



2024 – 2025
**Annual
Report**

Impact through Collaboration

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The Tropical Australian Academic Health Centre acknowledges the Traditional Custodians of the lands and seas on which we work and live. We pay our respects to Elders past, present and emerging, and honour the enduring connection of Aboriginal and Torres Strait Islander peoples to Country, culture and community. We recognise the value and contribution of cultural, spiritual and educational practices that enrich and inform our shared future.

2024/25 impact by numbers

 **\$565,605**
in grants funding awarded

 **65**
SEBSS requests

 **245**
hours of research
education delivered

 **970**
hours of
statistical support

 **572**
registrations for TAAHC-led
capability building initiatives

 **386**
webinar registrations

 **22**
TAAHC training initiatives

 **376**
YouTube views

 **190**
hours of individual protocol
& methodology support



Chair's foreword



The 2024–25 year has been a defining period for the Tropical Australian Academic Health Centre (TAAHC). With the appointment of our inaugural Executive Director Dr Scott Davis, and the adoption of the TAAHC Strategic Plan 2025–2029, the organisation has shifted its focus from building research capability to driving translation and adoption, enabling real-world and systemic change across northern Queensland. We are building on a strong foundation and focusing on creating impact that delivers value, innovation and sustainability for our members and partners.

Acknowledging leadership and legacy

This year, we recognise and thank Emeritus Professor Ian Wronski AO, who resigned as Chair in September 2024. Ian's vision, leadership and advocacy were instrumental in establishing TAAHC and shaping it into the collaborative partnership it is today. His contribution created the foundation from which TAAHC will continue to develop and grow into an organisation that connects research, education and clinical care to improve the health and wellbeing of north Queenslanders.

Following Ian's resignation, Ms Helen Darch AOM was appointed Interim Chair and led the Board through a period of review in which members enhanced the organisation's purpose and focus. Under her leadership, TAAHC undertook a process to refine its governance systems, strengthened alignment across partners, and clarified its focus on measurable outcomes. Helen's guidance ensured stability and set the conditions for sustainable growth. I took up the role of TAAHC Chair on 1 April 2025, and I gratefully acknowledge Helen's contribution and leadership of the Board.

In February 2025, TAAHC announced the appointment of Dr Scott Davis as Executive Director – a significant step in the organisation's transition from establishment to impact. As noted in James Cook University's announcement, this appointment marked the beginning of a new phase of growth, success and influence for TAAHC. Helen Darch AOM observed that Dr Davis "brings a wealth of experience in healthcare management, research innovation and strategic leadership, uniquely placing him to shepherd TAAHC into a new phase of growth."

During the year, there were also changes to Board membership. Professor Richard Murray, Dean of the College of Medicine and Dentistry at James Cook University, and Mr Sean Rooney, Chief Executive Officer (CEO) of Northern Queensland Primary Health Network (NQPHN), resigned their Board appointments effective 30 September 2024.

In early 2025, Professor Jenny Seddon, Deputy Vice Chancellor (Research) at James Cook University (JCU), and Professor Marcus Lane, Deputy Vice Chancellor (Academy) at JCU, joined the Board, bringing strong research and academic expertise. In January 2025, Mr Ben Tooth, the new CEO of NQPHN, also joined the Board, further strengthening collaboration between the academic and health sectors.

Building on strong foundations

TAAHC's progress this year has been underpinned by strengthened leadership, governance and accountability. The Board's decision to appoint an Executive Director provided clear direction and capability to deliver on strategic priorities and drive the organisation's transition from establishment to impact.

The development and adoption of the draft TAAHC Strategic Plan 2025–2030 marked a major milestone in defining the organisation's long-term direction. Guided by a participatory process involving all partners and key stakeholders, the plan was shaped through broad engagement across the health, research and academic sectors. The May 2024 Strategic Planning Workshop was central to this process, bringing together key stakeholders and representatives from universities, Hospital and Health Services and NQPHN to confirm shared priorities and align with national research and translation agendas.

Through this collaboration, TAAHC reaffirmed its purpose of connecting research, education and clinical care, and identified five enduring pillars: Address Key Health Issues, Build Capability, Discover Knowledge, Facilitate Translation, and Ensure Sustainability. Formally adopted by the Board in late 2024, the Strategic Plan provides a clear framework for growth, sustainability and measurable impact, ensuring research translation delivers real benefits for northern Queensland communities.

The insights gained through this process have also directly informed the development of the forthcoming TAAHC Strategic Plan 2025–2030, which will build on these foundations to further embed research translation, innovation and return on investment across all activities.

Delivering real-world impact

In 2024–25, TAAHC continued to invest directly in programs that translate research into practice. A total of \$215,927 was invested in Clinical Research Fellowships and \$349,678 in Seeding Grants, supporting projects that deliver measurable improvements in care and build local capability.

In a major achievement, TAAHC was awarded \$1 million for a two-year project, TAAHC: Connecting Research and Research Translation, which will commence in late 2025. This project will strengthen regional research networks, improve translational infrastructure and create new opportunities for collaboration between clinicians, researchers and communities.

Originally commissioned by TAAHC in 2022, the Innovative Health Workforce for Northern Queensland project was delivered in 2024 in partnership with Think Change Resolve, the Nous Group and Kristine Battye Consulting. The report provides a strong evidence base for regionally led, collaborative approaches to workforce development and will inform future strategies to strengthen and sustain the northern Queensland health workforce.

Through these initiatives, TAAHC continues to demonstrate that investment in research translation delivers a clear return – not only through knowledge generation, but through better health outcomes, workforce development and service innovation.

Partnerships and advocacy

TAAHC's success continues to be defined by partnership. In 2024–25, we strengthened collaboration with the Australian Health Research Alliance (AHRA), Queensland Health, and the Cooperative Research Centre for Developing Northern Australia (CRCNA). These partnerships are vital to advancing our shared priorities and ensuring the needs of northern Queensland are represented in national health and research policy.

TAAHC also played a significant advocacy role through its contribution to the National Research Strategy and support for continued investment in the Research Translation Centre (RTC) network. This ensures that research translation remains at the forefront of national health reform and that regional perspectives continue to shape Australia's research agenda.

Looking ahead

As we move into 2025–26, TAAHC's focus will be on consolidating these foundations – embedding the Research Translation Fellowships, operationalising the FAIT Framework, and demonstrating return on investment across all activities.

I thank our Board, staff and partners across universities, Hospital and Health Services and NQPHN for their continued collaboration and commitment. Together, we are building a future defined by sustainability, innovation and measurable impact turning research into action and creating lasting value for the people and communities of northern Queensland.

Ms Sharon Kelly
Chair
Tropical Australian Academic Health Centre
(from 1 April 2025)

Executive Director report



I commenced as the inaugural Executive Director of the Tropical Australian Academic Health Centre (TAAHC) in March 2025, with a clear vision to build on TAAHC's strengths and deliver a strong return on investment (ROI) for our members and the northern Queensland health ecosystem. My focus has been on connecting researchers with industry, linking research to frontline clinical practice, and driving initiatives that deliver measurable impact. Every activity is geared toward action, ensuring that TAAHC's investments generate tangible improvements in health services, workforce capability and community wellbeing across northern Queensland.

Strategic alignment and delivery

The endorsement of the TAAHC Strategy 2025–2030 marked a major milestone for the organisation. Developed collaboratively with members and partners in late 2024 and endorsed by the Board in 2025, the Strategy provides the framework for research excellence and real-world impact through five pillars: Address Key Health Issues, Build Capability and Capacity, Discover New Knowledge, Facilitate Translation, and Ensure Sustainability.

The Clinical Leadership Group (CLG) continues to provide support, guidance and recommendations to ensure the delivery of TAAHC programs and initiatives aligns with the priorities of our partner organisations.

Building a northern health learning system

During 2024–25, TAAHC prioritised the establishment of a regional health learning system that integrates research, clinical practice and data to continuously improve care. Through co-designed Research Translation Fellowships with Hospital and Health Services and James Cook University, and with guidance from the TAAHC CLG, we are embedding research translation into everyday practice to accelerate change.

An impact framework, based on the Framework to Assess the Impact of Translational health research (FAIT) principles, will assess the real-world outcomes of TAAHC-funded projects and demonstrate value to members and the community.

Growing capability and engagement

Programs such as Research Education and the Study Design, Epidemiology and Biostatistics Support Service (SEBSS) continue to strengthen research capability across northern Queensland. These initiatives support the shift toward a health system led research agenda, where priorities reflect the needs of health services and local communities.

As Executive Director, I have met with senior and early-career researchers, health leaders and partners across the TAAHC network. The quality, commitment and innovation within this community are outstanding – a testament to TAAHC's investment to date and a strong foundation for the future.

Driving real-world impact

In 2025–26, TAAHC will implement a structured process to assess the outcomes and ROI of programs undertaken to date, including seed funding, fellowships and collaborative projects. This evaluation will guide future investment and ensure accountability for results.

We have also commenced a systematic synthesis of previous TAAHC grant-funded projects to identify key outcomes and measure their impact, providing evidence of how TAAHC investments are translating into real-world benefit.

Workforce innovation and collaboration

The Innovative Health Workforce for Northern Queensland project, commissioned by TAAHC in 2022, continues to drive regional collaboration on workforce solutions. Building on this work, TAAHC partnered with Better Health North Queensland (BHNQ) and participated in the Future Vision Workshop in June 2025 to advance initiatives informed by the 2024 workforce report. Together with BHNQ and our members, we are identifying workforce research and implementation projects for 2025–26 to address workforce shortages and support new models of care.

Advocacy and partnerships

Queensland Health remains a key partner in TAAHC's work, collaborating to strengthen the state's research and translation capability, support workforce development and deliver evidence-based health improvements.

TAAHC also continues to work closely with the Australian Health Research Alliance (AHRA) and the Cooperative Research Centre for Developing Northern Australia (CRCNA), reinforcing the importance of coordinated, regionally focused innovation and shared advocacy through the national Research Translation Centre (RTC) network.

