



MEDICAL ONCOLOGY GROUP OF AUSTRALIA INCORPORATED

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**Submission to the Strategic Review of Health and Medical Research (The McKeon Review)**

11 May 2012

**INTRODUCTION:**

The Medical Oncology Group of Australia (MOGA) welcomes the opportunity to make a submission to the **Strategic Review of Health and Medical Research (The McKeon Review)**. As the peak professional organisation representing medical oncologists and the medical oncology profession in Australia we have a strong and demonstrated commitment to health and medical research, above all cancer research, in Australia and globally.

MOGA is a speciality society of the Royal Australasian College of Physicians, representing over 400 medical oncology consultants and 150 trainees undertaking specialised training in medical oncology, working across both the private and public sectors. MOGA values the importance of research and evidence-based cancer care in ensuring medical oncologists are able to make optimal choices in the diagnosis and management of our patients.

Australia has a proud and successful record in health and medical research. Our national and international achievements in clinical research are exemplary and we are acknowledged to “punch well above our weight” in terms of results. Our Association therefore applauds the Federal Government’s commitment to review health and medical research in Australia. The Review provides a timely and long overdue opportunity to identify how Australia can continue to grow and develop our health and medical research sector both nationally and globally, through extensive stakeholder consultation across a diversity of sectors, culminating in the development of a 10-year strategic health and medical research plan for the nation.

**TERMS OF REFERENCE**

MOGA submits the following comments in response to the terms of reference (TOR) and matters for consideration noting that, “The review will take into account broader Government policy, including the Government’s fiscal strategy, and will focus on optimising Australia’s capacity to produce world class health and medical research to 2020,”;

**TOR 1: The need for Australia to build and retain internationally competitive capacity across the research spectrum, from basic discovery research through clinical translation to public health and health services research.**

- It is in Australia’s continuing interest to have a viable, internationally competitive health and medical research sector. Australia has made an internationally competitive contribution to medical and health research over the last 100 years. As a nation we are well placed to build upon this strength and contribute to the social, economic and environmental challenges of health and medical research nationally and globally. Eg., the ANZCTR was one of the first three trial registries to be recognised by the World Health Organisation as a Primary Registry.
- The successful translation of health and medical research into improved health strategies is a hallmark of the Australian health and medical system. This benefits all Australians, including researchers, clinicians, patients and carers, and the national economy. Research findings lead the way in the development of innovative new industries as well as productivity benefits through better health outcomes nationally. As a country with one of the best health and medical systems in the world it is imperative that this system be supported by a dynamic, internationally competitive, well funded and sustainable national health and medical research infrastructure and workforce.

**TOR 2. Current expenditure on, and support for, health and medical research in Australia by governments at all levels, industry, non-government organisations and philanthropy; including relevant comparisons internationally.**

- We acknowledge that the Commonwealth Government has been a consistent supporter of health and medical research through the National Health and Medical Research Council (NHMRC), the Health and Hospitals Fund and other investment in health and medical research agencies such as the Commonwealth Scientific and Industrial Research Organisation. This support has been supplemented by industry, State governments and to a lesser degree by non-government and philanthropic organisations. However, it is the view of our Association that Australian clinical and medical research is in jeopardy due to the low level of government funding. It is estimated that our national health system expenditure will grow to \$3.3 trillion by 2023: *Deloitte Access Economics, 2012*. Our national health costs are projected to increase from 9.3% of GDP in 2003 to 12.4% of GDP in 2033, reflecting the ageing population and increased burden of diseases, such as cancer: **2010**

**Intergenerational Report; AIHW report: Australia's Health 2010.** Without matching increases in investment in health and medical research, Australia will not be able to respond optimally to this looming demand and disease burden.

