

SRHMRA Submission 60 — Prof Jerry Adams

A vibrant biomedical research community represents a critical investment in the future health of Australians. Therefore, over the long term, it more than pays for itself, through better health outcomes, which the public demands. Support for medical research should gradually increase to become 2% of the health budget. The NHMRC remains the best vehicle for support of medical research. It should remain within the Health Department to closely couple research with health outcomes. Its major successes include the Program Grant system and the Fellowship scheme.

To provide a clearer career path for talented biomedical researchers, the NHMRC Fellowship scheme should be expanded (say 50%). To retain the very brightest, the Australia Fellowships should be re-introduced.

Over recent years the NHMRC administration has often floundered, e.g. in the electronic submission (RGMS) fiasco and in the continual arbitrary changes to grant review processes. The executive needs to be more responsive to the medical research community. All grant funding should remain peer-reviewed.

Areas of NHMRC weakness include its very limited support for translation, both for clinicians who predominantly want to undertake research and for early stage drug development. The latter is essential to allow basic research discoveries to be extended through the proof-of-principle pre-clinical studies that would attract commercial support. The biotech industry in Australia is weak and would benefit from tax law changes that would spur its contributions to, and alliance with, academic medical research.

The granting system would be substantially improved if it included (as in the USA) full funding of indirect costs. That would encourage philanthropists to contribute more to direct support. Other changes to granting rules and tax law could further stimulate philanthropic and commercial contributions to medical research.