Thank you.

Chancellor Professor Calma, Vice-Chancellor Professor Saini, the Dean Professor Lincoln, academics from the Faculty of Health and other faculties, graduands, and their families and friends.

I would like to acknowledge the Ngunnawal people, the traditional custodians of this land on which we are meeting and pay respect to the Elders of the Ngunnawal Nation, past, present and emerging. I extend this respect to all Aboriginal and Torres Strait Islander peoples in attendance today.

In my garden in Sydney, I enjoy growing many native edible foods of Australia: this month I have native finger limes, small leaf tamarind and lemon myrtle, which I use in salads and teas. We are privileged to live in a land with such a rich history and heritage from our Nation's First Peoples, and there is much to learn.

Graduands,
My heart felt congratulations on achieving your completed degrees – such an accomplishment, and reflects your hard work and dedication to your studies. My hope for you now is that you can build from this foundation in your chosen professions. Some of you may already have positions lined up in the health sector, and others more broadly. I would like you to consider a few things as you develop your clinical and practice skills in the years ahead, reflecting on my own career directions.

I completed my science and dietetic training in Queensland, in the late 1980s, and my first position was as a pediatric dietitian with the Children's Hospital in Brisbane. At that time the dietetic department for the Children's Hospital had 2.5 dietitians, and within 6 months of completion of my first qualifications, I was supporting all the children across the state of Queensland who had the inherited metabolic disorder, phenylketonuria (otherwise known as PKU), - about 100 of them. Children who have PKU cannot metabolize the amino acid phenylalanine and need to go on a strict very low protein diet – no meat, dairy, eggs, legumes, and nuts. Getting the amount of phenylalanine right in their diet was crucial as too much was toxic to their brain and caused loss of cognitive function. As you can imagine the parents were very anxious and worked hard to closely follow the diet. This was early in the days of successfully treating patients with PKU – and it raised questions for me about what micronutrients they may be missing out on from those very low protein diets. Yes, we gave them supplements, but basically that didn't cover everything, and some micronutrients were missed. I discussed this with the treating physician, and we started to assess serum selenium

(one of the nutrients we were concerned about) – I think this early experience started to shape my thinking about research and it's potential, and to have a questioning open mind, even if I was the 'new kid on the block'.

A few years later, it was time for some further education – I studied public health, epidemiology and research, in a Master of Public Health. This really helped me to see health from a wider perspective, and in that process increasingly grew my appreciation of the importance of looking at health as not only multi-disciplinary but also across sectors – it is not only about what we can do in the health system, but how we can work with and advocate for changes in education, transport, housing and so on - not to be limited by our own silos or our own discipline.

I was also hooked on the path toward research – a PhD followed, and I was fortunate enough to work on a large cohort study of older people in the Blue Mountains, with a focus on nutrition and eye disease. This was a study of 3500 older people who we have followed now for 20 years. If you ever get a chance to be involved in a longitudinal study, seriously consider the opportunity – it can be amazingly rewarding to be able to identify and describe exposure to a range of variables and their association with health outcomes over time. For me this happened to be eye disease, but it could also take the form of so many different health outcomes …. It is exciting to be part of a team finding for the first time that a particular nutrient is associated with a health outcome, and to have that later investigated in trials. On the back of findings from this research, we are now running a clinical trial, testing a tailored diet for people with age-related macular disease. By the way, my big tip for reducing risk of eye disease, eat your dark green leafy vegetables.

Now in my role as Professor of Allied Health, with the Faculty of Health Sciences, University of Sydney and Westmead Hospital, Western Sydney Local Health District – I am helping to build the research capacity of people from across the breadth of allied health. Clinicians often have great ideas for research – they start to ponder on the patterns of what they observe in practice:

i. like the dietitian and adolescent physician who were interested in how to better support people with anorexia nervosa to re-feed, and now we are testing a new approach with a higher fat feed compared to standard carbohydrate feed, with promising preliminary findings;
ii. or the community physician, working with exercise scientists, dietitians, and psychologists, who are supporting high school students to build their capacity to identify what elements of their physical and food environment could be improved, and now they are implementing these changes, in both their schools and with the local council;

iii. or the podiatrist, dietitian and endocrinologist working with people with diabetes, to improve foot wound healing. We observed a number of patients with poor foot wound healing had low serum Vitamin C, and following a short pilot trial of increased Vitamin C intake, the foot wounds have healed more rapidly. We are hoping to take this to a larger trial now.

In all of these research studies and programs – people started with a basic question. They were thinking about their practice, respectively listening to the patients and communities in which they work, wondering why an event was occurring they didn't expect, or how they could do something better, and then they checked it out further by looking what is known from the current evidence, and considering if there were other practices that could be undertaken to further improve the health outcomes. And importantly, doing this as part of a team in consultation with consumers - this opens up the possibilities and builds a depth to such questions.

As you go through your career and start on the pathway of practice, I encourage you to hold on to that questioning look at what you do, and discuss these ideas with your peers. Take the time for reflection. It is easy to get caught in the path of the 'doing' cycle, and keeping up with the work load. Have courage, and take time to think, ponder and listen; this is an important step to considering how we provide better health for people, our communities and ultimately for society. We can't keep doing health in the same way – we will run out of money, it is not a bottomless pit. We need to look toward new solutions for better health.

Lastly, I would recommend this reflection be applied to wider parts of your own life, not just about your career. Think through your priorities, and what is important, whether your family, your friends, your community. I have had wonderful support over the years from my husband Jon, and we have three great children (2 are now young adults, similar to your own age – one of them is a student at this University). Your family and friends will be part of who you are. Thank whoever it is who could come to support you today, and those who could not make it too. These relationships are important and we know people who live healthily into old age, are more likely to be part of connected active communities.

Good luck as you go forward and keep your mind open and questioning. Be keen to learn, and always thankful for those around you and what they contribute to your life.