

Submission to:

Strategic Review of Health and Medical Research

Prologue

This paper is prepared by the Northern Territory Department of Health in response to the call for submissions to the Strategic Review of Health and Medical Research (McKeon Review). This submission or sections of the submission may be released to the public.

In this submission we wish to provide comment on four aspects of research governance and funding. These comments relate to the listed specific terms of the Review numbered 6, 7, 8, 9, 10 and 12. The four areas for our comments are:

- Institutional arrangements and governance (Terms 7, 8 and 10),
- Continuing efforts to enhance industry relevant “applied research” (Terms 8, 9, and 10)
- Research to improve outcomes for Aboriginal Australians (Term 12)
- Infrastructure support, including for researchers. (Term 6)

Institutional arrangements and governance (Review terms 7, 8 and 10)

The Department supports the existing structure of the NHMRC which includes wide representation of health agencies through the Council, and within the Research arm, a network of committed specialist review panels, who undertake the exhaustive sometimes cumbersome assessment process. The process has transparency and a professional credibility which is to be applauded. The parallel but independent placement of the ethics committee is appropriate. We support:

- a maintenance of the existing structure of the research elements of the NHMRC including the widely representative Council and the sub-committee structure of specialist peer review panels.

By contrast we are concerned at the diminution over the past decade of the other central role of the NHMRC, which is to provide evidence-based guidelines. This second role of the NHMRC, recognised under the NHMRC Act, is an important complement to the governance of research and research funding. NHMRC guidelines are trusted and influential. This Department has been a party to the development of many of the existing guidelines and recognises the exhaustive effort in assuring both the accuracy and consultation required under the NHMRC standards. This established role for the

NHMRC is of enormous benefit to the professional community and the public. The role is also central to efforts to promote the translation and uptake of research. We submit:

- The role of the NHMRC to provide evidence based guidelines be reinforced, with certainty of funding for additional guidelines and for the planned update of existing guidelines.
- The continued use of the NHMRC “brand”, for guidelines produced by other agencies, where the guidelines are developed with the authority of the NHMRC and in a manner that conforms with NHMRC standards .

Efforts to enhance industry relevant “applied research”(Review terms 8, 9 and 10)

The Will’s Review¹ in 1998, provided a far-reaching template for enhanced links between research and the health industry. The recommendation resulted in an inclusion of the applied end of “health services research” with a series of initiatives by both state and federal governments and within the NHMRC to more closely align researchers and industry partners. There remains scope for continuing development. A second element is the consistently lower success rate of health service grant applications through the NHMRC project grant program.² In 2011 the success rate for health service project grant applications was 16.7% compared to the average rate of 22.9%. The research methods required for health services research are necessarily complex and are associated with recognised limitations. The methodological limitations are however, offset by the potential for substantial returns. A third element that is important in applied research is the difficulty of engagement between individuals who work in separate research and industry institutions. Academic researchers are disconnected from industry champions and from the wider priorities operating with industry. Similarly there are highly trained “researchers” within health agencies who do not have the benefit of the academic support available in research institutions. These elements lead to three recommendations;

- Support for initiatives such as the current NHMRC “Partnership Centres for Better Health’, which specifically promotes a significant co-contribution between the NHMRC and industry partners for a research program designed to directly inform industry priorities.
- The poor success of NHMRC research grant applications in the field of health services research should be redressed so that there is equitable success for researchers from differing fields.
- There be the development of structured opportunities through Fellowship programs for reciprocal transfer of “researchers” between industry and research institutions.

¹ Wills PJ (Chairperson, Health and Medical Research Review Committee) (1999) The Virtuous Cycle – Working together for health and medical research. Commonwealth Department of Health and Aged Care. AGPS. Canberra.

