

Towards a Strategic Plan for the NHMRC

1995–1996

National Health and Medical Research Council

NHMRC

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ISBN 0 644 45477 6

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The strategic intent of the NHMRC is to work with others for the health of all Australians, by promoting informed debate on ethics and policy, providing knowledge based advice, fostering a high quality and internationally recognised research base, and applying research rigour to health issues.

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Publications and Design (Public Affairs)
Commonwealth Department of Human Services and Health
Produced by the Australian Government Publishing Service

The Hon. C.M. Lawrence, MP
Minister for Human Services and Health
Parliament House
Canberra ACT 2600

Dear Minister

I am writing to present you with the Strategic Plan for 1994–1996 for the National Health and Medical Research Council (NHMRC). The document, entitled, *'Towards a Strategic Plan for the NHMRC'* has been prepared in accordance with Section 16 of the National Health and Medical Research Council Act 1992.

The document fulfils a legislative requirement for the Council to develop a Strategic Plan for this triennium, and acts as a 'Pathfinder' for the 1997–1999 triennium. In this sense, it is part of the response to the review of NHMRC conducted by Dr John Bienenstock in 1993.

The Plan is intended to serve as a reference point for a continuing process of consultation and discussion, defining the place of NHMRC in the Australian health system and promoting its leadership role in supporting the development of a health and medical research base for the nation. It consists of two parts:

- the first outlines the principles which guide Council, work programs of Principal Committees and the monitoring and evaluation framework; and
- the second part is the Research Strategy which defines the contribution of research to the NHMRC mission.

The Strategic Plan has been developed following a process of consultation with members of Council and Principal Committees. It was endorsed by Council at its meeting on 7–8 June, and is now required to be laid before each House of Parliament.

I am pleased to present this Strategic Plan for your consideration, and tabling in the Parliament in due course.

Yours sincerely



R.A. Smallwood
Chair
National Health and Medical Research Council

23 June 1995

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Executive summary

The statement of strategic intent of the National Health and Medical Research Council (NHMRC) is to work in consultation with governments and the community for the health of all Australians, by promoting informed debate on ethics and policy, providing knowledge based advice, fostering a high quality and internationally recognised research base, and applying research rigour to health issues.

Under the *National Health and Medical Research Council Act 1992*, the NHMRC is responsible for advising governments and the community on a wide range of health and ethical issues, and on the allocation of funds for health and medical research and training.

This document outlines the NHMRC's strategic plan for the current triennium (1994–1996). As a pathfinder document for the next triennium (1997–1999), it also provides the foundation for strategic planning in the future.

The directions for both the current triennium and the future incorporate the recommendations from the 1993 Bienenstock review of the NHMRC. These directions are based on a series of principles which emphasise the NHMRC's leadership role in health advice, ethics and research, its responsiveness to identified health priorities and concerns, its commitment to equity, its promotion of an evaluative culture, and its pursuit of excellence and innovation.

The priority setting process of the NHMRC takes into account the significance of specific health issues and assesses whether the NHMRC is the most appropriate organisation to deal with them. Priorities for the 1994–1996 work program are:

- medical and public health research;
- inequalities in health status, particularly of Aboriginal and Torres Strait Islander people;
- environmental health; and
- national health goals and targets areas of cancer, cardiovascular disease, injury and mental health.

With regard to the last, the NHMRC has a key role in supporting research and providing advice in the principal areas of mental health, cardiovascular disease, cancer and injury. This is reflected in the distribution of the NHMRC's research funds, worth over \$130 million for 1996.

The strengths of the NHMRC are its unique remit that extends over the entire field of health, encompassing advice, ethics and research; its structure, which harnesses the knowledge and goodwill of a network of Australia's foremost experts; and its processes to support excellence in health and medical research, which are definitive models that have been widely adopted by other agencies.

The strategic directions for the future must identify opportunities to build on these strengths.

1 Background

1.1 Role and Structure of the National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) was established in 1936 to advise governments on health issues, and funding for health and medical research. It became a statutory body in June 1993 when the *National Health and Medical Research Council Act 1992* (the Act) came into effect.

The Act requires the NHMRC to operate within a policy of public consultation, setting out what that consultation process will be, and the conditions under which the process may be modified. This consultative framework, together with the objectives of NHMRC, are reflected in the Act, which requires the NHMRC '... to pursue activities designed:

- (a) to raise the standard of individual and public health throughout Australia; and
- (b) to foster the development of consistent health standards between the various States and Territories; and
- (c) to foster medical research and training and public health research and training throughout Australia; and
- (d) to foster consideration of ethical issues relating to health.'

The specific functions of Council outlined in the Act are:

- to inquire into, issue guidelines on, and advise government and the community on matters relating to the improvement of health; the prevention, diagnosis, and treatment of disease; the provision of health care; public health research and medical research; and ethical issues relating to health; and
- to make recommendations to the Commonwealth on expenditure on public health research and training; and medical research and training.

Members of Council are appointed, in accordance with the legislation, by the Minister for Human Services and Health on a part-time basis for a period of three years. The Council operates through a series of expert committees, the members of which also serve on a part-time basis. Secretariat support for the Council and its committees is provided by the Department of Human Services and Health.

The NHMRC legislation ensures the strength and autonomy of the organisation, thus allowing Council to provide strong and independent advice on all aspects of public expenditure on health and health services.

1.2 Bienenstock review of the NHMRC

In 1993 the NHMRC was reviewed by Dr John Bienenstock of McMaster University in Canada. Dr Bienenstock recognised that the NHMRC is unique in the world in its responsibility for advising on the full range of health issues as well as for supporting and developing health research. He noted the NHMRC's distinctive ability to 'harness the knowledge and goodwill of Australia's foremost experts ... to provide governments and the community with comprehensive and authoritative advice on a host of complex and important issues'.

The Bienenstock review made a number of recommendations aimed at strengthening and consolidating the activities of NHMRC in order to meet the pressing health problems in Australia. Among these directions was the need for the development of strategic planning processes which will:

- promote cohesion between the Council's principal functions;
- systematise its approach to planning; and
- promote an evaluative culture which demonstrates the relationship between the activities of the NHMRC and improvements in the health of the nation.

The review also recommended the establishment of a new Principal Committee to synthesise health information, to develop strategies for NHMRC and to monitor the implementation and evaluation of these strategies.

Following this recommendation, the NHMRC has changed its Principal Committee structure. There are now five Principal Committees, each with a range of standing committees and working parties, arranged to fulfil their Principal Committee's stated functions. The Principal Committees are:

- National Health Advisory Committee (NHAC);
- Australian Health Ethics Committee (AHEC);
- Medical Research Committee (MRC);
- Public Health Research & Development Committee (PHRDC);
and
- Strategic Planning and Evaluation Committee (SPEC).

The Bienenstock review also recommended that the communications role of the NHMRC should be upgraded by appointing a full-time professional Communications Coordinator 'who would be responsible for liaison with the various stakeholders and the media and for providing professional advice on the production and dissemination of NHMRC materials'. This recommendation has been implemented, and the Communications Coordinator will develop a communications strategy which systematises communication procedures and provides guidance to Council on communication issues.

