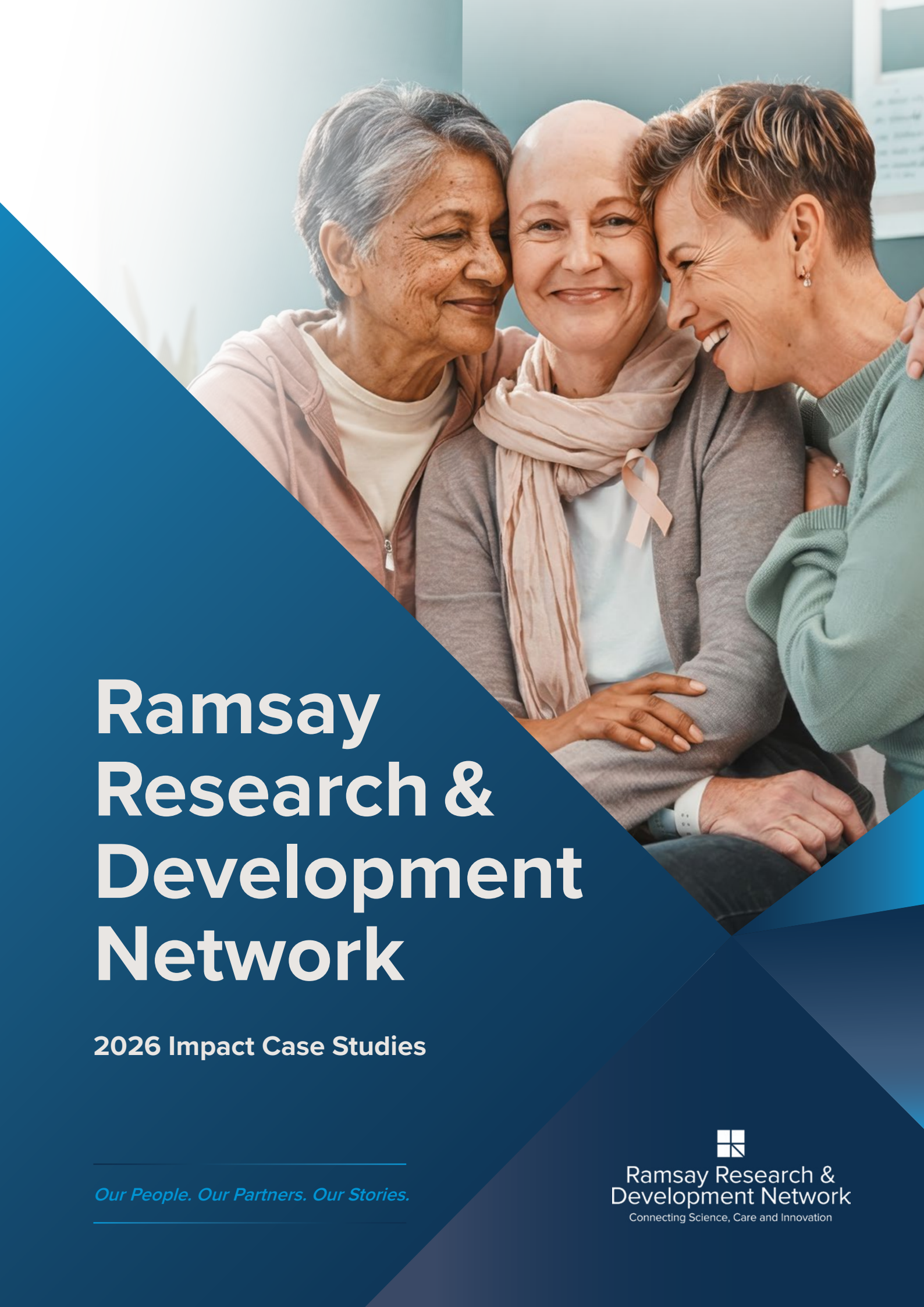


A photograph of three women of different ages embracing warmly. The woman in the center is bald and wears a light pink scarf with a small pink ribbon tied on it. The woman on the left has grey hair and is wearing a pink hoodie. The woman on the right has short brown hair and is wearing a green sweater. They are all smiling and looking towards the center. The background is a soft-focus indoor setting.

Ramsay Research & Development Network

2026 Impact Case Studies

Our People. Our Partners. Our Stories.



**Ramsay Research &
Development Network**
Connecting Science, Care and Innovation



RRDN 2026 Impact Case Study Report

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The Ramsay Research Ecosystem

Ramsay is proud to play a leading role in Australia’s health and medical research sector by driving research through the Ramsay Research & Development Network (RRDN), the Ramsay Hospital Research Foundation (RHRF), and our Ramsay Research Ethics and Governance Unit.

The Ramsay Research & Development Network is a nationally coordinated network of clinical trial & research units embedded in Ramsay Health Care facilities and is designed to accelerate discovery by making research simpler, faster and more integrated.

The Ramsay Hospital Research Foundation provides funding opportunities through the RHRF Grant Schemes and, facilitated by the RRDN, positions successful projects for translation and scale.

The Ramsay National Research Unit ensures accountability, patient safety, appropriate risk management and ethics and legal compliance for all research conducted under Ramsay Health Care.

This ecosystem brings flexible capabilities, strong research enablers, and opportunities for collaboration, into a nationally coordinated network to support research while removing barriers that slow progress.

