Melbourne Academic Centre for Health

Tomorrow's Healthcare Today
A Strategy for 2020 to 2025

Executive Summary

Purpose: The Melbourne Academic Centre for Health (MACH) brings together health services and health scientists committed to translation of interdisciplinary research that will benefit patients and strengthen the economy. The MACH collaboration will address current health challenges by delivering precision care, developing tomorrow's healthcare and nurturing future leaders of innovative care (Figure 1).

Precision care will be based on improvements driven by implementation of the best research evidence into MACH health services; will be tailored to the personal needs of each patient and their family; will deliver improved safety and quality of care at lowest feasible cost; and will be carefully matched to the burgeoning capabilities of the relevant health services.

Tomorrow's healthcare will be delivered by ensuring that MACH health science can be efficiently developed, often in partnership with life science companies, into improvements in the prevention, diagnosis, treatment and palliation of ill health, with a particular focus on growing capability in transformative digital approaches. Patients and the economy will benefit.

Future leaders of innovative healthcare will be nurtured across the collaboration through the MACH-Track. This mentored and structured training pathway will initially focus on ensuring that the most promising doctors-in-training can develop careers combining specialist practice with postdoctoral research, with the longer term aim of expanding the Track to support all professional groups.

Successful delivery of these aims will enable the MACH to draw on its outstanding service and scientific strengths to make major contributions towards delivering tomorrow's healthcare today for communities in Melbourne, Victoria, Australia and overseas.

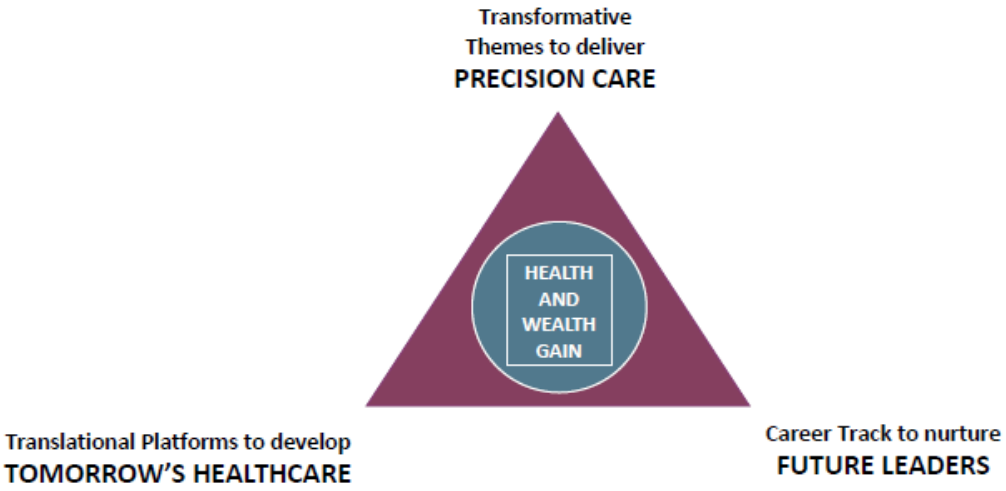

Figure 1: Schematic of MACH Strategy 2020-2025

Introduction

Human health in Australia is, by international comparisons, good (1). Furthermore, although viewed by some as fragmented, the hybrid public/private healthcare system in Australia also compares well with international benchmarks (1) for both outcomes and cost. Nevertheless, health and healthcare in Australia face challenges shared with other developed nations, such as ageing, dementia and degenerative diseases; increasing cancer diagnoses; the triad of obesity, diabetes and cardiovascular disease; infectious threats coupled with antimicrobial resistance; poor mental health; and health inequalities that in Australia are particularly evident in Indigenous communities. Unless innovative solutions to these problems are found, the costs of healthcare will become unsustainable.

These challenges can be addressed and overcome by advances in healthcare based on health research, which to achieve maximum impact has become increasingly interdisciplinary. However, if health science is to overcome challenges to health, research findings must be translated into improved patient care. Frequently, this requires partnership with companies expert in pharmaceuticals, diagnostics, medical devices and digital health. In 2015 Australia's National Health and Medical Research Council (NHMRC) decided to bridge the gap in Australia between health research and its at-scale implementation into practice by competitively establishing Advanced Health Research Translation Centres (AHRTCs). These were broadly modelled on successful Academic Health Science Centres overseas.

