early 1980s, and regret that I do not have any information to impart on the inception/formation of the Society. I have attended Annual Scientific Meetings with our first submitted/accepted abstracts in 1986, and I have witnessed the growth of the Society since that time. I was elected to ADS Council in 2000 and was honoured to serve as the 16th ADS President from 2004–2006, and as a Vice-President of Diabetes Australia, 2005.

Regarding my personal experience with the ADS, from the time I first joined as a member, my main area of interest was in datasets, databases, quality audits and benchmarking. Liaising with several ADS Councils during the 1990s, I was co-editor, (with Ted Kraegen) of the ADS Computer Interest Group Newsletter [1991–1995] and Chair of the ADS Working Party on Diabetes Data Collection in Australia, [1991–1997], culminating in the introduction (with Stephen Colagiuri) of ANDIAB [Australian National Diabetes Information Audit and Benchmarking] (the forerunner of ANDA). I also Chaired the National Diabetes Data Working Group, [NDDWG], the Advisory Committee to the National Centre for Monitoring Diabetes [incorporating the National Diabetes Register {NDR}] at the AIHW [1997 – Nov 2012], during which time we were successful in having the Diabetes Dataset accepted as the first Clinical Dataset in the National Health Data Dictionary in 2003.

My experiences in the diabetes field and the ways in which diabetes management and treatment has changed over the years? When I graduated and first developed an interest in diabetes, there was U40 and U80 porcine or beef insulin, no blood glucose monitoring, no disposable syringes, and just two OHA classes, biguanides (phenformin and metformin) and sulphonylureas (chlorpropamide, tolbutamide, and glibenclamide) and hospital admission for insulin commencement was the norm. I have seen the introduction of U100 human insulin thence analogues, SMBG, disposable syringes, the many changes in OHA classes that have occurred over subsequent years, and the introduction of outpatient diabetes care through the development and growth of multidisciplinary Ambulatory Diabetes Centres.

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PROFESSOR JEFF FLACK

The ADS has obviously grown over the past five decades and regarding the successes achieved, I believe that the ADS has contributed enormously, including through our collaborations with our key stakeholder groups Diabetes Australia and ADEA, to patient advocacy, major contributions to basic and clinical science, significant support for Society Members through grants, scholarships and educational initiatives, and the development and promulgation of Position Statements and Management Algorithms suitable to the Australian health environment. Successful Government lobbying culminating in the introduction of financial support for individuals living with diabetes [NDSS, Insulin Pump and CGMS Subsidy etc] have been major achievements.

I look forward to joining colleagues to celebrate this milestone Anniversary of the ADS.

Professor Jeff Flack

Conjoint Associate Professor at UNSW

Conjoint Professor at Western Sydney University

Co-Head of the Department of Diabetes & Endocrinology and Director of the Diabetes Centre at Bankstown-Lidcombe Hospital

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PROFESSOR N. WAH CHEUNG



Special Message from Professor N. Wah Cheung

I was fortunate to join ADS Council in 2004, wanting to make greater contributions to the diabetes community, beyond individual patient care. Being on council gave me many new opportunities and insights, including an understanding of the workings of ADS, ADEA, NADC, the NDSS and Diabetes Australia, how each of these organisations contributes to diabetes care and advocacy, and what I could do to advance the cause. I met many wonderful people who were passionate about diabetes care and research, learnt from them and worked with them. Being on council is a lot of work, but you get so much more in return!

I was on the Board of Diabetes Australia during some of its more turbulent years (2004-12), when there were tensions and a number of challenges. Diabetes organisations have so much more impact when the consumer and health professional organisations collaborate, so hopefully this will be realised with the new Reunification. A major achievement we made at the time was the establishment of the Medical, Education and Scientific Advisory Committee to the NDSS (2010), whereby ADS and ADEA representatives review NDSS resources, documents and policies related to clinical care to ensure that they are clinically and scientifically valid.

There have been several major advances in diabetes treatment during my career. After using animal insulins for about 50 years, recombinant human insulin became commercially available in the 1980s. This overcame many problems related to animal insulins and paved the way for the development of insulin analogues. A second leap forward happened in the 2010s, with the introduction of GLP-1 agonists and SGLT-2 inhibitors. There had not been major improvements in drug therapy for a long time, and now we have agents which directly reduce cardiovascular risk and weight. With dual and triple agonists around the corner, these are changing the way we manage type 2 diabetes. We are now at the cusp of a new revolution with insulin pump and sensor technology. The exponential advances in recent years are truly transforming type 1 diabetes management. The holy grail of insulin management, a fully closed loop system seems within reach.

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PROFESSOR N. WAH CHEUNG

We have also changed our views on treatment targets and diagnosis. The landmark DCCT and UKPDS trials in the 1990s informed us that having an HbA1c <7% (48 mmol/mol) reduces diabetes complications. The ADS was internationally the first organisation to produce individualised HbA1c targets (2009). With sensor technology we are now looking at time in range and related metrics. HbA1c went from being a target to a diagnostic test. Will time in range follow suit?

