NHMRC Strategic Plan 2013–2015
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Message from the Minister

The National Health and Medical Research Council had a total of £30,000 to offer when it first funded Australian medical researchers in 1937. One of those inaugural grants was awarded to Sir John Carew Eccles, who went on to share the 1963 Nobel Prize for Medicine for his pioneering work on the chemistry of neuronal communication.

Billy Hughes, a former Prime Minister who served as Minister for Health and Repatriation during the NHMRC’s formation, said at the time that ‘research must be actively pursued and developed, and as fast as new knowledge is acquired it must be applied’.

What were then new ideas – funding of excellent medical research by the Australian Government, and translating that research into health benefits for Australians and humanity at large – have become great NHMRC traditions.

In 1966-67 the NHMRC’s total grants exceeded $1 million for the first time. In 2000 the total was $180 million. This year the Council is investing $780 million in medical research and its translation into better treatments and preventative health measures.

The work of other Australian medical researchers who became Nobel Laureates – Howard Florey, Macfarlane Burnet, Bernard Katz, Peter Doherty, Barry Marshall, Robin Warren and Elizabeth Blackburn – has been supported by the NHMRC. Thousands of researchers and their institutions have been funded, providing the essential platform for Australian medical research to attain truly world-leading status.

This Strategic Plan outlines how NHMRC will continue to fulfil these traditions and raise the bar to achieve even higher levels of excellence in the research it funds and delivery of that research from the laboratory bench to health professionals and their patients.

The plan identifies the need to focus on known and emerging health issues arising from infectious diseases, environmental changes, and accelerating global mobility. It acknowledges that we must more quickly implement knowledge gained from research, requiring closer cooperation with States and Territories, non-government organisations, community and consumer groups, and the private sector.

NHMRC is also committed to 5 per cent of research expenditure to close the gap between the health of Aboriginal and Torres Strait Islander people and the wider community.

The plan emphasises the global leadership role we must adopt, particularly in the Asia-Pacific region, to alleviate the suffering of many millions of people whose health is challenged by threats most Australians will never have to face. And it outlines a heightened focus on facilitating the innovation process to maintain the strength of our pharmaceutical and biotech industry, our biggest manufacturing export earner and a key driver of a more competitive and productive economy.

By setting these goals and defining how they will be achieved, this Strategic Plan ensures that NHMRC will maintain and build on its traditions of excellence and service to humanity.

The Hon Tanya Plibersek MP
Minister for Health
Some highlights for this triennium (2013-15)

- New plans in the National Health Priority Areas – arthritis and musculo-skeletal disease, asthma, cancer, cardiovascular health and stroke, diabetes mellitus, injury prevention and control, mental health, obesity and dementia.

- A Research Translation Faculty to accelerate translation of evidence into improved individual and community health and more commercialisation outcomes from research.

- Support for greater collaboration.

- Streamlining and enhancing peer review – virtual panels, faster processes.

- Streamlining clinical trials.

- Expand international research collaboration to China and India, engaging in the dynamic advances in science in our region.

- Direction Setting Consultative Roundtables with leaders in business, health, community.

- Direct engagement with the States and Territories in Partnerships for Better Health.

- Expanded engagement with the Aboriginal and Torres Strait Islander peoples’ health and research communities.

- Implementation of the NHMRC Roadmap II: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research implementation.

- Expanded community engagement though the Community and Consumer Advisory Group.

- Revision of ethical guidelines.

- Tackling key ethical challenges in health care.
Message from the CEO

NHMRC serves Australia by supporting our talented researchers to discover new knowledge and by helping to apply this knowledge to improve people’s health, in Australia and internationally.

Huge advances have been made by scientific medicine over the last decade and NHMRC is proud that Australians have been pivotal contributors to many of these advances.

There is much yet to learn. Recent advances in genomics, epigenetics, immune function, neuroscience, system modelling, and informatics (just to name a few) give us a glimpse of what is still to come from research. But they also show us how far we are yet to travel in discoveries of a fundamental nature.

The explosion of knowledge from research has brought one other realisation – that there can be a huge gap between what we know through research and what happens in practice. NHMRC will re-double its efforts this triennium to help bridge the gap between knowledge gained through research and its implementation into practices and policies in the health system.

This triennium NHMRC will have the twin themes of leadership and partnership. As Australia’s major funder of health research, we will develop stronger strategies to address the nation’s major health issues, through research, evidence-based advice and ethics.

Achieving evidence-based improvement in health relies on many players; governments at all levels, private health organisations, professional bodies, national and international collaborations with our sister agencies and through the changes introduced recently as part of health reform. Partnerships are therefore essential to meeting our aims and this is emphasised in our priorities and processes detailed in the Strategic Plan.

Another powerful partnership is between NHMRC and its funded researchers who are selected through our rigorous, highly competitive peer review mechanisms and who are leaders in their field. These researchers have a deep reservoir of knowledge about the world’s research literature and evidence base and as leaders in their fields, they are committed to the improvement of health through research. We will utilise this intellect better in the forthcoming period than ever before, creating and supporting an NHMRC Research Translation Faculty.

NHMRC has played a leadership role in health and research ethics for many decades. This triennium we will maintain our leadership role, especially in the important issues in health care and in the protection of human participants in research and the welfare of research animals.
NHMRC will continue its role in building Australia’s future capability for research and translation through our strategic funding approach. We are proud of our history in having built Australia’s reputation for excellence in health and medical research and its translation.

To gain maximum outcomes from the public and private investment in health and medical research, collaboration and cooperation will become even more important than before this decade. The result is stronger research approaches to the complex problems in health and more efficient use of resources provided through governments, their agencies, the private sector and philanthropy Australia wide.

