SRHMRA Submission 65 — A/Prof Gerald Atkins

Why have a viable medical research sector?

Australia has a proven medical research community, which continues to contribute in a major way to improving medical practice and human health, and importantly to basic, medicine-related, scientific knowledge. This latter point is critical: basic research is the platform, on which translational research and clinical studies are based. The National Institutes of Health (NIH) of the USA recognise this and are maintaining funding of basic research in that country. Australia should certainly follow suit and continue to fund great research conducted by people with both proven and growing track records in medical research.

Management and funding?

The quality of the peer-review process seems to have deteriorated in recent years. Grant review panels that allocate funding to grant proposals have not consisted of enough of the experts relevant to the particular GRP. GRP members ideally would be chosen based on the knowledge of the Chair and Deputy-Chair, who in turn would preferably be knowledgeable and prominent scientists and/or clinicians in that particular field.

We also desperately need to overhaul the NHMRC Fellowship scheme, which is in disarray. This is critical to the protection of the people who perform our excellent medical research. There are two problems currently: firstly, that NHMRC Fellowships are funded at a salary rate far below the EBA of each of the Universities; secondly that lack of management of the scheme and its demographics means that there is no secure career path for young biomedical scientists and there is no security for mid-career scientists. Support of productive, non-tenured career scientists is essential if our research effort is to be maintained and developed further. Resolution of this crisis should involve negotiations between the NHMRC, the Universities and the Government. One way of resolving these problems may be to establish Fellowships whereby the NHMRC and the administering institution each agree to pay 50% of an applicant's salary. This would immediately increase the number of available fellowships and require Universities to contribute in a substantial and transparent way to the research conducted in their name, i.e. by the people who generate their ERA scores, supervise their higher degree students and generate their RIBG funding.

Strategic directions?

Our National Health Priorities often do not align with funding priorities. For example, pathologies of Bones and Joints represent a huge and growing disease burden, recognised globally in the Decade of Bones and Joints, but this is by no means reflected in relative research dollars for this field.