When I was a registrar the only treatment options for diabetes were insulin injections, metformin and sulphonylureas. Diabetes seemed tedious and other aspects of endocrinology more fascinating. Over the last 50 years, with scientific, pharmacological and technological developments, supported by strong advocacy and systems of care, diabetes has genuinely become an exciting field for an Endocrinologist to work in. We can see our treatments improving the lives of our patients, and not just their glucose levels. What can be more rewarding for a clinician?!

Professor N. Wah Cheung

ADS Council Member 2004-12

ADS Honorary Secretary 2006-8

ADS Vice President 2008-10

ADS President 2010-12

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PROFESSOR JOHN CARTER AO



Special Message from Professor John Carter AO

I joined the ADS in 1973 shortly after starting postgraduate endocrine studies with the late Les Lazarus at the Garvan Institute in Sydney. I fondly recall John Farrell (Physician/Diabetologist) encouraging me to join, saying "you know, at the 50th anniversary, you'll be able to say you joined 50 years ago!"

Over the years, the combined annual ADS and Endocrine Society of Australia meetings were always a highlight with lectures and seminars featuring international authorities along with leading Australian experts. The meetings also provided vitally important opportunities for social and professional interaction with colleagues around the country.

Having been a staff specialist endocrinologist and, from 1983, a VMO endocrinologist, I had no plans to serve on the ADS Committee until Ted Kraegen twisted my arm in 1987. I have always been grateful to Ted, as I thoroughly enjoyed my time as a councillor from 1988 to 1992 and then as President from 1992 to 1994.

These were interesting times regarding public health policy in Australia, with more Federal Government funding being directed towards TB surveillance than to diabetes. Evidence was rapidly accumulating about "prevention" of type 2 diabetes, the importance of early diagnosis, and the benefits of screening for and treatment of diabetes complications. In 1992, the ADS produced "The National Action Plan (NAP)-- Diabetes – To the Year 2000 And Beyond". This was launched in Canberra in 1993 by the then Federal Minister for Health, Graeme Richardson. We convinced him that there would be major benefits for the population if the strategies outlined in the NAP were instituted but he advised us that he would not provide funding until "John Laws' listeners come knocking on my door demanding action". No funding ensued!!

The Diabetes NAP Implementation Committee (NAPIC) was set up, which I Chaired, and one of the major outcomes was the production of the National Diabetes Strategy (NDS) and Implementation Plan. Prominent ADS members Stephen Colagiuri & Paul Zimmet were major contributors to NAPIC & the NDS.

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PROFESSOR JOHN CARTER AO

One of the main recommendations of the NDS was to convince the Federal Government to specifically fund diabetes; and as Chair of the NDS, I unsuccessfully lobbied two other Ministers for Health and numerous senior Department of Health officials. A breakthrough came in 1996 when Michael Wooldridge was Shadow Minister for Health. He was convinced about the benefits of a major increase in funds for diabetes and when he became Minister after the elections, he agreed to make diabetes one of the five National Health Priorities – in addition to providing the promised funding. He set up a Ministerial Advisory Committee on Diabetes, which I chaired for three years, and this was succeeded by the National Diabetes Strategy Group, comprising Stephen Colagiuri, Paul Zimmet and myself.

During these years from the late 1980s to the early 2000s, the ADS was successful in raising the profile of diabetes in the community and in obtaining ongoing funding from Government and the Pharmaceutical Industry for proven strategies that have led to improved health outcomes for people with diabetes as well as increased support for diabetes research.

Professor John Carter AO

Consultant Endocrinologist

Clinical Professor, University of Sydney

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A/PROFESSOR GLYNIS ROSS



Special Message from Associate Professor Glynis Ross

During my endocrinology training at Lidcombe Hospital and Royal Prince Alfred Hospital in Sydney in the early 1980s I joined the Australian Diabetes Society. At that time, I was in awe of the ADS leaders some of whom I was fortunate to be working with including Professor Emeritus John R. Turtle one of the founding members of the Society, Professor Dennis Yue and the wonderful Penny Hoskins who inspired me on the importance of communication and listening to people living with diabetes as well as of practical aspects of education.

Attending the annual ADS meetings was a highlight for me and they provided an opportunity to see the breadth of clinical and scientific work being undertaken around the country. Professor Jeff Flack and Professor Dennis Yue encouraged active participation and abstract submission. In addition, the meetings enabled me in those early years to meet other endocrinology trainees and in particular the dynamic Dr Mitra (Sanghamitra) Guha from Adelaide and decades later we were still crossing paths at RACP Division of Medicine meetings!

The importance and value of involvement in the Society and working beyond routine clinical and research commitments for the broader landscape of diabetes was integral to many of the people I was closely working with. Not long after finishing my endocrinology training Dr Jill Forrest had strongly encouraged me to be the NSW representative rather than her on the newly forming society later to become ADIPS. This enabled me to better understand what a national organisation might have as its vision and what it could potentially achieve compared to smaller units and the 2 8-year terms on ADIPS Council with amazing clinicians and researchers provided me with a good grounding when Professor Wah Cheung persuaded me to consider becoming a member of the ADS Council and become involved in the broader diabetes world.

