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## ***AMA submission – Structural review of NHMRC’s grant program***

**Submitted by:** Australian Medical Association (AMA)

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The AMA welcomes this opportunity to provide input to the Structural review of NHMRC’s grant program. The AMA represents members across the full spectrum of medical practice and medical interests. AMA members benefit from the results of health and medical research and in many cases participate in and undertake research themselves.

The AMA looks forward to publicly-funded medical research that demonstrably improves the health of Australians, including through preventive health and population health research. The NHMRC Grant Program should foster and enable a robust medical research culture, creating an expanding body of completed medical research as well as increasing medical research capacity.

This submission reflects the AMA’s ‘whole of system’ interests as a key stakeholder of medical professionals. It is not intended to transmit the experiences and views of individual AMA members as direct ‘users’ of NHMRC’s grant program.

The AMA notes the review of the grant program stems from the perceived need to address the effects of the high volume of applications (and low funding rates) on researchers and reviewers (including early and mid-career researchers), and the tendency of the system to orientate towards ‘safer’ research topics.

The AMA supports the objective of streamlining the current suite of funding schemes, while continuing to support the best Australian research and researchers for the benefit of human health.

In terms of a possible new structure for grants program, the AMA is not in a position to comment in detail on the potential advantages or disadvantages of the three models proposed.

By way of general comments, the AMA notes:

- The Team and the Investigator models (1 and 2) appear to provide reasonable mechanisms to address the purposes of the review and the stated major objectives for the NHMRC grants program.
- Although it is presumably possible to mix different elements between these models, the Team model itself appears to incorporate the desirable features, and its principal

focus on team-based research would seem to match to health and medical research needs.

- The Team model appears to offer a mix of research grants by type and duration, with relatively low costs of selection.

Whichever model is chosen, the grant program should include review points, both during and following implementation, to assess the program overall is delivering on the objectives for the NHMRC and for the grant program specifically.

The AMA welcomes the principal focus on long-term team-based grants in Model 1 (and similarly for investigator-based grants in Model 2). Grants that operate over five years will provide a better basis for health and medical research than grants which are limited to three years. With three year grants researchers basically need to have their projects half-completed at the time of funding in order to get it completed by the end of the period, then they are effectively back to writing and applying again after just 18 months of funding if they want the project to be ongoing.

The AMA notes that translation of research findings into implementable programs and initiatives is a critical element of a successful and sustainable health and medical research program. Explicitly planning and documenting how translation will be achieved is an area with potential to be done more, and more effectively and more consistently, than is the case currently. Requirements to address translation should be built in to the program so that completed research projects come with a translation plan.

The AMA understands the operation of the MRFF is outside scope of the Structural Review. It notes, however, there must be a strong and effective connection between the MRFF and the NHMRC Grant Program, to ensure the strategy and priority setting processes for both are fully complementary, and to ensure the MRFF is and remains a net addition to the sum of health and medical research.

The existence of the MRFF must never become a pretext for reducing other health and research funding such as through NHMRC grants. These matters should not be left to expectations, they must be actively safeguarded against.

Finally, the test of a new grant program will be the results it delivers. These will be measured in terms of the funded research and its contribution to the NHMRC and grant program objectives. Part of this measurement must include consideration of what topics are and are not being funded, partly to address the current problem of ‘sameness’ but also to ensure important areas of health and medical care are not being under-researched or even not researched at all.

For example, two areas that tend to be less well-served by health and medical research currently are health systems and health financing, in the context of Australia’s particular health system and financing arrangements.

This highlights the need to supplement successful grants by also considering the need to actively and consciously ‘Pick Losers’, where ‘losers’ are in priority areas that are both important to health and medical care and that are otherwise receiving insufficient research focus. These areas should be actively solicited for research. How this is done is up to the

NHMRC, but there should be a mechanism to ensure it happens and important health and medical research does not lose out.

The AMA remains interested in the operation of the grant program and the progress of research undertaken both it and the MRFF. It looks forward to feedback and involvement on the restructure and roll-out of the new program.

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