RRDN Site Locations



Our Numbers



280+
Clinical trials



200+
Clinical research projects

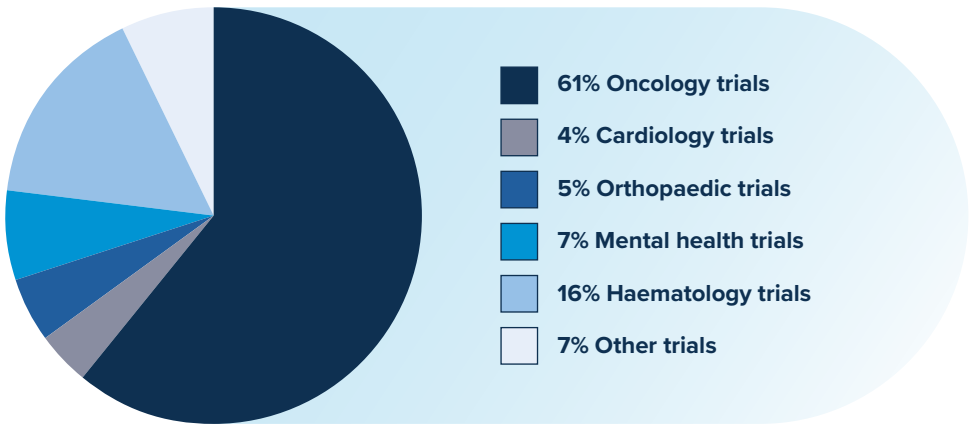


86
Average active participants at a given point in time



220+
Active clinician researchers

Clinical Trials in RRDN by Specialty



66
Research projects funded by the Ramsay Hospital Research Foundation



340+
Publications from research within RRDN and from RHRF funded studies

The support group that meant everything

Corinne

Corinne Describes herself as someone who has always “been pretty healthy” maintaining regular exercise with the philosophy that if “I don’t use it, I lose it”. She has always known she’s had dense, lumpy breast tissue and has been cautious of this. “I found a lump. Not on my breast so much but in my lymph node” and instinctively she knew there was something not quite right.

Corinne contacted her GP and began the process of investigation, resulting in a diagnosis of stage 2 breast cancer. She now emphasises an important warning, as she has an inverted nipple, “so note to anybody” she states “if you have an inverted nipple, get your breasts checked.”

Not letting the diagnosis define her, Corinne reframed the disease *“It’s not my cancer, it’s cancer. This thing is not going to beat me, I’m going to beat it.”*

Wendy

Wendy had no typical warning signs, unlike many breast cancer stories, she recalls “I had no lump, and felt nothing”. Instead, the only symptom was a persistent rash under her left breast, something that initially felt very minor. Over time, it started to concern her, explaining to her husband “this rash just doesn’t seem to go”.

Eventually seeking advice from her GP, she was booked in for a mammogram and an ultrasound. The mammogram returned reassuring results, no signs of cancer. However, three days later, the ultrasound came back almost immediately “it was a straight away yes, it was cancer.”

“It’s just good to have someone to talk to... that knows what you’re going through.”

Kylie

From an early age, Kylie had lived with an awareness that breast cancer was a likely part of her future. She describes a strong and persistent family history affecting both men and women in her family noting that “it’s fairly rife in my family. It’s every generation, it’s every person”. Despite extensive research, no known genetic mutation has been identified, leaving her family navigating an inherited risk without clear explanation. “I guess i’ve always lived...waiting for it to happen”, she reflects.

After relocating from NSW to central Queensland, access to consistent screening became difficult. In February 2025, she underwent a mammogram and was reassured that there was nothing there. While caring for her granddaughter, she was kicked in the chest, “It just didn’t feel like a normal kick... it stung and I thought, oh, that’s weird.” Trusting her instincts, she sought medical advice, however her concerns were dismissed, being told “there was nothing there... no need for me to go have any further testing done”.

Trusting herself and drawing on her knowledge of her family history, Kylie advocated strongly for herself and her health, and was eventually referred for another ultrasound, which came back with ‘sinister pathology’. Managing to get her reports sent down to a breast center in NSW, she was then diagnosed with breast cancer.

The clinical trial that gave hope

For all three women, the clinical trial conducted at Lake Macquarie Private Hospital represented both hope and opportunity. Triple negative breast cancer has limited treatment options following chemotherapy and surgery. The study is investigating whether a new treatment at this critical stage can reduce the risk of the cancer returning.

All three women were informed about the trial from their oncologists and all three jumped at the opportunity. “I went, yep, let’s go for it. Let’s do this,” Corinne recalled. By participating, Corinne, Wendy and Kylie are giving themselves a treatment option that wouldn’t otherwise be available, and at the same time helping to generate the evidence needed to improve outcomes for future patients.

The support group that meant everything

Participation in the trial introduced the three ladies to each other who understood the realities of treatment. “It’s just good to have someone to talk to... that knows what you’re going through.” Wendy said.

Corinne was the first participant in Australia to join the trial, and immediately knew she wanted to speak with others going through the same thing. She inquired with the research team if any of the other participants wanted to catch up. Wendy and Kylie were quick to agree, and the support group was formed.

For Kylie, who was travelling from Queensland to New South Wales for treatment, the connection eased feelings of isolation and uncertainty. “I thought, oh my god, I can’t do this every week,” she recalled. “But Corinne reached out and it was just that relief of you know what, I can do this. This isn’t as isolating and as bad as I think it’s going to be.”