Acknowledgement and outlook

I would like to acknowledge Ms Helen Darch OAM, who chaired the TAAHC Board through a period of transition and strategic renewal, and Ms Sharon Kelly, our current Chair, whose leadership continues to guide TAAHC through consolidation and growth. I also thank the TAAHC Board, member organisations, the Clinical Leadership Group (CLG), partners, staff, and the many researchers and clinicians who contribute daily to TAAHC's mission.

Together we are building a connected, capable and impact-driven research ecosystem that delivers meaningful outcomes for the people and communities of northern Queensland.

Professor Scott R Davis

Executive Director
Tropical Australian Academic Health Centre



About us

The Tropical Australian Academic Health Centre (TAAHC) brings together research organisations, health care providers and educational institutions to deliver innovative, research-based health care and training for the benefit of northern Queensland communities.

TAAHC is a collaboration between eight Member Organisations, working together to ensure that locally led research is translated into meaningful improvements in health outcomes, service delivery, and workforce capability.

TAAHC Member Organisations include:

- Cairns and Hinterland Hospital and Health Service (CHHS)
- James Cook University (JCU)
- Mackay Hospital and Health Service (MHHS)
- North West Hospital and Health Service (NWHHS)
- Northern Queensland Primary Health Network (NQPHN)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Torres and Cape Hospital and Health Service (TCHHS)
- Townsville Hospital and Health Service (THHS).

TAAHC is a nationally accredited Research Translation Centre committed to delivering improvements in health services across Australia.

TAAHC's vision

TAAHC's vision is to improve health outcomes and service delivery to rural, regional and remote Aboriginal and Torres Strait Islander communities across northern Queensland through research and research translation.

What TAAHC does

TAAHC focuses on improving key health issues of high regional prevalence, building research capability and capacity, facilitating research translation and ensuring sustainability.

An NHMRC Research Translation Centre

TAAHC was accredited by the National Health and Medical Research Council (NHMRC) in 2020 as a Research Translation Centre (RTC), recognising its commitment to integrating research, healthcare and education to improve health outcomes across northern Queensland.

In June 2025, TAAHC secured \$1 million in NHMRC funding to enhance training and support for research and translation activities across rural, regional and remote communities. This funding supports capacity building within the health workforce, fosters collaboration between research and clinical teams, and ensures that locally relevant research is translated into practical healthcare improvements.

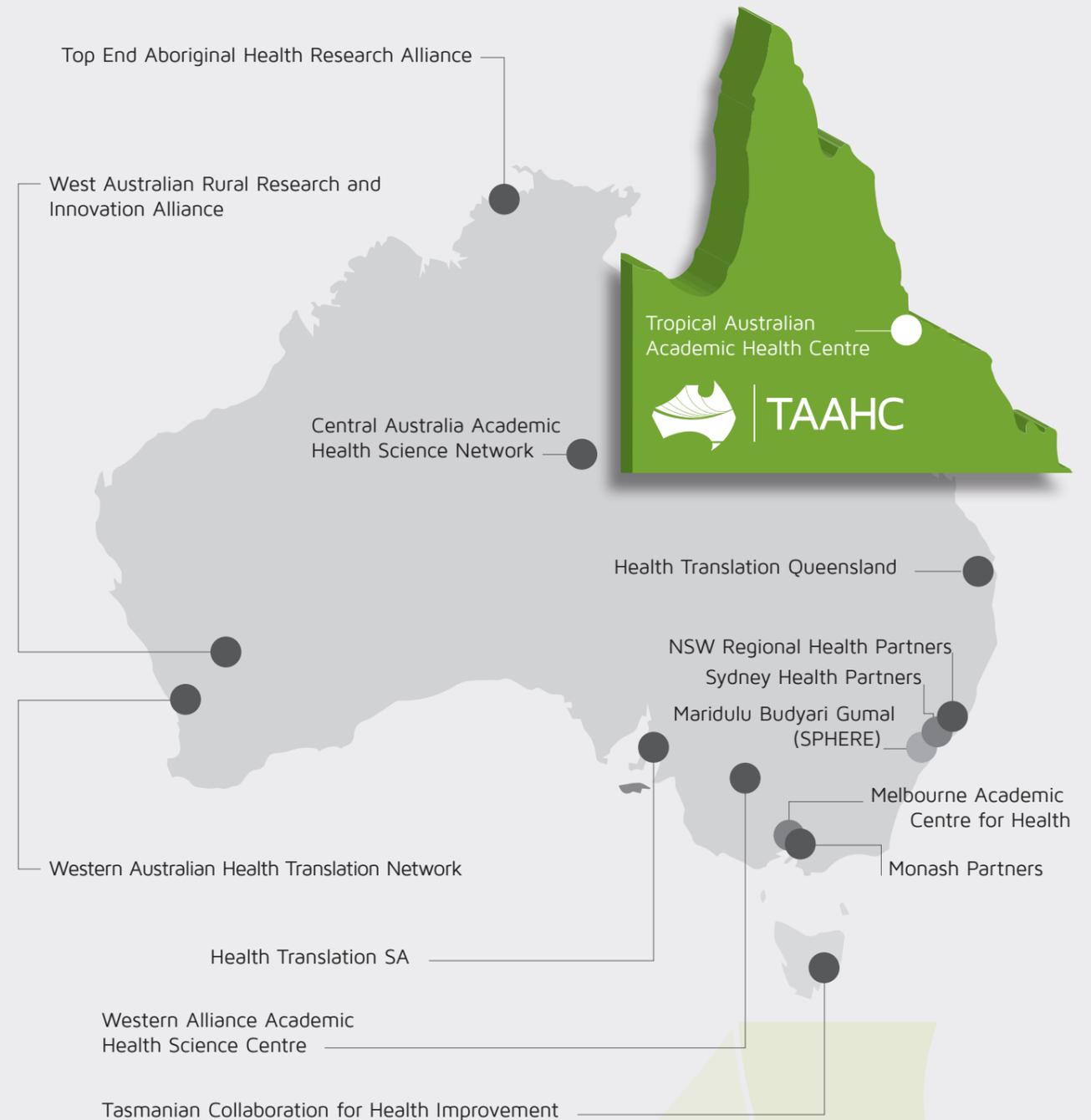
As part of a national network of RTCs, TAAHC continues to play a key role in bridging the gap between research and practice, with a strong focus on equity, innovation and community engagement.

Australian Health Research Alliance (AHRA) membership

TAAHC is a member of the Australian Health Research Alliance (AHRA), the national peak body for NHMRC-accredited Research Translation Centres. AHRA supports collaboration across healthcare, research and education to improve health outcomes nationally.

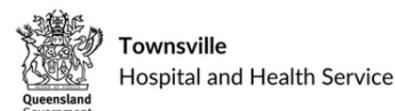
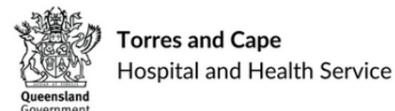
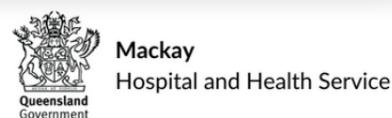
As the only RTC serving rural, regional and remote Queensland, TAAHC ensures that the priorities of northern Queensland communities are represented in national research translation efforts. Through AHRA, TAAHC contributes to system-level initiatives and cross-sector partnerships that strengthen research impact and equity in healthcare.

Case studies from TAAHC's mid-accreditation review, submitted in April 2025, have been published on the NHMRC website: Tropical Australian Academic Health Centre case studies | NHMRC.



The TAAHC region and members

TAAHC’s geographic footprint spans approximately 750,000 square kilometres, encompassing a diverse population of nearly 900,000 people. The region extends south to Mackay, west to the Northern Territory border, and north to the Torres Strait Islands, covering a vast and varied landscape across northern Queensland.



TAAHC Strategy 2025–2030

The TAAHC Strategy 2025–2030 is designed to improve health outcomes and service delivery for rural, regional and remote communities, including Aboriginal and Torres Strait Islander peoples across northern Queensland. The Strategy focuses on five interconnected pillars that drive research excellence, collaboration and impact:



Address Key Health Issues

Target high-priority areas such as First Nations health, health equity, chronic disease, infectious disease, ageing, mental health, and cancer through scholarships and seed funding.



Facilitate Translation

Ensure research findings are implemented in practice by promoting communication of outcomes, training in implementation science, and demonstrating impact on health services.



Build Capability and Capacity

Strengthen research capability by providing training, research support, and networking opportunities to foster collaboration and innovation.



Ensure Sustainability

Advocate for rural health needs, attract and retain a skilled workforce, secure funding, and demonstrate TAAHC’s return on investment to maintain long-term viability.



Discover New Knowledge

Support research discovery through interdisciplinary partnerships, funding opportunities, and strategic investments in emerging areas.



Delivering for members and community

TAAHC is committed to enhancing and expanding the research and research translation capability and capacity of its member organisations and their staff. The organisation's work extends beyond education and training by supporting industry-led projects, brokering strategic relationships, sharing critical information and facilitating research investment across northern Queensland.

TAAHC collaborates closely with researchers to identify and pursue grant opportunities and works with member organisations to drive initiatives that deliver measurable improvements in care, workforce development and service innovation.

Tailored support services are designed to build skills, foster collaboration, and accelerate impact. These include:

- Facilitation of partnerships across academic, clinical and community sectors
- Research and research translation education through skills-based workshops and long-form courses

- Hands-on team coaching for research and research translation projects
- Study Design, Epidemiology and Biostatistics Support Service (SEBSS)
- Grant funding and grant support
- Webinars showcasing local research.

Through these services and strategic investments, TAAHC continues to connect research, education and clinical care, turning knowledge into action and creating lasting value for the people and communities of northern Queensland.



Research Education

Tailored education and facilitating knowledge exchange and collaboration



SEBSS

Expert advice and guidance including statistical design, analysis, and interpretation of research



Grant funding

Invest in research to improve the health of northern Queenslanders

Advocate | Facilitate | Engage | Collaborate

TAAHC Research Translation Education and Development Pathway for Clinician Researchers



The year in review

To augment TAAHC's established research training from previous years, 2025 saw the introduction of the new Research Translation Course, which commenced in January. This addition enables TAAHC to provide research education across the research pipeline, from learning about research through to translating research into practice.