In major changes to our interaction with the community, we intend to expand our consultative process to augment the involvement of community and consumer members on all our committees.

At its heart, health research is about people, the people who benefit from research, the talented people who do health research; people who work as professionals in the system and who teach and mentor the professionals and the researchers of tomorrow. Health researchers are driven by altruism, to improve the health of our fellow human beings through creating new knowledge and its take up into practice an policy.

Health research has always been an international endeavour, but never before has there been so much international cooperation. NHMRC is involved in over a dozen international collaborative efforts; some multilateral, some bilateral. Through these and through the collaborations of our funded researchers, we are an important contributor to a shared international commitment to reducing the burden of ill health for all the planet’s citizens.

Each year, the work of NHMRC depends on the commitment of our staff, the involvement of Australian researchers who, amongst other things, contribute in their thousands to peer review, of community members and consumers to help with guidelines and to participate in research, of Health Departments at the Commonwealth, State and Territory levels, of research institutions and philanthropic funding agencies and of course, the people of Australia through their elected representatives who provide the financial support for our activities. We thank you all.

Professor Warwick Anderson AM
Chief Executive Officer
Message from the Chair of Council

I am delighted to be able to provide this foreword to the National Health and Medical Research Council’s 2013-15 Strategic Plan in my first triennium. The NHMRC continues its role in improving the Australian health system and the health of Australians. The NHMRC has 75 years of achievement in funding the best health and medical research and in developing evidence based guidelines of the highest standard. I look forward to leading the Council as it builds on this strength, to the benefit of all Australians.

I congratulate Professor Anderson on the success of the last triennium and on the new Strategic Plan.

There is no question that Australia must invest in research to meet its current and future health challenges. It is clear that there are growing numbers of Australians whose health, employment and family life are affected by chronic, non-communicable disease such as cardiovascular disease, cancer, diabetes and dementia. This is particularly the case for Aboriginal and Torres Strait Islander peoples and NHMRC is committed to increasing the knowledge needed to improve their health and quality of life.

Australia continues to be a world leader in developing new knowledge. The NHMRC will continue to work with its international partners. It is important and necessary to continue to work with our international partners in order to leverage scarce health and medical resources and to share knowledge. In this way Australia will continue as a world leader in advancing the knowledge of conditions that affect not only the Australian population but also the population of other countries.

Health and medical research must continue in order to overcome the health burden of communicable diseases such as HIV, malaria, SARs and bird flu. These diseases impact on economies and communities in Australia and throughout our region. They do not recognise borders or nationalities and NHMRC can play a leadership role in bringing together the people who can lessen this impact.

The Council and Principal Committees of the NHMRC acknowledge the importance of the implementation of the Strategic Plan. The Strategic Plan acknowledges our role of leadership and partnership in the health and medical research community. We take this role seriously. Through our workplans, consultation and our use of the best available expert advice, the Council and Principal Committees will act to ensure that the NHMRC works to implement the goals that are set out.

The NHMRC works through a process of representation, consultation and consideration. In this way we will continue to ensure that the health advice we provide reflects public health concerns and the available evidence. The representation, which includes those charged with oversight of public health, means that public health concerns are, within our capacity, addressed.
We are committed to improving research translation as the means by which people benefit from research. We will ensure that Australia’s research ethics framework continues to protect participants, without limiting the capacity for research.

Importantly, we will work with researchers and institutions to ensure that research is conducted at the highest standards and at the highest standards of integrity. We are conscious that we dispense public moneys and that these moneys are to be spent to improve the health of the Australian public, now and in the future.

**The Hon Justice Annabelle Bennett AO**
Chair of Council of the NHMRC

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**Strategic Review of Health and Medical Research 2012**

This NHMRC Strategic Plan was developed and presented to the Minister for tabling in the Parliament before the Government’s responses to the report of the Committee charged with this review were known.

NHMRC looks forward to working with Governments to implement their responses.

This may require a revision to the Strategic Plan, as allowed by the *National Health and Medical Research Council Act 1992* (Division 3).
NHMRC Strategic Plan 2013 – 2015

This Strategic Plan includes NHMRC priorities, the major health issues we have identified for this triennium, how NHMRC will deal with these issues and a strategy for medical research and public health research.¹

Our priority actions

Create new knowledge through support of discovery research
- For the benefit of Australia and the world.
- In any area relevant to improving health.

Accelerate research translation
- So that health care and the prevention of illness is based on evidence.

Build Australia’s future capability for research and translation
- By ensuring that Australia has the researchers, systems and translational capabilities to meet the challenges of the future.

Set high standards in ethics in health care and research
- So that health care and research is conducted ethically and with integrity.

Work with partners – States and Territories, health bodies, health industries and community and consumers groups
- To maximise the benefits to Australia’s health and prosperity from the work of NHMRC.

A description of the key approaches for these priorities is provided on pages 12 to 21.

¹ The National Health and Medical Research Council Act 1992 (the NHMRC Act) requires the NHMRC to identify the Major Health issues likely to arise during each triennium, and to describe how we will handle our work in these areas.

Strategic plans
(1) The CEO must develop, and prepare in writing, for each successive period referred to in subsections (4) and (5), a strategic plan setting out:
   (a) the CEO’s assessment of the major national health issues that are likely to arise during the period; and
   (b) the manner in which the CEO proposes to perform his or her functions in dealing with those issues during the period.
(2) Without limiting the generality of subsection (1), each strategic plan must contain a national strategy for medical research and public health research.
Benefits to Australia

The outcomes we aim for through these priority actions are depicted in the diagram.

Better health starts through the creation of new knowledge, but the realisation of benefits relies on uptake of the knowledge, and its translation into practice and policy.