The three women met regularly, offering each other a safe space to share their experiences. Sometimes those conversations were emotional, “I might have cried the whole time,” Wendy said about one of their first lunch catch-ups, “which is good. It helps.” Just as importantly, their friendship extended beyond discussions of treatment. As Kylie reflected, “It was more than just the treatment that kept us in conversation. It was nice to just talk about other things.”

The group also became an invaluable source of practical support. The women often laughed about the “couple of marbles” they felt they had lost during treatment, relying heavily on diaries to keep track of appointments and information. By comparing notes and talking through what they had heard from clinicians, they helped each other make sense of complex medical information. As Corinne explained, it was not that the doctors were wrong, but “it’s just nice hearing the same stuff, but in layman’s terms.”

Looking back, all three women considered the support group one of the most meaningful aspects of their trial experience so far. Corinne believes that connecting participants with one another should be considered as part of future clinical trials, while Kylie summed up its impact simply,

“I wouldn’t say it was an ideal journey, because nothing is ideal about this, but it made it a lot more bearable to have that support group, and to meet up with these girls, you just felt like a person again. A human being again and not just a cancer”

Corinne, Wendy and Kylie have finished treatment on the trial, but will continue to be followed up for blood tests over the next couple of years. In the meantime, they’ve organised a girls trip away together to continue the support and friendship they’ve built.

L-R: KYLIE, WENDY AND CORINNE



Distinguishing primary mood disorders from neurodegenerative diseases

Distinguishing primary mood disorders from neurodegenerative disease is one of the most consequential diagnostic challenges in modern psychiatry. Symptoms such as depression, anxiety and behavioural change can sometimes be early manifestations of an underlying neurological condition, making accurate diagnosis both difficult and critically important for patients and their families.

For Dr Matthew Kang, the challenge sits at the intersection of his clinical and research interests. A psychiatrist and clinician researcher at Ramsay Clinic Albert Road and consultant neuropsychiatrist at The Royal Melbourne Hospital, his work is driven by the many unanswered questions arising from his clinical practice.

“Often research is conducted in highly controlled environments that don’t reflect the patients we see every day in clinical practice,” Dr Kang explains.

Improving the early detection of neurodegenerative disease

Through the RHRF Translational Challenge Grant, Dr Kang was able to get involved in research full-time, making the multi-site project feasible and work alongside experienced research supervisors and collaborators.

“We couldn’t have done this important study without the grant from RHRF,” he says. “Not only did it fund the project, but the partnership between public and private hospitals provided a unique supporting structure, including the mentorship and clinical exposure I needed to become meaningfully involved in research.”

The RHRF funded study

Plasma Neurofilament Light:
A simple screening blood test to help in the early identification of neurological and neurodegenerative disorders in people presenting with mood and anxiety disorders

addresses an important clinical problem.



Patients presenting with depression, anxiety or other mood symptoms may occasionally have an underlying neurological or neurodegenerative condition that remains unrecognised in the early stages of illness. By the time it surfaces, the existing pathway to a diagnosis is often expensive, slow and hard to access, particularly for people already navigating significant mental illness.

The project sought to determine whether blood-based biomarkers could provide a simpler, more accessible method of identifying patients who may require further neurological assessment.

The results were striking. The study recruited 300 participants, including a unique and hard-to-reach population of acutely unwell admitted inpatients with primary mood disorders, and built a complete plasma biomarker biobank spanning neurofilament light chain (NfL), glial fibrillary acidic protein (GFAP) and phosphorylated tau 217 (p-tau217). These data were combined with the MiND Study (<https://themindstudy.org>) biobank, a cohort of neurodegenerative and neuropsychiatric disorder patients, creating the largest direct comparison to date of these blood-based biomarkers between neurodegenerative disease and primary mood disorders.

The findings demonstrated that plasma NfL is a clinically meaningful marker of neuroaxonal injury and can assist in differentiating dementia from primary mood disorders.

The team also picked up subtle biomarker elevations within primary mood disorders themselves, a finding with real implications for how clinicians interpret these

results, and one that lands at a pivotal moment, with NfL and p-tau217 blood tests entering clinical use this year.

The potential impact reaches well beyond diagnostic accuracy. A simple blood test could cut the need for costly, unnecessary investigations, fast-track specialist referral, and open up access to neurological assessment for people who currently face barriers because of mental illness, disability, language or geographic location.

A partnership advancing equitable care

A core strength of the project has been the collaboration between Australia’s largest private provider of mental health care, Ramsay Health Care, and Victoria’s largest public neuropsychiatry service, The Royal Melbourne Hospital. The partnership brought together expertise across public and private healthcare settings, creating a unique translational research platform focused on improving equity of access to neurological assessment for people with mental illness.

This collaborative environment has also created opportunities for Dr Kang that would not have existed otherwise. Alongside the RHRF project, he was able to pursue a PhD at the University of Melbourne, deepening his research training while continuing to see patients, a trajectory he credits directly to being embedded in a research-active network.

“Being part of a research-active network opens doors to funding opportunities, collaborations and involvement in related projects,” he says.

The translational potential of the work is already becoming apparent. Within the Ramsay-recruited cohort, a small number of participants who initially presented with what appeared to be primary mood disorders, but for whom there was some clinical suspicion of an underlying neurodegenerative process, have subsequently been flagged over the follow-up period as potentially developing dementia. These observations illustrate the practical value of biomarker-informed monitoring and have directly inspired plans for a prospective longitudinal follow-up study.

Reflecting on his journey, Dr Kang encourages other clinicians interested in research to find opportunities that are both meaningful and sustainable.

“Get involved, but do so in a way that is sustainable from an interest, workload and support perspective,” he advises. “Having the right environment, an established research team and adequate financial support are all important.”



