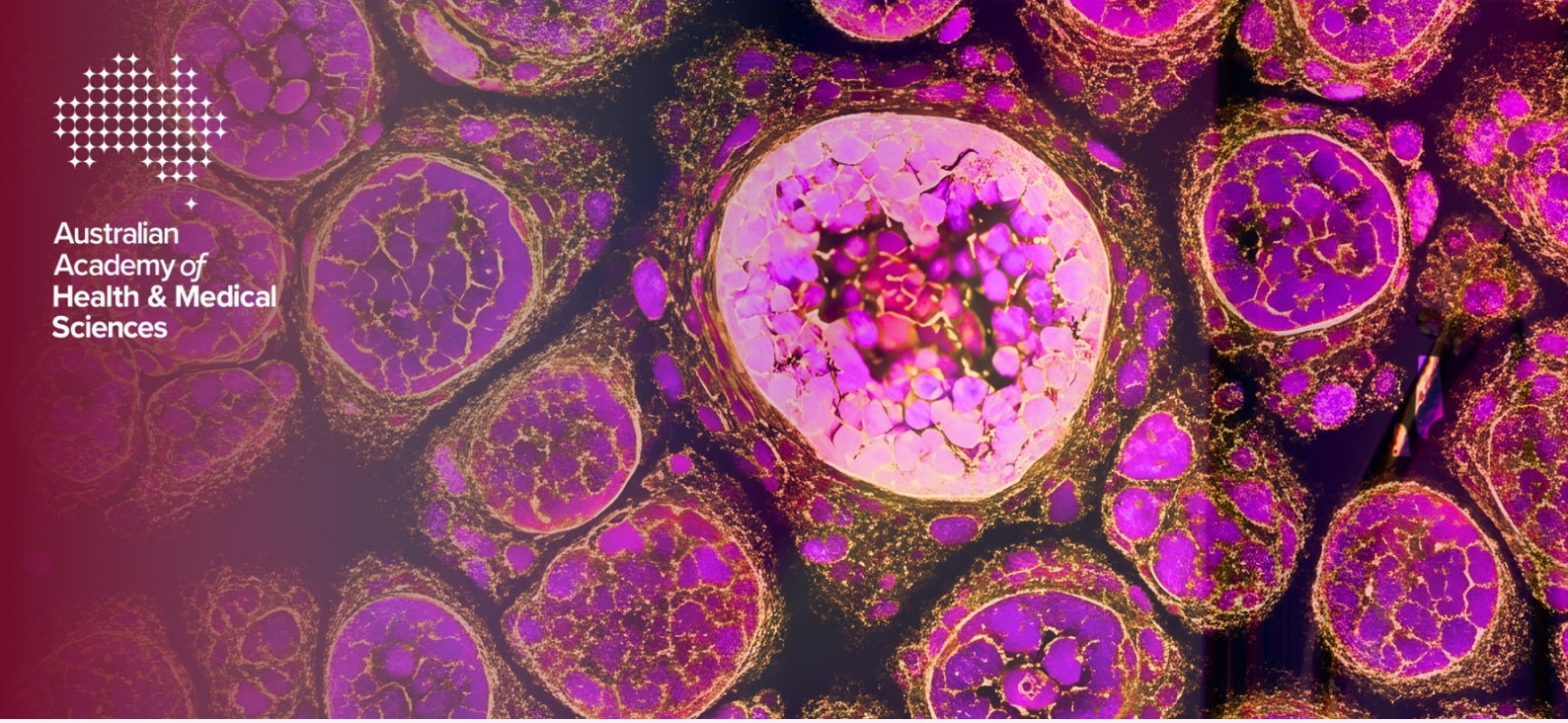

08 OCTOBER 2025

SUBMISSION TO THE COMMONWEALTH DEPARTMENT OF HEALTH, DISABILITY AND AGEING'S HEALTH AND MEDICAL RESEARCH OFFICE CONSULTATION ON THE DRAFT NATIONAL HEALTH AND MEDICAL RESEARCH STRATEGY

Australian Academy of Health & Medical Sciences

Acknowledgement of Country

The Australian Academy of Health and Medical Sciences acknowledges the traditional custodians of the lands on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

About the Academy

The Australian Academy of Health and Medical Sciences is the impartial, authoritative, cross-sector voice of health and medical science in Australia. We advance health and medical research in Australia and its translation into benefits for all, by fostering leadership within our sector, providing expert advice to decision-makers, and engaging patients and the public.

