

3 August 2023

**HMRI Response to Discussion Paper:
Improving alignment and coordination between
the Medical Research Future Fund and NHMRC's Medical Research Endowment Account**

About HMRI

The Hunter Medical Research Institute (HMRI) is a collaborative hub, bringing together medical researchers, students, clinicians, and the community to undertake research that is relevant and able to be translated into uptake.

HMRI is the result of a successful 25-year partnership between the Hunter Community, The University of Newcastle and the Hunter New England Local Health District and is Australia's largest regionally located health and medical research institute.

We leverage our collective expertise and resources enabling us to create a vibrant ecosystem for research and innovation, attracting top talent and driving advancements in medical knowledge and healthcare practices. Our seven platform capabilities (clinical trials, health research economics and impact, bioinformatics and data sciences, significant research infrastructure, state of the art imaging, genomics, and histology) ensure HMRI researchers pursue regionally important, world leading discoveries and translational programs.

Throughout Newcastle and the Hunter region, researchers, students and support staff are working across 19 HMRI Research Programs to generate new knowledge, drive innovation, and deliver real-world, real-time impact, focused on the most pressing health and medical needs of our communities. Internationally recognised research outcomes are being achieved in asthma and airway diseases, cancer, diabetes, mental health, nutrition, pregnancy and reproduction, stroke and more, delivered through active collaborations across the globe.

HMRI's position on the proposed changes

The Medical Research Future Fund (MRFF) has provided a welcome and highly valued addition to the research funding landscape for HMRI – injecting over \$45m in funding (an increase of 40% in comparison to our previous NHMRC support) for our work to transform the health and wellbeing of our communities and beyond.

Changes to the current arrangements for the delivery of the MRFF are well argued in the Discussion Paper and go towards achieving value with government money by improving alignment and coordination between two major health and medical research funding streams.

The involvement of consumers in scoping the options for new administrative arrangements is welcomed as is the commitment to harmonise and consolidate policy and strategy for health and medical research, with consumer input in setting strategies and priorities. We are in unison with the Australian Association of Medical Research Institutes (AAMRI) on its position that MRFF has been transformative and should continue to underpin the flourishing of our sector over the coming decades.

In partnership with our Community



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA



Health
Hunter New England
Local Health District

We endorse AAMRI's proposed reforms, which would see the Discussion Paper's **Option Two** enlivened through the establishment of a single Australian Health and Medical Research (AHMRI) Strategy Committee to guide the NHMRC CEO in coordinating investment through both the MREA and MRFF, including advising on and ensuring accountability in the delivery of the Strategy and negotiating future collaborations with other potential funding partners and State and Territory Governments. As part of this, we see NHMRC as optimally placed to manage both Funds with a view to facilitating and delivering AHMRI Strategy. We emphasise that the best of both cultures should be retained post-transition to the new arrangements, and it is currently unclear as to how this will be achieved. In addition, an external advisory group to the resultant model committees/structures should be established to develop the national health and medical research strategy, outlined in the paper as occurring under Phase 2.

What benefits should be achieved through improving the alignment and coordination of the MRFF and MREA?

We welcome this important and rare opportunity to ensure that the delivery of health and medical research (HMR) funding in Australia is optimised for the benefit of all Australians. The current arrangements are however burdensome for researchers – both in terms of identifying and applying for multiple granting opportunities across an array of application processes and portals, often at short notice; and in contributing to peer review. There is duplication in administrative arrangements, and transparency in the funding system is hampered by the collection of data across multiple organisational units and platforms.

Benefits HMRI would like to see achieved include:

- **Maintaining a strong translational focus:** We at HMRI are concerned that the transition into 'thinking translationally' for MRFF opportunities should be protected and preserved in any new arrangements administered by NHMRC.
- **Preserving and strengthening a discrete and clear strategy for funding curiosity-led research** that (i) supports research at the cutting edge of science, drives collaborations with international researchers (~97% of HMR is funded outside Australia) (ii) integrates this knowledge into best practice education, and (iii) ensures open access to this science for needs-driven priority-led research.
- **Strengthening peer review:** MRFF has introduced welcome changes to the composition of peer review panels, such that end users (consumers, policy makers, industry, community, peak bodies) and 'boundary spanners' (those with experience across both academic research and the clinical, policy, industry-based research) have been able to advise on strategy, gain a greater understanding of the HMR investments being made, and have an influence over funding decisions. This broadening of peer review should be maintained and strengthened under the new administrative arrangements.
- **Elevating consumer and community involvement:** We see this administrative review as opening unprecedented opportunities for embedding consumer perspectives at all stages of the research process, including in national strategy setting. This will require attention to how voices are enabled and heard, including capacity building for both researchers and consumers, attention to remuneration of consumers as well as meeting the costs associated with CCI in research, and consideration of the diversity of our Australian population.