In 2015, the Melbourne Academic Centre for Health (MACH) was designated by NHMRC, along with our sister Victorian organisation Monash Partners, as one of the first four AHRTCs, with other translational centres subsequently being established across Australia. The MACH is a collaboration that, at the time of writing, includes 10 leading public health services, 8 internationally excellent Medical Research Institutes and the University of Melbourne, Australia's highest ranked University. The Faculty of Medicine, Dentistry and Health Sciences convenes this unincorporated joint venture (see Enablers section below for details). The current annual expenditure across the MACH on healthcare, health research and education is around $7bn per year. As depicted in Figure 2, a population of around 2 million Victorians is served by approximately 40,000 staff supporting each year over 700,000 hospital admissions and a similar number of Emergency Department attendances.

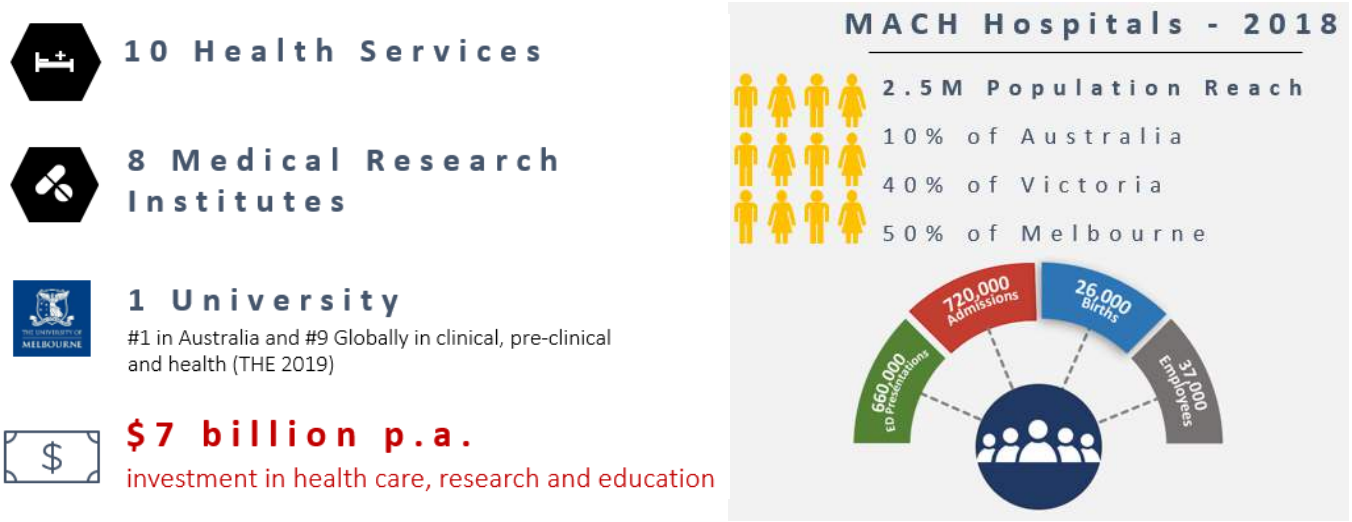

Figure 2: MACH at a glance

Unfortunately designation of MACH as an AHRTC by NHMRC in 2015 did not immediately confer funding for MACH's translational activities. However, in the same year the Federal Government established the Medical Research Future Fund (MRFF). By 2017 it was decided that NHMRC-accredited AHRTCs would receive MRFF monies as part of the Rapid Applied Research Translation (RART) program. Approximately $8.3M RART funding was committed to the MACH for the period 2018–mid 2021. This has enabled a suite of new translational activities involving over 200 researchers across 17 MACH partners, including 19 investigator-led collaborative translational research projects ($6.1M) providing 5 emerging leader fellowships; 6 'pump priming' projects ($480K); and contributions to 5 national initiatives ($1.6M) organised through the Australian Health Research Alliance (see Enablers section below for details). Project proposals to MACH were subject to an internal, three-stage peer review process following NHMRC criteria against MACH and MRFF priorities for activities that would deliver rapid and measurable translational health outcomes to the Australian population. Final selection of successful projects was made by a panel of MACH partner health service CEOs with subsequent endorsement by the Federal Department of Health in conjunction with the NHMRC. The 2019 MRFF 10-year plan indicates a commitment to continued funding through the RART program for NHMRC-accredited AHRTCs, which will all be reassessed for reaccreditation in early 2022; MACH can expect to benefit by ~$2m pa from 2021, but this figure may fall if more translation centres are designated by NHMRC.

Initially the MACH focussed on later stages in the translational pathway for health research, particularly implementation of health research findings into clinical practice, as this was a major focus for NHMRC at the time of designation and for MRFF funding through the RART program. However, together with the emerging national need to support earlier stage translation of MRFF-funded discovery health research, such as the MRFF Missions, Victorian Government has also signalled support for the MACH operating across the whole translational pathway. This is because such broad capability is needed for effective partnerships with industry that are central to state government policies aimed at strengthening Victoria's economy. Furthermore, capability across the whole translational pathway is also needed to translate new and beneficially disruptive technologies such as genomics and artificial intelligence, which have been rapidly moved from discovery to clinical implementation in competing health ecosystems overseas.

