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**Message from the CEO**

In Australia and internationally, health and medical research is advancing rapidly, along with innovative approaches to translating this progress into better health outcomes. Against this background, it is critical that NHMRC’s funding for research is distributed in the most effective way, and that research and research translation meet the highest standards of quality, integrity and ethics. NHMRC’s work over the period of this Plan will include important initiatives that directly address these priorities.

The implementation of NHMRC’s new grant program will be completed over the period covered by this Plan. This important reform to the way we fund research will promote creativity and innovation, provide opportunities for outstanding researchers at all career stages and reduce the burden of application and peer review on the research community. I am looking forward to working closely with the health and medical research sector as we make the transition to the new program.

NHMRC will continue to work closely with the Department of Health as the first investments from the Medical Research Future Fund (MRFF) are implemented. A significant proportion of the initial disbursements from the MRFF will use NHMRC’s peer review processes to fund innovative projects of national significance, including research into antimicrobial resistance, grants aimed at lifting the capacity of clinical trials and funds to provide additional support for early and mid-career clinical researchers.

Linkage between academia and industry is one essential pathway for the translation of research findings into improved health outcomes. In 2017, NHMRC developed the *Guide to Evaluating Industry-Relevant Experience* for peer reviewers. This guidance aims to foster greater collaboration between the research and commercial sectors by ensuring that grant applicants’ experience working with industry is valued along with other measures of research excellence. Improved application processes in the NHMRC Development Grants scheme, which is specifically focused on supporting the commercialisation of health and medical research outputs, will also strengthen NHMRC’s contribution to innovation over the period covered by this Plan.

Ensuring public confidence in the integrity of research remains a central focus of NHMRC’s work. An important project due for completion in 2017–18 is the review of the *Australian Code for the Responsible Conduct of Research 2007* undertaken in partnership with the Australian Research Council and Universities Australia. Public consultation on a draft Code was conducted in 2017 and the extensive feedback received in submissions will be reflected in the final version, strengthening the national framework for research integrity in Australia.
Work is also advanced on a review of ethical guidelines for research with Aboriginal and Torres Strait Islander peoples, with the release of revised guidelines anticipated in 2018.

Support for research to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples remains a strategic priority for NHMRC. Many aspects of NHMRC’s work demonstrate this commitment. The current development of Road Map 3: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research provides an opportunity to build on the experience and knowledge gained from previous Road Maps so we can better target our investment and activities in this critical area of national responsibility. As part of our engagement strategy, we have held stakeholder workshops across Australia and will continue to seek community input and feedback through a variety of consultations.

Research funded by NHMRC has a profound impact, in Australia and internationally. Stories about outstanding researchers at all career stages and their ground-breaking discoveries can be found on our website. These cameos give a sense of the breadth and depth of the work that NHMRC is funding and the years of commitment and hard work that underpin research and its translation into crucial improvements in health care. All Australians benefit from these achievements. The future work set out in this Plan will ensure that NHMRC continues to support the best Australian health and medical research for the benefit of all.

Statement of preparation

As the accountable authority of NHMRC, I present the NHMRC Corporate Plan 2017–2018, which covers the periods of 2017–18 to 2020–21. It has been prepared as required under paragraph 35(1)(b) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act) and Section 16 of the National Health and Medical Research Council Act 1992 (NHMRC Act).

Professor Anne Kelso AO
Chief Executive Officer
National Health and Medical Research Council
Introduction

Requirements for the Corporate Plan

This Corporate Plan sets out NHMRC’s purposes, planned activities and performance for the period 2017–18 to 2020–21, and addresses capability, environment and risk oversight and management in line with PGPA Act requirements.

The NHMRC Act also requires the development of a corporate plan, including consultation with the Council of NHMRC and the Minister for Health, setting out:

• the Chief Executive Officer’s (CEO’s) assessment of the major national health issues that are likely to arise during the period
• the manner in which the CEO proposes to perform his or her functions in dealing with those issues during the period
• a national strategy for medical research and public health research.¹

These matters are also addressed in this Plan, with the key activities NHMRC will be undertaking over the next four years set out under three major themes of investment, translation and integrity.

¹ Section 16 NHMRC Act.
NHMRC’s purposes

NHMRC aims to achieve ‘improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health’.

These functions reflect the role for NHMRC set out in its enabling legislation.

The scope and reach of NHMRC’s activities are broad, with the agency spanning a wide range of health topics in the various aspects of its work – from funding research to guideline development and advice. The overall purposes of NHMRC, supporting the agency’s mission of ‘working to build a healthy Australia’, can be summarised as follows:

- fund high quality health and medical research and build research capability
- support the translation of health and medical research into better health outcomes
- promote the highest ethical standards in health and medical research.

These purposes are implemented through three underpinning strategic themes of investment, translation and integrity. The delivery of NHMRC’s purposes against its program objectives is set out in the Portfolio Budget Statements 2017–18 (PBS).

The major component of NHMRC’s work is to administer the Medical Research Endowment Account (MREA) to fund priority-driven, strategic research and investigator-initiated research. A summary of NHMRC’s funding schemes is provided in Appendix Table A1 on page 34. During 2017–18, NHMRC will begin the transition to a new grant program while still funding investigator-initiated and priority-driven research. The new program will encourage greater creativity and innovation in research, provide more opportunities for early and mid-career researchers, and reduce the burden of application and peer review on the research sector. Over the period covered by this Plan NHMRC will also be using its capability and expertise to help deliver Medical Research Future Fund (MRFF) investments, lending our expertise to the Department of Health to help deliver competitive funding rounds where appropriate.

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2 Department of Health Portfolio Budget Statements 2017–18, p. 388.

3 Under the NHMRC Act, NHMRC is responsible for promoting the development of individual and public health standards, fostering national consistency in health standards, supporting research and training, and fostering consideration of relevant ethical issues.

4 The three delivery objectives in the PBS are: supporting high quality health and medical research; supporting the translation of health and medical research; promoting the highest standards in health and medical research (Department of Health Portfolio Budget Statements 2017–18, pp. 390–391).
Consistent with the NHMRC Act, NHMRC focuses on the relevance of research proposals for health, rather than defining ‘health and medical research’ as a set of research disciplines. NHMRC will fund research in any or all areas relevant to improving the health of Australians. It will also accept grant applications in any health-related research discipline and applicants are provided with an opportunity within their application to explain how their research will lead to improved outcomes in health. Each application is then assessed against the published selection criteria for the particular funding scheme.

Over the period of this Plan, NHMRC will develop resources to communicate the wide-reaching impact of NHMRC-funded research. To demonstrate the breadth of work NHMRC funds, the Office of NHMRC has developed a section of the website called In Focus. Over time In Focus will become a source of case studies and reports on the diverse and high-quality research NHMRC supports and its translation into improved health outcomes. NHMRC is also developing a series of fact sheets on key health issues (such as cancer and mental health) in order to provide a quick reference summary of NHMRC’s investment in these key areas and links to sources of further information.