DR MATTHEW KANG, PROFESSOR DENNIS VELAKOULIS, AND DR DHAMIDHU ERATNE

ASSOCIATE PROFESSOR NARINDER SINGH

Tackling one of the most neglected health crises – ear disease in rural and remote Aboriginal children

Aboriginal kids in rural and remote Australia have the highest rates of ear disease in the world. Narinder Singh, ENT Specialist Surgeon at Westmead Private Hospital, is the principal investigator on the Drumbeat.ai project, which aims to use artificial intelligence to analyse images of a child's eardrum and provide an immediate assessment of whether disease is present.

For over 20 years, Associate Professor Singh's research has focused on the idea of using computer technology to solve real healthcare problems for disadvantaged Australians. "I grew up on our family's farm near Griffith in country NSW and back then in the 80s, if you needed to see an ENT specialist, it meant a 400 kilometre round trip to Wagga." Associate Professor Singh recalls. At age 12, he taught himself to program his first computer using books and magazines from the local library.

"That's when I first realised that technology could outsmart rural isolation."



NARINDER SINGH PROGRAMMING HIS FIRST COMPUTER

Today, Associate Professor Narinder Singh and his team have partnered with a team of computer engineers from Microsoft's AI for Good program to create the DrumBeat.ai software. "Drum Beat can look at an image of an eardrum and give an instant diagnosis." Associate Professor Singh explains. "The problem isn't that we can't diagnose ear disease, the problem is that diagnosis happens too late, so we need a way to deliver diagnosis instantly on the spot." The artificial intelligence platform was built to automatically recognise signs of ear disease using a dataset of more than 10,000 ear images collected from 93 communities in Queensland and the Northern Territory over a ten-year period.

Ramsay Hospital Research Foundation provided \$400,000 in funding to test the DrumBeat.ai tool in rural and remote Aboriginal children in Western Australia. "If this works it changes the model completely from delayed specialist review to real time decision making." So instead of waiting weeks or months to see a specialist, a child could have their ear examined by a local healthcare worker trained to use the DrumBeat tool, and receive an instant assessment.

Associate Professor Singh passionately explains that *"This isn't about replacing doctors, it's about extending their reach. If we can deliver the right decision at the right time in the right place, everything changes. For rural and remote kids, that could mean earlier treatment, fewer complications and better lifelong outcomes."*



DRUMBEAT.AI PROJECT TEAM AND FOUNDERS OF EARBUS

CEO of Ramsay Hospital Research Foundation, Nicola Ware, said the Foundation was proud to support research focused on addressing significant health inequities. "DrumBeat.ai is an outstanding example of how innovation and technology can be harnessed to improve access to healthcare for vulnerable communities," Ms Ware said.



Watch a video on DrumBeat.ai

"Through supporting research like this, we aim to accelerate practical solutions that improve access to healthcare and help ensure geography is not a barrier to receiving timely care."

"Drum Beat can look at an image of an eardrum and give an instant diagnosis."

Ramsay Hospital Research Foundation provided \$400,000 in funding to test the DrumBeat.ai tool in rural and remote Aboriginal children in Western Australia.

Advancing critical care through evidence-based research

Sodium Bicarbonate for Critically Ill Adults with Metabolic Acidosis and Shock | New England Journal of Medicine

For nearly three decades, Professor Ravindranath Tiruvoipati has combined clinical practice with research, driven by a commitment to improving outcomes for some of the healthcare system's sickest patients.

As Director of Intensive Care at Peninsula Private Hospital and a Ramsay Health Care clinician for almost 14 years, Professor Tiruvoipati has dedicated his career to delivering evidence-based care while helping generate the evidence that informs it.

His interest in research emerged from the realities of working in acute and complex clinical environments, where the challenges faced by patients do not always align with existing guidelines.

"I frequently encountered situations where existing guidelines did not fully address the nuances of real-world practice," he explains. "This motivated me to contribute to the generation of new knowledge that could better inform clinical decision-making."

"I've always valued reflective practice and continuous improvement," he says. "Research offers a structured way to explore clinical questions and generate evidence that can improve outcomes not only for individual patients but across the broader healthcare system."



New England
Journal of
Medicine
Publication

Challenging established practice through the SODa-BIC Trial

One of Professor Tiruvoipati's most significant recent contributions has been involvement in the Sodium Bicarbonate Infusion in Critically Ill Patients (SODa-BIC) trial, the findings of which have been published in the New England Journal of Medicine.

Metabolic acidosis is a common and serious complication in critically ill patients experiencing shock. The international, double-blind randomised controlled trial evaluated whether sodium bicarbonate improves outcomes in critically ill adults with metabolic acidosis and shock requiring vasopressors.

Participants were randomly assigned to receive either sodium bicarbonate or placebo, with treatment titrated to correct acidosis. Professor Tiruvoipati and his team examined major adverse kidney events at 30 days, along with mortality and other important clinical outcomes. The results showed that sodium bicarbonate did not provide clinical benefit compared with placebo. No significant differences were seen in major adverse kidney events, mortality rates or renal replacement therapy use.

The result provided valuable evidence that helps guide clinical practice and reinforces the importance of identifying and treating the underlying causes of acidosis, including shock, tissue hypoperfusion and sepsis.

Supported by RRDN

A key contributor to the success of this work has been the support provided through the Ramsay Research & Development Network and the Peninsula Private Hospital Clinical Trials Unit.