TAAHC webinars

Webinar topics combined skill development and local knowledge exchange. All sessions were recorded and available to view on the TAAHC YouTube channel.

In 2024–2025, TAAHC had 386 webinar registrations, with another 376 people viewing the recordings.

July 2024



How to appraise a systematic review and interpret a forest plot

March 2025



Seeds of success: How TAAHC funding can get your research growing!

August 2024



Digital health innovation and application to rural and remote health services in northern Queensland

April 2025



Audits! To make a difference, learn how to do them well

September 2024



Get to the point! This and more tips for great presentation skills

May 2025



How to write a fantastic abstract

October 2024



How to store data in Excel

June 2025



How to design a 'show-stopping' conference poster

February 2025



Research translation: what, why, and where to get good ideas

"The partnership between Queensland Health and TAAHC continues to demonstrate the real power of collaboration. TAAHC provides an important platform for our clinicians and researchers across Northern Queensland to turn evidence into practice, accelerate innovation, and deliver better care for their communities. By supporting research translation and building capability across its member organisations, TAAHC strengthens our allied health workforce and ensures that locally generated knowledge leads to meaningful, sustainable improvements in service delivery. It is a partnership that delivers tangible benefits for patients, clinicians and the broader health system."



Liza-Jane McBride
Chief Allied Health Officer
Queensland Health

Demystifying Research Course

The popular Demystifying Research Course runs for six months, with 12 sessions held once a fortnight. This research literacy course is purposely designed to help participants improve their research knowledge and develop skills in identifying research questions, searching relevant literature, understanding hierarchies of evidence, and appraising research articles. It even demystifies confidence intervals. These fundamentals improve evidence-based practice skills and help participants develop their own research projects.

Participant Comments

"The Demystifying Research Course was an invaluable asset to both my everyday practice and my academic development. It lifted the veil, provided a clear understanding of how research actually works, and offered a deeper exploration into the processes of sourcing and effectively applying research in my daily practice."

Course participant

Planning and Undertaking Research workshops

Due to strong demand from clinicians, TAAHC extended the reach of its training and delivered six one-day Planning and Undertaking Research workshops throughout 2024–25. The course is delivered simultaneously for online and in-person participants, with facilitators drawn from across partner organisations.

Short 15-minute plenaries are delivered by experts before online and in-person facilitators support small groups to apply the learnings and develop hypothetical research study designs.

Participant Comments

"I liked the hands-on nature of the day. Being able to apply what we learned in each session to a case study was incredibly helpful. It allowed us to consider how to put theory into practice."

Course participant



Research Translation Course

The inaugural Research Translation Course was delivered over seven months, commencing in March 2025. The project teams met as a cohort once a month to undertake activities and share project progress with colleagues across North Queensland. Each project team met twice with two expert facilitators between group sessions to progress their own research translation protocol. Using videos, group activities and individualised coaching, the course supports project teams to produce a research translation protocol and a one-page logic model suitable for submission to an ethics committee or grant funding body.

Participant Comments

"I think the overall systematic approach and the use of logic models and other models to help guide and ensure you are not missing anything will be very useful moving forwards."

Course participant

Expert research translation facilitators:

- Associate Professor Rae Thomas – TAAHC
- Dr Alice Cairns – Rural Research Coordinator, Office of the Chief Allied Health Officer, Queensland Health
- Dr Gail Kingston – Senior Allied Health Research Fellow, Townsville Hospital and Health Service
- Dr Stephen Perks – Research Navigator, Office of Research and Innovation, Queensland Health
- Ms Chrissie Timbs – Acting Director Innovation and Redesign Unit, Mackay Hospital and Health Service
- Ms Louise Moodie – Director Dietetics, Mackay Hospital and Health Service.

Individual research support

Thirteen individual projects from staff within TAAHC member organisations received direct support, including study design and protocol-writing support, co-developing ethics applications, designing surveys, revising manuscripts, and providing feedback on grant applications.

Examples of supported projects include:

- Assessing the medical student's awareness and understanding of sport and exercise medicine
- The impact of shifting patterns on the quality of clinical handover
- The Aphasia Friendly Menu: Bridging communication gaps in patient dining
- Understanding clinician barriers and service needs in the care of adults with intellectual disability and/or autism
- Bringing HOPE to hospital mealtimes: Effectiveness and implementation of a volunteer assisted model of care.



Study design, Epidemiology and Biostatistics Support Service (SEBSS)

The objective of SEBSS is to provide expert advice and guidance, ensuring high-quality design, analysis and interpretation of research conducted across TAAHC member organisations. In 2024-25, the service continued to grow, responding to 65 research-support requests and delivering 970 hours of specialised statistical assistance.

Determining appropriate study designs or interpreting complex datasets can be challenging for clinician researchers. By providing a range of statistical support services, the SEBSS team directly impacts the quality and validity of research being undertaken across northern Queensland. This service also plays a critical role supporting TAAHC member organisations throughout their research journey, helping to prepare research results for publication and peer review of publication drafts.

SEBSS is led by Emeritus Professor Rhondda Jones, supported by statistician Dr Michael Crowe and casual statistician Fintan Thompson (Cairns and Hinterland Hospital and Health Service).

SEBSS is accessible to staff employed in TAAHC member organisations who are actively engaged in research, and supports researchers to:

- Formulate specific research questions from broader research ideas
- Design studies and create analysis plans
- Conduct power and sample size calculations
- Develop data management plans
- Manage data in statistical software packages
- Analyse data using statistical methods suitable for health and medical research
- Present and interpreting data and analytical results.

Key service request activities

TAAHC is the only Research Translation Centre in Australia offering a dedicated statistical-support unit, and demand for the service continues to grow. In 2024-25, SEBSS experienced a significant increase in requests from across partner organisations, including:



Identify the analytical methods & estimate sample size



Draft the methods section for the study protocol and/or ethics application



Restructure & clean the data prior to analysis



Analyse & provide analytical output & interpretation



Edit draft manuscripts for publication

“For regional, rural and remote health services, growing our research capability is fundamental to driving innovation and delivering real-world impact. Research-active clinicians strengthen models of care and ensure our practice reflects the realities of the communities we serve. It is also a powerful workforce strategy—clinicians are attracted to services where they can question, learn and lead. We recognise the potential and real value of TAAHC in helping us achieve this. By supporting research translation and capability development, TAAHC plays a critical role in strengthening our workforce and improving outcomes across the North.”



Sean Birgan,
Health Service Chief Executive
North West HHS

TAAHC-funded Research Grant Program

In 2024-25, TAAHC awarded \$565,605 in cash grants, including \$349,678 for Seed Funding Scheme grants and \$215,927 for Clinician Fellowship Researcher Scheme grants.

TAAHC Seed Funding Scheme grants

The TAAHC Seed Funding Scheme provides grants of up to \$50,000 to support research projects aligned with TAAHC's strategic priorities. The Scheme fosters collaborative, high-quality research initiatives that aim to improve health outcomes for communities across northern Queensland.

Seed funding enables researchers to establish strong foundations for future work by building partnerships and generating evidence likely to attract external funding. Projects supported under the Scheme contribute to regionally relevant impactful research, and strengthen capacity for research translation across the TAAHC network.

Clinician Researcher Fellowships

The TAAHC Clinician Researcher Fellowship Scheme supports clinicians to undertake research that is directly linked to their clinical practice. Through this initiative, TAAHC funds a proportion of a clinician's time, enabling them to dedicate effort to research activities while maintaining their clinical responsibilities.

The Fellowship is offered under two categories:

- **Early Career Clinician Researcher:** Applicants who have not completed a Higher Degree by Research, have limited peer-reviewed publications as first author, and have not held a competitive external research grant as Chief or Lead Investigator.
- **Mid-Career Clinician Researcher:** Applicants who are within 0-10 years post-PhD (or equivalent), have published more than three peer-reviewed articles in the past four years (including at least one as first or senior author), or have held a competitive external research grant as Chief or Lead Investigator.

The Scheme is designed to build research capacity within the clinical workforce and foster the integration of research into everyday healthcare delivery.



"The Tropical Australian Academic Health Centre had its genesis in a collaborative model of health improvement, one that harnesses the uniqueness of living and working in the tropics. Research partnering with regional health services, James Cook University, and the primary care sector in endocrine, cardiac and vector-borne diseases, all of which disproportionately affect people, including First Nations peoples, who live in north and north-west Queensland, is improving the health and wellbeing landscape of the region. As a founding director, I remain proud of what TAAHC has achieved through translating research and evidence into better care and optimistic for its future successes."



Keiren Keys
Health Service Chief Executive,
Townsville HHS

Seed Funding Scheme recipients

Lead researcher

A/Prof Harshal Deshmukh



Lead organisation

Mackay Hospital and Health Service

Project title

Effect of Continuous Glucose Monitoring on wound healing, quality of life, and amputation rates in high-risk diabetes foot clinic

Project summary

People with Type 2 diabetes who develop foot ulcers face significant health inequities, including increased amputation risk and reduced quality of life. This project will investigate the effectiveness of Continuous Glucose Monitoring (CGM) in improving wound-healing outcomes, quality of life, and reducing amputation rates for high-risk diabetic foot patients in the Mackay region.

By engaging closely with community stakeholders throughout all phases – from conceptualisation and data collection to analysis and dissemination – the project aims to generate robust evidence to support the use of CGM in high-risk diabetes foot clinics. This initiative seeks to address critical health disparities in people with Type 2 diabetes, improve health outcomes, and empower vulnerable people with diabetic foot disease through sustainable healthcare practices and policy advancements.

TAAHC funding

\$50,000

Lead researcher

Dr Guangzu Zhao



Lead organisation

James Cook University

Project title

Advancing the pre-clinical evaluation of novel modular self-assembling and self-adjuvanting multiepitope peptide-based nanoparticle tuberculosis vaccine candidate

Project summary

Tuberculosis (TB) remains a leading infectious cause of death globally and is over-represented in Aboriginal and Torres Strait Islander peoples in Far North Queensland. BCG is the only licensed TB vaccine universally available for prevention in children, but it provides limited protection in adults while its effectiveness wanes during adolescence.