Consultation with stakeholders, including consumers and community members, is intrinsic to much of what NHMRC does. Through consultation processes and participation in NHMRC Committees, a wide spectrum of Australians will continue to contribute to ensuring the excellence of NHMRC’s work and promoting trust in the integrity and value of science in health decision-making.
About NHMRC

The CEO of NHMRC is advised and supported by the Council of NHMRC, and assisted by a number of Principal Committees, illustrated in Figure 1. The CEO, the Council and the Principal Committees are appointed by the responsible minister. NHMRC operates on a triennium basis, with the Council and Principal Committees re-appointed every three years. The current triennium commenced in July 2015 and will run until June 2018.

The Council represents a wide range of expertise. Chaired by Professor Bruce Robinson AM, it includes the Australian Government Chief Medical Officer and state and territory chief health and medical officers. It also includes members with specific expertise in the health needs of Aboriginal and Torres Strait Islander peoples, in consumer issues and in business, as well as members with expertise in a wide range of health-related disciplines. Over the course of the triennium, the Council will provide advice to the CEO to ensure that NHMRC’s strategic direction is effectively linked to current and emerging issues relevant to health and medical research.

Principal Committees assist the Council in carrying out its functions, helping to provide an effective governance and advisory structure for NHMRC. The Research Committee (RC) and the Australian Health Ethics Committee (AHEC) are required by the NHMRC Act and their functions are determined by legislation. The role of RC, as set out in Section 35(2) of the NHMRC Act, includes advising the Council on the application and monitoring of the Medical Research Endowment Account (MREA) and on matters relating to medical research and public health research, including the quality and scope of such research in Australia. The role of AHEC, as set out in Section 35(3) of the NHMRC Act, includes advising the Council on ethical issues relating to health and developing and providing to the Council human research guidelines. In addition, the Embryo Research Licensing Committee, under the Research Involving Human Embryos Act 2002, is taken to be an NHMRC Principal Committee. NHMRC carries out its responsibilities through this committee for administering the national regulatory system for research involving human embryos.

Apart from these committees that are required by legislation, the responsible minister may establish non-statutory Principal Committees to assist the Council. For the current triennium, two new Principal Committees were established: the Health Innovation Advisory Committee (HIAC) and the Health Translation Advisory Committee (HTAC). They reflect NHMRC’s strategic priorities related to

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5 Section 35 NHMRC Act.
(i) the development, commercialisation and uptake of innovative technologies and practices and (ii) the effective translation of evidence to improve clinical outcomes and public and environmental health. The committees enhance NHMRC’s capacity to deliver on these key priority areas.

The Council, Principal Committees and the CEO are also supported by a very wide range of working committees and reference groups formed under Section 39 of the NHMRC Act. Some of these relate to specific issues and are time-limited, and others provide advice on broader issues. For example, the Principal Committee Indigenous Caucus (PCIC) provides advice to the Council and CEO on issues relating to Aboriginal and Torres Strait Islander health research. The Community and Consumer Advisory Group (CCAG) provides advice on health issues and medical research matters from a consumer perspective. In 2017–18, NHMRC will also establish the Mental Health Research Advisory Committee (MHRAC), drawn from the health and medical research sector. The MHRAC will complement the expertise of other NHMRC committees and working groups to ensure that NHMRC’s investment in mental health research is designed and targeted appropriately.

Figure 1 Structure of NHMRC
Capability

Over the period of this Plan, NHMRC will maintain its commitment to continuous improvement and harnessing of efficiencies in an environment of fiscal restraint by reducing red tape for its stakeholders and making best use of technology. Key capabilities for NHMRC include those related to workforce, Information and Communications Technology (ICT) and NHMRC’s peer review system. A proactive and rigorous approach to corporate governance is also a critical capability area.

Our people

Behind NHMRC stands a talented, multidisciplinary team from a wide range of backgrounds and experiences. Our people are dedicated and passionate about fostering improved health and medical knowledge through funding research that supports the agency’s mission of ‘working to build a healthy Australia’. Our Executive team aims to provide an environment that encourages people to perform at their best. NHMRC is committed to creating a diverse and inclusive workplace that accepts, respects and leverages differences and exploring ways to facilitate flexible working arrangements. Through embracing diversity, NHMRC seeks to enhance innovation and foster the creative generation of ideas.

Workforce planning

NHMRC is reliant on a highly skilled and professional workforce to deliver its objectives now and in the future. The agency has developed a three year Strategic Workforce Plan (2016–19) that addresses our longer-term business needs and the capability and resources needed to meet them. It also provides an instrument to analyse our workforce projections and skill gaps and sets out strategies to develop our people and fill critical skill shortages.

Culture

The agency prides itself on its positive workplace culture based on Australian Public Service-wide values underpinned by a culture of respect and valuing diversity, and we will continue to build on this culture over the period covered by this Plan. One aspect of this is NHMRC’s commitment to improving the health of Aboriginal and Torres Strait Islander peoples. Examples of current initiatives are provided in Box 1.

The commitment to Aboriginal and Torres Strait Islander health covers all aspects of NHMRC’s responsibilities, as well as contributing to the Australian Government’s Close the Gap initiatives and we are proud of NHMRC’s role in working to improve the health of Aboriginal and Torres Strait Islander peoples through research. The development of Road Map 3: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research, which will update the strategic framework set by previous Road Maps, is an important initiative due for completion during the period of this Plan.
Box 1 – Valuing diversity case studies

**Case Study 1: Reconciliation Action Plan (RAP)**

While we celebrate and acknowledge our commitment to Aboriginal and Torres Strait Islander Australians, we also acknowledge that we have much more to do as Australia seeks to close the unacceptably wide gap in life expectancy and disease burden that still exists between Aboriginal and Torres Strait Islander Australians and other Australians.

Research plays an important role in advancing Aboriginal and Torres Strait Islander health through investigation of emerging areas of concern, identifying protective and risk factors, and developing and trialling interventions. Partnerships between Aboriginal and Torres Strait Islander communities and researchers are important to ensure research and capacity-building outcomes are meeting the health needs of Aboriginal and Torres Strait Islander peoples.

Our RAP sets out the actions we will take to foster respect for Aboriginal and Torres Strait Islander cultures, build mutually beneficial relationships with communities, foster and strengthen the capacity of Aboriginal and Torres Strait Islander health and medical researchers, and support the employment of Aboriginal people and Torres Strait Islanders in our agency.

**Case Study 2: Yarning Sessions**

Building upon cultural awareness sessions held during 2016, ‘yarning sessions’ have been introduced where staff can discuss the ‘undiscussables’ to gain a greater understanding of and respect for cultural differences and needs, and apply this understanding in their various roles. Staff members email a question or topic that they would like to explore during the session to an Indigenous facilitator in order to increase their understanding and appreciation of Aboriginal and Torres Strait Islander peoples’ cultures, histories and achievements. The facilitator reserves the right to veto a question if they do not feel culturally safe discussing it with the group.

