



Australian Government

National Health and
Medical Research Council

BUILDING
A HEALTHY
AUSTRALIA

NHMRC

2024-25

ANNUAL REPORT



Figure 1: Research on major health issues funded by NHMRC, 2024-25

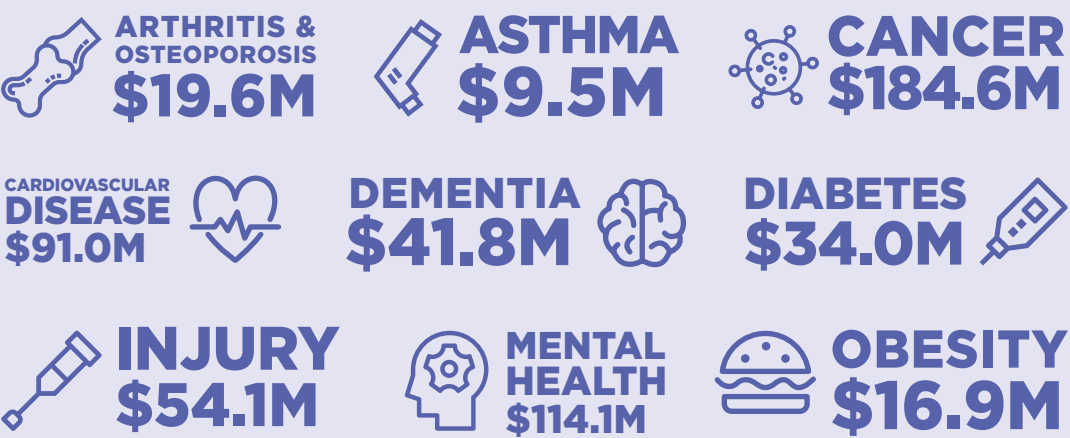


Figure 2: NHMRC Aboriginal and Torres Strait Islander health research funding, 2024-25

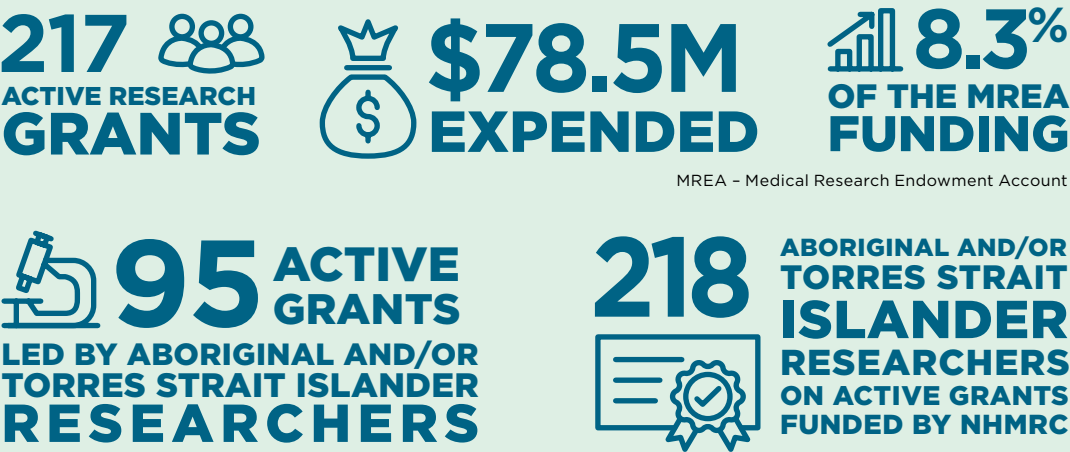
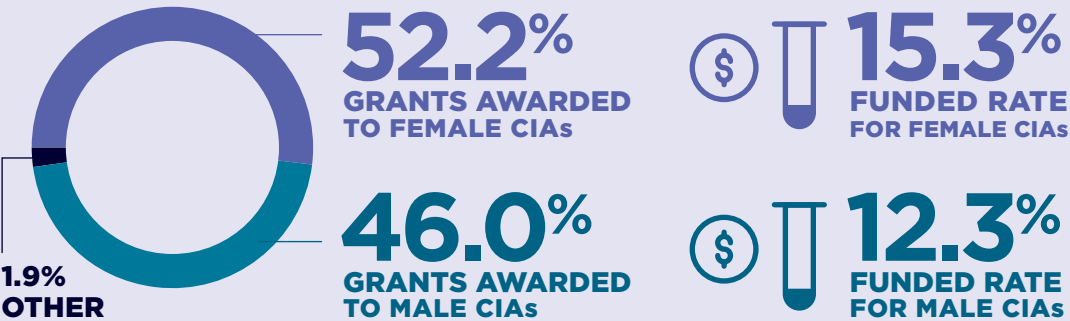


Figure 3: NHMRC grant metrics by gender, 2024-25



* 'Other' category combines applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' or who did not complete the gender field (null) in their Sapphire profile

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Letter of transmittal

OFFICIAL



Australian Government
National Health and Medical Research Council



The Hon Mark Butler MP
Minister for Health and Ageing
Parliament House
Canberra ACT 2600

Dear Minister,

I am pleased to present to you the annual report of the National Health and Medical Research Council (NHMRC) for the 2024–25 financial year.

This report was prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013* and section 83 of the *National Health and Medical Research Council Act 1992* (NHMRC Act).

As demonstrated in this report, NHMRC has continued to achieve its functions, which are to fund high-quality health and medical research and build research capability, support the translation of health and medical research into better health outcomes and promote the highest standards of ethics and integrity in health and medical research.

Throughout 2024–25, NHMRC has also continued to perform its functions under the NHMRC Act, the *Prohibition of Human Cloning for Reproduction Act 2002*, the *Research Involving Human Embryos Act 2002* and the *Medical Research Future Fund Act 2015*.

This report includes the annual report of the NHMRC Commissioner of Complaints, as required under section 68 of the NHMRC Act. It also includes a report on the activities of the Australian Research Integrity Committee.

As required under section 10 of the *Public Governance, Performance and Accountability Rule 2014*, I certify that:

- NHMRC has prepared fraud risk assessments and fraud control plans.
- NHMRC has in place appropriate fraud prevention, investigation and reporting mechanisms.
- I have taken all reasonable measures to deal appropriately with fraud relating to NHMRC.

Yours sincerely,

Professor Steve Wesselingh
Chief Executive Officer
2 October 2025

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About the report

This annual report is a summary of the performance and financial position of the National Health and Medical Research Council (NHMRC) for the 12-month period to 30 June 2025.

Unless otherwise stated, references to 'the organisation', 'us' and 'our' refer to NHMRC as a whole. In this report, 'this year' refers to the financial year that ended 30 June 2025, unless stated otherwise.

As a statutory authority in the Health, Disability and Ageing portfolio, we manage our performance through the outcome and program structure set out in NHMRC's chapter of the Health Portfolio Budget Statements (PBS). This is available at www.health.gov.au/resources/publications/budget-2024-25-health-and-aged-care-portfolio-budget-statements.

This report reviews our performance against the purposes and performance targets in our corporate plan and our PBS, as required by the Public Governance, Performance and Accountability Act 2013. Our corporate plan is available at www.nhmrc.gov.au/about-us/publications/nhmrc-corporate-plan-2024-25.

Acknowledgement of Country

NHMRC acknowledges the Traditional Custodians of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



Chief Executive Officer's review



Professor Steve Wesselingh, Chief Executive Officer

I am pleased to present the 2024–25 Annual Report of the National Health and Medical Research Council (NHMRC) that documents our progress and achievement against our strategic themes – investment, translation and integrity – and reaffirms our mission of building a healthy Australia.

The performance presented in this report reflects the capability and dedication of NHMRC staff who continue to promote a culture of integrity, excellence, innovation, collaboration, inclusion and transparency. Performance is further supported by the leadership and advice provided by our executive team and advisory committees, and by meaningful contributions from our research community.

Investment

In 2024–25, we awarded 767 new grants totalling \$1.05 billion through our competitive grant program. These grants span the full spectrum of health and medical research, from basic science to clinical medicine, public health and health services research. Importantly, NHMRC's investment in research is underpinned by rigorous peer review. We have continued efforts to reduce the burden on peer reviewers by refining our application-centric review model and lowering the number of applications assigned per reviewer in our biggest grant schemes, Investigator Grants and Ideas Grants.

NHMRC also administered 3,443 active grants valued at \$4.7 billion through the Medical Research Endowment Account (MREA), 1,223 Medical Research Future Fund (MRFF) grants totalling \$2.46 billion, and funding for the Cochrane Collaboration, dementia-related activities and mitochondrial donation regulation.

Our targeted and priority-driven funding over the past year aims to tackle a range of unmet health needs and health priorities. NHMRC awarded a total of \$21.7 million through 20 grants for targeted calls for research on climate-related health impacts, infection prevention and control in aged care, and commercial determinants of the health of Aboriginal and Torres Strait Islander people. We also opened strategic and targeted opportunities in health services research, Aboriginal and Torres Strait Islander people's health, anal cancer and oral health care. These initiatives reflect our ongoing commitment to support research that is responsive, inclusive and impactful.

NHMRC's international engagement, partnerships and research collaborations position Australia as a key player in global health research. We invested over \$27 million in 6 major global initiatives. These included partnerships with the Joint Programming Initiative on Antimicrobial Resistance, e-ASIA Joint Research Program, Japan Agency for Medical Research and Development (AMED) ASPIRE program, Horizon Europe, the Global Alliance for Chronic Diseases, and the Canadian Institutes of Health Research. NHMRC's funding supported Australian participation in research on antimicrobial resistance, personalised nutrition, infectious diseases, chronic conditions, and dementia in Indigenous populations. We are also collaborating with the National Institute for Health and Care Research (UK) and MRFF to support Australian participation in clinical trial platform studies of unmet clinical need. These efforts align with our International Engagement Strategy 2023-2026, demonstrate we value and support Australia's participation in global health research, and reinforce our strategic value and global reach.

Translation and impact

NHMRC has a vital role in supporting the translation of research evidence into practice and policy for the Australian community, health professionals, governments and health-related systems.

In 2024-25, new guidelines were issued, including updates to the *Australian drinking water guidelines* and the 6th edition of *Staying healthy: Preventing infectious diseases in early childhood education and care services*. Evidence evaluations of 16 natural therapies were also published.

We advanced the reviews of the *Australian dietary guidelines* and *Nutrient reference values*, *Guidelines for managing risks in recreational water* and the rolling review of chemicals and disinfectant by-products for the *Australian drinking water guidelines* to ensure they remain trusted, evidence-based resources for the community and health and environmental health professionals.

Chief Executive Officer's review

The development of 2 clinical practice guidelines began: for myalgic encephalomyelitis and chronic fatigue syndrome and for the care of trans and gender diverse people under 18 years with gender dysphoria. NHMRC also approved third-party guidelines for the assessment and diagnosis of fetal alcohol spectrum disorder and for newborn screening of spinal muscular atrophy, as well as updates to several living guidelines, including the *Australian immunisation handbook*, clinical guidelines for stroke management, and guidelines for postnatal and pregnancy care.

NHMRC published 10 impact case studies that demonstrate how NHMRC-funded research has contributed to improved health outcomes, informed policy and practice, and delivered broader societal value and return on public investment in health and medical research.

In September 2024, NHMRC accredited another Research Translation Centre, the Western Alliance Academic Health Science Centre, which is the 12th accredited Australian translation centre. Of the 12 centres, 5 primarily focus on translation in regional, rural and remote areas.

In 2024–25, NHMRC, in collaboration with the Consumers Health Forum of Australia, revised and consulted on the updated draft of the *Statement on consumer and community involvement in health and medical research*. This work supports NHMRC's broader commitment to embedding consumer perspectives in research design, funding and translation, and ensures that health and medical research reflect community priorities and deliver meaningful outcomes.

Structural priority funding and gender equity measures led to higher funding rates for women across our grant program and helped to equalise outcomes at senior levels of research leadership in our Investigator Grants scheme. We are proud of our progress in gender equity and remain focused on supporting a gender-inclusive health and medical research workforce.

NHMRC continued to advance its commitment to sex and gender diversity in health and medical research. In July 2024, the NHMRC and MRFF's *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research* was released. The statement promotes consideration of sex and gender in research activities funded by both NHMRC and MRFF, which accords with our Gender Equity Strategy 2022–2025.

In 2024–25, we advanced our commitment to the health of Aboriginal and Torres Strait Islander people: NHMRC exceeded its target of allocating more than 5% of its annual budget to research on health in Aboriginal and Torres Strait Islander people, reaching 8.9% of new grants awarded (by value). Notably, 4.4% of new grants were led by chief investigators of Aboriginal and/or Torres Strait Islander descent – meeting our target (3.4%) for the first time since its introduction in 2023.

We have continued to strengthen our focus on regional, rural and remote (RRR) Australia by supporting research that addresses the unique health needs of RRR communities, including through targeted grant opportunities and strategic funding streams. In 2024–25 we improved representation and input from RRR communities and researchers in our advisory groups and committees. In addition, we have started developing a dedicated equity plan for RRR health research to guide future investment and build research capacity.

Research excellence

In March, we recognised research excellence through our Biennial Awards, annual Research Excellence Awards, and the publication of *10 of the Best NHMRC Research Projects*. We featured 28 researcher profiles and case studies through various digital channels and Speaking of Science webinars. These are important events in our calendar each year to highlight outstanding Australian researchers, offer insights into their research careers, and demonstrate the exceptional quality and impact of the research we fund.

Ethics and integrity

Maintaining and promoting the highest standards of ethics and integrity is central to our work. We have continued to maintain regulatory oversight of embryo research, strengthened our fraud and corruption control framework, and continued to support the Australian Research Integrity Committee.

This year saw updates to the *National statement on ethical conduct in human research* and the release of *Ethical guidelines for cell, tissue and organ donation and transplantation in Australia* – the culmination of 8 years of work to consolidate 5 previous guidelines. A review of the *Australian code for the care and use of animals for scientific purposes* also began.

Capability and governance

This year, we strengthened our advisory committee structure by establishing 4 joint NHMRC–MRFF committees. These committees aim to improve alignment and coordination for the 2024–2027 triennium; strengthen and broaden advice on public health, health systems and commercialisation; increase industry and philanthropic involvement; and strengthen inclusion of the perspectives of consumers and Aboriginal and Torres Strait Islander people. These joint committees, in addition to NHMRC's Research Committee and Australian Health Ethics Committee, report to our Council and to the Australian Medical Research Advisory Board; they provide expert advice and support me in fulfilling legislative functions under the *National Health and Medical Research Council Act 1992*. We welcomed members of all 6 newly established committees in February and have since had productive and valuable meetings with each committee.

Chief Executive Officer's review

These committees, as well as working committees that we establish to support the breadth of work we deliver, are incredibly valued and I am grateful to all committee chairs and members for their commitment and advice. I am confident that this renewed governance structure effectively positions us to respond to Australia's first National Health and Medical Research Strategy, which is currently being developed. I am also proud of NHMRC's collaboration with Strategy Chair Ms Rosemary Huxtable AO PSM, and with the Department of Health, Disability and Ageing to support the development of the Strategy. This is a significant and transformative opportunity for health and medical research in Australia, and we look forward to working toward the ambitious goals for Australia's health and medical research sector when the Strategy is released.

We have also committed to improving the capability of our grant management system (Sapphire) and have begun work to deliver a more efficient and effective system in the coming years. In addition, we completed an assessment of data maturity and published our data asset inventory, laying the groundwork for improved data governance.

Our people remain our greatest asset. In 2024–25, we continued to foster an inclusive, values-led culture focused on wellbeing and performance. Our workforce boasts strong representation of women, people with disability, neurodivergent and culturally and linguistically diverse staff.

I extend my sincere appreciation to our outstanding staff and executive team whose dedication, expertise and collaborative spirit have been instrumental in driving our success and delivering meaningful impact throughout the year.

Looking ahead

I am proud of our performance and confident in our direction. As we enter 2025–26, our focus remains on equity, innovation, transparency and impact to deliver ethical, inclusive and high-quality research and evidence-based advice that benefits all Australians.



Ms Prue Torrance,
General Manager and Chief
Operating Officer (left) and
Professor Steve Wesselingh,
Chief Executive Officer (right)

Part 1: Overview

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure and presents our strategy for health and medical research.



Role and functions

NHMRC is a statutory authority within the Australian Government Health, Disability and Ageing portfolio. The *National Health and Medical Research Council Act 1992* (NHMRC Act) requires us to pursue activities designed to:

- raise the standard of individual and public health throughout Australia
- foster the development of consistent health standards between the states and territories
- foster medical research and training, and public health research and training, throughout Australia
- foster consideration of ethical issues relating to health.

Our functions under the NHMRC Act are to:

- inquire into, issue guidelines on and advise the community on matters related to
 - improvement of health
 - prevention, diagnosis and treatment of disease
 - provision of health care
 - public health research and medical research
 - ethical issues in health
- advise and make recommendations to the Australian Government, the states and the territories on the above matters
- make recommendations to the Minister for Health and Ageing on expenditure on public health research and training, and medical research and training.

We also administer and have statutory obligations under the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning for Reproduction Act 2002*. In addition, we exercise some statutory functions under the *Medical Research Future Fund Act 2015*.

We develop evidence-based health advice using rigorous methodologies and translate research findings into high-quality evidence-based practice guidelines for the Australian community, health professionals and governments. We provide advice on ethical practice in health and the conduct of health and medical research.

Our key stakeholders are governments, researchers, research institutions, health consumers, health professionals and the Australian community.

Outcome and program

The Australian Government uses outcomes and programs as the basis for budgeting and performance reporting for Commonwealth entities. Outcomes are the government's intended benefits for the community. Entities undertake programs designed to achieve these outcomes.

NHMRC's budget allocation and performance measures are published in the 2024-25 Health and Aged Care Portfolio Budget Statements (PBS).

The PBS from the 2024-25 Budget set out our outcome and program as follows:

Outcome 1

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.

Program 1.1 Health and Medical Research

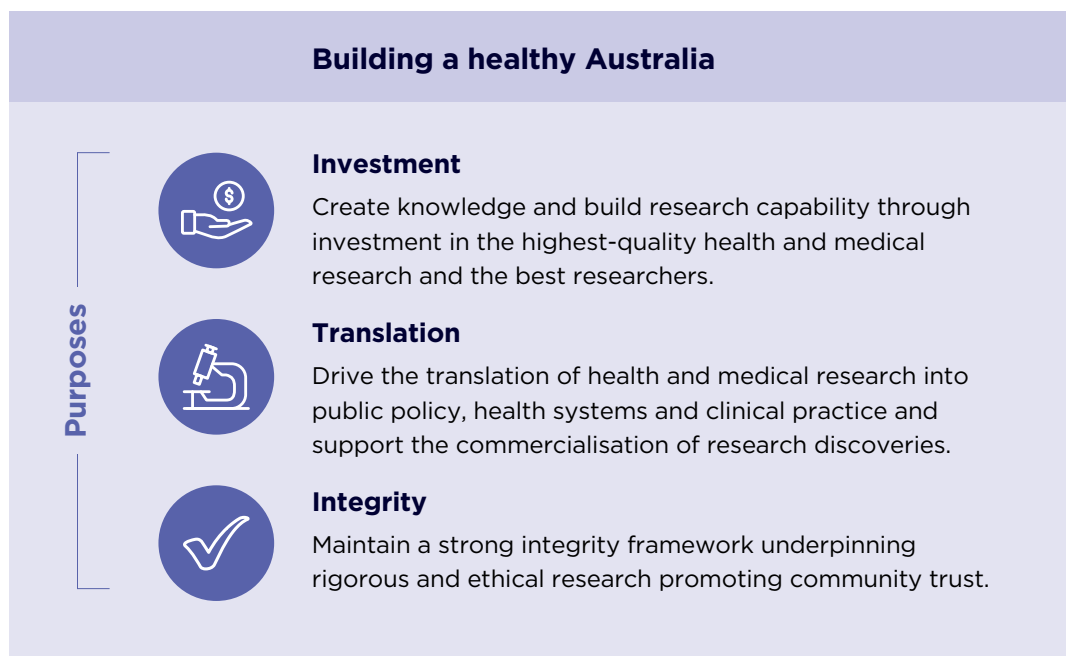
The Australian Government, through NHMRC, aims to:

- create knowledge and build research capability through investment in the highest-quality health and medical research, and the best researchers (Investment)
- drive the translation of health and medical research into public policy, health systems and clinical practice, and support the commercialisation of research discoveries (Translation)
- maintain a strong integrity framework underpinning rigorous and ethical research, and promoting community trust (Integrity).

Purposes

We realise our mission of building a healthy Australia through our purposes, which reflect our legislated functions and align with our strategic themes of **investment, translation** and **integrity**. Our purposes, as published in our *Corporate Plan 2024-25*, are detailed in Figure 4.

Figure 4: NHMRC's mission and purposes

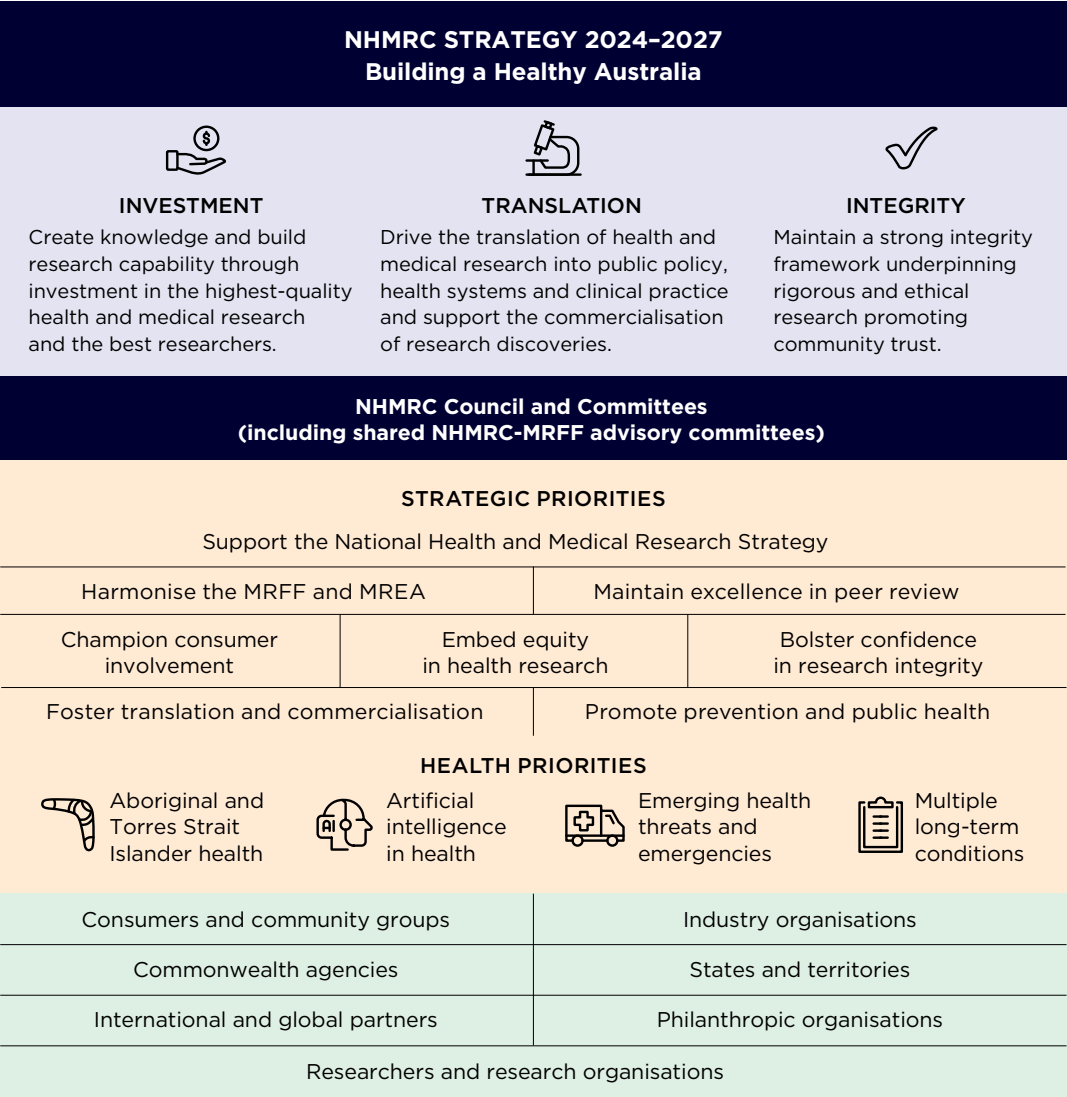


Strategy for health and medical research

Our *Corporate Plan 2024–25* sets out our strategy for health and medical research and identifies major national health issues for the planning period.

