

McKeon Review – FNI Submission

(Submitted online on 30 March 2012)

Question No. 1

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?

- Ageing population will produce an epidemic of health care needs (eg. diseases of the brain and mind);
- Health and medical research underpins our ability to address these healthcare burdens;
- Post resources boom – a strong knowledge based economy will need to be in place;
- Regional leadership in medicine, science and engineering is the currency of the next decade, particularly with our Asian neighbours;
- Immense productivity gains to be made using the engine of medical research; and
- A vibrant clinical research sector provides evidence for a more focussed and efficient use of proven interventions. Costly and ineffective interventions can be discarded.

Question No. 2

How might health and medical research be best managed and funded in Australia?

- The establishment of the post of “Chief Health Research Scientist” to sit in parallel with Chief Scientist and Chief Medical Officer;
- Continued dual system of NHMRC and ARC streams, but better integration, removal of barriers for cross funding and ongoing regular review across the system;
- Expanded integration of CSIRO in health research through funded strategic initiatives (expanded Flagship program);
- Whole of Government (State and Federal) strategic approach to the research and innovation sector;
- A expanding research sector which provides certainty and cohesion around funding streams;
- Educational policy settings underpinning a highly skilled and motivated research workforce;
- An adequate and flexible funding mechanism to take advantage of global trends in new technologies and research directions;
- Immediate recognition of the full cost of research across the sector with 60c in the dollar as the initial benchmark for indirect funding directly linked to grants;
- The NHMRC needs to improve procedural efficiency for grant submissions and length of funding cycles eg. NIH model of rapid response funding via the request for Applications(RFAs);
- The funding pool for NHMRC is currently static in the face of increased capital expenditure. This mismatch means that many expensive and new facilities will remain underutilised;
- To address these matter there needs to be a steady increase in funding to all agencies over the next decade;
- Ring fence a useful quanta of research funding in health care facilities eg hospitals, to enable translational research to flourish in health care systems;
- We need a stable career path for excellent investigators, taking into account gender equity. Fellowships should be linked to grants; and
- Create linkages to allow leverage with overseas funding agencies eg. Wellcome, NIH and European funding agencies.

Question No. 3

What are the health and medical research strategic directions and priorities and how might we meet them?

- Research funding should be linked to burden of disease and health priorities;
- Blue-sky research should not be stifled, but promoted through dedicated funding streams; and
- Demographics over the next decade are going to require significant resource increases into brain and mind research.

Question No. 4

How can we optimise translation of health and medical research into better health and well being?

- Enhancement of translational research generally in hospitals and community;
- Broaden and expand practitioner fellowship schemes in the clinical sector;
- A tangible investment in advanced healthcare centres in every state of Australia;
- Integration of funding arrangements with major NGOs;
- Streamline the introduction of overseas trained research based physicians into the medical research and healthcare sector;
- Accelerate the training of Australian clinical researchers by compressing excessively long under graduate and post graduate training periods; and
- A sensible and balanced recognition of overseas clinical qualifications within a short timeframe. This will boost intellectual capital more quickly in an under resourced area.

Summary

This is a critical time in the research cycle for this review to be delivered. The momentum generated from the Wills report has almost dissipated: A new vision is required coupled with an imaginative approach to create enduring intellectual assets for the nation. To achieve this, the nation requires:

1. Investment in the health research economy to secure an efficient healthcare system in an increasingly competitive global environment;

2. A Chief Health Research Scientist” liaising directly with the relevant Minister to lead a revamped health research sector with whole of government input. A steadily increasing commitment to medical research funding including full indirect costs linked to grants;
3. Research directions should address areas of significant disease burden whilst encouraging innovative blue-sky initiatives. Areas such as the brain and mind are already reaching critical proportions and will require strategic investments as a matter of urgency over the next decade; and
4. Ring fencing of clinical translational research investment within the healthcare sector to enable high quality translational research to become a way of life for healthcare professionals. Facilitating the introduction of new investigators in this field by shorter training periods, innovative fellowship programs and accelerated entry of overseas researchers by reducing unnecessary red tape and recognising overseas qualifications more readily.