



July 14th, 2023

Re: Submission on the **MRFF-MREA Alignment and Coordination consultation** from The Australian Society for Medical Research (ASMR)

Thank you for the opportunity to participate in this important consultation process.

Founded in 1961, the ASMR is the peak organisation representing the Australian health and medical research sector through its public, political and scientific advocacy. In addition to its core membership of health and medical researchers, the ASMR has affiliations with specialist societies, medical colleges, and patient foundations/groups that effectively expand ASMR's network to more than 100,000 stakeholders of Australian health and medical research.

The ASMR welcomes effective reform of funding in the health and medical research (HMR) sector, having been a strong advocate for such reforms over many decades. The ASMR is pleased to see the government's initiative in engaging with the sector to effect positive change with the present consultation.

Of the three models tabled in the government's discussion paper, the ASMR is most supportive of Model 2. It was felt that Model 1 does not provide sufficient governance and implementation improvements that equate to tokenistic change and Model 3 would impart vulnerabilities around the erosion of funding prioritisation for investigator-led research in favour of more priority-driven science.

The ASMR congratulates the government for considering the sector's concerns, particularly around transparency, political neutrality, justification of calls and awards, and administrative inefficiencies associated with the MRFF.

The ASMR advocated fiercely for the MRFF to be administered by the NHMRC when legislation was being drafted in 2015. It is still the opinion of the Society that the MRFF would be best administered by the NHMRC with its established policies and practices, while enabling harmonisation of the goals and focus of the two schemes. This would obviously require an adequate increase in the NHMRC operating budget and should not occur at the expense of the much needed and overdue increase and indexation of annual investment into the MREA.

Recommendation

As stated in the Discussion paper, the MREA and MRFF are designed to serve distinct purposes. It is therefore necessary that distinct lines of funding must be maintained to support both investigator-led research through the MREA and priority-driven research through the MRFF).

For the maintenance of public confidence and to maximise program effectiveness, the ASMR considers that reforms to improve alignment and coordination between the two funds should be built on principles of trust, transparency, strategic need, excellence, relevance, freedom from political interference, administrative efficiency, expertise, rigour and holistic resourcing.

Following an ASMR member survey and careful consideration by the ASMR Executive of the Discussion Paper's three proposed models, The ASMR recommends adoption of Model 2. However, we must stress that the widely held opinion is that the MREA is grossly under-funded relative to the MRFF, in terms of appropriate funding across the entire research pipeline. While harmonisation of the two schemes will go some way to making current funding more efficient and effective, a mechanism to correct the imbalance is desperately needed in the near term, with policies in place for regular review. Whatever model is adopted from this reform, it must also address the significant and growing shortfall in support for the indirect costs of research, which is threatening research organisations' ability to retain researchers and deliver on research projects.

Responses to guiding questions

1. What benefits should be achieved through improving the alignment and coordination of the MRFF and MREA?

- Enable the creation of an end-to-end health and medical research pipeline that provides the sector with genuine opportunities to develop fundamental research through to commercial realisation, based on actual research need.
- Improved differentiation between the two schemes.
- Facilitation of workforce planning, retention and continuity.
- Greater clarity on the full cost of research.
- Reduced political interference on funding calls and outcomes.
- Improved transparency of MRFF grant calls, with fewer rushed and bespoke MRFF grant calls.
- Improved submission processes that align the current MRFF processes with the excellent submission and review processes through NHMRC.
- Improved reporting of MRFF grants with details of peer review and scores available for all grant schemes.
- Deliberate strategic rebalancing of relative funding to the two streams, to support a cohesive investment plan across the whole research pipeline.
- Improved focus on ethics and research integrity in MRFF processes.
- Introduce an administrative period to MRFF funding to enable ethics approvals, MTA and partner agreements to be completed prior to grant commencement
- Reduce duplication of research efforts.

2. Which feature/s of the models will deliver these benefits?

- Bringing all schemes under the one portal will reduce complexity for researchers. The migration of MRFF application processes from Business Grants Hub to Sapphire will resolve a lot of administrative problems for researchers and organisations.
- Aligning all schemes under one umbrella will help reveal strategic weaknesses, such as gaps, duplication and poorly balanced schemes. One organisation (NHMRC) reporting for all schemes will increase transparency if NHMRC's current processes are used.

3. What elements of the existing arrangements for the MRFF and the MREA work well and should be retained? Which feature/s of the models will help ensure these elements are preserved?

- The distinct objectives of the two schemes should be retained and better clarified, with the addition of a strategic balancing mechanism.

- MRFF funding of priority-driven research areas should be retained, with increased transparency as to how research priorities are determined.
- NHMRC funding of fundamental investigator-led science needs to be retained, refocused and better funded.
- The MRFF's consumer input and consultation component needs to be maintained in the translation stream.
- The expert- and peer-driven selection mechanisms for the discovery/basic research stream should be reinforced.
- Australia must continue to increase skill, capacity and impact of HMR from discovery to translational medical research.

4. *Which aspects of the current arrangements could be changed to deliver the most appropriate and effective change, and why? Which feature/s of the models will help deliver this change?*

- Funding of the MREA needs to increase, through a starting transfer from the MRFF to rebalance fundamental science and clinical translation; and then monitored and adjusted continually as strategic objectives develop and new challenges arise. The MREA has declined in value in real terms over the past decade while research costs have increased substantially. To better achieve this, the MRFF disbursement should not be capped but reflect the return on investment.
- There is an urgent need for full transparency of all MRFF processes from grant calls to decision making to outcome reporting.
- The closure of the HMRO and transfer of its role and function to the NHMRC will improve accountability, efficiency, and the utilisation of expertise and experience.
- Provision should be made for a mechanism for the new Centre for Disease Control to provide input to national strategic priorities, both over the long term and during acute crises.
- There is an urgent need for MREA-funded research to be refocused on fundamental science, to offset the over-emphasis on translation that has occurred in recent years. This also requires de-duplication of funding for clinical and translation research that is a clear focus of the MRFF.
- Improved coordination with the ARC, NCRIS, the PFRAs, the National Reconstruction Fund, other government agencies and programs and the Learned Academies would improve strategic alignment, reduce duplication and minimise timetabling conflicts.

5. *Is there anything you would like to raise that is not otherwise captured by these questions?*

- Both NHMRC and MRFF have important roles to play in supporting the HMR sector to attract and retain academic and clinical researchers in response to changing needs and priorities, while building capacity and readiness for future health crises.
- Salary support for all researchers funded through NHMRC or MRFF should be mandated and tied to university salaries.
- Better support for collaborative medical research that expands Indigenous knowledge systems and provides health, economic, commercial, environmental, social and/or cultural benefits for Australia and especially Australian First Nations people.
- MRFF should have thematic rounds annually with appropriate (minimum 8-week) lead-in times.

- The HMR sector would benefit from improved retention of corporate memory of applications and review of applications previously evaluated and scored by assessors across NHMRC and MRFF schemes.
- Research integrity is installed across the HMR sector, so all research funded through NHMRC or MRFF must be subject to the same high standards of research integrity, under the scrutiny of the same full assurance processes, regardless of the source of funding or scheme objective.

Yours sincerely,



Dr Emily Colvin
2023 ASMR President



A/Prof Tony Kenna
ASMR Immediate Past President