



NHMRC RESPONSE TO:

The Report of the Review of
Public Health Research Funding in Australia

Nutbeam Committee Report

MAY 2009



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Foreword

In March 2008, I established the Public Health Research Advisory Committee to provide NHMRC, through its Research Committee, with strategic advice on public health research funding in Australia. I am grateful to the chair, Professor Nutbeam, and to the members of the Committee for this report, and for the extensive work that they undertook at arriving at its conclusions. I am also grateful to the Public Health Association of Australia for their help in facilitating the consultative process.

For NHMRC, public health research is one of the four “pillars” of health and medical research, together with clinical research, health services research, and biomedical research. The health of Australians and people around the world rests on advances in research from each of the four pillars.

NHMRC has introduced a number of initiatives in public health research in the last decade. These include developing new fellowship schemes at the early career stage (immediately following research training) and at the career development stage. The number of public health researchers supported by NHMRC is given in Table 1. There are also now individual peer review panels (separate to clinical and to biomedical research panels) for these fellowships. Similarly, public health applicants for the NHMRC Fellowships Scheme and for Program Grants are reviewed by panels with public health research expertise. In 2001, a specific initiative to accelerate the development of public health research “capacity” was introduced for new researchers – the Capacity Building Grants in Population Health Research. In 2009, after eight years of this scheme, NHMRC will establish a scheme to support Centres of Population Health Research Excellence.

Table 1: Number of public health researchers supported on new and continuing NHMRC grants in 2008¹.

Grant type	Number of people supported in 2008
Australia Fellowship	3
NHMRC Research Fellowship	37
Practitioner Fellowship	3
Career Development Awards	38
Scholarships	110
Palliative Care Research Fellowship	2
Training Fellowships (within Australia)	91
Training Fellowships (Overseas)	17
Total	301
Project Grants – Full time PSPs	199
Project Grants – Part time PSPs	230
Project Grants - All PSPs	429

Notes:
 (a) PSP = Personnel Support Packages for support of researchers on public health research grants.
 (b) NHMRC also supports other public health researchers through the Capacity Building Grants in Population Health Research and Program Grants schemes

¹ Identified by the applicants, by self allocation to the “Public Health” Broad Research Category.

Despite these initiatives, Research Committee has become concerned about the relative growth in public health research during this decade, compared to clinical and biomedical research. In particular, this concern has initially centred on the Project Grant scheme, the “heart” of NHMRC’s means of supporting research. Public Health Project Grant success rates were relatively similar to overall Project Grant success rates until 2006, but had fallen significantly below this rate in 2007. Following Research Committee discussion, it was proposed that an independent group to evaluate the situation be established and provide NHMRC, through Research Committee, with advice broadly on public health research.

The Report of the Review of Public Health Research Funding in Australia is attached, and has been considered by Research Committee and NHMRC Council.

As part of my plan to ensure NHMRC’s support of the four pillars, a number of the recommendations outlined in this report have already been implemented. Other recommendations will be implemented during 2009. All of the recommendations will be taken into account during the development of NHMRC’s next Strategic Plan, which is required to be given to the Minister by the end of 2009.

Public health research will play an increasingly important role in NHMRC’s plans to improve Australia’s health through research, as we work to build a healthy Australia.



Professor Warwick Anderson
Chief Executive Officer

May 2009



Strategic leadership and co-ordination

Recommendation 1

That NHMRC support the establishment of a National Public Health Research Forum.

This Forum would act as a catalyst for co-operation between government and non government public health research funders. Key outcomes from the creation of the Forum would include the identification of national priorities in public health research that would underpin a more strategic and collaborative approach to public health research funding in Australia. The Forum would also provide a location for a National Register of Public Health Research (see Recommendation 5). The Forum could also support the development and wider adoption of innovative models of funding that respond to the range of challenges identified through the review (see Recommendation 6). It would facilitate the assessment of current and future public health research capacity development and workforce needs, and the funding mechanisms required to enable appropriate support for the development of the workforce (Recommendation 9).

Response to Recommendation 1

NHMRC accepts this recommendation.

NHMRC is willing to take the role as leader across the public health research community and agrees in principle to establish a Public Health Research Forum.