We are an independent, interdisciplinary body of Fellows – elected by their peers for their outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, they are a representative and independent voice, through which we engage with the community, industry and governments.

The Academy is uniquely positioned to convene cross-sector stakeholders from across Australia to address the most pressing health challenges facing society. We focus on the development of future generations of health and medical researchers, on providing independent advice to government, and on providing a forum for discussion on progress in health and medical research with an emphasis on translation of research into practice.

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Australian Academy of Health & Medical Sciences

The Australian Academy of Health and Medical Sciences (the Academy; AAHMS) welcomes the opportunity to make this submission on the Draft National Health and Medical Research Strategy (2026–2036). This is a landmark moment for the nation - Australia's first overarching national health and medical research (HMR) strategy - and AAHMS commends the Department, the NHMRC and the Strategy's governance bodies for advancing this important initiative.

For some time, the Academy has called for a coherent national direction for HMR investment and policy. In the absence of a unifying framework, Australia has long operated with fragmented approaches across agencies, inconsistent priority setting, and limited alignment across the research continuum. That has constrained our ability to maximise impact from public, philanthropic and private investment. The draft National Strategy takes a crucial step toward remedying that, by defining a vision, values, goals, focus areas, enabling structures and a roadmap for coordinated action.

Australia currently invests billions of dollars annually across the NHMRC, MRFF, state-based research funding, philanthropic sources, and institutional support. Until now that investment has lacked a central strategic framework to guide priorities, reduce duplication, promote equity and ensure return on investment. The Strategy provides a long-overdue anchor for national coherence.

The Draft National Health and Medical Research Strategy sets an important direction, but its success will be determined by whether governments invest in turning its ambitions into action. Delivering on the Strategy's priorities, from embedding research in the health system, to advancing equity, and preparing for climate-related health shocks, will require new and sustained resources.

In this context, we note that significant funds remain unspent within the Medical Research Future Fund (MRFF) each year due to statutory caps on annual distributions. Recent analysis indicates that in 2025–26 alone, around $403 million will go unused.[1] At a time when research funding is under pressure, and when a new national Strategy will require upfront investment to succeed, these idle funds represent a missed opportunity.

The Academy supports bold legislative, budgetary or administrative reforms that would allow unspent MRFF balances to be directed into implementing the Strategy. Doing so would not only maximise the return on investment from the MRFF but also ensure that the Strategy's vision translates into tangible outcomes for patients, communities, and the health system.

Within the Draft Strategy, many components align strongly with the Academy's long-held views and positions. We particularly welcome and support the emphasis on:

- Embedding research and innovation in the health system as core functions to deliver better health outcomes for Australians, guided by consumer-centred processes.
- Unified and coordinated national research funding and priority-setting, reducing duplication and ensuring investment delivers maximum impact.

- A strategic approach to workforce development and planning, including improved training pathways for clinician researchers, stronger support for early- and mid-career researchers, and robust monitoring of the HMR workforce.
- Strengthening collaborative platforms and networks, such as Research Translation Centres, to accelerate the translation of discoveries into practice.
- Integration across academia, health and industry to build sovereign capability and foster innovation.
- Horizon scanning to anticipate emerging health challenges and opportunities, and inform regulatory preparedness, funding priorities and system design.
- Harnessing emerging technologies such as Artificial Intelligence (AI) responsibly – including the importance of national coordination, data linkage, ethical safeguards, and building public trust in science.
- Research to improve Aboriginal and Torres Strait Islander health and wellbeing, with a focus on community leadership and removing structural inequities.
- Building a secure, resilient and sustainable health system that recognises climate change as an urgent health priority and integrates research to guide adaptation.

We look forward to continuing to engage with the Department, HMRO, NHMRC and other stakeholders to support successful implementation of a bold, equitable and sustainable national health and medical research strategy. At the same time, the draft presents clear opportunities to strengthen its impact. The Academy has identified 10 opportunities, structured under five domains where targeted action can maximise the Strategy's effectiveness:

1. Embedding research in the health system
2. Advancing biomedical discovery science
3. Strengthening horizon scanning
4. Building and supporting the workforce
5. Embracing diversity, equity and inclusion.

Our identified opportunities in these areas aim to ensure the Strategy not only sets direction but delivers real and lasting benefits for Australia.