One important gap in the flow of expert advice in the NHMRC noted in the Bienenstock review is in the area of the private commercial sector. Bienenstock considered industry to be under-represented on Council, the Principal Committees, and their working parties. He pointed out that the recommendations of the NHMRC 'impacted directly on the activities of the commercial sector, and would benefit from viewpoints of people with expertise in that arena'. Greater involvement by the private sector in the operations of the NHMRC would also be relevant in promoting the 'commercialisation' of research funded by NHMRC.

2 Purpose of this document

The purpose of this document is twofold.

First, it fulfils a legislative requirement for the Council to develop strategic plans. Its focus is on the present triennium (1994–1996), the first full triennium for which this requirement has been in force. The Act outlines criteria for strategic plans in terms of timing, content and monitoring of implementation, and makes clear the need for the Council to assess the significance of likely health issues and the manner in which NHMRC will address these matters.

Second, as a pathfinder for the next triennium (1997–1999), it provides the foundation for the NHMRC's strategic planning in the future. In this regard it is part of the response to the Bienenstock review. The document is intended to serve as a reference point for a continuing process of consultation and discussion that will define the place of the NHMRC in the Australian health system and promote its leadership role, both as an authoritative voice on health issues and as the principal organisation supporting the development of a health and medical research base for the nation.

The document consists of two parts:

- the first part outlines the principles which guide the Council, the resources available to it, the work programs of the Principal Committees and the monitoring and evaluation framework for the NHMRC; and
- the second part (Appendix 1) is the Research Strategy developed by the Research Strategy and Development Standing Committee of NHMRC which defines the contribution of research to the achievement of the NHMRC objectives.

3 Statement of strategic intent and strategic direction

3.1 Statement of strategic intent, principles and values

The statement of strategic intent of the NHMRC defines its direction:

NHMRC will work with others for the health of all Australians, by promoting informed debate on ethics and policy, providing knowledge based advice, fostering a high quality and internationally recognised research base, and applying research rigour to health issues.

The NHMRC is committed to the following principles:

- national leadership in health advice, research and ethics;
- a community consultative approach in its activities;
- excellence in its advice on health and ethics issues, research and training;
- excellence and innovation in research;
- responsiveness to national health priorities;
- cooperation with other organisations with similar objectives;
- equity in the provision of advice and funding of research and training;
- wide dissemination of its advice and the results of research it supports; and
- regular review and evaluation of its activities.

3.2 Values

The following three values are held by the NHMRC.

A national approach

The NHMRC views health as a national issue. This means it will draw upon the experience and strengths within all parties to the Federation as equal players, and strive for the achievement of consistent standards and programs for the health of all Australians.

Non-sectarianism

The NHMRC regards health as an endeavour to which all professions and sections of the community must contribute, and will strive to avoid alignment with any professional, interest or political group.

The pre-eminence of science

The NHMRC is committed to the scientific method as the foundation for all its deliberations, decisions and recommendations, and to the development of a national health policy grounded in the results of scientific enquiry.

3.3 Goals and objectives

The goals and objectives of each of the NHMRC's three functions (advice, ethics and research) are consistent with these principles and the relevant legislation. Table 1 sets out the goals and objectives for each function.

3.4 Priority setting

Council determines priorities for each of the NHMRC'S three functions. Its priority setting process takes into account both the significance of the specific health issue or problem and the question of whether the NHMRC is the most appropriate organisation to deal with it. Specific criteria include:

- the size of the problem;
- the level of community concern;
- the potential benefit to the community of the NHMRC's involvement;
- whether or not the NHMRC is well placed to consider the problem; and
- resources available to NHMRC.

Priority setting criteria will be reviewed by Council each triennium as part of the strategic planning and evaluation process.

3.5 Relationship with stakeholders and other organisations

The NHMRC serves many stakeholders ranging from State, Territory and the Commonwealth Governments, health professional and research organisations, to consumers and special interest groups. The statement of strategic intent emphasises that 'the NHMRC will work with others for the health of all Australians ...'. As an organisation that depends on a network of Australia's foremost experts working together on Council, its Principal Committees and their working

Table 1 Goals and objectives of the Advisory, Ethics and Research functions of the NHMRC

ADVICE	ETHICS	RESEARCH
GOALS		
<p>To foster a critical, evaluative culture in health service, and develop and disseminate evidence based advice on priority health issues.</p>	<p>To develop and promote an ethical basis for health research, health policy development and service provision.</p>	<p>To build and maintain a strong and broad research base, for the protection and provision of health and the delivery of health care in Australia.</p>
OBJECTIVES		
<ul style="list-style-type: none"> • To develop advice which is useful, relevant and timely on issues of national priority; • To facilitate an environment conducive to the adoption of the advisory information developed by NHMRC; • To foster coordination between different levels of government involved in setting and implementing health policy; and • To improve the translation of research findings into health practice. 	<ul style="list-style-type: none"> • To formulate advice on ethical issues relating to health care, public health and health and medical research, having regard to national priorities; • To promote informed public debate in relation to ethical issues in health care, public health, and health and medical research; and • To monitor and advise on the workings of institutional ethics committees and to promote communication with and between institutional ethics committees, researchers and the community. 	<ul style="list-style-type: none"> • To fund research and to train and support researchers with the capacity to address the full range of health and medical research questions; • To provide research on Australia's health priorities and emerging threats to health; and • To improve the translation of research findings into health practice.

groups, linkages are inherent in the structure of the NHMRC. Through the membership of Council and other committees, strong relationships already exist between the NHMRC and a wide variety of other agencies and groups representing particular activities and perspectives. These linkages are an essential element of future strategic planning for the NHMRC and they hold the key to the implementation of many of the NHMRC's initiatives. Opportunities continue to emerge for collaboration and cross-fertilisation between Council and bodies such as the Prime Minister's Science and Engineering Council, the Australian Science and Technology Council, the Australia Research Grants Committee, the Industry Commission, and a wide range of State and Territory based organisations with an interest in health issues and health and medical research.

4 Cooperation with Australian Health Ministers Advisory Council

Commonwealth, State and Territory governments have developed a number of coordination mechanisms over the years, to help foster complementary health policies and clarify roles and responsibilities in relation to health service provision. In September 1994, the Australian Health Ministers' Forum released the *National Health Policy*, which outlined a 'shared policy framework for the Australian Health system'. NHMRC activities complement the vision, outlined in the *National Health Policy*, which is 'to raise the health status of Australians to equal the best in the world'.

The Australian Health Ministers' Advisory Council (AHMAC) has also recently released National Health Goals and Targets for Australia, which sets out targets, and strategies for achieving those targets by the year 2000, in the principal areas of mental health, cardiovascular disease, cancer and injury. The NHMRC has already established a strong reputation in the provision of research and advice in these areas and will promote further work to achieve the targets set out in the National Health Goals and Targets. The NHMRC will continue to work closely with AHMAC in developing and influencing the implementation of health policy initiatives.