The identity of the questioner is not revealed and Chatham House Rules apply to enable ‘undiscussables’ to be unpacked in a safe, non-judgmental environment.

**Corporate services**

NHMRC operates within a corporate governance framework that promotes integrity, compliance, performance and efficiency. A number of initiatives to be undertaken over the period of this Plan will strengthen agency capability in this area. Activities include regular review of corporate policies to ensure compliance with the PGPA Act and other key legislation; continuing management of risk in line with an established framework; and a commitment to annual training of staff in fraud awareness. A review of NHMRC’s fraud control framework has also commenced.
As a small non-corporate entity, NHMRC will support its programs by:

- exploring options that provide value for money to support NHMRC business, which may realise savings that could be redirected to core work
- deploying new technologies in a more agile approach and proactively responding to existing business challenges
- aligning and leveraging new and enhanced technology to strengthen support for and reporting on business outcomes
- streamlining and automating corporate services functions to provide improved support to the agency.

For ICT, the smaller government reform and digital transformation agenda require the agency to engage more efficiently and effectively with its many stakeholders through the improved and secure use of technology and digital channels. These reforms include the financial and performance management framework, shared and common services, the digital transformation agenda and red tape reduction.

A transformative approach to external engagement is required to meet the higher demands of digital service delivery for the government. To keep pace with these expectations, NHMRC will need to maximise resource investment in core business activities that maintain and continuously improve service delivery to the research community and government customers. To support this transformation, NHMRC will take an agile approach to leveraging technology, including investing in cloud services where possible, enabling opportunities for workforce mobility, innovation, collaboration and digital productivity. The improved agility, cost efficiencies, faster time to market and streamlined supportability that cloud services offer have the capability to transform the way NHMRC ICT services are delivered and used by staff and stakeholders.

**Grant assessment and outcomes**

The application and peer review processes used by NHMRC are a key capability for the agency. They are integral to identifying the best health and medical research in Australia, ensuring that application processes are fair, transparent, efficient and effective. Peer review is the ‘impartial and independent assessment of research by others working in the same or a related field’ and this process provides independent expert evaluation of all NHMRC grant applications, with careful attention to avoiding potential conflicts of interest. Community Observers on peer review panels provide additional assurance that NHMRC processes have been followed transparently, responsibly, and in line with policy. Similarly, the involvement of teams of specialists following a rigorous evidence-based approach in the development of clinical, public health, environmental health and ethical guidelines is critical to the quality of this advice.

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7 *Australian code for the responsible conduct of research 2007, Section 6.*
To support NHMRC’s investment in continual improvements to data collections and assessment methods, during the period of this Plan NHMRC is updating and expanding the capability of its grants management systems and processes. This capability will be supporting the principle of ‘tell us once’ where possible, providing the research community, domestic and internationally, a more user-friendly and intuitive system. These enhancements will include the development and implementation of two prototype applications (apps), the Grant Application Assignment app and the Research Impact app, funded through the Public Service Modernisation Fund. The first of these applications will use advanced analytics to mine, sort and categorise grant applications and researcher data, allowing the automatic assignment of grant applications to reviewers. The second, using similar technology, will assist with the automated capture of research impact. Both these apps will reduce the amount of time researchers need to spend on administrative tasks, and will also help streamline the work done by the Office of NHMRC.

Also, in the context of open government and open data, opportunities exist for NHMRC to increase its role in the provision of health and medical research data and analytics by sharing its data through technology for use by the government, the broader health and medical research sector and the Australian public. As a result, NHMRC is implementing a cloud-based data warehouse and self-service reporting solution to expand its data reporting and analytics capabilities. This will strengthen decision-making, improve assessment of health outcomes from medical research and inform grant funding decisions.

Risk oversight and management


The Risk Management Policy and Framework 2016–2017 provides the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management throughout NHMRC. The document details NHMRC’s approach to identify and manage risks including:

• the processes that will be used to identify, analyse and manage the risks
• how often the risks will be reviewed and the process for reviewing the risks
• identifying who will be responsible for which aspects of risk management
• identifying how the treatment of the risks (mitigation) will be reported
• providing the initial snapshot of the major risks, current risk ratings, planned strategies for reducing the likelihood and/or consequence of each risk (mitigation strategies).

NHMRC maintains a strategic risk register to record details of all its identified risks, the likelihood and consequences of each risk occurring and controls designed to mitigate each risk.

Broadly, NHMRC’s risks are reputational, financial and operational. These are detailed in the strategic risk register, informed by a cascade of branch and project risk registers. NHMRC’s Executive staff will continue to regularly review the strategic risk register over the period covered by this Plan and actively seek to identify, manage and mitigate any actual, potential or emerging risks.
Environment within which NHMRC operates

NHMRC’s work influences and is influenced by a wide range of factors, including:

- trends in the burden of disease, health service delivery and research training environments
- international action in health and medical research and health care
- the role of the states and territories in delivering health services
- the broader economic context.

NHMRC plays a major role in developing Australia’s research capabilities, but other crucial participants include universities, hospitals, medical research institutes, professional colleges and the wider public and private sectors. The objects of the NHMRC Act include fostering the development of consistent health standards between the states and territories. NHMRC will continue to work with all jurisdictions to build a national approach.

Over the period of this Plan, NHMRC will be working across government on issues of national significance. For example, NHMRC is working with the Australian Commission on Safety and Quality in Health Care (ACSQHC) to update the Australian guidelines for the prevention and control of infection in healthcare. NHMRC will also continue to work with ACSQHC and the Department of Health towards a national, priority-driven framework for producing trustworthy clinical practice guidelines. NHMRC continues to benefit from existing relationships with agencies such as the Australian Research Council (ARC) and Universities Australia (UA) in the area of research integrity.

New grant program

After a strong period of growth in recent years, appropriations for the MREA administered by NHMRC have reached a plateau and are anticipated to remain constant over the forward estimates. At the same time, research costs and total application numbers for NHMRC grants have continued to rise, placing a heavier burden of effort on applicants and peer reviewers, as well as on the Office of NHMRC. Concerns have also been raised that opportunities for early and mid-career researchers and for exploration of new areas of research are being affected.

To address these challenges, an over-arching review of NHMRC’s grant program was undertaken to streamline the current suite of funding schemes, while continuing to support the best Australian research and researchers for the benefit of human health. NHMRC’s new grant program was announced by the Minister for Health in May 2017. The new program reflects the philosophy that health and medical research is best supported by a diverse portfolio of schemes that:
• fund across the spectrum of health and medical research
• invest in people with outstanding research achievement and promise
• support the most innovative research to solve complex problems
• meet specific strategic objectives.

It is anticipated that the changes to NHMRC’s granting structure will occur incrementally with full implementation in late 2018 – early 2019 for funding commencing in 2020. A summary of the major changes is provided in Box 2.