The development of a novel modular self-assembling and self-adjuvanting multiepitope peptide-based nanoparticle tuberculosis vaccine, known as PNx6, could significantly improve the immunogenicity and protective efficacy of BCG in a murine model when used as a booster. This project will analyse the immunogenicity and reactogenicity of PNx6 in human cells to advance its clinical-translation potential.

TAAHC funding

\$49,885

Lead researcher

A/Prof Richard Bradbury



Lead organisation

James Cook University

Project title

Parasitic Disease wastewater surveillance to inform public health action in remote North Queensland

Project summary

Intestinal parasitic diseases are chronic, preventable diseases of poverty that disproportionately affect Aboriginal and Torres Strait Islander communities in northern Australia. Surveillance for these diseases is time consuming, costly, difficult and intrusive, requiring faecal and blood testing of community members.

This proof-of-concept study will validate and pilot the use of wastewater testing for the surveillance of important intestinal parasites, including strongyloidiasis, whipworm, giardiasis and amoebic dysentery affecting people in northern Queensland. Wastewater sampling will augment public health surveillance by enabling timely and cost-efficient parasitic disease monitoring across multiple communities simultaneously.

TAAHC funding

\$49,834

Lead researcher

Dr Tao Xing



Lead organisation

Townsville Hospital and Health Service

Project title

Artificial intelligence-guided detection of tumour peptides for immunotherapy against therapy-resistant cutaneous squamous cell carcinoma (CSCC)

Project summary

North Queensland experiences some of the world's highest rates of advanced CSCC, which has a substantial impact on the local population. Although CSCC is responsive to immunotherapy due to its high tumour mutational burden, therapy-resistant CSCC presents a significant challenge.

This project will use advanced artificial intelligence methods to detect and select tumour-specific peptides for immunotherapy in patients with therapy-resistant CSCC. By focusing on tumour-specific peptides, the study aims to ensure that selected peptides are unique to tumour cells, thereby minimising the risk of triggering autoimmunity in treated patients. This innovative approach seeks to enhance the precision and safety of immunotherapies by targeting tumour-specific antigens.

TAAHC funding

\$50,000

Lead researcher

Ms Cindy Sealey

**Lead organisation**

Townsville Hospital and Health Service

Project title

Consumer and Community Research Partnerships: Enabling capacity and strength in rural, regional and remote northern Queensland health and medical research

Project summary

Consumer and community involvement (CCI) strengthens research relevance and improves health outcomes by incorporating lived experience into study design and delivery. However, CCI in investigator-led research within Hospital and Health Services (HHSs) in northern Queensland appears limited and inconsistent.

This project will explore the unique capabilities, opportunities and motivations for CCI in research across three rural, regional, and remote HHSs in northern Queensland. It will identify strategies to enable CCI in research within these services and may be further adapted to contexts across TAAHC partner organisations and more broadly across Australia.

TAAHC funding

\$50,000

**Consumer and Community Research Partnerships in Northern Queensland**

Cindy Sealey's research focuses on embedding consumers at the heart of health research across northern Queensland, empowering them to collaborate, co-design, and even lead research that directly impacts their lives.

"I realised I could bring together my work passion – person-centred care – with my professional focus on governance. It made sense to champion consumer-centred research: having consumers at the centre of the research we do, collaborating and leading the research that's essentially for and about them."

In 2024, Cindy received \$50,000 in Seed Funding from TAAHC to establish and strengthen consumer and community research partnerships across rural, regional, and remote northern Queensland.

"Having consumers involved – and ideally leading health research – is essential to ensuring outcomes are centred on their priorities and needs. It shouldn't be health professionals or researchers deciding what's most important. If consumers are involved from the beginning, the research and its outcomes will directly improve real-world health."

Cindy believes this approach is particularly vital for northern Queensland.

"The need for effective translation of research outcomes is even more pronounced in rural, regional, and remote areas. Consumers in these areas experience greater barriers to accessing and participating in health research. By creating stronger partnerships, we can help close that gap."

The project is currently in its early stages, focusing on obtaining ethical and governance approvals and recruiting community partners to the research team. Over time, the goal is to develop a sustainable model for consumer research partnerships that can be embedded across northern Queensland's research ecosystem.

"It's not just about involving consumers as participants. It's about enabling them to shape research from the outset – defining the questions, interpreting the findings, and helping ensure the outcomes are translated back into community benefit."

Cindy hopes the findings will influence broader policy change.

"We want to see our research inform not just policy but practice within rural, regional, and remote health services. The drive behind applying for the TAAHC funding was to make a tangible difference – to see this work lead to real, lasting change."

The team aims to share their progress through conference presentations and publications, with consumer co-researchers playing a key role in disseminating the findings to health services and communities.

"A goal for us is to have consumers not just included, but actively involved at all stages. That's when we'll know we've truly shifted the model from researcher-led to community-led."

For Cindy, the motivation is clear: meaningful partnerships with consumers creates better research, stronger communities, and better health outcomes.

"Research is for people – so it makes sense to involve them. By empowering communities to take part, lead, and translate research, we're not just improving systems – we're changing how we do research."

Lead researcher

Dr Samantha Teague

**Lead organisation**

James Cook University

Project title

Beyond the bump: Leveraging social media to build positive perinatal mental health in regional, rural and remote North Queensland women

Project summary

Perinatal depression and anxiety are prevalent and often under-diagnosed among women living in regional, rural, and remote (RRR) areas with limited access to mental health support. This project aims to co-design, develop and evaluate a world-first preventative intervention addressing depression and anxiety among perinatal women in RRR areas.

Leveraging social media's reach, this universal, population-level intervention will provide comprehensive, evidence-based psychotherapeutic support. Co-designed with RRR perinatal women and mental health professionals, it will integrate psychoeducation, cognitive behaviour therapy, mindfulness, and interpersonal therapy techniques in a highly accessible, flexible, and engaging format, tailored to the specific needs of the RRR maternity and mental health system. The evaluation will assess feasibility, reach, engagement, and acceptability, enabling a future larger-scale efficacy and implementation trial.

TAAHC funding

\$49,959.53

**Beyond the Bump: Leveraging Social Media for Perinatal Mental Health**

Dr Sam Teague, an NHMRC Emerging Leadership Senior Research Fellow at James Cook University in Townsville, is pioneering a digital approach to supporting expectant and new mothers in regional and remote North Queensland communities.

In 2024, Dr Teague received \$50,000 in seed funding from TAAHC to develop Beyond the Bump, a project that delivers evidence-based psychological strategies through Facebook while fostering social connection among mothers. The program also connects participants to local health services, addressing access barriers in regional and remote areas.

"The perinatal period – from pregnancy through the first year postpartum – is a critical window for establishing the foundations of family life. Supporting parents' mental health during this time has a profound ripple effect on children's cognitive and social-emotional development."

The project has been co-designed with women and health professionals from across North Queensland, including Townsville, Cairns, Mackay and Mount Isa. Through interviews and focus groups led by Dr Teague and JCU honours student Ms Kacey Lynch, the team discovered that women wanted social connection, empowering information, and culturally responsive care.

"Originally, I imagined Beyond the Bump would follow the structure of my previous app projects, where we deliver evidence-based strategies in a structured format. But the women we spoke to made it clear they wanted connection with other mothers first and foremost. That insight completely reshaped the project."

Beyond the Bump now combines evidence-based mental health content with peer-to-peer interaction, creating an online space where women can share experiences and feel supported.

"What I love about this project is that it meets women where they already are. They're already using social media to share their experiences of motherhood – we're just ensuring that space is safe, supportive, and grounded in evidence."

If successful, the pilot could provide a scalable, low-cost model for promoting perinatal mental health while reducing pressure on healthcare services.

"One of our goals is to show how social media can be used safely and effectively as a vehicle for preventative mental health support in regional and rural settings. If effective, it could inform both state and national policy around prevention and early intervention, offering a new way to reach parents in engaging and cost-effective ways."

Dr Teague's motivation stems from the strength of North Queensland communities: "People here are incredibly resourceful. They find ways to connect and support one another even when services are stretched thin. Beyond the Bump is about amplifying that strength using digital tools."

"It's been a powerful reminder that technology is most effective when it amplifies connection, not replaces it. When we listen to the people we're designing for – and build solutions that reflect their realities – that's when digital tools truly make a difference."

Lead researcher

Dr Eamon Raith

**Lead organisation**

Mackay Hospital and Health Service

Project title

Immune Dysregulation in sepsis due to *Burkholderia pseudomallei* infection (melioidosis) in North Queensland