Australian Academy of Health & Medical Sciences

Embedding research in the health system: Placing innovation at the heart of our health and care systems

Australia's health system is facing significant challenges. Our population is ageing, and many more people are living with chronic and complex conditions, which is increasing demand on health services. Embedding high quality research and innovation in healthcare can fast-track Australia's efforts to rise to these challenges.

The overall vision of the draft Health and Medical Research Strategy is for Australia to be *"the healthiest nation – driven by research, delivering for all"*. The Academy fully supports this goal. However, it is not possible to achieve it without properly embedding research in the health system. Although the draft strategy refers to this idea, it is not included as an underpinning principle. We believe this risks achieving the overall vision.

If Australia is going to be the healthiest nation, it also needs to be the best place to do health research.

Health services that integrate research and innovation as core functions see direct benefits for patients and staff, delivering higher quality of care, reduced mortality, improved patient experience, increased staff satisfaction, and more efficient uptake of new innovations. These impacts extend beyond the patients involved in individual studies and trials – improving outcomes for the broader community using that health service, including:

Lower mortality	UK studies looked at acute admissions to emergency departments and found that the most research active hospitals had the best mortality outcomes, including fewer deaths in hospital or within 30 days of leaving hospital.[2,3]
Higher quality care	German research found that cancer patients treated in research-active hospitals were twice as likely to receive care in accordance with national guidelines, and that for those with advanced disease, survival was 35 months compared to 25 months for those in non-research-active hospitals. These results applied to *all* patients.[4]

More efficient and cost-effective care	An analysis of clinical trials in Australia showed that for every $1 invested in these trials, there was a 5.8:1 return on investment, with a potential $2 billion gross benefit to Australia if the results of the 25 case studies used for the analysis were implemented.[5]
Better patient experience	UK research found that inpatients in more research-active settings reported a better overall experience, had more confidence in the doctors treating them and the decisions made, and received better information.[6]
Stronger staff recruitment and retention	In the US, doctors say that undertaking research comes second only to patient care when it comes to the aspects of their work they find most meaningful. This kind of meaningful activity reduces the risk of burnout.[7]

Embedding research is not just about proximity to patients; it's about system capability. Embedding research and innovation strengthens the health system by making it more nimble, agile and responsive to changing circumstances and emerging challenges. That adaptability is what ensures the system can consistently meet patient needs, not only in today, but as those needs evolve over time.

Implementing health and medical research findings throughout the health system will deliver better health outcomes. And, with the right focus and strategies, this can be done using existing resources in health.

If Australia is seeking to be the healthiest nation, driven by research, it can take inspiration from similar nations. The NHS in England has stated its ambition *"to be the best place in the world to undertake research"*.[8] In fact, it has a dedicated "Embedding Research" team that works to increase the scale and pace of research, improve the diversity research participants,[9] and provide guidance and assurance to the health system.

Opportunity 1: Add an additional goal to the strategy, to "establish the health system as the best place in the world to do research".

Focus area 4 of the draft strategy ("Drive impact through research translation, innovation and commercial solutions") outlines an action around research translation that seeks to expand solutions and initiatives that "embed translation and research expertise in healthcare settings". We welcome this inclusion. However, the focus on *translation* here misses the broader benefits to the health system of incorporating research and innovation (both clinical and translational) as core functions.

As outlined above, it is not simply about translation. Research-active health systems:

- Deliver better care for patients, whether or not they are involved in studies – it is the *process* of the research that is important.

- Establish a feedback loop that enables researchers working on the front line to drive research and innovation that is *responsive* to patient and community needs.
- Provide important foundations for building trust, since patients receive better information and have more confidence in their care teams and the decisions made about their care.

These outcomes stem from the *process* of research and innovation, and the *presence* researchers.

We therefore believe that this principle needs to underpin the Strategy and therefore that a new goal should be added, to "establish the health system as the best place in the world to do research".