"The Peninsula Private Hospital Clinical Trials Unit has played an essential role in enabling this work," Professor Tiruvoipati said. "Their assistance with ethics submissions, data management and trial coordination ensured that the project progressed efficiently, met regulatory requirements and maintained rigorous oversight."

Importantly, the team's commitment and responsiveness helped establish Peninsula Private Hospital as one of the strongest recruitment sites participating in the study.

Looking to the future of critical care

Research continues to play a central role in Professor Tiruvoipati's work, with several major projects currently underway.

One focus is the REACT SHOCK trial, a large international randomised controlled study investigating whether individualised blood pressure targets can improve outcomes for patients experiencing shock. Peninsula Private Hospital is among the highest-recruiting sites globally, contributing important data that may help reshape haemodynamic management in critical illness.

At the same time, the team is exploring novel extracorporeal therapies, particularly extracorporeal carbon dioxide removal (ECCO₂R), for patients requiring mechanical ventilation due to acute respiratory failure. This research aims to reduce ventilator-associated lung injury and improve outcomes for patients with severe respiratory failure.

Reflecting on his career so far, Professor Tiruvoipati encourages other clinicians to see research as an extension of everyday clinical practice.

"Research is far more rewarding when it is driven by curiosity and a desire to improve patient care," he says. "Integrating research into clinical work is achievable with the right support, and even modest projects can generate meaningful insights."

"I've always valued reflective practice and continuous improvement."

PROFESSOR RAVINDRANATH TIRUVOIPATI AND PENINSULA PRIVATE HOSPITAL CLINICAL TRIALS TEAM



PROFESSOR PETER YOUSSEF

A career in rheumatology research

For almost four decades, Professor Peter Youssef has combined clinical practice with research, helping to shape advances in rheumatology while mentoring the next generation of researchers.

Today, Professor Youssef describes himself less as a primary investigator and more as a mentor, facilitator and translator of research into practice, a role he sees as both a privilege and a responsibility.

A lifelong commitment to research

Professor Youssef's research journey began nearly 40 years ago as a medical resident and rheumatology trainee. Early experiences writing papers led to a PhD, followed by postdoctoral research overseas and an ongoing career combining clinical care with scientific investigation.

"By the end of a PhD, you know more about that small area than anyone else in the world. Every PhD student experiences that and it's pretty special."

Through research, Professor Youssef learned how to critically evaluate evidence, and challenge assumptions.

"Research allows you to understand the literature, develop an open and discerning mind, and ask questions in a different way."

Research at St George Private: Ahead of its time

Professor Youssef has been associated with St George Private Hospital for more than 25 years. His earliest research involvement there centered on pioneering collaborations between rheumatologists and orthopaedic surgeons to collect synovial tissue through arthroscopy for arthritis research.

Working alongside rheumatologist Dr Ian Portek and orthopaedic surgeon Dr George Kirsch, Peter helped support innovative research that was uncommon at the time. "St George Private allowed that work to happen. It was ahead of the game and demonstrated what can be achieved when clinicians and hospitals are willing to support innovation."

Over the years, he has witnessed the hospital evolve while maintaining a culture he believes is central to its success.

"The executive, administration and clinical staff at St George Private have always been supportive, approachable and solutions-focused," he says. "That culture creates an environment where both patient care and research can thrive."

Bridging immunology and patient care

Throughout Peter's career, he has been involved in studies that have contributed to major advances in treatment, including early clinical trials of biologic therapies for rheumatoid arthritis.

"I've seen treatments we investigated in clinical trials become standard of care. That's incredibly rewarding."

Today, his work continues to focus on translating complex immunological discoveries into practical clinical treatments. His interests include emerging therapies such as CAR T-cell treatment and stem cell transplantation for autoimmune diseases, areas he believes have the potential to transform care for patients.



Supporting the next generation

While Professor Youssef remains actively involved in research, his role has evolved from leading studies himself to mentoring emerging researchers and supporting the systems that enable research to thrive. He now focuses on clinical oversight, governance, collaboration and education, serving on scientific advisory boards, study monitoring committees and ethics panels, while teaching everyone from medical students to advanced trainees.

"It's a privilege to work with these highly intelligent young researchers. I still learn from them every day."

Peter is also the recipient of a Ramsay Hospital Research Foundation Translational Challenge Grant, leading a team adapting and testing a mobility and falls prevention program. Originally demonstrated to improve mobility and reduce costs, the program is now being refined with consumers and clinicians to support implementation across public and private hospital settings.

This project highlights a key principle that now drives much of Professor Youssef's work - that solving common problems can have the greatest impact.

"Falls are incredibly common, and many are preventable. If we can find effective interventions and demonstrate they work, we can improve lives and reduce costs across the whole community."



ABOVE: IMPROVING MOBILITY AND PREVENTING FALLS' PROJECT TEAM
LEFT: PROFESSOR PETER YOUSSEF

As research funding becomes increasingly competitive, Peter is advocating for stronger career pathways for early to mid-career researchers. He is particularly interested in creating mechanisms to support researchers whose grant applications narrowly miss funding. These "near-miss" researchers are often highly capable and already generating important results, but without bridging support they risk leaving research altogether.

"People can be lost to research forever because they just miss out on funding. Finding ways to support them could make an enormous difference."

For Professor Youssef, the future of healthcare innovation depends not on individual achievement, but on collaboration between clinicians, researchers, hospitals, patients and funders.

"My career has evolved from doing the research myself to helping others do it. If I can provide experience, ideas and clinical insight that help the next generation succeed, that's a valuable contribution."