Box 2 – Changes to NHMRC funding schemes

The new grant program will comprise Investigator Grants, Synergy Grants, Ideas Grants and Strategic and Leveraging Grants. Limits will also be placed on the number of grants an individual researcher can apply for or hold.

Investigator Grants, Synergy Grants and Ideas Grants will replace Fellowships, Program Grants and Project Grants.

• **Investigator Grants**: will consolidate separate fellowship and research support into one grant scheme that will provide the highest-performing researchers at all career stages with funding for their salary (if required) and a significant research support package.

• **Synergy Grants**: will provide $5 million per grant for outstanding multidisciplinary research teams to work together to answer complex questions.

• **Ideas Grants**: will support innovative and creative research projects, and be available to researchers with bright ideas at all career stages, including early and mid-career researchers.

• **Strategic and Leveraging Grants**: will support research that addresses identified national needs. This will include an enhanced Targeted Calls for Research scheme and a dedicated funding stream for Clinical Trials and Cohort Studies. It also includes existing schemes such as Centres of Research Excellence, Development Grants, international collaborative schemes, and Partnerships for Better Health (Partnership Centres and Partnership Projects).

• **Limits on the number of applications and grants held by each researcher**: to complement the consolidation of funding and to reduce the application and review burden, limits will be placed on the number of grants that can be applied for or held by an individual researcher in the Investigator, Synergy and Ideas Grants streams.

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8 https://www.nhmrc.gov.au/restructure/changes
Other enhancements to NHMRC’s grant program

As well as the implementation of the structural review recommendations, NHMRC continues to work in other ways on streamlining processes and reducing peer review burden. The IT developments described in the ‘Capability’ section of this Plan, for example, are important elements of this work. Among scheme-specific initiatives, some key changes have already been made to NHMRC’s Development Grants scheme to ensure that the scheme’s policies and processes continue to meet its objectives and align with the Government’s Innovation and Science Agenda. In 2016, NHMRC trialled a new peer review model through the Development Grants scheme to reduce the peer review burden. Preliminary outcomes indicate the new model increased efficiency and reduced burden in peer review without compromising quality, and it has been retained for the 2017 Development Grants funding round. NHMRC is reviewing the outcomes of the trial model and this review will be used to examine whether the new model can be adapted for use in other NHMRC funding schemes. Other policy changes made in the 2017 Development Grants funding round on advice from NHMRC’s Health Innovation Advisory Committee include strengthened application processes aligning with industry practice, clarification of scope and updated assessment criteria.

NHMRC’s range of funding schemes also provides the flexibility necessary to target research and capacity building in key areas of need in the health system. Each year NHMRC sets aside a component of the MREA to address identified priorities. NHMRC, through its committees and expert groups, will continue to work with a range of national and international partners to identify priorities for research, based on evidence gaps and system needs. The scientific scope of these priority research areas will be determined by independent experts and consumers based on the most recent national and international research findings. Priorities are often implemented through additional funding provided for the Centres of Research Excellence (CRE) scheme and through the strategic program of Targeted Calls for Research (TCR). For example, in 2017 NHMRC partnered with beyondblue to co-fund a TCR, with funding commencing in 2018. Additionally, a TCR for Research into Dementia in Indigenous Australians was opened in 2017 (for funding commencing in 2018), and a call for applications for a TCR into Social and Emotional Wellbeing and Mental Health for Aboriginal and Torres Strait Islander Peoples from Early Life to Young Adults is also planned for 2017.

Research Committee has advised the CEO on implementation of a framework for funding grants in areas of strategic need, while maintaining the key principle of funding ‘excellence’. Furthermore, NHMRC has developed a Framework for the Implementation and Prioritisation of Targeted Calls for Research (the Framework). In accordance with this Framework, NHMRC has created an online pathway for community and professional groups to submit proposals for research topics that may form the basis of a Targeted Call for Research. The pathway is open for submissions all year. Eligible proposals are considered by NHMRC’s Research Committee. As demand for NHMRC funding is strong, it is critical that NHMRC’s rigorous peer review processes work to ensure excellence in all funded research – whether this is priority-driven research or investigator-initiated.
Medical Research Future Fund (MRFF)

The MRFF, established in 2015–16, will over time provide substantial additional funding for medical research and medical innovation. Strategic alignment between the funding priorities of the MRFF and NHMRC is essential to ensure the efficient and effective allocation of funds from both sources. The Medical Research Future Fund Act 2015 (MRFF Act) requires the MRFF’s Australian Medical Research Advisory Board (AMRAB) to take into account NHMRC’s strategy for medical research and public health research in determining the Australian Medical Research and Innovation Strategy. AMRAB has delivered the inaugural Australian Medical Research and Innovation Strategy 2016–2021 (the Strategy) and the accompanying Australian Medical Research and Innovation Priorities 2016–2018 (the Priorities) to the Minister for Health and Aged Care, announced by the Government in November 2016. The Strategy emphasises the complementary roles of the MRFF and NHMRC, and highlights opportunities for possible future collaboration. The NHMRC CEO is an ex officio member of AMRAB and in fulfilling this task draws as needed on the expertise within the organisation, the Council of NHMRC and Principal Committees.

Other Australian Government priorities and initiatives

The Australian Government has established a set of Science and Research Priorities, and corresponding Practical Research Challenges, designed to increase investment in areas of immediate and critical importance to Australia and its place in the world. These will inform NHMRC’s work over the period of this Plan. Health is one of the nine priorities (see Box 3) and other priority areas also incorporate issues relevant to health (in particular, those relating to food and to environmental change).

Box 3 – Australian Government Science and Research Priorities: Health

The specific research challenges within the priority of health are:

1. better models of health care and services that improve outcomes, reduce disparities for disadvantaged and vulnerable groups, increase efficiency and provide greater value for a given expenditure
2. improved prediction, identification, tracking, prevention and management of emerging local and regional health threats
3. better health outcomes for Indigenous people, with strategies for both urban and regional communities
4. effective technologies for individuals to manage their own health care, for example, using mobile apps, remote monitoring and online access to therapies.

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In December 2015 the Australian Government launched the National Innovation and Science Agenda (NISA). NISA is part of the Government’s commitment to establishing Australia as a leading innovation system and builds on and progresses existing initiatives, such as the Industry, Innovation and Competitiveness Agenda and the Boosting the Commercial Returns from Research strategy.

Many initiatives being delivered through the NISA will be relevant to the activities of NHMRC and the research community that it supports. These include the new research funding arrangements for universities to give equal emphasis to success in end-user engagement and to research quality, a new $250 million Biomedical Translation Fund and the Global Innovation Strategy.