We will fund translational research and better use health and medical researchers to help us identify the major opportunities to speed up policy and practice improvements with our partners, and to achieve national economic growth.

Figure 1  The Virtuous Cycle – Research leading to outcomes that benefit Australia
The Major Health Issues – directing our efforts towards Australia’s most pressing health issues

Australians put their hope in health and medical research to make their health better in the future, to better prevent, treat and cure them and their descendents from the diseases that plague us today.

Governments put their hope in health and medical research to be able to offer their fellow country men and women better health and also to restrain needless waste. All governments face health funding pressures and look to health and medical research to be able to more firmly build policy on evidence, on what works, or what is less effective than others.

Given the expectations of the community and government, no area of health should be overlooked by NHMRC. For this reason we will fund any area of research of relevance to health, will provide evidence-based advice on any health topic, and will work to ensure that all areas of health and of health and medical research are underpinned by a strong ethical framework.

NHMRC has used the following guide to identify the Major Health Issues for this triennium:\textsuperscript{2}

- The Health Issue is a substantial health burden for Australia, and/or
- Health and medical research breakthroughs are providing new opportunities to address the Issue, or is itself bringing new challenges, and/or
- The Issue is of growing significance and so better addressed as soon as possible for the benefit of individual and community health and health care delivery, and
- NHMRC is best placed to provide unbiased, evidence-based advice.

\textsuperscript{2} The NHMRC Act requires the CEO to identify the major health issues likely to arise in the triennium, and how these will be handled.
1. The National Health Priority Areas

Arthritis and Musculoskeletal Conditions  
Asthma  
Cancer Control  
Cardiovascular Health and Stroke  
Dementia  
Diabetes Mellitus  
Injury Prevention and Control  
Mental Health (with a focus on depression)  
Obesity

Australian Health Ministers have designated these health issues as National Health Priority Areas.

Together, these represent almost three quarters of the total burden of disease of Australians.³

NHMRC is the major research funding agency for all these areas in Australia.

Our aim is to enhance health policy and practice in these areas through working to bridge the gap between evidence from research and its implementation in health practice and policy.

We will identify the evidence–practice gaps that require priority attention, through consultation with the new NHMRC Research Translation Faculty, our community consultative processes, and in partnership with other organisations supporting research and translation in these National Health Priorities.

We will propose means of bridging these gaps, working with the key authorities and decision makers. Where necessary, we will fund targeted research to identify what needs to be done.

For many of these, there are common risk factors and there may be common features to the gaps between knowledge and implementation, such that a comprehensive rather than issue by issue silo approach to prevention and treatment will yield best benefits.

Many Australians are afflicted with more than one of these health issues – for example, diabetes and cardiovascular disease, or dementia and arthritis. The particular challenges of people living with complex chronic disease are further recognised by NHMRC as its own Major Health issue below.

The burden of the National Health Priority Areas does not fall equally across Australians. Recognising this, we will pay special attention to the socioeconomic factors that need to be addressed for the gaps to be bridged successfully.

³ Using data from the 2003 “Burden of disease and injury in Australia report” (AIHW – see page 2 – key findings), the (original) seven NHPA areas constitute 72.8% of the total burden of disease and injury in 2003.
There is a particular issue for Australia to address access to evidence-based care in regional and rural Australia. Solutions based on evidence to bridge the gaps in these settings will receive special attention.

Indigenous Australians bear a disproportionate burden of many of these Health Priority Areas. Our commitment to improving Indigenous Health through research and evidence-based advice has been identified as a major priority again this triennium (see below).

Finally, it is timely to conduct a new, rigorous analysis of the burden of disease in Australia, and we will support such a study in this triennium.

In summary, to advance health care practice and policy development in the National Health Priority Areas on the basis of evidence, we will

- identify the most important evidence-practice and policy gaps, with the new NHMRC Research Translation Faculty being a major source of knowledge for NHMRC.
- work in partnerships with other bodies, such as the Australian Commission for Safety and Quality in Health Care, the Australian National Preventive Health Agency, the Australian Institute of Health and Welfare, Cancer Australia, Commonwealth, State and Territory Health Departments, non-government organisations, community and consumer groups, and the wider community.
- fund discovery and translational research and build research capacity in these areas, currently running at 60% of all NHMRC expenditure (Figure 2).
- support a new analysis of the burdens of disease in Australia.

**Figure 2  NHMRC funding in 2012 to the National Health Priority Areas, in millions of dollars**

<table>
<thead>
<tr>
<th>Area</th>
<th>Funding (Millions)</th>
</tr>
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<tbody>
<tr>
<td>Cancer</td>
<td>$200</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>$180</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$160</td>
</tr>
<tr>
<td>Mental health</td>
<td>$140</td>
</tr>
<tr>
<td>Injury prevention</td>
<td>$120</td>
</tr>
<tr>
<td>Obesity</td>
<td>$100</td>
</tr>
<tr>
<td>Arthritis</td>
<td>$80</td>
</tr>
<tr>
<td>Dementia</td>
<td>$60</td>
</tr>
<tr>
<td>Asthma</td>
<td>$40</td>
</tr>
</tbody>
</table>

NB. There may be some overlap in the data due to the multidisciplinary nature of the research (e.g. some obesity research funding may include diabetes research funding).
2. Improve the health of Aboriginal peoples and Torres Strait Islanders through the support of health research and its translation

We will implement NHMRC’s *NHMRC Road Map II: a strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research* with special focus on the Implementation Action Areas of:

1. Improving the participation of Aboriginal and Torres Strait Islander people in NHMRC programs
2. Capacity exchange
3. Promotion of the NHMRC’s role in Aboriginal and Torres Strait Islander health
4. Close the Gap
5. Evaluation research
6. Intervention research
7. Priority–driven research.