At the forefront of new technologies in cardiology

As an interventional cardiologist at the North Shore Campus, Professor Ravinay Bhindi practises at both North Shore Private Hospital and Royal North Shore Hospital and maintains an active research program with over 200 publications in peer reviewed journals. His interest in research and innovation stems from a desire to bridge the gap between emerging discoveries and everyday clinical care.

“One of the most rewarding aspects of my work is helping patients access technologies that can genuinely transform outcomes and quality of life.” he says.

Throughout his career, Professor Bhindi has focused on identifying new approaches that can improve patient care and then translating them into standard clinical practice. For him, research is not a separate activity from healthcare delivery but an essential part of providing the highest standard of care.

Today, his work spans clinical care, research, education and innovation, with a particular interest in bringing emerging cardiovascular treatments from research into everyday clinical practice.

Advancing cardiac care through innovation

At North Shore, he has played a pivotal role in establishing and expanding access to advanced cardiac procedures. He was instrumental in developing North Shore Private Hospital’s structural heart program, including Transcatheter Aortic Valve Implantation (TAVI) and Transcatheter Edge-to-Edge Repair (TEER).

“Programs like TAVI and TEER demonstrate how innovation can move from emerging evidence into routine clinical care, giving patients access to more effective treatment options.”

His involvement in introducing these technologies reflects a broader commitment to ensuring patients can benefit from advances in cardiovascular science as quickly and safely as possible.

By combining careful evaluation of emerging evidence with clinical expertise, Professor Bhindi has helped position the North Shore campus as a leading centre for contemporary cardiac care.

Driving research through collaboration

Research remains central to Professor Bhindi’s work. Throughout his career, he has contributed to major national registries, investigator-led research projects and clinical trials evaluating novel cardiovascular devices and treatment approaches. These activities provide patients with access to cutting-edge therapies while contributing to the global evidence base that shapes future practice.

The North Shore campus’s co-located public and private model creates an environment where clinical excellence, research, and education intersect. Ravi believes that academic engagement is a key differentiator for healthcare organisations striving to deliver world-class care.

Supporting education, mentorship and community health

Beyond patient care and research, Ravi is passionate about education and professional leadership. He serves on the Board of the Cardiac Society of Australia and New Zealand and is the NSW Regional Chair. In 2026, he convened the largest-ever Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand in Sydney. He has also contributed to the organisation of leading scientific meetings, including ANZET, [Sydney Valves](#), and Tokyo Valves, and is a foundational Director of [Streetside Medics](#), a high-impact charity providing mobile healthcare to people experiencing homelessness.

“Education and mentorship are some of the most important responsibilities we have as clinicians. Investing in the next generation of healthcare professionals helps ensure patients continue to benefit from innovation, evidence-based practice and compassionate care long into the future.”

By combining careful evaluation of emerging evidence with clinical expertise, Professor Bhindi has helped position the North Shore campus as a leading centre for contemporary cardiac care.



PROFESSOR RAVINAY BHINDI AND COLLEAGUE DR KARAN RAO

Advancing hope for patients with treatment-resistant depression

For more than three decades, Professor Colleen Loo has combined clinical care, research, teaching and policy leadership to improve outcomes for people living with severe mental illness. As a psychiatrist at Ramsay Clinic Northside, specialising in treatment-resistant depression, her work has helped shape contemporary approaches to some of the most challenging conditions in mental health, while her long-standing association with Ramsay Health Care has provided a platform to translate research discoveries into better patient care.

Professor Loo's research career began in 1996 when she conducted Australia's first randomised controlled trial of TMS for depression as part of her doctoral studies. Since then, her research has expanded to encompass ECT, ketamine, psychedelic therapies and other novel forms of brain stimulation, making her one of Australia's most respected researchers in the field of interventional psychiatry.

In 2018, Professor Loo was appointed Medical Director of Interventional Psychiatry at Ramsay Clinic Northside where she oversaw the development and expansion of innovative treatment services including transcranial magnetic stimulation (TMS), ketamine treatment for depression and emerging psychedelic therapies.

Today, Ramsay Clinic Northside is recognised as a leading centre for interventional psychiatry, offering patients access to evidence-based treatments for severe and treatment-resistant mental illness.

Turning Clinical Observation into Global Impact

A defining feature of Professor Loo's career has been the close relationship between her clinical practice and her research. Observations made while caring for patients have often sparked research questions that ultimately changed clinical practice.

One example emerged during her work delivering ECT is when Professor Loo and her colleagues observed that treatment outcomes appeared to vary from day to day, even when the same treatment dose and protocol were used. This led them to investigate whether the interaction between ECT and anaesthesia could influence treatment effectiveness.

The resulting studies were the first in the world to demonstrate that measuring and optimising the time interval between anaesthetic administration and ECT treatment was critical to achieving the best outcomes. Remarkably, after more than 80 years of ECT use worldwide, this simple factor had never been systematically examined.

The research showed that a straightforward intervention, requiring nothing more than a stopwatch, could significantly improve treatment consistency and effectiveness.

The findings have informed clinical practice internationally and represent a powerful example of how careful observation and research can lead to meaningful improvements in patient care.

In another world-first study, Professor Loo investigated variations in heart rate responses during ECT treatment. Her team carefully monitored heart rate changes across approximately 500 ECT procedures after noticing that different ECT treatment approaches appeared to affect cardiovascular responses.

The research revealed that certain forms of ECT were associated with a safer heart rate profile, particularly for patients vulnerable to cardiac rhythm disturbances. This work has had important implications for individuals living with both severe depression and cardiovascular disease, helping clinicians identify safer treatment approaches and enabling more patients to receive potentially life-saving therapy with confidence.