We note that within the draft Strategy each focus area includes an outline of how the Strategy goals will be achieved. This new goal could easily be incorporated, as follows:

Focus area	How the new goal can be addressed in the Strategy
1. Build a vibrant research system that delivers for the nation	A vibrant research system that truly embeds research and innovation in the health system will yield the associated benefits to patient outcomes and quality of care, and will enable priority-setting that is deeply connected to community needs.
2. Embed research processes that are modern, efficient and consumer centred	A world-leading health system that incorporates research and innovation as core functions will enable more efficient research processes, underpin strong consumer engagement and provide an ideal setting for co-design.
3. Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing	A research-active health system will build on existing advocacy of Aboriginal and Torres Strait Islander peoples and organisations to enable more self-determined health and medical research and drive change towards research that involves communities as active and valued partners.
4. Drive impact through research translation, innovation and commercial solutions	A world-leading research-active health system is crucial to generating the vibrant health-academia-industry interface that is needed for translation, innovation and commercialisation.
5. Position to be ready for future needs and challenges	Embedding research and innovation will create a world-leading, responsive health system that can address future challenges and embrace emerging technologies in ways that are sensitive to patient and community needs and consequently build – rather than erode – trust.

Opportunity 2: Establish a mechanism for identifying and addressing barriers to embedding research, through the National Strategy Advisory Council

In 2022, the Academy published a comprehensive analysis of how Australia can better embed research and innovation as core functions of the health system.[10] The report found that the health system is fragmented and is disconnected from research and innovation. This fragmentation creates barriers that stop research and innovation from being properly embedded within the health system. The report called for greater coordination between health and academia, between federal, state and territory governments, and with other key partners such as funders, industry, and consumers. A collective approach is needed to drive culture change.

However, there is currently no central mechanism that brings key stakeholders together to identify and address these barriers. Without one, Australia will not be able to reap the benefits of a research-rich health system.

The National Health and Medical Research Strategy should create one.

We believe that the National Strategy Advisory Council should:

1. **Be explicitly tasked with developing, implementing and monitoring the impact of strategies for embedding research and innovation as core functions of the health system.**
2. **Create a mechanism for delivering on this function through a forum to engage key stakeholders.**

The proposed forum would facilitate partnership and coordination between stakeholders across health, research and innovation. It would turbocharge progress towards bringing healthcare and health research and innovation into closer alignment.

It would include selected representatives from partners including federal, state and territory governments, public HMR funders, public healthcare providers, academia, and consumers. These key stakeholders would collectively identify, develop and deliver solutions. They would provide input to the Advisory Council to fulfil its proposed role – but moreover, the forum would also provide the stakeholders with the opportunity to progress solutions themselves. This could include, for instance, efforts to develop key performance indicators (KPIs) that reward and incentivise research activity in health services.

Coordinated national effort to remove barriers to embedding research and innovation within the health system will accelerate Australia's progress toward becoming the world's leading environment for health research – and therefore to becoming *"the healthiest nation"*.

Advancing biomedical discovery science: Ensuring discovery research is embedded as a critical foundation of the National Strategy

Discovery science lays the foundation for future innovations and underpins long-term national competitiveness. Australia's R&D system must support the full research and innovation pipeline: from foundational discovery through to commercialisation and system-wide translation.

The overall vision of the draft Health and Medical Research Strategy is for Australia to be *"the healthiest nation – driven by research, delivering for all"*. The Academy fully supports this goal. However, it is not possible to achieve it without ensuring that discovery sits at the very foundations. Discovery and translational research are interdependent – progress in one depends on the other, and feedback between them is essential to an efficient and impactful system. For example, the development of COVID-19 vaccines would not have been possible without decades of basic biomedical research in fields such as virology, immunology and biochemistry.

This requires distinct but coordinated funding mechanisms that recognise and enable **discovery across all phases of the pipeline**, not just at its beginning. Discovery extends beyond the laboratory bench. It occurs in pre-clinical development, clinical trials, health services research, data science, public health interventions, implementation in care delivery, commercialisation, and in research exploring the ethical, legal, and social implications of research and innovation.

Further, strong basic research in biomedical science not only generates new knowledge but also sharpens our ability to detect weak signals (i.e. early indicators of future challenges and opportunities) and anticipate emerging trends, providing an essential foundation for effective horizon scanning

Opportunity 3: Add an additional goal to the strategy, to "advance world-leading discovery research"

The goals outlined in the National HMR Strategy rely fundamentally on a strong foundation of discovery research. However, at present, this critical role is not sufficiently reflected in the strategy, and greater emphasis is needed to ensure its contribution is fully recognised and supported.

We therefore believe that a new goal should be added, to "advance world-leading discovery research in the biomedical sciences".

Prioritising discovery research in this way will strengthen Australia's global competitiveness, build sovereign capability, and ensure the health system is equipped to meet future, or indeed, existing challenges.