We will continue to commit at least 5% of our funding of research, capacity building and translation to Indigenous Health research.

We will now also review the outcomes of our previous decade of this funding commitment and provide our findings to authorities responsible for health care.

3. Preparing Australia for the ‘omics’ revolution in health care

The rapid advances in genomics and in a wide range of other ‘omics’ have already begun to emerge from the laboratory to directly affect patient care. ‘Oomics’ is a shorthand way of referring to the steps in translation from the gene sequence through intracellular steps, into health and ill health of individuals. The potential for better focussed individual treatments and preventive strategies, and the implications for health policy and practice, are immense.

As an issue emerging above all from health and medical research, NHMRC will work to help prepare practitioners, policy makers and the community for the health and ethical implications, and will consider how best to develop a national ‘omics’ research and translation strategy.

We will also seek to bring a stronger coordinated and strategic approach by building our capabilities in ‘omics’ areas of research and its translation, working closely with research institutions and Health Departments.
4. **Primary health care; helping practitioners and patients to gain value from research evidence, especially in areas of health inequalities**

Primary care health professionals are the frontline of health care and NHMRC can help provide support as evidence from research builds to inform practice. In particular, we will investigate the need to research new models of primary care to improve treatment prevalence in currently untreated diseases. This could cover in particular novel care models in rural and remote and indigenous communities.

Australia has a special challenge to overcome the health inequalities in regional and rural Australia, and in the more poorly served outer metropolitan areas in our larger cities. This requires fresh approaches, to build and translate the evidence on the most effective means of overcoming these major barriers to national improvements in health.

We will work to develop strategies to help primary care professionals bridge evidence-practice gaps, including in consultation and collaboration with health officials and key bodies in the primary care sector.

5. **Improving care of patients with multiple and complex chronic disease**

Many patients with chronic illness suffer from more than one condition. Too often, health professionals struggle to provide evidence-based care across the patient’s various conditions, or to provide evidence-based advice to them. For example, clinical guidelines usually focus on a single clinical issue, but sometimes a guideline for that condition may contain advice that is contraindicated for another condition a patient might have.

The chronic nature of illness itself brings challenges including, too often, mental health issues, access to the right mix of care, and socio-economic compounding.

As well as identifying the most important evidence-practice gaps, we will also tackle how best to develop guidance based on evidence for practitioners and policy makers for these patients.

6. **Healthy start for a healthy life**

We have learnt through research over the last two decades that our health status during fetal life and childhood has a very important determining role in health throughout later life. This appears to occur even at the level of our genetics; our physical and social environments alter how our genes develop and are expressed.

Investment in improving child and maternal health on the basis of evidence, in all aspects, is then a great investment for the future, for individuals and the community.
7. Claiming benefits for human health not based on evidence

Within our health system, there are practices which are currently not based on sturdy evidence. Health research is the means by which we test the value of procedures, processes, systems and products offered to patients, or proposed as preventive means by the health system and its policy and decision makers. In recent years, we and other health research funding bodies have increased funding for such research and new methodological approaches have been developed by researchers, such as comparative effectiveness research, and adaptive trial designs.

Outside our health system and its regulation, many other products and procedures are promoted as beneficial to health, often with little or no evidence of their benefit beyond the placebo effect. For these, individuals may normally need no more protection beyond that afforded by usual regulatory processes and access to research evidence about them. However, sometimes patients may be misled into rejecting practices and treatments that are evidence-based.

We will support on the basis of peer review and excellence, research into such practices and potential therapies. We will also assist practitioners and patients to address these matters and we will consider the ethical aspects of their use.

8. New and emerging health threats – infectious diseases, environmental hazards, changes in the human environment

New infectious diseases emerge and can pose major threats to public health and some bacteria and viruses become resistant to our therapies. Research is bringing new approaches to treatment and prevention. Sometimes, particular communities and individuals may be marginalized or the infections are incurred beyond the reach of the Australian health system. The research community has a key role through research and translation, through evidence-based public health advice, through research to better understand the microorganisms themselves and through better and novel vaccine development and clinical care.

Long term and short term changes in climate, contamination of our air, soil and water, changes in dietary habits, emerging community concerns about the health impacts of new technologies all require evidence-based approaches.

We will collaborate with other key international and national bodies regarding new or emerging threats to health. We will work with the States and Territories particularly to provide independent evidence-based advice.
9. Health and research in our region

Australia has both an opportunity and a responsibility.

Health research and science more generally are expanding rapidly in countries in our region. The region is widely predicted to be a third powerhouse along with North America and Europe in this century. Engagement in this growth will be of benefit to Australians over the coming decades and collaboration between researchers here and in Asia is the key, building long term mutually beneficial networks and relationships.

On the other hand, many populations in this region are facing major health issues, particularly those living in low and middle income countries in the Pacific and south-eastern Asia. Working together with our neighbours, we can help bring greater skill and critical mass to regional health issues and build partnerships and friendships that endure.
Dealing with these major health issues – what we will do

In each of these Major Health Issues, we will apply our Priority Actions:

- **We will support discovery research to create new knowledge**, by
  - supporting the best ideas, plans and researchers, in any area relevant to health
  - providing opportunity for new researchers
  - working collaboratively internationally.

- **We will accelerate research translation**, by
  - supporting NHMRC Partnerships for Better Health Projects and Centres, Centres of (clinical, health services and public health) Research Excellence, Practitioner Fellowships
  - identifying evidence-practice gaps and developing evidence-based advice to government and community on bridging the gaps
  - calling for transformative research, where needed, to bridge the gaps.