Since establishment in 2015, the MACH's Strategy has evolved through frequent and copious interaction between senior stakeholders, both internal and external to MACH (including Federal Government, Victorian Government and industry); between health researchers, practitioners and consumers in the MACH family; and between MACH trainers and trainees. The Strategy for 2020 to 2025 is summarised in Figure 1. Each of the three aims will now be described in more detail.

1) Precision Care

Precision Care will be based on improvements driven by implementation of the best research evidence into MACH health services; will be tailored to the personal needs of each patient and their family; will deliver improved safety and quality of care at lowest feasible cost; and will be carefully matched to the burgeoning capabilities of the relevant health services.

Transformative Themes: Enabling the definition and delivery of Precision Care is the most obvious way in which the MACH collaboration can assist the CEOs of its 10 hospital partners with their shorter term priorities. As described below, health research translation priorities identified by MACH Health Service

CEOs, the MACH Board and the MACH Council (see below), have led the selection of MACH Themes for delivery of Precision Care. Moreover, in the first year of this strategy (2020) the MACH Executive will ensure that there is a further round of consultation with CEOs on priority themes for delivery of Precision Care, with an emphasis on healthcare economics. CEOs will also be asked specifically about Precision Care in Mental Health. These refreshed priorities will also be discussed with the MACH Board and Council and appropriate groupings of consumers (see below). Each of the following list of current themes is served by an existing MACH committee:

1 A) Health Services, Improvement and Implementation. The committee will aim to disseminate best practice in two key domains of health services research- improvement and implementation (of best evidence). The initial focus has been on implementation science – bringing research evidence into routine practice – but there is growing expertise within the MACH partnership in the closely related discipline of improvement science, in which suboptimal performance is detected and remedied on the basis of best available evidence; in a sense implementation and improvement are two sides of the same coin. Both draw on capability in health economics and address best use of limited resources. This work will be greatly facilitated by the developing MACH Translational Platform in Data-Driven Healthcare (see below), because without comprehensive data on care and outcomes, neither improvement nor implementation is sustainable. The committee may be able to take its agenda forward by stimulating collaborative applications from MACH researchers to the major ~$63m pa 10 year MRFF priority in EPCD (Emerging Priorities and Consumer Driven Research). Where mental health care is of interest, there may also be funding opportunities arising from the MRFF Million Minds Mental Health Research Mission (~$50m pa).

1 B) Care of the Ageing. Aged patients account for a major and increasing proportion of hospital inpatient episodes, particularly those where discharge is delayed because of concerns over the home environment. Furthermore, aged people are at increased risk from degenerative diseases, including dementias and non-degenerative disorders of mental health. The committee will address translational opportunities in this domain that are of great value to health services. Furthermore, the Committee has the opportunity to take its agenda forward by stimulating collaborative applications to the Medical Research Future Fund Mission in Ageing, Aged Care and Dementia ($17.5m pa total budget).