Our strategy for health and medical research, as depicted in Figure 5, addresses major health issues and other functions conferred on us by the NHMRC Act.

Figure 5: NHMRC’s strategy for 2024–2027



Health priorities

NHMRC's health priorities (incorporating major national health issues) for the 2024–2027 triennium (1 July 2024 to 30 June 2027) are identified in our *Corporate Plan 2024–25* as shown in Table 1.

Table 1: NHMRC's health priorities for the 2024–2027 triennium

Health priorities



Aboriginal and Torres Strait Islander health

Promoting wellness and health equity for Aboriginal and Torres Strait Islander people.



Artificial intelligence in health

Promoting the integration of artificial intelligence into health and medical research, and its safe, ethical, equitable and effective application in health care.



Emerging health threats and emergencies

Identifying and targeting emerging health threats and emergencies, including working with partners towards a One Health research approach to climate change, health and our environment, biodiversity, and antimicrobial resistance.



Multiple long-term conditions

Identifying, preventing and managing multiple chronic conditions and greater integration of living with multiple long-term conditions into research.

Research investment in major health issues

NHMRC reports investment in research on 9 major health issues that contribute significantly to the burden of disease in Australia. Our peer review processes ensure that we fund the most compelling and significant research proposals, as judged by independent experts. Table 2 shows NHMRC expenditure on research addressing 9 major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2020–21 to 2024–25^a

Major health issue ^b	2020–21	2021–22	2022–23	2023–24	2024–25	Total
Arthritis and osteoporosis	\$15,311,464	\$16,910,232	\$16,362,152	\$18,227,215	\$19,641,681	\$86,452,744
Asthma	\$13,728,034	\$13,396,744	\$11,898,861	\$10,964,152	\$9,521,182	\$59,508,973
Cancer	\$161,750,934	\$155,707,098	\$160,928,277	\$173,095,185	\$184,616,636	\$836,098,130
Cardiovascular disease	\$104,921,796	\$100,328,529	\$94,669,853	\$96,950,317	\$91,027,702	\$487,898,197
Dementia	\$57,715,106	\$53,776,218	\$48,709,876	\$41,597,188	\$41,776,403	\$243,574,791
Diabetes	\$43,232,571	\$42,801,615	\$40,895,605	\$39,123,832	\$34,021,057	\$200,074,680
Injury	\$48,096,047	\$48,261,972	\$49,383,091	\$50,883,893	\$54,072,134	\$250,697,137
Mental health ^c	\$102,426,830	\$102,224,902	\$104,370,739	\$108,120,885	\$114,079,759	\$531,223,115
Obesity	\$23,794,762	\$21,320,779	\$19,109,901	\$18,037,990	\$16,879,169	\$99,142,601

a Expenditure represents payments for active grants from the Medical Research Endowment Account (MREA) and excludes administered grant programs that were paid outside the MREA.

b For reporting purposes, NHMRC classifies applications against disease, health and research topics based on information provided at the time of application, including an application's title, keywords, media summary and other research classifications, where appropriate. This process can result in the classification of applications to more than one health issue, and therefore the columns in this table cannot be totalled. When more than one topic is indicated, NHMRC attributes the full value of the grant to each topic.

c Includes research into addiction and substance abuse.

Leadership



Chief Executive Officer

The Chief Executive Officer (CEO) is the accountable authority for NHMRC under the *Public Governance, Performance and Accountability Act 2013*.

Professor Steve Wesselingh FRACP FAHMS

Professor Wesselingh took up the position of CEO at the National Health and Medical Research Council (NHMRC) in August 2023. Professor Wesselingh brings a wealth of medical experience, clinical and research leadership, and national and international success.

Professor Wesselingh is an infectious diseases physician and researcher in HIV, vaccine development and the impact of the microbiome on human health. He undertook his undergraduate and doctoral training at Flinders University and the Flinders Medical Centre in South Australia and his postdoctoral training at Johns Hopkins University in the United States.

Until July 2023, Professor Wesselingh was inaugural Executive Director of the South Australian Health and Medical Research Institute (SAHMRI) and Research Director of Health Translation SA. He was also a member of NHMRC Council, Chair of the NHMRC Research Committee, and President of the Australian Academy of Health and Medical Sciences (AAHMS).

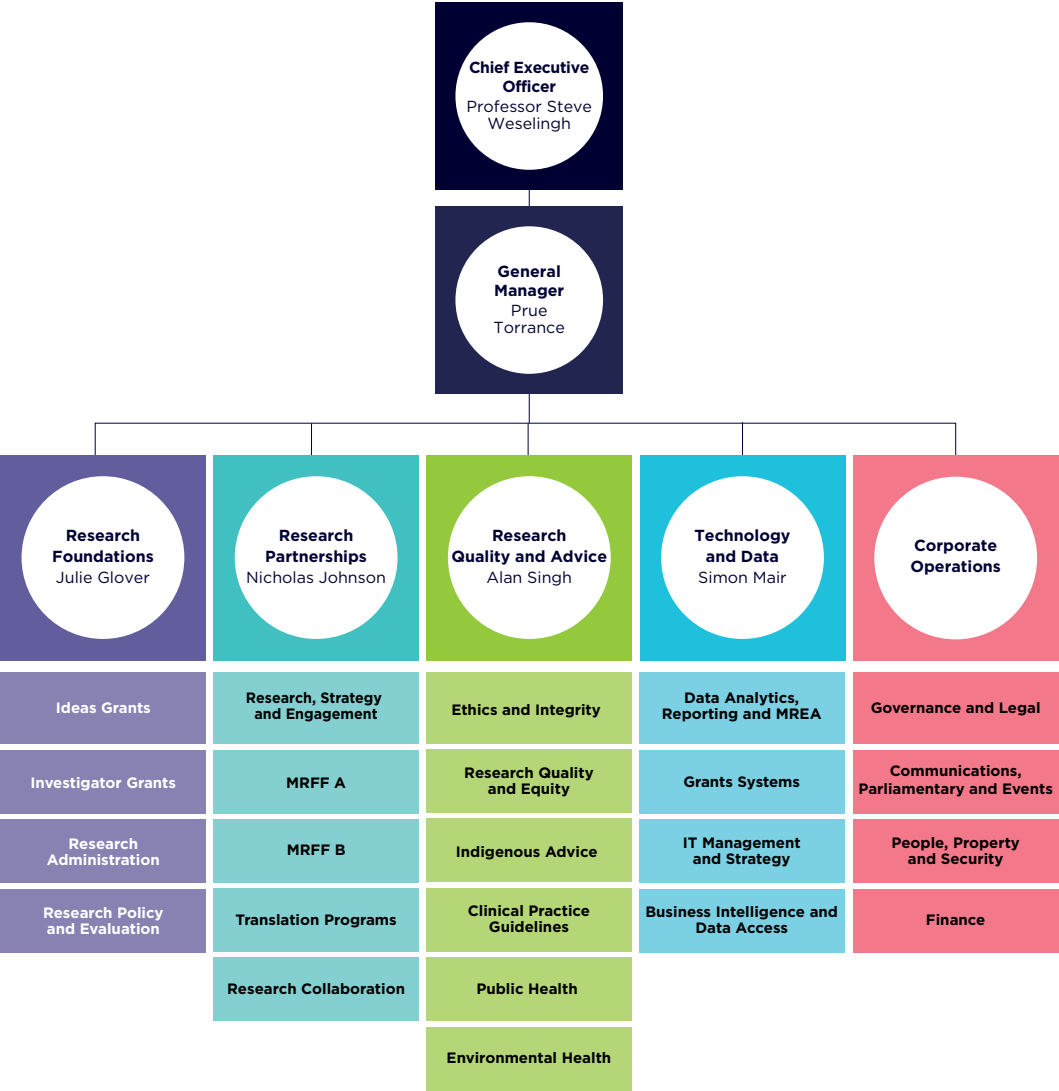
Between 2007 and 2011, he was Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, and from 2002 to 2007 he was Director of the Burnet Institute, an independent medical research institute specialising in infectious diseases, immunology and global health.

Throughout his career, Professor Wesselingh has consistently worked towards integrating high-quality medical research with healthcare delivery, leading to improved health outcomes for Australia and the poorly resourced countries of the region.

Organisational structure

Figure 6 shows our organisational structure at 30 June 2025.

Figure 6: NHMRC organisational structure at 30 June 2025



Research funding and expenditure

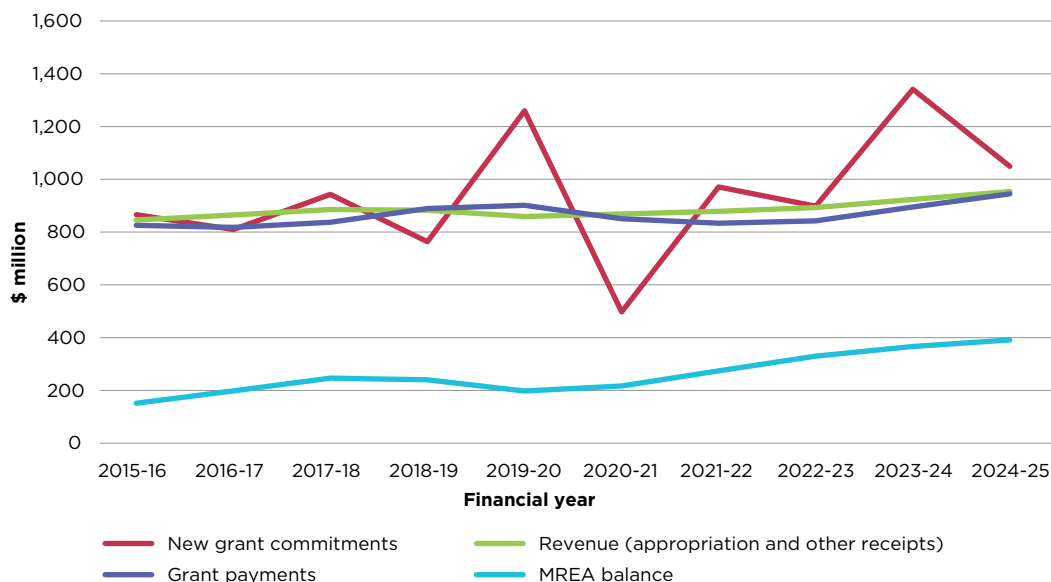
Medical Research Endowment Account

A total of \$1.05 billion in new grants was awarded during 2024-25 compared with \$1.34 billion in 2023-24. This decrease is largely the result of an additional Investigator Grant round in 2023-24 due to a change in timing of this scheme. The amount awarded each financial year also varies because NHMRC operates most of its grant schemes on a calendar year basis.

Funding received for health and medical research from the Australian Government and other sources through the MREA amounted to \$953.8 million in 2024-25. Grant payments for health and medical research totalled \$944.8 million in this year. During 2024-25, NHMRC was administering 3,443 active MREA grants totalling approximately \$4.7 billion.

Figure 7 shows the MREA financial position from 2015-16 to 2024-25.

Figure 7: Medical Research Endowment Account, 2015-16 to 2024-25



In 2024-25, NHMRC also administered \$2.5 million outside the MREA to provide research evidence for clinical practice and policy through the Cochrane Collaboration (\$2.2 million), dementia-related activities (\$0.2 million), and mitochondrial donation regulation (\$0.1 million).

NHMRC grant program

The NHMRC grant program supports outstanding health and medical research leading to significant improvements in individual and population health.

NHMRC's objectives when funding health and medical research are to:

- ensure that Australia undertakes the research needed to meet current and future health challenges, equitably improving population health, patient outcomes and the effectiveness and efficiency of the health system
- ensure that Australia has the research capability and capacity needed to underpin a world-class national health system
- support research of unique importance to Australia that is unlikely to be undertaken elsewhere.

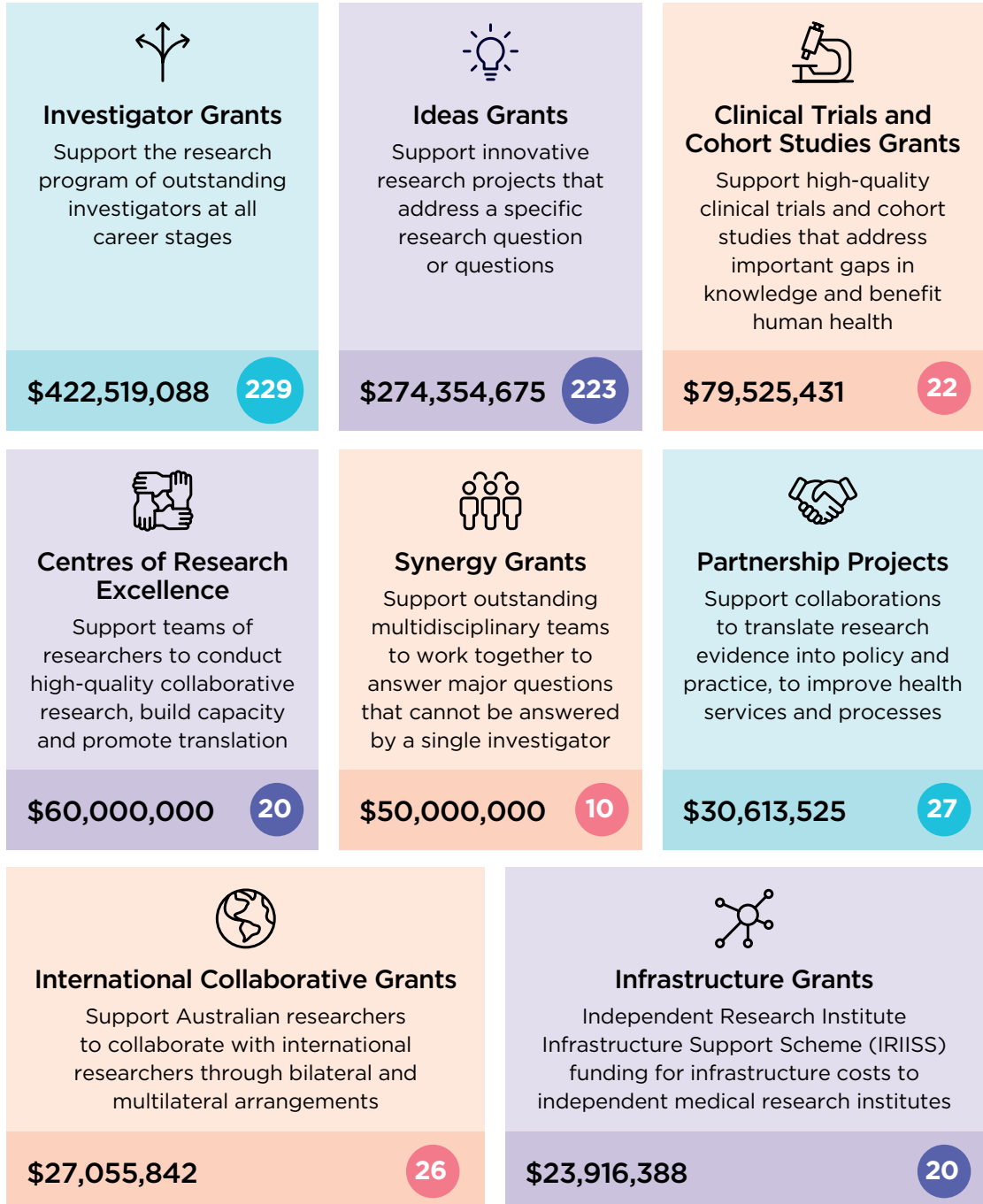
The intended outcomes of this support are a national health system that is:

- increasingly effective and efficient in meeting current health challenges
- innovative and agile enough to respond to emerging and unforeseen health challenges
- able to support needs of unique importance to Australia and the public.

Figure 8: 2024-25 NHMRC grant program

2024-25 NHMRC grant program

Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers





Targeted Calls for Research (TCR)

Support grant applications that address a specific health issue where there is a significant knowledge gap or unmet need, through a one-time call

\$21,733,851

20



Development Grants

Support for proof-of-concept research with a feasible commercialisation pathway

\$16,125,035

16



Collaborations in Health Services Research

Support for collaborative, small-scale research projects focused on health services and conducted within health service settings

\$15,122,937

16



Supporting Research Translation Centres

Provide funding to Research Translation Centres to meet their strategic aims and objectives and leverage contributions from partners

\$12,000,000

12



Postgraduate Scholarships

Support outstanding graduates to attain a research-based postgraduate degree – Doctor of Philosophy (PhD) or a research master's degree

\$10,146,875

73



Equipment Grants

Support institutions to purchase and maintain items of equipment that will benefit health and medical research in Australia

\$5,885,762

53

Total amount awarded

\$1,048,999,407

Total number of grants

767

Table 3 summarises the number and total value of new grants awarded across the NHMRC grant program in 2024-25. Further information on grants awarded by NHMRC during 2024-25 is available at www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds.

Table 3: Summary of NHMRC's new funding commitments, 2024-25

Funding scheme	New grants	Total commitments (\$)
Investigator Grants	229	422,519,088
Ideas Grants	223	274,354,675
Clinical Trials and Cohort Studies Grants	22	79,525,431
Centres of Research Excellence ^a	20	60,000,000
Synergy Grants	10	50,000,000
Partnership Projects ^b	27	30,613,525
International Collaborative Schemes ^c	26	27,055,842
IRIISS ^d	20	23,916,388
Targeted Calls for Research ^e	20	21,733,851
Development Grants	16	16,125,035
Collaborations in Health Services Research	16	15,122,937
Supporting Research Translation Centres	12	12,000,000
Postgraduate Scholarships	73	10,146,875
Equipment Grants ^f	53	5,885,762
Total^g	767	1,048,999,407

a 2024 Centres of Research Excellence round introduced a Basic Science stream and an increase of the amount awarded to each grant from \$2.5 million to \$3.0 million.

b Comprises the 2024 Peer Review Cycle 1 (2 grants; \$1,868,684), 2024 Peer Review Cycle 2 (14 grants; \$8,894,061) and 2024 Peer Review Cycle 3 (17 grants; \$19,850,780).

c Comprises the NHMRC eASIA Joint Research Program (9 grants; \$5,869,371), NHMRC-EU Collaborative Research Grant Scheme (2 grants; \$1,499,912), Global Alliance for Chronic Diseases: Management of Multiple Long-Term Conditions (4 grants; \$4,841,387), NHMRC-AMED Adopting Sustainable Partnerships for an Innovative Research Ecosystem (3 grants; \$8,133,765), Joint Programming Initiative on Antimicrobial Resistance (6 grants; \$3,711,407) and NHMRC-CIHR Canadian Consortium on Neurodegeneration in Aging (CCNA): Indigenous Health Research (2 grants; \$3,000,000).

d IRIISS grants are non-competitive. They are awarded to eligible institutions based on NHMRC grant payments in the previous financial year.

e Comprises the Targeted Call for Research into Commercial determinants of Aboriginal and Torres Strait Islander health (5 grants; \$7,260,321), Targeted Call for Research into Improving Infection Prevention and Control in Residential Aged Care Homes (4 grants; \$3,726,092) and Targeted Call for Research into Climate-related Health Impacts and Effective Interventions to Improve Health Outcomes (11 grants; \$10,747,438).

f Equipment grants are non-competitive. They are awarded pro rata with the value of NHMRC grants held by each eligible Administering Institution in the previous financial year.

g All figures are exclusive of GST and have been rounded to the nearest whole dollar.

Medical Research Future Fund

NHMRC works with the Australian Government Department of Health, Disability and Ageing to support delivery of the Medical Research Future Fund (MRFF). MRFF initiatives are delivered by NHMRC as a grants hub, using NHMRC's expertise in managing grant application rounds and administering awarded grants. At 30 June 2025, NHMRC was administering 1,223 MRFF grants totalling \$2.458 billion.¹

In 2024–25, NHMRC conducted multiple MRFF grant opportunities across 4 key themes of the MRFF program, as summarised below.²

Patients

Clinical Trials Activity Initiative

- 2024 Clinical Trials Activity Grant Opportunity
- 2024 International Clinical Trial Collaborations Grant Opportunity (Rounds 24.1 and 24.2)
- 2025 International Clinical Trial Collaborations Grant Opportunity (Rounds 25.1 and 25.2)

Emerging Priorities and Consumer-Driven Research Initiative

- 2024 Integrated Multidisciplinary Models of Primary Care Grant Opportunity
- 2024 Post-Acute Sequelae of COVID-19 Grant Opportunity
- 2023 Post-Acute Sequelae of COVID-19 Grant Opportunity (Stream 4, Stage 2)
- 2024 Infertility, Pregnancy Loss and Menopause Grant Opportunity
- 2024 Alcohol and Other Drugs Grant Opportunity
- 2024 Novel Treatments and Management Strategies for Chronic Pain Grant Opportunity
- 2024 Improving Health Outcomes of People with Intellectual Disability Grant Opportunity

Global Health Initiative

- 2025 Mental Health and Climate Change Grant Opportunity

1 Refers to grants that are active and paying at 30 June 2025.

2 Refers to MRFF rounds that opened or closed from 1 July 2024 to 30 June 2025.

Researchers

Early to Mid-Career Researchers Initiative

- 2024 Early to Mid-Career Researchers Grant Opportunity
- 2025 Early to Mid-Career Researchers Grant Opportunity

Research missions

Australian Brain Cancer Mission

- 2024 Brain Cancer Discovery and Translation

Cardiovascular Health Mission

- 2024 Cardiovascular Health Grant Opportunity
- 2025 Cardiovascular Health Grant Opportunity

Dementia, Ageing and Aged Care Mission

- 2024 Dementia, Ageing and Aged Care Grant Opportunity
- 2025 Dementia, Ageing and Aged Care Grant Opportunity

Genomics Health Futures Mission

- 2024 Genomics Health Futures Mission Grant Opportunity

Indigenous Health Research Fund

- 2024 Indigenous Health Research Grant Opportunity

Million Minds Mental Health Research Mission

- 2024 Mental Health Research Grant Opportunity

Stem Cell Therapies Mission

- 2024 Stem Cell Therapies Grant Opportunity
- 2025 Stem Cell Therapies Grant Opportunity

Traumatic Brain Injury Mission

- 2024 Traumatic Brain Injury Mission Grant Opportunity

Research translation

Preventive and Public Health Research Initiative

- 2024 Maternal Health and Healthy Lifestyles Grant Opportunity
- 2024 Enhancing Medical Device Surveillance Through Registries Grant Opportunity
- 2024 Survivorship Care and Collaborative Research Prioritisation Grant Opportunity
- 2024 Chronic Respiratory Conditions Grant Opportunity
- 2025 Incorporating Patient Data in Health Technology Assessment Decision Making Grant Opportunity

Primary Health Care Research Initiative

- 2023 Multidisciplinary Models of Primary Care Grant Opportunity (Stream 4)

Part 2: Promoting excellence through NHMRC awards

Our awards for excellence highlight outstanding Australian researchers and the extraordinary quality and promise of NHMRC-funded health and medical research.