- **We will build Australia’s future capability** for research and translation to tackle these issues by
  - supporting development of high-quality researchers in any area relevant to health
  - supporting cooperation and collaboration in the use of research infrastructure.

- **Set high standards in ethics** in health care and research.

- **We will work with partners** – States and Territories, health bodies, health industries and community and consumers groups to ensure that the benefits of research are realised as soon as possible. This will include bodies such as the Independent Hospital Pricing Authority, the National Health Performance Authority, the Australian Commission for Safety and Quality in Health Care, the Australian National Health Prevention Agency, Cancer Australia, the Australian Institute of Health and Welfare, the Therapeutic Goods Administration, the National Lead Clinicians Group, Medicare Locals and Local Area Networks as well as non-government organisations and the philanthropic and charitable organisation funders.

And overall, as we implement our programs, we will keep in mind that

- prevention of ill health is preferred
- the burden of ill health is borne more heavily by some communities than others, and
- consultation and community input will be a core activity, sought and valued.
Key priority actions

Create new knowledge through discovery research

Major breakthroughs often arise through the passion for discovery of research teams and individuals. Time and time again, new inventions, new insights of profound importance, new ways of treating patients, and new approaches to policy come from outstanding, highly achieving researchers working on their insight and enthusiasm for the discovery trail. The country therefore relies on us attracting great minds to research, and supporting their imaginations and hard work through competitive granting schemes.

NHMRC shares this passion for discovery. Like our sister organisations in other developed countries, we know that signal discoveries come from researchers who are committed to improving the human condition through research, who allow their minds to explore the outer reaches of our current knowledge and understanding, and who are willing to devote their lives to the demands of high quality research.

Discovery research is not limited to the frontier of knowledge about ourselves as individuals or other living organisms such as bacteria or viruses. Discoveries of importance to health may be in economics, or systems, or in engineering, or design. Discovery is important in all four of the traditional “pillars” of health services, clinical, public health and biomedical research. And discovery increasingly relies on multidisciplinary and interdisciplinary approaches and new disciplines such as mathematical modelling, bio-engineering and bio-informatics. What is shared in all these, is the pushing back of the frontiers of knowledge into domains previously unexplored.

NHMRC is committed to supporting research discovery and translation in all and any areas relevant to health. Australia must have researchers, and research being conducted, across the full spectrum of health areas and methodologies. Our communities expect no less, and we benefit from the world-wide research effort across the spectrum.

NHMRC will support the full spectrum of health and medical research through:

- Grant application and peer review processes that
  - provide the highest quality means of identifying the best research and researchers through open competition
  - are fair, transparent, and have independent observers
  - are streamlined progressively, including using virtual review processes
  - recognise and take into account the differences in judging ideas and records of achievement across the full diversity of research approaches, disciplines and fields.
<table>
<thead>
<tr>
<th>What we will do</th>
<th>What we aim to achieve</th>
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<tbody>
<tr>
<td>Support all approaches to discoveries in health, prevention and ill-health.</td>
<td>NHMRC grants covering all areas of health research.</td>
</tr>
<tr>
<td>Support the increasingly multidisciplinary and interdisciplinary approaches to solving research problems.</td>
<td>Supporting multi-investigator, multi-disciplinary research, and tuning peer review to address 21st century research models.</td>
</tr>
<tr>
<td>Work with others to provide national leadership in research to reduce the impacts of the National Health Priority Areas.</td>
<td>A national plan, working in a collaborative and complementary manner with other governmental and philanthropic organisations.</td>
</tr>
<tr>
<td>Support Indigenous Health Research.</td>
<td>Indigenous Health Roadmap II implemented and funding is 5% or higher.</td>
</tr>
<tr>
<td>Support innovative research proposals.</td>
<td>An emphasis in peer review on innovativeness as a selection criterion, and signalling our valuing of this by awarding annual Marshall and Warren Awards.</td>
</tr>
<tr>
<td>Evolve and hone peer review, to ensure that processes are high quality, transparent, efficient and effective, including assessing growing application numbers.</td>
<td>Implement Research Committee advice to ensure efficient use of applicants’ and peer reviewers’ time and effort. Progressively introduce streamlined peer review (including working with other international health and medical research funding bodies).</td>
</tr>
<tr>
<td>Involve the community in research, including working with research institutions to implement NHMRC’s <em>A Model Framework for Consumer and Community Participation in Health and Medical Research</em>.</td>
<td>NHMRC’s framework document updated and published, implementation plan developed and completed with increasing consumer involvement in our funded institutions.</td>
</tr>
<tr>
<td>Reduce overall Australian peer review load by working with other Australian health research funders to assist in peer review and application processes.</td>
<td>Continuing to offer to provide peer review for charities and other government departments.</td>
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<tr>
<td>Encourage stronger cooperation between research institutions.</td>
<td>More effective and efficient use of research infrastructure and reduced barriers to collaboration.</td>
</tr>
<tr>
<td>Introduce new ways of supporting clinical trials.</td>
<td>New processes introduced, following consultation in 2013.</td>
</tr>
</tbody>
</table>
What we will do | What we aim to achieve
---|---
Promote an international perspective – Australians leading and participating in international research activity including working with the International Cancer Genome Consortium, Human Frontier Science Program, the Californian Institute of Regenerative Medicine, Global Alliance for Chronic Disease, NHMRC–EU Collaborative Grants and under bilateral MOUs with other countries. | Involvement in these schemes and new collaborations with China, India and other countries in our region and around the world.

Evaluate and review whether each NHMRC funding scheme is achieving its objective. | Make changes as required, on the advice of Research Committee and in consultation with the sector and community.