We note that within the draft Strategy each focus area includes an outline of how the Strategy goals will be achieved. This new goal could easily be incorporated, as follows:

Focus area	How the new goal can be addressed in the Strategy
6. **Build a vibrant research system that delivers for the nation**	A vibrant research system that supports the full research and innovation pipeline, including foundational discovery research that will ensure the health system is equipped to meet future challenges.
7. **Embed research processes that are modern, efficient and consumer centred**	Effective research processes enable discovery research across the pipeline, from the lab bench, through to clinical trials, health services research, data science, and commercial development.
8. **Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing**	Discovery research, led by and in partnership with Aboriginal and Torres Strait Islander researchers and communities, generates new knowledge, informs culturally responsive approaches, and supports innovations that are grounded in priorities and strengths of First Nations communities.
9. **Drive impact through research translation, innovation and commercial solutions**	Supporting discovery research generates the underpinning knowledge and insights needed for translation, innovation and commercialisation.
10. **Position to be ready for future needs and challenges**	Knowledge and insights generated from discovery research will equip Australia to anticipate and respond to future health needs and challenges.

Strong discovery research in the biomedical science is also essential for effective horizon scanning. It cultivates deep scientific expertise and curiosity-driven inquiry, which are critical for recognising weak signals and emerging trends in health and in health and medical science. By fostering a vibrant discovery research ecosystem, Australia will be better equipped to anticipate where science is headed – informing strategic decisions, guiding investment, and ensuring readiness for future health challenges and opportunities.

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Strengthening horizon scanning: Looking over the horizon, not just towards it.

The Academy welcomes the recognition of horizon scanning in the draft National Health and Medical Research (HMR) Strategy as a tool for anticipating future health challenges. But as currently framed, the proposal risks being too narrow, focused primarily on disease threats and system pressures. If horizon scanning is to underpin a genuinely future-fit health, and HMR system, its role in the Strategy should be broadened and strengthened.

Australia cannot afford a passive or fragmented approach. Horizon scanning must operate as a functionally robust and nationally coordinated mechanism that not only identifies risks (as currently proposed in the draft) but also captures the emerging opportunities and innovations moving through the research and development pipeline.

This includes disruptive technologies such as AI-enabled diagnostics, next-generation vaccines, gene and cell therapies, and novel models of care that are already reshaping health systems globally. It also includes emerging research methodologies, such as the use of real-world evidence, adaptive trial designs, and basket trials, which are transforming how evidence is generated and applied.

A nationally coordinated, forward-looking, broad approach will not only help ensure Australia remain at the forefront of cutting-edge treatments, but also build sovereign capability in areas critical to national health security and resilience. The risks of being underprepared are real.

Opportunity 4: Amend the Action under Horizon Scanning in Focus Area 1 to broaden the definition of horizon scanning beyond identifying just challenges

A robust horizon scanning function would enable early identification of transformative technologies and ensure regulatory and policy readiness, keeping Australia ahead of the curve rather than scrambling to respond once innovations are already at our doorstep.

The definition of horizon scanning in the National HMR Strategy's should extend beyond the focus of emerging health threats to systematically include opportunities in health and medical science, technology, and innovation that can transform prevention, diagnosis, treatment, and models of care.

Opportunity 5: Ensure horizon scanning drives action, not observation, by incorporating pathways to implementation

At present, the draft Strategy acknowledges horizon scanning but stops short of articulating how insights will be channelled into concrete policy and funding decisions. Without clear pathways to influence NHMRC and MRFF priority setting, regulatory preparedness, or workforce planning, horizon scanning risks becoming a static exercise rather than a driver of system change. This gap is critical. Foresight must be operationalised so that emerging trends and weak signals (faint markers of a potential future opportunity or challenge that, if recognised early, enables proactive and strategic action) translate into strategic investment, regulatory agility, and health system design that is proactive, anticipatory and adaptive, rather than reactive. Embedding this connection is the difference between a mechanism that observes the future and one that actively shapes it.

Horizon scanning is also critical for guiding early and sustained investment in emerging fields, allowing Australia to build capability over time rather than scrambling to catch up once clinical application is within reach. The development of mRNA technologies illustrates this point. While global advances in mRNA vaccines and therapeutics had been gathering pace for years, Australia lacked a coordinated foresight mechanism to anticipate their clinical utility.