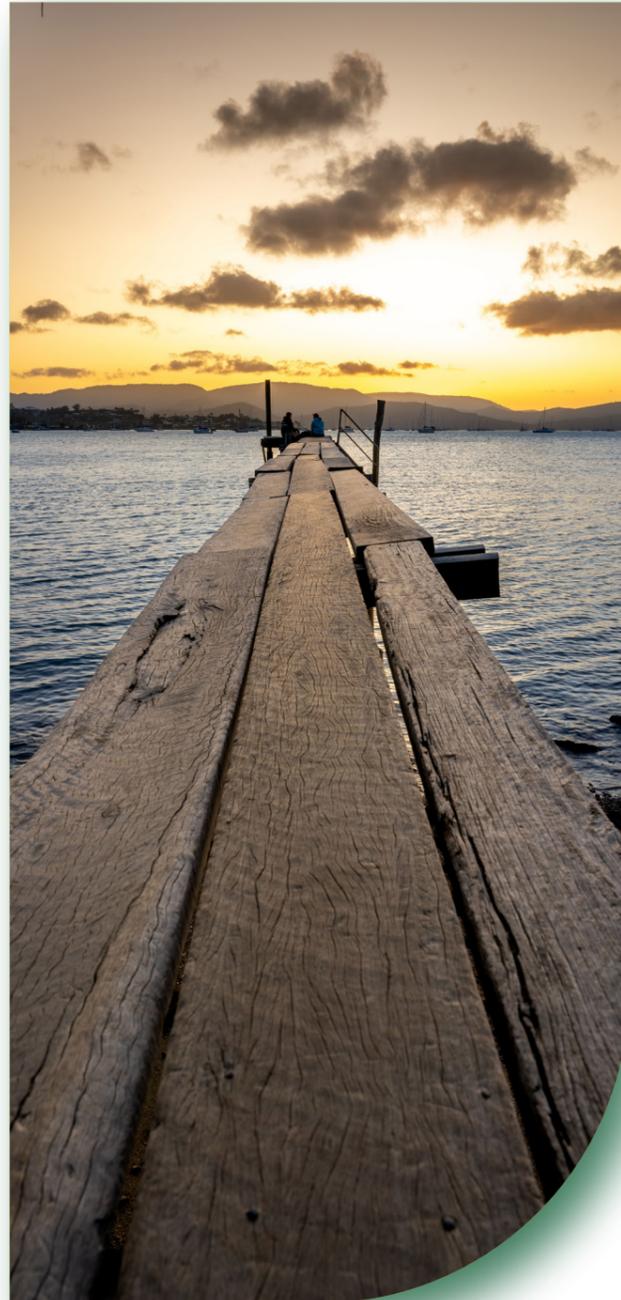
Project summary

Melioidosis, caused by *Burkholderia pseudomallei*, can lead to severe sepsis with high mortality in northern Queensland. Early identification and targeted treatment are limited by gaps in understanding how the immune system responds to infection.

This two-year pilot observational study will recruit patients with melioidosis sepsis admitted to ICUs across the region, alongside healthy controls, to investigate immune dysregulation using a multiomics approach. Through cytokine profiling, proteomic and metabolomic analysis, and assessment of T-cell function and regulatory T-cell activity via cytometry, the project aims to characterise immune dysregulation in melioidosis sepsis and identify key disease mechanisms and potential biomarkers for early diagnosis and prognosis, ultimately informing improved patient outcomes.

TAAHC funding

\$50,000

**Immune Dysregulation in Sepsis due to Melioidosis in North Queensland**

Dr Eamon Raith, an intensive care specialist based in North Queensland, is investigating one of northern Australia's most significant and complex infectious diseases through his latest research project on immune dysregulation in melioidosis-related sepsis.

Melioidosis is a potentially fatal bacterial infection caused by *Burkholderia pseudomallei*, which is endemic to tropical northern Australia. In 2024, Dr Raith received \$50,000 in Seed Funding from TAAHC to investigate immune dysregulation in patients with melioidosis-related sepsis.

"This pilot study will help us understand how immune function is altered in patients with melioidosis who develop sepsis. By identifying the immune pathways involved, we hope to recognise deteriorating patients earlier, and eventually develop therapeutic strategies to reduce disease severity."

Melioidosis is becoming increasingly common as tropical rainfall and flooding events intensify due to climate change.

"The goal is to reduce the morbidity and mortality associated with this infection, which has a disproportionate impact on people in North Queensland."

While the project is still underway, its potential benefits for local healthcare are significant.

"If we can identify early markers of immune dysfunction, it could transform how we diagnose and manage sepsis in melioidosis. This would help clinicians intervene sooner, tailor treatment, and ultimately improve survival rates."

Although this study is focused on clinical outcomes, Dr Raith believes its broader implications extend to health security and critical care systems.

"Melioidosis represents both a public health and a biosecurity challenge. Understanding its mechanisms not only benefits patients in North Queensland, but also strengthens Australia's preparedness for emerging infectious threats."

Dr Raith has presented at major international conferences and his expertise has informed national and international policy during the COVID-19 pandemic. In recognition of his contributions, he was awarded the Dr Dorothea Sanders Churchill Fellowship in 2024 and received the United States Air Force Window on Science Fellowship in 2025.

For Dr Raith, the TAAHC-funded study represents an important next step in his mission to blend clinical excellence with meaningful research.

"Ultimately, I want to deliver better outcomes for critically ill patients through data-driven, evidence-based care. This project is about improving lives here in North Queensland – and using what we learn to strengthen critical care everywhere."

"TAAHC is an important research collaboration based in northern Queensland. In regional areas, health issues are often amplified because of regional disadvantage - professional isolation, higher costs, and large distances that result in patients accessing care far later in their health journey.

The TAAHC collaboration brings together a wide variety of researchers and health practitioners in Northern Queensland universities, hospitals and related health services to focus on exploring high priority regional health issues. Its work focuses on finding better ways to identify, prevent, and treat health issues, and on translating those findings into better practice and improved health outcomes.

From my perspective a key TAAHC activity is building research capacity throughout the region, enabling more people to become involved in research and to 'own' translating that research into their daily practice. Much is needed from TAAHC, and I see it as playing an important role in the future of healthcare particularly in Northern Queensland."



Helen Darch
Chair Mackay HHS

Clinician Researcher Fellowship Scheme recipients

Lead researcher

Dr Eamon Raith



Lead organisation

Mackay Hospital and Health Service

Project title

Sepsis Subphenotypes in North Queensland

Project summary

Sepsis and septic shock are inherently heterogeneous conditions. Identifying specific subphenotypes, defined by clinical data and inciting organism, may improve diagnosis and therapies, leading to improved patient outcomes and a more personalised approach to care. Causes of sepsis in North Queensland may differ from other parts of Australia, with a greater preponderance of tropical infectious diseases.

This project will identify sepsis and septic shock subphenotypes specific to the North Queensland region through retrospective analysis of anonymised hospital electronic medical record data, including physiological and biochemical variables, using latent class analysis and machine learning.

TAAHC funding

\$53,095

Category

Mid-Career Clinician Researcher

Lead researcher

Dr Raja Sadhu



Lead organisation

Townsville Hospital and Health Service

Project title

Interrelationships between sleep disorders, autonomic dysregulation, inflammatory oxidative stress biomarkers and ACEs in children and adolescents

Project summary

Adverse childhood experiences (ACEs) are linked to sleep disturbances, neurobiological dysregulation, and poorer long-term health outcomes in young people.

This prospective study will examine the interrelationships between the number of ACEs, sleep difficulties, autonomic dysregulation, and biomarkers of oxidative and inflammatory stress, along with treatment response, in children and adolescents receiving care through the Children, Adolescents and Young Adult Services (CAYAS).

Appropriate questionnaires, heart rate variability measurements, and biomarker assessments will be undertaken at different time points during participants' contact with the health service. These findings will be used to explore how ACE exposure contributes to physiological dysregulation and how treatment may influence recovery pathways.

TAAHC funding

\$48,978

Category

Early Career Clinician Researcher

Lead researcher

Ms Kylie Fischer

**Lead organisation**

Torres and Cape Hospital and Health Service

Project title

Barriers and enablers to evidence-based acute paediatric burn care within rural and remote health facilities

Project summary

Children living in rural and remote areas often face delayed or suboptimal treatment following acute burn injuries due to factors such as workforce limitations, and geographical and cultural barriers.

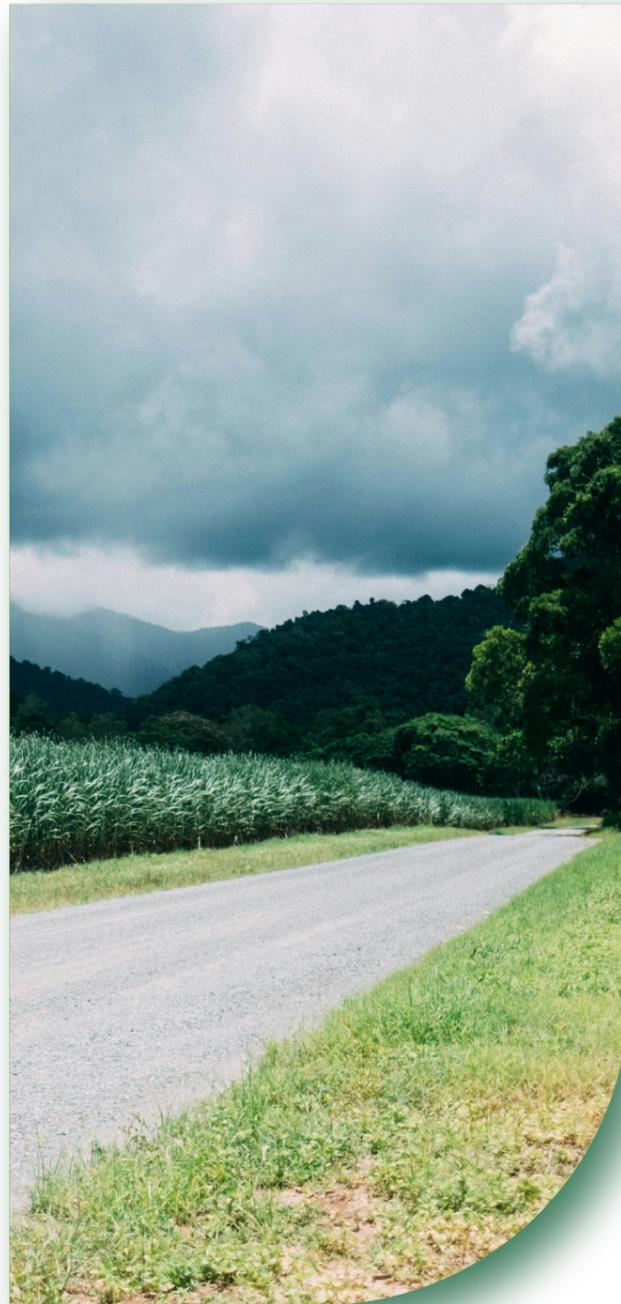
The project aims to identify and address the barriers and enablers to evidence-based acute paediatric burn care in rural and remote healthcare facilities in Queensland. Guided by implementation science frameworks and co-design principles, this research will use a mixed-methods approach, incorporating electronic surveys and semi-structured interviews with healthcare providers, to map existing care models, identify challenges, and collaboratively co-design implementation strategies.