Improving Care Beyond the Clinic

The impact of Professor Loo's work extends far beyond individual research projects. Her clinical experience informs her research, while research findings help improve patient treatment and shape her contributions to education, professional training and health policy.

For patients living with treatment-resistant depression, this work is particularly significant. These individuals have often endured years of debilitating

symptoms and multiple unsuccessful treatment attempts. By advancing innovative therapies and improving the safety and effectiveness of existing treatments, Professor Loo's research has helped create new pathways to recovery for people who previously had limited options.

The Importance of Ramsay Research Support

A key enabler of Professor Loo's work has been the support provided through Ramsay's research infrastructure, particularly the Clinical Trials Unit at Ramsay Clinic Northside.

Professor Loo credits the Clinical Trials Unit with greatly enhancing her ability to conduct pivotal clinical trials within Ramsay hospitals. Access to research expertise, operational support and clinical trial infrastructure has enabled complex studies to be undertaken efficiently and to the highest standards. These include Ramsay sites in Investigator-led, NHMRC funded international and national multicentre pivotal studies in ECT and ketamine, that will impact clinical practice and policy globally.

Another significant example is the **Clinical Alliance and Research in ECT and Related Treatments (CARE) Network**, which Professor Loo co-leads. Supported by the Ramsay Hospital Research Foundation (RHRF), the CARE Network brings together more than 60 hospitals and clinical services across Australia and internationally to improve the quality, safety and effectiveness of interventional psychiatry treatments, including ECT, transcranial magnetic stimulation (TMS) and ketamine therapy.

One of the CARE Network's key achievements has been the establishment of a standardised data collection framework that enables participating services to benchmark outcomes, monitor quality and continuously improve patient care. By bringing together real-world clinical data from thousands of treatments, the CARE Network has generated evidence that informs best-practice guidelines and supports the translation of research findings into everyday clinical care.

The CARE Network has already delivered important outcomes, including research that has improved understanding of patient recovery following ECT, informed safer delivery of ketamine treatment through the development of the Ketamine Side Effect Tool (KSET), and generated real-world evidence on the long-term effectiveness and safety of ketamine for treatment-resistant depression. These findings are helping clinicians make better-informed treatment decisions and improving access to safe, evidence-based interventions for patients with severe and complex mental illness.

For Professor Loo, the CARE Network demonstrates the power of collaboration. By connecting clinicians and researchers across multiple hospitals, the network transforms routine clinical data into knowledge that can improve outcomes for patients nationally and internationally.

A defining feature of Professor Loo's career has been the close relationship between her clinical practice and her research.

PROFESSOR COLLEEN LOO



Accelerating clinical trials through strategic partnerships

Delivering faster study start-up, broader patient access and high-quality research outcomes

Bringing innovative therapies to patients requires more than scientific discovery. It depends on strong partnerships between sponsors, contract research organisations (CROs), investigators and healthcare providers that can efficiently translate research into clinical practice.

For Novotech, a leading global full-service CRO working almost exclusively with biotechnology companies, partnerships with high-performing research networks are critical to successful trial delivery.

“We work closely with site networks such as RRDN to run clinical trials and enable Australian patients to participate in research that contributes to future medical advances,” says Daniela Caiazza, Vice President Clinical Services and General Manager ANZ at Novotech.

The relationship is built on a shared commitment to research excellence, operational efficiency and improving patient access to innovative therapies.

Why Ramsay?

When selecting research partners, Novotech considers several factors that influence a site’s ability to deliver successful clinical trials, including experienced investigators, patient access, research infrastructure and efficient study processes. According to the Novotech team, RRDN consistently demonstrates strength across each of these areas.

“Access to world-class physicians and principal investigators, supported by strong research infrastructure, highly skilled research teams and streamlined processes across the network, are all important considerations,” explains Malia Rogers, Director of Clinical Services, at Novotech.

With research-active sites located across Australia, RRDN provides access to a large and diverse patient population while maintaining a consistent approach to study delivery.

“The ability to access a national multi-site network is extremely important,” says Daniela. “It provides reach into larger patient populations while ensuring studies are conducted through a streamlined and consistent approach.”

From first engagement to patient enrolment

One of the strongest examples of the partnership’s impact involved a first-in-human oncology study sponsored by a biotechnology company conducting clinical research in Australia for the first time.

The sponsor selected Australia because of its reputation for rapid start-up timelines, efficient regulatory pathways and high-quality research environments. RRDN played a central role in delivering on those expectations. Working alongside Novotech and the sponsor, RRDN leveraged its established site network, experienced investigators and dedicated research teams to accelerate study start-up.

Following site selection, the Human Research Ethics Committee submission was prepared and submitted within two weeks. Budget negotiations and contracting processes progressed in parallel with research governance approval achieved one and a half weeks later.

“The site’s commitment, responsiveness and operational readiness ensured progress throughout the start-up phase,” notes Malia

Within months, the first two participants had been screened, enrolled and dosed. Both the sponsor and Novotech identified the site’s performance as a key contributor to the study’s success.

“The sponsor was highly impressed by RRDN’s speed, quality of execution, recruitment performance and commitment to delivery,” says Daniela.

“We are very pleased to have strengthened our partnership through this strategic collaboration.”