As a result, when COVID-19 hit, Australia was forced into a rapid, large-scale investment to establish domestic mRNA manufacturing and translational capability – playing catch-up with jurisdictions that had been investing for a decade. A robust horizon scanning function would ensure that future areas of promise are identified early, enabling steady capability-building that secures both sovereign capacity and health impact.

The national strategy explicitly embeds pathways for horizon scanning outputs to directly inform NHMRC and MRFF funding priorities, regulatory preparedness (e.g. TGA, PBAC/MSAC), workforce planning, and health system design – shifting from reactive to anticipatory policy. Importantly, these pathways must also feed into government's overarching R&D strategy, including decisions on research infrastructure investment, particularly as the SERD review has proposed health and medical research as one of Australia's five national R&D priority areas.

As the nation's independent Learned Academy for the health and medical sciences, the Academy is uniquely placed to partner with government to realise this part of the national strategy. We bring together the breadth and depth of expertise across the health and medical sciences, across disciplines, sectors, and jurisdictions, which are needed to identify 'weak signals', validate insights, and translate foresight into actionable advice that can be used to inform the future direction of Australian health, care, and health and medical research.

Horizon scanning should also embrace public engagement. Involving communities and consumers early ensures that emerging technologies and research directions align with societal values and needs. It strengthens transparency, trust, and the relevance of policy responses – particularly in areas of ethical complexity or high public impact.

Opportunity 6: Leverage existing expertise to deliver a comprehensive horizon scanning function

The draft Strategy gestures towards the role of the proposed Australian Centre for Disease Control (CDC) in horizon scanning. We strongly support the establishment of a CDC with a broad remit – encompassing not only communicable disease control but also chronic conditions, mental health, environmental health risks, and the social determinants of health. The CDC will need this breadth if it is to play an effective role in anticipating and managing future health threats.

However, effective horizon scanning requires access to specialised expertise across a much wider range of domains. While the CDC, if established appropriately, will play a vital role in identifying and responding to future health risks, its mandate does not extend to systematically analysing health and medical innovations such as artificial intelligence, genomics, advanced digital health technologies, or novel models of care. These domains fall beyond the CDC's scope but are critical to the future of Australia's health and medical research system.

To perform the horizon scanning function effectively, the Strategy should look to other established networks of expertise. For instance, the Academy functions as a nationally recognised platform for convening expertise across health and medical science, clinical practice, population health and policy – established through Australian federal legislation. Using the Academy to support the proposed horizon scanning function can deliver outputs that are authoritative, trusted, and firmly embedded in Australia's research system – ensuring insights translate directly into shaping the future direction of the health system.

Without a broader expertise base, there is a risk that Australia's horizon scanning capacity will remain fragmented and incomplete. Horizon scanning with the right depth and breadth will instead ensure that the horizon scanning function outlined in the Strategy is comprehensive, operational, and future-facing, using both the existing capability within the Academy of Health and Medical Sciences and the future CDC.

Building and supporting the workforce: Maximising the potential of the health and medical research workforce through the National Strategy.

Australian health and medical research has changed the world. From the human papillomavirus (HPV) vaccine[11,12] and the bionic ear[12] to the pacemaker[13] and ultrasound[14], these innovations are a testament to the strength of health and medical (HMR) workforce grounded in scientific rigour and cross-sector collaboration that drives a research and innovation pipeline through discovery, innovation, implementation and translation into better health outcomes.

These outcomes are only possible through a highly skilled HMR workforce. Researchers operate across basic sciences, applied research, population health, health promotion, disease prevention, and health service delivery to generate robust evidence and conduct real-world evaluations. They embed research-informed improvements into care pathways and population health programs – to improve health outcomes.

The National HMR Strategy[15] identifies the workforce as one of four key enablers that are fundamental assets needed to implement the strategy and ensure its goals and outcomes are achieved,

HMR workforce planning

The draft Strategy sets out plans to develop an Australian HMR Workforce Plan. Given the importance of building a sustainable, inclusive and future-ready HMR workforce, there is an urgent need for this Plan and its development should be an immediate priority for successful and sustained implantation of the Strategy. We welcome inclusions in the draft National HMR Strategy that:

- Recognise the HMR workforce as a cornerstone of success.
- Highlight the urgent need to improve funding stability and job security through innovative funding models and workforce planning.
- Commit to providing more opportunities for early- and mid-career researchers.
- Identify career pathways and future sector needs as key considerations in workforce planning.