Since the Report was finalised, the Minister for Health and Ageing, the Honourable Nicola Roxon MP has announced that NHMRC will have a new Prevention and Community Health Principal Committee, starting with the new triennium on 1 July 2009. This committee will act as a major source of advice on all public health matters.

A Public Health Research Forum will be developed in conjunction with planning for the next triennium and the development of the next Strategic Plan 2010-2012. The Strategic Plan is a requirement of the *NHMRC Act 1992* and is due to be provided to the Minister before the end of 2009.

NHMRC will also seek to appoint a senior and respected public health researcher to the leadership team within NHMRC in 2009. This position was advertised nationally in late April 2009.

Research Committee will continue to provide NHMRC advice on public health research. The *NHMRC Act 1992* gives Research Committee the following roles:

- a. to advise and make recommendations to the Council on the application of the Account
- b. to monitor the use of assistance provided from the Account
- c. to advise the Council on matters relating to medical research and public health research, including the quality and scope of such research in Australia.



Recommendation 2

That NHMRC develop a national public health research strategy to identify priority research streams, and emphasise intervention research.

This strategy should form a part of, or emanate from, current work within NHMRC Council. It should include the identification of priority research streams, especially those aligned to the Government's preventative health strategy. The strategy would also identify the proportion of NHMRC funding to be directed towards intervention research, particularly for Indigenous populations.

Response to Recommendation 2

NHMRC accepts this recommendation.

The *NHMRC Act 1992* requires NHMRC to develop "a national strategy for medical research and a public health research strategy" as part of each Strategic Plan. In developing the next Strategic Plan (2010-2012), NHMRC will consult widely in 2009 with stakeholders to identify the major national health issues in order to be able to respond to priority areas and emerging research areas. In the existing Strategic Plan 2007-2009, NHMRC is committed to all research relevant to health, including public health, health services, clinical, and biomedical research.

Priorities will be required to be broadly identified in the Strategic Plan. Specific calls for targeted research will, in the next triennium, be recommended by NHMRC's Principal Committees, including the new Prevention and Community Health Committee.

NHMRC has already accepted a recommendation for Research Committee to strongly develop intervention research. Instructions to applicants in 2009 contain comments that NHMRC seeks applications for intervention research in this round. Grant Review Panels will receive additional briefings to help them to assess intervention research in Project Grant applications. Further development of ideas will be identified in 2009 for the 2010 funding round.

NHMRC will also work with the Preventative Health Agency upon its establishment, including on recent national reforms through the Council of Australian Governments (COAG), particularly in relation to the National Partnership Agreement on Preventative Health.



Recommendation 3

That NHMRC collaborate with the Department of Health and Ageing in the future development of the Public Health Education and Research Program (PHERP) to support the development of national Centres of Excellence in key public health priority areas.

The Committee received feedback expressing concern that the public health research talent in Australia was currently spread thinly across many institutions, indicating that there would be significant benefits from practical support for the development of public health research Centres of Excellence. These Centres would not only assist early career public health researchers, but also contribute to the critical mass of multi-disciplinary researchers that are needed to adequately address the major public health challenges facing Australia. The recently announced NHMRC Partnerships Program (Recommendation 6) that foreshadowed new funding for Centres of Excellence combined with the use of Capacity Building Grants, could make a positive impact alongside the more strategic application of PHERP funds in building public health research capacity.

Response to Recommendation 3

NHMRC accepts this recommendation.

We will continue to engage with the Department of Health and Ageing on how to achieve research excellence within public health priority areas. We note that the PHERP program will finish at the end of the 2009/10 financial year.

NHMRC will introduce a new program of Centres of Research Excellence in Public Health Research in 2009; details are expected to be advertised on NHMRC website in July and close in September.

The new Centres of Research Excellence scheme intends to:

- build capacity and conduct significant research in priority areas
- support research that will lead to improved clinical and community health outcomes
- encourage collaborative interactions between different research disciplines
- increase emphasis on transfer of knowledge into policy and practice.

In addition, NHMRC has sought international advice on the development of new NHMRC Partnerships Centres for Policy and Practice Research. A discussion document for feedback will be released in the next weeks. This new scheme will begin later after NHMRC has considered the feedback from public consultation.



Recommendation 4

That NHMRC engage more fully in its established role as a source of evidence-based guidelines on key public health issues.