- **Strengthening the focus on partnerships, collaborations, and increased stakeholder engagement:** In bedding down the new program arrangements within NHMRC, HMRI welcomes particular attention to enabling novel partnerships and collaborations amongst funders to open new and complementary funding streams, as well as ensuring funding calls in both of the new program pillars incentivise researchers and research teams to work in partnership with end users. HMRI notes NHMRC has a priority and ways to encourage partnerships with other funding bodies, and between researchers and end-users. Under Option 2, NHMRC is encouraged to mobilise these opportunities across both pillars. This will allow longer term funding relationships to develop for both funders and research teams, across the innovation cycle. Further, by involving relevant entities such as the proposed Australian Centre for Disease Control, the National Reconstruction Fund and State and Territory Governments, the Australian Government can foster collaboration, leverage additional resources, and create synergies that can benefit the whole research sector.
- **Reducing the research application burden:** The research community is still adjusting to MRFF funding programs and processes. Implementation of any new arrangements will need to be carefully managed to minimise changes in the application requirements and maximise opportunities to reduce the application burden. Alignment and coordination of the MRFF and MREA should reduce the research application burden by streamlining and harmonizing application processes, minimising changes, and improving overall efficiency. HMRI researchers are concerned to see that the new arrangements provide greater focus and order for their work to obtain national competitive grant funding, that the application process is harmonised and streamlined, that lead times for funding rounds are more predictable, the application burden is reduced, and that every application process provides insights that inform their future work – whether or not their application is successful in round.
- **Rigorous measurement of potential and actual funding impact:** In establishing the new arrangements, HMRI would like to see a clear plan mobilised to build the evidence base for (i) the effectiveness and value of the funded research and (ii) the effectiveness of the levers of the funding system in optimising the likelihood of achieving research translation.

The above points were raised in HMRI's online response to the Discussion Paper. In addition, HMRI sees the opportunity for:

- **More flexible industry engagement:** Industrial partners can be joint co-investigators with researchers in funding calls by establishing collaborative research projects. This collaboration combines the academic expertise and resources with the industry's practical knowledge and financial support. By leveraging the strengths of both parties, such partnerships can enhance the scientific rigor, technological innovation, and real-world applicability of research projects. This collaboration fosters knowledge exchange, accelerates technology transfer, and promotes the translation of scientific discoveries into tangible solutions with commercial potential.
- **Continued targeting of support for regional and rural health and medical research:** As a regional translational research institute, we reinforce the aim that efforts need to be made to ensure access to health care and health initiatives are inclusive, equitable, cost-effective and are underpinned by robust evaluation. HMRI seeks stronger support for regional and rural grant applications by implementing measures such as targeted outreach programs, regional representation and advisory structures, outreach and engagement and dedicated funding

streams. Workshops, webinars, and information sessions targeting rural areas can raise awareness about funding opportunities, while providing clear guidelines can reduce barriers for applicants.

Funding for healthcare, health initiatives, medical research and other health funding opportunities should always consider the large rural and regional populations of Australia, including its Indigenous populations, in representation on priorities, funding, future focus and impact.

Understanding local context is critical for positive health outcomes, as well as acknowledging that there is no 'one size fits all' approach to solutions and models of care – thus healthcare, initiatives and research schemes need to consider local context and tailor these for the target communities. Thus, creating specific funding streams or reserved quotas for regional and rural projects can ensure equitable distribution of resources and promote development in these areas. A consolidated approach to medical research strategy and funding has high potential for more effectively delivering this kind of focus and support.

What feature/s of the models put forward will deliver these benefits?

The proposed Option 2, which establishes a single Australian Health and Medical Research Strategy Committee to guide the NHMRC CEO in coordinating investment through both the MREA and MRFF, is expected to deliver the aforementioned benefits. We see NHMRC as optimally placed to manage both Funds with a view to facilitating and delivering AHMRI Strategy. We emphasise that the best of both cultures should be retained post-transition to the new arrangements, and it is currently unclear as to how this will be achieved. In addition, an external advisory group to the resultant model committees/structures should be established to develop the national health and medical research strategy, outlined in the paper as occurring under Phase 2.

Additionally, the broadening of peer review panels, including end users and people with interdisciplinary experience, diverse backgrounds, diverse contributions, and perspectives across the spectrum of discovery to translation (boundary spanners), would be maintained and strengthened under this model, ensuring a more diverse and informed perspective in funding decisions. Some key aspects that could be important in designing Model 2 include: alignment and coordination, strategy and planning, transparency and accountability, expert involvement, and robust evaluation and assessment.

