



University of  
South Australia

McKeon Review Secretariat  
[mckeonreview@secretariat.com.au](mailto:mckeonreview@secretariat.com.au)

Friday 30 March, 2012

Dear Secretariat,

**Re: UniSA response to the Strategic Review of Health and Medical Research in Australia**

On behalf of the University of South Australia I would like to thank you for the opportunity to provide feedback regarding the *Strategic Review of Health and Medical Research in Australia*.

The University is supportive of the terms of reference of the Review, and is strongly of the opinion that Australia needs an internationally competitive world-class health and medical research sector for a broad range of reasons including improving the health of all Australians, and building our international research profile through our contributions to global health knowledge.

Please find below the University's response to specific questions raised by the review panel. Should you require any further information regarding this submission please do not hesitate to contact me.

Yours sincerely,

**Professor Sakkie Pretorius**  
**Deputy Vice Chancellor and Vice President: Research and Innovation**  
**University of South Australia**

Office of the Deputy Vice  
Chancellor and Vice President:  
Research and Innovation

Chancellery

University of South Australia

Adelaide  
South Australia 5000

GPO Box 2471  
Adelaide  
South Australia 5001

t +61 8 8302 0060  
f +61 8 8302 0225

[www.unisa.edu.au](http://www.unisa.edu.au)

CRICOS Provider Number 00121B



**The University of South Australia welcomes the opportunity to respond to specific questions raised by the Strategic Review of Health and Medical Research in Australia:**

**1. Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector? (Terms of Reference 1 and 6)**

Australia is an affluent country with an active, well-funded education and research infrastructure. The "health industry" consumes nearly 10% of gross domestic product, and it behoves Australia to play an active role in trying to improve the quality and safety of activities in this area, and in advancing basic science in healthcare as well as, at the other end of the spectrum, health services.

All Australians benefit from a robust and competitive health and medical research sector. Past analyses by Access Economics indicate exceptional returns from Australian health and medical research in the form of reduced mortality and morbidity in the population (Access Economics. 2008. *Exceptional Returns: The Value of Investing in Health R&D in Australia II*. Report prepared for the Australian Society for Medical Research, <http://www.asmr.org.au/ExceptII08.pdf>). Furthermore, not only do Australians benefit, but according to other analyses by Access Economics, some 3.01 % of health benefits enjoyed by the rest of the world are attributable to successful Australian Research and Development. It is, therefore, a sound economic investment. In late 2010, Research Australia commissioned a report entitled *The Value of Australia's Investment in Health and Medical Research: Reinforcing the Evidence for Exceptional Return*. This analysis demonstrates that some 10.5 % of the health benefits enjoyed by Australians are attributable to Australian health and medical research, and that Australian health and medical research has an economic benefit-cost ratio of 1.66 (when based on constant price) and 1.05 (when based on discounted net present values).

In Australia, we have a strong history of low cost-high impact research in health and medical research, making it a very cost effective area in which to maintain a strong international research profile. International collaborations in health and medical research are essential. Accordingly, being viable and internationally competitive ensures high-quality international partners are willing to invest in our research and provide overseas opportunities for our skilled researchers.

**2. How might health and medical research be best managed and funded in Australia? (Terms of Reference 2, 3 and 7)**

UniSA supports the current system for management and funding of competitively funded health and medical research in Australia, the National Health and Medical Research Council. NHMRC funding is directed to priority areas while also broadly supporting research in general – as such, and given the limited resources available, the the balance is most likely in proportion and a centralised, merit-based funding system is the preferred world-class model.

In the management of health and medical research in Australia, UniSA suggests that it is vital



to facilitate domestic and international collaborations by ensuring that funding schemes, research assessment exercises, e.g. Excellence in Research for Australia, and ethics processes do not act as barriers to collaboration.

Equally as important is ensuring sound succession planning of health and medical research in Australia through the provision of feasible research career pathways for early- and mid-career researchers. In addition, ensuring that *academic* university staff are able to remain competitive in national funding schemes is important. Increased funding for fellowships, e.g. the DECRA and Future Fellowships schemes, has been rightly welcomed by the research community. However, the consequences of the addition of many research-only positions into the system must be closely monitored, particularly in relation to both the future career prospects of these Fellows, and whether a funding divide will emerge between research-only and academic staff.

A potential rate limiting step in the management of research funds is the demand placed on researchers to provide governance. The current model relies heavily on volunteers to review grants and be members of panels. This system may favour individuals who have the capacity to take time out of their employment – and a challenge exists regarding how best to ensure that a heterogeneous body of researchers can be recruited. Potential applicants may need to be identified earlier and given a greater lead time so that they, and their institutions, can make arrangements for support to be established. An additional challenge is how best to retain more experienced individuals whose broad knowledge regarding the grant review process provides insight and education to the next generation of reviewers.

The university is also supportive of a review of the funding application processes – in particular the provision of detailed and useful feedback on applications to the NHMRC, including fellowship applications. Newly-arrived researchers from the United States and Canada often compare these aspects of the Australian system unfavourably with their experiences of equivalent national schemes, e.g. NIH and CIHR. It may be beneficial for the Review to undertake international benchmarking regarding funding application processes currently utilised in other countries with world-class health and medical research sectors.

### **3. What are the health and medical research strategic directions and priorities and how might we meet them? (Terms of Reference 5, 12 and 13)**

Intervention research in population health should be a key health and medical research priority. The NHMRC supports clinical intervention research effectively, including excellent processes for large-scale clinical trials. This includes a specialized panel to assess such applications. UniSA would support a similar approach in relation to intervention research in public health. The large-scale clinical trials include some public health studies in infectious disease control such as vaccinations and drug trials, however most of the major lifestyle-related public health problems contributing to the bulk of Australia's burden of preventable disease (including obesity, tobacco, alcohol, mental health) have not been adequately addressed within the current systems of assessment and funding.



Some suggestions for improving the current processes for supporting this vital field of research include:

- i. Specialised panel(s) for the assessment of applications related to interventions in population health;
- ii. Longer-term funding contingent on the achievement of agreed milestones – the current 5-year maximum is not sufficient to assess and reach measurable outcomes in many instances;
- iii. While lifestyle-related health problems impact broadly across society, they generally impact more severely in disadvantaged populations, including Indigenous Australians, people with mental illness, refugees, and the homeless. It is therefore essential to build in processes that recognize the challenges of working with such population groups.

#### **4. How can we optimise translation of health and medical research into better health and wellbeing? (Terms of Reference 4, 8, 9, 10 and 11)**

Given the geographical spread and relatively small number of medical researchers in Australia it would be in our interest to promote more collaborative research. This could be achieved through targeted funding for proposals that include multi-centre trials – with more funding prioritised for multidisciplinary research that includes appropriate aspects of social sciences and research translation.

The University strongly supports ensuring that the fields of population health research, data linking, and health services research, remain visible and funded as a matter of priority under the 'health & medical research' banner – these are amongst the major disciplines that will facilitate translation of more fundamental findings into health improvements.