2024 NHMRC Research Excellence Awards

The Research Excellence Awards recognise the top-ranked applicants to each of NHMRC's major funding schemes during the past year. NHMRC grants are awarded following critical assessment by independent peer reviewers, and all NHMRC grant schemes are highly competitive. Being ranked first in this rigorous process indicates the exceptional quality of the research proposals presented by individuals and team leaders – whether in laboratory science, clinical medicine or research to improve community health or the health system.

On 26 March 2025, NHMRC recognised 13 outstanding researchers at its annual Research Excellence Awards dinner, held in conjunction with a session of Council. The awardees listed below have all demonstrated exceptional achievement in their chosen research fields.



(L to R) Associate Professor Yvonne Clark, Professor Steve Wesselingh, Associate Professor Louise Cheng, Associate Professor Garron Dodd, Professor Laura Mackay, Professor Raymond Lovett, Professor Helen Marshall, Dr Ziad Nehme, Professor Carol Hodgson, Professor Marie-Liesse Asselin-Labat, Professor Tammy Hoffmann, and Dr Riley Batchelor.

NHMRC David Cooper Clinical Trials and Cohort Studies Award

This award is named to honour the achievements of Professor David Cooper AC (1949–2018). Professor Cooper was an Australian HIV/AIDS clinical researcher and immunologist whose leadership of clinical trials and work with affected communities made a lasting contribution to the treatment of HIV in Australia and around the world.

The award recognises the highest-ranked recipient in the Clinical Trials and Cohort Studies Grant scheme.

2023 NHMRC David Cooper Clinical Trials and Cohort Studies Award



Professor Raymond Lovett AM, Australian National University

Professor Raymond Lovett is one of Australia's most influential and respected Indigenous (Ngiyampaa/Wongaibon) epidemiologists. Professor Lovett leads the largest longitudinal cohort study of Aboriginal and Torres Strait Islander adults to date, the Mayi Kuwayu Study, which is directly informing the National Aboriginal and Torres Strait Islander Health Plan. He is Associate Director Culture and Wellbeing Research at Yardhura Walani, the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research at the

Australian National University. Professor Lovett has extensive experience in policy and practice implementation and a reputation for building Indigenous-majority teams and leading large-scale research programs that translate to tangible and enduring benefits for Aboriginal and Torres Strait Islander peoples.

Grant title: Counting what counts – using a national cohort study to develop, validate and apply an Indigenous quality of wellbeing utility index and quantifying key determinants of health

Health and wellbeing are influenced by many factors, yet globally, western-developed quality-of-life measurements focus almost exclusively on physical health. For Indigenous peoples, social, emotional and cultural wellbeing of community and health of country impact quality of life. This project will create a world-first Indigenous wellbeing index to inform policy, services and programs that meet Aboriginal and Torres Strait Islanders' wellbeing needs – a model that could be adapted globally.

NHMRC Peter Doherty Investigator Grant Awards

Honouring Australian Nobel laureate Professor Peter Doherty AC FRS FMedSci, the Peter Doherty Investigator Grant Awards recognise the highest-ranked applications in the Leadership and Emerging Leadership categories of the NHMRC Investigator Grant scheme.

A viral immunologist, Professor Doherty received the Albert Lasker Award for Basic Medical Research in 1995 and the Nobel Prize in Physiology or Medicine in 1996 jointly with Professor Rolf Zinkernagel for discoveries on the specificity of cell-mediated immune defence. He was Australian of the Year in 1997.

2024 NHMRC Peter Doherty Investigator Grant Award – Leadership



Professor Glenn King FAA, University of Queensland

Professor Glenn King is a Group Leader within the Institute for Molecular Bioscience at the University of Queensland. Professor King is a world leader in the field of venom-based drug and insecticide discovery. His early work on venoms led him to found Vestaron Corporation, an agricultural biotechnology company that successfully developed bee-safe, eco-friendly bioinsecticides. Professor King's current research focuses on the development of therapeutics to treat cardiovascular and nervous system disorders.

He recently co-founded Infensa Bioscience, a biotech company that is developing drugs for treating stroke and myocardial infarction, and he currently serves as the company's Chief Scientific Officer. In 2023 he received the Prime Minister's Prize for Innovation for his translational work, and he was elected a Fellow of the Australian Academy of Science in 2024.

Grant title: Venoms to drugs – translating venom peptides into human therapeutics

Many disorders of the nervous system, including intractable chronic pain and epilepsy, result from the aberrant activity of ion channels that ferry sodium and potassium ions across neuronal cell membranes. There are very few drugs available for treating some of these disorders, and they often have debilitating side effects. Professor King is using animal venoms to develop potent and selective modulators of these ion channels as the next generation of safe and effective painkillers and anti-epileptic drugs.

2024 NHMRC Peter Doherty Investigator Grant Award – Emerging Leadership



Dr Ziad Nehme ASM, Monash University and Ambulance Victoria

Dr Ziad Nehme is the Director of Research and Evaluation at Ambulance Victoria and a Senior Research Fellow at Monash University. He is a clinician scientist specialising in prehospital emergency care and resuscitation research. Dr Nehme's work focuses on enhancing the early response to out-of-hospital cardiac arrest patients by improving emergency services activation, accelerating community-based treatments and strengthening the evidence base in resuscitation. His research has earned him numerous awards, including the Heart Foundation's President's Award for leadership in cardiovascular research and the Ambulance Service Medal.

Grant title: Advancing the evidence base in cardiac arrest and resuscitation

Out-of-hospital cardiac arrest (OHCA) is a critical medical emergency, and survival decreases by 10% for every minute without cardiopulmonary resuscitation (CPR). This research program will bring technology, integration and sophistication to the health service response to OHCA by integrating advanced technology and improving early treatment. The program focuses on better identifying OHCA during emergency calls, reducing delays in bystander CPR, testing community-based interventions to increase defibrillation rates before ambulance arrival, and strengthening the evidence base for resuscitation interventions.

NHMRC Gustav Nossal Postgraduate Scholarship Award

This award is named to honour Sir Gustav Nossal AC CBE FRS FAA FTSE and his pioneering work in the field of immunology. Sir Gustav is a distinguished research biologist who is noted for his contributions to the fields of antibody formation and immunological tolerance. This award is given to the highest-ranked recipient of an NHMRC Postgraduate Scholarship in the Clinical Medicine and Science research category.

2024 NHMRC Gustav Nossal Postgraduate Scholarship Award



Dr Riley Batchelor, Monash University, Alfred Health and Royal Melbourne Hospital

Dr Riley Batchelor is a cardiologist and an interventional cardiology fellow at the Royal Melbourne Hospital and the Alfred Hospital. He is also a PhD candidate at Monash University's School of Public Health and Preventive Medicine. Dr Batchelor's research focuses on managing cardiac emergencies, like acute coronary syndrome and cardiogenic shock, as well as advanced heart failure. He has served on multiple not-for-profit boards and is dedicated to improving the distribution of medical services in Australia, New Zealand and abroad.

Grant title: Utilising and connecting cardiac registries to improve monitoring and clinical outcomes in cardiogenic shock

Cardiogenic shock, a critical condition in cardiovascular medicine, is marked by poor cardiac output leading to vital organ damage due to oxygen deprivation. Despite advances in treatment, mortality rates remain unacceptably high. This project aims to improve understanding, develop tailored treatment pathways and examine novel device therapies to enhance clinical outcomes. By formalising partnerships with large prospective registries in Australasia, the project will identify gaps in knowledge and delivery, and trial both existing and new drug and device therapies for cardiogenic shock.

NHMRC Elizabeth Blackburn Investigator Grant Awards

Honouring Australian Nobel laureate Professor Elizabeth Blackburn AC FRS FAA FRSN, these awards seek to promote and foster the career development of female researchers. They are awarded to the highest-ranked female applicants in the Leadership category of the Investigator Grant scheme in the areas of basic science, clinical medicine and science, public health research and health services research. Professor Blackburn is a molecular biologist who received the Nobel Prize in Physiology or Medicine in 2009 jointly with Jack Szostak and Carol Greider for the discovery of how chromosomes are protected by telomeres and the enzyme telomerase.

2024 NHMRC Elizabeth Blackburn Investigator Grant Award – Basic Science (Leadership)



Professor Laura Mackay FAHMS, University of Melbourne

Professor Laura Mackay is a Professor at the University of Melbourne and Immunology Theme Leader at the Doherty Institute. The focus of her laboratory is the T cell-intrinsic and microenvironmental cues that govern tissue immunity, with a view to harnessing tissue-resident lymphocytes for new immunotherapeutic strategies against disease. She is a Howard Hughes Medical Institute International Research Scholar, Dame Kate Campbell Fellow, Viertel Senior Medical Research Fellow and NHMRC Leadership Investigator. She has received

awards including the Frank Fenner Life Scientist of the Year in the Prime Minister's Prizes for Science, Jian Zhou Medal, Gottschalk Medal and Association of Australian Medical Research Institutes (AAMRI) Rising Star. Professor Mackay is the Immediate Past President of the Federation of Immunological Societies of Asia-Oceania.

Grant title: Unravelling the diversity and function of tissue-resident lymphocytes

Generation of optimal immunotherapies requires the induction of effective T cell responses. While some T cells patrol the blood, a unique subset called tissue-resident memory T cells (TRM) permanently exist within tissues of the body. Recent advances have shown that TRM provide critical immune protection against infection and cancer as well as improved survival in patients with various cancers. Yet, our understanding of how TRM develop, and how these cells protect tissues against infection and cancer remains unclear. Professor Mackay's research program aims to identify molecules that will enhance TRM differentiation and survival, and also to enhance TRM function and protection from disease. The expected outcomes are a greater insight into how TRM can be generated and controlled and the discovery of novel target molecules that can be harnessed to improve TRM-mediated immune protection.

2024 NHMRC Elizabeth Blackburn Investigator Grant Award – Clinical Medicine and Science (Leadership)



Professor Carol Hodgson, Monash University

Professor Carol Hodgson is a specialist intensive care physiotherapist and clinical triallist focusing on long-term outcomes after critical illness. She is Executive Director of Monash Partners Academic Health Science Centre, Head of the Division of Clinical Trials and Cohort Studies in the School of Public Health and Preventive Medicine, and Deputy Director of the Australian and New Zealand Intensive Care Research Centre at Monash University. Professor Hodgson led the international Trial of Early Activity and Mobilisation (TEAM) trial (investigating early rehabilitation in intensive care units), which won the 2023 Australian Clinical Trials Alliance Trial of the Year Award. She has been awarded Life Membership of the European Society of Intensive Care Medicine and received a Mid-Career Excellence award from the American Thoracic Society.

Grant title: Improving the quality of survival after critical illness

Patients in intensive care units (ICU) requiring mechanical ventilation account for 63,000 ICU admissions and 8,190 deaths each year in Australia. This research will transform outcomes for these patients by using registry data and electronic medical records to conduct high-impact, low-cost clinical trials. The goal is to generate new knowledge to inform national guidelines and policies and train the next generation of researchers.

2024 NHMRC Elizabeth Blackburn Investigator Grant Award – Public Health (Leadership)



Professor Helen Marshall AM, University of Adelaide and Women's and Children's Health Network

Professor Marshall is a Professor of Vaccinology and NHMRC Leadership Fellow at the University of Adelaide and Clinical Research Director at the Women's and Children's Health Network in South Australia. Professor Marshall's research focuses on preventing life-threatening infections in children and young people through improving immunisation effectiveness, safety and impact, with a primary focus on meningococcal disease. She has led clinical trials assessing the safety and effectiveness of vaccines, including the landmark 'B Part of It' study, which demonstrated the effectiveness of the meningococcal B vaccine in adolescents. Her work has influenced immunisation policies in Australia, the United Kingdom, Europe and the United States.

Grant title: Novel strategies for global control of meningococcal disease and gonorrhoea

Invasive meningococcal disease and gonorrhoea are serious infectious diseases particularly affecting young people and First Nations communities. This research program aims to develop an effective immunisation strategy to reduce the burden of these diseases globally. Building on evidence of cross-protection of the meningococcal B vaccine against gonorrhoea, the program seeks to deliver a cost-effective vaccine strategy. The team will determine the duration of protection, need for booster vaccinations and cost-effectiveness while co designing a communication strategy with young people to optimise vaccine uptake.

2024 NHMRC Elizabeth Blackburn Investigator Grant Award – Health Services (Leadership)**Professor Tammy Hoffmann OAM FAHMS, Bond University**

Professor Tammy Hoffmann is a Professor of Clinical Epidemiology specialising in clinical epidemiology and health services research. Her work focuses on enabling evidence-based health care so that patients receive effective and patient-centred care. This includes enhancing the generation, synthesis and reporting of rigorous evidence; improving evidence usability and implementation; and promoting shared decision-making between clinicals and patients. Professor Hoffmann was awarded the Medal of the Order of Australia in 2021 and elected Fellow of the Australian Academy of Health and Medical Sciences in 2019.

Grant title: Harnessing the power of prognostic evidence to transform evidence-based, patient-centred, sustainable health care

The overuse of low-value care, where benefits do not harm, is widespread in health systems. This research aims to address this issue by exploring how to incorporate prognostic evidence into tools and strategies that support informed decision-making. By helping clinicians and patients to make evidence-informed decisions, the research seeks to maximise patient outcomes and promote sustainable, patient-centred health care.

NHMRC Fiona Stanley Synergy Grant Award

This award is named to honour Professor Fiona Stanley AC FAA FASSA, an epidemiologist known for her contributions in researching the causes of major childhood illnesses such as birth defects and her focus on Aboriginal child health and wellbeing. Professor Stanley was the founding Director, and is now Patron, of the Telethon Kids Institute and was named Australian of the Year in 2003. This award recognises the top-ranked Synergy Grant.

2024 NHMRC Fiona Stanley Synergy Grant Award



**Professor Marie-Liesse Asselin-Labat,
Walter and Eliza Institute of Medical Research (WEHI)**

Professor Marie-Liesse Asselin-Labat is a Division Head at WEHI. Her team studies the interactions between immune and tumour cells in lung cancer, and how external factors can trigger the disease and treatment response. Her research has uncovered significant differences in immunity between smokers and never-smokers, highlighting the need for personalised treatments based on smoking history. Professor Asselin-Labat has received the L'Oréal For Women in Science Fellowship and the Australian Academy of Science Nancy Millis Medal.

Grant title: Identifying and overcoming mechanisms of immune evasion in cancer

This research program investigates how cancer evades the immune system and aims to enhance immunotherapies and cancer vaccines to improve treatment outcomes. The team studies how tumours control T cells, which are crucial for fighting cancer. They will investigate ways to activate tumour-killing T cells while inactivating regulatory T cells that suppress the immune response. The program will also examine immune and tumour responses to cancer vaccines and aims to develop more-effective mRNA vaccines. The findings could lead to new therapies and strategies to boost immune responses and improve cancer treatments.

NHMRC Sandra Eades Investigator Grant Award

Honouring Professor Sandra Eades AO FASSA FAHMS FTSE, the first Indigenous Australian medical practitioner to be awarded a PhD, this award recognises the highest-ranked application by an Indigenous researcher in the Emerging Leadership category of the Investigator Grant scheme. Through her research on the epidemiology of Aboriginal child health, Professor Eades has made substantial contributions to the health of Aboriginal communities and provided national leadership in Indigenous health research.

2024 NHMRC Sandra Eades Investigator Grant Award – Emerging Leadership



Associate Professor Yvonne Clark, South Australian Health and Medical Research Institute

Associate Professor Yvonne Clark is a Kokatha/Wirangu woman from South Australia, a researcher and a PhD clinically endorsed psychologist. She co-leads the Aboriginal Communities and Families Research Alliance platform within the SAHMRI women and kids' theme and is the Chief Investigator on multiple NHMRC grants. Associate Professor Clark's research seeks to improve social and emotional wellbeing and provide support pathways for Aboriginal and Torres Strait Islander people during pregnancy, along with support to the fathers, parents and young people.

Grant title: Investing in the early years to improve social and emotional wellbeing of Aboriginal parents and young people

The research for the Investigator Grant will focus on strengthening social and emotional wellbeing and empowering Aboriginal adolescents, post-pregnant mothers and their support people, including dads. Adolescence and post-pregnancy are 2 life phases that may be stressful, particularly if there is underlying trauma. Empowering Aboriginal adolescents and new parents by designing ways to strengthen social and emotional wellbeing reduces stress from lateral violence and trauma. Thus, fostering connections to social and emotional wellbeing domains will assist in nurturing their identities and improve culturally safe, family-focused services and interventions.

NHMRC Frank Fenner Investigator Grant Award

Honouring the achievements of Professor Frank Fenner AC CMG MBE FRS FAA, a distinguished virologist who oversaw the global eradication of smallpox and the introduction of myxoma virus to control Australia's rabbit plague, this award recognises the highest-ranked applicant in the Emerging Leadership (Level 1) category of the Investigator Grant scheme within the basic science or public health research areas. The recipient's research focus will be in an area of international public health and will best reflect the qualities exemplified by Professor Fenner's career.

2024 NHMRC Frank Fenner Investigator Grant Award – Emerging Leadership



Dr Sarah Garnish, Monash University

Dr Sarah Garnish is a Research Fellow in the Department of Microbiology at Monash University. Since receiving her PhD in 2022, she has advanced the molecular understanding of key signalling checkpoints in programmed cell death pathways. Her current research focuses on how bacteria evade immune detection by inhibiting cell death signalling. In 2024, Dr Garnish was recognised with the Basic Science Researcher Award at the Victorian Government's Premier's Award for Health and Medical Research.

Grant title: Cell death at the host-pathogen interface

Bacterial infections pose a significant health burden globally. Many pathogens evade immune clearance, leading to chronic infections with long-term health impacts. Dr Garnish's research investigates how *Coxiella burnetii*, the cause of Q fever, disrupts host cell signalling and inhibits programmed cell death. This project uses advanced molecular techniques, including proximity labelling technology, to understand the interaction between bacterial and host proteins during infection.

NHMRC Marshall and Warren Awards

Honouring Australian Nobel laureates Professor Barry Marshall AC FRACP FRS FAA and Professor Robin Warren AC (1937–2024), these awards recognise the highest-ranked application and the most innovative and potentially transformative application in the Ideas Grant scheme. Professors Marshall and Warren received the 2005 Nobel Prize in Physiology or Medicine for their discovery of the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease.

2024 NHMRC Marshall and Warren Ideas Grant Award



Associate Professor Louise Cheng, University of Melbourne and Peter MacCallum Cancer Centre

Associate Professor Louise Cheng is a Group Leader at the Peter MacCallum Cancer Centre and the Department of Anatomy and Physiology at the University of Melbourne. She leads the Cancer Cachexia Clinical and Research Integration Program at the Peter MacCallum Cancer Centre. Her research focuses on how tumours grow at the expense of other tissues in cancer cachexia, a metabolic wasting syndrome affecting 30% of cancer patients. Using the fruit fly *drosophila* and patient samples, her lab studies show organ growth responds to developmental cues and environmental changes.

Grant title: Organ competition: how do tumours grow at the expense of other tissues in cancer cachexia?

Cachexia is a metabolic syndrome of weight loss that affects 80% of people with advanced cancer. As tumours develop and their metabolic demand increases, they draw resources away from muscles and fat, upsetting the body's normal metabolic balance. Using a *drosophila* model of cancer cachexia, coupled with patient samples, Associate Professor Cheng's research aims to understand how organs communicate and how the competition for resources between tumours and other tissues can drive cancer cachexia.

2024 NHMRC Marshall and Warren Innovation Award



Associate Professor Garron Dodd, University of Melbourne

Associate Professor Garron Dodd leads the Metabolic Neuroscience Laboratory at the University of Melbourne and is the Founder and Chief Scientific Officer of Gallant Bio. His research delves into the brain's influence on metabolism, aiming to develop innovative therapies for obesity and type 2 diabetes. He is recognised globally as a leading authority in metabolic neuroscience, having received awards such as the Dean's Innovation Award from the University of Melbourne and the Young Investigator Award from the Australian and New Zealand Obesity Society.

Grant title: Turbocharging treatments for type 2 diabetes

Type 2 diabetes is a growing global health crisis with limited long-term treatment options. Current therapies like Ozempic and Wegovy often lose effectiveness over time due to drug resistance. Associate Professor Dodd's research seeks to understand why this resistance occurs and to develop new treatments that enhance the effectiveness of these drugs. His team identified that the neurons in the brain, through which Ozempic operates, become encased in a glue-like substance known as the extracellular matrix. In type 2 diabetes, this matrix becomes much more prominent, hindering the drug's intended action. The goal is to develop innovative drugs that target the brain's extracellular matrix to restore sensitivity to diabetes medications, potentially revolutionising diabetes and obesity management.

2025 NHMRC Biennial Awards

NHMRC's Biennial Awards recognise people who have made a significant contribution in an area of importance to NHMRC. On 26 March 2025, 7 awards were presented, recognising individuals or groups who have made an outstanding contribution to NHMRC, demonstrated ethics and integrity through their research and actions, demonstrated excellence in consumer engagement and captured outstanding imagery from research funded by NHMRC.



NHMRC Outstanding Contribution Award

The NHMRC Outstanding Contribution Award recognises outstanding long-term contributions, individual commitment and support to NHMRC.



