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Association of Australian
Medical Research Institutes

CONSULTATION
**AUSTRALIAN MEDICAL RESEARCH AND
INNOVATION STRATEGY & PRIORITIES
CONSULTATION**
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Australian Medical Research and Innovation Strategy & Priorities Consultation

Strategy consultation

The MRFF Act specifies that AMRAB must determine a Strategy for ensuring that a coherent and consistent approach is adopted in providing financial assistance for medical research and medical innovation.

With that in mind:

1. Could the current Strategy be altered to better meet the purpose set out in the MRFF Act? If so, how? (200 words)

The Strategy should be cognisant of other medical research investments. It needs to complement other investment and avoid duplication. There is little coordination taking place between investments made by the NHMRC and the MRFF, with the ANAO recently finding that there are no formalised arrangements in place. The sector would be better served through an aligned, strategic approach to medical research funding in Australia through coordination of the MRFF strategy with investments being made by other medical researcher funders, such as the NHMRC.

The Department has stated in response to the ANAO audit that an MoU with the NHMRC will be developed to coordinate funding activities and that this will include a shared understanding of future research priorities. There is an opportunity to take a bolder approach. With billions of dollars at stake, considered strategic actions are needed at every step along the research pipeline. The current approach could be better coordinated and provide more efficient and effective ways to invest in research to deliver improved health outcomes.

Recommendation: A joint committee of the NHMRC Council and AMRAB should be formed and tasked with producing an overarching Australian Health and Medical Research Strategy.

2. What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address? (200 words)

The next Strategy needs to urgently address the systemic workforce issues. Career pathways for EMCR researchers have been precarious for too long, and the COVID pandemic has made it even worse. The situation is becoming dire, with success rates in the NHMRC grant program falling in some cases below 10%. The situation for women researchers is even more challenging, with women consistently awarded fewer research grants and lower amounts of funding per grant.

The MRFF has not taken an active role in ensuring Australia has the end-to-end future medical research workforce it needs to respond to future health challenges. There has been no joint coordination of efforts between the NHMRC and the MRFF and how they can work together to build more sustainable career pathways while still meeting their respective objectives. It is now time for the MRFF to recognise its responsibilities and potential

capabilities and work with other investors in medical research to ensure Australia has a strong medical research workforce into the future.

Recommendation: The Strategy should prioritise the coordination and harmonisation of MRFF and NHMRC investments in medical research with a focus on better supporting medical research careers.

3. Suggest options for how the next Strategy could address these critical issues and factors? (200 words)

Each of the grant schemes offered by the MRFF and NHMRC should be looked at with a view to enhancing coordination while reducing duplication of effort. The NHMRC grant programs are structurally sound with robust approaches to expert review and managing conflict of interest. Programs such as Investigator and Synergy grants, Centres for Research Excellence, Clinical trials and Cohort studies could be adopted across both MRFF and NHMRC as they focus on research excellence to solve our major health issues, evidence-based translation into healthcare and provide better opportunities for career support from discovery science to clinical translation and implementation.

Both funders could use the same grant structures for a proportion of their funding, and a single common portal for applications – while targeting their research investments at different stages of the research pipeline. The NHMRC could focus its grant opportunities on discovery research, while the MRFF could target clinical trials, commercialisation public health, and health services research.

Recommendation: The MRFF and NHMRC should coordinate and harmonise some of their grant schemes. This approach will better support a sustainable medical research workforce and avoid duplication of effort. The MRFF and NHMRC could then target their funding opportunities to different stages of the research pipeline.

4. Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts? (200 words)

An ongoing mechanism needs to be provided for the identification of emerging health research needs. There is no avenue for researchers to highlight new and significant threats. At present the only mechanism for highlighting new emerging areas requiring investment is to make private approaches to government. A better approach would be to have an open and ongoing process where issues of a critical nature can be addressed and evaluated. The MRFF priorities consultation does not fulfil this need.

