

MRFF STRATEGY 2021-26 AND THE RELATED PRIORITIES

Response to the Consultation

October 2021

ABOUT RESEARCH AUSTRALIA

We are the national peak body representing the whole of the health and medical research pipeline.

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Nominated contact person for this submission: Greg Mullins, Head of Policy, Research Australia
greg.mullins@researchaustralia.org

Nadia Levin

CEO & Managing Director

Nadia.levin@researchaustralia.org

www.researchaustralia.org

384 Victoria Street Darlinghurst NSW 2010

This document and the ideas and concepts set out in this document are subject to copyright. No part of this document, ideas or concepts are to be reproduced or used either in identical or modified form, without the express written consent of Research Australia Limited ABN 28 095 324 379.

TABLE OF CONTENTS

INTRODUCTION	4
STRATEGY	4
1. COULD THE CURRENT STRATEGY BE ALTERED TO BETTER MEET THE PURPOSE SET OUT IN THE MRFF ACT? IF SO, HOW?	4
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?	5
3. SUGGEST OPTIONS FOR HOW THE NEXT STRATEGY COULD ADDRESS THESE CRITICAL ISSUES AND FACTORS?	5
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?	6
PRIORITIES	6
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?	6
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?	7
3. SUGGEST OPTIONS FOR HOW THE NEXT PRIORITIES COULD ADDRESS THESE CRITICAL ISSUES?	7
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?	8

MRFF STRATEGY 2021-26 AND THE RELATED PRIORITIES

RESPONSE TO THE CONSULTATION

Introduction

The consultation on the MRFF Strategy 2021-26 and related Priorities was conducted via an electronic survey. Responses to each question were limited to 200 words. Research Australia's response to the electronic survey is reproduced below.

Strategy

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?

The current Vision is for the health system, not the population. It is narrower than the broad remit of the MRFF and the Aim. It does not reflect prevention or broader population health. Suggest amend to reflect the MRFF's contribution to the broader community.

The Strategy also needs to clearly articulate how the MRFF provides funding e.g. the current strategy identifies several objectives for MRFF funding, inc. 'Embed research evidence in healthcare policy and in practice improvement' but it does not identify how the MRFF intends to achieve this objective. In addressing the 'how', the Strategy will better complement the Priorities, which are about what the MRFF should fund. Each objective should have a corresponding statement about how the MRFF will achieve the objective.

There is no Strategic Platform centrally addressing preventive and public health. This is sitting awkwardly in the Health Services and Systems Strategic Platform. A separate Strategic Platform for Preventive and Public Health should be considered under the Strategy review. This would also improve alignment with the MRFF 10 Year Plan.

Research Australia's response to this question is hampered by the absence of any publicly available evaluation of how effectively the current Strategy has been implemented.

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?

The Strategy needs to address how evidence arising from the research and innovation funded by the MRFF is embedded into the health system. This will require active engagement by the AMRAB and/or the HMRO with the health system (public, not for profit and private) in each state and territory. The ANAO audit report noted that Health 'has not actively consulted with state and territory governments, which are key stakeholders in the delivery of MRFF and its outcomes'.

The Strategy must address how it will provide better access to research infrastructure. Research Australia suggests that doing so effectively will require engagement by the Department with State and Territory Governments and the Department of Education on their respective infrastructure funding plans. This will be particularly important when funding research infrastructure that is located in, or connected to health facilities and/or assets e.g. research infrastructure that utilises health datasets held by state health systems.

The Strategy must provide guidance about how the objective Strengthen transdisciplinary research collaboration is to be achieved. It should give specific attention to the role of international collaboration, especially our regional role.

Similar high-level plans need to be outlined in the Strategy for each of its objectives.

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

Regarding embedding research evidence, the MRFF strategy could provide a high-level plan to lead this work. In doing so it would not specify what is to be funded, but how funding is used. For example, this could be working cooperatively with state and territory health systems and health providers to: create the conditions to support implementation of MRFF funded research; design MRFF funding programs that support implementation of research outcomes; and secure a commitment from health systems to implementation of the evidence from MRFF funded research. It could draw on existing work on the Learning Health System.

<https://monashpartners.org.au/initiatives/learning-health-system/>

Important measures have been put in place by the MRFF to support commercial translation. The REDI program is addressing gaps in skills and capability that prevent commercialisation of research. The new MRFF strategy could state the need for similar work to identify and address gaps in skills and capability that prevent the implementation of evidence into practice into our health system.