² <http://www.nhmrc.gov.au/grants/research-funding-statistics-and-data/summary-funding-data/nhmrc-project-grants-success-rate-b> (accessed 28 march 2012)

Research to improve outcomes for Aboriginal Australians (Review term 12)

In 2002, the NHMRC committed 5% of future NHMRC research funds to improve health outcomes for Aboriginal Australians. At the time the level of funding was 2.7% and this steadily increased to be 5.1% by 2008.³ The commitment has not been restricted to research grants and the NHMRC has also supported Indigenous specific training scholarships, research fellowships and an international collaboration. The NHMRC has also developed guidelines for the ethical conduct of research involving Indigenous people. In these matters the NHMRC has provided exceptional leadership with active engagement with, and support for Aboriginal people. This submission commends the NHMRC for its efforts.

Apart from any argument of morality and equity, there is also an economic return for the investment. The existence of the Indigenous “health gap” has a corollary of the potential for greater return for research investment. In 2008, Access Economics conducted an assessment of the value of investment in health research and estimated an average return of \$2.17 for every dollar invested.⁴ The return was reported as “exceptional”. The Menzies School of Health Research (MSHR) is based in the Northern Territory and has a research focus on Aboriginal health and wellbeing. Deloitte Access Economics has recently conducted a similar analysis of MSHR research and reported an even greater return of \$3.12 per dollar invested.⁵ The area of greatest return was in research related to quality improvement for the primary care of chronic diseases. In this context this Department submits:

- This Department commends the important contribution of the NHMRC to the funding, ethics and engagement of Aboriginal people in research. We support the continuance of this support at least at the current level.
- “Closing the gap” for Indigenous Australians cannot be achieved through investment in health alone. There are wider social determinants underpinning poor health outcomes which include education, employment and social disadvantage that also need to be addressed. In this context we recommend the NHMRC engage with other agencies to broaden the commitment to research that informs improved Indigenous outcomes. This will ensure a strong social determinants of health approach to the research.
- The lessons and benefits from Indigenous health research are not limited to Indigenous services. The substantial return from research to improve quality of primary care of chronic diseases is an example of health service research with much wider resonance.
- Indigenous health research is inherently more complex than mainstream research and carries additional obligations and costs including stakeholder consultations and community feedback. These additional requirements need to be recognised within grant allocations.

³ <http://www.nhmrc.gov.au/your-health/indigenous-health> (accessed 23 March 2012)

⁴ Access Economics (2008) Exceptional Returns: The Value of Investing in Health R&D in Australia, Report for the Australian Society of Medical Research, Canberra

⁵ Deloitte Access Economics (2012) Economic and social contribution of Menzies School of Health Research to the NT, Australia and the Asia Pacific Deloitte, Darwin.

- There should also be support, within grants, for research transfer. This capacity will enhance the opportunity for research to have a greater influence on health policy and programs that inform and improve Indigenous health outcomes

Infrastructure support including for researchers (Review term 6)

A recurring difficulty, well recognised within the NHMRC, is the discontinuity of funding for both infrastructure and researchers. At an infrastructure level, there can be significant investments by the Australian Government to establish facilities but without certainty of funds for long term maintenance. A current example, relevant to health services research, is the Australian Government investment in a national network of health data linkage facilities. Funding has been provided for a four year establishment phase but just as several of these facilities have reached a capacity to provide research datasets, there is uncertainty for continuing funds. There is a clear disincentive for researchers who are submitting grant applications for a project which is not only dependent on a novel facility but is also dependent on uncertain infrastructure funding.

There is similar uncertainty for researchers, who in many cases are reliant on the success of grant applications. In principle, this Department supports a competitive research grants program, but also recognises that even a temporary disruption to the continuity of grants can force competent researchers out of the field. This uncertainty is particularly true for smaller institutions such as those in the NT. Some facilities may have a specific and significant research focus but have difficulty developing a sustained research program. In larger population centres, there is opportunity for smaller institutions to merge, however in isolated settings inconstant funding leads to irregular employment and continuing loss of institutional capacity. This submission proposes:

- There is a need for review of the processes for funding infrastructure, with a view to greater long term certainty.
- Research is an uncertain career choice. The NHMRC researcher support programs need to be extended to provide greater employment stability.
- Small rural and remote research facilities require specific consideration to enhance ongoing research capacity.