The MRFF has an opportunity to help rebuild areas of medical research that have been severely disrupted by COVID-19. Many projects have been put on hold and there is uncertainty as to whether they can continue. Collaborations with international partners have also been thwarted as Australia has been cut off from international medical research collaborations. This has all negatively impacted on Australia's capacity to make the discoveries needed to respond to health challenges.

Recommendation: The Strategy should develop an ongoing mechanism to identify emerging health service and health research needs. This should include regular open consultation with stakeholders.

Recommendation: The Strategy should identify opportunities to rebuild those parts of the medical research sector that have been severely disrupted by the COVID-19 pandemic.

Priorities consultation

The MRFF Act specifies that AMRAB must determine Priorities for providing financial assistance for medical research and medical innovation. The Priorities must be consistent with the Strategy that is in force. In determining the Priorities, the AMRAB must take into account the following:

- a. the burden of disease on the Australian community;
- b. how to deliver practical benefits from medical research and medical innovation to as many Australians as possible;
- c. how to ensure that financial assistance provided under this Act provides the greatest value for all Australians;
- d. how to ensure that financial assistance provided under this Act complements and enhances other financial assistance provided for medical research and medical innovation;
- e. any other relevant matter.

With that in mind:

- 1. Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how? This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact? (200 words)**

The lack of clear process on how the priorities are turned into research opportunities causes confusion within the medical research sector. The links between the priorities and the ten-year investment plan are also unclear, a finding which was echoed in the ANAO audit. The next priorities should include a process in which stakeholders can provide input into how priorities are turned into research opportunities. The stakeholder involvement in the development of the missions did assist in this regard, but further input is needed at the guideline development stage.

The priorities would be better addressed by taking a more strategic approach to how research investments are made. Most investments to date are made through relatively small research funding opportunities. In general, each of these funding opportunities acts in isolation with little synergy with other projects being funded. A more strategic approach that invested in larger packages of joined-up research programs could result in more substantial progress and allow MRFF investments to have greater impact.

Recommendation: Develop a clear and transparent process that involves stakeholders to turn the priorities into research opportunities.

Recommendation: Invest in larger packages of joined-up research programs that can have substantial impact on the priority areas.

2. What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

AAMRI has left it to its members to suggest specific priorities for investment through the MRFF

3. Suggest options for how the next Priorities could address these critical issues?

All the priority areas would be better addressed through an enhanced focus on translating research and implementing findings into healthcare delivery.

Each priority area should have a research translation plan with targets to improve health outcomes. This would benefit from early involvement of consumers, federal and state governments, potential industry partners and philanthropy to co-design a pathway from research to evidence-based policy to implementation (and funding) within the health system.

Health and medical research must be better supported within the health system. The opportunities for health practitioners to be involved in research are limited, and the structural issues causing this will be well known to AMRAB. Further action is needed at scale to make a substantial difference including targeting new opportunities at EMCR clinician researchers before they are forced to give-up on a research career. This needs to include both new investment as well as structural change within health services.

Recommendation: Each priority area should have a research translation plan.

Recommendation: Significantly increase the scale at which clinician researchers are supported to undertake research.

4. Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

Each priority area should be assessed to determine what lessons can be learnt from the COVID-19 pandemic. Periodic assessment is necessary as emerging health needs might not become apparent for some time. For example, COVID-19 may have long-term health impacts in addition to respiratory consequences, such as increased heart disease, organ failure, and mental illness.

COVID-19 has disrupted health services and health research, but there are positive lessons from the past two years, such as reduced administrative barriers and increased collaboration. Both the Strategy and Priorities would benefit from looking closely at how to apply these lessons across all research areas.

The pace of recent developments in vaccines and treatments would have been impossible without past investment in medical research. This pandemic is likely not our last. Therefore, it is essential that Australia continues to invest in infectious disease research, drug development, and new technologies.

Recommendation: Undertake an assessment in each priority area of what future health research needs have emerged due to COVID-19.

Recommendation: Apply lessons learnt during the pandemic on how to remove barriers to research and increase collaborations to rapidly respond to health threats.

Recommendation: Make strong investments in infectious disease research, drug development, and new technologies.