- Australia's health and medical research sector is delivering at high levels of international excellence and there is sound evidence that this directly translates into health benefits for all Australians through disease prevention, better treatments and better health outcomes both in terms of quality and quantity of life: *Access Economics (AE 2003)*, **Exceptional Returns: The value of investing in health R&D Australia**, report prepared for the Australian Society for Medical Research, September. *Access Economics (AE 2008)*, **Exceptional Returns II: The value of investing in health R&D in Australia**, report prepared for the Australian Society for Medical Research, June. However, a strategic review of and approach to Australia's health and medical research funding is required, including improved monitoring of the impact of investments in health and medical research in terms of health economics and public health implementations against measurable performance goals. This is fundamental to ensure that future management and funding is available to optimise health and medical research in a fiscally sustainable manner.
- NHMRC funding needs to be internationally benchmarked and modelled to keep pace with other global leaders in health and medical research; accessible, flexible, and able to address key national health and medical research priorities, above all emerging research evidence and trends; provide staffing subsidies at Award and professional payment levels; and guarantee long term support for major health and medical research infrastructure from capital costs through to operations.
- Mining and other primary industries operating in rural, regional and remote areas are significant users of local health and medical services. Apportioning a part of the mining tax and/or seeking enhanced philanthropic funding from these companies and industries represent a potential source of additional research funding.
- In the area of oncology drugs and treatments there is an opportunity for increased commercialisation, innovation and research capacity by the pharmaceutical industry, clinicians and medical researchers through changes to the Australian regulatory system that would allow clinician submission approvals; fast track access to drugs/treatments and offer industry competitive tax incentives. Australia can no longer compete with Asian, South American and Eastern European countries in drug development. One of the most concerning challenges of this is ongoing drug shortages. While this may be a global problem, Australia could easily take the lead and encourage the development and manufacture of a greater number of drugs with the flow-on benefits of making them more accessible, through a reduction in corporate taxes and other incentives.

**TOR 3. Opportunities to improve co-ordination and leverage additional national and international support for Australian health and medical research through private sector support and philanthropy; more efficient use, administration and monitoring of investments and the health and economic returns; including relevant comparisons internationally.**

- A detailed review and analysis of current expenditure on health and medical research in Australia by governments, industry and other organisations needs to be undertaken to establish a clear investment and benefit profile that can be used for future planning.
- Detailed performance and evaluation data for the Australian health and medical sector is required. For instance, Australia has been highly successful in research and development up to proof of concept stage but significant opportunities in converting research results into commercially viable outcomes, innovative products and services are being missed. There is a need to develop opportunities and incentives for more efficient use, administration and monitoring of investments and the health and economic returns including international benchmarking and modelling.
- Partnership and collaborative research centres and longer term funding models such as the NHMRC Partnerships for Better Health, should be deployed to expand the focus beyond investigator-driven research to include more strategic policy and service led research; and provide shared infrastructure, resources and research expertise.
- Philanthropic and private sector health and medical research funding in Australia needs to be increased and should be informed by overseas models where private and corporate good citizenship is recognised, acknowledged and rewarded through the provision of tax incentives. Governments need to take a leading role in this area.

**TOR 4. The relationship between business and the research sector, including opportunities to improve Australia's capacity to capitalise on its investment in health and medical research through commercialisation and strategies for realising returns on Commonwealth investments.**

- Optimising Australia's health and medical research activities and government investment requires the development of sustainable partnerships between researchers, policy makers and clinicians, across organisational boundaries, the public and private sectors and a strong focus on translating research into clinical practice.
- Investment, resources and capacity building should be shared across a wider, more inclusive national health and medical research network with a supporting infrastructure that facilitates cross sector commercial and

technological partnerships. All underpinned by a flexible and responsive regulatory system that recognises, encourages and rewards research excellence through a range of tax and commercialisation incentives.

- Given the structural reform that the Australian's health and medical sector is experiencing, above all as a result of rapid research developments, it is important that research activities are aligned with and are part of this process.
- While there is growing recognition of the importance of translating health and research discoveries into treatment and clinical practice rapidly, translational research requires a stronger national focus and prioritisation. The Co-operative Research Centres Program requires buy-in from State Health Departments to ensure that these Centres participation in health and medical research and its translation into clinical practice is optimised.

