

**Strategic Review of Health and Medical Research
in Australia**

**Submission in response to the Consultation
Paper**

October 2012

About Research Australia

Research Australia is an alliance of 170 members and supporters advocating for health and medical research in Australia. Independent of government, Research Australia's activities are funded by its members, donors and supporters from leading research organisations, academic institutions, philanthropy, community special interest groups, peak industry bodies, biotechnology and pharmaceutical companies, small businesses and corporate Australia. It reflects the views of its diverse membership and represents the interests of the broader community.

Research Australia's mission is to make health and medical research a higher priority for the nation. We have four goals that support this mission:

- A society that is well informed and values the benefits of health and medical research
- Greater investment in health and medical research from all sources
- Ensure Australia captures the benefits of health and medical research
- Promote Australia's global position in health and medical research

Elizabeth Foley
Chief Executive Officer
02 9295 8547
elizabeth.foley@researchaustralia.org

www.researchaustralia.org
384 Victoria Street Darlinghurst NSW 2010

Submission prepared by Greg Mullins, Head of Policy

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Introduction

Research Australia welcomes the opportunity to provide comments on the Consultation Paper, and congratulates the Panel on the work it has done to date.

Research Australia endorses the Panel's overarching vision for a future in which health and medical research is fully embedded in all aspects of healthcare to deliver 'Better Health Through Research'. Research Australia is also generally supportive of the Consultation Paper's direction and its recommendations.

Earlier this year, Research Australia developed and launched *10 Strategic Imperatives 2012-2020*, and our submission to the Review Panel draws on this document. Research Australia is pleased to note that the Review's recommendations match broadly with the themes and initiatives identified in *10 Strategic Imperatives 2012-2020*.

In providing this response, Research Australia has addressed some of the broader issues raised by the Panel before commenting on the specific recommendations.

The place of basic research

As noted above, Research Australia endorses the overarching vision outlined in the paper, and acknowledges that there are several references in the report to the importance of basic research, including support for investigator driven research and a proposal that the NHMRC support a limited but significant quantity of high-risk / potential high-return research.

However, the overarching theme of the Review is linking research to the improved efficiency and effectiveness of health research, and places the greatest emphasis on the first two of the three levers identified in the Report:

- 1. Health services research to identify ways to minimise adverse events and waste;**
- 2. More effective research translation to improve healthcare delivery; and**
3. New knowledge to create new clinical interventions.

There are several proposals for embedding research in the health system and increasing Australia's capacity in health systems research. What is perhaps not so well articulated in this new paradigm is the role the Review Panel envisions for basic research- the end of the research spectrum that is furthest from the health system.

There is no clearly articulated vision or 'road map' that links all elements of the research enterprise from basic research through to improved health outcomes. In part this reflects the apparent view of the Review Panel that most of the current problems are with translation and implementation.

However, the Review Panel has the opportunity to provide a clear, holistic vision of how the whole system links together, which is not clearly articulated in the Consultation Paper. Research Australia submits that the Review Panel should take the opportunity to articulate this holistic vision in its final report.

Role of the Australian Research Council

While welcome, linking the funding of health and medical research to the health budget has the potential to further exacerbate the existing issues between the ARC and the NHMRC, which have been most evident in the ARC's definition of 'medical and dental research' and its application to eligibility for funding programs. There is no clear proposal from the Review Panel on how to address this issue, although there is an expectation that the ARC will continue to fund some health and medical research (for example the reference to ARC Linkage programs in recommendation 16).

With the convergence of disciplines such as physics, engineering and IT with the traditional life and psychological sciences in health and medical research, the continued support by the ARC of basic research is critical to the future of health and medical research in Australia.

Research Australia submits that the Review Panels' final report should outline the Panel's understanding of the role of the ARC in health and medical research in the proposed new environment, and the interface between the ARC and the NHMRC.

