



COOPERATIVE RESEARCH CENTRES
ASSOCIATION

Mr. Simon McKeon
Chairman
Strategic Review of Health and Medical
Research in Australia
McKeon Review Secretariat
PO Box 4226
MANUKA ACT 2603

30 March 2012

Dear Mr McKeon,

This submission is made by the Cooperative Research Centres Association (CRCA), which represents Australia's 44 Cooperative Research Centres (CRCs), many of which operate in the health/medical sector. We appreciate the opportunity to contribute to the Strategic Review of Health and Medical Research in Australia.

Currently, there are 11 Cooperative Research Centres active in the health/medical sector, being the CRC for Aboriginal and Torres Strait Islander Health; CRC for Asthma and Airways; CRC for Biomarker Translation; CRC for Biomedical Imaging Development; CRC for Cancer Therapeutics; CRC for Mental Health; Oral Health CRC; The HEARing CRC; The Vision CRC; Wound Management Innovation CRC and the Young and Well CRC (see appendix A). Together, these CRCs also comprise collaborations with 23 Australian Universities; more than 20 international universities; 40 medical research institutes; 29 medical technology companies; 10 public hospitals; 37 health service agencies or Commonwealth/State government health departments; CSIRO; and over 80 other clinical services agencies, professional associations and health-related foundations and networks – a significant grouping of Australia's medical research and health industry sector.

It is the CRC Association's view that Australia has overall been well served by its medical research sector. However, we believe that, while funding for basic medical research through CSIRO, NH&MRC and university block funding for initiatives such as the Centres of Clinical Research Excellence has increased over the past decade, there has been insufficient attention to, and recognition of, the need for adequate levels of funding and support for translational research to ensure that the benefits of new knowledge are reflected in health and economic outcomes for Australians.

CRCA believes that improvements to the sector could be made through streamlining and better coordination of the current range of review processes; increased focus on areas in which Australia has

CRCs - the Cornerstone of Australia's National Innovation System

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demonstrated capacity, advantage and track record or that are priority health issues affecting significant numbers of Australians; more and better linkages of research to clinical practice and health policy development; and through aligning medical research funding more realistically to the time and effort required to make advances and ensure their translation into clinical practice.

We hope you find our submission useful and we wish you and your panel all the best in your Important task.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Peacock', is positioned above the typed name. The signature is fluid and cursive.

Prof. Tony Peacock
CHIEF EXECUTIVE



Submission to:

Strategic Review of Health and Medical Research in Australia

30 March 2012

Contact: Professor Tony Peacock, CEO
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Key Points

Australia has been well served by its world-class medical research sector, reflected both in innovations that have led medical science to new discoveries, and in the translation of these discoveries into clinical practice that have reduced suffering and mortality, improved the lives of countless Australians and others world-wide, contributed to increases in channel capacity and more efficient use of government health dollars, and provided significant economic returns to Australian medical technology and pharmaceutical companies¹.

To further improve the health outcomes of medical research in the future, the system could make a number of positive changes.

Currently, the Australian medical research sector:

- is overburdened by a range of different peer and other forms of review, each initiated and governed by a different program management and criteria;
- has strong emphasis on discovery of new knowledge, but far less emphasis in translation of knowledge to health outcomes;
- has extreme breadth, and often tries to address issues through short-term projects; and
- often lacks the necessary scale or linkages to make major achievements or “lock in” the benefits of new knowledge.

In our submission, the CRCA argues that health outcomes could be improved through three areas of change in health research: focus; linkages and alignment.

Focus. Australia does not have the necessary resources or investment to be internationally competitive across the entire medical research spectrum. There is no other field of endeavor in which Australian research attempts to take on such a goal. Australian health research and development expenditure is estimated at 1.1% of global expenditure, whereas the proportion of world health returns attributable to Australian research is 3.04%.² These data suggest that Australian medical research can be successful at an international competitive level, but that it must be constrained by the overall level of resources available. Based on this, Australia medical research should first focus on those areas which are clearly shown to be of particular or unique need for the health and wellbeing of Australians, including metropolitan, rural, and indigenous populations. Secondly, Australia is known as a high-quality, relatively low-cost country for the conduct of clinical trials, ranking ahead of most developed countries in terms of the percentage of trials completed on time, and the relative cost per patient³. Our medical research should concentrate on those areas in which Australia has demonstrated advantages in comparison to international competitors, for example in terms of our scientific and clinical expertise in specific fields, available infrastructure, and track record of international commercial and/or clinical success in medical technology, pharmaceutical, or service delivery innovations.