The Australian Academy of Health and Medical Sciences urges the Department of Health, Disability and Ageing to ensure these commitments are properly embedded in implementation of the Strategy. The Academy has identified following opportunities to ensure the research workforce is positioned to deliver on the Strategy's ambition.

We would note that historically, Australia has witnessed multiple health workforce plans and policies, across more than two decades, overseen by multiple bodies. The most notable example is Health Workforce Australia (HWA), established in 2008 and

disbanded in 2014.[16] HWA published *'Health Workforce 2025'* in 2012, which provided Australia's first major, long-term national workforce projections for doctors, nurses and midwives over a planning horizon to 2025.[17] It created a national platform for developing policies to help ensure Australia's health workforce meets the community's needs.

To avoid repeating past cycles of reform and dissolution, this Workforce Plan should:

- Build on established capabilities as a foundation for coherent, integrated workforce reform and avoid repeating cycles of creation and disbandment.
- Use existing resources and knowledge to build on established modelling, projection, consultation and evidence-based planning capabilities.
- Take a national, whole-of-system approach to workforce planning that reduces fragmentation and improves coordination at federal, state and territory levels.

Opportunity 7: The HMR Workforce Plan should include a formal, harmonised clinician researcher training and career pathway.

The Strategy promises a HMR Workforce Plan as part of a *'Workforce Enabling Initiative'* and notes the need to create pathways for clinician researcher training and development by improving nationwide pathways that are currently disjointed and inconsistent. This should be an important priority within the Workforce Plan. In our separate paper, '*Embedding research in the health system: Placing innovation at the heart of the health system'*, we outline the crucial need to embed research in the health system to deliver on the Strategy's vision for Australia to become "the healthiest nation".

Clinician researchers are the cornerstone of a research-rich health system. Working in teams, they deliver research that targets patient need and they support implementation of research findings into practice. They identify opportunities for improvement, construct important research questions, and translate findings into evidence-based solutions. They also facilitate collaboration and communication between other researchers and practitioners. However, despite increased investment in health and medical research in Australia over the past decade, the number of clinician researchers is falling. Our report *'Research and innovation as core functions in transforming the health system'*, explained their role in more detail.

There is currently no clear career pathway in the health system for clinician researchers leading to substantial uncertainty about future employment. This has been highlighted by many reports but never addressed, because no single organisation, body, or government is clearly responsible for developing and implementing a pathway. It is crucial that this opportunity is now taken up through the National HMR Strategy. The HMR Workforce Plan must set out an actionable plan to establish a formal, harmonised clinician researcher training and career pathway, building on existing initiatives in states and territories.

The Workforce Plan, including the clinician researcher training and career pathway will need to be developed in partnership with state and territory health departments and it should address issues such as the need for a standard dual employment contract template for clinician researchers.

Embracing diversity, equity and inclusion | Drawing on and leveraging Australia's full breadth of expertise.

Australia's health and medical research (HMR) sector plays a critical role in improving community health, sustaining our healthcare system, and driving national productivity. Realising the sector's full potential to deliver world-class research, accelerate innovation, and improve lives depends on the people who power it – and on our ability to attract, support, and retain diverse talent across the research pipeline.

In the United States, the erosion of diversity, equity and inclusion (DEI) in health and medical research is leading to real consequences, including disrupting the training of the next generation of researchers and undermining the representativeness of clinical trials.[18] Against this backdrop, our international leadership in this arena has never been more important. Australia has a responsibility to ensure that our vibrant communities continue to benefit from the cutting-edge medical treatments and sustainable health system that only a diverse health and medical research sector can secure.

The development of the National Health and Medical Research Strategy is a once-in-a-generation opportunity to embed DEI as a foundational pillar of Australia's HMR ecosystem – ensuring the sector is equitable, globally competitive, and able to deliver better health outcomes for all.

Why DEI matters in health and medical research

A research workforce that reflects the full diversity of the population in which it works is best equipped to understand and address the health challenges faced by all the individuals and communities within it. Unfortunately, when it comes to health and medical research careers, some groups are still disadvantaged, including women, LGBTQI+, Aboriginal and Torres Strait Islander, and culturally and linguistically diverse (CALD) researchers.

