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Submitted to MRFF Australian Medical Research and Innovation Strategy and Priorities consultation
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Introduction

1 Full name

Full Name:
Professor Sir John Savill

2 Submission type

Organisation affiliated

3 Organisation type

Non-government

4 Organisation sub-type

NHMRC Advanced Health Research and Translation Centre

5 Residential state or territory

Victoria

Strategy Consultation Questions

6 Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how?

Max 200 words :

Yes, the current Strategy should be altered. “To improve the health and well-being of Australians” to the maximum extent allowed by available funding, it is crucial that MRFF investments in medical research are carefully co-ordinated with those made by NHMRC.
The new Strategy should, as a headline, commit to the development of a single national strategy for health and medical research that delivers co-ordinated investment from the MRFF and NHMRC. In 2006 the UK arrived at a point similar to Australia in 2021, with two major public funders of health and medical research- the pre-existing broad remit funder at arm’s length from government (MRC, equivalent to NHMRC) and a new major funder embedded under ministerial control in the Department of Health tasked with delivery of impactful applied research (NIHR, similar to MRFF). To maximise public benefit and eliminate wasteful duplication, the two funding bodies developed strategic co-ordination delivery models (see response 8 below). Such co-ordination has delivered impressive impact (https://www.nihr.ac.uk/news/new-report-highlights-how-nihr-support-for-clinical-research-benefits-the-uk-economy-and-nhs/22489) with accelerated translation of health and medical research into improved healthcare and a stronger economy. Australia is now poised to make similar gains from co-ordinated deployment of MRFF and NHMRC funding against a single national strategy.

7 What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

Max 200 words :

The most critical issue facing Australia’s health system is its failure to capture full benefit from our country’s internationally excellent medical research. The key impediment is now the lack of a single national strategy for health and medical research. With investment split in an unco-ordinated manner between two major funders there is no mechanism to ensure that the system does not “fall between two stools” with failure to mount an adequate response to high priorities; this is particularly important when there is an urgent need for a rapid response at an appropriate scale to emergencies such as COVID- see response 9 below. Furthermore, duplication of funding opportunities is wasteful, both of precious researcher time and effort and of funder time, effort and administrative expenditure. Strategic co-ordination between two public funders of health and medical research better ensures an adequate response to high priorities, makes more efficient use of time, effort and money, and delivers improved translation into better healthcare and a stronger economy.

8 Suggest options for how the next Strategy could address these critical issues and factors?

Max 200 words :

Strategic co-ordination against a single national strategy for health and medical research could be achieved in Australia by a bilateral commitment from AMRAB (empowered for this purpose) and the Council and CEO of NHMRC to work together in various ways perfected in the UK by NIHR (budget ~£1100m pa) and MRC (~£800m pa) since 2006.
Three successful co-ordination strategies have been delivered: (1) For some strategic priorities each funder adopts sole responsibility for a particular priority (eg NIHR funds all Phase III trials and applied health research, whilst MRC delivers all discovery science and global health research); (2) Funders

assume exclusive responsibility for a component of a joint strategic priority (eg in translational medicine, NIHR funds clinician researcher-translator posts while MRC funds the costs of experimental medicine projects delivered by such staff); and (3) Funders jointly deliver a single seamless "one portal" scheme, with awards made from a single joint budget to which each funder contributes (eg UK mechanistic trials through the joint NIHR/MRC Efficacy and Mechanism Evaluation Programme); in Australia much wasteful effort would be eliminated by a unified MRFF/NHMRC Investigator Grant scheme. These tried and tested approaches can be applied in Australia to deliver a single national strategy.

9 Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

Max 200 words :

There is strong evidence from the UK that strategic co-ordination between MRFF and NHMRC investments is likely to deliver the most impactful research in response to the profound disruption of healthcare and research driven by the COVID-19 pandemic in Australia. Thus, strategic co-ordination between NIHR and MRC provided the UK with an internationally admired rapid research response to COVID-19 (by contrast with the catastrophically slow UK public health response). Thus the MRC-funded Health Data Research UK Digitrials Hub, (designed to harness electronic health records linkage to identify patients with particular characteristics so that they could be approached with an invitation to volunteer for trials) was rapidly re-deployed to COVID work in exclusive collaboration with NIHR. The latter re-deployed its nationwide network of Clinician Researcher-Translator staff to work with the Digitrials Hub to deliver the jointly funded NIHR/MRC multi-site RECOVERY trial that tested likely treatments for severe COVID. In only 11 weeks over 10,000 patients were recruited with rapid analysis delivering definitive evidence of the first effective treatment for severe COVID-19 (https://www.nejm.org/doi/10.1056/NEJMoa2021436). Such smooth co-ordination should be a model for delivery of the research needed from MRFF and NHMRC to address the profound disruption of the Australian healthcare system.