Measurement and transparency

Research Australia welcomes the drive for more measurement and greater transparency that is articulated throughout many parts of the report. RA believes that this emphasis, if implemented effectively, will help to promote efficiency in the HMR sector.

Implementation feedback

In responding to the specific request for feedback on implementation, Research Australia acknowledges that the final recommendations of the Review Panel will be wide ranging; they need to be implemented in multiple locations, across state and Commonwealth jurisdictions, and over multiple years. Even assuming the agreement and commitment of all parties is obtained, implementation will require a significant and specific effort. To this end, a formal implementation plan will be necessary.

Research Australia supports a formal, appropriately resourced and transparent implementation program. Further details are provided in our response to Recommendation 21.

Community engagement

The recommendation for a greater alignment of health and medical research with the health services sector and the call for increased funding linked to the health budget provide a new opportunity to engage the community with health and medical research, and a new imperative to ensure that the public support the increased expenditure.

A community that understands and values health and medical research will:

- Be aware of the links between research and improved health and well being.
- Be even more supportive of the ongoing public funding for health and medical research.
- Be more likely to make donations to support research.
- Be more likely to encourage young people to pursue research careers.
- Take pride in Australia's contribution to H&MR internationally.
- Be more likely to participate in clinical trials.
- have more realistic expectations of the time it takes between discoveries and other 'break throughs' and the availability of new treatments.

Research Australia believes that the Panel should consider means for increasing the engagement of all levels of the community with the health and medical research sector, including:

- Creating more programs to develop scientific literacy in the community including programs in schools.
- Incentives for research collaborations that meaningfully engage with relevant community special interest groups and consumers.
- The engagement of community members in the new governance bodies, and the involvement of consumer groups.

In our response to recommendation 21, Research Australia has provided the example of the draft National Carer Strategy as a model for implementation of the Review Panel's final recommendations. The draft National Carer Strategy provides an example of how the community could be engaged in the implementation of a new health and medical research strategy following the Panel's final report to Government. The National Carer Strategy Implementation Reference Group comprises carers' representatives and members from the not for profit sector with first hand experience. It will meet twice yearly to monitor implementation of the National Carer Strategy.

(www.nds.org.au/asset/view_document/979320703)

Engagement of the Philanthropic Sector

While the Review Panel has recognised the increasing importance of philanthropy to the health and medical research sector, and a greater role for the NHMRC, including in monitoring funding to the sector from philanthropic sources, there has been no specific consideration given to how to engage the philanthropic sector with health and medical research. Within the sector, the engagement between Cancer Australia and a number of the cancer specific philanthropic foundations provides a model for how government

agencies can work together with philanthropic organisations, including in the provision of joint funding programs.

Research Australia is building capability to enhance the relationship between current and potential philanthropic investors and research organisations. Our strategies to increase philanthropy and make giving easy and rewarding include:

- Continuing to educate the Australian public on the benefits of giving to health and medical research.
- Expanding Research Australia's H&MR Philanthropy Centre and continuing to enhance support mechanisms for grant makers and grant seekers.
- Investigating the establishment of a major national philanthropic foundation specifically for H&MR, capable of providing funding of at least \$100 million annually for research to augment existing government and philanthropic funding.

Actively engaging the philanthropic sector with health and medical research will maximise the contribution philanthropy can make to supplement government and commercial investment.

Comments on specific recommendations

I. Embed Research in the Health System

- 1. Drive Research Activity in the Health System.** Protect, manage and monitor at least 3% (excluding the NHMRC Medical Research Endowment Account (MREA)) of total Australian, State and Territory Government health expenditure on defined research activity in the health system, within a defined timeframe (e.g. 8-10 years). Initially maintain, refocus and protect current State and Territory Government funding, using 5% to 7% of Activity Based Funding (ABF) to contribute to the approximately \$1.5bn p.a. currently allocated for research in the health system. Over the longer term add competitive programs, possibly on a 2:1 Australian Government to State and Territory Government contribution ratio, which could provide an additional \$2–3bn p.a. for research in the health system within 8-10 years.