5 Resources of the NHMRC

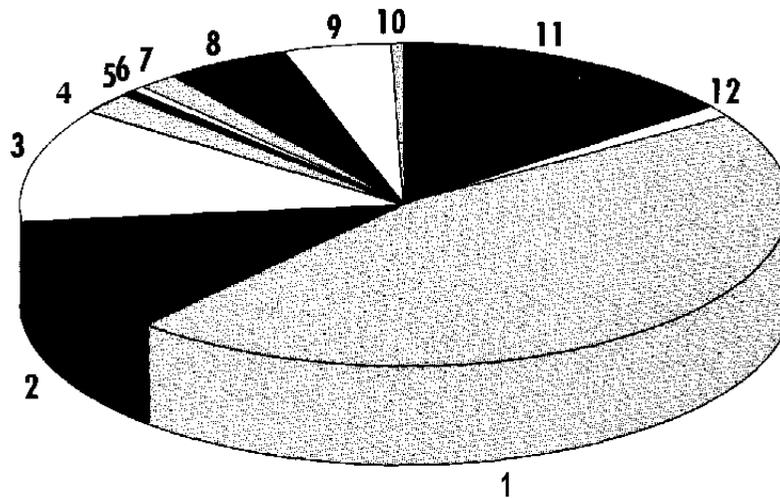
The resources available to the NHMRC can be placed in three categories:

1. Financial Resources
2. Human Resources
3. Information Resources

5.1 Financial Resources

The NHMRC provides a range of grants, awards, schemes and programs to support health and medical research in Australia. Diagram 1 provides a breakdown of the funding between the various awards, scholarships, project grants and block funded institutes for 1995.

Diagram 1 NHMRC research funding breakdown for 1995

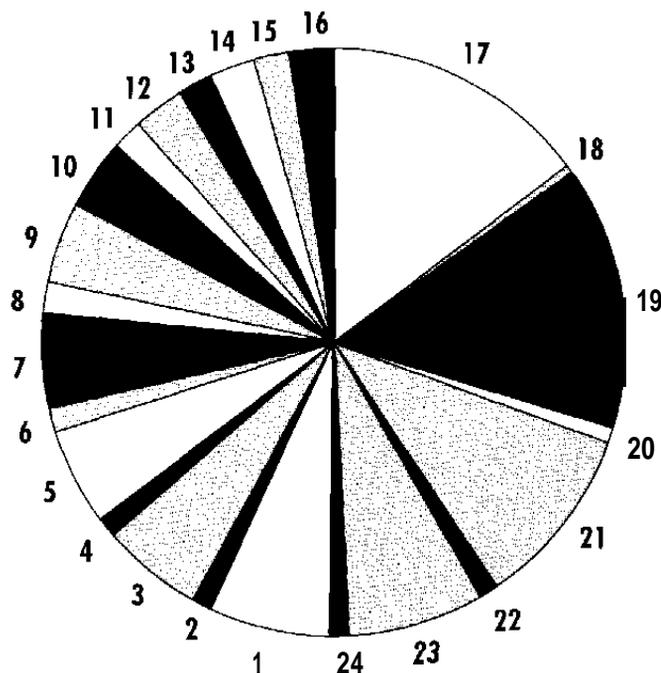


1 Project Grants (45.87%); 2 Fellows (11.67%); 3 Programs (11.33%); 4 R.D. Wright Award (1.78%); 5 Small Grants (PHRDC) (0.19%); 6 Eccles/Burnet Awards (0.45%); 7 Units (2.56%); 8 Fellowships (5.29%); 9 Scholarships (4.38%); 10 Aboriginal Health (0.43%); 11 Block Funding (14.86%); 12 Equipment (1.2%).

Note: The figures above exclude superannuation and contingencies

Diagram 2 shows the distribution of those research funds amongst the various disciplines of study for 1993, the latest year for which analysis is available.

Diagram 2 Allocation of MRC funds to 'clinical categories' for project, special initiative, equipment, unit, program and block grants, 1993



1 Cardiovascular Disease; 2 Child Health; 3 Hormones (Endocrinology); 4 Biostatistics/Computing; 5 Inherited Diseases/Genetics; 6 Kidney Disease; 7 Cancer; 8 Hearing/Vision/Speech; 9 Public and Preventive Health; 10 Drugs and Drug Abuse; 11 Pathology/General Medicine; 12 Reproduction; 13 Arthritis/Bone and Joint Disease; 14 Diabetes; 15 Digestion; 16 Surgery/Anatomy; 17 Biochemistry/Haematology/Physiology; 18 Dental Health; 19 Infectious Diseases/Immunology; 20 Ageing; 21 Mental Health/Neurosciences; 22 Imaging; 23 Molecular Biology; 24 Respiratory Disease/Asthma.

Note: Expenditure of training awards and special investigations not included.

It is essential to note that this system of classification is not 'exclusive'. For example, although 'direct' expenditure on Cancer is 1.5% proportions of the expenditure in the classification areas of Immunology, Hormones, Molecular Biology, Public and Preventive Health, Surgery/Anatomy, General Medicine and Biochemistry/Physiology/Haematology is relevant to research into cancer.

The NHMRC and the Department of Human Services and Health have recently formalised the secretariat structure of the NHMRC within the Department, with the creation of the Office of the NHMRC. The research grants area has also been partly consolidated, with the Commonwealth AIDS Research Grants program (CARG) being brought within NHMRC jurisdiction, and the Research and Development Grants Advisory Committee (RADGAC), while remaining separate, being part of the responsibilities the Office of the

NHMRC. This reorganisation recognises the strong reputation the NHMRC has developed in the area of research grants management, based on research rigour and excellence. It provides the opportunity for each of the grants areas to build on their own considerable strengths by enabling them to learn from each other, as well as allowing for greater coordination and communication of research effort, and is in line with Bienenstock's recommendations for best utilising the resources of NHMRC.

5.2 Human Resources

Australia's health and medical national and international networks are well developed. NHMRC will continue to ensure access via these networks to the best people involved in health and medical research, health and medical management and service provision in the country. They bring independent expertise and excellence to all NHMRC committees and are a most effective two-way conduit for information, advice, assessment of research excellence, results and best practice both into and out of NHMRC.

Additionally, the expertise available to Council is enhanced by representation from a wide range of community interests.

NHMRC will continue to foster these networks and use them more effectively to ensure the best research continues to be done and its social, economic and commercial benefits are more fully realised.

The NHMRC is also involved in a complex array of human resource issues arising from providing researchers with employment and training via the research grants process, the staff of the Office of NHMRC within the Department of Human Services and Health, and the volunteered time of the members of Council, its Principal Committees and their working parties.

5.3 Information Resources

Information is the third valuable resource for the NHMRC, and two key areas are undergoing strategic development.

The first relates to the need for systematisation of methods of information gathering and analysis for determining short, medium and long term priorities. The second issue concerns the dissemination of information produced by NHMRC to ensure that potential benefits for Australian people, and for the health system, are realised.

More efficient approaches to the management of information into and from the NHMRC are being developed. As the strategic planning process evolves, a clearer picture of what information is required will allow the NHMRC to finalise its priorities, and to achieve its objectives. This in turn will influence decisions about strategic research, and the formulation of work programs for the Principal Committees.

