



Australian
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Response to the MRFF Australian Medical Research and Innovation Strategy and Priorities Consultation

A SUBMISSION BY THE AUSTRALIAN ACADEMY OF HEALTH AND
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The AAHMS responses to consultation questions provided below were submitted via the Department of Health online survey¹. Please note that questions 1 to 5 requested contact details about the organisation making the submission and have not been included below.

We would like to thank the Academy's Fellows and expert collaborators who contributed to this response.

Q6. Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how? (200 words)

The Strategy's purpose is to ensure a coherent and consistent approach to MRFF funding of medical research and innovation. Now at full capitalisation, the MRFF provides ten times the annual funding compared to that in 2016, when the current strategy began. This is a unique opportunity to rethink the broader strategy and take a more comprehensive approach to funding Australian priority-driven research - one that establishes a clearer mandate for building capacity and capability in health areas of unmet need, and supports both the current, and next generation, of researchers.

The new strategy should set the expectation that the MRFF will support a strategic approach to embedding research in the health system and rapidly implementing life-changing translational discoveries. This is not articulated in the current strategy. This approach should support interdisciplinary research essential for translation such as social science, implementation science and health services research and be informed by consumers and health system end-users.

Defining a strategy for growing the research workforce and retaining outstanding clinician-scientists and scientists (and therefore future leaders) will be essential for addressing the objectives of the MRFF and Australia's health challenges now and in the future.

Q7. 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)

Five issues should be addressed:

1. **Lack of a national strategic approach for the health and medical research workforce**, particularly within the health system. Currently there is no workforce strategy that considers how best to support health system needs across location, skillsets and career structures and how to prevent losing talented researchers overseas.
2. **Insufficient focus on research to improve the health system and patient care**, including better equity of access, greater transparency in priority setting processes for healthcare investment and integration of healthcare data into a uniform accessible system.
3. **It is unclear how consumers and health system end-users are engaged in priority-setting** for research investment.
4. **Better coordination across whole of government funding for medical research**. The MRFF Act requires consideration of the NHMRC strategy, but it is unclear how this works in practice. Funding through the MRFF, NHMRC, state and territory governments and government departments other than health should be coordinated to avoid duplication and allow for variation at the local level

¹ <https://consultations.health.gov.au/health-economics-and-research-division/australian-medical-research-and-innovation-strategy/>

depending on strengths and needs. Key contributors such as state and territory governments cannot be overlooked.

5. A strategic, cross-cutting approach to supporting research that addresses the **health needs of First Nations people**.

Q8. Suggest options for how the next Strategy could address these critical issues and factors? (200 words)

To address these issues:

1. **Build and sustain the health and medical research workforce.** The MRFF should support the multidisciplinary research workforce needed to deliver priority research, balancing location (rural/regional and metro), skill types and career structures. This includes clinician-scientists across different healthcare settings including primary care, nursing, midwifery and allied health, and extend to those who can accelerate translation eg social scientists, policy experts and industry-savvy researchers.
2. **Support research and infrastructure to improve the health system:**
 - establish an objective priority-setting process that engages consumers and health system end-users to improve health and healthcare.
 - digitalise healthcare data for sharing securely and ethically among healthcare providers and researchers
 - incentivise industry connections to accelerate translation into timely delivery of therapies for patients.
3. **Coordinate MRFF funding for health and medical research with other government schemes** including national health strategies (eg National Preventive Health Strategy, National Aboriginal and Torres Strait Islander Health Plan), NHMRC, state/territory governments (within the health system) and other Australian Government departments (eg biosecurity - DFAT; antimicrobial resistance – CSIRO). This strategy should aspire to be an overarching national health and medical research strategy for Australia.
4. **Ensure First Nations voices inform all aspects of the Strategy.**

Q9. 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)

The Strategy should acknowledge that there are unknown health issues that are emerging from the pandemic and ensure that there is sufficient scope to identify and characterise them, respond and prevent their escalation.

Addressing COVID-19 topics should take a broad view. COVID-19 related topics will likely include health issues arising directly from COVID-19 infection (eg long COVID), as well as broader issues caused by other aspects of the pandemic. For example, research could address health issues from the impact of prolonged lockdowns (eg mental health impacts) and development of RNA medicines, genetic testing and gene editing (relevant to many health conditions beyond COVID-19).