1 C) Indigenous Health. This MACH Committee involves a number of researchers who are also members of Indigenous communities. Indigenous people experience unacceptable levels of ill health and untimely death. The committee will work in partnership with Indigenous communities to measure their access to, experience of and outcomes from healthcare, before co-designing, testing and implementing interventions that improve these parameters. Furthermore there are opportunities to work with the MACH Translational Platform in Data-Driven Healthcare to develop electronic records linkage that will benefit Indigenous communities. The committee will stimulate collaborative applications from across the MACH to seek major funding from the planned $12.5m pa MRFF investment in Indigenous Health Futures, including the possibility of a strand for Indigenous doctors in the proposed MACH-Track for Future Leaders (see below).

1 D) Women and Newborn. A key issue for this committee will be the sponsorship of therapeutic trials in women with high risk of pregnancy complications and unmet medical need affecting both mother and newborn. Consequently, the committee will be a springboard for applications to the planned MRFF investment of ~$60m pa in Clinical Trials for Rare Cancers, Rare Diseases and Unmet Needs (RCRDUN).

1 E) Infection. This new MACH committee will develop a network for methodologically challenging trials in healthcare- and community-acquired infection and in antimicrobial resistance, major challenges to health and healthcare. Opportunities may arise to stimulate collaborative applications to the 10 year MRFF ~$25m pa commitment to Preventative and Public Health Research. Furthermore, given the unmet need in the field, the planned MRFF investment of ~$60m pa in Clinical Trials for Rare Cancers, Rare Diseases and Unmet Needs (RCRDUN) may also be relevant.

1 F) Primary Care. This theme is served by a new MACH Committee that reports directly to the MACH Board, with membership drawn from local primary care practices, the University Department of General Practice (which convenes a research network of over 100 practices across Victoria), and from Primary Health Networks. In view of the world-wide agenda to reduce cost and improve quality by moving points of care nearer to the homes and workplaces of consumers, Primary Care expertise will be essential for the MACH. There are opportunities in prevention, early detection and anticipatory care that may yield collaborative applications to the 10 year ~$25m pa MRFF commitment to Preventative and Public Health Research, and the $5m pa commitment to Primary Health Care Research.

1 G) Education and Workforce Planning. This well-established MACH Committee will develop approaches towards priorities in this domain identified by MACH Health Service CEOs such as mutual recognition of clinical accreditations (see below). The committee's work will be crucial to successful implementation of Precision Care because international experience emphasises the critical requirement for education and workforce development in implementation of beneficial, evidence-driven change.

2. Tomorrow's Healthcare

MACH Translational Platforms will be key vehicles for development of tomorrow's healthcare by ensuring that MACH health science can be efficiently developed, often in partnership with life science companies, into improvements in the prevention, diagnosis, treatment and palliation of ill health. There will be a particular focus on growing capability in transformative digital approaches. Patients and the economy will benefit.

A MACH Translational Platform will comprise a collaborative interdisciplinary grouping of expert staff who will offer colleagues from MACH partners access to know-how and facilities that may not be available in every partner organisation, but which are essential for turning health research into improved patient care and economic development. Platforms are also likely to play a major role in training the clinical innovators of the future. Platforms may have a single geographical location or, more frequently, will be distributed in a virtual manner across one or more MACH partners. Each will be led by a small collaborative steering group of senior experts and wherever possible will take advantage of existing collaborative groupings, seeking to avoid confusing duplication. Each steering group will guide the offering from its Platform's professional team, which must be appropriately articulated to the management structures of the hosting MACH partner(s); the MACH will not deliver day-to-day management. Platforms will have sufficiently robust funding from the hosting partner(s) and users to remain at the international cutting edge, be sustainable and accessible. There will be an agreed single point of contact, either a member of the Platform's professional staff or, where applicable, an expert staff member affiliated to the MACH Executive. Where appropriate to the Platform, staff from MACH partners should be able to initiate pilot work (which may need initial training from Platform staff)

without needing external funding, but substantive projects will need external funding to cover costs. Translational Platform staff will have their contributions recognised fully in outputs such as publications and patents.