6 Priorities and work programs for the 1994-96 triennium

6.1 Priorities for 1994-96

Priorities for the current triennium determined by Council, after considering a paper prepared by the Australian Institute of Health and Welfare at the June 1994 meeting are:

- medical and public health research
- inequalities in health status, particularly of Aboriginal and Torres Strait Islander people
- environmental health
- national health goals and target areas of cancer, cardiovascular disease, injury and mental health.

6.2 work programs 1994-96

All the functions of the NHMRC are committed to providing high quality services to stakeholders. Principal Committees have designed work programs that are consistent with the NHMRC statement of strategic intent and current priorities. Details of the work programs in relation to advisory, ethics and research functions are given in Tables 2, 3 and 4 respectively. These work programs will be further developed as future directions are defined.

Table 2 Work Program for the Advice Function

ADVICE				
Objective (What)	Strategies	By Whom	By When	Measure of Performance
Develop advice which is useful, relevant and timely on issues of identified priority	Develop guidelines, protocols and other advice in areas of priority identified by NHAC	Standing Committees on Aboriginal and Torres Strait Islander health, health technology, communicable diseases, environmental health and nutrition, health advancement, health and medical services, and quality of care and health outcomes	Reporting dates are specific to each working party	Appropriate evaluation mechanisms to be recommended by each Standing Committee
Foster coordination between different levels of government involved in setting and implementing health policy	Develop a strategy to foster closer links with State and Territory health authorities and with AHMAC	NHMRC and Principal Committees	Ongoing	Level of acceptance of advice from NHMRC in developing and implementing health policy
Improve the translation of research findings into health practice	Develop a communication strategy which addresses the needs of stakeholders for information	NHMRC and Principal Committees	Ongoing	level of adoption of best practice and other advice by the health community

Table 3 Work Program for the Ethics Function

ETHICS				
Objective (What)	Strategies	By Whom	By When	Measure of Performance
Formulate advice on ethical issues relating to health care, public health and health and medical research, having regard to identified priorities	Develop and review guidelines or discussion papers on ethical aspects of research and clinical practice in the area of reproductive technology, transplantation privacy in conduct of medical research and assessment of research proposals utilising qualitative methodology	AHEC Working Groups on Reproductive Technology, Transplantation Ethics, Privacy and Qualitative Research	Reporting dates are specific to each Working Group	Level of acceptance of and support for guidelines and discussion papers
Promote informed debate in relation to ethical issues in health care, public health, and health and medical research	Development of discussion papers on transplantation ethics and participation of women in research	AHEC and relevant Working Groups	November to December 1996	Level of acceptance of discussion papers
Monitor and advise on the workings of institutional ethics committees and to promote communication between institutional ethics committees (IEC's), researchers and the community	Develop advice on options to facilitate the approval of multi-centre research protocols and monitoring of approved research; conduct workshops for IEC's, researchers and community organisations; receive and consider recommendations of the Review of the role and functioning of IEC's	AHEC and relevant sub-committees	Workshops completed by June 1995; other activities by mid-1996	Level of acceptance of reviews and recommendations Level of attendance at workshops

Table 4 Work Program for the Research Function

ADVICE				
Objective (What)	Strategies	By Whom	By When	Measure of Performance
Fund research and train and support researchers with the capacity to address the full range of health and medical research	Provide funding on an annual basis for projects and researchers of high quality	MRC, PHRDC	Ongoing annual cycle of assessments and new grant allocations	Grants allocated, citation indices, publication records, higher degrees attained, graduates' career participation in health and medical research
Respond to Australia's health priorities and to emerging threats to health	Fund special initiatives, centres of excellence for research in priority and emerging areas	MRC, PHRDC	Continuously as issues arise or are foreseen	level of funding for priority and emerging issues
Improve the translation of research findings into health practice	Develop a communication strategy which addresses the needs of stakeholders for information	NHMRC and Principal Committees	Ongoing	Level of incorporation of research into health practice

7 Monitoring, evaluation and accountability

At the end of each triennium, the *National Health and Medical Research Council Act 1992* requires Council to prepare a written review evaluating the NHMRC's success in implementing its strategic plan. There is, therefore, a need to develop a comprehensive and coordinated evaluation framework to ensure that:

- (a) specific evaluation and monitoring activities are designed to feed into, and inform the overall evaluation process at the end of each triennium; and
- (b) evaluation activities are appropriately balanced, and do not overwhelm the core business of Council and its committees.

The evaluation framework for the 1994–1996 triennium will cover the various accountability mechanisms that are currently in place. These include:

- Annual reporting requirements;
- Scrutiny by Council of the standing committee and working party structures of the Principal Committees;
- Review of the work plans of Principal Committees and their sub-committees; and
- Public examination of the processes, procedures and practices of Council and its committees in setting priorities, providing advice and supporting research and training proposals.

Principal Committees have a key responsibility for continuous monitoring and evaluation of their activities. In this context, the PHRDC has recently commissioned an evaluation of the impact of PHRDC sponsored activities on the public health system and on the careers of those who have received PHRDC scholarships and fellowships.

The PHRDC experience of assessing the impact of its activities on public health in Australia will provide valuable input into the development of mechanisms to determine the impact of the full range of NHMRC activities. To pave the way for future monitoring appropriate indicators of the impact of the NHMRC's functions, including the impact of NHMRC funded research, will be developed, and the lines of responsibility between the NHMRC and its stakeholders will be clarified. This will require extensive consultation within the organisation and with key stakeholders. Council will ensure that the mechanisms to monitor its activities are reviewed each triennium.

8 Conclusion

The NHMRC looks to the future from a position of strength. Over almost 60 years it has acquired an enviable reputation in advising governments and the community on a wide range of health and ethical issues, and on the allocation of funds for health and medical research and training. Its strategic directions for the future must build on this strength.

Three aspects of the organisation and operation of the NHMRC deserve particular acclaim.

The first is its unique remit that extends over the entire field of health, encompassing responsibility for both the provision of advice and the funding of research.

The second is its structure, which (in Bienenstock's words) 'harness the knowledge and goodwill of Australia's foremost experts ... to provide governments and the community with comprehensive and authoritative advice ...'. This network of experts not only serves the NHMRC but is itself a force for cohesion, bringing together scientists, clinicians and policy makers and helping to overcome the handicaps of Australia's relative isolation from the rest of the world.

The third follows from the NHMRC's unstinting support of excellence in health and medical research. The processes which sustain this include clearly articulated criteria of quality and rigorous peer review mechanisms. These processes are highly regarded nationally and internationally, and they are followed by all other Australian organisations which depend on peer review to maintain the highest standards of research and publication in the health field.

As a pathfinder for the future, this document provides a reference point for further consultation and discussion on strategic planning. This continuing process will define the place of the NHMRC in the Australian health system, ensure that it continues to provide governments and the community with comprehensive and authoritative advice on health issues, and promote the development of a health and medical research base for the nation.

Appendix 1

Researching for Health

Leading Australian Health
and Medical Research
into the 21st century

National Health and Medical Research Council

NHMRC

NHMRC Strategic Plan 1995-96

The body responsible for leading health and medical research in Australia is the National Health & Medical Research Council. The NHMRC draws on expertise from health professionals, scientists, government officials, and representatives of consumer organisations, environment groups, business, unions and social services. It is a government funded statutory independent body which provides advice to government on health issues and which sponsors health and medical research.