Daniela Caiazza



RRDN AND NOVOTECH PARTNERSHIP SIGNING, JULY 2026



A model for streamlined study delivery

Efficient study start-up remains a significant challenge in clinical research globally. According to Novotech, one of RRDN’s defining strengths is its ability to move quickly while maintaining high standards of quality and governance.

“We have greatly appreciated RRDN’s collaboration throughout study start-up,” says Malia. “Their team is responsive, proactive, flexible and enthusiastic, with an impressive ability to maintain rapid timelines even when coordinating activities as the lead site.”

Combined with streamlined governance processes and rapid review pathways, this approach enables studies to move from feasibility assessment through to site activation in remarkably short timeframes.

This efficiency allows sponsors to reach critical development milestones sooner, helping bring potentially life-changing therapies closer to patients.

A partnership built on collaboration

“RRDN works as a true partner, bringing flexibility, responsiveness, and a strong commitment to delivery, helping sponsors accelerate timelines and successfully achieve key study milestones.”

Says Daniela

Novotech and RRDN have developed a mature strategic partnership supported by open communication, shared objectives and strong executive engagement. This collaboration spans operational teams, senior leadership and formal governance structures designed to facilitate transparency and continuous improvement.

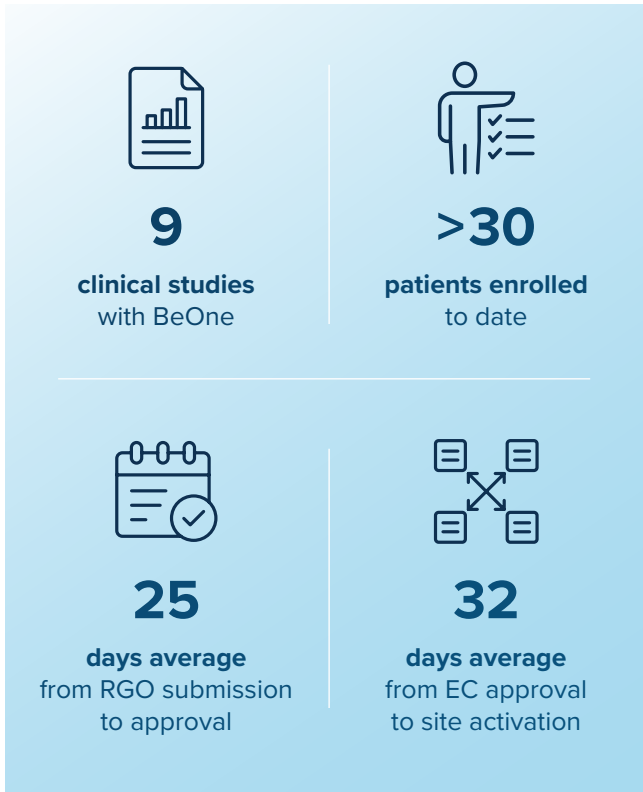
The partnership was further strengthened through the recent execution of a Memorandum of Understanding and Preferred Partner Strategic Collaboration Agreement. For Novotech, the agreement formalises a shared commitment to advancing clinical research across Australia.

As clinical research becomes increasingly complex, strong partnerships across the research ecosystem are more important than ever.

A trusted partnership enabling fast start-up, strong delivery and a shared focus on patients

Since 2017, BeOne and Ramsay’s Peninsula Private Hospital have built a strong clinical research partnership, led at the site by Principal Investigator Dr Trish Walker. This relationship is one of the earliest formed within the Ramsay site network.

Partnership at a glance:



The nine studies and over 30 enrolled patients demonstrate the longevity of a partnership established over almost a decade with a shared commitment to patients.

The partnership advantage: fast start-up

A key benefit of the established partnership is speed to activation. With an average RGO submission-to-approval timeline of 25 days and an average of 32 days from EC approval to site activation, the teams can move efficiently from approval to study readiness. This performance is supported by established relationships, clear communication and an experienced site team that understands BeOne’s study requirements, helping to resolve issues quickly and progress studies efficiently.

A shared focus on patients

At the centre of the partnership is a shared commitment to patients and access to clinical research. Fast start-up and strong recruitment are important because they help translate research opportunities into potential treatment options for patients sooner. Importantly, the site’s patient focus extends beyond recruitment. BeOne feedback highlights the Study Coordinator’s continued responsiveness and effective follow-up for patients in maintenance and long-term follow-up, even when on-site interactions become less frequent.

What our teams say

Feedback from BeOne teams consistently describes Peninsula Private as a highly responsive, collaborative and well-organised site. The Study Coordinators have been recognised for acting quickly on requests, maintaining high-quality documentation and proactively improving source documentation. BeOne CRA Celina Chau has shared how much she enjoys working with Emma Toulmin,

“she is one of the best Study Coordinators I have ever worked with”.



The close relationship between the Study Coordinator and pharmacy team is another strength, with pharmacists actively involved in patient visits and the teams working closely together to support study and patient needs.

The site has also demonstrated a solutions-focused approach when challenges arise. As Principal Investigator Dr Walker is accessible and responsive. Importantly, the positive experience is mutual. Dr Walker has shared that the Peninsula Private team is pleased with the support received from BeOne.

Built on trust and shared purpose

After almost a decade, the BeOne–Peninsula Private partnership demonstrates how trusted relationships, efficient execution and a shared focus on patients can translate into faster start-up, meaningful recruitment and consistent study delivery. Together, BeOne and Peninsula Private have created a strong foundation for continued collaboration and for bringing clinical research opportunities to more Australian patients.

Our People. Our Partners. Our Stories.



Ramsay Research &
Development Network

Connecting Science, Care and Innovation