Professor Emily Banks AM FAHMS, Australian National University

Professor Emily Banks is a public health physician and epidemiologist. She works mainly on using large-scale evidence to identify actions to improve health and health care at both individual and population levels. Her areas of interest include chronic disease, tobacco control, Aboriginal and Torres Strait Islander health and healthy ageing. She is Head of the Centre of Epidemiology for Policy and Practice at the Australian National University, an NHMRC Investigator Fellow, a Fellow of the Australian Academy of Health and Medical Sciences and a Visiting Professor at the University of Oxford.

Professor Banks has made significant contributions to health research and policy at NHMRC in Australia and globally. A highly respected advocate for public health research, she has chaired the NHMRC Health Research Impact Committee and served as a member of the NHMRC Council, leading impactful systematic reviews, including one on electronic cigarettes that shaped health advice. From 2016 to 2021, she was Deputy Chair of the NHMRC Alcohol Working Committee, helping develop the *Australian guidelines to reduce health risks from drinking alcohol*. Professor Banks has also contributed to the NHMRC Peer Review Advisory Committee, addressing complex grant review issues. She is also a strong advocate for gender equity and frequently shares her expertise in the media, influencing public health across Australia. Professor Banks has worked tirelessly to improve the health of all Australians through changing public behaviours, guiding healthcare professionals and having a substantive impact in the community.

NHMRC Ethics and Integrity Award

The NHMRC Ethics and Integrity Award recognises an individual or an organisation who has made a significant contribution to supporting the highest standards of ethics and/or integrity in Australian health and medical research.



Professor Fabienne Mackay, QIMR Berghofer Medical Research Institute

Professor Fabienne Mackay is the Director and CEO of QIMR Berghofer Medical Research Institute. She is an internationally renowned immunologist and biomedical research leader whose discoveries have directly influenced treatments for debilitating diseases such as lupus and leukaemia. Her reputation and commitment to enhancing research integrity in Australia's scientific community have been exemplary. Professor Mackay has proven to be a leader of the highest ethical standards, with a dedication to research integrity and excellence that is unparalleled. She has also led cultural and procedural reforms to foster the highest level of research quality and integrity. Professor Mackay is also a Vincent Fairfax Fellow of Ethical Leadership.

Professor Mackay has demonstrated exceptional contributions to promoting and upholding the highest ethical standards in health and medical research in Australia. Her leadership, resilience and determination to root out and expose research misconduct and change the culture within Australia's scientific community was demonstrated in one of the most significant examples of research fraud nationally. Upon receiving an anonymous tip about allegations against a senior researcher, Professor Mackay navigated the situation with remarkable judgement and adherence to process, and upholding the highest ethical standards. Professor Mackay's dedication to research integrity extends beyond QIMR Berghofer, as she actively shares her experiences to improve practices across the medical research community, cementing herself as a model leader for the sector.

NHMRC Consumer Involvement Award

The NHMRC Consumer Involvement Award recognises an individual or an organisation that has made a long-term contribution to consumer and community involvement in health and medical research.



Professor James St John, Griffith University

Professor James St John is Head of the Clem Jones Centre for Neurobiology and Stem Cell Research within the Institute for Biomedicine and Glycomics at Griffith University. Professor St John is a translational neuroscientist specialising in the creation and delivery of therapies to repair injuries and diseases of the nervous system, particularly spinal cord injury. He has driven the development and co-design of an innovative cellular nerve bridge transplantation therapy to repair spinal cord injury (SCI), which is now progressing to a clinical trial in 2025. He was also previously awarded the NHMRC Marshall and Warren Innovation Award in 2019.

Inspired by Australia's then Chief Scientist, Professor Alan Finkel AC FAA FTSE, Professor St John developed a consumer involvement program to advance an SCI cell transplantation therapy. This led to the launch of a world-first Phase I clinical trial for SCI repair. In 2017, Professor St John established the Spinal Cord Injury National Consumer Research Panel, consisting of SCI individuals who provide invaluable insights and help design the research. His leadership and innovations, such as lab tours and online surveys, fostered strong consumer engagement. This collaboration resulted in successful rehabilitation trials and significant community support, with over 500 people expressing interest in the trial. Professor St John also contributes to broader research efforts, including training other researchers on consumer involvement and creating educational materials to highlight the importance of co-design. His work has set a new standard for integrating consumers in medical research.

NHMRC Peer Review Excellence Award

The NHMRC Peer Review Excellence Award recognises the outstanding contribution of an individual who demonstrates their commitment to NHMRC's principles of peer review. This includes, but is not limited to, extent of contributions, enthusiasm to participate, quality of assessment, willingness to take on additional requests and their commitment as mentors.

NHMRC Peer Review Excellence Award (Senior/Experienced Researcher)



Professor Philip Batterham, Australian National University

Professor Philip Batterham is the Co-Head of the Centre for Mental Health Research at the Australian National University. He is a public health researcher in the areas of mental health and suicide prevention. Professor Batterham is a research leader in trialling and implementing programs to prevent suicide and mental health problems, detecting mental ill health in the community, and reducing barriers to care. He has published more than 300 peer-reviewed journal articles related to mental health, including the outcomes of over 30 trials, and has received prestigious awards including the Commonwealth Health Minister's Award for Excellence in Health and Medical Research.

Since its inception in 2019, Professor Batterham has been an excellent contributor to NHMRC's Clinical Trial and Cohort Studies grant scheme peer review process by consistently providing highly considered and expert advice. He has also been a valued member of the Clinical Trials and Cohort Studies Advisory Committee and the newly established NHMRC and Department of Health, Disability and Ageing Clinical Trials and Cohort Studies Advisory Committee. Professor Batterham has always been extremely responsive and willing to assist, even when asked at the last minute, demonstrating an unwavering commitment to NHMRC. His rigorous, reasonable assessments ensure fairness and consistency, adhering to NHMRC principles of transparency and accountability, significantly enhancing the quality of NHMRC's peer review process.

NHMRC Peer Review Excellence Award (Early or Mid-Career Researcher)



Associate Professor Nadeem Kaakoush, University of New South Wales

Associate Professor Nadeem Kaakoush is a Scientia Associate Professor who leads the Host Microbiome Interactions group at the School of Biomedical Sciences at the University of New South Wales. Associate Professor Kaakoush's research employs metagenomics, bioinformatics and cellular and molecular microbiology and immunology to study the influence of host-associated microbial communities on health. His research on transplant methods to modify human gut microbial communities has identified microbial

agents associated with clinical response and already influenced official guidelines on management and treatment of diseases such as inflammatory bowel disease.

Associate Professor Kaakoush has been an active and highly valued participant in the Ideas Grants peer review process since 2019, consistently submitting assessments on time and demonstrating a strong commitment to the program. In 2023, he became a peer review mentor (PRM), playing a key role in supporting and mentoring peer reviewers.

Associate Professor Kaakoush's professionalism and dedication in this role led to his return in 2024, during which he continued to provide excellent advice in webinars and drop-in sessions, helping reviewers improve their understanding of the grant assessment process. He consistently delivered high-quality, rigorous assessments and encouraged peer reviewers to maintain high standards that stringently align with NHMRC's peer review process and policies. As a PRM, he also advocated for fairness and transparency, ensuring peer reviewers adhered to NHMRC's principles, including consistency in scoring and compliance with the Ideas Grants guidelines. Associate Professor Kaakoush's mentorship and leadership have significantly contributed to enhancing the peer review process and maintaining the integrity of NHMRC's grant program.

NHMRC Research Quality Award

The NHMRC Research Quality Award recognises the outstanding contribution of an individual, team or organisation who has made a significant contribution to supporting and/or uplifting the quality of Australian health and medical research beyond their own program of research.



Program team including Associate Professor Julieann Coombes (Senior Research Fellow) (centre front) and Keziah Bennett-Brook (Program Director) (centre middle)

Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program, The George Institute for Global Health

The Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program at the George Institute for Global Health drives meaningful, ethical research and advocacy to transform the health and wellbeing of Indigenous peoples and communities. Guunu-maana is committed to research quality, being led by Aboriginal and Torres Strait Islander ways of knowing, being and doing to generate evidence that privileges Indigenous knowledge. Guunu-maana has a diverse team of researchers, students and project staff who, as a collective, have made meaningful contributions to advancing Indigenous knowledge and research quality within the field.

This award recognises the meaningful, ethical research and advocacy to transform the health and wellbeing of Indigenous peoples and communities that is led by Guunu-maana. Respecting Indigenous knowledge, values, lived experiences and self-determination, Guunu-maana fosters collaboration with Aboriginal and Torres Strait Islander communities, ensuring their voices lead health research. Guunu-maana emphasises research quality by mentoring Indigenous researchers and integrating Indigenous methodologies, influencing policies and programs with tangible community benefits. Transparency is a core value of the program, demonstrated through clear communication of findings, policy contributions and advocating for cultural safety. The program's leadership is reflected in its influence on both national and global health strategies aiming to address health disparities and promote self-determination for Indigenous peoples.

NHMRC Science to Art Award

The NHMRC Science to Art Award recognises outstanding examples of the art that can arise from the research funded by NHMRC.

Associate Professor Arutha Kulasinghe, University of Queensland and Wesley Research Institute

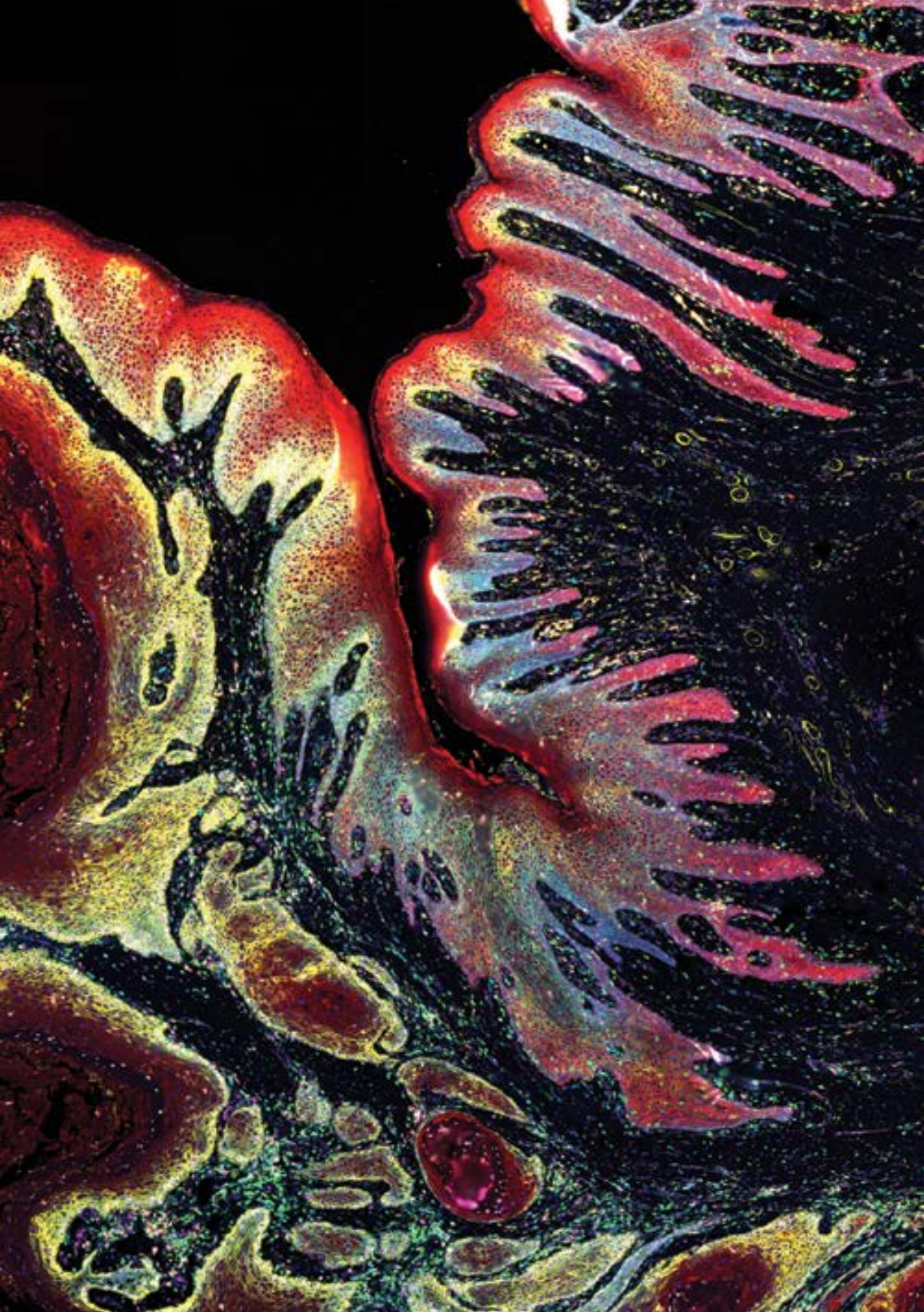
Associate Professor Arutha Kulasinghe leads the Clinical-oMx Lab at the Frazer Institute, University of Queensland, and is the Founding Scientific Director of the Queensland Spatial Biology Centre, Wesley Research Centre. Associate Professor Kulasinghe has pioneered spatial transcriptomics, proteomics and interactomics in the Asia-Pacific region, contributing to world-first studies for lung cancer, head and neck cancer, and organ atlas studies in COVID-19. His research aims to understand the underlying pathobiology by using an integrative multi-omics approach. Associate Professor Kulasinghe is supported by the NHMRC, Medical Research Future Fund (MRFF), US Department of Defense, Cancer Australia, Cure Cancer, and numerous hospital and philanthropic organisations.

Image (page 51): Battleground beneath the skin

This is a digital image of skin cancer located in the head and neck region. The skin cells are shown in bright red, with the tumour pockets in dull red surrounded by yellow. Immune cells (including macrophages and lymphocytes) are patrolling the tissue in green and magenta.

The image was captured using spatial proteomics, which was the 2024 Nature Method of the Year, and allows the visualisation of up to 100 biomarkers at the single cellular level across the entire tissue section. Referred to as the 'Google Maps' approach to tissue profiling, this revolutionary approach can be used to map every cell across different tumour types and tissues to unravel why some tumours respond to treatment while others do not.

Better understanding of the tumour microenvironment for each individual patient would allow for treatment and therapy personalisation to improve the care and outcomes for individuals affected by cancer.



Evaluation of dementia and diabetes research

An evaluation of NHMRC-funded dementia and diabetes research

Estimates suggest 433,300 Australians are living with dementia,¹ and this number is projected to increase in the coming decades. Additionally, an estimated 1.7 million Australians are involved in the care of someone living with dementia.

Diabetes affects an even larger proportion of the population. In 2022, about 1.3 million Australians were living with diabetes, that is, 5.3% of the population.²

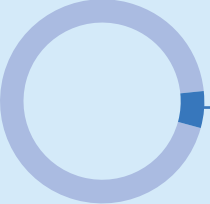
In recognition of the significant impact of both dementia and diabetes on the Australian population, in 2024–25 NHMRC commissioned and launched a report titled *An evaluation of NHMRC-funded Dementia and Diabetes research*.

The report showcases the outputs, outcomes and pathways to impact arising from research supported by NHMRC in the areas of dementia and diabetes by analysing data captured from publications indexed by Scopus. The report employs AI-driven analytics and narrative techniques combined with novel bibliometric methods to identify impacts or pathways to impact. It also benchmarks NHMRC's contributions against major international funders, offering insights from 2000 to 2023.

433,300
AUSTRALIANS
LIVE WITH
DEMENTIA

 **1.7M** AUSTRALIANS
CARE FOR SOMEONE
WITH DEMENTIA

 **1.3M**
AUSTRALIANS
HAVE DIABETES

 **5.3%**
OF THE POPULATION
HAVE DIABETES

1 Dementia Australia www.dementia.org.au/about-dementia/dementia-facts-and-figures.

2 Australian Bureau of Statistics www.abs.gov.au/statistics/health/health-conditions-and-risks/diabetes/latest-release.

Key findings: Pathways to impact

- The report identified that NHMRC-funded research found at least 17 instances of economic, environmental, social or health impacts in cutting-edge fields, including AI-enhanced brain imaging, bioengineering and gene editing.
- Prevention programs supported by NHMRC have helped people with diabetes make lifestyle changes, including those resulting in weight losses of 8% or more. The programs equipped people with greater knowledge of their disease and empowered them to take control of their disease.
- Preliminary findings demonstrate NHMRC's role in advancing cost-effective interventions that increase wellbeing and prevent disease.

Key findings: Research outcomes

- Publications arising from NHMRC-funded research were cited in policy documents and clinical guidelines, demonstrating translation of research into both policy and practice.
- NHMRC has contributed to 44 commercialised or trademarked dementia interventions and 101 commercialised or trademarked diabetes interventions.
- NHMRC funding has benefited 13 Australian startups devoted to dementia and diabetes.

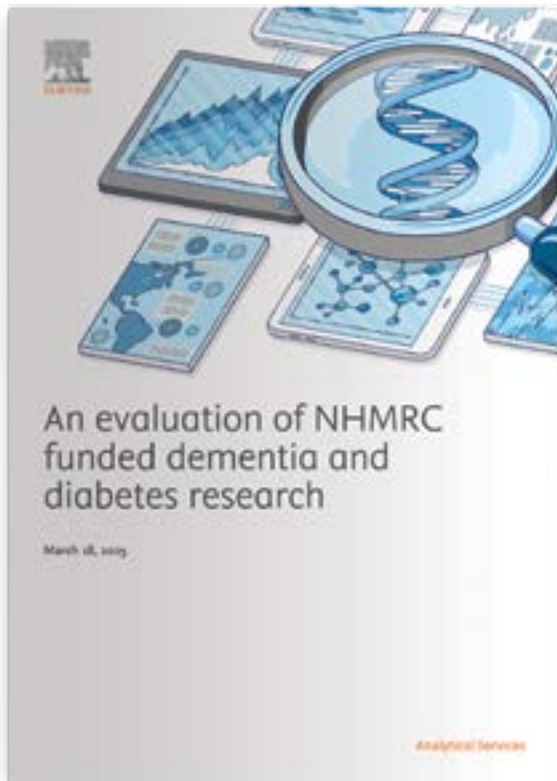
Key findings: Research outputs

- NHMRC demonstrated strong publication outputs in research on both dementia (3.0% of NHMRC publication outputs) and diabetes (4.2% of NHMRC publication outputs), which is more than twice the global average.
- Research supported by NHMRC has contributed to 445 individual dementia interventions and 490 diabetes interventions since 2000.
- More than 1,000 patent families³ cite NHMRC diabetes and dementia research.

³ A group of related patent applications filed for the same invention, sharing a priority date.

Importance of evaluation

Research is a long game. It can take many years for a fundamental discovery to lead to a new approach to prevention or treatment of disease, and it can take many more years for a new health intervention or medical product to be implemented or become available for use.



NHMRC recognises the importance of evaluating and reporting on its research activities. While measuring the impact of research can be challenging, it is vital for NHMRC to report on the public benefits of its investments in research.

The report is available on the NHMRC website: www.nhmrc.gov.au/about-us/publications/evaluation-nhmrc-funded-dementia-and-diabetes-research.

Information about other evaluation activities undertaken by NHMRC is also available on the NHMRC website: www.nhmrc.gov.au/about-us/evaluation.

Part 3: Annual performance statements

Our annual performance statements outline our activities and achievements against performance targets aligned with each of our purposes: Investment, Translation and Integrity.



Statement by the accountable authority

I, as the accountable authority of the National Health and Medical Research Council (NHMRC), present the 2024–25 annual performance statements of NHMRC, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of NHMRC and comply with section 39(2) of the PGPA Act.



Professor Steve Wesselingh

Chief Executive Officer

National Health and Medical Research Council

5 September 2025

Our purposes support our mission of building a healthy Australia. They reflect NHMRC's legislated functions to fund health and medical research and training, and to issue guidelines and advise on improving health outcomes, through prevention, diagnosis and treatment of disease, and provision of health care. NHMRC's purposes also reflect our role in promoting the highest standards of ethics and integrity in health and medical research.

Our purposes, as published in our Corporate Plan 2024-25, are detailed in Figure 9.

Purposes

Building a healthy Australia

- Investment**

Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.
- Translation**

Drive the translation of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries.
- Integrity**

Maintain a strong integrity framework underpinning rigorous and ethical research promoting community trust.

Analysis of performance

NHMRC achieves its purposes and mission of building a healthy Australia through delivery of activities. Achievement of NHMRC's purposes is measured and assessed against the performance measures and targets outlined in our *Corporate Plan 2024-25* and Portfolio Budget Statements.

The analysis of performance for 2024-25 for NHMRC's 11 performance targets is presented below.

NHMRC uses a mix of qualitative and quantitative targets to assess our performance. Table 4 outlines the criteria used to determine whether each target was met, partially met or not met in 2024-25.

Table 4: Criteria used to determine NHMRC performance

Result	Criteria for result by target type	
	Quantified target	Qualitative or mixed target ^a
 Met	Measured result reaches or exceeds the quantified target	Assessment demonstrates achievement of the target as described
 Partially met	N/A	Assessment demonstrates some achievement and some non-achievement of the target as described
 Not met	Measured result is less than the quantified target	Assessment demonstrates significant non-achievement of the target as described, such as failure to achieve a critical part

N/A, not applicable

^a Includes targets where achievement is measured by qualitative assessment of quantifiable information, such as distribution of funding (Target 1) and compliance reporting (Target 10)



Investment

Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.

Our key activities in 2024–25 to achieve our Investment purpose are outlined in Figure 10.

Figure 10: Investment | Key activities in 2024–25

Research strategy and policy

- Work with the Department of Health, Disability and Ageing (the Department) to develop a National Health and Medical Research Strategy.
- Work with the Department to harmonise advisory structures, policies and operations across the 2 grant programs.
- Revise and promote the Statement on *Consumer and Community Involvement in Health and Medical Research (2016)*, in collaboration with the Consumers Health Forum of Australia.
- Address sex and gender diversity in health and medical research, especially research activities funded by NHMRC and the Medical Research Future Fund (MRFF).
- Commit to continuous evaluation and improvement of NHMRC grant program policies, processes and outcomes.

Grant opportunities

- Deliver funding schemes that invest in the best researchers and research to meet Australia's diverse health and medical research needs and invest in innovative and collaborative research projects.
- Deliver targeted calls for research that respond to unmet or emerging health needs and reflect national, state and territory, and consumer and community priorities.
- Deliver funding schemes that focus on translation into policy, practice and products, including encouraging partnerships with policymakers or industry engagement and the commercialisation of research outcomes, where appropriate.

Grant hub service delivery

- Work with the Department to deliver MRFF grant schemes effectively and efficiently, leveraging NHMRC's grant processes and capability to achieve program and policy outcomes and complement NHMRC funding schemes.
- Provide grant hub services to diverse partners (e.g. philanthropic trusts, foundations and other funders) who seek to deliver bespoke grant programs or leverage NHMRC's established grant program to support prioritised research.

Sapphire capability

- Refine and consolidate our grant management system (Sapphire) to improve the efficiency and effectiveness of grant application, peer assessment and post-award management processes.