The MACH Strategic Translational Research and Platforms Committee (MACH STRaP), reporting directly to the Board, will oversee the designation, development and operation of MACH Translational Platforms in addition to identifying strategic opportunities to develop translational research across MACH. The committee includes external members from industry (CSL), CSIRO and Monash University Faculty of Pharmacy and Pharmaceutical Sciences. Each Platform will in turn be advised by a MACH Committee that may serve as the steering group or will have some members in common, depending on practicalities and precedents. Efficient oversight and management of any given Platform should not be disrupted by MACH structures, which will focus on facilitating access and collaboration, especially between disciplines. A key objective will be to foster Platform-based partnerships with industry in mutually beneficial strategic collaborations; Platforms should enable access for partner companies. Where appropriate each Platform will also be aligned with major streams of funding announced for the Medical Research Future Fund (MRFF) such as Missions. The following platforms will be developed in 2020 as a starting point:-

2 A) The Clinical Research Support Hub (CRSH) will be convened by a steering group of colleagues in the University, but will serve all MACH partners. CRSH will offer expertise in clinical trial design, biostatistics, health economics and (for population-based trials) clinical epidemiology. CRSH will complement existing trials teams, with trials being delivered at clinical sites- CRSH will not deliver trials, but could be developed as a preferred point of contact for external funders of trials wanting the University or other MACH partners to sponsor the work. The existing **MACH Clinical Trials and Research committee** will focus on guiding the Platform and will continue to identify optimum arrangements to enable MACH partners to increase clinical trial activity and innovation in partnership with CRSH. Initial priorities are to encourage each MACH health service to (1) provide a Clinical Trials Manager (likely fundable on a cost-recovery basis) as successfully piloted at Melbourne Health, St Vincent's Hospital and the Royal Children's Hospital / Murdoch Children's Research Institute; and (2) provide access to support from specialists in completion of applications for ethics and governance approval such as Cancer Trials Australia. There may also be a need to work with the University and Research Institutes to develop specialist clinical trial facilities, such as those needed for infection challenge or Physical Containment level 2 (PC2) facilities for studies involving genetic therapy investigational products. Furthermore this MACH committee will help to plan collaborative approaches toward the planned MRFF investment of ~$60m pa in Clinical Trials for Rare Cancers, Rare Diseases and Unmet Needs (RCRDUN).

2 B) A MACH Platform for Data-Driven Healthcare will be developed with the University-based Centre for Digital Transformation of Health as a hub supported by "spokes" in larger MACH hospitals led by jointly appointed experts in medical informatics. The Platform will benefit from strong links with primary care-based information systems, through the MACH Primary Care Committee and the University Department of General Practice. A further asset is that 11 MACH members, including 8 Health Services, are subscribing members of BioGrid, a key data connectivity resource. Furthermore, the Centre and Platform will work closely with the University's School of Computer Science and Informatics, which has a special interest in health informatics. University investment will be focussed on supporting the interests of MACH partners, providing a strong and sustainable basis for this MACH Translational Platform. It is proposed that the newly reconfigured MACH committee on Data-Driven Healthcare will serve as the Platform's steering group. Plans will be developed to access (from 20/21) $10m pa of MRFF funding for

data infrastructure including registries, biobanks and linkage platforms. There is also a major opportunity in seeking to document and promote access to major international, Australian and Victorian cohort studies.

2 C) A MACH Clinical Research Imaging Platform will be relevant to MRFF missions in Brain cancer ($5m pa), Million Minds Mental Health (~$15m pa), Ageing, Aged Care and Dementia ($17.5m pa) and Cardiovascular Health ($20-25m pa). It would also be needed for much other research translation. The MACH Executive will work with MACH members to help organise this platform from within existing resources, if possible. There are considerable strengths in the Florey Institute (in both Parkville and Heidelberg), Melbourne Health, The Royal Women's and Peter Mac, for example.