Evaluate the balance of funding across schemes, to determine whether the whole suite is best meeting NHMRC’s goals. | Adjust annual funding budget as required.

Accelerate research translation

Important as new knowledge is, improvements in health come only when the evidence from research is collected, analysed and implemented (crossing ‘the valley of death’).

For successful implementation to occur, there are usually many players – it may involve the development of reviews of the evidence, the production of guidelines and standards, the acceptance of these by the system and practitioners, new policy settings and perhaps new funding approaches. And underlying all, there are often significant structural and system impediments and barriers that need to be addressed and overcome.

Figure 3  Crossing the valley of death

NHMRC’s natural role in this is at the early stages. We can fund the needed research, support the practitioners and policy researchers in their research, support the production of scholarly integration of evidence (including through the Australasian Cochrane Centre), set standards for guideline development including requiring implementation plans, work with others charged with more downstream translation
with their tasks (especially the Commonwealth and State authorities and other providers of health care), and support intellectual work to better deal with complex translation pathways.

As a key action, we are recruiting thousands of NHMRC supported researchers to assist us in these tasks, as the NHMRC Research Translation Faculty. The Faculty will bring powerful research skills to aid NHMRC to address this goal. The Faculty also will act as a “self-learning” community.

We will also support research translation into new inventions that can both help patients and contribute to national economic growth. Australia has developed increasingly vibrant products, devices, and industries in health and medicine, with high quality jobs and valuable export earnings.

Here in particular, NHMRC will work in partnership with the health community and Commonwealth, State and Territory authorities.

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<tr>
<th>What we will do</th>
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<tr>
<td>Integrate input from a NHMRC community and consumer advisory committee and from an NHMRC’s Indigenous health roadmap implementation advisory committee to ensure most effective translational activities.</td>
<td>Increased NHMRC community, consumer and Indigenous advisory committees input to major activities.</td>
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<tr>
<td>Support research translation through research funding schemes including Centres of Research Excellence, Partnerships Centres for Better Health Centres and Projects, Practitioner Fellowships.</td>
<td>Highest quality researchers funded via NHMRC translational schemes.</td>
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<tr>
<td>Expand Australia’s policy and practice translational capabilities though the NHMRC Partnerships for Better Health initiatives, working with the States and Territories, NGOs and private sector.</td>
<td>New Partnership for Better Health projects funded, and a full suite of Partnerships for Better Health Centres implemented.</td>
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<tr>
<td>Provide leadership in quality and independence of Australian clinical and public health guideline development, working with the Australian Commission on Safety and Quality in Health Care, and the National Lead Clinicians Group.</td>
<td>Establishment and implementation of standards. Work with others for a consistent, national, priority driven development of guidelines.</td>
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<tr>
<td>Target calls for priority research in defined areas of need and when urgent research needs emerge.</td>
<td>Identification of priority research translation needs, funded and underway, providing answers to key evidence gaps in the Major Health areas and in response to newly emerging threats to health. A significant program of targeted calls for research implemented and providing answers.</td>
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<tr>
<td>Establish and support the Research Translation Faculty, to identify on a priority basis the most important evidence-practice gaps and address those gaps with targeted NHMRC actions.</td>
<td>Identification of the most important evidence-practice gaps in the Major Health Issues. Identification of high value actions to bridge the gaps, from evidence-based guidelines to targeted research.</td>
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<tr>
<td>Build human research capacity in key areas of need.</td>
<td>Support Australian development of bioinformatics and health informatics capacity and identify other key areas of need.</td>
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<tr>
<td>Investigate, on a priority basis, unsubstantiated health claims.</td>
<td>Evidence-based advice to health professionals and the community.</td>
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<tr>
<td>Analyse the findings of NHMRC Indigenous Health Research publications.</td>
<td>Influence the development of evidence-based health policy in Indigenous Health.</td>
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<tr>
<td>Work to promote the value of leadership and cooperation in research, translation, education and patient care in leading networks around the country.</td>
<td>Stronger collaboration between institutions, including working with States and Territories towards stronger collaboration, clustering and possible amalgamation of institutions.</td>
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Build Australia’s future capability for research and translation

NHMRC will develop research capacity in Australia by funding the best and brightest researchers and research teams in Australia through our highly competitive funding schemes, across the full spectrum of health and medical research, from basic science through to clinical, public health and health services research.

There is strong international competition for talented researchers. We must work to retain in Australia our best and brightest, so that they may help educate, mentor and develop the next generations, and work in policy and practice settings to support innovation and evidence-based care.

We will work with the higher education sector, State and Territory Health Departments and the independent medical research institute sector, to build efficiency and effectiveness in the Australian health research endeavour through maximising use of facilities, and removing barriers to collaboration.

We will work with others to ensure that the infrastructure needs for 21st century research are met.