Grant administration

- Manage and respond to inquiries from grant applicants and grantees, and manage active grants.
- Maintain and monitor compliance with NHMRC's policies and requirements.

Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory, and community priorities.

Target 1: Grants are awarded, based on expert peer review, across the full spectrum of health and medical research areas, and focus on achieving better health outcomes.

Source	NHMRC <i>Corporate Plan 2024-25</i> and 2024-25 Portfolio Budget Statements
Methodology	Quantitative assessment of the distribution of the value of new grants awarded in the financial year by broad research area. Reporting is supplemented by researcher profiles of top grants awarded.
Result	 Met

NHMRC's strategy for health and medical research is underpinned by our strong commitment to the highest quality and standards of research and health advice to support health outcomes for Australians and global health more broadly.

All NHMRC's grant schemes are highly competitive and grants are awarded following a rigorous assessment process by independent assessors. This process supports the exceptional quality of the research NHMRC funds across the full spectrum of health and medical research areas, including basic science research, clinical medicine and science research, public health research and health services research. NHMRC's grant expenditure across these research areas for 2024-25 is reported in Table 5.

Table 5: NHMRC expenditure by broad research area, 2020-21 to 2024-25

Broad research area	2020-21 (\$)	2021-22 (\$)	2022-23 (\$)	2023-24 (\$)	2024-25 (\$)
Basic science research	339,695,034	316,257,135	314,607,017	344,847,632	366,861,979
Clinical medicine and science research	278,633,965	281,283,952	287,308,495	296,041,431	304,381,928
Public health research	125,546,889	130,383,524	132,651,513	143,211,278	149,572,613
Health services research	69,243,706	72,700,237	77,696,381	82,733,686	92,264,422
Other ^a	37,288,407	32,686,577	30,087,369	28,481,973	31,746,150
Total^b	850,408,000	833,311,425	842,350,774	895,316,000	944,827,092

^a Equipment Grants, Independent Research Institute Infrastructure Support Scheme Grants, Human Frontier Science Program

^b All figures are rounded to the nearest whole dollar

NHMRC uses a number of research classification systems to categorise research applications. For information on the classification systems, visit www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords.

For further data on grants awarded under NHMRC’s grant program, including breakdowns by Administering Institution, state, gender, field of research, disease or health topic, and broad research area, visit www.nhmrc.gov.au/funding/data-research.

Additionally, 28 research case studies and researcher profiles were posted to the InFocus section of NHMRC’s website in 2024–25 at www.nhmrc.gov.au/about-us/infocus. These articles highlight the diversity of NHMRC-supported research and researchers in Australia. Information on the top grants awarded is also available in Part 2 of this annual report, which presents NHMRC’s annual Research Excellence Awards and highlights the awardees honoured in 2024–25.

Target 2: Targeted and priority-driven research funding calls are initiated that address areas of unmet need.

Source	NHMRC Corporate Plan 2024–25
Methodology	Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified.
Result	 Met

The Targeted Calls for Research (TCR) scheme addresses national, state and territory, and community priorities. In 2024–25, topics for the TCRs were proposed from the Commonwealth, States and Territories Joint (CSTJ) TCR Working Committee, the Community Research Priorities Portal, and NHMRC’s Principal Committee Indigenous Caucus.

In 2024–25, a total of \$21.7 million was awarded for the following TCRs.

- TCR into climate-related health impacts and effective interventions to improve health outcomes: A total of \$10.7 million (11 grants) was awarded for research to better our understanding of the current and future impacts of climate change on the health and wellbeing of Australians and on health system demand. This TCR was identified as a priority by the CSTJ TCR Working Committee.
- TCR into improving infection prevention and control in residential aged care homes: A total of \$3.7 million (4 grants) was awarded to stimulate research to better understand the factors that influence the successful implementation of infection prevention and control programs and of leads (experts) in residential aged care homes. This TCR was identified and prioritised from submissions received through the Community Research Priorities Portal.

- TCR into commercial determinants of Aboriginal and Torres Strait Islander health: A total of \$7.3 million (5 grants) was awarded to encourage innovative, groundbreaking research on the commercial determinants of health of Aboriginal and Torres Strait Islander peoples and how they compound with social, cultural and economic factors to positively or negatively influence health outcomes, and how negative influences can be mediated. This TCR was identified as a priority by the NHMRC Principal Committee Indigenous Caucus.

In 2024–25, a total of 4 TCRs were opened:

- TCR into oral health care in Australia aimed to support research into better understanding the apparent gap in the translation and implementation of effective population-level oral health (including health services) interventions. This TCR topic was submitted through NHMRC's Community Research Priorities Portal.
- TCR into addressing the needs of people with high healthcare service utilisation (HSU) aimed to fund research that will investigate and implement strategies to reduce high HSU through better care and improved efficiency of healthcare delivery and access, and contribute to economic and population health benefits. This TCR was identified as a priority by the CSTJ TCR Working Committee.
- TCR into anal cancer aimed to fund research to improve awareness and to provide further guidance for the prevention, diagnosis and treatment of anal cancer for both consumers and healthcare professionals. This TCR topic was submitted through NHMRC's Community Research Priorities Portal.
- TCR into 'Aboriginal and Torres Strait Islander health – addressing violence for safer families and communities', aimed to address the health and wellbeing needs for safety of families and communities through a multidisciplinary, Aboriginal and Torres Strait Islander-led approach. This TCR topic was identified as a priority by NHMRC's Principal Committee Indigenous Caucus.

In 2024–25, the following TCR was forecast to open:

- Cancer Australia Research Initiative (CARI) TCR into early-onset cancer (EOC) aimed to improve understanding of EOC and develop novel clinical approaches for earlier diagnosis and innovative models of care to ensure effective management for those who are diagnosed with EOC.

Cancer Australia directs CARI, which is jointly funded by Cancer Australia and NHMRC. CARI will be delivered annually as a series of one-time grant opportunities commencing in 2025–26.

Further information on TCR outcomes and current open calls is available at www.nhmrc.gov.au/funding/targeted-calls-research.

NHMRC also participates in a range of international collaborative research schemes. In 2024-25, NHMRC funding for research in national and global priority areas aligned with the [NHMRC International Engagement Strategy 2023-2026](#) to foster Australian participation in international networks and collaborative health and medical research, including:

- \$3.7 million for Australian participation in research on antimicrobial resistance interventions through the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR)
- \$5.9 million for Australian participation in research under 2 topics – personalised nutrition, and infectious diseases and immunology (including antimicrobial resistance) – in the East Asian region through the e-ASIA Joint Research Program
- \$8.1 million for Australian participation in collaborative research through the Adopting Sustainable Partnerships for Innovative Research Ecosystem (ASPIRE) program led by the Japan Agency for Medical Research and Development (AMED)
- \$1.5 million for Australian participation in leading international collaborative research under Horizon Europe
- \$4.8 million for Australian participation with the Global Alliance for Chronic Diseases (GACD) for implementation research addressing multiple long-term conditions, including non-communicable diseases in disadvantaged populations globally
- \$3 million for Australian participation in research into dementia in Indigenous populations in Canada and Australia in collaboration with the Canadian Institutes of Health Research's (CIHR) Canadian Consortium on Neurodegeneration in Aging (CCNA).

For more information on international collaborative research funding and current open calls visit www.nhmrc.gov.au/funding/international-collaborative-health-research-funding.

Research funding is invested effectively and efficiently through expert peer review against published assessment criteria, including an overall consideration of value with money.

Target 3: Better matching of peer reviewers to applications, improving application-centric peer review in applicable schemes, and reduced burden on peer reviewers.

Source NHMRC *Corporate Plan 2024–25*

Methodology Quantitative and qualitative analysis of the peer-review process, including level of self-reported suitability matching of peer reviewers to applications, feedback from reviewers, and measurement of time spent on peer review (by individual reviewers and total time).

Result  **Met**

The result is based on an analysis of the peer review process for 2024 Investigator Grants and 2024 Ideas Grants rounds, which were for grants commencing from 1 January 2025. Specific targets for each scheme were documented in NHMRC's internal methodology documents to support reporting against Target 3. These specific targets are referenced below in reporting the results. All quantified targets were met.

Suitability matching of peer reviewers to applications

NHMRC continues to achieve better suitability matching of peer reviewers to applications by using an application-centric approach for large-scale schemes, rather than the panel-based approach used in 2019. In 2024, 100% and 98.6% of applications were allocated to reviewers who declared the highest ('Yes') and the second highest ('Moderate') levels of suitability for the Investigator and Ideas grant schemes, respectively, exceeding the target of 90%.

Each year, peer reviewers are invited to participate in a survey to assess the alignment between their area of expertise and the applications they are assigned to review. In 2024, survey results indicated that 84.1% of respondents for Investigator Grants and 77.9% for Ideas Grants agreed that the applications allocated to them appropriately matched their expertise. These outcomes exceed the established target of 75% for both schemes. The results demonstrate the ongoing effectiveness of the allocation process in ensuring that applications are allocated to peer reviewers best suited to assess them.

Peer review burden

In recent years, the peer review workload associated with both the Ideas and Investigator grant schemes has been significantly and deliberately reduced. For Ideas Grants, the maximum number of applications initially assigned to each reviewer has declined from 30 in 2019 to 18 in 2024. Similarly, for Investigator Grants, the maximum allocation reduced from 30 applications per reviewer in 2019 to 20 in 2024.

In both schemes, these allocations now remain well below the established maximum target of 25 applications initially assigned per reviewer, reflecting ongoing efforts to manage reviewer workload.

In 2024, the majority of peer reviewers for Ideas (70.8%) and Investigator (92.1%) grants reported taking less than 3 hours to assess each application assigned to them. This time is lower than in 2019 when panel meetings were used; reviewers reported spending an average of 6 hours per application with that approach.

Research grants are provided to improve health outcomes for Aboriginal and Torres Strait Islander people

Target 4: More than 5% of NHMRC’s annual budget is awarded to research that will provide better health outcomes for Aboriginal and Torres Strait Islander people.

Source	NHMRC Corporate Plan 2024–25 and 2024–25 Portfolio Budget Statements
Methodology	Quantitative assessment of new grants awarded in the financial year. Funding is categorised as ‘Indigenous health research’ through a combination of Indigenous Research Excellence Criteria assessment and reviewing each funded grant against a range of investigator-provided data classifications, including fields of research, keywords, grant titles and media summaries.
Result	 Met

In 2024–25, 8.9% of new grant funding awarded was for research to improve health outcomes for Aboriginal and Torres Strait Islander people.

In the same period, 8.3% of NHMRC’s Medical Research Endowment Account (MREA) was spent on Aboriginal and Torres Strait Islander health research (as a percentage of all MREA expenditure).¹

¹ This result has been reported because the 2024–25 Portfolio Budget Statements also included a 5% target for expenditure.

Capacity and capability are built and strengthened by supporting Aboriginal and Torres Strait Islander researchers

Target 5: 3.4% of NHMRC's annual grants awarded to lead chief investigators of Aboriginal and/or Torres Strait Islander descent.

Source NHMRC *Corporate Plan 2024–25*

Methodology Quantitative assessment of the percentage of new grants awarded in the financial year to lead chief investigators of Aboriginal and/or Torres Strait Islander descent.

Result  **Met**

In 2024–25, 4.4% of grants were awarded to lead chief investigators who identify as being of Aboriginal and/or Torres Strait Islander descent (Table 6).

This is the first year the target has been met since its introduction in 2023–24 (Table 6).

Table 6: New grants awarded in 2023–24 and 2024–25 led by chief investigators who self-identified as being of Aboriginal and/or Torres Strait Islander descent

Measure	2023–24	2024–25
Number of new grants awarded across all schemes in the financial year	924	767
Number of new grants awarded across all schemes in the financial year led by chief investigators who self-identified as Indigenous	21	34
New grants awarded across all schemes in the financial year led by chief investigators who self-identified as Indigenous (%)	2.3	4.4

Indigenous is used in this table to represent being of Aboriginal and/or Torres Strait Islander descent

Target 6: Report on the number of Aboriginal and/or Torres Strait Islander chief investigators.

Source	NHMRC Corporate Plan 2024-25
Methodology	Quantitative reporting on the number of chief investigators of Aboriginal and/or Torres Strait Islander descent currently funded (active grants) across all NHMRC schemes.
Result	 Met

In 2024-25, 218 chief investigators who identify as being of Aboriginal and/or Torres Strait Islander descent were on active grants. In the same period, 95 active grants were led by chief investigators who identify as being of Aboriginal and/or Torres Strait Islander descent.

NHMRC grants support a gender inclusive health and medical research workforce

Target 7: Gender inequities in NHMRC funding outcomes are reduced.

Source	NHMRC Corporate Plan 2024-25
Methodology	Quantitative assessment of the number of grants, amount of funding awarded, and funded rates by gender, and whether measures have been applied to reduce gender disparities. The assessment covers all NHMRC grant schemes collectively and key schemes (Investigator and Ideas grants) separately, and considers gender equity in grant distribution across career stages.
Result	 Met

NHMRC’s *Gender equity strategy 2022-2025* outlines our vision for a gender diverse and inclusive health and medical research workforce to take advantage of the full range of talent needed to address Australia’s current and future health challenges.

Across all schemes in 2024-25, the funded rate (grants as a proportion of applications) was higher for women (15.3%) than for men (12.3%). Women were awarded 362 grants totalling \$519.2 million, while men were awarded 319 grants totalling \$484.3 million. In addition, \$15.7 million was awarded to 13 Chief Investigator A (CIA) applicants who selected a gender of ‘Not stated’, ‘Prefer not to answer’, ‘Non-binary’ or ‘I use a different term’ in their Sapphire profile or who did not complete the gender field (null). This cohort had a funded rate of 14.8%. The number of women awarded grants was higher than for men at early and mid-career stages but was lower at the more senior level, which broadly reflects the current distribution of women and men by academic seniority in Australia’s health and medical research sector.

In 2024–25, structural priority funding was applied in the Investigator Grant (Emerging Leadership category only), Ideas Grant, Clinical Trials and Cohort Studies, and Postgraduate Scholarship schemes. Structural priority funding was introduced as a special measure in 2017 as a direct intervention to reduce disparities in the funded rates between women and men by awarding additional grants to high-quality applications led by women. Structural priority funding is also applied to fund grants led by Aboriginal and Torres Strait Islander health researchers, or for research to improve health outcomes for Aboriginal and Torres Strait Islander people and communities. Further information on structural priority funding is available at www.nhmrc.gov.au/research-policy/gender-equity/structural-priority-funding-and-gender-equity.

For the 2025 Investigator Grant round, the use of structural priority funding in the Emerging Leadership category increased women's overall funded rate from 11.7% to 12.8%. In the Leadership category, the special measures applied led to near-equal numbers of grants awarded to women (53) and men (54). A detailed breakdown of Investigator Grant funding outcomes by gender and career stage (leadership level) is available to download from the NHMRC website: www.nhmrc.gov.au/funding/find-funding/investigator-grants/outcomes.

Further information is available in the Gender Equity 2024–25 Report Card available at www.nhmrc.gov.au/research-policy/gender-equity.



Translation

Drive the translation of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries.

Our key activities in 2024–25 to achieve our Translation purpose are outlined in Figure 11.

Figure 11: Translation | Key activities in 2024–25

Research translation strategy

- Embed research in health-related systems by promoting successful collaborations between health services, researchers and end users, including through the accreditation of NHMRC Research Translation Centres.
- Consider opportunities to foster greater translation and commercialisation of Australian research to ensure local production and supply of treatments and devices that benefit the Australian community.

International engagement strategy

- Assist Australian researchers in collaborative research projects, facilitate collaborative networks and international research partnerships, and explore opportunities to work with international partners on policies and strategies.

Research impact reporting

- Promote, communicate and measure the impact of NHMRC-funded research.

Guidelines development

- Develop and update guidelines in public, clinical and environmental health to support consistent standards, promote prevention and public health, and inform clinical, policy and regulatory decisions.

Guidelines standards and approvals

- Promote best-practice evidence review and standards, including support for rapidly updated and living guidelines, *Guidelines for Guidelines* and approval of third-party public health and clinical practice guidelines.

Support an Australian health system that is research-led, evidence-based, efficient and sustainable

Target 8: Develop and/or approve guidelines for public and environmental health and clinical practice.

Source	NHMRC <i>Corporate Plan 2024–25</i> and 2024–25 Portfolio Budget Statements
Methodology	Qualitative assessment of NHMRC's role in developing, updating and/or approving guidelines.
Result	 Met

Under the *National Health and Medical Research Council Act 1992*, NHMRC has a legislative responsibility to raise the standard of individual and public health and foster the development of consistent health standards in Australia. NHMRC meets this obligation by developing and issuing health advice and guidelines, particularly in public and environmental health.

NHMRC may also approve guidelines developed by other organisations (third parties) that meet the *NHMRC standards for guidelines*. This may include approval of updates to guidelines that use the 'living evidence' approach, which combines rigorous, evidence-based methods and rapid updating as new research emerges; these are known as living guidelines.

NHMRC developed and issued guidelines

In 2024–25, NHMRC issued the following clinical practice, public and environmental health guidelines or advice:

- *Australian drinking water guidelines* – public health advice for lead substitutes in plumbing products, updated lead and manganese fact sheets
- *Australian drinking water guidelines* – review of existing guideline values for PFAS (perfluoroalkyl and polyfluoroalkyl substances)
- *Staying healthy: Preventing infectious diseases in early childhood education and care services* (6th edition)
- evidence evaluations of 16 natural therapies excluded from private health insurance rebates on 1 April 2019.

In 2024–25, NHMRC continued development or review of the following clinical practice and public and environmental health guidelines or advice:

- *2013 Australian dietary guidelines*
- Nutrient Reference Values (NRVs) for Australia and New Zealand – priority rolling review 2006 NRVs (sodium, iodine and selenium)
- *Guidelines for managing risks in recreational water*
- *Australian drinking water guidelines* – rolling review of chemical fact sheets on prioritised chemicals (currently ammonia, antimony, cadmium, copper, cyanide, nickel, nitrate and nitrite, sodium and uranium) and 5 by-products of disinfectants (bromate, chlorate, haloacetic acids, haloacetonitriles and trihalomethanes).

In 2024–25, NHMRC commenced development of the following clinical practice guidelines:

- *Clinical practice guidelines for myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS)*
- *Clinical practice guidelines for the care of trans and gender diverse people under 18 with gender dysphoria.*

NHMRC approved guidelines

In 2024–25, NHMRC approved the following guidelines developed by third parties:

- *Australian Guidelines for the Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder (FASD)*
- *A Guideline for Newborn Screening in Spinal Muscular Atrophy in Australia and Aotearoa New Zealand.*

In addition, NHMRC approved updates to the following living guidelines developed by third parties:

- *Australian Immunisation Handbook* (digital edition)
- *Australian and New Zealand Living Clinical Guidelines for Stroke Management*
- *Australian Postnatal Care Guidelines*
- *Australian Pregnancy Care Guidelines*
- *An Australian Living Guideline for the Pharmacological Management of Inflammatory Arthritis.*

Report on the impact of the research funded by NHMRC

Target 9: At least 5 case studies are published each year that demonstrate the impact of NHMRC-funded research where it has benefited, or made broader contributions to, society.

Source NHMRC *Corporate Plan 2024–25*

Methodology Qualitative and in-depth assessment of the impact of NHMRC-funded research using a case study approach.

Result  **Met**

During 2024–25, 10 case studies that demonstrate the impact of health and medical research funding were published.

A summary of the 10 case studies is included in this annual report (see page 77) and full case studies are available on the NHMRC website: www.nhmrc.gov.au/about-us/resources/impact-case-studies.



Integrity

Maintain a strong integrity framework underpinning rigorous and ethical research promoting community trust.

Our key activities in 2024–25 to achieve our Integrity purpose are outlined in Figure 12.

Figure 12: Integrity | Key activities in 2024–25.

Research integrity framework

- Promote research integrity, including maintaining the *Australian code for the responsible conduct of research* (the Code) and other guidance, and supporting the work of the Australian Research Integrity Committee.

Research quality strategy

- Promote the highest standards of research practice, including engaging with the research sector on good practice and developing guidance in key areas.

Human and animal research ethics guidelines

- Maintain national standards, codes and guidelines that promote best practice in research governance and ethics review processes and provide guidance on ethical issues in health.

Embryo research regulation

- Administer the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002* (PCHR Act) through the work of the Embryo Research Licensing Committee.

Research is conducted responsibly, ethically and with integrity in Australia

Target 10: Research integrity matters are managed appropriately by Administering Institutions in line with the requirements of the Australian code for the responsible conduct of research.

Source NHMRC *Corporate Plan 2024–25* and 2024–25 Portfolio Budget Statements

Methodology Quantitative assessment using NHMRC's annual survey of Administering Institutions (Institutional Annual Compliance Report) to ensure that the Code and its supporting guides have been implemented in institutional processes, and qualitative analysis of Australian Research Integrity Committee reviews of the processes used by Administering Institutions to conduct integrity investigations.

Result  **Partially met**

The *Australian code for the responsible conduct of research* (the Code) is co-authored by NHMRC, the Australian Research Council and Universities Australia. The Code is supported by guidance on specific topics to encourage responsible research conduct. The co-authors have released guides on managing and investigating potential breaches of the Code, authorship, managing data and information on research, peer review, disclosure of interests and management of conflicts of interest, supervision, collaborative research, publication and dissemination of research, and research integrity advisors.

Monitoring implementation of the Code and supporting guidance helps to ensure the highest standards of research integrity and promotes community trust. Implementation is assessed annually through the Institutional Annual Compliance Report (IACR).

During 2024–25, administering institutions completed the IACR for the 2024 calendar year, with the majority of institutions confirming that the Code and its corresponding guides were implemented, and that research integrity matters are notified to NHMRC appropriately.

- One institution, which has not received any NHMRC funding in the past 5 years, reported that it had not implemented the Code; all other institutions were compliant with implementation.
- 94% of institutions reported that they have implemented the *Guide to managing and investigating potential breaches of the Australian Code for the Responsible Conduct of Research* (Investigation Guide).
- All institutions reported that they had either made all required notifications about integrity matters to NHMRC or had no concerns that required notification.

In 2024–25, the Australian Research Integrity Committee (ARIC) had 7 new requests for review and one ongoing matter under review. For finalised reviews, ARIC made minor recommendations to institutions on improving processes, indicating that, for the matters referred to ARIC, the reviewed institutions demonstrated that overall their processes were consistent with the Code and the Investigation Guide.

Research involving human embryos is conducted ethically and legally in accordance with appropriate licence conditions

Target 11: Compliance with regulatory requirements under the *Research Involving Human Embryos Act 2002* is demonstrated through outcomes from inspections and 6-monthly reports.

Source	NHMRC Corporate Plan 2024–25
Methodology	Qualitative assessment of reports from licence holders and through inspections by authorised officers. The inspections 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.
Result	 Met

The NHMRC Embryo Research Licensing Committee (ERLC) administers the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act). These Acts regulate the use of excess human embryos in research, and mitochondrial donation research, as well as prohibiting certain practices, such as human cloning for reproduction.