4 D) A MACH Medical Devices and Implantables Platform will benefit from the expertise and international visibility in this field of MACH partners such as the Bionics Institute. A key opportunity also arises from burgeoning support for the new Aikenhead Centre at St Vincent's Hospital. The MACH Executive will work with senior stakeholders to develop this Platform and a single point of contact; the University's Graeme Clark Institute for Biomedical Engineering is well placed to provide the latter function.

4 E) The Melbourne Therapeutics Development Leadership Group has a broad membership from MACH partners, the Monash Institute of Pharmaceutical Sciences, industry, BioCurate and other relevant organisations. The group is well articulated to the major MRFF and Victorian Government investment in drug discovery platforms based in WEHI. It is envisaged that this group will be affiliated with MACH as a Translational Platform for the development of small molecule therapeutics, biologics, and cell-based therapies. The MACH will seek means to appoint a "therapeutic developer-in-residence" to serve as the first point of contact for MACH researchers interested in accessing platform expertise. There will also be a need to organise access to Phase 1 trial capability.

2 F) A MACH Precision Medicine Platform will be developed from existing expertise across MACH partners in genomics and bioinformatics, drawing on the ~$55m pa MRFF Genomics Mission, the University of Melbourne / Illumina partnership (with initial focus on precision oncology) and the Melbourne Genomics Health Alliance (MGHA) supported by Victorian Government. The MGHA involves 7 MACH members and is doing good work in implementing genomic technology into clinical laboratory services. The Platform will also provide a fast track to well organised translational platforms in metabolomics, proteomics, optical microscopy and electron microscopy in the Bio21 Institute. Furthermore, the Platform will provide access to expertise in stem cell science across the MACH, relevant in this context to precision models of disease and the health of women and newborn, potentially providing opportunities from the MRFF Stem Cell Mission (approximately ~$20m pa).

2 G) A MACH Platform for Human Immunology, Immunotherapy and Vaccines will be developed by the University's Doherty Institute and relevant MACH partners. There will be opportunities to consider approaches to the ~$60m pa MRFF commitment to National Critical Infrastructure.

2 H) A MACH Researcher Clinical Accreditation Platform, as a key step towards harmonising research governance across MACH partners, will be hosted by the University to create a readily accessible database that will confirm to MACH partners that researchers have accreditations in domains such as patient safety and good clinical practice (GCP) training. It will be developed from work already underway

in the MACH Thematic Committee on Education and Workforce Planning.

3. Future Leaders

The MACH-Track will be developed to nurture future leaders across the collaboration. This mentored and structured training pathway will initially focus on ensuring that the most promising doctors-in-training can develop careers combining specialist practice with postdoctoral research, with the longer term aim of expanding the Track to support all professional groups, securing leaders of healthcare innovation in each participating MACH health service.

Principles:

Early engagement- Future leaders will be identified by each MACH health service at a point appropriate to the doctor's specialty training, although early engagement towards the end of the first phase of vocational training is desirable;
Excellence- A small number (initially 5, the number of Faculty PhD scholarships committed) of the very best recruits will be appointed each year, attracted by the best clinical training, the best PhD training and stipend, and the best prospects for a consultant clinical academic career in their parent MACH health service;
Equality- Flexible support and geographical stability will be provided for doctors-in-training with family and care responsibilities;
Equity- Specific support for Indigenous trainees will be organised with help from the MACH thematic committee in Indigenous Health, which has the opportunity to seek specific support from MRFF;
Extendable- Once performing the MACH-Track will be adaptable and extended to other healthcare professions, most probably towards the end of this strategy's five year period.