The Council has five Principal Committees. Two of these, the Medical Research Committee and the Public Health Research and Development Committee, advise on the allocation of funding for health and medical research. The National Health Advisory Committee provides advice on a wide range of health issues while the Australian Health Ethics Committee is concerned with ethical issues in the health sector, including health research. The Strategic Planning and Evaluation Committee provides advice to Council on strategic directions and planning for the NHMRC.

Executive summary

High standards of health and health care can only be achieved with knowledge and understanding derived from a strong and broad research base.

Health and medical research must take place in Australia both to enable us to tap into and make best use of the international research effort and to study those aspects of health which have special priority for Australia.

Australians can take pride in the achievements of their health and medical researchers: significant advances have been made which have helped us to reduce the impact of many long-standing problems and to cope with new threats such as AIDS. These achievements have been made from a small resource base, fostered under the leadership of the NHMRC, which over nearly sixty years has established the highest scientific and ethical standards.

Much remains to be done. There are many areas of research which are needed in Australia, but are not sufficiently well developed, and the NHMRC accepts its responsibility to use its resources strategically to obtain the maximum benefit for Australia from the research dollar. To do this, while maintaining its current emphasis on basic research, the NHMRC will increase its efforts to identify priorities and to contribute resources to them. This strategy sets out the framework in which this will be done.

This strategy is the first following a substantial restructuring of the NHMRC.

It sets out the principles and broad strategies for the coming year for the support of research. These strategies are designed to:

- strengthen the national research base across the full range of health and medical research;
- train and support researchers with the capacity to address the full range of health and medical research and to respond as new threats to health emerge;
- respond to Australia's health priorities;
- maintain accountability for the social and economic benefits of health and medical research;
- improve the translation of research findings into health care practice; and
- provide leadership in health and medical research.

Specific new initiatives for 1995 include the establishment of a special Strategic Reserve Fund to provide funding for special and urgent research needs; additional targeted activities in the areas of injury, Aboriginal health and nursing and allied health; broadening of the Career Awards scheme to encompass public health research; a commissioned evaluation of the PHRDC; NHMRC participation in the 'research futures' exercise with the Australian Science and Technology Council; review and improvement of the research classification and assessment processes used by the NHMRC across the full spectrum of research; and review and update of NHMRC policies on support of research institutes.

The strategies used by the NHMRC for supporting health and medical research are evolving and will develop further in future years. A fundamental component of this further development will be extensive consultation with all relevant organisations and individuals. Feedback on this strategy document from the community, from researchers, from health care providers and others is welcomed by the NHMRC, and will help shape the way the NHMRC supports health and medical research as we come towards the 21st century.

Researching for the health, a vision for the future

- a health system that embraces research for the benefits it can bring;
- a research community responsive to health needs, to which the best and brightest young minds are drawn;
- a country that values its health, understands its dependence on quality research and protects its health by funding research through public and private contributions;
- communication networks that deliver information where it is needed and when it is needed to make this a healthier country;
- a commitment to finding cost-effective preventive solutions to health problems in Australia; and
- leadership in our region because of the quality of our research and the way we translate it into practice.

A background to this vision and its achievement is available in *Research for a Healthy Society*, a report prepared for the Prime Minister's Science and Engineering Council, December, 1994.

The NHMRC strategy presented in this paper deals with the NHMRC's specific contribution to the achievement of the vision in the coming year. This strategy document is the first following the restructuring of the NHMRC, it builds on the achievements of previous research strategies and foreshadows an intention to expand the ways in which research will be supported by the NHMRC.

Specifically, while NHMRC will maintain its traditional emphasis on basic research across the board in the health and medical sciences, it plans to significantly increase its contribution to strategic research in areas of health policy, health services, evaluation of interventions and outcomes, population health and specific health priorities. These plans are outlined in the 1995 NHMRC Case for Funds.

Why Australia needs to do health and medical research

Research is an expensive and often slow undertaking. Why then don't we simply import research findings from other countries? Because Australia must have a strong research community of its own which communicates with others internationally. In this way the exchange of ideas and rapid access to new discoveries increases the benefits to all. Research must be interwoven with teaching and health care. Only by having our own research capabilities will we be able to keep abreast of the latest developments and quickly evaluate and implement technical advances.

Australia also has special priorities which would not be adequately or speedily addressed elsewhere. For example, we need to produce high quality research in Aboriginal and Islander health, in melanoma and other skin cancers for which Australia has the highest incidence in the world, in specific local infectious diseases such as Ross River Fever. An example of Australian research solving a major problem for Australian health was the prevention of kidney failure resulting from widespread analgesic use. Research into health promotion and behaviour change, into the effects of environment on health, into the effectiveness of our services and our treatments must be carried out by Australian researchers because they depend on local habits and policies, on cultural and ethnic norms and on the availability of resources.

Australians want good health care which is based on the latest information and conforms to the best international standards. They want affordable care, quality outcomes, equity of access and the confidence that comes from knowing that Australia has a reputation among the best in the world for its citizens' high standard of health. Research is the basis for maintaining that level of quality and confidence.

What Australian health and medical research has achieved

Australia can be proud of its health and medical researchers. They produce about ten times more knowledge than would be expected for the size of our population and the money invested. We have had three Nobel Laureates in medicine and our scientists regularly win the world's most prestigious research awards.

There are many examples of important benefits to our health and well-being from Australian research. The following lists only a few across a range of areas. Many other important contributions are never evident in such explicit terms although they contribute to the basic knowledge on which the dramatic breakthroughs are built:

- cot deaths reduced by nearly a half in only two years;
- strokes and heart attacks reduced by half in the last 25 years saving 54,000 lives from stroke alone;
- significant reduction in smoking and therefore lung cancer and other smoking-related diseases such as coronary heart disease;
- development of appropriate safeguards and policies based on identification of levels of risk to health from environmental exposure to lead and other hazards;
- HIV infection rates which are amongst the lowest in the world so that Australia has become the model for other nations to follow;
- kidney failure prevented in thousands of Australians;
- lifestyle approaches to the treatment and prevention of diabetes and high blood pressure among indigenous people;
- cost and illness associated with stomach and duodenal ulcers reduced by discovery of a bacterial cause and simple treatment; and
- survival and quality of life improved for people undergoing chemotherapy for cancer.

How these achievements have been made

The Commonwealth Government provides funding for nearly 60 per cent of all health research undertaken in Australia outside the business sector. Forty per cent of the Commonwealth funding is supported directly on the advice of the NHMRC. Most of the other 60 per cent is infrastructure and salary support for researchers in universities. The NHMRC provides the great majority of support for specific health research projects. Its research policy conforms to recommendations of two recent Australian Government reports ('Science & Technology for Australia' 1989 and 'Developing Australian Ideas' 1992) which emphasise the importance of long-term investment in a high quality research base and good career structures for researchers.

The NHMRC is currently supporting five major medical research institutes and centres which employ a total of 420 people. An estimated further 2,200 researchers are employed on research grants and 400 young researchers are on NHMRC training awards. Health research is an important Australian industry.

The NHMRC was established in 1936 and since then has evolved practices for ensuring the quality and accountability of health and medical research which are a model for the rest of the world. It has achieved this reputation in a number of ways.