NHMRC’s strategic direction

Major health issues

The NHMRC Act requires the CEO to identify major national health issues likely to arise. Health conditions that substantially contribute to the burden of disease in the Australian community are the focus of much of the work undertaken by NHMRC, with funding for research and translation activities provided across a wide range of areas, reflecting the strengths and interests of researchers. This includes the National Health Priority Areas (NHPAs), which are:

- dementia
- obesity
- arthritis and musculoskeletal conditions
- asthma
- diabetes mellitus
- mental health
- injury prevention and control
- cardiovascular health
- cancer control.\(^{12}\)

A substantial proportion of NHMRC funding is directed toward addressing the NHPAs. For instance, in 2016, NHMRC invested approximately $72 million in mental health research, which comprised 9% of all NHMRC funding that year. Similarly, NHMRC invested $168 million in cancer research, which comprised 22% of all NHMRC funding in 2016. Funding for research activities in all of the NHPAs will continue over the four years of this Plan and, if additional major issues arise or substantial gaps in evidence are identified, NHMRC may initiate targeted calls for research to address these additional priorities.

Examples of NHMRC’s strategic investment in designated NHPAs include the current program of work in boosting dementia research and the Targeted Calls for Research conducted in 2017 on dementia in Indigenous Australians (on the advice of NHMRC’s National Institute for Dementia Research), and on depression, anxiety and suicide in elderly Australians (in partnership with *beyondblue*). Our work with domestic and international partners also addresses numerous aspects of the NHPAs: one example is NHMRC’s partnership with the Singapore Agency for Science, Technology and Research (A*STAR). In 2017, NHMRC and A*STAR implemented a joint call for research in obesity and metabolic diseases in Singapore and Australia.

In consultation with the Council, NHMRC has identified a number of major health issues relevant to the period covered by this Plan:

- **Create stronger pathways to capture the economic value of research discoveries**
  NHMRC will support and promote partnerships between the research sector, industry and the health care sector. It will boost the capacity of researchers to commercialise and translate new findings, and support improvements in health services and population health achieved by non-commercial pathways, such as public health policy.

- **Improve the health of Aboriginal and Torres Strait Islander peoples**
  The health of Aboriginal and Torres Strait Islander peoples remains a critical issue for Australia. Support of health and medical research and research translation is central to achieving improvements in this area. It is also important to increase the numbers of Aboriginal and Torres Strait Islander researchers and recognise the diversity of Aboriginal and Torres Strait Islander peoples and communities, and how this diversity relates to health issues in these communities.

- **Harness the power of new technologies to improve health care**
  New technologies have enormous potential to improve our understanding of health problems and our ability to address them. This includes improved methodologies and partnerships to use ‘big data’ to improve health, and innovative approaches and new technologies, such as ‘omics’, to achieve better health care. New technologies can also be harnessed to ensure up-to-date evidence reaches relevant audiences in the most effective way and to enhance the experience of consumers of health care.

- **Prepare for rapid and unpredictable change**
  The health and medical research sector must be ready to respond to new and emerging health threats in our region and internationally. These include those that are already recognised and others that are yet to appear. Antimicrobial resistance and the wider geographical spread of tropical diseases are examples of known threats requiring response, as is the need to understand and address the relationships between environmental factors and health. Collaboration with researchers and health care providers across the world is of particular importance in developing and maintaining our ability to deal with emerging challenges, both in Australia and internationally.
• **Develop and promote robust frameworks to support evidence-based decision-making**
  There is a pressing need for evaluation frameworks to support decision-making about investment and/or disinvestment in treatments and care. Australians must have access to the most effective, efficient and sustainable health care system. Embedding evidence into service delivery needs further development, and connections between research and health policy, health systems and clinical care should be strengthened.

• **Address the social, environmental and community dimensions of health**
  This issue encompasses environmental and public health, and health services, including the social determinants of health and health inequalities, in terms of both health outcomes and access to health care across the life span. The connections between health literacy and health are also important to understand and tackle.

• **Strengthen the quality of evidence from research**
  As research provides the foundation for decision-making about health and health care, it is important that all research is accurate and reproducible. More robust guidance is needed for researchers and institutions on the nature of research misconduct and procedures for managing allegations of misconduct, to maintain research quality and public trust in the research enterprise.

**Strategy for health and medical research**

NHMRC’s strategy for health and medical research addresses the major health issues, including the NHPAs, as well as other functions conferred on NHMRC by the NHMRC Act. NHMRC will identify projects to progress these priority areas while also continuing to fund high quality health and medical research on broader health-related topics.

The model in Figure 2 on page 22 depicts this strategy. This model is intended to be illustrative and to be applied in a flexible way, allowing NHMRC to respond to changes in the broader environment.

The themes of investment, translation and integrity represent NHMRC’s strategy for health and medical research for the period covered by this Plan. NHMRC will:

- **invest** in high quality health and medical research and build research capability, supporting the best research and researchers
- support the **translation** of health and medical research into clinical practice, policy and health systems and the effective commercialisation of research discoveries
- maintain a strong **integrity** framework for research and guideline development, underpinning rigorous research and relevant and accurate guidelines and promoting community trust.
To fulfil its mission of working to build a healthy Australia, and to deliver against its strategy, NHMRC will:

- **Lead**: NHMRC is Australia’s leader in funding health and medical research and research translation. It develops platforms and standards for health and medical research, and protects the integrity of the government’s investment in health and medical research. NHMRC leverages the expertise and resources of others, and promotes translation of research into policy and practice.

- **Support**: NHMRC supports research across the four pillars of health research – biomedical, clinical, public health and health services research, and funds both individuals and teams and the highest quality research and researchers. NHMRC supports diversity of research and researchers across disciplines and sectors and fosters the career development of health and medical researchers.

- **Engage**: NHMRC engages with stakeholders and fosters partnerships among researchers and research funders nationally and internationally, with industry and policy makers and across all levels of government and enables collaborative networks.

- **Respond**: NHMRC responds to national priorities in health and science, to researchers, to consumer needs and community perspectives and to the needs and directions of government.

Within each of the three themes – investment, translation and integrity – NHMRC has identified key priorities for action over the next four years as summarised in the ‘Strategic priorities’ section that follows. These priorities are informed by NHMRC’s operating environment and engagement, and incorporate a focus on the major health issues. The strategic priorities will be implemented through undertaking key activities within each theme.
Figure 2 NHMRC’s strategy for health and medical research

**WORKING TO BUILD A HEALTHY AUSTRALIA**

<table>
<thead>
<tr>
<th>LEAD</th>
<th>SUPPORT</th>
<th>ENGAGE</th>
<th>RESPOND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment</strong></td>
<td>Create knowledge and build research capability by supporting the highest quality health and medical research and the best researchers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Translation</strong></td>
<td>Support the translation of health and medical research into clinical practice, policy and health systems and the effective commercialisation of research discoveries</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integrity</strong></td>
<td>Maintain a strong integrity framework for research and guideline development, underpinning rigorous research and relevant and accurate guidelines and promoting community trust</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Healthier Australians**
- Better clinical care
- Improved health care system
- Economic benefit through innovation and improved productivity

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**Strategic priorities**

**Investment**

- Support excellence in research across the full spectrum of health and medical research, from basic science through to clinical, public health and health services research, including addressing national and international research priorities via appropriate funding.
- Fund health research related to Aboriginal and Torres Strait Islander peoples.
- Examine established funding schemes to determine strengths and identify where improvements and efficiencies could be made.
- Work with others to drive innovation in health and medical research through a range of mechanisms, including through the Health Innovation Advisory Committee (HIAC).
• Enhance and continually review the grant application and assessment process to ensure that the system remains fit-for-purpose and results in the best outcomes for knowledge creation and translation.