¹ Benefits from Translating Biomedical Research into the Health Care System, Insight Economics, 2007.

² Exception Returns II, Access Economics, 2008.

³ Chiam et al, Comparative Evaluation of Clinical Trials, The Monitor, June 2007.

Linkages. Australia can only achieve world's best health outcomes if our technology, services and other medical innovations are taken up and used by practitioners and professionals in the field. Citation rates for Australian clinical medicine rank highest in relation to other fields of research⁴, however medical engineering and biotechnology represent only 8% of standard patents granted by IP Australia. The best way to ensure that research does lead to outcomes is to properly link world's best medical research and clinical practice, and where appropriate, increase the level of industry and investment community involvement, thereby ensuring adequate support and funding not only for new discoveries, but also for the critical translational research that takes those discoveries into clinical use.

Australian medical researchers should also be more intimately involved in the development of clinical practice and health services policy. A system that has a better culture of collaboration and linkages and is better linked to the needs of end-users will provide faster, more efficient uptake of world's best practices and enable Australian researchers to focus on particular areas of expertise or need.

Alignment. Australia would be better served by aligning its review, budgeting and management processes for medical research with realistic timescales, budgets and management. This would imply at least some shift in resources from discovery of new knowledge to translational research to reflect the reality that R&D of itself does not produce health outcomes. Addressing major health initiatives in a coordinated approach requires interdisciplinary collaboration, which is best achieved through longer term relationships. Bold changes to current granting practices such as quadrupling the average grant sizes and extending the benchmark project grant timeframes would enable our researchers to be much more productive.

In our advice to Government, the CRC Association has indicated that we believe there is more room for Government to name (and fund) priority research areas through the CRC Program. It makes sense to use existing mechanisms and the 20 years of experience to fund translational research and development via the CRC Program. The scale, timeframe and culture of Cooperative Research Centres are suited to delivering outcomes. The 2006 Insight Economics⁵ study of the economic impact of CRCs showed that Australia's Gross Domestic Product is cumulatively \$1.16 higher than it would otherwise have been in the absence of the CRC Program.

In summary, we submit that the health research system in Australia has served the Nation very well. It warrants continuing Government support and bolstering at the translational end of the spectrum to further enhance the benefits to Australians. We believe Government could better utilize the CRC Program as a means of delivering those benefits.

⁴ Thomson ISI National Science Indicators Database 2005.

⁵ Insight Economics. Economic Impact Study of the CRC Programme 2006

Members of CRCs						
CRCs in Medical Sector	University	Medical Research Institutes	Medical Technology Companies	Hospitals	Health Service Agencies	Other
CRC for Aboriginal and Torres Strait Islander Health	Charles Darwin Uni Flinders Uni La Trobe Uni Uni of Melb Uni of QLD	Menzies School of MR Aust Institute of Aboriginal & TS Islander Studies			Danila Dilba Health Services Department of Health & Ageing Department of Health NT	Cancer Australian Aboriginal Congress
CRC for Asthma and Airways	The Uni of Sydney Monash Uni Uni of Newcastle Uni of WA	Woolcock Institute of MR Garvan Institute	GSK Pharmaxis Bird Healthcare		NSW Dept of Health WA Dept of Health	WA Dept of Environment
CRC for Biomarker Translation	La Trobe Uni	Mater Medical Res Inst Burnet Institute Women's & Children's Health Res Inst	Amgen Inc Becton Dickinson Biosciences USA	Mater Health Services	SA Pathology	
CRC for Biomedical Imaging Development	Monash Uni	Garvan Institute Peter Mac Cancer Centre	Cyclotek Pty Ltd Berthold Aust Pty Ltd GE Healthcare			Australian Nuclear Science & Technology Org
CRC for Cancer Therapeutics	Griffith Uni Monash Uni	St Vincent's Institute WEHI Peter Mac Cancer Centre CSIRO	Bionomics Ltd			Cancer Research Technology Ltd Cancer Council of Victoria