Clear goals, teamwork and institutional support

With limited funds compared to similar overseas organisations the NHMRC has maximised the value from each dollar by using several strategies for funding research. Major research groupings are supported by the NHMRC which, because of their reputations and productivity, can attract additional funding from other sources. Scholarships for young researchers produce high quality research supervised by world class scientists at relatively low cost. The high level of accountability and competition built into the review of project funding guarantees efficiency in research expenditure as well as providing a check that worthwhile outcomes are being achieved.

The NHMRC regularly reviews the pattern of expenditure on different areas of research to ensure that a reasonable spread of research problems is funded and that a strong research base is developed across the health field. Increased attention will be paid to identifying new or emerging issues of national health importance which can benefit from research.

Research into various aspects of public health, Aboriginal health, breast and prostate cancer, mental health, injury prevention as well as nursing and allied health research is already receiving priority treatment in an attempt to meet national needs better.

Competition for the brightest researchers and the best ideas

The NHMRC has provided Australia with the benchmark for rigour in assessing proposals for health and medical research. Applications for research funding undergo an exhaustive series of evaluations which are recognised as among the toughest in the world. Only around one in four applications is funded, although many more are judged to be worth funding if more money was available. Excellent projects which are unable to be funded represent a lost opportunity to improve Australia's standard of health and to contribute to world knowledge.

Commitment from researchers and from the Australian community

Australia is fortunate to have a highly committed group of health and medical researchers: women and men who are among the brightest in the nation, who are fired by ideas and the search for answers.

Many of these researchers are also teachers in universities and practitioners in health services, but many others are full-time researchers whose salaries are dependent totally on the continued receipt of research grants. For full-time researchers supported by the NHMRC salaries are not high, there is no job security, no tenure and no termination payment. Continued employment and the ability to follow through with their research depend on their maintaining the highest possible standards under regular review from leaders in their fields. They continue to work under these conditions because they are committed to what they do and because their curiosity and training drives them to answer the next question.

This fascination with health and medical research extends beyond the researchers themselves into the general community. Much research could not be done without the co-operation of ordinary people who allow researchers to gather and analyse information about their bodies, their experiences, their health problems and their responses to services and the care they receive. Repeated surveys have shown that the public has an enormous interest in health. Most people questioned in surveys give medical research the top priority for the research dollar. That high level of support holds regardless of the income, sex, educational level, age and location of the respondents.

Health and medical research is a partnership between scientists and the people their research serves.

Ethics, humaneness and standards

The NHMRC pioneered a system of ethics committees in all Australian institutions wishing to apply for grants or perform research. The NHMRC's tough rules on the use of animals in experimentation have made Australia a model for the rest of the world to follow. We were among the first to set down a strict set of guidelines on what constitutes proper scientific conduct. These guidelines must be followed in all departments, medical or otherwise, in institutions wishing to receive NHMRC grants.

The challenges ahead

As part of its commitment to self-review the NHMRC has, however, identified areas for change in its historical practices.

Broadening the research base

Much of the research supported by the NHMRC is fundamental scientific research, vital to understanding the biological cause of disease, but prevention or treatment based on epidemiologic or clinical observations can reduce the incidence of disease decades or even centuries before the causal agent is fully understood. Historic examples of this include scrotal, bladder and oral cancer, smallpox, cholera, and puerperal fever. Modern examples such as AIDS, cancers and heart disease indicate that the principle still holds. Research conducted outside the laboratory, involving individual people or populations, often proceeds by observation rather than experiment. A major challenge which faces the NHMRC is to reconcile its traditional benchmarks for judging excellence, which work well for traditional laboratory research where control over variables is possible, with research in the field where human behaviour and social interaction is beyond experimental control.

Learning how best to judge evaluative, observational and other non-laboratory based research and working to ensure that it is of the highest scientific standard is an important task for the NHMRC over the next few years.

Translation of research into practice

Information flow within the organisation and to the community has not always been as effective as it could have been and consequently, good research has sometimes failed to be translated into effective practice or public awareness.

The interaction between scientific curiosity and service to the community

All of the research supported by the NHMRC is directed towards the strategic goal of improving health. One of the most challenging issues facing the NHMRC is to strike a reasonable balance between fundamental scientific research—which builds a strong knowledge base but may not have immediate obvious benefits for health—and applied research—directed towards specific more immediate health goals.

Major medical advances result from the application of basic research findings to problems in health care or disease prevention. Sometimes important findings emerge as a by-product or accident from research which is seeking answers to a very different question.

There are many examples of discoveries which appeared insignificant at the time they were made but which later held the key to major problems.

The long path towards a significant breakthrough usually involves a series of discoveries, often made separately in different countries and different laboratories or clinics. Close co-operation and interaction with international groups of researchers is important because it increases the potential for putting together these findings in new ways which will solve old problems. The history of research into childhood leukaemia is a good example. In the 1960s the success rate for treatment was 10 per cent, by 1994 the rate is around 70 per cent.

For this reason it is not desirable or even possible to target all health and medical research funding to specific areas or problems. The solutions may be found in unexpected areas. If we always knew what avenues of enquiry would provide the right answers then research would be a much simpler process. Successful research sometimes proceeds on the basis of an educated guess, trial and error, chance observations, unexpected outcomes and luck. The basic ingredient in that mix is the well trained researcher who knows how to recognise a good question and to creatively combine observations into productive outcomes. Training those researchers is one of the most significant contributions NHMRC has made to the health of Australians.

The NHMRC has earned its enviable reputation through research generated by those well-trained researchers pursuing questions they have defined for themselves in the course of their learning and their work. While this approach produces excellent results it is not a sufficient strategy, in itself, to address the research needs of a modern nation.

In some cases (AIDS was one and Aboriginal Health is another) the need for research will be such a high national priority that reliance on the researchers themselves to generate the ideas and to go through the lengthy competitive assessment process to achieve funding may not produce results sufficiently quickly or reliably. For these cases we need to develop mechanisms to identify priorities which are amenable to research, and ways to encourage researchers to work in those areas within a shorter timeframe, while maintaining high levels of quality control.

Questions of strategic direction also arise. Circumstances are changing, the potential scope of research, and its cost are huge. No one country can hope to be self-sufficient in the research that it does. No matter how much money Australia provides for its health and medical research effort it will never be enough to do all of the good work that can and should be done. Inevitably choices have to be made. Should we concentrate our research effort in certain directions? Should we endeavour to have a spread of research institutes across a range of areas or should we focus on a few particular areas of endeavour? Should we concern ourselves if the majority of research effort is directed to specific areas which are 'in fashion' while others find it difficult to attract support? Should we place more emphasis on training and career support for researchers whose work is in strategic areas such as analysis of health data, outcomes and costs, policy development and identification of Australian priorities? These questions and others will be addressed by the NHMRC as it evolves its strategies for the late 1990s.