Structure:

Year 0- Vocational trainees win places on the MACH-Track at competitive interview. Starting in June 2020, the Track will be advertised annually by the University and an appointments committee formed from a subset of MACH health service leads for the Track (likely to be University of Melbourne clinician scientists) and from the Track leads from each Research Institute; leads will be identified in early 2020.
Year 1- 80% Clinical training / 20% PhD run-in training. Health services will employ the carefully selected trainees on a 100% contract but allow an average of 20% of time for Track work over the year, starting in February 2021. There will be an introductory one week course, up to 3 mini-projects, and preparation of a PhD proposal which will be defended at an interview with a panel of leads (with time for amendment before commencing the project).
Years 2, 3, 4 - 80% PhD / 20% clinical training. The carefully selected PhD program will then be pursued, ideally with two supervisors, each from different MACH members; the first cohort will start in February 2022. The lead Research Institute or University Department will top up the University block scholarship to approximately double the trainee's tax-free income, addressing the otherwise strong disincentive of considerably reduced remuneration during a PhD studentship period. The trainee will also maintain an employment relationship with their parent health service, being given the opportunity to work clinically up to an average of 8 hours per week at the parent health service, which subject to clinical training requirements could include mutually attractive night and weekend work.
Year 5- 80% Clinical training / 20% preparation for post-doc fellowship application. As the trainee works towards completion of clinical training and eligibility for consultant-level appointments, an average of 8 hours

per week will be remunerated by the parent health service during which the trainee can prepare and defend their thesis (essential for progression to year 6), publish papers and subject to external funding, continue research. The aim of this academic activity is to position the carefully mentored trainee for a post-doctoral fellowship enabling transition to professional independence.
Years 6 and 6+ As year 5 to completion of clinical training and, ideally, a post-doctoral fellowship.

Benefits:

Certainty- The very best trainees will find it attractive to receive a commitment from their parent health service to provide employment and training to consultant level and from the University and Institutes to provide a well-rewarded PhD and mentoring towards a post-doctoral fellowship;
Continuity- Engagement with both clinical and translational research training on an 80/20 or 20/80 basis throughout will ensure continued engagement with the translational mission of the MACH;
Cohort- Appointees will join a MACH-wide community of well-mentored MACH-Track colleagues and are also members of a cohort of developing leaders in their parent health service; Track leads and PhD supervisors also benefit from cross-fertilisation as they provide supervision and mentorship to Track trainees.
Choice- The trainee will select from a wide range of potential two-supervisor 3 year PhD projects towards the end of the initial year of 80/20 clinical training/ PhD run-in, which provides "taster" mini projects;
Collaboration- Health services, Institutes and the University co-ordinately deliver the MACH-track. *The University* will provide 5 PhD studentships per year as already committed by Associate Dean for Graduate Research; will convene the selection process (involving selection panel members from Institutes and health services) and award the PhD degree; will identify enthusiastic clinical academic Track leads with optimum geographical and discipline spread; will provide (with Institutes) suitable jointly-supervised PhD projects in years 2 to 5 and related year 1 mini projects; and where the primary supervisor is based in University, will also provide a stipend top-up. *Medical Research Institutes* will identify enthusiastic Track leads, will provide (with the University or another Institute) suitable jointly-supervised PhD projects in years 2 to 5 and related year 1 mini projects; and where the primary supervisor is based in an Institute, will provide the stipend top-up. *MACH Health Services* will furnish applicants with a letter of support confirming that CEO will ensure employment and clinical training until eligibility for a consultant post is achieved (it is not intended that a consultant post is guaranteed); will support successful applicants with a senior clinical training mentor from the appropriate discipline; will support a 100% vocational trainee salary providing 20% translational training time to year 1 and year 5 and 5+ MACH-Track clinical trainees (either by incorporating this in budgeted job plan or by identifying endowment or other resources); and will offer its year 2, 3 and 4 MACH-Track trainees doing PhDs up to an average of 8 hours per week of clinical training employment (where clinical training requirements allow night and weekend duties will be mutually attractive to many trainees and hospitals).

Conclusion: Looking Forward

This 2020-2025 strategy will build on the five year establishment phase of the MACH Collaboration that commenced with accreditation by NHMRC in 2015. At the time of writing the MACH has a limited budget but is blessed with very considerable intellectual resources across its 19 members. These organisations generously contribute subscriptions that support the ~6 FTE Executive Team. Dedicated MRFF funding of ~$2m *pa* allows MACH members to deliver impactful exemplar projects in translational health research. However, provided goodwill and collaborative support can be maintained, by pursuing this strategy the MACH can bring field-leading brain power to bear on the challenges facing health and healthcare in Melbourne, Victoria, Australia and further afield. In turn, MACH innovators can win

significant funding from multiple public and private sources for translation of research to benefit patients and deliver gains in health and wealth. This strategy will help to unleash the MACH's collaborative potential to deliver tomorrow's healthcare today.

