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**The University Of Notre Dame Australia  
Submission to the Senate Community Affairs Legislation Committee Inquiry into  
the Medical Research Future Fund Bill 2015 and Medical Research Future Fund  
(Consequential Amendments) Bill 2015.**

**Introduction**

The University of Notre Dame Australia welcomes the opportunity to comment on the establishment of the Medical Research Future Fund (MRFF) and the associated Legislation. The Medical Research Future Fund provides an extraordinary opportunity to improve the future health and wellbeing of all Australians and to support a stronger economy while also contributing to a safer, more accessible, effective and efficient health system.

The University of Notre Dame Australia is broadly supportive of the *Medical Research Future Fund Bill 2015* (the MRFF Bill) and the *Medical Research Future Fund (Consequential Amendments) Bill 2015*.

We recognize that a number of issues in relation to governance that were raised at the time of the original MRFF Bill introduction to the House of Representatives have been resolved by subsequent Government amendments included in the Bill passed by the House on 22 June.

This submission provides comments and suggested amendments to the Bills focused on ensuring that the MRFF is not limited in its scope and encompasses the potential for investing in a broad range of health and medical research, and the translation and application of new knowledge and invention to improve the health of individuals and the community.

**Definitions of 'Medical Research' and 'Medical Innovation'**

The current definition of medical research presented in the Bill is supported:

*medical research* includes research into health.

The simplicity of this definition is important so that the scope of investment by the MRFF is not narrowly prescribed or limited within the Legislation. Notre Dame supports a flexible and

inclusive definition that enables the MRFF to support appropriate health and medical research priorities that will meet the goal of improving the health and wellbeing of individuals as well as the health of communities. The term 'medical research' may sometimes be viewed as excluding important research in areas such as prevention, population and public health, health services research, health economics, informatics and health policy and systems. We therefore support retaining this broad, inclusive health and medical research definition which encompasses all potential research relating to human health.

We do however suggest amendment of the definition of 'medical innovation' presented in the Bill for similar reasons.

The definition as currently presented in the Bill is as follows:

*medical innovation* means the application and commercialisation of medical research, and the translation of medical research into new or improved medical treatments, for the purpose of improving the health and wellbeing of individuals.

We consider this definition to be too narrow by focusing on 'medical treatments'. There are many examples of valuable research that do not relate to medical treatment including in the areas of prevention, health risk management and early detection of diseases and other health problems. In researching better care for chronic disease multidisciplinary care should be a focus rather than 'medical treatments' alone. And beyond treatment and cure the important roles of palliative care research and pain management need to be recognized in the health and medical research agenda. The delivery of quality, accessible and efficient health services is another national priority requiring a range of research disciplines including health services, health economics, health policy research that changes clinical practice and informs health policy.

Medical innovation also encompasses the invention and commercialisation of devices and technologies that could support the better health of individuals and communities; for example, the development of diagnostic devices, telehealth technologies or vaccines. There are also important opportunities to improve the health and wellbeing of people at a population level and in communities of high need through population and public health research in areas such as research into the health of people living in rural and remote areas, prevention research, improving the health of Aboriginal and Torres Strait Islander peoples and other areas of social and health inequity.

The following definition is proposed as an alternative:

*“Medical innovation* means the application, commercialisation and translation of medical research and invention to create new or better ways to improve the health and wellbeing of individuals and communities”.

### **The Advisory Board, Strategy and Priorities**

Notre Dame welcomes the establishment of an Australian Medical Research Advisory Board. The Advisory Board, which is required to have experience or knowledge in specific areas, enables expert guidance to be provided to the Government which must be considered by the Health Minister in determining financial assistance to be paid from the MRFF.

We support the inclusion on the Advisory Board of the CEO of the National Health and Medical Research Council (NHMRC) to assist with alignment of the complementary roles of the MRFF and NHMRC's Medical Research Endowment Account (MREA) in supporting medical research and innovation (as outlined in the Supplementary Explanatory Memorandum), and promote a strong relationship between the MRFF and the NHMRC in delivering on the Government's strategy for health and medical research and innovation.

Notre Dame would also suggest that provision in the MRFF Bill for a community/consumer perspective and voice on the Advisory Board is desirable. Further the Advisory Board should be able to access relevant independent expert advice if required to support their considerations.

**The complementarity of the MRFF and other government investment in health and medical research**

Notre Dame supports the strategic opportunity to enhance and complement the Government's investments in health and medical research including the MREA administered through the NHMRC, ARC and other programs. The alignment of these activities should ensure that the MRFF continues to be an effective additional investment over time and does not substitute for other government funding.

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