What we know about DEI and the Australian HMR workforce

The 2024 Australian HMR Workforce Audit was a welcome step towards filling some of the gaps in our understanding of diversity across this workforce.[19] Key findings included:

- Women comprise 52% of the HMR workforce but fill only 26% of the most senior positions – indicating a gendered 'leaky pipeline'.[19]
- More than 40% of researchers were born overseas, making the Australian HMR community internationally diverse.

- Although 26% of Australia's employed population live in regional or remote areas, only 13% of the HME workforce live in these areas – meaning regional and remote communities are underrepresented.
- Fewer than 1% of HMR professionals surveyed identified as Aboriginal and/or Torres Strait Islander.

Given the importance of DEI to securing an innovative, representative and competitive HMR ecosystem, the Australian Academy of Health and Medical Sciences was encouraged to note that the draft National Strategy:[20]

- Lists equity as a *value*.
- Includes actions to support an equitable clinical trials system, inclusive and diverse consumer and community involvement, and research processes adaptable to regional, rural, and remote communities under Focus Area 1.
- Includes targeted support for Aboriginal and Torres Strait Islander peoples' research, focusing on community-led and co-designed approaches.
- Acknowledges that diversity and lived experience enrich workforce capacity.

However, realising a truly diverse, equitable and inclusive HMR sector, which drives innovation and transforms health outcomes, requires deliberate, system-wide action extending beyond values and individual focus areas to include **targeted investment, clear accountability mechanisms, and sustained leadership at every level of the research ecosystem.**

In continuing to develop the draft National Strategy, the Department of Health, Disability and Ageing has the opportunity to achieve this through the three opportunities outlined below.

Opportunity 8: Elevate equity as a cross-cutting enabler within the Strategy

The draft National Strategy currently positions equity as a *value*. Values in the Strategy *"Underpin the National Strategy and serve to orient and guide actions, behaviours and decisions throughout implementation"*. While this is welcome, to maximise Australia's national HMR capability, we propose **reframing equity as an *enabler* of research quality and impact**. *"Enablers and an enabling environment are the building blocks of a successful health and medical research ecosystem. They are the fundamental assets needed to deliver the Actions of the National Strategy".*

While equity should undoubtedly guide actions, behaviours and decisions, it is hard to see how equity should not be incorporated as a building block of the National Strategy. The Strategy will only succeed in securing a HMR ecosystem, which draws on the full breadth of Australia's potential research talent to make Australia *"the healthiest nation"*, through a comprehensive, detailed, and evidence-based equity plan and enabling initiative.

Opportunity 9: Commit to targeted, evidence-based approaches to building a diverse and sustainable HMR workforce

While the draft National Strategy references the importance of *"building and retaining a high-performing workforce",* it does not sufficiently address workforce diversity or offer targeted roadmaps for improving equity across leadership, career progression, or access to opportunity. To fill this gap, we recommend that it the Strategy should **develop and implement tailored plans to support specific HMR workforce groups** that are underrepresented either across the career span or at specific career stages. The Academy has developed an evidence-based *Decadal Plan for Women in the Health and Medical Sciences* that has secured cross-sector buy-in and is ready to be resourced and implemented as part of the National Strategy.[21]

These plans could be incorporated into the strategy as initiatives within an equity enabling initiative.

Opportunity 10: Facilitate system-wide implementation, governance, and monitoring

The draft National Strategy acknowledges the need for cross-sector, national coordination, but lacks specific implementation, governance, and accountability mechanisms for equity-related reforms. To ensure the effective and sustained delivery of the National Strategy, we propose:

- **Establishing a National Taskforce for Equity in HMR** that brings together lived experience, research, industry, health, and government stakeholders to guide and report on implementation, and oversee alignment with related reforms and strategies, including the Women's Health Strategy and National Aboriginal and Torres Strait Islander Health Workforce Strategy. As the nation's independent, cross-sector Learned Academy of health and medical sciences with a demonstrated record in advancing equitable research leadership, AAHMS is uniquely positioned to convene a National Taskforce for Equity in HMR.

- **Using clear, evidence-informed performance metrics to track progress in advancing DEI across HMR.** Within the area of workforce diversity, example metrics that could be used include proportion of HMR leadership roles held by underrepresented groups, and retention and promotion rates across underrepresented groups; representation of priority populations on grant review panels and decision-making bodies. Within the area of funding equity, example metrics that could be used include proportion of funded trials and studies with community co-design, and percentage of funding allocated to projects led by investigators from underrepresented groups or addressing priority population health issues.

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