TAAHC funding

\$39,251.27

Category

Early Career Clinician Researcher

**Barriers and Enablers to Evidence-Based Acute Paediatric Burn Care**

Kylie Fischer's research seeks to ensure that children with burn injuries receive optimal, timely care – no matter where they live. Working as a Clinical Nurse Educator and Clinical Trials Coordinator with Torres and Cape Hospital and Health Service, Kylie combines education, research, and practice to strengthen workforce capability across Queensland's health system.

"My passion lies in bringing care closer to home for children and families in remote areas. Where a child lives should never determine the quality of care they receive."

In 2024, Kylie received almost \$40,000 in Clinical Research Fellowship funding from TAAHC to advance her research into paediatric burn care. The study maps current models of care across five Queensland Hospital and Health Services, engaging clinicians from the Queensland Ambulance Service and Retrieval Services Queensland.

"This project addresses a major equity issue. By co-designing solutions with rural clinicians and cultural advisors, we aim to strengthen frontline care, improve coordination across prehospital and retrieval pathways, and enhance cultural safety."

"By embedding cultural safety and clinician co-design at every stage, the research contributes to a more equitable and resilient health system – one where geography no longer dictates recovery outcomes for children in remote Queensland."

A key goal is the development of an Evidence-Informed Burns Care Bundle – a scalable toolkit outlining best-practice interventions, training priorities, and culturally responsive approaches for regional, rural, and remote facilities.

"The findings will provide a strong evidence base to inform policy and protocol development. We hope this work will lead to standardised paediatric burn care practices across diverse healthcare settings."

Preliminary findings have been shared at major conferences and a manuscript is being prepared for the Australian Journal of Rural Health.

One of the strongest insights has been the commitment of rural clinicians.

"Their dedication and innovation are remarkable. Despite immense challenges, they consistently deliver high-quality care and show an incredible willingness to co-design practical solutions."

"We've seen a collective recognition that true equity requires system-level change, not just individual effort. Embedding research capability within rural services enables clinicians to lead improvements that reflect their local context and community needs."

"Children in rural and remote communities deserve the same chance at recovery as any child in a city hospital. By working together across disciplines and communities, we can build a system where every child – regardless of postcode – receives the best possible care when they need it most."

Lead researcher

Dr Nariyoshi Miyata

**Lead organisation**

North West Hospital and Health Service

Project title

Retrospective review of trauma patient flow and outcomes in remote healthcare settings

Project summary

Trauma care in rural and remote regions is consistently challenging due to limited specialist trauma and orthopaedic services onsite, constrained resources such as staff shortages and long distances to tertiary centres. These challenges can increase risk and delay optimal treatment for critically injured patients.

This retrospective review will analyse trauma presentations, injury patterns, clinical pathways, transfer timelines, and patient outcomes within remote hospitals. The findings will clarify system pressures, highlight service gaps, and identify opportunities to strengthen trauma care delivery and improve outcomes for remote communities.

TAAHC funding

\$34,667

Category

Early Career Clinician Researcher

**Retrospective Review of Trauma Patient Flow and Outcomes in Remote Healthcare Settings**

Dr Nariyoshi ('Yoshi') Miyata, a surgical registrar at Mount Isa Hospital, is working to improve the coordination, efficiency, and outcomes of trauma management for patients living far from tertiary hospitals.

Trauma remains a global public health concern, with higher mortality rates observed in rural and remote regions. Having worked at Mount Isa Hospital for four years, Dr Miyata has seen first-hand how distance, limited resources, and workforce shortages can affect outcomes.

"Trauma care in remote settings is consistently challenging due to shortages of staff, facilities, and specialties available onsite. Additionally, patient care can be compromised by the vast distances to tertiary centres."

In 2024, Dr Miyata received almost \$35,000 in Clinical Research Fellowship funding from TAAHC to undertake his project. The fellowship provides dedicated time for clinicians to conduct research, which he previously pursued in his personal time after normal working hours.

The study will retrospectively review trauma presentations across remote hospitals, identifying patterns, injury types, and systemic barriers to timely care. It also aims to highlight opportunities for improvement in trauma pathways, interhospital transfers, and resource allocation.

"By analysing trauma patient flow, we can pinpoint where delays occur and identify practical ways to streamline care. Ultimately, the goal is to improve survival and recovery outcomes for people living in remote communities."

Dr Miyata aims to improve health outcomes by delivering high-quality care while conducting research to identify areas of improvement through evidence-based evaluation.

"Working in Mount Isa has shown me that even with limited resources, rural clinicians deliver outstanding care through teamwork, adaptability, and commitment. However, systemic improvements and data-driven decision-making are key to sustaining that quality and reducing preventable delays."

Dr Miyata hopes his research will help build stronger regional trauma systems by improving referral and retrieval processes and ensuring that rural hospitals are better equipped to stabilise and manage trauma cases before transfer.

"By identifying where the gaps are – whether in training, communication, or resources – we can start developing strategies that are realistic and locally effective."

Beyond its immediate clinical impact, the project aims to build a foundation for future trauma research in remote health settings.

"Rural research is essential because it reflects the realities of care in these settings. If we want sustainable change, research must come from within these communities."

"Through this project, I hope to help build a safer, more responsive trauma care system for the people who live and work in our most remote communities."

Lead researcher

Dr Janika Dobbie

**Lead organisation**

Queensland Aboriginal and Islander Health Council

Project title

Healthy Skin, Strong Hearts – a community approach to reducing Strep A infections in an urban First Nations Australian community

Project summary

First Nations communities experience ongoing impacts from preventable illnesses linked to *Streptococcus pyogenes* (Strep A), including acute rheumatic fever and glomerulonephritis.

This study will explore the acceptability and sustainability of a community-led outreach program to improve primary and primordial prevention of post-infectious Strep A-related illness. It will focus on social determinants and environmental risk factors in settings where household crowding and less-than-ideal housing infrastructure are common.

Aboriginal and Torres Strait Islander Health Workers and nurses at Wuchopperen Health Service will lead activities including outreach visits, onsite health education, and environmental support. The project's long-term aim is to generate a model that can be embedded as standard practice to reduce Strep A-related disease burden in urban First Nations families.

TAAHC funding

\$39,936

Category

Early Career Clinician Researcher

**Healthy Skin, Strong Hearts: A Community Approach to Reducing Strep A Infections**

Dr Janika Dobbie's project, *Healthy Skin, Strong Hearts*, aims to prevent Strep A infections – a key precursor to rheumatic heart disease (RHD) – through community-led, culturally informed action in an urban First Nations Australian community.

Dr Dobbie began training as a public health medicine specialist in 2023 and moved to Gimuy (Cairns) to work at Wuchopperen Health Service, an Aboriginal Community-Controlled Health Organisation (ACCHO).

"I found myself really drawn to the kind of medicine practiced in an ACCHO setting. It's a place where you can truly prioritise patients and work in a way that's community-driven and preventive."

At Wuchopperen, Dr Dobbie joined a team caring for the largest cohort of RHD patients in Queensland. In 2023, she helped form the RHD Working Group focused on supporting families at risk.

"We wanted to focus on families with children experiencing recurrent Strep A skin and throat infections, which are precursors to acute rheumatic fever (ARF) and RHD."

The program promotes early diagnosis, treatment, and prevention of infections while empowering families through culturally-safe health education and environmental support. In 2024, Dr Dobbie received \$40,000 in Clinical Research Fellowship funding from TAAHC to evaluate and expand the initiative.

"This approach empowers communities. It strengthens local capacity and ensures health messages are delivered in a way that makes sense for families."

A key insight from the research has been how deeply social and environmental conditions influence health, particularly housing and household crowding.

"People often talk about overcrowding as if it's a remote problem. But there are households in the middle of Gimuy with 15 members of an extended family living in a three-bedroom home because there are no other options. Housing is a human right – and lack of it isn't just stressful or inconvenient; it's dangerous to health."

Dr Dobbie believes the findings can inform broader policy change.

"RHD is entirely preventable, yet it remains a major issue in Aboriginal and Torres Strait Islander communities. If we truly want health equity, we need serious investment in housing and an Indigenous environmental health workforce embedded within communities."

"Health doesn't begin in hospitals – it begins in homes and communities. When families have the support, knowledge, and conditions they need to thrive, the benefits are felt for generations."

“The Tropical Australian Academic Health Centre is invaluable in developing clinical researchers across Northern Queensland. TAAHC creates the conditions where clinicians can ask clinically relevant questions, design rigorous studies, and translate findings directly back into practice. It provides the structure, mentorship and partnerships that transform ideas at the bedside into meaningful research programs. Importantly, TAAHC removes the traditional barriers faced by regional and remote clinicians, ensuring they have equitable access to expertise, networks and support. By investing in clinician-led research, TAAHC strengthens our workforce, accelerates innovation, and delivers real improvements in care for the communities we serve.”



Prof Andrew J. Mallett
MBBS MMed PhD CF CHIA AFRACMA FASN FISN FRCP FRACP
Convenor, Clinical Leadership Group



TAAHC-led research

TAAHC Member Organisations are recognised leaders in health care, research, and education across northern Queensland. United by a shared commitment to improving health outcomes, they work collaboratively to address some of the region's most complex challenges. This collective strength positions TAAHC to lead and coordinate health research, build research capacity and accelerate the translation of research into practice across north Queensland.

Innovative Health Workforce for Northern Queensland project

In 2024, TAAHC commissioned a strategic project to address health workforce challenges across northern Queensland. Delivered in partnership with Think Change Resolve, Nous Group and Kristine Battye Consulting, the project aimed to identify innovative solutions suited to the region's unique geographical, demographic and socioeconomic context.

The project involved:

- a comprehensive literature and policy review of existing health workforce studies and policies to identify challenges and prior solutions
- interviews with more than 30 stakeholders to provide nuanced insights into health workforce problems and explore potential pathways for innovation
- five workshops across northern Queensland's Hospital and Health Services, followed by a concluding workshop in Townsville that integrated regional findings and identified priorities for innovative solutions.

Key achievements

The key findings in the workshops identified four main areas of focus:

Innovative workforce design

Flexible employment models, dual-role positions, and generalist training pathways.