NHMRC should work closely with state and federal government agencies to produce guidelines that address national priority health areas and risk groups, and fit with the Government's emerging Preventive Health Strategy. The integration of the National Institute of Clinical Studies (NICS) into NHMRC presents an opportunity to ensure that guidelines are disseminated and implemented more systematically than has traditionally been the case.

Response to Recommendation 4:

NHMRC accepts this recommendation.

We recognise the need for Australia to develop a more systematic and responsive approach to the regular review of public health guidelines.

Through NHMRC's National Institute of Clinical Studies (NICS), we are working on a more strategic approach to support both clinical and public health guidelines within our current resources. NHMRC Council is supportive of a more robust and national approach to guideline development, in both clinical and public health areas. We intend to work closely with the Department of Health and Ageing and with the new Preventive Health Agency, to determine the best approach to the development and review of such guidelines.

Recommendation 5

That NHMRC support the establishment and maintenance of a National Register of Public Health Research.

This register would be similar to the Australian New Zealand Clinical Trials Registry². It would ensure greater transparency in the conduct and reporting of results of government, non-government and commercially supported public health research. The Register will also assist researchers in identifying gaps in research and may prevent unnecessary duplication. The Register could be managed and monitored through the National Public Health Research Forum described in Recommendation 1.

Response to Recommendation 5

NHMRC accepts this recommendation

Research Committee has established a Working Group to consider models for a register. Advice will be sought from Council and other key stakeholders, including Commonwealth, States and Territory Departments of Health in the development of a suitable model.

² www.anzctr.org.au



Changes to funding strategies and mechanisms to address Australia's public health needs

Recommendation 6

That existing NHMRC schemes accommodate two new categories of funding to enable greater flexibility and responsiveness to emerging public health priorities and research opportunities.

The Committee was impressed by two schemes that have operated successfully in Canada that would, if implemented in Australia, respond to criticism about the lack of flexibility and responsiveness in current NHMRC schemes. The Committee has recommended the creation of:

- a. **Start-up Funding Grants** to build research capacity in the initial stages of a project. These include seeding collaborations (\$20-25,000) and pilot study/ proof of concept grants (up to \$100,000). The new NHMRC Partnership Project Grants have the potential to accommodate these grants.
- b. **Rapid Response Intervention Grants** to support the development of intervention studies and allow data collection at a time when policy direction is about to change. The Committee recommends a multi-year funding mechanism offering grants of up to \$100,000 per annum for up to three years. This type of grant will require an "out of rounds" assessment capability within NHMRC.

Response to Recommendation 6

NHMRC accepts Recommendation 6b, and believes that this can contribute greatly to the development of evidence-based public policy for the future. We will work to partner with government agencies undertaking pilot schemes in the next funding year, with advice from Research Committee, the Prevention and Community Health Committee and Council.

NHMRC cannot support Recommendation 6a at this time. Whilst there is undoubtedly value in such grants, the administrative burden relative to outcomes is high. NHMRC has taken a different, and we believe more strategic, approach to building capacity through developing Capacity Building Grants in Population Health, and through specific Training and Career Development Fellowships and the Centres of Population Health Research Excellence. We also recognise that research institutions and some charities provide such start up grants. Note also that the Project Grants scheme can already accommodate grant applications of any duration (up to 5 years).



Recommendation 7

That NHMRC facilitate the development of large scale, long term, and nationally-relevant public health research infrastructure.

Establishing such public health research infrastructure will require NHMRC to take a leading and facilitating role with governments, government agencies and non-government organisations. It should be considered a form of investment equivalent to, and compatible with, the research infrastructure investments made through the existing National Collaborative Research Infrastructure Strategy (NCRIS) scheme.

This would include support for significant large cohort studies, disease registries, data-linkage and survey facilities. Infrastructure considered here should be: large scale and beyond the capacity of a single group to support it; collaborative and accessible nationally; and required to maintain Australia's international competitiveness. Specific consideration should be given to funding for nationally-relevant resources that incorporate bio-data, bio-specimens and quality epidemiological data that would be of use in basic, clinical and public health research.

Response to Recommendation 7

NHMRC accepts this recommendation.

We welcome the detail contained in the report on the next generation of infrastructure needs for public health research, including biobanks and longitudinal studies. The May 2009 Budget set out the Government's plans for research infrastructure (\$901M), based on the roadmap established under the National Collaborative Research Infrastructure Strategy scheme, including the establishment of a new National Research Infrastructure Committee. This committee will be managed through the Department of Innovation, Industry, Science and Research and its members are drawn from a wide range of research disciplines and government agencies³.

