

**Submission Number 320 - Ian Smyth**

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

I am concerned at an emerging and over-arching drive towards supporting “translational” over “basic” biomedical research. These developments can (and in some countries already have) significantly affected basic research fields which might otherwise have made considerable, if indirect, contributions to treating or understanding disease. Clearly a balance between the two has to be achieved, but the current system, in which basic research projects are window-dressed as having direct health impacts just to stand a chance at funding is both highly contrived and counterproductive.

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

I believe there should be serious consideration given to providing long term, meaningful resources to supporting infrastructure necessary to foster a competitive biomedical research environment in this country. The current, deplorable situation regarding a lack of clarity in infrastructure support through the NCRIS scheme is a case in point. Elements of this scheme (access to mouse models, biobanking etc etc) could be significant drivers for medical research in this country, but the current piecemeal funding arrangements mean that they exist on a year to year basis. Long term investment in this area is critical for the future success of biomedical research initiatives in this country.

Career progression for young scientists has become a farcical notion. I support a strong merit based system by which progression through the fellowship system is limited to the most deserving candidates, but also that these principles should be uniformly applied across the fellowship spectrum. The current impasse between CDA and SRF is a case in point, and the continued reinvention of mid-career systems (RD WRIGHT, CDAI, CDAll etc) prolongs the agony, especially when the system is overfed from below.