Regarding Research Infrastructure, the Strategy should commit to infrastructure funding priorities for the MRFF being developed in consultation with DESE and state and territory governments, to ensure research infrastructure is funded where needed and complements other programs and initiatives.

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?

The MRFF would benefit from clearer differentiation from the NHMRC in relation to COVID-19 research. Research Australia notes that the ANAO audit found that 'Health has not formalised arrangements with NHMRC for coherent and consistent coordination of MRFF funding and NHMRC programs.' The Strategy could propose a mechanism for this differentiation to occur; and a statement providing guidance to the sector about how the NHMRC and the MRFF's funding programs are to be differentiated, in respect of COVID-19 and all other areas.

The Strategy could propose the development of a national HMR strategy to better coordinate funding for HMR from all sources, in much the same way the first strategy proposed a whole of government approach to addressing funding for the full cost of research.

COVID-19 has highlighted the particular difficulties facing early to mid-career researchers. The Strategy could commit the MRFF to considering how the design of the MRFF's funding programs could better support EMCRs.

The effects of COVID-19 in our region provide the opportunity for the strategy to consider how Australia can use its research capability to support our neighbours' response to and recovery from COVID-19, as an exemplar for broader engagement on regional health issues.

Priorities

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?

There is an urgent need to build capacity in a range of disciplines, including health services research, health economics and implementation science. While addressing capacity in some key areas has been embedded in some Priorities under other Strategic Platforms e.g. Building Evidence in Primary Care, there is not a Priority with the scope or flexibility to support capacity building in emerging areas or where shortages are identified.

This includes developing Fellowships in Health Services Research for early to mid-career researchers to develop the necessary interdisciplinary skills. These could include a period embedded in a service organisation (health service, NGO, community organisation) nominated in the application and a specific project/task that will enable the identified skills and experience to be developed.

Improvements to the Priorities in this regard would also better align them with the MRFF 10 year Plan's Researcher theme.

Research Australia supports a targeted review of the research and innovation workforce to identify current specific shortages and the anticipated needs of a future workforce. The review could be used to guide initiatives under this Strategic Platform, while recognising that some existing related initiatives are already covered under the Priorities.

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?

Research and innovation for safer, higher quality and more effective healthcare should be a central element of the MRFF, and is well aligned with the existing Strategic Platform of Health Services and Systems. However, there is no Priority directly addressing this need.

While Commercialisation has its own Strategic Platform and another, Trials and Translation, focuses on supporting non-commercial clinical trials and building capacity, these are not enough to ensure that evidence-based interventions make their way into our hospitals and clinics.

Many investigator-led clinical trials successfully demonstrate a model for better care and health system savings but are not implemented. The next step is getting these new non-commercial interventions adopted into practice. This requires a different set of research skills to those required to conduct a clinical trial, with a focus on working with and modifying the health system to embed new research in practice. This type of innovation is the realm of health services research and specifically the emerging discipline of implementation science. The MRFF has a vested interest in successful implementation broadly and as part of the overall necessary critical evaluation of the MRFF and its role in transforming Australia's health system.

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

A new priority focused on implementation research is required. Implementation research focuses on the health system, identifying the barriers to adoption of new practices and developing and testing strategies and plans to overcome them. It is about adapting the intervention to the health system and adapting the health system to new innovations.

There is also scope within this new Priority for specific funding to identify new evidence-based interventions, including those developed with support from the MRFF and elsewhere in the world, and to support their implementation into health practice in Australia. Equally important (and often neglected) is the subsequent evaluation of the new intervention's performance in delivering safer, higher quality and more effective care. It is a great strategic opportunity to foster a collaborative approach with states and territories with their role in an effective national health system.

The current Priority Public Health Interventions should be broadened to specifically refer to preventive health. The language and emphasis should be reviewed to align it with the new National Health Prevention policy currently under development by the Department and to ensure there is a focus on implementation and evaluation.

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?

Better coordination is required with the NHMRC and its programs to ensure complementarity. This is particularly important in respect of COVID-19 where new initiatives are rapidly being developed, but have application across the whole of the MRFF.

The major impact on health services is being borne by health systems that are largely provided and administered by State and Territory Governments. Greater consultation with State and Territory Governments is required about where the most pressing need for research to support our health systems exists, and where and how that research can be accommodated in health systems that remain under significant stress. The MRFF also has a role to play in preparing for future threats, including new pandemics and the rise of antimicrobial resistance.

RESEARCH AUSTRALIA LIMITED

384 Victoria Street, Darlinghurst NSW 2010

P +61 2 9295 8546 **ABN** 28 095 324 379

www.researchaustralia.org