HMRI notes NHMRC has a priority and ways to encourage partnerships with other funding bodies, and between researchers and end-users. Under Option 2, NHMRC is encouraged to mobilise these opportunities across both pillars. This will allow longer term funding relationships to develop for both funders and research teams, across the innovation cycle. Further, by involving relevant entities such as the proposed Australian Centre for Disease Control, the National Reconstruction Fund and State and Territory Governments, the Australian Government can foster collaboration, leverage additional resources, and create synergies that can benefit the whole research sector.

What should be retained? How?

While reforms are needed, changing current arrangements should not undo the extraordinary gains across the sector because of MRFF strategy and funding over the last 5 years. We now have a funding system that considers outcomes, impact, and value in new ways, involves consumers and stakeholders more meaningfully and consistently in priority setting, and a research community that has made major

adjustments to their thinking, planning and actions when advancing their research programs. While early assessment of positive impact will only provide an indication of what has been achieved through MRFF, the indications are positive. We believe elements of the existing arrangements for the MRFF and MREA that work well and should be retained include: the emphasis on translational focus, involvement of end users and boundary spanners in peer review, and the consideration of outcomes, impact, and value in funding decisions. The proposed Option 2 would help ensure the preservation of these elements by establishing the Australian Health and Medical Research Strategy Committee, which would oversee the coordination of both funds and maintain the strong focus on translation. This committee would monitor impact and effectiveness, implement the strategy, and continuously improve the funding system. The harmonised approach to outcomes and impact tracking would also support the assessment of research along the translational spectrum.

Is there anything you would like to raise that is not otherwise captured by these questions?

Phase 2: Development of a health and medical research strategy is welcome, and should also include the development of a workforce strategy with careful consideration of diversity and inclusion. The true costs of research must be a key consideration in the development of the strategy. An external advisory group should be established to inform the health and medical research strategy from the sector's perspective. Funding for healthcare, health initiatives, medical research and other health funding opportunities should always consider the large rural and regional populations of Australia, including its Indigenous populations, and thus are critical to include. A consolidated approach to a health and medical research strategy and funding has high potential for more effectively delivering this kind of focus and support.

Phase 2 should also include the development of a workforce strategy which includes careful consideration of diversity and inclusion. The true costs of research must be a key consideration in the development of the strategy.

Regardless of the final model adopted, deliberate investment and thought is required to ensure diversity and representation are key principles at every level of governance. This includes the Strategic Advisory Committee (SAC) referred to in the paper. Specifically, HMRI urges that the final model ensures: E/MCR representation to make sure we have access to and consider their knowledge about E/MCR needs, including developing the succession planning pipeline; Diversity across the committees is maintained and enhanced to ensure governance structures and processes are accessible to people who have traditionally not had access; Representation of critical content areas in health and medicine is a priority, aligned with the pressing health needs, burden, and challenges of Australians; Clear metrics are developed and implemented to measure the success of the new governance model, including the above diversity and representative considerations.

Effective communication of changes, their importance, and their implications for stakeholders will be vital for reducing concerns and minimizing disruption. Feedback from the sector should be actively sought during implementation to allow for adjustments based on sectoral advice.

Specifically, HMRI urges that the final model ensures:

- Early-career and mid-career researcher representation and support to make sure we have access to and consider their knowledge about E/MCR needs, and to develop a succession planning pipeline in these areas of research leadership and governance.
- Diversity across the committees is maintained and enhanced to ensure governance structures and processes are accessible to people who have traditionally not had access.

- Representation of critical content areas in health and medicine that align with the pressing health needs and challenges of Australians. For a healthy Australia now and into the future, medical research structures and decisions need to prioritise and include the perspectives of those researchers and other experts working in key health and medical research areas that are driving disease burden, health and wellbeing, and emerging health challenges.
- Clear metrics are developed and implemented to measure the success of the new governance model, including the above diversity and representative considerations.

Communication

Communication of any changes, why they are important and what they mean for applicants, consumers, the community, and the research enterprise will be key to reducing sector concerns and minimising disruption. We need to be learning from what has worked well, and not so well. Opportunities for sector feedback is welcomed as this will allow for adjustment (on sectoral advice) during implementation.

We commend the Minister, the Department of Health and Ageing, and the National Health & Medical Research Council for taking forward these reforms, which we believe will bring considerable benefit to the health and medical research and innovation system for the benefit of all Australians.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Frances Kay-Lambkin', with a large, sweeping flourish at the end.

Professor Frances Kay-Lambkin
Director Hunter Medical Research Institute