Enhancing regional attractiveness

Regional concierge programs, place-based support systems, and organisational culture initiatives.

Training sector innovation

Strengthened school-to-career pipelines, hybrid training models, and Health Workforce Connector roles.

Systemic change

Advocacy for policy reform in specialist training, housing, and equitable incentive schemes.

These findings provide a clear roadmap for coordinated action across health services, education providers and government to strengthen and sustain a locally embedded health workforce. TAAHC will continue to play a leadership role in supporting implementation and advocacy efforts aligned with these priorities. This includes working in partnership with Queensland Health, workforce agencies, professional bodies, service providers, and the Australian Government to co-develop innovative, translational projects that deliver measurable, real-world outcomes for northern Queensland communities.

Progressing Health and Equity through Strengthening the Aboriginal and Torres Strait Islander Health Workforce

Project value

\$3,657,175

Funder

Cooperative Research Centre for Developing Northern Australia (CRCNA)

Project partners

- Cairns and Hinterland Hospital and Health Service
- James Cook University
- Mackay Hospital and Health Service
- North West Hospital and Health Service
- Northern Queensland Primary Health Network
- Queensland Aboriginal and Islander Health Council
- Torres and Cape Hospital and Health Service
- Townsville Hospital and Health Service.

Project purpose

This research initiative is designed to enhance health equity by increasing the representation of First Nations people in both clinical and non-clinical roles across Queensland's health system. The project also focuses on strengthening the cultural competence of non-Indigenous health professionals to support the delivery of high-quality, culturally safe health care services. Through these efforts, the project aims to contribute to more equitable health outcomes for First Nations communities.

Key achievements

Significant progress has been made in advancing health equity across northern Queensland through collaborative, place-based initiatives. Key achievements include:

Completion of participatory workshop series

A series of participatory workshops were held across multiple regions, bringing together stakeholders from health services, community-controlled organisations, universities, and Primary Health Networks (PHNs). These sessions facilitated the co-design of locally relevant workforce strategies.

Site-specific implementation plans developed

Participating regions developed and commenced implementation of strategies focused on:

- Enhancing culturally safe mental health support for First Nations staff
- Improving recruitment practices to increase First Nations workforce participation
- Establishing local training networks and education pathways
- Strengthening partnerships to support shared placements and upskilling opportunities
- Promoting awareness of First Nations health workforce roles and contributions.

Technical Reference Group formed

A regional advisory group was established to guide project activities and align efforts with existing Health Equity teams.

Evaluation framework adopted

The project adopted the Consolidated Framework for Implementation Research (CFIR) to monitor progress, assess effectiveness and guide mid-project adjustments. Evaluation activities include surveys, interviews and document analysis.

Strengthened partnerships and capacity building

The project has fostered strong collaboration among regional stakeholders, supporting shared ownership of workforce development initiatives and contributing to long-term sustainability.

Northern Queensland Health Atlas

The Northern Queensland Health Atlas is an interactive online platform (viewed over 5,400 times) designed to support evidence-based decision making across the region. The Atlas allows users to overlay and compare a wide range of datasets, including population demographics, health behaviours, hospital utilisation, workforce distribution, service locations, and healthcare provision across northern Queensland communities.

The Atlas enhances visibility into regional health variations and supports strategic planning and policy development. It is complemented by a detailed Data Source and Information booklet, which outlines the origins, definitions and attributions of the data used, ensuring transparency and credibility in its application.

The Northern Queensland Health Atlas can be found at [Northern Queensland Health Atlas | Tropical Australian Academic Health Centre](#),

“The idea of place-based planning is to bring the data and the decision-making processes around health service formation and coordination closer to the communities themselves. Making that data more accessible to everyone in the health system, including those who need to use it, can only serve to better inform and promote the sorts of decisions that will produce better health outcomes. Joined-up information like this is the basis of good planning and efficient use of resources. The atlas, as a proof of concept, is an important flag for the need for something like this at a much larger scale.”

Professor Stephanie Topp Director
JCU Centre for Rural, Remote and
Tropical Health Systems.

Place-Based Health Planning

Project value

\$3,657,175

Funder

Cooperative Research Centre for Developing Northern Australia (CRCNA)

Project partners

- James Cook University
- Northern Territory Department of Health
- Queensland Aboriginal and Islander Health Council
- University of Western Australia – The Rural Clinical School of Western Australia
- Western Queensland Primary Health Network.

Project purpose

The project aimed to improve the responsiveness of health services to the health needs of communities in the North Queensland region. The team collaborated with the communities of Clermont, Hughenden and Kowanyama to implement a place-based health planning process using a co-design approach. A local project reference group provided oversight and guidance. A Local Connector, recruited as part of the project, supported implementation by facilitating local promotion and engagement activities, assisting with workshops and contributing valuable local knowledge and context.

Across the three communities, 97 community members, local leaders, and regional service providers participated in discussions and workshops. Together, participants identified community health and service needs, set priorities and developed place-based health plans outlining key actions. The project team then worked alongside stakeholders and community members to implement and evaluate practical, feasible and prioritised initiatives.

Key achievements

Community Evaluation Reports on implemented actions

These reports outline how effectively the planned activities were carried out within the project timeframe, and describe any observable changes in the community that may have resulted from the project.

Place-Based Health Plans for Clermont, Hughenden, and Kowanyama

Each plan documented the local place-based planning process, including community strengths, challenges and strategies for addressing these. The plans provide evidence of community needs that can support advocacy, guide future development, and assist in securing funding.

Guidelines for participatory place-based health planning

Northern Queensland experiences. These peer-reviewed guidelines, published as an e-book, are designed to offer practical information and direction for participatory, place-based health planning using a co-design approach. They draw on key insights from participatory health service planning carried out in remote communities in northern Queensland, as well as from literature on approaches developed and tested in other rural and remote settings. Available online: <https://jcu.pressbooks.pub/guidelines-place-based-health/>

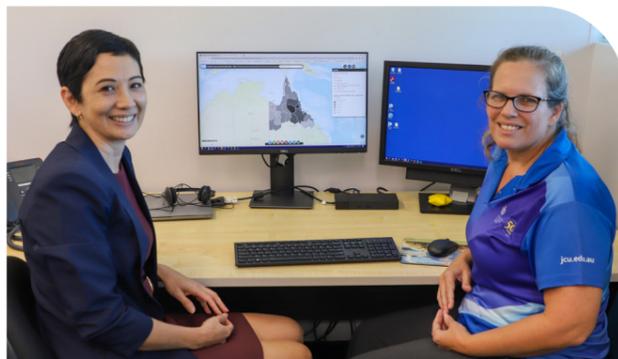
A peer-reviewed publication

Topp SM, Thompson F, Johnston K, Smith D, Edelman A, Whittaker M, Rouen C, Moodley N, McDonald M, Barker R, Larkins S. Democratising data to address health system inequities in Australia. *BMJ Global Health*. 2023 May; 8(5): e012094. doi: 10.1136/bmjgh-2023-012094. PMID: 37197792; PMCID: PMC10193048.

The work highlighted the strong potential of participatory, place-based health planning in rural and remote communities to achieve equitable, responsive, and sustainable improvements with lasting benefits for people, communities, and health systems.

Key benefits were identified across four domains:

- Advanced knowledge in participatory place-based planning
- Strengthened capacity in health systems improvement
- Systems improvements with positive impacts for communities and health systems
- Direct and future economic benefits for communities.



All project and community reports are available on the TAAHC website:

www.taahc.org.au/research/integrating-health-care-planning-for-health-and-prosperity-in-north-queensland/

"For our Aboriginal and Torres Strait Islander communities, research must be culturally safe, locally guided and connected to the lived experiences of our people. TAAHC plays an important role in bringing people and places together so that research is not done to communities, but with them. Its focus on collaboration and translation helps ensure that evidence leads to real change on the ground. In Mackay HHS, we see the value of TAAHC in strengthening relationships with our university partners, supporting our clinicians, and creating space for community voices to shape better health outcomes across our region."

Kerry Maley
Executive Director, Aboriginal and Torres Strait
Islander Health & Community Engagement
Mackay Hospital and Health Service

TAAHC-led collaboration

Grant success for northern Queensland research translation projects

A TAAHC collaboration led by Professor Sarah Larkins secured a competitive NHMRC grant (GNT2043931) of \$995,582.26 in April 2025.

"Boosting Collaborative Research Translation for Healthier North Queenslanders: the TAAHC Accelerator" comprises five industry-identified **high-priority health projects (PHPs)** suitable for research translation and will commence in August 2025. This achievement represents a coordinated response to critical gaps in healthcare delivery across rural, regional, and remote (RRR) North Queensland.

The PHPs leverage TAAHC's networks to transform small-scale projects into integrated initiatives spanning multiple health service jurisdictions and TAAHC member organisations. Each PHP prioritises strong end-user engagement, fosters collaboration by involving multiple health service organisations, and builds capability by pairing experienced researchers with emerging researchers.

All projects are guided by shared governance structures and connected through monthly cross-project learning forums facilitated by a dedicated TAAHC-James Cook University Project Manager. The research team pairs internationally recognised research leaders with emerging clinician researchers to build regional research capability and capacity.

PHP 1: Peripheral Artery Disease (PAD) Model of Care

Research Team

Prof Jonathan Golledge, Alkira Deren, Jenna Graffini

Affiliation

James Cook University and Townsville Hospital and Health Service

Why is this a priority?

Queenslanders with PAD from three hospitals experienced a 5–15 per cent amputation risk over two years, and 50 per cent had reduced walking ability compared with matched controls.

Potential real-world impact

Delivering evidence-based treatment pathways, this project will reduce amputation rates and improve mobility outcomes for people with PAD across northern Queensland.



PHP 2: Networked Care for People with Dementia

Research Team

Prof Edward Strivens, Dr Jennifer Mann, A/Prof Catrina Felton-Busch

Affiliation

Cairns and Hinterland Hospital and Health Service, Torres and Cape Hospital and Health Service, James Cook University

Why is this a priority?