Research Australia is broadly supportive of this recommendation.

- 2. Establish Integrated Health Research Centres.** Establish and fund 10–20 'Integrated Health Research Centres' over time, combining hospital networks, universities and medical research institutes (MRIs), with significant incremental investment each for five years and clear criteria around strategy, governance and focus.

Research Australia is supportive of this recommendation and offers the following comments.

Research Australia submits that the opportunity to participate in Integrated Health Research Centres (IHRCs) should exist for all universities, hospitals and medical research networks. There should be no limit on the number of similar institutions that can participate in an IHRC- for example, multiple universities should be able to participate in the same IHRC.

While Research Australia does not propose any particular fixed number, overseas experience suggests that the appropriate number of IHRCs for Australia is likely to be significantly less than 20. Research Australia suggests that it would be appropriate to propose the establishment of a smaller number of large multi institution IHRCs with budgets of up to \$20 million per annum over a 7 year period. An initial funding period of 7 years rather than 5 will provide greater opportunity to demonstrate the improvements in clinical practice necessary to be able to assess the effectiveness of the IHRC.

There should be a significant degree of latitude allowed in how IHRCs can organise themselves, with any funding criteria specifying governance principles rather than specific organisational structures. IHRCs could be based on geography or on disease, for example.

A program for the creation of IHRCs should seek to work with, and take advantage of, infrastructure, networks and structures that exist at the State level, and of State based programs and initiatives, such as the recently announced NSW government funding of \$800,000 per annum to support research hubs, and the Victorian Life Sciences Computation Initiative. It should also encourage participating institutions to make use of shared services models as a means of promoting integration and reducing costs.

- 3. Promote Research Participation by Health Professionals.** Support a significant number (e.g. building to around 1,000) of research focused health professionals over the next 10 years with practitioner fellowships and competitive grants, embed research into health professional training and accreditation, and streamline accreditation processes for leading research professionals arriving from overseas.

Research Australia is supportive of this recommendation. An effective mechanism for protecting research and training time is essential to the success of this initiative. Currently, high individual caseloads and the Activity Based Funding Model make it very difficult for clinician researchers to secure the necessary time for training and research.

Building research into the training provided by colleges is one way of addressing this problem and of promoting research to clinicians, but the support of employers is essential. Participation in an IHRC would be expected to help build a culture that supported clinician researchers, and Recommendations 2 and 3 are mutually supportive in this manner.

Research Australia also proposes the following specific measures to promote research participation by health professionals:

- Activity Based Funding include time allocated to health and medical research, or the creation of activity based funding for research activity itself, with funding for research activities undertaken by health care providers to be considered by the Independent Health Pricing Authority.
- Career structures that support moving between research and health delivery roles, and the provision of support to health care practitioners who are participating in research projects on a short-term temporary basis.
- The National Health Performance Authority includes performance measures for research as recognition that research activity is a valued outcome of health services.
- Programs to fund research involvement by primary care providers.
- Local Area Health Networks and Medicare Locals be able to invest in shared research infrastructure, eg expertise in research design, epidemiology and biostatistics.

- 4. Re-align Sector Leadership and Governance.** Empower and resource the NHMRC to take a leadership role across all HMR in Australia including research impact in the health system, possibly with a new name. Task the NHMRC with tracking and reporting Australian HMR expenditure, workforce, research outputs and research outcomes, working with the Independent Hospital Pricing Authority (IHPA) and Local Hospital Networks (LHNs).

Research Australia is broadly supportive of the recommendation for an expanded role for the NHMRC as outlined above. Tracking and reporting of HMR expenditure across the whole sector and from all sources- public, private and philanthropic- would provide the clear and holistic view of the sector which is currently lacking, and is an essential element to future strategic planning for Australian HMR. Research Australia is of the view that this leadership role will require the NHMRC to work closely with a broader range of entities and agencies than is envisaged in this recommendation.

