Inspiring women show the way

The AMA (WA)'s Women Innovating in Medicine 2026 event brought together a group of changemakers to share their experiences, challenges and achievements, and inspire the next generation of women in healthcare. The panel provided an insightful discussion, exploring the question of what innovation in medicine looks like in practice. Their combined perspectives spanned precision diagnostics and AI, immunology, reproductive medicine, and cancer care. Extracts from the panel discussion and Dr Ramya Raman's keynote speech are included in the pages that follow.



THE PANEL



Prof Helen Wilcox

Panel moderator for the event. Dean and Head of the UWA Medical School; Medical Director of the Doctors' Health Advisory Service WA.



Dr Tamara Hunter

Gynaecologist and Fertility Specialist; Medical Director at Monash IVF WA; Founder of WOOM; Co-founder of Charli Health.



Prof Michaela Lucas

Immunologist and Clinician-scientist. Leader of the Plastic Exposure Reduction Transforms Health (PERTH) Trial.



A/Prof Adeline Tan

Gynaecological Pathologist at Clinipath. Part of the team behind ChemoDX, an award-winning test predicting chemotherapy response in ovarian cancer patients.



A/Prof Yvonne Zissiadis

Radiation Oncologist; Medical Director at Genesis Care in WA. Helped develop the innovative Breast Bundle package for women with early-stage breast cancer.

Keynote Speech

Dr Ramya Raman
AMA (WA) Councillor; RACGP National President-elect



Recently, I had the privilege of hearing Dr Dinesh Palipana OAM, who spoke about a philosophy that stayed with me: Ubuntu. Often, it's expressed simply as, "I am because we are". The idea that who we become is shaped by relationships with others.

"I am because we are" does not mean I am whatever everyone else wants me to be. For me, it means allowing the right people to shape you, without allowing every voice to define you.

And can I point to very specific people who have shaped my career? People who did not simply mentor me; they sponsored me. They mentioned my name when I was not in the room. They invited me to spaces I didn't think about.

They gave me an opportunity before I was completely sure I was ready. And, importantly, they did not always tell me what I wanted to hear. I often heard about things I didn't want to hear. But they changed my trajectory.

So, one of the things I now try and do for colleagues, for my students, for my registrars, and for the team I work with, is if I meet a talented colleague, student or registrar, I don't just tell them they are talented.

I tell them whom they should meet; what opportunity I can put them forward for; what room I can help them in; because someone else did that for me. And that's where the phrase "no one is too small to make a difference" still resonates with me.

As I begin this next chapter of my leadership, I keep coming back to those words: I am because we are. I am here because people opened doors for me; because colleagues have challenged me; because patients have trusted me; because teams have backed me; and because people sometimes saw more in me than I did in myself.

I ask each and every one of you to take a moment and reflect on that.

I know many of you already do, and I'm no expert. It's a learning journey that we're all on together. But I think it's a responsibility that we all hold. ■



Panel members Prof Michaela Lucas, A/Prof Adeline Tan, A/Prof Yvonne Zissiadis and Dr Tamara Hunter, with panel moderator Prof Helen Wilcox.

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Panel Discussion

INNOVATION

Innovation pathways

Dr Hunter: *I've always defined myself not as an academic, but as a pracademic. I've never really been involved in the research space, but often with how I can bring the research stuff to the front line. It started on the internet when I was looking to start my private practice, and it evolved from there.*

I connected with an amazing group of digital designers who understood how to connect. It led to launching into that social media space, which has been trial and error and understanding what's out there. From there, into the app development space. I'm part of a group of five gynaecologists developing ***Charli Health*** *– an app for not only cycle tracking and using AI, but also bringing it from the gynaecology space. We're now emerging into the fertility tracking journey, then hopefully into early pregnancy.*

A/Prof Zissiadis: *As part of a cancer care provider, it was obvious there is fragmentation of care, particularly in private health. Women will often go to one location to have their radiology; another location to see their surgeon; another location to get the results and see the oncologist; and another location for the survivorship part of things.*

That fragmentation causes patients tremendous stress. I thought there must be a better way of doing this, so that's where our ***Breast Bundle*** *project started. We developed a package for women with early breast cancer, trying to link in all the essential services in the first 12 months of their journey – starting from the day they see their surgeon and get their diagnosis, all the way through to survivorship in their very first post-treatment mammogram.*

We had a patient navigator who was non-clinical, acting as the patient's PA throughout the journey. That changed the ball game for patients, and for the practitioners who found patients were so well informed that their quality of life and the practitioner's quality of life improved significantly. ■

Innovation mindset

Prof Lucas: *The biggest thing for me in innovation is you have to overcome barriers, and there are no boundaries. If you want to be a change maker, you have to challenge the status quo. You have to go where nobody has been before. So, when given a research problem I ask myself: What's the thing that would make the biggest difference to the field? What do we really need to do?*

This has served me well in my career. With pretty much every single project, maybe not so much in drug allergy, I was told people have tried before and failed. My answer was they haven't tried hard enough. Above my desk is a saying: "Simplicity is complexity resolved."