Enablers

Governance

MACH and the Strategy will benefit from continued engagement of senior stakeholders at two levels:-

a) The MACH Council: This is the governing body of the collaboration and benefits from an independent chair and membership comprising (i) the CEOs of Austin Health, Melbourne Health, Mercy Health, Peter MacCallum Cancer Institute, St Vincent's Hospital (Melbourne) Limited, The Royal Victorian Eye and Ear Hospital, The Royal Women's Hospital, and Western Health; (ii) the Directors of The Bionics Institute of Australia, Centre for Eye Research Australia Limited, Murdoch Children's Research Institute, National Ageing Research Institute Inc., Olivia Newton-John Cancer Research Institute, St Vincent's Institute of Medical Research, The Florey Institute and The Walter and Eliza Hall Institute for Medical Research; and (iii) the Dean of the Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne. The University is formally the administering organisation and employs the members of the MACH Executive.

b) The MACH Board: This provides frequent oversight of the MACH's activities and the MACH Executive. The Board is chaired by the Dean of the Faculty of Medicine, Dentistry and Health Sciences and comprises (i) one other member drawn from the University of Melbourne; (ii) two MACH Health Service CEOs; (iii) two MACH Medical Research Institute Directors; (iv) a member from Primary Care; and (v) the MACH Executive Director who is a non-voting member – the MACH Executive reports to the Board.

Consumer Involvement:

The MACH considers it essential that consumers are involved appropriately in the collaboration's decisions and activities. During 2020, the MACH Council will sponsor a thorough review of consumer involvement by the MACH Executive and Board, before deciding how best to deploy the precious resource of consumer volunteers within the organisation.

Collaboration:

a) The Victorian Comprehensive Cancer Centre (VCCC) is an incorporated alliance of organisations that work together with Victorian Government to accelerate and amplify leading-edge cancer research, knowledge and expertise to benefit the Victorian community. The ten members of the VCCC are also MACH partners: Peter MacCallum Cancer Centre; Melbourne Health; the University of Melbourne; The Royal Women's Hospital; the Walter and Eliza Hall Institute for Medical Research; The Royal Children's Hospital; Western Health; St Vincent's Hospital (Melbourne) and St Vincent's Research Institute; Murdoch Children's Research Institute; Austin Health and the Olivia Newton-John Cancer Research Institute. Although the VCCC has the expertise and resources to lead translation of cancer research within its membership, MACH programs are open to the cancer research and translation community across the MACH collaboration, irrespective of VCCC membership. Close partnership working between MACH and VCCC will be essential.

b) The Victorian Translational Centres is an informal alliance of MACH, Monash Partners (also designated by NHMRC as an AHRTC in 2015) and the Western Alliance (an Academic Health Services Centre that has been working towards NHMRC accreditation). This grouping has regular, informal meetings with officials from Victorian Government's Department of Health and Human Services and in 2019 secured $1.2m from the Minister of Health / Parliamentary Secretary for Medical Research, to support translational activities. The Victorian Translational Centres group oversees two committees formerly convened by BioMedVic, one for health service Research Directors and a second for health service Research Managers.

c) The Australian Health Research Alliance (AHRA) is an informal alliance of – at the time of writing – all seven AHRTCs designated by NHMRC and two Centres for Innovation in Regional Health (CIRHs) also designated by NHMRC – see https://www.nhmrc.gov.au/research-policy/research-translation-and-impact/recognised-health-research-and-translation-centres for details. AHRA organises national level collaborations to which member organisations commit resource; in 2019 it was estimated that 78% of Australian health services have some affiliation to an AHRA member.

Approved by MACH Council
22nd November 2019

References

1) https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2017_jul_schneider_mirror_mirror_2017.pdf