**TOR 5. Likely future developments in health and medical research, both in Australia and internationally.**

- The establishment of a co-ordinated strategic approach to the funding, planning and implementation of Australian cancer research through a National Cancer Institute will achieve greater efficiencies and ultimately better national outcomes in cancer control, management, patient care and clinical practice. Key first stage priorities being; the development of a national cancer plan to co-ordinate the planning and funding of cancer research in Australia; and to guide and direct rationalisation of the current fragmented, multi-sector and organisational practices currently in place. The resultant balanced national research portfolio will allow us as a nation to optimise our national research expertise, investment and outcomes.
- Development of an Australian Cancer Care Task Force, a multidisciplinary group of oncologists and related medical and health professionals to identify and develop strategies to address a range of issues such as the rising cost of cancer care including access to services, treatments, care and high cost drugs, to ensure patients with cancer receive high quality, evidence-based care.
- While a balance between priority driven, investigator initiated and various types of research is recommended, in reality the final levels of funding and direction will be dependant on changing priorities. Currently and over the next 5-10 years there is a need to support and prioritise cancer research in Australia to ensure that a responsive and proactive approach to emerging and international best practice oncology care, practice, drugs and treatments can be adopted. E.g., fund and prioritise non-commercially based clinical trials on areas of social and clinical benefit; and a national oncology research program focussed on emergent research areas driven by oncology clinicians. This includes addressing the nationally "under funded" areas of cancer research by tumour type and the complexities of funding this research.
- Best practice cancer clinical care in Australia should be the gold standard by which all cancer research should be measured. Therefore, implementation strategies should ensure that national clinical standards and practice guidelines reflect and are developed in tandem with national and international cancer research outcomes as well as developing clinical practice.
- Increased research on:
  1. Population health and health services to support prevention, morbidity and mortality initiatives. E.g., cancer risk and behaviour modification.
  2. Clinical, health services and translational research to ensure best practice supportive care and services are in place, along with innovation and efficient service delivery to all Australian cancer patients.
  3. Survivorship and palliative care in recognition of the unmet needs of people with cancer, end of life and associated care requirements, the needs of carers and family members and the growing number of cancer survivors
  4. Key priority questions such as *How do public health challenges like the environment, obesity, and other health behaviours fit into the risk of developing cancer? How can our knowledge of the basic biology of the cancer cell, or the genomic methods, help us to understand and treat cancer better?; What is the nature of resistance to therapy?*
- Health and medical research that addresses critical challenges for Australian patients and clinicians located in regional, rural and remote locations and the specific health and medical needs of Aboriginal and Torres Strait Islander people.

**TOR 6. Strategies to attract, develop and retain a skilled research workforce capable of meeting future challenges and opportunities.**

- Address current and high priority, 5-10 year and longer term shortages in the Australian Medical Oncology Workforce, related oncology medical allied health providers and associated impacts on clinical services to cancer patients in Australia, particularly regional, rural and remote locations; address over the same planning horizon shortages in the number of medical oncology trainees undertaking/completing speciality training in Australia and the number of available training positions available in Australian hospitals and health care facilities: Blinman, PL, et al, ***The shortage of medical oncologists: the Australian Medical Oncologist Workforce Study***, Medical Journal of Australia 2012; 196: 58–61; Koczwara, B, et al, ***Workforce shortages in medical oncology: a looming threat to quality cancer care***, Medical Journal of Australia 2012 196;58.

- Develop highly trained, multi-disciplined research capacity by strengthening the current National Cancer Cooperative Clinical Trials Group with sustained multi-year funding via a national agency; recognising and rewarding Australian cancer researchers by providing appropriate long term employment opportunities and incentives; and, increase support for longer term research projects and initiatives that require greater capital and investment.
- Support and develop internationally competitive training and educational initiatives for Australian cancer and oncology researchers such as the **Australian Asia Pacific Clinical Oncology Research Development Workshop Program** that mirror the Flims (Europe) and Vail (US) programs and the planned **Australia-European Trainee and Consultant Exchange Program in Medical Oncology**.
- The location and development of long-term, internationally competitive rural, regional and remote medical and research facilities with associated tertiary training institutions to address a range of specific workforce, demographic and geographic needs relevant to the clinical, health and medical needs of these locations. Eg., increase the number of training places in medical oncology in rural, regional and remote facilities to combat oncology workforce shortages and build sustainable health and medical research capacity in those areas.

**TOR 7. Institutional arrangements and governance of the health and medical research sector, including strategies to enhance community and consumer participation: including relevant international jurisdictions.**

- Enhanced community and consumer participation in the Australian health and medical research sector is vital to the successful conduct of many oncology research activities, most notably clinical trials where that participation not only directly contributes to quality research results but improved clinical practice and patient care.
- Strategies to increase community and consumer participation need to be targeted and adopt a longer term planning perspective. Eg., NHMRC-funded Indigenous research capacity building over the past decade has entailed attention to structural issues in how grants are assessed, governance requirements for involving the community in the research from the early design phase onwards and targeted calls for research.

