



Submission in response to the Strategic Review of Health and Medical Research in Australia Consultation Paper Summary

The McKeon Review of Health and Medical Research has been issued in draft form for consultation, with 21 recommendations in all. The Australian Academy of Science notes that the report will be of great importance for the future of health and medical research in Australia, if its recommendations are accepted by Commonwealth and State Governments.

In general terms, the McKeon Review offers a set of exemplary conclusions that the Academy, and the research community as a whole, can support wholeheartedly. We will look forward to the final version of the Review, which we expect would include an implementation plan that outlines funding mechanisms and offers a view on priority actions.

The following proposals from the report are amongst those that the Academy believes are of particular significance, and which we support strongly.

- Total health and medical research expenditure should be linked to total State and Commonwealth government expenditure on health and illness, including primary care, hospital care, the cost of the PBS, and community care. This would provide a mechanism that ensures that the level of research funding is linked to the health needs of the community.
- Over the coming ten years, the link to health expenditure should be gradually ramped up to approximately 3%, making a further two to three billion dollars per annum available for health and medical research. This funding would have zero net impact on the health budget, because it would re-allocate money already designated for research and training in a more effective and transparent way. One-third of the total new funding would come from the States.
- The majority of the new funds would be allocated to translational research (research that has a direct bearing on clinical care, public health, or implementation of change to practice in the health system), and much of the research should be performed in a clinical setting or devoted to public health and health services research. The proposal re-introduces the idea of ten to twenty “integrated Health Research Centres” (similar to a previous proposal to establish Academic Health Science Centres). It also proposes the support of around 1,000 fully funded, research-oriented clinicians (doctors and allied health professionals).

- The NHMRC should have overall responsibility for all health and medical research, including an expansion of its role in relation to translational and public health research. This recommendation rejects the suggestions by several groups that a new body, separate from the NHMRC, should be established to assess and implement clinical and public health research. Nonetheless, explicit criticisms are offered with respect to NHMRC’s lack of a “leadership role” in introducing changes in health practice.
- The existing funding to NHMRC (the Medical Research Endowment Account, which can, for this purpose, be considered to be equivalent to basic research) should be ring-fenced.
- All grants for health and medical research should carry an indirect institutional costs add-on of approximately 60%, and this should apply whether the research is carried out in a University, MRI or Hospital setting.
- There is a general statement on ways to increase the level of support for the research workforce, including active monitoring, early investigator grants, more flexibility, and mentoring. It is particularly noteworthy that it is proposed that NHMRC has some responsibility for career progression and mentoring.
- There are calls for streamlining both ethics committee approval processes (particularly across jurisdictions) and the NHMRC grants process, but no general recommendations on the reduction of red tape and bureaucratic oversight.

The Academy wishes to make the following observations:

1. Funding

The implementation of any recommendations in the current financial climate will only be possible if there is no or little net financial impact on the budget in the immediate future. Some of these recommendations are costly, and the Academy believes that their implementation will depend on the ability of the McKeon Review, in their final report, to demonstrate that existing research funding from consolidated Commonwealth grants for health can be reallocated in ways that are a marked improvement on current uses. We note that most of the health budget that is allocated to the States for “research” is in fact spent on patient care, which may make its retrieval very difficult. The Academy will look forward to the detailed analysis of these issues in the final report.

2. Basic Research

The Academy advocates that the report should state explicitly that funding for basic research, which underpins translational clinical and public health research, and has traditionally been of very high quality in Australia, will also qualify for a substantial increase

in funding over and above that needed to cope with inflation by an increase in the NHMRC Medical Research Endowment Account. The MREA (basic research) fund should be ring-fenced from the clinical and public health research fund.

3. The Virtuous Cycle

The Wills Review (1999) was excellent in part because it justified the increase in health and medical research expenditure in terms of the values and benefits of health and medical research to the community (“the virtuous cycle”). We trust that the final report will make it clear that the reason for increasing and improving research, particularly when it impacts on clinical practice and community health, is in terms of the health and economic benefits it brings to the community, rather than to meet the interests of researchers.

4. Research Quality

The Academy argues strongly that it must be stated explicitly that all translational, public health and health services research carried out in the Hospital and community sectors will be rigorously assessed, using high quality peer-review, before funding is allocated, and that a system for evaluation of outcomes and impact will be established.

5. Workforce

The Academy argues strongly that it is time for a more general review of the balance of the entire health and medical research workforce. The starting point should be an appreciation that involvement in health and medical research is a KPI for every person working in the health sector, at least in terms of facilitating research. The section on workforce should be expanded to include consideration of its size, future growth and the balance between PhD students, post-doctoral Fellows, early career researchers and established investigators. The need to foster interdisciplinary research and collaboration between researchers in basic biomedical science, clinical medicine, allied health, engineering, IT and social science should be emphasised. Responsibility for mentoring, up-skilling and retaining the health workforce should be a responsibility of the NHMRC, working in collaboration with administering bodies (MRIs, Hospitals, Universities, other employers). Particular attention should be drawn to the needs of early career researchers, and to ways of retaining women in the workforce.

6. Red Tape

The Academy hears constantly from our Fellows and from our Early Career Researchers’ Forum that the amount of bureaucracy associated with research has become a major factor inhibiting scientific progress. It has been estimated that researchers now spend over 30% of their time dealing with administrative and regulatory requirements and writing and assessing grants. The Academy believes that this burden is unnecessary. We hope that the

final report will be sharper on proposing ways to reduce red tape, and thus improve productivity.

7. International Links

There is a surprising lack of comment concerning international engagement, particularly in the context of “The Asian Century”, which was issued by the Prime Minister on October 28, and calls for a major Australian commitment to education and scientific initiatives in Asia. We hope the final report will include proposals that will ensure Australian scientists can interact and collaborate effectively with scientists worldwide, including China, India and other countries in our region. One model for such a proposal would be an allocation of funding for exchange of health and medical research scientists, particularly PhD students and post-docs, along the lines of the highly successful Colombo Plan support.