In the final analysis, curiosity-driven and strategic research are both vital ingredients in a research strategy for the 1990s. They are complementary. This fact is nowhere better illustrated than in the case of HIV infection. Australia's experienced researchers in epidemiology, immunology and virology were able to turn their attention immediately to the structure and function of the virus, its effect on cells and the development of the disease, and its transmission in our cultural environment. Australian research made a significant contribution to international understanding in these areas. Parallel with this however, political leadership set a strategic framework in place which provided substantial new funding and policies targeted at multi-disciplinary research work and close involvement of the communities at risk. The overlay of a strategic research framework on a well-trained and prepared research community resulted in significant and rapid advances in our knowledge of the disease and our ability to limit its spread. Australia's success in limiting the spread of HIV to significantly fewer people than predicted is recognised internationally.

The NHMRC has developed to a high degree of excellence the investigator-driven research which has served us so well. The NHMRC recognises, however, that it must broaden its research influence and, while maintaining that hard-won standard, it must also turn its attention to developing similar standards of excellent practice in strategic research. The NHMRC accepts its responsibility to strike a balance between the two which best serves the interests of Australia.

The way forward — strategies for the future

The NHMRC research strategy is guided by six basic principles:

NHMRC will exercise **LEADERSHIP**, shaping Australia's health and medical research future.

NHMRC will maintain **VIGILANCE**, supporting research which allows early identification of emerging national health problems.

NHMRC will maximise the **RELEVANCE** of its research by fostering strategic research, facilitating communication of research findings, and adopting a consultative approach in the identification of priorities.

NHMRC will set the highest **STANDARDS** for the research it supports, funding only research of high quality and originality.

NHMRC will maintain a **BROAD BASE** of research expertise by training and supporting creative, productive researchers.

NHMRC will be **ACCOUNTABLE** for the ethical standards, consistently high quality, relevance and social and economic value of its research activities.

Some strategies are already well advanced, some are in early developmental stages. As is appropriate in strategic planning these strategies are evolving and consultation in their ongoing development is an integral part of the overall approach.

Strengthening the national research base across the full range of health and medical research

The bulk of the NHMRC research effort is directed currently towards research projects initiated by researchers either individually, or in teams. While excellence in method as judged by other scientists is the main criterion for funding, relevance to health goals and potential to make an impact on health are also used as discriminating factors to choose between closely ranked proposals.

Existing funding mechanisms have not, however, been able to cope adequately with larger scale cooperatives projects involving studies of large population samples in many centres. Such studies are needed in order to identify trends in disease or health improvement, or to trial and evaluate interventions to improve health. By their nature these studies are expensive and long term and pose special problems for a research funding body unless they are planned into a long term budget strategy. In the 1995 Case for Funds the NHMRC is seeking specific additional funding to allow it to mount planned large scale population research.

Support of intervention studies in clinical and public health research which are multi-disciplinary and pursued largely outside the research laboratory will require assessors of research proposals to be familiar with the techniques and criteria for quality of such research.

The introduction of AIDS research into the NHMRC system, and closer liaison with other government research funding systems, also provides an opportunity to explore more fundamental questions about division of peer assessment responsibilities along the lines of the type of research questions to be answered rather than discipline area or parent committee. Much has changed in health research since the patterns for the MRC and PHRDC were established.

The Joint Research Strategy Committee will review assessment procedures for projects to ensure that clinical, public health and multi-disciplinary research proposals are judged by peers who are familiar with the special issues and techniques involved in maintaining reasonable scientific standards in these contexts.

The support of large research teams is an important component of the NHMRC research strategy. This process will be reviewed in 1995 with a view to identifying 'best practice' models. For example, the PHRDC intends to review its policy on funding Centres. Specific requirements aimed at increasing the strategic value of PHRDC funded units will be examined. As part of the conditions for funding they could, for example, be required to provide regular reviews of the literature on best practice in the field and regular updates for professionals in their area of work.

The MRC will examine the distribution of block funding and the extent to which other criteria must be added to 'excellence' to ensure that Australia has a critical mass of researchers in the necessary breadth of fields to ensure its continued eminence in health and medical research. Ways to redirect resources without incurring damage to the overall high performance of the research system will be a critical issue to be faced in coming years.

As a first step in this direction the MRC has begun to define criteria for the accreditation and funding of medical research institutes.

Training and supporting researchers with the capacity to address the full range of health and medical research and to respond as new threats to health emerge

The next generation of health and medical researchers is educated through several training schemes. These schemes provide opportunities for support for researchers working towards a PhD degree through to support for those who have earned a doctorate and who are embarking on a research career. Post-doctoral research awards frequently involve two years study at an international research institution followed by two years back in Australia. This not only enriches Australia's research potential but it provides young researchers with different environments and perspectives from which to learn.

The special initiative in Aboriginal health research incorporates as a specific aim training Aboriginal and Islander researchers to plan and undertake research into the health problems of their communities.

The NHMRC Career Awards system provides support for outstanding researchers to undertake their work on a full-time basis. Most of the work which is supported under this scheme is in basic science: there is a need to place special emphasis on broadening the base of research covered by career awards.

From 1995 a joint Career Awards Committee will be established between the MRC and PHRDC, which will add to the existing career awards scheme by seeking specifically to identify career opportunities in the public health and non-medical areas of health research.

The NHMRC also offers a limited number of prestigious awards: the Eccles and Burnet awards named after Nobel Prize winning Australian medical researchers, to reverse the scientific 'brain drain' by attracting outstanding researchers back to Australia.

The introduction of all health professional training into the university system has created a large new pool of potential researchers in nursing and allied health faculties. Significant contributions from nursing and allied health researchers offer the potential for new insights and new directions in health research and should be encouraged. There will be a need for some development assistance for researchers in these fields for the foreseeable future. While the responsibility for this development does not rest totally with the NHMRC it is appropriate that NHMRC provide leadership.

High standards of nursing and allied health research will be encouraged with targeted development funds and training.

Responding to Australia's health priorities

Areas of priority for health and medical research in Australia will be identified on the basis of:

- information on health and illness in Australia and the factors which influence them;
- aspects of health that are unique to, or have special impact in, Australia. For example, the health of indigenous Australians. Aboriginal health has been, and will remain, an important priority for health research in the NHMRC;
- references from NHMRC Council and the work of the National Health Advisory Committee and the Strategic Planning & Evaluation Committee; and
- references from Commonwealth, State and Territory governments. This includes the identification of research issues in the formulation of the National Health Goals and Targets, as well as identification of international research priorities.

The research effort generated by supporting proposals put forward by researchers arising from their work in universities, hospitals, institutes and other settings will in itself cover a significant part of these priorities. Most research is undertaken in areas relating to major causes of illness and death, to improve understanding leading ultimately to treatment and cure, or prevention. However funding on the basis of excellence alone is not sufficient: additional strategies will be used to add to this effort to encourage research in areas of priority.

Strategies that will be used include seeking applications in broadly defined areas; commissioning specific research projects; awarding special grants for the training of new researchers in priority areas; establishing directed programs, networks or Units; and giving preferential weighting for priority in the assessment of project grants.

The Joint Research Strategy Committee, in co-operation with the National Health Advisory Committee and the Department of Human Services and Health will establish a system for identifying and resourcing the research which is needed to address specific health priorities and problems. A pilot collaborative process is currently underway in the areas of injury prevention and Aboriginal health.