**TOR 8. Opportunities to improve national and international collaboration between education, research, clinical and other public health related sectors to support the rapid translation of research outcomes into improved health policies and practices. This will include relevant international comparisons.**

- At current incidence rates, one in three men and one in four women in Australia will be diagnosed with cancer by the age of 75. By age 85, the risk increases to one in two for men and one in three for women: *AIHW and Australasian Association of Cancer Registries 2010. Cancer in Australia: an overview 2010*. Cancer series no. 60. Cat. no. CAN 56. Given the demands of the ageing Australian population and the associated chronic health issues, notably the predicted incidence of cancer in this and, other population groups medical health and research should focus on these two areas as a matter of national priority with a focus on causal factors and the multiple morbidities that surround ageing Australians.
- Current collegiate and professional networks through key oncology groups in Australia and overseas in education, research across the private as well as public health sectors provides an established network to improve and extend Australia's research outcomes and support their timely translation into improved health policies and practices. For Instance, there are a number of oncology drugs that are or about to be off-patent and/or are available as generics that are used in current clinical practice and have proven efficacy in phase III trials, however formal submissions to the PBAC, TGA and PBS will never be made by the owning companies. A national application process needs to be developed to allow professional organisations representing clinicians to make no-cost applications for the listing of drugs for other indications based on recent phase III trials or small trials for very rare tumours, in instances where there are no incentives for generic and originator pharmaceutical companies. These drugs issues represent a governmental and regulator policy void. Debate around these issues that extends beyond regulatory operational issues to the identification of legislative changes, barriers, health and medical research considerations and consumer issues such as safety concerns. It is recommended that a Government policy, system and cost structure be established to support listing changes and to set the standard of health and medical research data required.
- Despite the fact that two of every three Australian use complementary medicines there is a notable lack of appropriate health and medical research, legislation and monitoring regarding these medicines in Australia and substantial misinformation as well as misunderstanding in the marketplace. There are many concerning issues caused by the increasing number of unregulated medicines, technologies, tests and treatments in the Australian marketplace, many of which are bogus: Braun L, et al, **Adverse Reactions to complementary medicines: the Australian Pharmacy experience**. *International Journal of Pharmacy Practice* 2010; 18: 242-24. There is no suitable regulatory organisation that deals with complementary medicines at a national level including relevant health and medical research, nor providing a proactive media and communications function ensuring that health practitioners and consumers are fully advised regarding the benefits and limitations of complementary medicines and alternate treatments. Complementary medicines are considered to be inherently low risk medicines but this is not always the case and issues of combinatory use with regard to oncology drugs and treatments, toxicology, stability and manufacturing need to be the subject of intensive medical and health research, then evaluated by the regulator.

**TOR 9. Ways in which the broader health reform process can be leveraged to improve research and translation opportunities in preventative health and in the primary, aged and acute care sectors, including through expanded clinical networks, as well as ways in which research can contribute to the design and optimal implementation of these health reforms.**

- Develop appropriate models of service delivery and accompanying policy.
- Targeted funding within a collaborative research framework for introducing health reforms within more challenging service settings such as regional, rural and remote health services.
- Implementation and evaluation studies in priority areas and well positioned medical disciplines such as medical oncology to place emerging and developmental research into clinical practice and facilitate interaction between industry, academic and clinical research and practice as well as clinicians. Outcomes to inform policy, guidelines and future clinical practice as well as research activities.

**TOR 10. Ways in which health and medical research interacts, and should interact, with other Government health policies and programs; including health technology, pharmaceutical and medical services assessment processes**

- Integrative and collaborative mechanisms for health technology, pharmaceutical and medical services assessment processes should govern interaction with government health policies and programs as well as national health and medical research activities. These should be managed through a central, national co-ordinating government organisation with a strong focus on translating research outcomes into clinical, medical and health practice.