In relation to the workforce and future training, Research Australia considers that the recommendation will give the NHMRC a significantly greater influence over the structure, form and content of research degrees and research training. This has implications for stakeholders other than the NHMRC and the public health system. These other stakeholders include the universities and private sector employers of researchers, such as the biotechnology, medical device and pharmaceutical sectors.

Research Australia recommends that an appropriate forum or entity be developed which will ensure that the research workforce requirements of the whole of the sector are appropriately considered in the future development of programs for people support and

research training.

- 5. Streamline Clinical Trial Processes.** Establish 5–10 national ethics committees to replace local committees, implement a common IT platform for approvals, have the revamped and expanded NHMRC accelerate implementation of Clinical Trials Action Group (CTAG) recommendations, align standard pricing for clinical trials services, build a portal for recruitment and coordination, provide a national clinical trials insurance scheme, and increase funds for non-commercial trials and infrastructure.

Research Australia is supportive of this recommendation as an important measure to reduce duplication and improve efficiency and productivity.

II. Set and Support Research Priorities

- 6. Align Priority Setting Processes.** Develop and fund a set of 8–10 national health research priorities with 10% to 15% of the NHMRC MREA and establish an expert committee for each priority area that determines and leverages ‘top down’ spend within each priority.

Research Australia is broadly supportive of this recommendation but has no particular view on the percentage of the NHMRC MREA that should be committed to the priorities. We note that the NHMRC reported approximately two thirds of its 2011 grant expenditure against the existing health research priorities. The role of the expert committee as outlined above seems appropriate; it is important that it does not become another layer in the peer review system for individual grants.

- 7. Support a Range of Strategic Priorities.** Support and provide targeted investment in Indigenous health research, rural and remote research, developing world research and advances in genomics in addition to the national health research priorities.

Research Australia is unclear on how these strategic priorities would interact with the research priorities, and is also unclear on the process for how these strategic priorities would be selected. While not opposed to the priorities outlined, it would appear, for example, that the ageing population could be a strategic priority. Research Australia would welcome more information in the final report on how these strategic priorities will be selected and how they will interact with the research priorities.

III. Maintain Research Excellence

- 8. Train, Support and Retain the Research Workforce.** Provide active workforce monitoring, higher Australian Postgraduate Awards (APA) stipends, early investigator grants, more flexible track record definitions, research fellowships, career break flexibility and mentoring, with the expanded NHMRC responsible.

Research Australia is broadly supportive of this recommendation, but reiterates the need to consider a broader group of stakeholders in the design and structure of research training at all levels.

Support for early to mid career research is important. Elements of the European Molecular Biology Laboratory model are worthy of consideration, and some of these are currently being implemented in a modified form by EMBL Australia and by the Australian Regenerative Medicine Institute. (Australia is an Associate member of the EMBL.)

The EMBL provides promising young researchers with fixed but longer term funding (up to nine years), with milestones to be achieved but greater freedom to pursue their research than is typically available under existing Australian grants. <http://www.embl.de>
<http://www.emblaustralia.org>

Australian health and medical research is reliant on large numbers of PHD students and post doctoral staff, but there are limited opportunities for further career advancement. Ironically, ensuring that Australia can support and retain the research workforce it needs is partly dependent on providing greater career opportunities for PHD qualified researchers in the public and private sectors outside research. Doing so will ensure that pursuing research qualifications is seen as a path to a range of different and varied careers, thus ensuring that these courses of study continue to attract the best and brightest students.

Providing broader career opportunities and greater uptake of PHD qualified individuals in the broader public and private sector requires changes to PHD training to include the development of skills and experience that make individuals with PHD qualifications more attractive to employers.