There were no instances of noncompliance in 2024–25, with licence holders continuing to demonstrate an understanding of their responsibilities under the licence conditions through 6-monthly reports and licence variation requests. In addition to reviewing biannual reports and providing general guidance to licence holders, NHMRC inspectors conducted 2 onsite general licence inspections and 2 online end-of-licence inspections; no breaches of the legislation or licences were identified.

Consistent with the Minister for Health and Ageing's *Statement of expectations* for this regulator and the responding *Statement of Intent* by the CEO of NHMRC, ERLC continued to monitor the regulatory environment to ensure that, as far as the legislation can facilitate, the regulatory approach kept pace with changes in technology and research innovation. ERLC worked to identify opportunities to refine processes, including streamlining application requirements for Embryo Biopsy Training Licences. Both ERLC and NHMRC inspectors continued to work with licence holders and applicants to ensure that the regulation of human embryo research continued to meet its legislated objective of protecting the health and safety of the community while enabling innovative research.

For more information, consult ERLC's biannual *Report to the Parliament of Australia* on the NHMRC website: www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament.

Impact case studies

NHMRC produces case studies to increase awareness of the role that health and medical research has played, and continues to play, in building a healthier Australia.

Each case study is developed in partnership with Australian research organisations and other bodies.

These case studies demonstrate that generating outcomes and impact can take many years and require the combined work of many people and organisations. Through documenting research translation and implementation journeys, these case studies show that the creation of knowledge is vital and that many other activities are also necessary to generate impact.

The following case studies were published during 2024-25.



A foundation for neuroscience

Understanding how the brain communicates with the body was one of the great scientific challenges of the 20th century. Until the 1950s, it remained unclear whether neurons transmitted signals chemically or electrically across synapses – the tiny gaps between nerve cells. NHMRC-funded researchers, led by Sir John Eccles, played a pivotal role in resolving this question, laying the foundation for modern neuroscience.

Supported by NHMRC from 1938 to 1944, Eccles and his collaborators – including Bernard Katz and Stephen Kuffler – conducted groundbreaking experiments at the Kanematsu Memorial Institute of Pathology at Sydney Hospital and later at the University of Otago and the Australian National University. They measured electrical activity in neurons using fine glass microelectrodes and demonstrated that synaptic transmission was chemical, not electrical. They identified acetylcholine as a key neurotransmitter and mapped the biophysical properties of synaptic activity.

Eccles and Katz were each awarded the Nobel Prize in Physiology or Medicine (in 1963 and 1970, respectively), and Kuffler trained 2 future Nobel Prize winners. Their discoveries underpin many modern treatments for neurological and psychiatric conditions, as neurotransmitter-based medicine has become central to understanding brain and nervous system disorders.



Improving stroke outcomes

Stroke is one of Australia's leading causes of death and disability with over 27,000 first-time strokes and 8,500 stroke-related deaths recorded in 2021. Rapid treatment is essential, and complications in the first 72 hours – such as fever, high blood sugar and complications from swallowing difficulties – can significantly worsen outcomes. NHMRC-funded research led by Professor Sandy Middleton at the Australian Catholic University addressed this critical window of care.

The team developed and tested the Fever, Sugar, Swallow (FeSS) Protocols through a nurse-led trial implemented across stroke units in New South Wales. These protocols standardised the monitoring and treatment of common post-stroke complications, leading to improved survival rates and greater patient independence.

Following the trial's success, the FeSS Protocols were incorporated into the *Australian and New Zealand Clinical Guidelines for Stroke Management* and are now recommended as best practice. Internationally, they have been translated into 13 languages and adopted in 72 hospitals across 18 countries. The protocols are expected to save the Australian healthcare system \$281 million annually and prevent over 1,150 deaths in Australia over 5 years. They are especially valuable in settings with limited access to physicians.

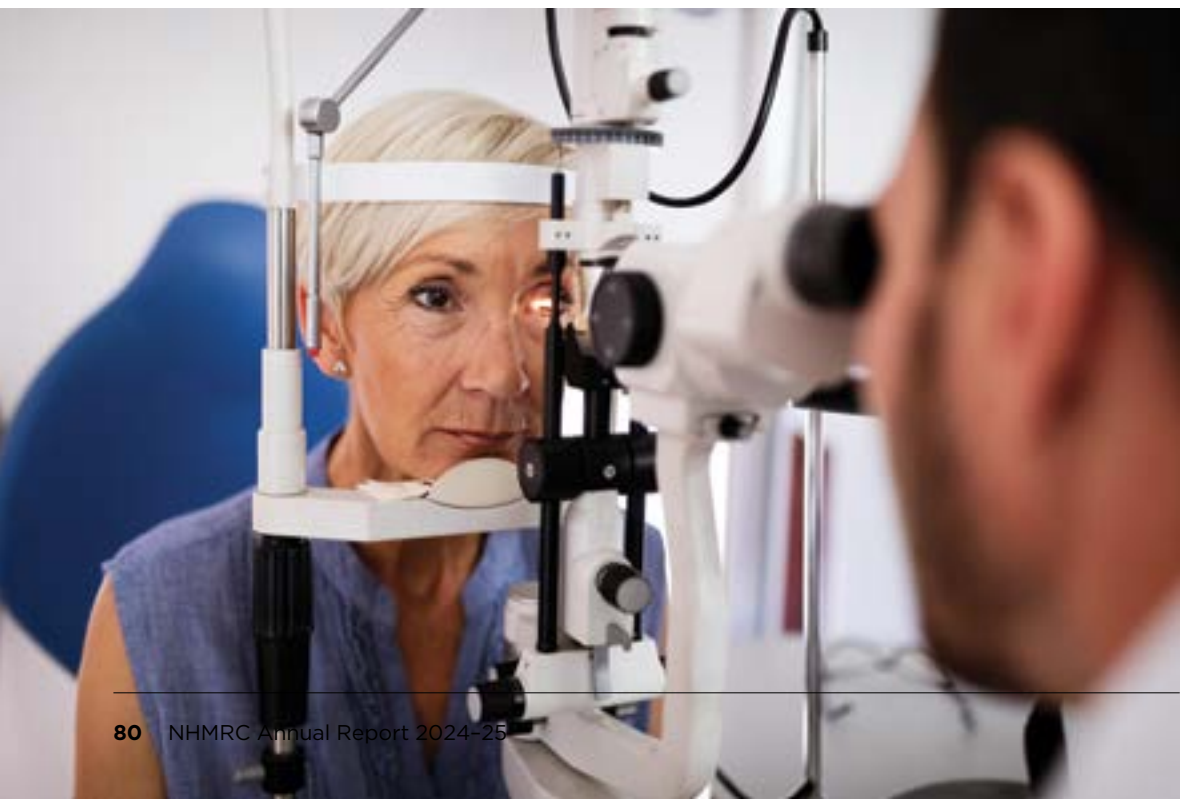


Better treatment for glaucoma

Glaucoma is the leading cause of irreversible blindness worldwide, affecting over 80 million people, including more than 200,000 Australians. It occurs when fluid drainage from the eye is blocked, increasing intraocular pressure and damaging the optic nerve, causing continuous deterioration of vision and eventual blindness. Traditional surgical treatment, used when medication and other treatments fail, is invasive and carries the risk of complications and long recovery times.

NHMRC-funded researchers at the University of Western Australia and the Lions Eye Institute developed a revolutionary solution: the gel stent. This tiny, flexible tube – thinner than a human hair and made from cross-linked gelatin – creates a new drainage pathway to reduce eye pressure. The stent is semirigid during implantation for precision, then softens to adapt to eye movement. It is implanted using a specially designed device that enables minimally invasive surgery.

Since its first clinical use in 2009, the stent has been implanted in over 200,000 patients globally, including 3,000 in Australia. It is now one of the most common glaucoma surgeries worldwide, with a complication rate of less than 1%. This innovation has transformed glaucoma care, offering safer, more effective treatment and preserving vision for patients globally.



Improving vision with corneal transplants

Corneal transplantation is the most common form of transplant surgery worldwide, restoring vision to thousands annually. In Australia, NHMRC-funded researchers at Flinders Medical Centre and Flinders University have played a pivotal role in improving clinical outcomes and eye bank practices through the establishment of the Australian Corneal Graft Registry (ACGR) – the largest of its kind globally.

Since 1985, the ACGR has collected data on over 48,000 grafts from more than 1,000 ophthalmic surgeons, with some follow-ups extending over 35 years. This extensive dataset has revealed key insights into graft survival, including the importance of recipient factors and the role of immunological rejection. These findings have informed surgical practices, improved eye bank efficiency and expanded the donor pool. NHMRC's support dates back to 1937 when it funded Australia's first corneal transplant research. Today, the survival rate for full-thickness grafts is 93% at 1 year and 73% at 5 years. The ACGR continues to provide critical evidence to guide policy and practice, ensuring that corneal transplantation remains a safe, effective and accessible treatment for vision impairment.



Establishing kidney transplantation

Until the mid-20th century, kidney failure was a fatal condition. The development of dialysis and organ transplantation transformed this prognosis. By the late 1960s, kidney transplants had become routine in major hospitals, but early outcomes were poor due to limited understanding of immunology and organ rejection.

NHMRC supported foundational research into immunosuppressive therapies, kidney preservation and tissue typing. This included funding for the development of the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) in 1976, which remains the world's longest-running dataset of its kind. ANZDATA underpins national coordination of organ exchange and dialysis services, and it continues to underpin clinical trials and policy development.

NHMRC-funded innovations included improved kidney storage and transport methods, as well as the development of the B-cell crossmatch test. Research supported by NHMRC also demonstrated that pre-transplant blood transfusions improved outcomes. NHMRC-supported research also led to a national kidney exchange program and a model of integrated care that remains in place today.

By the early 1990s, Australia's transplant survival rates matched the best in the world. Today, Australia's kidney transplantation system is globally recognised for its coordination, equity and research-driven success.

Preterm births and omega-3

Preterm birth – defined as birth before 37 weeks – is the leading cause of death in the newborn period and early childhood globally. In Australia each year, around 8% of babies are born prematurely, often facing lifelong health challenges, including developmental delays, cerebral palsy and learning difficulties.

Since the 1990s, NHMRC has supported a multidisciplinary team of researchers in Adelaide, led by Professor Maria Makrides, to investigate the role of omega-3 fatty acids in pregnancy and infant development. Their research demonstrated that the supplementation of one type of omega-3 during pregnancy significantly reduced the risk of early preterm birth, particularly in women with low baseline omega-3 levels, which could be identified through a simple blood test.

This approach has been incorporated into national pregnancy care guidelines and is expected to save over \$90 million annually in healthcare and education costs.

The findings have had global impact, influencing dietary recommendations and prenatal care practices worldwide. This research exemplifies how nutritional science, supported by NHMRC, can deliver cost-effective, scalable interventions to improve maternal and infant health outcomes.



Helping premature babies breathe

Each year, nearly 1 in 10 babies in Australia are born prematurely, and many require respiratory support due to underdeveloped lungs and insufficient surfactant – a substance essential for lung inflation. Traditionally, such infants were intubated and placed on mechanical ventilation to deliver surfactant, but this approach often caused complications such as infection, airway injury and chronic lung disease.

Since 1984, NHMRC has supported research into safer alternatives. Researchers from the Royal Women's Hospital, University of Melbourne, Monash University, Murdoch Children's Research Institute and University of Tasmania pioneered non-invasive respiratory support methods. Their work led to the adoption of continuous positive airway pressure (CPAP) and later nasal high flow (nHF) therapy, both of which reduce the need for intubation. Researchers further developed minimally invasive surfactant therapy (MIST), which allows surfactant delivery without intubation.

Clinical trials confirmed that CPAP and nHF deliver significantly improved outcomes, reducing respiratory complications and hospital transfers. These methods are now standard care in Australia and internationally. This research has transformed neonatal care, improving survival and long-term health for premature infants while reducing healthcare costs and easing the burden on families and intensive care units.



Screening to prevent bowel cancer

Colorectal cancer (CRC), also known as bowel cancer, is the second most common cause of cancer-related death in Australia. With one of the highest CRC rates globally, Australia became the first country to implement and sustain a national, population-based screening program using faecal immunochemical tests (FIT) – a major public health achievement underpinned by NHMRC-funded research.

Since the 1970s, NHMRC has supported researchers who demonstrated that an older (guaiac-based) test was less effective and poorly accepted by the public. Their work led to the adoption of FIT, which is more accurate and user-friendly. NHMRC-funded studies also showed that involving general practitioners and providing advance notification significantly improved participation rates.

These findings informed the design of the National Bowel Cancer Screening Program (NBCSP), launched in 2006. By 2023, over 10 million screening tests had been completed, with 4.5 million Australians participating at least once. The program has contributed to a measurable reduction in CRC mortality and morbidity.

In July 2024, the NBCSP expanded to include people aged 45 to 49, reflecting rising CRC rates in younger adults. This case study highlights how NHMRC-supported research has shaped national policy, improved early detection and saved lives through evidence-based cancer prevention.

New treatments for leukaemia

Leukaemia is a group of blood cancers that affect both children and adults, with over 20,000 Australians diagnosed annually. Acute myeloid leukaemia (AML) and chronic lymphocytic leukaemia (CLL) are among the most common and difficult to treat. Traditional chemotherapy often fails to eliminate all cancer cells, especially in older patients or those with resistant disease.

NHMRC-funded researchers at the Walter and Eliza Hall Institute of Medical Research (WEHI) made a landmark discovery in 1988: a protein called BCL2 that helps leukaemia cells survive by blocking cell death. This insight led to the development of a new class of anti-cancer drugs known as BH3 mimetics, which target BCL2 directly.

In collaboration with corporate partners, the WEHI team developed the first BH3 mimetic. Clinical trials began in Melbourne in 2011, and by 2019 the drug was approved and listed on Australia's Pharmaceutical Benefits Scheme for CLL, followed by AML in 2021. It is now used globally to treat patients who cannot tolerate chemotherapy.

BH3 mimetics have transformed treatment for blood cancers, offering a targeted, less-toxic alternative to traditional therapies. This breakthrough exemplifies how NHMRC-supported basic science can lead to life-saving innovations in cancer care.



A vaccine for chikungunya virus

Chikungunya virus (CHIKV) is a mosquito-borne disease that causes fever and debilitating joint pain, often lasting months or even years. With over 10 million infections reported globally in the past 2 decades and more than a billion people living in endemic areas, CHIKV poses a growing global health threat – exacerbated by climate change and international travel.

NHMRC-funded researchers at Griffith University, in collaboration with international partners, have led the development of 2 novel vaccines. Building on decades of Australian research into related viruses like Ross River virus, the team developed an infectious clone of the virus that enabled the creation of live-attenuated vaccines that induce strong and long-lasting immune responses.

In Phase 3 clinical trials involving over 3,700 participants, one of these vaccines demonstrated high efficacy and safety. It has since been approved for use in the United States and is expected to protect people living in or travelling to CHIKV-endemic regions.

This achievement highlights the global impact of NHMRC-supported research and showcases Australia's leadership in infectious disease prevention, vaccine development and international scientific collaboration.





Part 4: Operating environment

This section outlines our legislative, governance, compliance and assurance arrangements, and provides information to satisfy Australian Government reporting requirements.



Legislative framework

NHMRC is an independent statutory authority established under the *National Health and Medical Research Council Act 1992* (NHMRC Act). The NHMRC Act defines NHMRC as comprising the CEO, the Council and committees, and NHMRC staff.

The CEO, Council and Principal Committees (established under section 35 of the NHMRC Act) are appointed by the Minister for Health and Ageing. NHMRC operates on a triennial basis, with the Council and Principal Committees reappointed every 3 years. This reporting period is the first year of the 2024–2027 triennium, which commenced on 1 July 2024 and will finish on 30 June 2027.

The CEO has the powers and functions set out in the NHMRC Act and works within the framework established by the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The CEO's functions, as prescribed by section 7 of the NHMRC Act, are to:

- inquire into, issue guidelines on, and advise the community on, matters relating to
 - improvement of health
 - the prevention, diagnosis and treatment of disease
 - provision of health care
 - public health research and medical research
 - ethical issues relating to health
- advise and make recommendations to the Commonwealth, the states and the territories on the above matters
- make recommendations to the Minister for Health and Ageing about expenditure on public health research and training, and medical research and training.

NHMRC also administers the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act), and the *Research Involving Human Embryos Act 2002* (RIHE Act). Additionally, NHMRC exercises some statutory functions under the Medical Research Future Fund Act 2015.

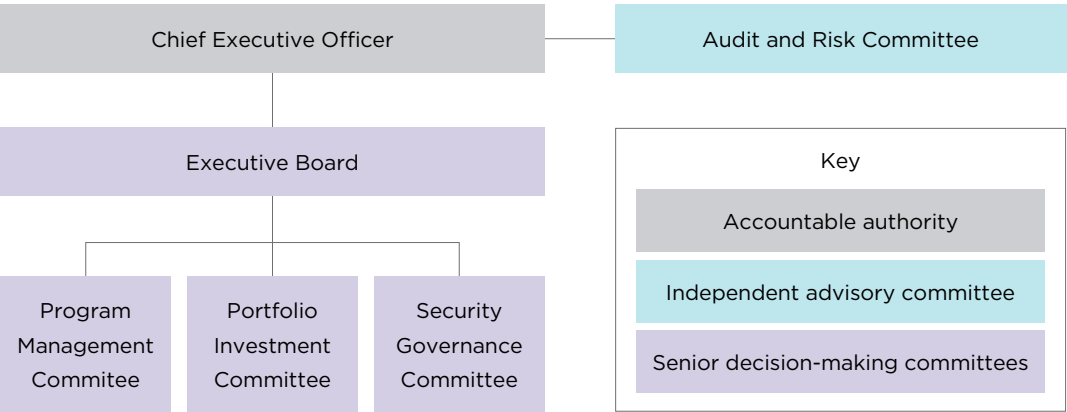
Governance and accountability

NHMRC operates within a strong governance framework that supports effective performance, integrity, efficiency and accountability. NHMRC’s Executive Board and the Audit and Risk Committee support the CEO in fulfilling their responsibilities as the accountable authority under the NHMRC Act and the PGPA Act, as well as other relevant legislation.

NHMRC’s Executive Board provides oversight, manages risk and monitors performance of the agency. It is the key management committee that supports the CEO in governing the agency and comprises the CEO as Chair and the General Manager and Executive Directors as members. NHMRC’s Senior Lawyer also has a standing invitation to attend Executive Board meetings for any item or to raise any matter with the Executive Board, which supports a pro-integrity culture in the agency. Executive Board is supported by senior decision-making committees, including the Program Management Committee (supporting effective delivery of the NHMRC grant program and supporting systems) and the Portfolio Investment Committee (overseeing agency resourcing and effective project management).

An overview of NHMRC’s governance structure is shown in Figure 13.

Figure 13: Overview of NHMRC’s governance structure



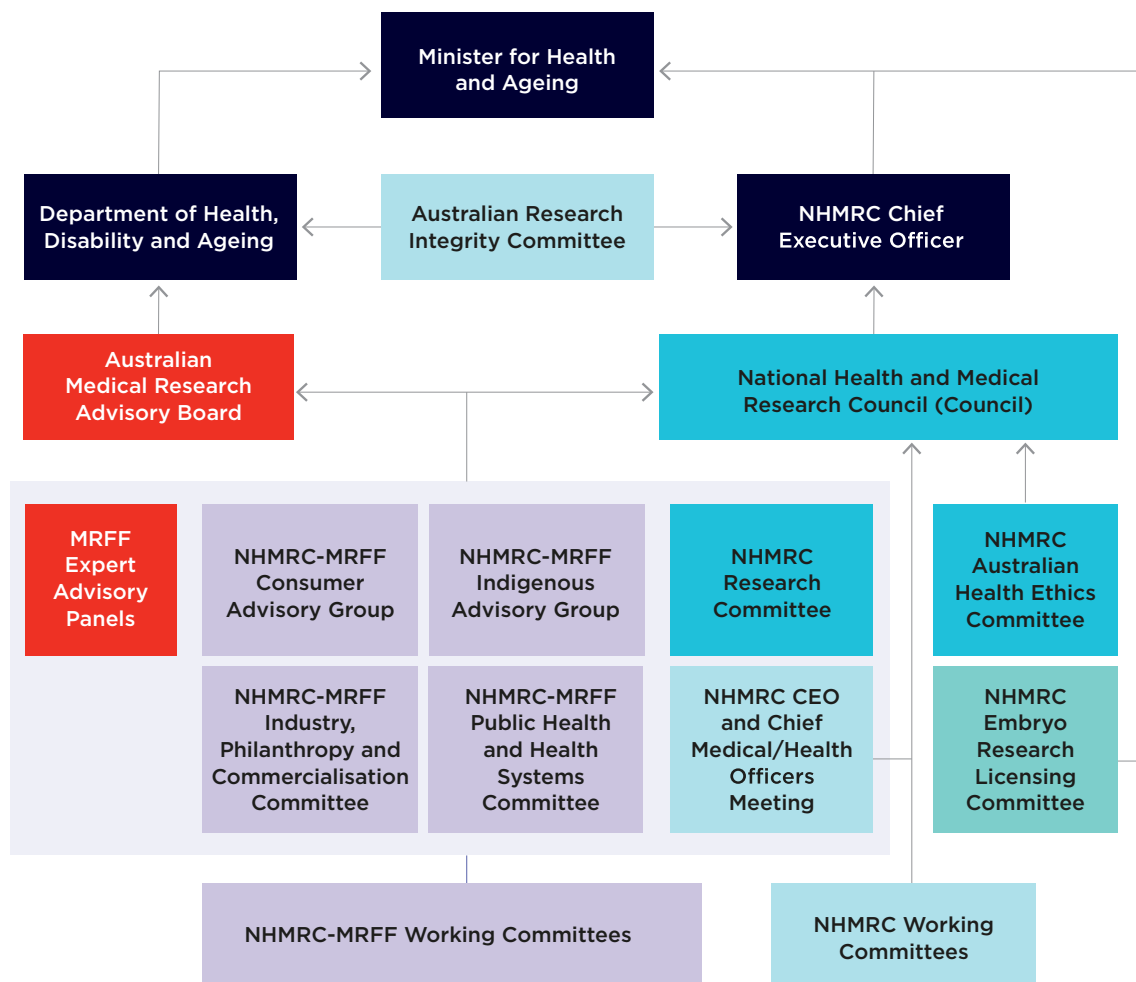
Council and committees

The CEO is supported in fulfilling the legislative functions under the NHMRC Act by the expert and independent advice of NHMRC Council, Principal Committees and other working committees established under the NHMRC Act. NHMRC also works closely with the Australian Government's Department of Health, Disability and Ageing through the Health and Medical Research Office (HMRO) to improve alignment and coordination between the Medical Research Future Fund (MRFF) and NHMRC's grant program, which is funded by the Medical Research Endowment Account (MREA).

