

# Improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account

## ACTA's consultation submission

Submission date: 14 July 2023

### INTRODUCTION

On 4 June 2023, the Department of Health and Aged Care launched a public consultation focussed on *Improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account*.

The following responses to the five consultation guiding questions were submitted by ACTA via the online consultation portal on 14 July 2023.

ACTA thanks the Department of Health and Aged Care for the opportunity to respond to this public consultation and recognises the potential impacts that changes to funding arrangements will have for our members and the broader health and medical research sector.

### ACTA'S RESPONSE TO THE CONSULTATION GUIDING QUESTIONS

#### 1. What benefits should be achieved through improving the alignment and co-ordination of the MRFF and MREA?

Benefits should include:

- Efficiency and consistency of the administrative systems and requirements that are applied to applications for grant funding
- A system that focuses on the impact that is actually achieved from funding health and medical research (biomedical, clinical, translational, public health and prevention research)

Greater transparency in priority setting processes, including systems which ensure consumers and the community have equal opportunities to provide input that informs decisions about priorities for future research

- Integrated and coordinated governance across the full spectrum of research funding
- Improved capacity to embed evidence generation and implementation within the healthcare system
- Increasing efficiency for researchers applying for funding through standardisation of processes and clear and structured scheduling
- A pathway that supports the development of research from discovery to implementation
- Embedding research into the health system, as recommended in the McKeon review and AAHMS report
- Strengthening end user involvement (including consumers, the healthcare system, and industry) in priority setting and operations
- Building on existing achievements for greater involvement of consumer and community members to ensure their 'voice' informs decision making.

## 2. Which feature/s of the models will deliver these benefits?

We consider this is a once in a generation opportunity to achieve better health outcomes for Australians because of enhanced efficiency and better governance over the administration and distribution of public funds that support research.

ACTA's members undertake investigator led clinical trials which play an important role in delivering priority driven research agendas. This type of research provides a focus that aims to deliver real time impact to healthcare systems and improve patient outcomes.

We believe the key feature of governance reform should be primacy of the users of research outcomes (consumers, the healthcare system, and industry) to determine the strategy and operation of both priority-driven and investigator-proposed research. The research sector itself (Universities, Medical Research Institutes) should be represented within the governance model but only to the extent needed for those groups with a deep understanding and knowledge of the sector to understand its capacity to deliver. Research must be purpose-driven for impact and this is only achievable by giving the major governance role to those who benefit from research, over those who serve by conducting it.

Additional features should also include:

- A stronger focus on priority-led research
- Simplifying the application process/bureaucracy for all (applicants, funders and reviewers) by sharing the resources that work best across the programs (as is already happening for some MRFF funding calls)
- Supporting the research community by using a common taxonomy/guidance about application inputs and outputs so reviewing can be based on a transparent process
- Having mechanisms to transparently report on what is being funded to avoid multiple trials competing for the same patients
- Strengthening consumer involvement activities and opportunities throughout all systems and processes
- Encouraging collaboration to bring large groups together to deliver more efficiency and reduce research waste (similar to the collaborations conducted within Clinical Trials Networks).

## 3. What elements of the existing arrangements for the MRFF and MREA work well and should be retained? Which feature/s of the models will help ensure these elements are preserved?

It is important that through this consultation process that there is reflection on how far Australia has come in funding health and medical research. We have moved from an almost singular focus on discovery research to one with greater focus on translation, consumer engagement and involvement and an increased interest in implementation of research in health care delivery.

The elements of MRFF that work well, include:

- Adopting a priority-driven agenda
- Fostering capacity, capability and collaboration building initiatives, such as ACTA
- Playing an important role to defragment the sector
- Developing a monitoring and evaluation framework
- Establishing therapeutic area-focussed missions.

The elements of MREA that work well, include:

- A commitment to peer-review and year-on-year consistency
- The Sapphire system.

#### 4. Which aspects of the current arrangements could be changed to deliver the most appropriate and effective change, and why? Which feature/s of the models will help deliver this change?

We propose 5 key governance changes to deliver meaningful impact on future arrangements, and in turn the research sector, including ACTA's members:

##### 1. Fit for purpose:

At an operational level, any structure that has capacity to avoid duplication/inconsistency in application processes, evaluation processes of research spending impact, and better distribution of limited resources to achieve the greatest impact on health/economic outcomes, would be welcome (e.g., greater focus on prevention, health services research).

##### 2. Improved translation capabilities:

A governance structure that enables clear coordination across the health and medical research pathway will support better healthcare delivery and patient outcomes.

##### 3. A focus on the end users of research:

We believe a key feature of governance reform should be primacy of the users of research (consumers, health services, and industry). End users must be involved in strategy development and ongoing operation of both priority-driven and investigator-proposed research. Practically, this could mean:

- Strengthened end user engagement across the investment landscape
- Greater end user empowerment in the appropriation of funding and for improving allocation and application processes including representation from consumers, health services, and industry. We acknowledge that in some cases a singular representative may be insufficient to deliver the desired outcome.

##### 4. Balanced funding for discovery-orientated research and priority-led translational research:

Any change to arrangements must see stronger focus on patient-orientated research informed by health system data and research feasibility assessments. Whilst acknowledging the value of discovery-orientated research, patient-orientated research carries a far greater probability of delivering health outcomes.

##### 5. Tailored to delivering outcomes:

Future arrangements must better support the needs of the sector e.g., including funding allowances for long term clinical trials to enable studies to meet recruitment targets and deliver more meaningful information.

#### 5. Is there anything you would like to raise that is not otherwise captured by these questions?

We advocate for an evidence-based approach that sees improved usage of health system data to identify research opportunities around areas of greatest disease/cost burden.

We also acknowledge underlying workforce issues which can create impacts to career stability and development. Grant competitiveness and changing priorities can undermine the research workforce. Stability in research funding enables expertise to be developed and encourages people to participate in the sector. Supply of research funding should also be matched to the supply of talent emerging from the higher education system.

Regardless of the governance model selected, a well-funded and high-quality approach to research infrastructure is required to underpin delivery of research investments. This should see funding stability for the hard and soft infrastructure elements of collaborative research capabilities (e.g., Clinical Trial Networks, Clinical Trial Coordinating Centres, and Clinical Quality Registries).

We would encourage and welcome the opportunity to be involved in discussions regarding how priority-led research can be better understood and funded in any new arrangements.