

SENATE INQUIRY INTO THE MEDICAL RESEARCH FUTURE FUND BILL 2015

The University of Western Sydney (UWS) welcomes the opportunity to respond to the Medical Research Future Fund Bill (the Bill) and consequential amendments.

UWS is a significant contributor to health and medical research nationally while at a regional level helping to address the growing health challenges of Greater Western Sydney.

UWS supports the establishment of the MRFF and the benefits it will bring to achieving new medical advances and breakthroughs as well as heightening Australia's reputation as a leader in medical research.

UWS endorses the development of such vital new funding and hopes that the recommendations and considerations presented below will assist in nuancing the MRFF to ensure it offers the most effective outcomes possible.

Recommendations:

1. That the government consult further with the university and research sector about:
 - a. how to ensure there is effective governance of the MRFF and ongoing consultation about MRFF strategy and priorities
 - b. the Australian Medical Research and Innovation Priorities
 - c. the future relationship between the NHMRC and the MRFF – to ensure it is clear, complimentary, and avoids duplication
2. That the allocation of funding under the MRFF or other government funding:
 - a. provides for the indirect costs of research and research infrastructure
 - b. is inclusive of the broad field of health research, not just medical research, and covers research translation
 - c. does not compromise or reduce future funding to the NHMRC
3. That consultation under the MRFF extends beyond the MRFF Advisory Board and is inclusive of State and Territory Governments, universities and other medical and health associated bodies.
4. That the Advisory Board is inclusive of all fields of medical and health expertise such as nursing and midwifery, allied health and has broader representation that extends to consumer groups
5. That the Bill is modified to more overtly address the challenges associated with research translation

These issues are discussed in further detail below.

THE ALLOCATION AND SCOPE OF FUNDING

Funding research infrastructure and indirect research costs under the MRFF

While the Bill is not clear on how funds will be dispersed, we would like to emphasise the importance of ensuring that the level of MRFF grant funding, or the provision of other government funding, ensure that universities are not left with a gap between the funding and the full research costs. Funding must cover the direct and indirect research costs.

These costs, particularly in relation to medical research, can be substantial. Universities cannot bear the costs associated with grant funding and any failure to cover such costs through the MRFF will be detrimental to the funding scheme, the sector, and medical research more broadly.

We also note that a research block funding for universities is currently not sufficient to cover the indirect and base research costs and that a decrease in the block grant has been indicated. For Universities such as UWS, which is growing both its reputation and resources in medical research, funding for the full range of costs is paramount.

Ensuring that funding captures both health and medical research

Despite the numerous aspects of this Bill that UWS supports, the University has concern about the scope of the funding. The Bill, both in its title and content, narrowly articulates a fund purely for medical research.

Although the Bill makes reference to 'boosting health and medical research', the focus of the funding remains predominantly on medical research and medical innovation. These terms do not recognise the important contribution that other health professions make and therefore result in 'health' being largely absent from the Bill.

UWS suggests that, in creating this fund, the Minister must be mindful and responsive to the NHMRC national strategy for medical research and public health. We stress that medical innovation without public health translation is an incomplete approach to addressing medical and health needs and knowledge gaps nationally and internationally. Currently this fund appears designed to bolster the narrow area of bio-medical research and its focus on medical or physiological phenomenon.

MRFF ADVISORY BOARD

Representativeness and functions of the Advisory Board

UWS endorses and welcomes the inclusion of the NHMRC CEO on the MRFF Advisory Board. This appointment will allow the Minister to benefit from the NHMRC's expertise in funding medical research.ⁱ This arrangement is also vital in minimising overlap and should be used to help identify and ensure that areas of national and critical need are funded.

UWS would also like to highlight the scope of using the Advisory Board to mediate and manage the complexities of resourcing projects and people. Within the sector, the tension between support of people vs support of projects is an increasingly audible dialogue. The issues underpinning this dialogue must be managed in a new and effective way. The

Advisory Board will be critical in establishing how this is done fairly with maximum national benefit and penetration.

Given the high percentage of research that actually occurs within State government institutions, the intention to involve the States and Territories through the fund is also supported by UWS. Furthermore, consultation should also extend beyond the Advisory Board and include universities and associated medical and health bodies.

In ensuring the ambitions of the MRFF are realised, UWS believes there is a need to include all fields of medical and allied health expertise, including nursing and midwifery on the Advisory Board. UWS would also further recommend the inclusion of consumer representation.

UWS would also like further clarity on how members to the Advisory Board will be nominated and the length and nature of their term.

RESEARCH TRANSLATION

UWS feels it important that not only the innovation in medical research but also its translation is articulated more overtly in the Bill.

Innovation literature points to translation as the most immediate area of need and also indicates socio-cultural factors are essential to overcoming barriers to innovation.

The complexity of the health system is uniquely suited to research in the Humanities and Social Sciences to achieve these vital translational outcomes. Also, healthcare products are distributed through a highly complex supply chain that involves multiple parties. As the *Guardian Healthcare Network* rightly points out "learning and adopting new systems, new methods of care or new devices often take a backseat to day-to-day patient care".ⁱⁱ

It is translation that is the key to more effective patient care as well successful preventative health initiatives. This focus would sit squarely with the collective knowledge/experience that the board will need to possess - including "policy relating to health systems; management of health services". The inclusion of health and translation more overtly within the Bill is also crucial to the distribution of funding through the MRFF. The narrow 'medical' definition, as it currently stands, could be exclusive resulting in medical institutes with a focus in the health and translation space being marginalised when seeking or even ineligible for funding.

Questions about this submission should be directed to:

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ⁱ p.23

ⁱⁱ <http://www.theguardian.com/healthcare-network/2015/jan/23/barriers-healthcare-innovation>