From 1 July 2024, NHMRC Council and the MRFF's Australian Medical Research Advisory Board (AMRAB) are working more closely together to provide strategic advice on the health and medical research landscape in Australia, including on the MRFF and MREA, supported by a range of shared or linked advisory committees. The joint NHMRC and MRFF advisory committees under this structure will strengthen and broaden advice, particularly public health, health systems and commercialisation advice, and industry and philanthropic involvement. It also streamlines strategic advice to NHMRC and MRFF on Aboriginal and Torres Strait Islander health research matters and consumer and community involvement in health and medical research.

The expertise, experience and perspectives members bring to Council, Principal Committees and Working Committees, including NHMRC-MRFF shared advisory committees, are vital in helping shape and advance health and medical research and build a healthy Australia. The current NHMRC and MRFF advisory structure is shown in Figure 14. Further information on key committees follows.

Figure 14: NHMRC and MRFF advisory committee arrangements from 1 July 2024



Council

The Council of NHMRC is established under section 20 of the NHMRC Act. Its functions are to:

- provide advice to the CEO in relation to the performance of their functions
- perform any other function conferred on the Council in writing by the Minister after consulting with the CEO
- perform any other function conferred on the Council by the NHMRC Act and its regulations or by any other law.

Membership

Council members are appointed under subsection 41(1) of the NHMRC Act for up to 3 years.

The Council consists of:

- the Chair
- the Chief Medical Officer for the Australian Government
- the Chief Medical Officer (or Chief Health Officer) for each state and territory
- an expert in Aboriginal and Torres Strait Islander health needs
- a person with expertise in consumer issues
- a person with expertise in business
- at least 6, but no more than 11, members with relevant expertise as outlined in section 20 of the NHMRC Act.

The Chairs of the Principal Committees (except for the Embryo Research Licensing Committee) and selected working committees are drawn from the membership of the Council.

The members of the Council during 2024–25 are listed in Table 7.

Table 7: NHMRC Council Members, 2024–25

Name	Position Area of expertise as defined under the NHMRC Act
Professor Caroline Homer AO	Chair
Associate Professor Stephen Adelstein	Chair, Australian Health Ethics Committee Member with expertise in professional medical standards and ethics relating to research involving humans
Professor Anushka Patel	Chair, Research Committee Member with expertise in public health research and medical research issues
Ms Ainslie Cahill AM	Chair, NHMRC-MRFF Consumer Advisory Group Member with expertise in consumer issues
Ms Bronwyn Le Grice	Chair, NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee Member with expertise in business
Adjunct Professor Darryl O'Donnell	Chair, NHMRC-MRFF Public Health and Health Systems Committee Member with expertise in public health
Professor Yvette Roe	Chair, NHMRC-MRFF Indigenous Advisory Group Member with expertise in the health needs of Aboriginal and Torres Strait Islander people
Professor Dinesh Arya	Chief Medical Officer, Tasmania
Professor Emily Banks AM	Member with expertise in public health
Professor Jonathan Carapetis AM	Member with expertise in public health research and medical research issues
Dr Heidi Carroll	Chief Health Officer, Queensland
Professor Raymond Chan	Member with expertise in the nursing profession
Dr Kerry Chant AO PSM	Chief Health Officer, New South Wales
Dr Jeremy Chin	Chief Health Officer, Northern Territory (December 2024 meeting)
Dr Kerryn Coleman PSM	Chief Health Officer, Australian Capital Territory
Dr Michael Cusack	Chief Medical Officer, South Australia
Professor Jane Gunn AO	Member with expertise in the medical profession and postgraduate medical training
Professor Elizabeth Hartland AM	Member with other appropriate expertise
Professor Susan Hillier	Member with expertise in healthcare training

Name	Position Area of expertise as defined under the NHMRC Act
Dr Christine Connors OAM	Chief Health Officer, Northern Territory (March 2025 meeting)
Professor Anthony Lawler	Commonwealth Chief Medical Officer
Dr Clare Looker	Chief Health Officer, Victoria (December 2024 meeting)
Professor Richard Murray	Member with expertise in the medical profession and postgraduate medical training
Dr Andrew Robertson CSC PSM	Chief Health Officer, Western Australia
Professor Steve Robson	Member with expertise in the medical profession and postgraduate medical training
Dr Tarun Weeramanthri	Chief Health Officer, Victoria (March 2025 meeting)

Meetings

The Council held 2 sessions in 2024–25, both of which were convened jointly with AMRAB, which is responsible for advising on the MRFF. Council received regular updates from the NHMRC CEO and the HMRO CEO, and activity updates from NHMRC Principal Committees and joint NHMRC-MRFF Advisory Committees. Key additional matters discussed in each session are outlined below.

At its 233rd session in December 2024, the Council considered:

- an overview of NHMRC and the HMRO
- development of the National Health and Medical Research Strategy
- Council's responsibilities for the Medical Research Endowment Account (MREA) and the allocation of the MREA through the NHMRC grant program
- an update on the Medical Research Future Fund
- Council's responsibilities for the development and/or approval of guidelines
- recommendations in the following third-party guidelines:
 - *Australian guidelines for assessment and diagnosis of fetal alcohol spectrum disorder*
 - *Australian immunisation handbook – Zoster (herpes zoster) chapter*
 - *Australian and New Zealand Living Clinical Guidelines for Stroke Management*
 - *Australian Pregnancy Care Guidelines*
 - *Australian Postnatal Care Guidelines*
- per- and polyfluoroalkyl (PFAS) values in the *Australian drinking water guidelines*
- the *Ethical guidelines for cell, tissue and organ donation and transplantation in Australia*.

At its 234th session in March 2025, the Council considered:

- development of the National Health and Medical Research Strategy
- a presentation on the Strategic Examination of Research and Development
- a presentation on the National One Stop Shop for Clinical Trials and Health-related Human Research
- an update on MRFF evaluations and reviews
- alignment of data and reporting for the MRFF and the MREA
- outcomes and funding data for the NHMRC grant program and an update on the MREA
- the evaluation of NHMRC-funded dementia and diabetes research
- matters for inclusion in the NHMRC Corporate Plan 2025–26
- the review of the *Statement on consumer involvement in health and medical research*
- the *Procedures and requirements for meeting the NHMRC standards for clinical practice guidelines – version 2.0*
- recommendations in the following third-party guidelines:
 - *Australian Pregnancy Care Guidelines*
 - *Australian Postnatal Care Guidelines*
 - *Australian and New Zealand Clinical Guidelines for Stroke Management*
 - *National Guideline for Newborn Screening in Spinal Muscular Atrophy in Australia and Aotearoa New Zealand*
- the publication of chemical fact sheets for lead replacements, lead and manganese in the *Australian drinking water guidelines*
- an update on the *Australian dietary guidelines* review.

Principal Committees

For the 2024–2027 triennium, 2 Principal Committees were established under section 35 of the NHMRC Act. These committees, which report to NHMRC Council, are:

- Research Committee (required under the NHMRC Act)
- Australian Health Ethics Committee (required under the NHMRC Act)

The Embryo Research Licensing Committee is also a Principal Committee of NHMRC, but it is established under the *Research Involving Human Embryos Act 2002* (RIHE Act) and operates under different arrangements from those governing the other Principal Committees.

Research Committee

Research Committee oversees NHMRC's activities to support health and medical research, including making recommendations about the operation of the NHMRC grant program. Since 1 July 2024, Research Committee also advises AMRAB on the operation of the MRFF, with briefings and support provided by the HMRO in the Department of Health, Disability and Ageing.

The functions of Research Committee, as conferred by the Minister for Health and Ageing for the 2024–2027 triennium and incorporating the requirements of section 35(2) of the NHMRC Act, are:

- to advise and make recommendations to the Council on the application of the MREA
- to monitor the use of assistance from the MREA
- to advise the Council on matters relating to medical research and public health research, including the quality and scope of such research in Australia
- to advise AMRAB, established under the *Medical Research Future Fund Act 2015*, on policy and other matters relating to the MRFF.

In 2024–25, Research Committee met twice and advised on:

- the development of the National Health and Medical Research Strategy
- the alignment of MRFF and MREA data and reporting, and preliminary efforts on a joint funding data report
- the application of the MREA through the NHMRC grant program
- mechanisms to strengthen NHMRC's peer review policies and processes
- priorities for 2024–25 Targeted Calls for Research
- consumer involvement in the assessment of Clinical Trials and Cohort Studies
- MRFF evaluation activities
- the findings of the National Health and Medical Research Workforce Audit
- evaluation of NHMRC-funded dementia and diabetes research
- guidance around 2025 international collaborative research grant opportunities
- the implementation of the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
- the review of the Indigenous Research Excellence Criteria
- the review of the *Statement on consumer and community involvement in health and medical research*
- the *broadening capability and building capacity evaluation report*
- the development of an NHMRC rural, regional and remote health research equity plan.

Membership

Research Committee members bring expertise in a broad range of research areas, covering basic and biomedical sciences, clinical medicine, health services, public health, Aboriginal and Torres Strait Islander health, primary care, and rural and remote health research, as well as clinical experience, early to mid-career researchers and senior research leaders, and industry and consumer representatives.

Professor Anushka Patel (Chair)

Professor Adrian Barnett

Professor Alex Brown

Professor Anne Chang AM

Dr Yee Lian Chew

Professor Alistair Forrest

Professor Julian Grant

Dr Doug Hilton AO

Professor Carol Hodgson

Professor Frances Kay-Lambkin

Ms Debra Langridge

Professor Sarah Larkins

Professor James McCluskey AO

Professor Odette Pearson

Professor Paul Scuffham

Associate Professor Viet Tran

Professor Andrew Wilks

Australian Health Ethics Committee

The functions of Australian Health Ethics Committee (AHEC), as conferred by the Minister for Health and Ageing for the 2024–2027 triennium and as set out in section 35(3) of the NHMRC Act, are:

- to advise the Council on the ethical issues relating to health
- to develop and give the Council human research guidelines under subsection 10(2) of the NHMRC Act.

AHEC consults extensively with individuals, community organisations, health professionals and governments, and undertakes formal public consultation when developing guidelines. The committee may also advise on international developments in health ethics issues.

In 2024–25 AHEC met twice and advised on:

- developing AHEC’s priorities and workplan for 2024–2027
- the release of the *National Statement on Ethical Conduct in Human Research 2025*
- Human Research Ethics Committees (HRECs) Annual Activity Report for 2023
- guidance on the requirements for registration of HRECs with NHMRC
- procedures to address noncompliance of HRECs with the National Statement
- development of a website communication piece on emerging technologies and ethics in human health
- the use of artificial intelligence in health and medical research
- the National One Stop Shop reform agenda.

Membership

The composition of AHEC is prescribed in section 36 of the NHMRC Act. It requires people with expertise in philosophy, the ethics of medical research, public health and social science research, clinical medical practice and nursing, disability, law, religion and health consumer issues. AHEC’s membership includes cross-members from all other Principal Committees.

Associate Professor Stephen Adelstein (Chair)

Associate Professor Annette Braunack-Mayer
Dr Laine Chilman
Dr Yvonne Ho AM
Associate Professor Michelle Kennedy
Dr David Kirchhoffer
Professor Emma Kowal
Professor Jackie Leach Scully

Professor Erwin Loh
Professor Michael Martin
Professor Ainsley Newson
Associate Professor Mark Slee
Professor Michelle Taylor-Sands
Associate Professor Viet Tran
Professor Steve Webb

Embryo Research Licensing Committee

The Embryo Research Licensing Committee (ERLC) regulates the licensing framework for embryo research in Australia, which governs the use of excess human embryos created through assisted reproductive technology; mitochondrial donation techniques in research, including in clinical trials; and the creation of embryos by means other than fertilisation and their use in research. It is an offence to use human embryos in research unless the use is authorised by a licence issued by ERLC or the use is an exempt use.

ERLC assesses applications and issues licences to conduct research involving human embryos and mitochondrial donation techniques. The committee, supported by NHMRC licence inspectors, is also responsible for monitoring compliance and can take enforcement action, including cancelling or suspending licences. There are strong penalties for noncompliance.

In 2024–25, ERLC held 4 meetings and considered 2 matters out of session. The committee also determined 4 applications to vary licences and considered the outcome of 4 licence inspections.

Activities conducted by ERLC and information on the research it regulates is reported to the Parliament of Australia every 6 months. In 2024–25, ERLC tabled the 44th report, covering the period from 1 March 2024 to 31 August 2024 (tabled on 27 November 2024), and the 45th report, covering the period from 1 September 2024 to 28 February 2025 (tabled on 26 June 2025). All reports are available on the NHMRC website.

Membership

Membership and functions of ERLC are prescribed in section 14 of the RIHE Act. Appointments for the 2024–2027 triennium began on 23 September 2024.

Members have expertise in law, research ethics, relevant research, embryology, assisted reproductive technology, and consumer health issues. ERLC has a member in common with AHEC, as required under both the NHMRC Act and the RIHE Act.

Ms Louise Johnson (Chair)

Professor Jackie Leach Scully

Professor Lynn Gillam AM

Professor Sarah Robertson AO (to 1 June 2025)

Professor Roger Hart

Professor Jane Nielsen

Emma Turner

Professor Patrick Tam

Ms Cal Volks

Working committees

Under section 39 of the NHMRC Act, the CEO may establish working committees to assist the CEO, Council or a Principal Committee to carry out their functions. The CEO determines the functions of the committees and appoints their members.

For the 2024–2027 triennium, the NHMRC CEO, jointly with the HMRO CEO, has established shared NHMRC-MRFF advisory committees focused on stronger engagement with industry and philanthropy, clinicians and policymakers across the health system, consumers and the community, and Aboriginal and Torres Strait Islander health researchers and communities. For practical purposes, these committees have been established as working committees of NHMRC under section 39 of the NHMRC Act. Each of these shared advisory committees is chaired by a member of NHMRC Council. An overview of each of the joint advisory committees is provided below.

More information on these and other working committees can be found on the NHMRC website at www.nhmrc.gov.au/about-us/leadership-and-governance/committees.

NHMRC-MRFF Indigenous Advisory Group

The NHMRC-MRFF Indigenous Advisory Group (IAG) advises on strengthening Aboriginal and Torres Strait Islander involvement in MREA and MRFF grant programs, including:

- strategies for improving Aboriginal and Torres Strait Islander health through research
- significant issues relevant to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities
- opportunities for Indigenous-led research practice and governance, including valuing and promoting Aboriginal and Torres Strait Islander knowledge and connections to community and Country
- support for Aboriginal and/or Torres Strait Islander health researchers, including capacity and capability building for early to mid-career researchers.

In 2024–25, IAG met twice, advising on:

- priorities for the IAG's work plan
- developing the National Health and Medical Research Strategy
- the NHMRC grant program, including:
 - implementing the Indigenous Research Excellence Criteria benefit question and potential mechanisms to increase the pool of Aboriginal and/or Torres Strait Islander peer reviewers
 - the assessment criteria for research impact in Investigator and Synergy grants
 - priority areas of Aboriginal and Torres Strait Islander health for NHMRC's Targeted Calls for Research (TCR)

- the next grant opportunity for the MRFF Indigenous Health Research Fund
- equity in rural, regional and remote health research
- engaging Aboriginal and Torres Strait Islander populations with the review of the *Statement on Consumer and Community Involvement in Health and Medical Research*
- building the pipeline of researchers of Aboriginal and/or Torres Strait Islander descent.

Membership

The committee comprises Aboriginal and Torres Strait Islander representatives from the health and medical research sector and the community, and includes members-in-common with Research Committee and AHEC, and with each of the joint NHMRC-MRFF advisory committees.

Professor Yvette Roe (Chair)

Dr Sarah Bourke
Ms Cheryl Bridge
Ms Brooke Conley
Associate Professor Tuguy Esgin
Mr Adam Heterick
Associate Professor Michelle Kennedy

Associate Professor Veronica Matthews
Dr Julee McDonagh
Mr Michael Newman
Professor Odette Pearson
Dr Jacob Prehn
Professor Maree Toombs
Professor James Ward

NHMRC-MRFF Consumer Advisory Group

The NHMRC-MRFF Consumer Advisory Group (CAG) advises on strengthening consumer involvement in MREA and MRFF grant programs, including:

- strategies to strengthen and promote consumer and community involvement in health and medical research in Australia
- significant issues relevant to the Australian community and consumers of health care, including strategies and priorities for health and medical research
- opportunities to involve consumers and community in NHMRC and HMRO activities, including (but not limited to) grant administration processes.

In 2024–25, CAG met twice, providing advice on:

- the CAG work plan and priorities
- the development of the National Health and Medical Research Strategy and opportunities to involve consumers in consultation to inform the development of the National Strategy
- the review of the *Statement on consumer and community involvement in health and medical research*
- involving consumers in peer review, including in assessment of NHMRC Clinical Trials and Cohort Studies grants
- MRFF communication activities.

Membership

The committee comprises consumer representatives and other community leaders who can represent the views of health consumers or the community and includes members-in-common with Research Committee and with each of the joint NHMRC-MRFF advisory committees.

Ms Ainslie Cahill AM (Chair)

Mr Peter Button

Ms Cheryl Bridge

Ms Merryn Carter

Ms Christine Edwards

Mrs Imelda Gilmore

Dr Yvonne Ho AM (until June 2025)

Mr Harry Iles-Mann

Mr Adam Johnston AM

Ms Debra Langridge

Ms Lillian Leigh

Dr Jeanette Pritchard

Ms Supriya Mathew

Ms Anne McKenzie AM

Dr Shyam Muthuramalingam

Dr Jack Nunn

Dr Jonathan Ward

NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee

The NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee (IPCC) advises on industry and philanthropic involvement in health and medical research, including:

- strategies to foster the translation of research into clinical and commercial outcomes to improve the health and wellbeing of the Australian community
- opportunities to connect to, build and coordinate financial support and co-investment for health and medical research, including through the participation of Australia's industry and philanthropic sectors
- strategies for fostering of an innovation and evidence-based culture within Australia's research workforce, including within industry and the health system.

In 2024–25, IPCC met once, advising on:

- the role and priorities for IPCC
- the development of the National Strategy for Health and Medical Research
- NHMRC's and MRFF's role in the funding landscape for research commercialisation
- MRFF evaluations and the evaluation of NHMRC-funded dementia and diabetes research
- the Strategic Examination of Research and Development.

Ms Bronwyn Le Grice (Chair)

Dr Noel Chambers

Ms Elizabeth de Somer

Professor Matt Dun

Associate Professor Tuguy Esgin

Associate Professor Jiawen Li

Professor Fabienne Mackay

Dr Dean Moss

Dr Jeanette Pritchard

Ms Karen Reynolds

Ms Kylie Sproston

Mr Mark Sullivan AO

Professor Andrew Wilks

NHMRC-MRFF Public Health and Health Systems Committee

The NHMRC-MRFF Public Health and Health Systems Committee (PHHSC) advises on strategies for improving individual and population health through research and research translation that strengthens prevention and public health, and primary care and other health services. PHHSC also advises on strategies for embedding research translation in the health system, such as facilitating and embedding an evidence-based culture, improving the uptake of evidenced-base health care in the health system, and increasing the linkages between clinical practice and research practice.

In 2024-25, PHHSC met once, advising on:

- the role and priorities for PHHSC
- the development of the National Strategy for Health and Medical Research
- equity in rural, regional and remote health research
- supporting evaluation and implementation science through the MRFF
- evaluating NHMRC-funded dementia and diabetes research
- the review of the *Statement on consumer involvement in health and medical research*.

Adjunct Professor Darryl O'Donnell (Chair)

Adjunct Professor Ginny Barbour

Professor Tracey Bucknall

Adjunct Professor Paul Burgess

Professor Karen Canfell

Mr Harry Iles-Mann

Professor Louise Maple-Brown

Associate Professor Veronica Matthews

Professor Danielle Mazza

Professor Caroline Miller

Professor Julie Redfern

Professor Chris Reid

Professor Paul Scuffham

Professor Christine Stirling

Professor Andrew Way

Emeritus Professor Paul Worley

Ministerial advisory committees

The CEO represented NHMRC on AMRAB, which advises the Minister for Health and Ageing on prioritising spending from the MRFF.

The General Manager held an *ex officio* position on the National Women's Health Advisory Council, which advises the Australian Government on priority health issues for women and girls in Australia. The council also provides advice and recommendations on implementing the [National Women's Health Strategy 2020-2030](#). This strategy outlines a national approach to reducing inequalities between women and men and between different groups of women and girls within our population and improving the health of women and girls in Australia.

External scrutiny

In addition to our accountability obligations under the PGPA Act and the NHMRC Act, we are accountable to other Australian Government bodies such as the Commonwealth Ombudsman, the Australian Public Service Commission, the Office of the Australian Information Commissioner (OAIC), the Australian Commission for Law Enforcement Integrity, the Australian Human Rights Commission and the Australian National Audit Office (ANAO).

Judicial decisions, and decisions of the Administrative Review Tribunal and the Australian Information Commissioner

No new requests for reviews of freedom of information (FOI) decisions were notified to NHMRC by the OAIC in 2024-25.

At 30 June 2025, there were 2 active reviews relating to NHMRC FOI access requests under consideration by the Information Commissioner. These 2 reviews were notified by the OAIC during previous financial years. There are no NHMRC matters before the Administrative Review Tribunal.

Reports by the Commonwealth Ombudsman

During 2024-25, no reports were received from the Commonwealth Ombudsman about the NHMRC.

Reports by the Auditor-General

The ANAO conducts performance audits of the efficiency and effectiveness of NHMRC's operations and financial audits of its financial statements.

NHMRC was a designated entity in an ANAO performance audit on fraud control arrangements during 2023–24. The *ANAO report on [fraud control arrangements in the National Health and Medical Research Council](#)* was released in October 2024. The ANAO made 5 recommendations, all of which NHMRC agreed to, as well as 4 opportunities for improvement. The audit has provided an opportunity for NHMRC to further strengthen the management of fraud and corruption risk.

Reportable matters under section 83

Section 83 of the NHMRC Act requires NHMRC to report on certain matters in its annual report. Section 83 matters that are not addressed elsewhere in this report are disclosed below.

- The Minister did not refer any matters or give directions to the CEO, the Council or a Principal Committee under section 5D or section 5E of the NHMRC Act in 2024–25.
- The CEO made no regulatory recommendations under section 9 of the NHMRC Act and no interim regulatory recommendations under section 14 of the NHMRC Act in 2024–25.

Reports by parliamentary committees

The following parliamentary inquiries and other independent inquiries reported in 2024–25 and made recommendations relevant to NHMRC activities:

- The [Royal Commission into Defence and Veteran Suicide](#) delivered its Final Report on 9 September 2024, which made 122 recommendations for reform including reference to NHMRC's role in funding health and medical research to support veteran's health.
- The [independent COVID-19 Response Inquiry report](#) was released on 29 October 2024, with Action 23 including recommending developing dedicated ethical guidelines and processes for national health emergencies to enable rapid review in a changed risk context and enable real-time crisis-related research, overseen by NHMRC.
- The Parliament of Western Australia [Inquiry into support for health and medical research funding and priorities](#) reported on 14 November 2024 and included findings about Western Australia's share of national competitive research funding including through NHMRC.
- The Senate Standing Committee on Community Affairs [Access to diagnosis and treatment for people in Australia with tick-borne diseases](#) inquiry reported in March 2025 and includes a recommendation for research to identify and treat tick-borne diseases.