Research Australia proposes:

- Programs and incentives to promote greater collaboration of the private sector with academic researchers, including matched funding.
- Providing opportunities for undergraduate and non-PhD post-graduates to do research.
- Government grants of longer duration to provide greater employment security and assist retention of talent in the Australian H&MR sector.
- Greater engagement with existing and potential private sector employers in relation to the design and structure of undergraduate and postgraduate research training.

- 9. Rationalise Indirect Cost Funding for Competitive Grants.** Ensure that all qualified institutions, including MRIs and health care facilities, receive at least 60% indirect cost loading for national competitive grants.

Research Australia is supportive of this recommendation. Consideration also needs to be given to ongoing measures to encourage the efficient operation of research institutions, including adoption of shared services models for administrative, financial and other support services.

- 10. Streamline NHMRC Competitive Grant Processes.** Re-engineer the NHMRC granting process to include, but not limited to, streamlining of application processes and assessment criteria, increasing the proportion of five-year grants, simplification of IT platforms, and harmonisation of recording of track records between competitive granting schemes.

Research Australia is broadly supportive of the proposed changes to the NHMRC's competitive grants program.

Research Australia does not support the specific proposal to introduce a fee for processing project grant applications. This approach will require an internal assessment of applications within grant institutions, effectively forcing institutions to try and second-guess the NHMRC's assessment. This is likely to lead to greater conservatism in the project grants applications made to the NHMRC.

In support of the proposed simplification of grant application and review processes, Research Australia proposes the following:

- A two stage application process. Stage One would be a shorter application with successful applicants invited to provide more information at Stage Two. This approach would reduce the work required of unsuccessful applications and reduce the assessment effort at Stage one.
- The opportunity to submit a revised application in the same grant round. This would require feedback from the assessment panel, and a deadline for re-submission. This would reduce overall application numbers because many unsuccessful applications are currently resubmitted in the following grant round without the benefit of feedback, and to a new review panel with different expectations and criteria.

11. Build Enabling Infrastructure and Capabilities. Provide significant funding (possibly \$150m to \$200m per annum) for infrastructure and management of national patient databases, for co-ordination of biobank access, and for new enabling technologies and analytical services.

Research Australia supports this recommendation.

In relation to databases, the ultimate aim is a readily accessible national database combining information from a range of Commonwealth, state, territory and other sources. This needs to extend beyond medical data to include a range of socioeconomic and other data important to public health and health systems research.

IV. Enhance Non-commercial Pathway to Impact

12. Enhance Public Health Research. Increase funding for public health research, and facilitate increased collaboration between researchers and State and Territory public health experts.

Research Australia supports the focus on enhancing public health research. Within this field, Australia has strong capacity in cohort studies and epidemiology, but is relatively weak in population health intervention research.

Efforts to boost capacity in public health research need to take account of the fact that public health researchers tend to come to the field later in their career after working in other related areas. Therefore qualifications and training in the field need to be flexible, and take account of prior experience and qualifications. This unconventional career path can also make it difficult to demonstrate a track record etc. when seeking funding for research projects and positions, and funding programs need to take account of this.

Consideration also needs to be given to building the public health research capacity within the relevant Commonwealth, state and territory government departments.

13. Enhance Health System Research. Build capacity in health services research and health economics, to understand and assist translation, and to evaluate health system innovation.

Research Australia supports this recommendation. There is currently a significant shortage of health economics and health services researchers.

In particular we need greater capacity in the health economics field to predict and assess the economic impact of implementing a particular change in health services.

Research Australia supports a national post graduate program as a means of building capacity, as well as integrating more health economics subjects into regular undergraduate economics courses as a way of exposing students to the field.

It is also important to provide relevant training in research for people with clinical qualifications, providing them with the skills and theoretical context to lead change in the health services. The Robert Wood Johnson Clinical scholars program, offered at four universities across the USA, is a model that could be emulated in Australia. (Refer, for example, to http://www.med.umich.edu/csp/program_description.html)

14. Accelerate Health System Innovation. Accelerate research translation and health system innovation through key performance indicators (KPIs) and recognition of translation as a valuable form of research output, and develop a clinical registry program and translation plans.