CRC for Mental Health	Edith Cowan University Uni of Melbourne Uni of WA	Florey Neurosciences Institute Mental Health Res Inst National Ageing Res Inst	Azhyme Pty Ltd CogState Lawley Pharmaceuticals Oceanic Medical Imaging Pty Ltd Pfizer Inc		Mercy Health Aged Care Hall & Prior Aged Care Barwon Health Austin Health	Alzheimer's Association McCusker Alzheimer's Research Foundation Parsemus Foundation Nucleus Network
Oral Health CRC	Monash Uni Uni of Melbourne Uni of Qld		CSL Limited			Murray Goulburn Cooperative Co Ltd Cadbury Enterprises Pty Ltd GC Australasia Dental Pty Ltd Colgate Palmolive Company
The HEARing CRC	Macquarie Uni Uni of Melbourne Uni of Qld Uni of Sydney Uni of Wollongong	Bionic Institute RIDBC WEHI MCRI	Cochlear Hybrid Electronics Siemens Murigen Neuromonics Acoustics	RVEEH Childrens Westmead	Attune SCIC Taralye Vic Deaf Shepherd Centre Hear & Say Sydney SE Health Australian Hearing	Audiological Society of Aust
Vision CRC	Open Training & Education Network University of Houston College of Optometry University of Western Sydney Zhongshan Ophthalmic Centre of Sun Yat-sen University	Brien Holden Vision Institute Centre for Eye Research Aust LV Prasad Eye Institute International Centre for Eyecare Education Aboriginal Health & Medical Research Council African Vision Research Institute Bascom Palmer Eye	Adventus Technology Carl Zeiss Pty Ltd CIBA Vision Ocular Technology Vision 2020 Australia		Vision Care NSW	Optometrist Assoc of Australia Prof Hugh Taylor Prof Kevin Frick Prof Robert Augusteyn Prof Ariene Gwon Dr Thomas Aller Dr Jukka Moilanen

		Institute CSIRO Lawitja Institute Save Sight Institute				
Wound Management Innovation CRC	Curtin University QLD Uni of Technology Southern Cross Uni Uni of SA Uni of WA Uni of QLD	Gallipoli Medical Research Foundation Women's & Children's Health Res Inst	Tissue Therapies Ltd Ego Pharmaceuticals Smith&Nephew		Blue Care Queensland Health Royal District Nursing Service SA Royal District Nursing Service Wesley Hyperbaric Silver Chain Nursing Assocn South Australia Health Victoria Health	Australian Wound Management Assoc. WoundsWest
Young and Well CRC	ANU Murdoch Uni Qld Uni of Tech Uni of Western Sydney Uni Melbourne Uni of Sunshine Coast Uni of South Aust Victoria University Edith Cowan University Flinders University OHIO State Uni Uni of California Uni of Canberra	Brain & Mind Reseach Institute Headspace WA Centre for Health Promotion Research Bio 21 Cluster Black Dog Institute		Nationwide Children's Hospital (USA) NSW Childrens Hospital(Centre for Adolescent Health)	Inspire Inspire USA Butterfly Foundation Napcan Origin Youth Health Vic Health Alannah & Madeline Foundation Canteen Beyond Blue Foundation for Young Australians South Australia Health	ACMA Cyber Smart AGPN (Gen Practice Network) Federal Police Youth Affairs Coalition Boystown City of Melbourne ConNetica Vic Dept of Justice Hello Sunday Morning HITnet iMA John Hopkins School of Public Health (USA) Childrens Law Centre Cannabis prevention, info centre Novita Childrens Services Starlight Foundation STREAT (feed homeless) Student EDGE Suicide Prevention SYN (Radio Station) YAHOO 7 Basic Needs Basic

						<p>Rights Berry Street Freedom Centre Y Central Youth Central Youth Focus Youthlaw Zuni Google Ladder Lantern LGBTI (alliance) Lifeline Moment Dynamics Government of South Aust Child Safety Commissioner Telstra Foundation Turning Point Twenty10</p>
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