• Support the work of the NHMRC Women in Health Science Committee, including development of a strategy to address differential funding rates between female and male grant applicants.

• Enhance and coordinate research into dementia through the NHMRC National Institute for Dementia Research (NNIDR).

• Support collaborative approaches to health and medical research, domestically and internationally, including connecting, supporting and encouraging links with researchers in non-health related disciplines.

• Work closely with the Department of Health to provide effective and efficient support for relevant MRFF investments that leverage NHMRC’s existing capability, including the advanced Research Grants Management System (RGMS).

Translation

• Drive translation of research into population health and clinical policy and practice so that Australia benefits from its investment in health and medical research, including through the work of the Health Translation Advisory Committee (HTAC) and the Research Translation Faculty.

• Promote the important role of Advanced Health Research and Translation Centres (AHRTCs) and Centres for Innovation in Regional Health (CIRHs) in the provision of research-based and evidence-based health care, working with health policy makers nationally to maximise the benefits of the initiatives.

• Focus on engagement with industry to leverage skills, networks and resources to enhance research and boost commercialisation of research outcomes to benefit health, while working with others to provide health and medical researchers with more skills in research commercialisation.

• Work to ensure that the outcomes of the research NHMRC funds are made available to other researchers and the public as soon as practicable, strengthened by NHMRC’s Open Access Policy and engagement with national and international initiatives to maximise the benefits derived from research through openly sharing publications and data.

• Develop a new model for guideline development and approval, working in collaboration with national and international guideline development agencies to update standards and promote collaboration tools to foster high quality, rigorously developed, current and relevant guidelines in Australia.

• Facilitate and promote the translation of evidence derived from health and medical research into practices and policy designed to prevent illness and improve public health.

• Help to improve recruitment of participants into clinical trials by raising awareness of clinical trials through the consumer friendly www.AustralianClinicalTrials.gov.au website.
Integrity

• Work with partners to finalise the review of the *Australian code for the responsible conduct of research 2007* to ensure that it provides robust guidance on the nature of research misconduct and ways to manage it.

• Lead the development of harmonised procedures and processes across the research sector for managing allegations of misconduct and to strengthen research integrity arrangements both within NHMRC and with external counterparts.

• Lead ongoing revision of key statements, codes and guidelines and develop new guidelines, where relevant, including:
  » the *National statement on ethical conduct in human research, 2007*
  » *Values and ethics: guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research, 2003* and *Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics, 2005*
  » *Organ and tissue donation after death, for transplantation – Guidelines for ethical practice for health professionals, 2007*
  » *Making a decision about organ and tissue donation after death, 2007*
  » *Organ and tissue donation by living donors – Guidelines for ethical practice for health professionals, 2007*
  » *Making a decision about living organ and tissue donation, 2007*
  » *Information paper on the replacement, reduction and refinement of the use of animals for scientific purposes in Australia*
  » the *Australian code for the care and use of animals for scientific purposes, 2013* (revisions to ban the use of animals for cosmetic testing).

• Continue to support the development of a national approach to single ethical review for multi-centre research, through the administration of the National Certification Scheme.

• Continue to implement processes to decrease the burden of red tape on businesses in relation to the Embryo Research Licensing Committee’s administration of the RIHE Act and PHCR Act.
Performance: how NHMRC will achieve its purposes

To implement its strategy for health and medical research, NHMRC will undertake a range of activities and projects over the four-year period of this Plan. These activities are set out in Table 1 on page 27. This information is not designed to capture the complex details of all NHMRC work; rather its intention is to provide a high-level picture of how major activities over the next four years will deliver on NHMRC’s strategy for health and medical research and overall strategic approach. The activities address both the strategic priorities set out in this Plan, as well as the other essential work that NHMRC undertakes to fulfil its purposes. While activities under each of the themes of ‘investment’, ‘translation’ and ‘integrity’ relate to that theme, there is some overlap between themes: for example, the funding of translation-focused research activities helps to meet strategic priorities related to both translation and investment. Delivery strategies and specific performance targets for each of the key activities will be incorporated into NHMRC’s business planning.

Performance measures linked to each of NHMRC’s major purposes are provided in Table 2 on page 29, including an indication of when each will be assessed. Some of these measures have been retained from the 2016–2017 Plan, or have been modified to improve their precision or update their focus, and some additional measures have been included which better capture NHMRC’s overall success in achieving its purposes. As with the key activities, while each measure appears under one of NHMRC’s three purposes, some measures show NHMRC’s success against more than one of the purposes. Reporting on NHMRC’s performance in achieving its major objectives and purposes will occur in the NHMRC Annual Report to Parliament. The additional measures identified here will supplement the performance criteria included in the Portfolio Budget Statements.

With the advice of HTAC, NHMRC is developing methods to define and measure the impact of the research it funds. Performance measures in future corporate plans will be informed by several approaches. For example, NHMRC’s Measuring up report is published regularly and reports on the scientific publication output and the citation impact of the research funded by NHMRC and of Australian health and medical research generally. NHMRC has successfully developed a method to identify patents that are linked with NHMRC funding, and piloted a process of assessing the commercial impact of NHMRC funding. The methodology and results from

13 This year’s Corporate Plan has adopted a more streamlined approach to performance measures than previous corporate plans. The new approach focuses on a smaller number of high-level measures that better demonstrate NHMRC’s achievements against its purposes.
this project will form the basis for a more comprehensive study of the commercial impact of NHMRC-funded research. NHMRC is also building internal capability in data analytics with staff training and targeted recruiting. Further, partnerships with external organisations, both public and private, are being established to enhance outcomes reporting and data analytics capability.

NHMRC activities are supported by robust financial management and reporting processes. NHMRC is currently implementing a three-year Digital Transition Strategy to move towards a robust digital information and records management environment by 2020.
Key activities and performance measures

Table 1 Key NHMRC activities

<table>
<thead>
<tr>
<th>KEY NHMRC ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment</td>
</tr>
</tbody>
</table>

1.1 Fund research into Australian health that:
- is of the highest quality and conducted by the best researchers
- includes research that addresses the National Health Priority Areas (NHPAs), the Australian Government Science and Research Priority in Health and other major health issues
- covers the full breadth of health and medical research
- supports researchers at all career stages
- supports gender equity in the health and medical research sector
- reflects the research priorities of states, territories and the Australian public
- meets the health needs of Australians.