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<td>Support competitive early career, career development and senior research fellowships, Translating Research into Practice Fellowships and Practitioner Fellowships.</td>
<td>A research workforce needed for continued progress in research and translation into the future.</td>
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<tr>
<td>Conduct a comprehensive review on the breadth, balance and value of NHMRC’s People Support schemes, with a focus on future needs and the best balance in all areas needed over the next decades.</td>
<td>A new NHMRC Building Our Health and Medical Research Workforce strategy.</td>
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<tr>
<td>Build translation and implementation capabilities, using the Research Translation Faculty.</td>
<td>Successful recruitment and involvement of Australian researchers in the Research Translation Faculty and successful Annual Research Translation Conferences.</td>
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<tr>
<td>Work with the higher education sector and clinical and public health leadership to foster careers in academia in health sciences and medicine.</td>
<td>A strong academic workforce in health and medicine.</td>
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<td>Engage with Universities, health networks and medical research institutes to promote and foster the career development of female researchers.</td>
<td>Changes to NHMRC policies implemented, successful interactions with research institutions to support women’s career progression.</td>
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<tr>
<td>Increase the numbers and roles of researchers in patient care and health decision-making.</td>
<td>Work with universities and the professional colleges and with State and Territory governments, to provide incentives and remove barriers. Continued NHMRC support for Partnership Centres and Practitioner Fellowships.</td>
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<tr>
<td>Work with States and Territories, other Commonwealth bodies and the research community and institutions on enabling technology – what’s needed for the future, how to meet national needs.</td>
<td>Developing a “roadmap” for health and medical research infrastructure, in partnership.</td>
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<tr>
<td>Support and develop Research Translation funding schemes that include support for researchers, such as Centres of Research Excellence, Partnerships for Better Health projects and centres. Support Practitioner Fellowships and Industry Development Fellowships and research grants.</td>
<td>Funding support for and evolution of these schemes.</td>
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<tr>
<td>Support proof of principle research; and working with others to remove barriers to building an innovative health industry contributing to Australia’s future prosperity and providing high value and interesting jobs.</td>
<td>Promote the Development Grant scheme. Improve the interface with investment and innovative industry sectors. Establish a Research Translation Faculty in innovation and commercialisation.</td>
</tr>
<tr>
<td>Promote strong collaboration and cooperation between research institutions, and improved efficient use of facilities and equipment.</td>
<td>Stronger collaboration between institutions, including working with States and Territories to strengthen collaboration, improve clustering and possible amalgamation of smaller research institutions.</td>
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<tr>
<td>Support Australian researchers’ international networking, including the Early Career Overseas Fellowships, accepting international researchers on research grants led by Australians, and ensuring that Australian researchers play significant policy roles in our international research funding agreements.</td>
<td>More successful international networking.</td>
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<tr>
<td>Seek additional partners for the Partnership Centres and dissemination of the experience of the Centres.</td>
<td>A successful suite of Partnership Centres for Better Health established and providing feedback to NHMRC’s Principal Committees and Council.</td>
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<tr>
<td>Work with the innovation health industries to accelerate the commercialisation of health research ideas.</td>
<td>More new innovative products to market.</td>
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Set high standards in ethics in health care and research

NHMRC has led Australia’s considerations of ethical issues in health and medical research for over half a century. Through our standard-setting documents such as the National Statement on Ethical Conduct in Human Research, the Australian Code for the Responsible Conduct of Research and the Australian Code of Practice for the Care and Use of Animals for Scientific Purposes and a wide range of other guidelines, NHMRC seeks to ensure that Australian research and our health system work in a high quality, agreed ethical environment, protecting research participants and patients, and helping to maintain community trust. NHMRC provides leadership and we work in close partnership with others, particularly our sister Commonwealth funding agency, the Australian Research Council, the universities, and the research community.

NHMRC supports a world-leading program in health care and health and medical research ethics by:

• Being responsive to the current, often difficult and demanding ethical issues in health care, and health and medical research
• Providing considered guidance to aid decisions made by researchers and the community
• Oversighting adherence to the NHMRC suite of ethics guidelines covering research involving human subjects and animal subjects, and the Australian Code for the Responsible Conduct of Research.

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<td>Address ethical issues in the allocation of health resources.</td>
<td>Advice for health practitioners.</td>
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<tr>
<td>Provide ethical guidance around the ethical dimensions of shared decision making (patient and clinician), such as the ethical implications of making a choice about a health care intervention that is not in line with current practice, current research evidence, a current guideline recommendation, or what is paid for by the government or private insurer.</td>
<td>Advice for health practitioners and other decision makers.</td>
</tr>
<tr>
<td>Provide guidance for practitioners and the community on the ethical aspects of genomic medicine.</td>
<td>Advice for health practitioners and other decision makers.</td>
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<tr>
<td>Examine the need for guidelines for ‘dual use’ research.</td>
<td>Potential changes to the <em>Australian Code for the Responsible Conduct of Research</em> (2007).</td>
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<tr>
<td>Participate in the international community of organisations responsible for the development and implementation of standards.</td>
<td>Continue engagement in international bioethics dialogues.</td>
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<tr>
<td>Work to improve and streamline national approaches to ethical approval for multicentre research, especially clinical trials, in collaboration with the States and Territories.</td>
<td>Continue support of the Harmonisation of Multi-centre Ethical Review (HoMER) and Clinical Trials Action Group (CTAG) initiatives, and working with international partners in non-commercial clinical trials.</td>
</tr>
<tr>
<td>Integrate policies on management of Conflicts of Interests into all NHMRC practices and across all domains of activity, leading by example.</td>
<td>Successful implementation of policy through guideline development committees, GRPs, keynote speakers at seminars and workshops, Council and Principal Committees.</td>
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</table>
Work with partners – States and Territories, health bodies, health industries and community and consumers groups

Our aim is to maximise the benefits to Australians’ health and prosperity.

The community is the main beneficiary of NHMRC’s work and so we commit to even stronger interaction with the community and consumer groups this triennium. We will form a new Community and Consumer Consultative Forum, for engagement across our entire range of actions.

We will work to increase community access to the results of research by:

• Establishing an online, national electronic library of research: a one-stop portal to reliable information about research relevant to Australians. It will include the ability to search the NHMRC data warehouse of NHMRC funded research, an open access repository of final reports of NHMRC funded research and implementation of the NHMRC policy on open access to publications allowing public access to the published results of NHMRC funded research.

• For NHMRC issued and approved guidelines: the Guidelines in Development Registry and research syntheses (the Cochrane Library).