Special funding has been made available in 1995 for Aboriginal communities, who are being encouraged to ask their own research questions while networks of established scientists are putting these communities in touch with people who can assist them in designing and carrying out appropriate studies. The Aboriginal Health research priority area is being managed by a working party representative of the communities themselves as well as NHAC, PHRDC and MRC.

The research committees of NHMRC have set aside \$1.2 million in 1995 to create a strategic reserve fund. This will allow the NHMRC to respond rapidly to special and urgent requests for targeted investigations and studies.

Maintaining accountability for the social and economic benefits of health and medical research

Maintaining high ethical standards

All research projects must be approved by Institutional Ethics Committees and conform with the NHMRC Statement of Scientific Practice. The Australian Health Ethics Committee oversees this process and will monitor and advise on ethical issues in health research.

The NHMRC Animal Welfare Committee monitors the use of animals in medical research and issues guidelines with which all research supported by the NHMRC must comply.

The NHMRC has recently established a Human Gene Therapy Committee to monitor research in this area and to establish guidelines for researchers.

Ensuring relevance

Research carried out in educational and health service settings such as hospitals and community health centres is an important way to help health and medical professionals recognise that they must continually question their practice and be prepared to adapt when new information about more effective practices becomes available. Research is an integral part of the education of health care providers in the Australian health system. Maintaining close links between research and the health system ensures the capacity to respond rapidly to emerging patterns of health and new threats. The most dramatic recent example is HIV but the increased incidence of skin cancer in recent decades is another example in which vigilance by clinicians and epidemiologists noted the trend and effective preventive policies were implemented without delay.

The NHMRC will continue to advocate that Federal and State Health Ministers discuss mechanisms to ensure that funding and infrastructure policies for health service facilities take into account the need for education and research as well as service delivery.

Evaluating its own performance

Evaluation is an important element of public accountability. It allows national and international comparisons of research productivity, monitoring of distribution of funds, and effectiveness of processes.

Both research committees of the NHMRC have allocated budgets in 1995 to evaluation of the outcomes, processes and impact of the research they fund. Evaluation of ongoing research is tied in to the stringent processes used by the NHMRC to assess research proposals: track record with previous research is an important component in assessing the future support of researchers. Funding allocated to larger research programs and institutes is reviewed using national and international experts every five years. The NHMRC is reviewing its procedures this year to ensure that the system it supports remains highly competitive and accountable for its performance.

During 1995 the NHMRC will review its research classification system, publish information on the allocation of its research funds and develop a set of standard set of information to measure the efficiency and effectiveness of its operations.

Since the PHRDC was established in 1987 several aspects of the national health context have changed, creating pressures for strategic response in new directions in the research field.

The PHRDC will commission an evaluation of its activities to date, which will assess the extent to which its original objectives have been achieved. The PHRDC will use the report of this evaluation as the basis for a definition of its future mission and priorities.

The MRC has a different history and requires answers to different questions. During 1995 the MRC will evaluate the outcomes of its scholarship program over the past thirty years, to assess its effectiveness in training young people in research skills needed in the health system. The MRC will also develop consistent measures of the productivity of the research it funds.

Commercial development of research findings

The NHMRC is examining ways in which it can encourage researchers to commercialise research findings which have potential to yield economic returns. Directions that will be examined include the expansion of the current provision of special development grants, and provision of information and advice on commercialisation to researchers and institutions. Initial seminars on the process of commercialisation were held by MRC in 1994.

Improving the translation of research findings into health care practice

Translation of research findings into practice depends on close co-operation between the research and advisory arms of the NHMRC.

Health care practice often lags behind research findings which indicate alternative best practice. Strategic research to evaluate the effectiveness and efficiency of health interventions is a significant component of the NHAC work program and will be undertaken in collaboration with the Joint Research Strategy Committee and the Department of Human Services and Health. The NHMRC already supports a Cochrane Collaboration Centre where the results of clinical trials are systematically reviewed and communicated.

Communication to the public and the professions of information about research projects and results is an important element of accountability. Better communication of research results will also assist the process of translating the findings of research into practical applications.

A significant issue which the NHMRC will address during 1995 is how research can feed into every day practice as well as just cutting edge practice. A sophisticated and well-informed communication strategy will be required. Broad consultation will be necessary.

Providing leadership in health and medical research

Adopting a leadership role implies keeping an eye on the future and anticipating developments and needs. It also means creating the future in areas in which the NHMRC has influence and expertise.

The NHMRC will participate in the Australian Science and Technology Council 'research futures' exercise in 1995 and may sponsor similar exercises in following years involving researchers, practitioners, administrators and consumers. These events will aim to identify agendas and initiatives for keeping Australia one step ahead in the management of its health and medical research.

International collaboration

Australia's health and medical researchers have strong links with international researchers: the NHMRC funds young researchers to train overseas, and several collaborative arrangements have been established with some European countries, the United States, and New Zealand.

Australia has a particular responsibility to participate in research partnerships with other countries in the Asia Pacific region. Health workers and researchers from the region come to Australia for research training. In addition, many Australian researchers spend time in neighbouring countries, assisting and supporting projects as widely spread as anti-tobacco activities and HIV/AIDS prevention. There are 44 World Health Organisation Collaborating Centres in Australia, from training in epidemiology to research into treatment for drug and alcohol problems. This effort, which can only arise from a strong research base in Australia, helps to promote goodwill towards Australia in our region.

The MRC and PHRDC will explore with AIDAB the potential for greater involvement by the NHMRC in Australia's development program in health.

Research infrastructure

The NHMRC has drawn attention to the crisis in the provision of facilities, equipment, administration and general institutional running costs which underpin research in health care facilities and institutes (Report to the Prime Minister's Science and Engineering Council, 1994). This infrastructure is crucial to the maintenance of a vigorous and high quality research effort. Similar problems exist for universities. At present such costs are not covered by grants and are funded at diminishing levels as a result of competing pressures in higher education institutions and economic policies in the States.

In 1995 the NHMRC will examine the provision of infrastructure support for research in hospitals and medical research institutes and develop options for governments to improve the situation.

The National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) became a statutory body within the portfolio of the Commonwealth Minister for Health, established by the *National Health and Medical Research Council Act* 1992 with effect from 24 June 1993. The NHMRC advises the Australian community and Commonwealth, State and Territory Governments on standards of individual and public health, and supports research to improve those standards.

The NHMRC advises the Commonwealth Government on the funding of medical and public health research and training in Australia and supports many of the medical advances made by Australians.

The Council comprises nominees of Commonwealth, State and Territory health authorities, professional and scientific colleges and associations, unions, universities, business, consumer groups, welfare organisations, conservation groups and the Aboriginal and Torres Strait Islander Commission.

The Council meets twice a year to consider and make decisions on reports prepared by committees and working parties following wide consultation on the issue under consideration.

A regular publishing program ensures that Council's recommendations are widely available to governments, the community, scientific, industrial and educational groups.

The Council publishes extensively in the following areas:

- Child Health
- Clinical Practice
- Communicable Diseases
- Dentistry
- Drugs and Poisons
- Drug and Substance Abuse
- Environmental Health
- Health Ethics
- Infection Control
- Mental Health
- Nutrition
- Public Health
- Radiation
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