1.2 Work with others to support the research workforce and build researcher capacity in fields relevant to health and medical research including improving gender equity in scheme success rates.

1.3 Boost dementia research:
- Enhance research on dementia and its translation into policy and practice.
- Coordinate and foster translation of national dementia research.

1.4 Support collaborative, multidisciplinary approaches to solving health problems, including supporting Australia’s participation in international research.

1.5 Participate in developing national strategies for research infrastructure investment, including collaborative, priority-driven approaches.

1.6 Support research that will provide better health outcomes for Aboriginal and Torres Strait Islander peoples.

1.7 Promote access to and use of data to improve health.

1.8 Continually improve the grant application and peer review processes and reduce red tape for researchers.
### KEY NHMRC ACTIVITIES

#### Translation

2.1 Support translational research, including research focused on the National Health Priority Areas, the Australian Government Science and Research Priority in Health and other major health issues.

2.2 Provide national leadership in promoting translation of knowledge created through research into clinical practice, health policy, health services and systems and public health and expand Australia’s capabilities in research translation.

2.3 Maintain a leadership role in the development of public and environmental health and clinical advice designed to prevent illness, improve health, enhance clinical care and support the states and territories in achieving consistent standards.

2.4 Work with others to remove barriers to commercialisation and innovation in health and enhance NHMRC funding schemes and strategic projects to forge stronger links with industry.

#### Integrity

3.1 Retain high ethical standards in health and medical research and health care and promote trust in research.

3.2 Strengthen the process for managing research misconduct and raise awareness of issues of ethics and integrity in the research sector.

3.3 Continue review of research ethics standards and guidelines.

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>CONTEXT</th>
<th>MEASUREMENT METHOD</th>
<th>TARGET</th>
<th>EXPECTED MEASUREMENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation rate of journal articles resulting from NHMRC-funded research.*</td>
<td>Bibliographic citations are the referencing of a journal article in a subsequent journal article, indicating some scientific impact of the original work. Every three years, NHMRC publishes the Measuring up report, a detailed analysis of the impact of NHMRC-supported journal publications.</td>
<td>The citation rate of journal articles resulting from NHMRC-funded research is benchmarked against the world citation average in relevant disciplines. In this measure, the world average is set to 100% which means publications are achieving citations as would be expected for that subject area during the specified time period. Therefore, a value of 150%, for example, indicates a citation impact 50% higher than the world average for similar research.</td>
<td>&gt;150% of the average citation rate of all journal articles published worldwide.</td>
<td>✅</td>
</tr>
<tr>
<td>Support research that will provide better health outcomes for Aboriginal and Torres Strait Islander peoples, through percentage of annual research budget awarded to Indigenous health research.*</td>
<td>NHMRC is committed to contributing to better health outcomes for Aboriginal and Torres Strait Islander peoples. A range of initiatives are planned to support this important priority, under the guidance of NHMRC's Principal Committee Indigenous Caucus (PCIC). These include a longstanding commitment to expending at least five percent of the Medical Research Endowment Account annually on Aboriginal and Torres Strait Islander health research.</td>
<td>Calculated based on annual expenditure. Funding is categorised as 'Indigenous health research' by reviewing each funded grant against a range of investigator-provided data classifications including fields of research, keywords, grant titles and media summaries.</td>
<td>&gt;5%</td>
<td>✅ ✅ ✅ ✅</td>
</tr>
</tbody>
</table>

*Performance measure also included in Portfolio Budget Statements.
<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>CONTEXT</th>
<th>MEASUREMENT METHOD</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance research on dementia and its translation into policy and practice.*</td>
<td>The NHMRC National Institute for Dementia Research (NNIDR) is a key element of the Australian Government’s $200 million initiative to boost dementia research. The NNIDR is bringing together Australia’s best researchers to undertake coordinated research on dementia while also drawing on the expertise of consumers, health professionals, industry and policy makers to translate evidence into policy and practice.</td>
<td>Support of priority research projects through additional grant rounds.</td>
<td>Undertake two additional grant rounds to support priority research projects.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Synthesise outcomes from dementia research.</td>
<td>Outcomes from dementia research are synthesised to inform improved treatments and care for people with dementia.</td>
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<tr>
<td>Outcomes of the Structural Review of NHMRC’s Grant Program are effectively implemented.</td>
<td>An over-arching review of NHMRC’s grant program was undertaken in 2016, under the guidance of an Expert Advisory Group and involving extensive external consultation. The review was completed in May 2017, and key recommendations are being phased in with a view to full implementation in 2019.</td>
<td>Establish transitional capping arrangements for Project Grants.</td>
<td>Introduce capping arrangements in the 2018 Project Grants round.</td>
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<tr>
<td>NHMRC funding supports the development of outstanding leadership in health and medical research.</td>
<td>NHMRC’s range of people support funding schemes are aimed at supporting Australian researchers and building research capacity for the future. Support is available for PhD scholars, early and mid-career researchers, practitioner-researchers and senior researchers. These schemes are highly competitive.</td>
<td>Through a case study approach, demonstrate the success of NHMRC’s people support programs in building leadership.</td>
<td>Researcher profiles demonstrating outstanding leadership.</td>
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</table>

*Performance measure also included in Portfolio Budget Statements.
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<tr>
<th>PERFORMANCE MEASURES</th>
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<th>MEASUREMENT METHOD</th>
<th>TARGET</th>
<th>EXPECTED MEASUREMENT YEARS</th>
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<tbody>
<tr>
<td>NHMRC policies and processes foster gender equity in research funding.</td>
<td>Success rates for women in most NHMRC schemes have been below those of men. NHMRC is committed to gender equity in its research funding.</td>
<td>Assessment of success rates of schemes based on gender.</td>
<td>An increase in the success rates of women in schemes where they are statistically significantly lower.</td>
<td>✓ 2017-18 ✓ 2018-19 ✓ 2019-20 ✓ 2020-21</td>
</tr>
</tbody>
</table>

**PURPOSE: SUPPORT THE TRANSLATION OF HEALTH AND MEDICAL RESEARCH INTO BETTER HEALTH OUTCOMES**

| Approve high quality clinical, public and/or environmental health guidelines prepared by NHMRC or third parties.* | Over the period covered by this Plan, NHMRC will be commencing and/or completing reviews of a number of clinical, public health and environmental health guidelines. These include a revision of the Australian guidelines to reduce health risks from drinking alcohol 2009, and an update of the Australian guidelines for the prevention and control of infection in healthcare 2010. | Guidelines need to meet quality standards, such as the 2016 NHMRC standards for guidelines, and/or those articulated in the NHMRC procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines (currently under revision as handbooks are developed to accompany the 2016 Standards). | Guidelines submitted to the Council and approved by the CEO of NHMRC meet quality standards, as articulated in the NHMRC procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines (or any revised version). | ✓ 2017-18 ✓ 2018-19 ✓ 2019-20 ✓ 2020-21 |
| NHMRC's guidelines and advice will support consistent standards in public and environmental health. | NHMRC's guidelines and advice support other Commonwealth entities and states and territories in detecting and preventing illness as well as consistent standards in public and environmental health. | Case studies on how NHMRC guidelines have been integrated into health policy to improve consistency in health standards. | Case studies demonstrate uptake of latest scientific evidence into health policy. | ✓ 2017-18 ✓ 2018-19 ✓ 2019-20 ✓ 2020-21 |