The 8 years I then had on the ADS Council, including the 2 years as President 2018-20, were wonderful. All Council members have been inspiring and supportive, and especially my Vice-President A/Professor Stephen Stranks whose sense of humour also helped lighten some of the more challenging times.

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A/PROFESSOR GLYNIS ROSS

Through A/Professor Jenny Conn, I have been able to become involved in the ADS Education courses for over 10 years and brainstorming on courses and modules with Jenny and A/Professor Alison Nankervis was so much fun. In some ways it has been 'full circle' to be able to now run the ADS John R. Turtle Diabetes Clinical Skills Training Course for Advanced Trainees in Adult Endocrinology recognising my early Head of Department but also came from the vision and drive of Professor Dennis Yue, Professor Stephen Twigg and A/Professor Marg McGill. 2023 was the 21st year of this course. It was wonderful that John was able to attend the Course in Sydney in 2019 to see the topics being covered and its small group format – also the last time it was able to be held face-to-face.

My ADS Presidency was unfortunately impacted significantly by COVID-19. Clinical priorities had to change and provision of both education courses and the annual conference had to be significantly transformed to virtual platforms.

When I took on the role of President, the wise Marg McGill said I needed to consider what my legacy would be! The main legacy of my tenure was the restructure of ADS and the establishment of the 4 key strategic pillars: Advocacy, Clinical Standards, Education, Research. The vision was to better engage the considerable skillsets, energy and creativity of the broader ADS membership to drive progress and reform rather than relying on the small number of Council members. Education was a high priority for me both for advanced trainees but also on the rapidly advancing diabetes technology for more established clinicians. At this time, I am continuing to chair the Education Advisory Council and am a member of the Advocacy Advisory Council. Other 'achievements' during my presidency were the development of the consensus guidelines with ADEA, APEG and ADIPS and published in the MJA with Dr Anthony Pease as lead author as 'Utilisation, access and recommendations regarding technologies for people living with type 1 diabetes: consensus statement of the ADS/ADEA/APEG/ADIPS Working Group.' In 2018 the first Alert on Severe Euglycaemic Ketoacidosis with SGLT2 Inhibitor Use in the Perioperative Period was produced, with subsequent amendments initially undertaken jointly with the New Zealand Society for the Study of Diabetes and later also Australian and New Zealand College of Anaesthetists (ANZCA). Sometime later in 2022, the ADS-ANZCA Perioperative diabetes and Hyperglycaemia Guidelines for adults were published after a number of years of collaborative work by Stephen Stranks and me with ANZCA representatives.

In 2019, during my presidency, was the first year of the Lindsey Baudinet Rising Star Award in Type 1 Diabetes Research to support eligible early-career researchers to pursue research in type 1 diabetes and its complications. Lindsey and her family are very special to me and I have been privileged to provide support to Lindsey and her daughter. The Ranji and Amara Wikramanayake Diabetes Research Award for a clinical diabetes researcher has been due to the generosity of Dr Ranji Wikramanayake, a diabetes physician whom I have known from RPAH, and indeed had known my husband Ian during his medical training at Concord Hospital. Such philanthropy and financial support for research in Australia is so vital and most gratefully received.

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A/PROFESSOR GLYNIS ROSS

There are so many people in ADS who have been inspirational to me – senior clinicians and researchers, but also our more junior education mentors and education fellows. My role in ADS Education has enabled me to meet many of the advanced trainees in endocrinology and younger endocrinologists. They are so talented and I hope that they will see the mutual value that can come from their active involvement in the Society.

It has been amazing to see the metamorphosis of A/Professor Sof Andrikopoulos from his diabetes scientist career to ADS President and then to his dynamic and highly successful role as ADS Chief Executive Officer. His support of me and all of my 'projects' during my presidency and since could not be surpassed and I am so incredibly grateful to him.

ADS would not be able to function without its incredibly hardworking and talented Ms Linda Valenzisi who continues to provide me with great support, and I would like to acknowledge again the rest of the ADS management team who are not so visible to the ADS membership.

My involvement with ADS has also led to me being on the Diabetes Australia Board since 2016, another wonderful opportunity, and seeing it transform and grow following unification with stronger links with ADS and ADEA, and hopefully soon ADIPS. We need a truly national voice for diabetes in Australia to get the attention of government and of the Australian population to best support people living with diabetes, health professionals caring for them, diabetes prevention and to foster and fund diabetes research.

ADS values and welcomes its members becoming involved in its activities and the future directions of the Society. The Australian Diabetes Society has evolved greatly over its first 50 years and can achieve so much more with a very active membership.

Associate Professor Glynis Ross

Endocrinologist and Head of Diabetes in Pregnancy Service
Royal Prince Alfred Hospital

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