**TOR 11. Ways in which the Commonwealth's e-health reforms can be leveraged to improve research and translation opportunities, including the availability, linkage and quality of data**

- Implementation of a national data linkage program across all health and medical sectors, linked to a national database, supported by an agreed national data set and the implementation of national standards and guidelines.
- Design innovative e-health implementation programs and solutions that complement and are flexible in adapting to changing work practices in oncology and unusual settings (such as rural and remote facilities) to support data collection and the delivery of health services in areas of high need but with limited resources.
- Better engagement with the research sector in designing education, training and support programs for e-health implementation around an evidence based, evaluation framework.
- Facilitate new forms of collaboration across organisations, facilities, sectors, state/territories and nationally with more consistent and easily available IT mechanisms for collaborative work among researchers, policy makers, health service managers and clinicians.
- Maintain and build global collaborative ties with international organisations, research institutions, networks, universities, governments, facilities and industry.

**TOR 12. The degree of alignment between Australia's health and medical research activities and the determinants of good health, the nation's burden of disease profile and national health priorities, in particular "closing the gap" between indigenous and non indigenous Australians.**

- "Closing the gap" between indigenous and non indigenous Australians should be a major priority for a nationally driven, government supported health and medical research program that is managed and implemented in collaboration with Aboriginal and Torres Strait Islander (ATSI) communities.
- Priority health and medical research addressing critical challenges for regional, rural and remote health and medicine should also be set to meet the national and international policy commitments to social inclusion and improving health outcomes for people in these communities.
- Strategic planning and funding mechanisms should be established to ensure that these ATSI and regional, rural and remote health and medical research initiatives are undertaken and the findings are translated into clinical practice and healthcare services.

**TOR 13. Opportunities for Australia's health and medical research activities to assist in combating some of the major barriers to improved health globally, especially in the developing world**

- Expand current advanced educational activities by Australian medical oncologists such as **Concept Development Workshops** ran by MOGA in 2011 in Lahore and Karachi (Pakistan), Mumbai (India) and Beijing (China). These Workshops provided high level training in clinical trials design and development by leading local, Australian and international oncology specialists. One of the main barriers in the low priority status that is

given to cancer research in many developing countries and the related lack of funding assistance from the Australian government.

- Australia's rural and remote health and medical research community has a demonstrated record of developing flexible solutions to health and medical challenges. This capacity and Australian research models and projects could assist in addressing similar challenges in developing countries.
- In 2011 Heads of State attended a UN High-Level Meeting in New York to pledge their support for concrete action to prevent and control a major cause of world poverty: non-communicable diseases (NCDs), which include cancer, cardiovascular disease, chronic respiratory diseases and diabetes. NCDs are a significant driver of economic loss and instability. The World Economic Forum and Harvard University estimate that NCDs will cost the world economy \$47 trillion over the next 20 years, representing 75% of annual global GDP and surpassing the cost of the global financial crisis. The World Health Organisation estimates that a basic package of cost effective strategies to prevent and treat NCDs would cost only \$11.4 billion a year across all low- and middle- income countries. The 2011 G20 Chair, France, along with other members such as Germany and South Africa, and Australia, requested support for a Financial Transactions Tax to address this global concern.

### Conclusion

MOGA is pleased to contribute to the Strategic Review of Health and Medical Research in Australia. Our members are active contributors to the Australian medical and health research sector playing a leading role in providing the evidence required to meet the challenges of health and medical practice in Australia and, internationally in cancer care and management; including translating this research into daily clinical practice; improvements in health service delivery in cancer services; specialist education programs; and, the development of new oncology drug regimens and the adoption of new technologies.

The Strategic Review is an important opportunity to examine and perhaps, re-focus our national health and medical research priorities to ensure that they are better integrated with the economic, social and environmental challenges and opportunities for the sustainable development of our nation. A key aim of this submission is to ensure that Australia's national health and medical research effort incorporates the full range of strategic planning and funding mechanisms to support the conduct of oncology health and medical research at international best practice standards and, the findings of that research is incorporated into clinical practice, national healthcare policies and programs. It is important that as a nation we recognise, reward and develop the strengths of the current health and medical research sector as well as identify opportunities for the future development of this valuable national and international resource to ensure our ongoing national competitive positioning.

The Association would welcome the opportunity to provide the representatives of the Review Panel with additional advice as required and look forward to receiving the final Review report.

Kind regards



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