Research Australia supports this recommendation, and provides the following specific proposals in support:

- The National Health Performance Authority to include performance measures for research as recognition that research activity is a valued outcome of health services.
- Investment by the health system in ‘change management’ expertise and practice to incentivise and support professionals to adopt new practices and create behavioural change.
- Collecting data and creating feedback mechanisms for clinicians on their practice and performance.

15. Inform Policy with Evidence-based Research. Inform policy and practice with research evidence, and enhance capability of the expanded NHMRC to procure evidence to support policy makers at the Australian and State and Territory Government level.

Research Australia supports this recommendation, and provides the following specific proposals in support:

- Training and development of new categories of professionals to undertake health and medical research from fields as diverse as bio-mathematics and health economics to assist in the provision of appropriate evidence and its translation into policy.
- Building capacity and investing in implementation research, including comparative effectiveness research, to assist with shifting practitioners to adopt better practice.
- Creating an ‘evidence’ portal for practitioners.

V. Enhance Commercial Pathway to Impact

16. Support Research Commercialisation. Maintain HMR access to Australian Research Council (ARC) linkage grants, replace NHMRC Development Grants with a new Matching Development Block Grant Scheme, and establish a new early-stage development fund (possibly around \$250m scale).

Research Australia supports the recommendation to maintain access to ARC Linkage grants for HMR; in this regard Research Australia recommends that the ongoing role of the ARC in providing support for health and medical research be clarified and formalised.

In relation to the proposed Matching Development Block Grants, Research Australia supports the proposal to provide block grants that give the research institutions discretion to make decisions about which research to pursue for commercialisation. Doing so recognises that the institutions are best placed to make these decisions, and block grants give them the flexibility to allocate the money when it is needed, independent of funding round cycles. However, the requirement to obtain matching commitments is problematic. The early stage commercialisation activities that are characteristic of 'Valley of Death #1' are subject to high failure rates and it is therefore difficult to secure matching funding from industry. Insisting on matching funding could serve to perpetuate the very problem this grant program is designed to address.

Limiting these grants to 20 institutions also has the capacity to severely restrict the ability of other research institutions to advance research through the pre-clinical stage. This is particularly the case if the Matching Development Block Grants are to entirely replace the existing NHMRC Development Grants program. Research Australia submits that a grants program that is open to application by all NHMRC administering institutions not in receipt of Matching Development Block Grants needs to be retained.

In relation to the proposal to develop a 'Translational Development Fund' which is structured to incentivise superannuation fund investors, Research Australia recognises that the commercialisation of health and medical research can be a viable investment for superannuation funds. However, the 'devil is in the detail' and Research Australia welcomes further information about how this would be structured, and the opportunity to participate in further consultation on the Fund's design.

17. Enhance Commercialisation Environment. Improve commercialisation visibility, facilitate exchange between research and industry and improve access to scale commercialisation services.

Research Australia broadly supports this recommendation, and provides the following specific proposals in support:

- Programs to promote the placement of publicly funded researchers in private sector institutions to facilitate the transfer of commercialisation skills.
- Ensuring intellectual property laws appropriately support and encourage investment in R&D.
- Greater standardisation of IP sharing arrangements between research organisations and individual researchers.
- Researcher career paths that move between universities, medical research institutes and industry need to be encouraged and rewarded.
- Improved pathways for re-entry to pure research from industry/ commercialisation activity (and from parental leave). This could include salary top-ups through philanthropic funding to attract expatriates back, and a reduction in the emphasis on the quantity and recency of research publications.

VI. Attract Philanthropy

18. Leverage Donations. Track HMR philanthropic funds raised and allocate funds (possibly \$50m per annum) to match new large philanthropic donations aligned to HMR priorities.

Research Australia supports the proposal that philanthropic donations be tracked.