NHMRC is currently reviewing our Enabling Grants Scheme, and will consider how health and medical research infrastructure, including public health research infrastructure, can be supported through these grants in future. The recommendations in this Report will be a valuable addition to our planning.

NHMRC will encourage the use of existing cohort studies, as well as cohort study design, in new public health research, and will seek advice on how best to do this.

³ <http://minister.innovation.gov.au/Carr/Pages/NATIONALRESEARCHINFRASTRUCTURECOMMITTEEANNOUNCED.aspx>



Recommendation 8

That NHMRC adopt the principle of fully funding the costs of research in line with recommendations emanating from the Review of the National Innovation System⁴.

This recommendation follows consistent feedback from the consultations, and is made in the light of the recommendations from the Review of the National Innovation System, proposing adoption of the principle of fully funding the costs of university research activities. These should be implemented through adjustments in funding to block and competitive grant schemes, without compromising grant success rates. There was recognition that in order to phase-in 'full cost' funding that the number of grants that could be offered may be reduced in the short term.

Response to Recommendation 8

NHMRC notes this recommendation. The Government announced its plans for funding the indirect costs of research in the May 2009 Budget.

⁴ <http://www.innovation.gov.au/innovationreview/Pages/home.aspx>



Recommendation 9

That NHMRC initiate a review of the likely workforce needs in public health research over the coming decades and allow changes to the balance of relevant funding in response to existing and future needs.

The recent Capacity Building Grants have been successful in building capacity in public health research at relatively junior levels. At present, the lack of NHMRC Senior Research Fellows in public health, and the poor record of public health research in securing Program Grants mean that problems are likely to be encountered in sustaining public health researchers at more senior levels. These senior level researchers are essential for the future of public health research.

A coherent evidence-based understanding of the requirements of public health research in the coming decades, along with the ability to modify funding strategies to meet these demands (for example, by targeting funds at the specific areas of deficiency in the workforce) is essential. This could be constructively done in cooperation with the Department of Health and Aging to help shape the future development of the Public Health Education and Research Program (PHERP)

The Committee anticipates that one important outcome of the NHMRC Partnership program would be to support an increase in the number of Public Health Fellowships aligned with Centres of Excellence.

Response to Recommendation 9

NHMRC accepts this recommendation.

We have engaged external consultants to analyse the workforce demographics in health and medical research, to provide a comprehensive, up-to-date description of the Australian health research workforce and an indication of likely major trends and influences, and strategies to address workforce development.

The outcomes of the analysis will be considered in terms of the national strategy of health research into the future. The results will be made public and we hope that they will also be of help to other government agencies in their planning.

For the NHMRC Research Fellowships scheme, we will shortly be releasing a consultation discussion document, and there is an opportunity to further refine Fellowships selection criteria to ensure that there is no unintended bias against public health research applicants. We encourage public health researchers to provide us with their comments and feedback to our draft proposals. NHMRC hopes that the separate streams for public health researchers in our Training Awards and Career Development Awards in recent years will in time also lead to more public health NHMRC Research Fellowships in the future.



Continuous improvements to NHMRC application and assessment processes

General Response

NHMRC is striving for excellence in terms of its peer review processes in assessing funding applications, including those from public health applicants. Especially in the past few years, we have put considerable effort into improving and refining peer review and increasing the transparency of the processes of all NHMRC funding schemes.

In 2009, Research Committee will focus on the Project Grants scheme in particular, and consider Recommendations 10 through to 14 during its review.

Recommendation 10

That NHMRC modify weighting and selection criteria to enable applicants from various public health disciplines to more effectively describe their relevant experience, research activities and the links between their research and public health improvement.

Response to Recommendation 10

NHMRC accepts this recommendation.

The increasing understanding of, and emphasis on, the behavioural and environmental causes of ill health, together with the behaviour aspects of treatment adherence, chronic disease self management and risk communication, all highlight the key role of a wider range of disciplines in improving health.

NHMRC will incorporate this recommendation into its current review, through Research Committee, of its peer review processes and specifically into the review of the Project Grant scheme and its selection criteria during 2009. Any proposed changes will undergo consultation with the research community before being introduced.