People living in RRR areas, and Aboriginal and Torres Strait Islander peoples, are between three and five times more likely to develop dementia than their city-dwelling and non-Indigenous counterparts.

Potential real-world impact

This project will deliver culturally safe, trauma-informed diagnostic pathways that reduce time to dementia diagnosis and decrease preventable hospitalisations, directly lower healthcare costs, and improve quality of life for patients and families.

PHP 3: Data Interoperability for People with Rheumatic Heart Disease (RHD)

Research Team

Prof Sarah Larkins, Dr Nicolette Roux, Daniel Foulkes, Dr Jason Agostino

Affiliation

James Cook University, Wuchopperen Health Service

Why is this a priority?

First Nations communities experience RHD at rates 75 times higher than non-Indigenous Australians. However, the flow of medical records and health information across relevant health services and facilities for people with RHD is limited. Torres and Cape Hospital and Health Service, Wuchopperen Health Service and Gurriny Yealamucka Health Service suggested a connected RHD register would provide real-time tracking and proactive notifications to both clients and clinicians.

Potential real-world impact

This register will dramatically improve RHD treatment adherence rates (currently 5–25 per cent) by providing automated tracking and reminders, directly preventing disease progression and reducing the need for costly cardiac interventions. Strong interest from NACCHO positions this work for national rollout, potentially benefiting thousands of First Nations peoples across Australia.



PHP 4: Decision Support Tool for Congenital Heart Disease (CHD)

Research Team

Larissa Brown, Dr Rosh Samuel, Prof Sarah Larkins, A/Prof Nelson Alphonso

Affiliation

Consumer Representative, Townsville Hospital and Health Service, James Cook University, University of Queensland

Why is this a priority?

More than 2,000 paediatric surgeries for CHD occur each year in Australia. Providing information and education to parents and children through prognostic support tools can reduce decisional conflict, yet such tools currently do not exist for families experiencing CHD.

Potential real-world impact

These tools will empower parents to make informed decisions during an extremely stressful period. As consumer-led and evidence-based resources, they will be immediately usable by cardiac teams across Australia, improving family experience of care and supporting shared decision-making.



PHP 5. Kidney Transplant Education for Rural and Remote Communities

Research Team

Prof Andrew Mallett, Tara Watters, Dr Nicole Scholes-Robertson

Affiliation

Townsville Hospital and Health Service, James Cook University

Why is this a priority?

First Nations peoples are considered a high-risk population for chronic kidney disease, being twice as likely to progress to kidney failure as non-Indigenous Australians. However, culturally appropriate information and services are lacking. The first new Australian Kidney Transplant service in more than 20 years will be based in northern Queensland and is scheduled to open in late 2025. This provides a unique opportunity to change how and when critical information is provided.

Potential real-world impact

This project will increase access to kidney transplant medication information for RRR and First Nations communities by providing culturally appropriate and health-literacy-sensitive information to patients. By launching alongside Queensland's first new transplant service in more than 20 years, it will establish best-practice pathways from the outset, potentially transforming transplant access equity across northern Australia and providing a model for regional transplant services nationwide.

Governance

Board of Directors

Board Membership from 1 July 2024 to 30 June 2025



Rachel Atkinson
Deputy Chair
Queensland Aboriginal And
Islander Health Council



Susan Gannon
Chief Executive,
Mackay HHS



Sean Birgan
Chief Executive
North West HHS



Sharon Kelly
Deputy Board Chair
North Queensland Primary
Health Network



Chris Boland
Board Chair
Cairns and Hinterland HHS



Kieran Keyes,
Chief Executive
Townsville HHS



Helen Darch
Board Chair
Mackay HHS



Marcus Lane
Deputy Vice Chancellor, Academic
James Cook University



Tony Mooney AM
Board Chair
Townsville HHS



Rex O'Rourke
Chief Executive
Torres and Cape HHS



Joy Savage
Queensland Aboriginal And
Islander Health Council



Jenny Seddon
Deputy Vice Chancellor Research,
James Cook University



Leena Singh
Chief Executive
Cairns HHS



Ben Tooth
Chief Executive Officer
Northern Queensland Primary
Health Network



Cheryl Vardon AO,
Board Chair
North West HHS



Renee Williams
Board Chair,
Torres and Cape HHS

The TAAHC Board extends its appreciation to the following outgoing Directors for their contribution and commitment during their time with the organisation:

- Emeritus Professor Ian Wronski AO – former TAAHC Chair
- Mr Sean Rooney – Northern Queensland Primary Health Network
- Professor Richard Murray – James Cook University.

The TAAHC Board also acknowledges the following observers who attended meetings throughout the year:

- Ms Jodi Peters – Cairns and Hinterland Hospital and Health Service
- Prof Julie-Anne White – Queensland Health.

TAAHC Executive Team



Professor Scott R Davis
Executive Director



Associate Professor Rae Thomas,
Research Education Lead



Emeritus Professor Rhondda Jones AM
Senior Statistical Consultant



Clinical Leadership Group

The Clinical Leadership Group (CLG) is a collaborative advisory body comprising key research leaders from TAAHC Member Organisations. The CLG provides operational guidance and direction for TAAHC with a focus on engagement, research capacity strengthening, and research support.

2024–25 Members

Member	Member Association	Term
Prof Andrew Mallett (convener)	Townsville HHS	Full Term
Prof Sarah Larkins	James Cook University	Full Term
Dr Pieter Nel	Mackay HHS	Full Term
Dr Matthew Hiskens	Mackay HHS	Full Term
Ms Sara Hubbard	Torres and Cape HHS	Full Term
A/Prof Tilley Pain	Townsville HHS	Full Term
Prof Edward Strivens	Cairns and Hinterland HHS	Full Term
Dr Kathryn McFarlane	Cairns and Hinterland HHS	Full Term
Ms Julie Sorrell	North West HHS	Full Term
Dr Anthony Bell	North West HHS	Full Term
Dr Upul Shantha Wijenayake Korale Kankanamge	North West HHS	Joined February 2025
Prof Scott Davis	TAAHC	Joined March 2025
A/Prof Rae Thomas	TAAHC	Full Term
Ms Sara Vale (observer)	Better Health NQ	Full Term
Dr Stephen Perks (observer)	Office of Research Innovation – Queensland Health	Joined May 2025
Mr Gregory Richards (observer)	Queensland Aboriginal and Islander Health Council	Full Term

Expert Research Advisory Group

The Expert Advisory Group conducted peer reviews of the 2024 TAAHC grant funding applications.

Prof Andrew Mallett	Townsville HHS
Dr Anthony Bell	North West HHS
Dr Petrea Cornwell	Cairns and Hinterland HHS
Dr Kathryn McFarlane	Cairns and Hinterland HHS
Dr Matthew Hiskens	Mackay HHS
A/Prof Rae Thomas	TAAHC
Prof Rhondda Jones	TAAHC
Ms Sara Hubbard	Torres and Cape HHS
Prof Sarah Larkins	James Cook University
Prof Edward Strivens	Cairns and Hinterland HHS



Summarised Financial Report

Tropical Australian Academic Health Centre Limited ABN 52 633 876 936
For the year ended 30 June 2025

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Statement of financial position
Statement of changes in equity
Statement of cash flows

Statement of profit or loss and other comprehensive income

	Notes	2025	2024
Revenue			
Revenue		827,745	1,615,680
Total revenue		827,745	1,615,680
Expenses			
Employee Benefits Expense		(734,202)	(472,546)
Depreciation and amortisation expenses		(1,001)	(668)
Other expenses		(1,673,374)	(1,244,140)
Total expenses		(2,408,577)	(1,717,354)
Surplus (deficit) before income tax		(1,580,832)	(101,674)
Income tax expense		-	-
Surplus (deficit) for the year		(1,150,832)	(101,674)
Surplus (deficit) attributable to members of the company		(1,150,832)	(101,674)

Notes to the financial statements

An increase in research expenses for the financial year has been primarily funded through the organisation's existing equity reserves. This strategic investment in research activities reflects our commitment to advancing key projects and long-term initiatives.

As a result, while the financial statements show a profit and loss deficit for the period, this is a planned and controlled outcome. The deficit does not indicate financial instability but rather the organisation's deliberate use of accumulated funds to support research growth and impact. Future funding strategies will continue to balance research investment with financial sustainability.

Statement of financial position

	NOTES	2025	2024
Assets			
Current assets			
Cash and cash equivalents	3	3,995,168	5,157,725
Trade and other receivables/ research advances	4	21,614	402,007
Total current assets		4,016,782	5,559,732
Non-current assets			
Property, plant and equipment	5	2,326	2,455
Total non-current assets		2,326	2,455
Total assets		4,019,108	5,562,187
Liabilities			
Current liabilities			
Trade and other payables	6	73,912	36,159
Total current liabilities		73,912	36,159
Total liabilities		73,912	36,159
Net assets		3,945,196	5,526,028
Equity			
Retained surplus		3,945,196	5,526,028
Total equity		3,945,196	5,526,028

Statement of changes in equity

	Retained Surplus 2025	Retained Surplus 2024
Equity		
Balance at 1 July	5,526,028	5,627,702
Comprehensive income		
Surplus (deficit) for the year	(1,580,832)	(101,674)
Total comprehensive income/(loss) for the year attributable to members of the company	(1,580,832)	(101,674)
Balance at 30 June	3,945,196	5,526,028

Statement of cash flows

	Notes	2025	2024
Cash flows from operating activities			
Cash receipts from memberships and donations		852,423	1,407,962
Payments to suppliers		(2,119,101)	(2,035,742)
Interest received		104,933	70,788
Total cash flows from operating activities		(1,161,685)	(556,992)
Cash flows from investing activities			
Acquisitions of plant and equipment		(871)	(1,355)
Total cash flows from investing activities		(871)	(1,355)
Net increase (decrease) in cash held		(1,162,556)	(558,347)
Cash and cash equivalents			
Cash and cash equivalents at beginning of period		5,157,725	5,176,071
Net increase (decrease) in cash held		(1,162,556)	(558,347)
Cash and cash equivalents at end of period		3,995,168	5,157,725