• Changing the way we think about and publish guidelines
  – more dynamic ways to develop and publish guidelines
  – focused, priority-driven, up-to-date
  – achieve efficiency through collaboration, including with The Cochrane Collaboration.

• Exploring opportunities offered by new technology and social media
  – improving awareness of NHMRC and raising its profile amongst the general community, not just the research community
  – developing and implementing a communication strategy that takes into consideration different audiences, statutory obligations, different communication options and risks and benefits
  – consider the ways in which clinicians might most easily access information in practice
  – publish NHMRC documents under Creative Commons licenses.

Our commitment to improving Indigenous peoples’ health requires us to develop better ways of working with Indigenous groups. We will develop new means of ensuring that we are able to keep implementation of the *NHMRC Road Map II: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research* on track.

The private sector plays a crucial role translating research findings into policies and processes to improve health and treat ill health, and is an important contributor to our economy. We will work more closely with the private sector, to accelerate building of innovative products, companies and industries from health and medical research.

NHMRC will lead a strategic approach to work with our partners to ensure community awareness of the value of science in medicine so that science is the basis of decision making in health, that scientists are respected and that the integrity and value of the scientific approach to solving problems is protected so as to maintain community trust.
Some achievements from the last triennium (2009-12)

- Boosted research translation. Partnership Centres for Better Health and Partnerships for Better Health projects with over 200 partner organisations. 31 Centres of Research Excellence. 50 new Practitioner Fellows, combining research and clinical practice.

- 61 new guidelines and standards issued.

- Mental health research boost – Centres of Research Excellence, the John Cade Fellowship and a Targeted Call for Research.

- New Partnership Centre and the Dementia Collaborative Research Centres program.

- Boosted international engagement and leadership.

- Implemented online grant administration.

- Provided peer review for others, including Cancer Council and National Heart Foundation.

- Adopted new rules for managing conflicts of interest in guideline development, mandating open disclosure.

- New web portal for ethics and ethical review.

- New portal providing access to all Australian clinical guidelines.

- Implementation of the *Australian Code for the Responsible Conduct of Research*, and establishment of the Australian Research Integrity Committee.

- Research investment in the National Health Priority Areas: arthritis and musculoskeletal disease – $86.5 million, asthma – $52.8 million, cancer – $489.6 million, cardiovascular health and stroke – $292.1 million, diabetes mellitus – $202.0 million, injury prevention and control – $105.0 million, mental health – $165.5 million, obesity – $94.4 million, dementia (including Alzheimer’s) – $71.1 million.
About NHMRC

Mission: Working to build a healthy Australia

The NHMRC is a national body established to: 4

- Raise the standard of individual and public health throughout Australia
- Foster the development of consistent health standards between the various States and Territories
- Foster medical research and training and public health research and training throughout Australia
- Foster consideration of ethical issues relating to health.

As the largest single funder of health and medical research in Australia, NHMRC has a responsibility to provide leadership and direction for the national health and medical research agenda.

NHMRC invests in the highest quality research as determined through peer review, across four pillars of health and medical research: biomedical, clinical, public health and health services.

We support competitive research fellowship schemes including for early and mid-career researchers, health professionals delivering health care, and our most outstanding researchers at the peak of their careers.

Evolving to meet the needs of the future

‘Building a better NHMRC’ is our enduring objective. Some of the key issues include:

- Strengthening the Office of NHMRC as a significant FMA Agency:
  - recruitment of highly skilled administrative staff
  - recruitment of a strong cohort of ‘research background’ staff
  - upgrading of our grants administration system (RGMS)
  - in house support of peer review panels
  - systems to support international best practice clinical and public health guidelines and a national portal for all clinical guidelines
  - a system which promotes single high quality ethical review for multicentre research.

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4 Section 3(1) National Health and Medical Research Council Act 1992
Making best use of our Principal Committees:

• The Government has provided NHMRC with Principal Committees in health care and preventive and community health, allowing NHMRC to again work in these central issues of health.

• The Human Genetic Advisory Committee provides advice in this rapidly growing area with clinical, public health and ethical implications.

• The Australian Health Ethics Committee is Australia’s dominant voice in health and research ethics, and its work receives high recognition internationally.

• The Research Committee takes an international perspective to its advice in research, having embraced translation early and supporting world-leading diversity in capability building and research translation, as well as discovery research.

• We will provide strong financial management of the Medical Research Endowment Account (MREA) including rigorous forecasting of investment outcomes.

• We will establish a new Research Translation Group, augmenting the work started by the National Institute of Clinical Studies.

**NHMRC in 2020**

Our goal is to grow as the pre-eminent national agency facilitating the creation, dissemination and use of health and medical research:

• Funding across all areas relevant to improving health, multidisciplinary teams tackling the most important questions in fundamental knowledge in clinical care, population health and the delivery of care
  
  – with an engaged community of research creators and users working together with us to close evidence-practice gaps

  – with strong and productive working relationships with the key agencies responsible for ensuring the application of knowledge (such as through the setting of health standards) so that individual and public health throughout Australia can be improved.

• Recognised as a crucial part of a health system that is infused with practitioners and policy makers who make decisions based on high quality research evidence.

• Supporting Australia’s most talented community of health professionals and scientists in delivering ground-breaking research resulting in significant improvements to health nationally and internationally.

• Having made major inroads into new ways of preventing ill health and providing new treatments for those with ill-health.
• Having accelerated the update of research evidence into policy and practice.
• Having supported the initiation of new innovations and industry development.
• Supporting a world leading program in health and research ethics and taking pride in the Australian community of health and medical researchers who conduct themselves with integrity.
• Having narrowed the gap in health outcomes for those in positions of disadvantage.