We have also been reviewing ways in which we assess track record across all research and Fellowship funding schemes. Increasingly, schemes encompass a broad spectrum of achievements including non-journal activities such as presentations, intellectual property developments, the demonstrable effects of research on health care practices or policy, and mentoring.



Recommendation 11

That NHMRC consider revising review panel membership to reflect the diversity and breadth of disciplines involved in public health research.

Response to Recommendation 11

NHMRC accepts this recommendation.

From 2009, we have established an NHMRC Academy of senior respected researchers in all disciplines to assist with the set-up of Grant Review Panel membership and the sourcing of appropriate external reviewers. A specific role for the Academy is to ensure the development of appropriate public health panel compositions for the 2009 round of Project Grants. It will be essential for public health researchers to participate actively in panels. NHMRC has also recently changed the roles of Chairs of Grant Review Panels, with an emphasis on these being senior, accomplished researchers.

Finally, we have begun to introduce much more comprehensive and formal briefing and induction sessions for our peer review panels.

Recommendation 12

That NHMRC introduce a mechanism for formal training of reviewers and provide materials outlining the expected quality of a fundable public health application.

Response to Recommendation 12

NHMRC accepts this recommendation.

Training of reviewers is a very important issue across the entire health and medical research sector. It has been emphasised in the *Australian Code for the Responsible Conduct of Research* (2007)⁵, which guides institutions and researchers in responsible research practices.

In response to this recommendation, Research Committee will be asked to provide advice on a framework for such training, and will work with public health leaders to ensure the research community understands its role in mentoring.

⁵ *The Australian Code for the Responsible Conduct of Research* (2007) guides institutions and researchers in responsible research practices and promotes integrity in research for researchers. The Code shows how to manage breaches of the Code and allegations of research misconduct, how to manage research data and materials, how to publish and disseminate research findings, including proper attribution of authorship, how to conduct effective peer review and how to manage conflicts of interest. It also explains the responsibilities and rights of researchers if they witness research misconduct. Developed jointly by the National Health and Medical Research Council, the Australian Research Council and Universities Australia, the Code has broad relevance across all research disciplines. <http://www.nhmrc.gov.au/publications/synopses/r39syn.htm>



Recommendation 13

That NHMRC develop, promulgate and implement strategies for defining and monitoring its research outputs.

Response to Recommendation 13

NHMRC accepts this recommendation.

NHMRC recognises the importance of defining information, and expected outcomes, of its funding programs. As outlined in s35 of the NHMRC Act, the functions of the Research Committee include, inter alia, “to monitor the use of assistance provided from the account”.

Effective defining and monitoring has awaited the development of NHMRC’s IT structure and ownership outside of the Department of Health and Ageing, following our becoming an independent statutory agency. This is still a work in progress, but is anticipated to be completed by the end of 2009.

Ways in which NHMRC will further define and monitor research outcomes are:

1. Through the undertaking of analyses of research funded through NHMRC. There is now extensive information on the NHMRC website (<http://www.nhmrc.gov.au/grants/dataset/index.htm>).
 2. Through the development of a more sophisticated internal “datamart”, which is designed to provide improved reporting on the outcomes and outputs of funded research.
 3. A three-five yearly bibliometric analysis has been undertaken of all Australian health and medical research publications since the 1990’s, including those funded by NHMRC. This analysis included public health research and a report on this will be released shortly.
 4. NHMRC now undertakes analyses of final reports to identify the outputs and outcomes of NHMRC funded research. Previously these reports have not been in the public domain, but it is our intention in the future to make all final reports available.
 5. Through collaborating with the Australian Research Council on the Excellence in Research for Australia, in particular to develop the metrics used as part of this initiative.
 6. Research categorisation is a whole of government issue. This initiative is currently led by the Australian Bureau of Statistics through their Fields of Research codes in the Australian and New Zealand Standard Research Classifications.
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Recommendation 14

That NHMRC cease to define Preventive Medicine as a broad research area and include applications that might otherwise have been considered in this area within the existing Public Health, and Clinical Medicine and Science research areas.

Response to Recommendation 14

NHMRC accepts this recommendation.

NHMRC will delete this category from future grant applications and progressively analyse each funded grant in this category and re-allocate it to a more appropriate category (mainly clinical research, with some in public health research).
