

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

Problem:

NHMRC grant application bureaucracy

-currently ~20% of researchers' time is spent either writing or peer reviewing grants.

-the RGMS system is inefficient, unreliable, idiosyncratic and capricious.

-the way peer review is managed gives results that are little better than random.

Solution:

Judge most grants on track record

-the best indicator of future productivity is past productivity. Most research grants should be awarded on the basis of productivity over the last 5 years, rather than on plans for a research project to be carried out in the future. It is much easier to judge past productivity than predict success of a research proposal.

-grant proposals should be judged by panels of experts rather than by seeking advice from one or two "outside" reviewers.

-advice from NHMRC grant panel members and grant applicants should be followed by the NHMRC management.

Problem:

Grants don't cover award salary costs, overheads, computers, equipment, travel, infrastructure, so there is an incentive to apply for overlapping grants and creative accounting.

-planning and budgeting for research is difficult if the funds awarded do not cover all of the costs, including overheads, computers, award salaries.

Solution:

If the NHMRC funds a project, it should cover the actual cost of carrying out the project.

Reduce "special" schemes that divert resources

-NHMRC funding for investigator-initiated research should not be diverted to special projects (e.g. research into alternative medicine, or partnerships with other organisations). If there a need for research suddenly emerges (e.g. bird flu, HIV) then extra funds should be provided, and consideration should to engaging "captive" researchers such as those at the CSIRO.

Establish ORI/Ombudsman

Currently, every university and research institute has to re-invent procedures for handling allegations of scientific misconduct, and as a result, serious mistakes often occur. Australia needs an office for research integrity (as in the USA) or an ombudsman for research integrity (as in Germany). In addition to providing advice, an ORI or ombudsman could collect data, provide oversight, and improve the lamentable Australian Code for Responsible Conduct of Research.

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

For basic and blue sky research we need to fund the best basic and laboratory scientists and reduce the bureaucratic and regulatory hurdles that keep scientists in their offices instead of their laboratories.

These scientists should be allowed and enabled to determine the research directions they follow, and to set their own priorities.

For translational research, clinical research, and research directed at solving a particular problem, funding should come from a separate source and it should be tied to its potential to improve health care and reduce health care costs.

Much of the funding could be obtained by adopting sensible measures in health care delivery, including:

No fault insurance for medical practitioners.

Strengthening the TGA to reduce waste on complementary and alternative medicines

Strengthening the PBS so that it can continue to resist pressures from pharmaceutical companies.

Establishing a PBS-like body to constantly review costs associated with item numbers for procedures.