Even at high levels of vaccination, the pandemic is far from over and the MRFF should provide scope for a research response to these known and unknown challenges in the longer term. The strategy could ensure Australia addresses these challenges by establishing a high level, multi-disciplinary panel to identify and advise AMRAB regarding likely COVID-19 impacts and responses in the next five to ten years. A

coordinated, national research network structure would assist in ensuring that Australia is better prepared for the next epidemic or pandemic.

Q10. 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 priorities range from quite broad to highly specific topics and it is unclear how some address the current burden of disease, specified in the MRFF Act.

The priorities should be sufficient in scope to invest in new and emerging health issues not yet identified and address the known burden of disease. Priority setting should be transparent and informed by:

- co-design with consumers and end-users of healthcare, including regard for health inequities and social determinants of health.
- a data-driven approach including monitoring and evaluation of community health, supported by appropriate data infrastructure and capabilities.
- recognising research is conducted within a broader ecosystem, all of which needs support including building capacity in key infrastructure (not supported elsewhere) and a workforce for research and translation.
- International initiatives in common priority areas. Several large international funding schemes take a priority-driven 'grand challenge' approach to funding, and invite international groups to participate (eg Wellcome Trust, EU Horizons, Gates Foundation). The MRFF should seek to support participation in international collaborative initiatives where goals align with Australian health priorities.
- Evaluating outcomes from MRFF-funded research by deciding on and measuring relevant performance indicators.

Q11. 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? (200 words)

The critical issues are:

- **Limited support for research within the health system** with minimal funded time for clinician engagement in research. There is limited research training, inadequate career pathways for clinician-scientists, significant difficulty balancing research and healthcare delivery and limited funding for health services and implementation research. These issues are exacerbated by lack of alignment between federal and state/territory governments, public and private healthcare, and metro and rural/regional healthcare.
- **Lack of a unified approach to digitalisation of healthcare data** in the health system, which hinders research and its implementation. Health information and assets (eg biobanks) should also be digitalised.
- **Overemphasis on known burden of disease** - preventive health research is equally important. The MRFF is well placed to fund research into preventive strategies for emerging health issues and high burden diseases. eg prevention of emerging health issues caused by the pandemic.

- **Limited workforce sustainability, particularly at early and mid-career level.** This includes limited career pathways for clinician-researchers, essential to translating research and improving care. Loss of workforce capacity, particularly EMCRs, jeopardises future Australian research capacity and our ability to respond to emerging and future priorities. This cannot be restored overnight and must be supported now and beyond the pandemic.

Q12. Suggest options for how the next Priorities could address these critical issues? (200 words)

Addressing these issues includes:

- **Establishing funding initiatives that drive partnerships at the service delivery level between clinical providers and researchers,** integrated with and supported by research methods expertise (eg biostatistics, health informatics, health economics). This will enable a ‘learning health system’ where research is purposeful, providing evidence for improvements in patient care. Initiatives should incentivise evaluation of research (KPIs), recognising the impact of all types of research within the health system – large research programs, small scale collaborative research and implementation research.
- **Building a sustainable workforce focussing on excellence and defining a career structure for clinician-researchers** (across medicine, nursing/midwifery, allied health). Funding could be channelled into priority areas and target specific career stages through existing funding schemes, eg. NHMRC Investigator grants (improving bottlenecks at specific levels). MRFF Investigator grants could support EMCRs, clinician-researchers at all career stages to build a sustainable workforce across priority areas. Innovative funding approaches could build capability across industry and the health system in MRFF priority areas.
- **Establishing a proactive approach to determine critical health issues and identify appropriate resources needed to address them** (eg. uniform integrated health records). This approach should be informed by consumers, clinicians, finance and policy experts and analysis of real-world health data.

Q13. 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? (200 words)

The main COVID-19 impacts that should be addressed are:

- **Workforce impact due to inability to carry out research with lockdown,** parental and caring responsibilities and therefore limiting academic output which will, in turn, adversely affect their ability to obtain ongoing research funding. The priorities should accommodate approaches to support groups of researchers who have suffered the greatest impact from the pandemic, such as early- and mid-career researchers.
- **The range of emerging health issues – both known and unknown** – some directly related to COVID-19 infection or disease and others arising due to secondary effects eg. mental health consequences. While there is evidence of pandemic-induced health impacts emerging, it is likely that there are other areas that are not yet evident but could be devastating for the population such as lifelong impacts of long COVID. There is a need for long-term follow-up in Australia (state and national) compared with other countries for people who have been infected. Follow up is also needed for those who have been vaccinated.
- **The shift in research focus in Australia due to the pandemic** and which areas should (or should not) be given additional long-term support at this time.