Research Australia also supports the use of donor matching programs; our own public opinion polling and other research indicates that these can be an effective mechanism for increasing donations. RA accepts that the Government funding needs to be capped and aligned with National Research priorities but questions the need to limit it to matching new large philanthropic foundations.

There is scope to use donation matching for collaborative grant programs that target 'retail' philanthropy for specific funding programs/causes. This includes Commonwealth, State and Territory governments making funds available on a partial matching basis for collaborative grants programs involving two or more small philanthropic organisations, where the program meets a national health research priority.

19. Encourage Scale in Philanthropy. Task the Australian Charities and Not-for-profits Commission (ACNC) to encourage aligned smaller charities to collaborate on research funding provision to increase impact.

Research Australia acknowledges that there are potential benefits in smaller charities collaborating on research funding, but does not believe that the Australian Charities and Not for profits Commission is the appropriate body to encourage collaboration. We believe that responsibility for this rests with the philanthropic sector itself.

One of Research Australia's roles is the promotion of philanthropy in the health and medical research sector, and we are doing this by enhancing the relationships between current and potential philanthropic investors and research institutions. We continue to develop and improve support mechanisms for grant makers and grant seekers, and are investigating ways of assisting grant makers to collaborate on grants programs and to promote the development of uniform best practice grant processes.

One way of encouraging collaborative grants programs is for Commonwealth, state and territory governments to make funds available on a partial matching basis for collaborative grants programs involving two or more small philanthropic organisations, where the program meets a national health research priority.

VII. Invest and Implement

20. Invest for the Future. Enhance and align HMR investment programs, with extended oversight by the expanded NHMRC. Index competitive research grant budgets (particularly the NHMRC MREA) to increases in health expenditure. Focus initially on realigning and better managing existing investment, then develop new programs over three to five years.

Research Australia is broadly supportive of this recommendation.

21. Action Report Recommendations. Establish a robust implementation process with a medium term follow up review by the NHMRC and with oversight by an independent panel.

Research Australia supports a formal, appropriately resourced and transparent implementation program.

As part of the broader National Disability Strategy, the Australian Government has recently implemented a National Carers Strategy. This Strategy involves a multimillion dollar investment over several years, and coordination of Commonwealth, state and territory government departments and agencies. To achieve this, a formal National Carer Strategy Implementation Plan is being developed through consultation with appropriate stakeholders. A copy of the draft implementation plan is available at www.nds.org.au/asset/view_document/979320703. Its approach to the development of

short, medium and long term action plans, and a governance structure for Commonwealth, state and territory governments and other stakeholders, could serve as a model for the implementation of a new strategy for health and medical research.

Research Australia notes the Review Panel's proposal that the NHMRC be responsible for a follow-up review of the implementation after five years, with oversight by an independent panel. Given the central role that is proposed for a revised NHMRC, it is clear that it will need to play a key role in any review of the implementation of the strategy. Research Australia, does, however, question the ability of the NHMRC, as such a central player, to conduct a review of its own activity, even with oversight by an independent panel.

The changes recommended by the Review Panel, if implemented, will be extensive, and require implementation over a significant period. Research Australia submits that an effective implementation plan should will require a staged approach, identifying the highest priorities and discrete components that can be introduced to ensure that the available resources at any one time are used most effectively, and that the Strategy can deal with unexpected delays or changes in available resources.

Conclusion

Research Australia supports the general direction of the strategy proposed in the discussion paper, and believes that implementation of the recommendations contained in the paper would make a significant contribution to Australia's health and medical research sector and the health and well being of all Australians.

Supporting collaboration, funding the full cost of research, further promoting commercialisation and embedding research in healthcare are valuable initiatives that together form a cohesive strategy for the Review Panel's vision of 'Better Health Through Research'.

Research Australia has appreciated this opportunity to make this submission, and is, of course, willing to discuss any aspect of this submission further with members of the Review Panel.