Priorities Consultation Questions

10 Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how?This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

Max 200 words :

Under the theme of Capacity and Collaboration we welcome the current priority of Clinician Researcher Capacity. Nevertheless this could be improved to emphasise more the importance of translation of medical research, which is crucial for the objectives of the MRFF Act, and the need for a sustained commitment at scale.
Firstly, this Capacity priority could be re-cast as "Clinician Researchers and Translators". "Clinician Researchers" are a subset of the broader role category of "Clinician Researcher-Translators" (as defined in response 11) which requires building in terms of both capacity and capability to optimise research and translation.
Secondly, the current priority's wording appears to delegate overarching responsibility for building capacity to individual MRFF programs, which is not resulting in sustained and co-ordinated investment at the scale required, around $50m per year, to supply the need of the healthcare system for Clinician Researcher-Translators. Either the requirements on MRFF programs should be clarified or, preferably in our view, there should be clear prioritisation of greater investment directed towards a free-standing program to build Clinician Researcher and Translator Capacity.

11 What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

Max 200 words :

The most critical issue facing Australia's health system is its failure to capture optimal translational benefit from our country's internationally excellent medical research. This deficit reflects insufficient investment in what overseas systems have demonstrated to be the "sweet spot" for successful translation- a dedicated research and translation workforce embedded in the clinical frontline. Competing overseas jurisdictions successfully drive translation of medical research by systematic investment at scale in frontline health service clinical professionals (doctors, nurses, midwives, Allied Health Professionals etc) who deliver research and translation alongside clinical care duties. Such "Clinician Researcher-Translators" have time funded to involve consumers in research and recruit participants to suitable studies; undertake research requested by health services and prove practical relevance of research to healthcare; provide clinical research and translation expertise for partnership with industry; and champion the adoption of public and private innovation by health services. Without efforts to build a cadre of Clinician Research-Translators towards the scale achieved overseas (UK, US, Singapore) our health system fails to capture the translational benefits of MRFF and other investment in medical research, missing out on improved quality of healthcare, savings deriving from evidence-based care and economic growth in the healthcare and MTP sectors.

12 Suggest options for how the next Priorities could address these critical issues?

Max 200 words :

Successful capture of improved healthcare and economic growth from MRFF research requires that the next Priorities should include investment at scale targeted towards building Clinician Researcher-Translator capacity (existing translation-skilled health service staff lack funded time to deploy their expertise) and capability (there are critical skills shortages in, for example, digital health and implementation science). Strong evidence in favour of this approach comes from the UK, where government since 2006 has invested ~$20 per citizen per year, about 15% of the total public medical research budget, in Clinician Researcher-Translator time. This sustained funding has supported ~300 staff per million of population, securing impressive beneficial impacts on both health and wealth
(https://www.nihr.ac.uk/news/new-report-highlights-how-nihr-support-for-clinical-research-benefits-the-uk-economy-and-nhs/22489). Australia's 10 NHMRC-designated Research Translation Centres, which bring together health services, health scientists and healthcare consumers, are ideally networked locally (and nationally through the Australian Health Research Alliance, AHRA) to co-ordinate MRFF investment in building Clinician

Researcher-Translator capacity and capability, and advocate for long-term embedding of such staff in healthcare systems. MRFF capacity/capability-building investment of around $50m per year would address the key clinical translational workforce gap affecting metropolitan, regional and rural health economies, helping to bring the beneficial translational impacts of MRFF research investments to all Australians.

13 Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

Max 200 words :

The new Priorities can make significant headway in addressing adverse impacts of COVID-19 upon healthcare by supporting growth in capacity and capability of Clinician Researcher-Translators. Because around 80% of Health Services in Australia are members of the 10 NHMRC-designated Research Translation Centres that comprise AHRA, the Centres are uniquely placed to define and respond to the research and translation needs of Australian Health Services. Evidence abounds of severe disruption to non-COVID care since the pandemic reached Australia. This disruption has led to an unprecedented appetite amongst Health Service managers for adoption of soundly-evidenced, innovative models of care. For example, there have not been enough Clinician Researcher-Translators available to meet demand from health services for evidence-based virtual care models such as telehealth; or to provide evidence on low value care that should not be a demand on resources during and after the pandemic.
Therefore, support for building Clinician Researcher-Translator capacity and capability in the new Priorities will will greatly assist the healthcare system to develop and adopt evidence-based solutions to the severe disruption of non-COVID care caused by the pandemic.