*Performance measure also included in Portfolio Budget Statements.
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<tr>
<td>Recognise and promote leading collaborations between health care organisations, academia and research institutions.*</td>
<td>NHMRC’s Advanced Health Research and Translation Centre (AHRTC) initiative, and its regional counterpart, the Centre for Innovation in Regional Health (CIRH) initiative, recognise the leading centres of collaboration in health and medical research, research translation, research-infused education and training, and outstanding health care. The first four AHRTCs were recognised in 2015. NHMRC recognised a further three AHRTCs, and the first two CIRHs, in early 2017.</td>
<td>Identify initiatives that showcase the translation of research into better clinical practices, and highlight these on the NHMRC website.</td>
<td>Showcase initiatives that demonstrate the translation of research into better clinical practices on the NHMRC website.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Improve the capability to report on the impact of the research funded by NHMRC.</td>
<td>Measuring and recognising the impact of NHMRC-funded research where it has benefited or made broader contributions to society is critically important, as reflected in the Australian Government’s National Science and Innovation Agenda and the Australian Medical Research and Innovation Strategy 2016–2021.</td>
<td>Citation and commercialisation metrics are used as a means of demonstrating the return on investment from NHMRC-funded research.</td>
<td>Develop a research impact app that lists and verifies all patents linked to NHMRC funding.</td>
<td>✔</td>
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| *Performance measure also included in Portfolio Budget Statements.
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<tbody>
<tr>
<td><strong>PURPOSE: PROMOTE THE HIGHEST ETHICAL STANDARDS IN HEALTH AND MEDICAL RESEARCH</strong></td>
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<tr>
<td>Release the revised Australian code for the responsible conduct of research 2007 and monitor implementation.*</td>
<td>Public consultation on the revised Australian code for the responsible conduct of research 2007 (the Code) closed on 28 February 2017, and it is anticipated that the revised Code will be released towards the end of 2017 or early in 2018. The Code is co-authored by NHMRC, the Australian Research Council and Universities Australia.</td>
<td>Following its release, NHMRC will use its existing Institutional Annual Compliance Report to survey Administering Institutions on implementation of the new Code.</td>
<td>Release the revised Code.</td>
<td>✓</td>
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<tr>
<td>Ethical statements, codes and guidelines are up to date and reflect best practice.</td>
<td>Over the period covered by this Plan, NHMRC will be commencing and/or completing reviews of numerous ethical statements, codes and guidelines. These include the rolling review of the National statement on ethical conduct in human research, 2007 and the review of research ethics guidelines for research involving Aboriginal and Torres Strait Islander peoples.</td>
<td>Determine whether review processes effectively engage key stakeholders and experts and comprehensively assess and incorporate best practice, producing updated documents that are highly regarded by end users.</td>
<td>Case studies of recently completed review processes confirm that these standards have been met.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stakeholders demonstrate good understanding of the regulatory requirements under the RIHE Act and PHCR Act.</td>
<td>The NHMRC Embryo Research Licensing Committee oversees the RIHE Act and PHCR Act, and regulates research activities that involve the use of human embryos. NHMRC conducts inspections of licence holders to ensure compliance with the legislation and licence conditions.</td>
<td>Licence inspections, which include an assessment of the licence holder’s processes in relation to activity under each licence, and whether these processes meet legislative and licence requirements.</td>
<td>Good understanding of regulatory requirements is demonstrated through outcomes from inspections and six-monthly reports.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Performance measure also included in Portfolio Budget Statements.*
### Appendix

**Table A1**
Investigator-initiated and priority-driven NHMRC funding outcomes in 2016

<table>
<thead>
<tr>
<th>MAIN FUNDING GROUP</th>
<th>GRANT TYPE(^{[a]})</th>
<th>GRANT SUB-TYPE</th>
<th>2016 INVESTIGATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Grants</td>
<td>New Investigator Grant</td>
<td>$15,617,151</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard Project Grant</td>
<td>$414,603,037</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander Health Research</td>
<td>$21,044,132</td>
<td></td>
</tr>
<tr>
<td>Program Grants</td>
<td>Program Grant</td>
<td>$106,374,900</td>
<td></td>
</tr>
<tr>
<td>Centres of Research Excellence</td>
<td>Centre of Research Excellence – Clinical</td>
<td>$14,983,142</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre of Research Excellence – Health Services</td>
<td>$9,998,468</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre of Research Excellence – Population Health</td>
<td>$9,967,443</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre of Research Excellence – Indigenous Researcher Capacity Building</td>
<td>$2,495,984</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre of Research Excellence – Infectious Disease Emergency Response Research</td>
<td>$4,996,416</td>
<td></td>
</tr>
<tr>
<td>Development Grants</td>
<td>Development Grant</td>
<td>$12,124,425</td>
<td></td>
</tr>
<tr>
<td>Partnerships</td>
<td>Partnership Project for Better Health</td>
<td>$20,170,882</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partnership Centre: Health System Sustainability</td>
<td>$5,250,000</td>
<td></td>
</tr>
<tr>
<td>International Collaborations</td>
<td>GACD – Prevention and Management of Chronic Lung Disease(^{[b]})</td>
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<td></td>
<td>NHMRC – NIH BRAIN Collaborative Research Grant(^{[c]})</td>
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<td>Translational Research Projects for Improved Health Care</td>
<td>Translational Research Projects for Improved Health Care</td>
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</table>

\(^{[a]}\) Priority-driven research incorporates those grants targeting a specific disease or health area and augments other strategic funding allocations (e.g. Aboriginal and Torres Strait Islander health research).
<table>
<thead>
<tr>
<th>MAIN FUNDING GROUP</th>
<th>GRANT TYPE[a]</th>
<th>GRANT SUB-TYPE</th>
<th>2016</th>
<th>INVESTIGATOR</th>
<th>PRIORITY</th>
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<tr>
<td>Research Support</td>
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<td>Northern Australia Tropical Disease Collaborative Research Program</td>
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<td>Targeted Calls for Research</td>
<td>Preventing Obesity in 18–24 Year Olds</td>
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<td>Early Career Fellowships</td>
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Notes:
[a] The totals in this table are derived from an application outcome dataset current as at 4 February 2017.
[b] GACD: Global Alliance for Chronic Diseases. The GACD International Collaboration 2015 funding scheme has been included under the 2016 application year as the scheme was peer reviewed and approved for funding in 2016.