I believe if I just make the problem small enough, I can solve a thousand small problems. Maybe I can't solve the big problem, but I can if I get it down to the smallest problem I can solve. And science is trying to get it down to something that gives a yes or no answer. So, innovation is being extremely brave; not taking no for an answer, and being realistic of what you can achieve. With this, you make a change. ■

Innovation drivers

A/Prof Tan: *What drove me to come to Australia was that my hometown didn't have a medical school, and I wanted to be a doctor so badly. I was always that girl who was too ambitious, too driven, and too loud. The intrinsic drive in me was that I want to make this world a better place. That's always what's driven me.*

As a female, as a woman, I was brought up where I was meant to stay in the kitchen, marry someone, and have kids. I'm really glad my dad let me come to Australia by myself at 16. He probably thought I was too hard to marry off!

So, every space I've been here in Australia, all the opportunities I've been given, I always grab them with so much hope, ambition, and gratitude for people who believe in me. I think every one of us here in this room wants to make a change. It doesn't have to be a big change; just a tiny, tiny change. ■

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Panel Discussion

LEADERSHIP

As I begin this next chapter of my leadership, I keep coming back to those words: 'I am because we are'. I am here because people opened doors for me; because colleagues have challenged me; because patients have trusted me; because teams have backed me; and because people sometimes saw more in me than I did in myself.

Women in leadership

Prof Lucas: *I think stereotypes are still sort of ingrained in the system, stereotypes of what people can achieve and where they can go. Personally, I just see people as people, so I'm not easily intimidated by male stereotypes. I try to look through them. Now that comes with a substantial amount of self-confidence, and I think it's because I've been privileged to have some very strong, impressive people believing in me. But people still live those stereotypes, and they are lived on both sides – male and female.*

I think females put themselves second many times when they could step up. They try to fulfill the roles they're expected to, instead of speaking up. It's easier for males to still take that dominant position. It's unfortunately a fight for females to stand up to that same level, but we have to keep up that fight. And we have to point it out if it happens. Just like we point out bullying, that some things aren't appropriate.

Dr Hunter: *Can I first call out all the guys who are here. It could have been uncomfortable, but I love the fact you're here, so thanks guys. And then the uncomfortable statement, that I still think if a man walks in and commands the room, he's assertive. Whereas if a woman does the same, she's aggressive. So, this is a pervading social problem.*

I don't think it's unique to medicine. We also come from that really hierarchical environment where you're the intern, you're just the "chewing gum on the bottom of my shoe" kind of environment. Those two things together are a perfect storm. And we're only one generation really from feminism, and I think the journey will continue. We need to advocate for both genders. We don't need to swing the pendulum from one extreme to the other, but we definitely need to think about the social context in which we see women step into leadership. ■

A/Prof Zissiadis: *On a positive note, my table here has many of our executives, all females here in WA. I feel privileged to be working for an employer where being a woman is not a barrier and, in fact, having been invested in by the employer who sent all the doctors on leadership courses. And we all got a personal coach at one stage, to teach us how to balance our lifestyle and be good at our jobs, while also making sure we prioritise our health, our family, ourselves, and our clinical practice.*

We thought we knew how to do that by the time we've had a family and a fairly successful career. But I must say we all learnt something. In fact, we learnt quite a bit. So, there's still a long way to go, and there are employers out there and organisations that really are agnostic.

A/Prof Tan: *Similar to Genesis, we have our Clinipath table with our exec team also here today, and the majority are women. We're really fortunate to be in an environment where women in leadership are supported. For me, the biggest challenge in being a leader is trying to juggle and balance that with family and spending time with the people who need you.*

I have three children, and I can say it's a constant juggle. But I do use innovation at home. I have two washing machines, two dishwashers and vacuum robots to help me, because those things take up a lot of your time. And in terms of food preparation, I have a lot of recipes for dinner within 20 minutes.

I think it's harder in clinical medicine because you can't take your patients home with you, whereas I can take my slides home with me. I can do my research after hours. It's also important to remember that it's OK for men to step back. So, support men when they take carer's leave or paternity leave and things like that. I mean, women can't step forward unless there is someone to support them. I think that's really crucial to remember. ■

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