During 2024–25, the Australian Government responded to the following parliamentary inquiries or independent inquiries, which had made recommendations relevant to areas of NHMRC activity:

- The [Government Response](#) to the [Royal Commission into Defence and Veteran Suicide](#) was announced on 2 December 2024, which notes that NHMRC will consider priority-driven research grant opportunities focused on veteran health and wellbeing (Recommendation 120).
- The [Government Response](#) to the Senate Community Affairs References Committee Report: [Assessment and support services for people with ADHD](#) was tabled on 12 December 2024, and supports in principle the continued investment in ADHD-related research, noting the availability of open competitive research programs administered by NHMRC.
- The [Government Response](#) to the Senate Standing Committee on Community Affairs [Issues related to menopause and perimenopause](#) inquiry was released on 21 February 2025, which supported recommendations for research into the impacts of menopause and perimenopause on women in Australia, which was administered as an MRFF grant opportunity by NHMRC.

Compliance and assurance

NHMRC's compliance and assurance activities encompass internal audit, identifying and managing risks, fraud and corruption control, and managing privacy and FOI requests.

Audit

The NHMRC Audit and Risk Committee, established in accordance with the PGPA Act, provides independent advice to the CEO on NHMRC's financial and performance reporting responsibilities, risk oversight and management, and system of internal control. The Audit and Risk Committee Charter is available on the NHMRC website (www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee).

Table 8 lists NHMRC Audit and Risk Committee members, together with their qualifications, knowledge, skills or experience; meeting attendance; and remuneration in 2024–25.

Table 8: NHMRC Audit and Risk Committee, 2024–25

Name	Qualifications, knowledge, skills or experience	Attendance/ total meetings	Annual remuneration (GST inclusive)	Role
Mr Geoff Knuckey FCA	Independent professional accounting experience; Chartered Accountant and Graduate of the Australian Institute of Company Directors (GAICD)	3/3	\$6,000	Independent Chair
Professor Anthony Lawler GAICD	Understanding of entity's operating context, including health care and public policy, governance and regulation; GAICD	3/3	\$0 ^a	Member, full year
Professor Eleanor Milligan	Understanding of entity's operating context, including healthcare ethics, organisational culture and governance; GAICD	3/3	\$4,590 ^b	Member, full year
Ms Fran Raymond FCA FAICD MBA	Knowledge of financial and performance reporting, including accounting and audit standards; Chartered Accountant and GAICD	3/3	\$4,590 ^b	Member, full year
Ms Cathryn Ryan	Knowledge of funding, health information, audit and related analytics in both the public and private health sectors; GAICD	2/2	\$3,060 ^b	Member, part year

a Member declined payment for services rendered as a member of the Audit and Risk Committee.

b No GST was payable on this member's remuneration.

NHMRC's General Manager and Chief Audit Executive are advisors to the NHMRC Audit and Risk Committee and participate in all meetings. Other regular participating observers include representatives from the ANAO and its contractor (KPMG), and NHMRC's CEO, Chief Financial Officer (CFO), Deputy CFO, Internal Audit Manager and other relevant employees.

Internal audit arrangements

NHMRC's Chief Audit Executive is accountable to the CEO and the Audit and Risk Committee for the effective and efficient operation of the internal audit function.

The Chief Audit Executive is assisted by the Internal Audit Manager, who is responsible for coordinating audit planning and managing the delivery of internal audit services, including by contracting and supervising professional service providers.

NHMRC maintains an Internal Audit Charter approved by the CEO and an Internal Audit Work Plan approved by the CEO on the recommendation of the NHMRC Audit and Risk Committee. The Chief Audit Executive and Internal Audit Manager prepare the Internal Audit Work Plan with consideration of past internal audits, the Enterprise Risk Register and the operational environment of the agency. The Audit and Risk Committee advises on the relevance and necessity of the internal audits to be undertaken during the financial year, with consideration of the agency's overall operational and financial risk contexts.

In 2024-25, the following internal audit work was conducted:

- compliance audit of the payment of committee members' personal statutory entitlements
- assurance audit of the agency's implementation of the Protective Security Policy Framework.

Compliance statement

Section 17AG of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) requires NHMRC to advise of any significant issues reported to the Minister that relate to noncompliance with the finance law. There were no significant instances of noncompliance with the finance law in the 2024-25 reporting year.

Risk management

The NHMRC Risk Management Policy and Framework provides the foundation and organisational arrangements for our integrated approach to designing, implementing, monitoring, reviewing and continually improving risk-management behaviours.

In accordance with the Risk Framework:

- The CEO, General Manager and Executive Directors are accountable for effectively implementing risk management and are responsible for fostering a culture of positive engagement with risk across the agency.
- All Directors are required to integrate risk management into activities for which they are accountable.

- All employees are required to maintain awareness of the risks that relate to their work and to support and contribute actively to managing these risks.
- The Audit and Risk Committee advises the CEO on the effectiveness of the agency's risk management activities and helps identify matters that could present an unacceptable risk for the agency.

The Risk Management Policy and Framework accords with current international standards on risk management and with the requirements of the PGPA Act. It considers controls and treatments to mitigate both emerging and shared risks within NHMRC's strategic and operating environment. It is underpinned by a dynamic Enterprise Risk Register that forms part of the agency's internal controls. The Enterprise Risk Register is reviewed regularly by the Executive Board to support strategic decision-making and ongoing detection, control and mitigation of risks. The Audit and Risk Committee reviews and advises on the Enterprise Risk Register on a twice-yearly basis, providing an additional layer of oversight of effective risk management.

Fraud and corruption control

Officers of NHMRC act with integrity and fairness and uphold the values of the Australian Public Service (APS) in all matters. The NHMRC Fraud and Corruption Control Framework 2024–2026 and associated fraud and corruption control plan were developed in accordance with the Commonwealth Fraud and Corruption Control Framework 2024 under the PGPA Act and with the requirements of the *National Anti-Corruption Commission Act 2022*.

In accordance with section 10 of the PGPA Act, NHMRC's fraud and corruption control environment is built around taking all reasonable measures to prevent, detect and respond to fraud and corruption. Fraud and corruption controls may include mechanisms such as staff awareness training, anonymous reporting, declarations of interest, post-award compliance monitoring, post-transaction reviews, internal and external audits, and reporting. NHMRC systematically reviews its internal processes and control systems to identify gaps and strengthen internal controls.

NHMRC's funding agreements with Administering Institutions require their financial management to accord with NHMRC policy, which holds Administering Institutions responsible for misuse of grant funds. Additionally, members of the public, peer reviewers and other stakeholders sometimes raise concerns with NHMRC about research integrity matters or make allegations of research misconduct. Some breaches may include behaviours that are potential fraud or corruption (for example, data falsification, misuse of grant funds or provision of false or misleading information to NHMRC). If this occurs, it is also considered under the NHMRC Fraud and Corruption Control Framework.

In response to the ANAO's report in October 2024 on [Fraud control arrangements in the National Health and Medical Research Council](#), NHMRC is revising its Research Integrity and Misconduct Policy to clarify requirements of grant recipients (Administering Institutions) in relation to potential fraud and corruption.

In 2024–25, NHMRC considered 37 allegations or suspicions of fraud and/or corruption and took appropriate action in response, including recovering funds.

NHMRC will report fraud data for 2024–25 to the Australian Institute of Criminology.

Privacy

We handle all documents containing personal information in accordance with the *Privacy Act 1988* and the Australian Government Agencies Privacy Code 2017. Together, these set standards about how personal information is collected, stored, used and disclosed, and accessed and corrected.

NHMRC reviewed progress against its 2024–25 Privacy Management Plan. The plan details activities to improve the quality of privacy-related matters to maintain an environment in which personal information is handled appropriately and managed securely and efficiently.

This year, no reports were served on NHMRC by the OAIC under section 30 of the Privacy Act. Similarly, no determinations were served on NHMRC by the OAIC under section 52 of the Privacy Act.

NHMRC had no eligible data breaches under the Notifiable Data Breaches scheme.

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information as part of the Information Publication Scheme.

Our Information Publication Scheme Plan details the type of information we publish and is available on the NHMRC website at www.nhmrc.gov.au/about-us/accountability-and-reporting/information-publication-scheme. Our FOI disclosure log lists the documents to which access has been granted under the FOI Act and is available on the NHMRC website at www.nhmrc.gov.au/about-us/freedom-information/foi-disclosure-log.

Table 9 summarises FOI requests and reviews in 2024–25.

Table 9 : NHMRC freedom of information requests and reviews, 2024–25

Access applications	Number
Requests active at 1 July 2024	1
Requests received	18
Requests finalised by NHMRC or withdrawn by applicant	15
Requests transferred in whole to another agency	1
Requests active at 30 June 2025	3
Internal reviews of NHMRC FOI decisions	
Matters on hand at 1 July 2024	0
Requests received	1
Requests finalised	1
Matters on hand at 30 June 2025	0
OAIC reviews	
Matters on hand at 1 July 2024	4
Requests received	0
Requests finalised by OAIC	2
Matters on hand at 30 June 2025	2
FOI Administrative Review Tribunal matters	
Matters on hand at 30 June 2025	0

FOI freedom of information

OAIC Office of the Australian Information Commissioner

Disability reporting

Australia's Disability Strategy 2021-2031 is the country's overarching framework for disability reform. It ensures the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government have committed to deliver more comprehensive and visible reporting under the strategy. A range of reports on progress of its actions and outcome areas will be published and available at www.disabilitygateway.gov.au/ads.

Disability reporting is included the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Child Safety Statement 2024–25

Our commitment

NHMRC is committed to implementing the National Principles for Child Safe Organisations and the Commonwealth Child Safe Framework (CCSF).

Interaction with children

NHMRC staff and contractors do not engage in child-related work as part of their standard duties. NHMRC funds third parties to undertake health and medical research, some of which involves children. NHMRC-funded research is conducted by universities, medical research institutes, hospitals and a range of other approved Administering Institutions.

Under clauses 4.1, 4.2, 5.5, 5.7 and 24 of the NHMRC Funding Agreement, Administering Institutions must comply with, and require their participating institutions, research activities and funding applications to comply with, any applicable Commonwealth, state, territory or local government requirements. This includes the National Principles for Child Safe Organisations and the National Redress Scheme Grant Connected Policy.

In addition, all NHMRC-funded researchers are required to be aware of and conform to the requirements of the *National statement on ethical conduct in human research 2023*, including the guidelines in Chapter 4.2 for research involving children and young people. These guidelines, which apply to recruitment into and conduct of research, address ethical issues in research and focus on the imperative to show due respect to children and young people. Issues include children's decision-making capacity, consent, potential coercion by parents, peers and others, and conflicting values and interests of parents and children.

Compliance

NHMRC remained compliant with the requirements of the CCSF during 2024–25. Activities to support compliance included:

- reviewing the NHMRC Child Safety Policy to ensure it remains fit for purpose
- mandating staff training on obligations under the CCSF, including in the staff induction process
- having questions for third parties funded by NHMRC about their awareness of and adherence to child safety requirements in the 2024 Annual Institutional Compliance Report.

Risk assessment

The risks to child safety resulting from NHMRC activity were assessed as ‘low’. Key sources of risk were:

- lack of awareness of child safety requirements by NHMRC staff, contractors or third parties
- noncompliance by a funded third party with its child safety obligations.

NHMRC mitigated these risks in 2024–25 by implementing the above compliance actions.

Research integrity

Notification of research integrity matters

In line with NHMRC policy, Administering Institutions must notify us of any investigation into an alleged breach of the *Australian code for the responsible conduct of research* related to NHMRC-funded research. Administering Institutions must also report to NHMRC any subsequent finding that research misconduct or a breach occurred.

Consistent with the Code, the relevant institution is responsible for investigating concerns and complaints about research integrity. In response to findings of a serious breach of the Code, including a finding of research misconduct, NHMRC may take action in relation to the Administering Institution or the researcher. Actions may include recovering funding from an institution or restricting a researcher’s ability to apply for NHMRC funding for a period of time.

Australian Research Integrity Committee

The Australian Research Integrity Committee (ARIC) was established jointly by NHMRC and the Australian Research Council (ARC) in 2011.

ARIC reviews the processes by which an institution has managed and/or investigated a potential breach of the *Australian code for the responsible conduct of research*. At the end of a review, ARIC makes recommendations to the NHMRC CEO, who may adopt some or all of ARIC’s advice and communicate it to relevant parties. In this way, ARIC contributes to public confidence in the integrity of Australia’s research effort.

Members

- Emeritus Professor Michael Brooks (Chair)
- Emeritus Professor Alan Lawson (Deputy Chair)
- Professor Margaret Otlowski (Deputy Chair)
- Mr Michael Chilcott
- Emeritus Professor John Finlay-Jones
- Professor Gerald Holtmann
- Dr Jane Jacobs
- Emeritus Professor Robyn Owens
- Emeritus Professor Alan Pettigrew

All current members are appointed until 31 July 2026.

Activities

The information here relates to matters considered by ARIC on behalf of NHMRC during 2024–25. ARIC reports separately to the ARC on matters that relate to ARC funding.

In 2024–25, ARIC received 7 requests for review on new matters: 4 requests were accepted for review, 2 were declined and one is still under consideration. One further request for review received in 2023–24 was accepted for review. ARIC also finalised one review that began in 2022–23 and one that began in 2023–24.

ARIC reported to the NHMRC CEO on areas for improvement in the relevant institution's investigative processes. The CEO subsequently communicated with the relevant parties on these matters.

ARIC publishes an annual report to the sector on the NHMRC website that identifies common issues that are raised in its reviews. More information on the NHMRC website at www.nhmrc.gov.au/research-policy/research-integrity/australian-research-integrity-committee-aric.

Accountability

Purchasing and procurement

Procurement and purchasing activities are undertaken in accordance with the Commonwealth Financial Framework, specifically the Commonwealth Procurement Rules (CPRs), which are supported by NHMRC's Accountable Authority Instructions and related policy and guidance. Our purchasing processes focus on the core principle of value for money.

Annual reports contain information about actual expenditure on reportable consultancy and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website at www.tenders.gov.au

Consultancy contracts

Where specialist skills are required that are not available in-house, or when independent research, review or assessment is required, NHMRC engages consultants in accordance with the PGPA Act and related rules, including the CPRs.

Typical reasons for engaging consultancy services include the requirement for specialist expertise or professional skills and for independent research, review or assessment. When a consultant is engaged, the selection processes involve an open tender (including the use of an existing Australian Government panel arrangement) or limited tender.

Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.

Expenditure on reportable consultancy contracts

During the reporting period 1 July 2024 to 30 June 2025, 2 new reportable consultancy contracts were entered into involving total actual expenditure of \$0.07 million (Table 10). There were no ongoing consultancy contracts active during the period.

Table 10: Reportable consultancy contracts, 2024-25

Reportable consultancy contracts	Number of contracts	Total actual expenditure, including GST (\$)
New contracts entered during the reporting period	2	65,716
Ongoing contracts entered into during a previous reporting period	0	0
Total	2	65,716

Table 11: Organisations receiving amounts under a reportable consultancy contract, 2024-25

Supplier	Expenditure, including GST (\$)
Bellchambers Barrett	49,584
Kishwar Pty Limited	16,132

Non-consultancy contracts

During the reporting period 1 July 2024 to 30 June 2025, 60 new reportable non-consultancy contracts were entered into involving total actual expenditure of \$13.0 million. In addition, 63 ongoing reportable non-consultancy contracts were active during the period, involving total actual expenditure of \$4.5 million (Table 12). Together, 5 organisations received 72% of the total expenditure (Table 13).

Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.

Table 12: Reportable non-consultancy contracts, 2024-25

Reportable non-consultancy contracts	Number of contracts	Total actual expenditure, including GST (\$)
New contracts entered into during the reporting period	60	12,994,697
Ongoing contracts entered into during a previous reporting period	63	4,464,293
Total	84	17,458,990

Table 13: Organisations receiving the 5 largest shares of reportable non-consultancy contract expenditure, 2024–25

Supplier	Expenditure, including GST (\$)	Proportion of total spend (%)
Evolve FM Pty Limited (PO Trust)	3,864,420	22%
Semantic Sciences Research Pty Limited	3,336,066	19%
F1 Solutions Pty Limited	2,768,703	16%
Digital 61 Pty Limited	1,839,884	11%
Hays Specialist Recruitment (Australia)	692,487	4%
Total	12,501,560	72%

Procurement initiatives to support small business

NHMRC supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.

By using the Commonwealth Contracting Suite for low-risk procurements valued at under \$200,000 and electronic systems to facilitate on-time payment, NHMRC is supporting small business.

NHMRC recognises the importance of ensuring that small businesses are paid on time. The results of the survey of Australian Government payments to small business are available on the Treasury's website.

NHMRC supports the Indigenous Procurement Policy: if there is an Indigenous business that can deliver any new domestic contract between \$80,000 and \$200,000 on a value-for-money basis, NHMRC must offer the contract to that business first.

Advertising and market research

Under section 311A of the *Commonwealth Electoral Act 1918*, NHMRC is required to disclose payments of \$13,000 or more (inclusive of GST) for advertising and market research. There was no reportable expenditure and no advertising campaigns were conducted in 2024–25.

Complaints

NHMRC has a complaints process for people who are dissatisfied with its decisions or actions. Generally, complaints are resolved within the area which is responsible for the decision or action. An independent complaints team provides an oversight and escalation role.

Annual report from the Commissioner of Complaints

This report is provided pursuant to section 68 of the NHMRC Act. It covers the 12 months from 1 July 2024 to 30 June 2025.

As Commissioner, my role is to investigate complaints relating to reviewable actions, as described in section 58 of the NHMRC Act. A reviewable action is an action taken by the CEO or their delegate relating to recommendations to the minister regarding expenditure on public health research and training and medical research and training, or an action taken by the Research Committee in relation to an application for funding made on or after 24 June 1993.

I am required to investigate the processes that have taken place in relation to each complaint to ensure that administrative law principles such as natural justice, following required procedures, good faith and taking into account only proper purposes have been followed by NHMRC in reaching a decision. I am not empowered to examine the merits of a decision or funding recommendation of the CEO, their delegate or the Research Committee.

After finalising the investigation of a complaint, if I conclude that an action was affected by one or more of the grounds of complaint listed in section 58 of the NHMRC Act, I report my findings to the CEO under section 66 of the NHMRC Act. Under section 67 of the NHMRC Act, I also have the discretion to make recommendations in relation to my findings. This may include recommendations that the CEO reconsider actions; rectify, mitigate or alter the effects of an action; or revoke or vary a decision.

In 2024–25, one matter was referred to me for consideration, but it did not relate to a reviewable action and so was not within my remit to review. One complaint, under consideration from 2023–24, was finalised in 2024–25. In that investigation, I did not conclude that the peer review process was affected by one or more of the grounds of complaint set out in section 58 of the NHMRC Act.

Mr Chris Reid
Commissioner of Complaints

Environmental management

NHMRC minimises its impact on the environment through the responsible and efficient consumption, use and disposal of resources. The agency is committed to:

- building a strong environmental ethos by increasing awareness of, and commitment by, employees and key stakeholders
- integrating environmentally sustainable and innovative practices into day-to-day activities
- supporting the ACT Sustainable Energy Policy, including the 100% renewable energy target
- supporting the Australian Government's policy for the APS to reduce its greenhouse gas emissions to net zero by 2030.

NHMRC incorporates environmental considerations such as energy and water conservation and waste and resource management into business activities in the context of achieving business outcomes. We are committed to minimising non-renewable resources by monitoring purchasing and recycling of both waste and equipment. Our efforts include:

- composting food scraps via a dedicated disposal service
- requiring approval for office supply orders to reduce waste and encourage reuse of existing resources
- rehoming excess furniture through GovTree, and donating surplus supplies to local charities
- minimising paper use and ensuring all paper purchases are 100% recycled and carbon neutral
- recycling used print cartridges via a free service and auto-ordering new cartridges only when needed
- placing bins on every floor that serve about 40 staff per bin
- encouraging staff to close blinds during extreme weather and weekends to reduce energy use.

The move to an all-digital working environment, as well as our hybrid working environment, has also drastically reduced the need for many office resources.

The NHMRC Environmental Management Policy outlines the agency's adherence to the Australian Government's *Energy efficiency in government operations (EEGO) policy*. We are updating our Environmental Management Policy and have developed an emission reduction plan to reflect the agency's commitment to supporting APS Net Zero 2030.

Emissions from operations

The greenhouse gas emissions inventory table (Table 14) and electricity greenhouse gas emissions table (Table 15) present greenhouse gas emissions over the 2024-25 financial year. The greenhouse gas emissions reported are calculated on the basis of carbon dioxide equivalent (CO₂-e) and in line with the Emissions Reporting Framework. This is consistent with a Whole-of-Australian-Government (WoAG) approach, outlined in the Net Zero in Government Operations Strategy, and Commonwealth Climate Disclosure requirements. Electricity consumption decreased by 13.4% from 2023-24 to 2024-25, primarily due to flexible working arrangements and the closure of the Melbourne office site located at 414 La Trobe Street, which contributed approximately 5% to the overall reduction.

Table 14: 2024-25 Greenhouse gas emissions inventory – location-based method

Emissions source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (location-based approach)	N/A	159.87	11.25	171.12
Natural gas	-	N/A	-	-
Solid waste ^a	-	N/A	4.99	4.99
Refrigerants	-	N/A	N/A	-
Fleet and other vehicles	-	N/A	-	-
Domestic flights	N/A	N/A	58.32	58.32
Domestic car hire	N/A	N/A	0.14	0.14
Domestic travel accommodation	N/A	N/A	10.43	10.43
Other energy	-	N/A	-	-
Total kg CO₂-e (carbon dioxide equivalent)	-	159.87	85.12	244.99

This table presents emissions related to electricity usage using the location-based accounting method. CO₂-e = carbon dioxide equivalent.

a A portion of solid waste data are estimates derived using staffing numbers, with benchmarks (kg of waste per work point) based on NHMRC's operational waste profiles, where waste data was available.

N/A, not applicable

Table 15: 2024–25 Electricity greenhouse gas emissions

Emissions source	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e	Electricity kWh
Location-based electricity emissions	159.87	11.25	171.12	236,208.28
Market-based electricity emissions	27.65	3.76	34.41	34,137.92
Total renewable electricity consumed	N/A	N/A	N/A	202,070.36
Renewable Power Percentage ^a	N/A	N/A	N/A	42,987.10
Jurisdictional Renewable Power ^{b,c}	N/A	N/A	N/A	159,092.26
GreenPower ^b	N/A	N/A	N/A	–
Large-scale generation certificates ^b	N/A	N/A	N/A	–
Behind the meter solar ^d	N/A	N/A	N/A	–
Total renewable electricity produced	N/A	N/A	N/A	–
Large scale generation certificates ^b	N/A	N/A	N/A	–
Behind the meter solar ^d	N/A	N/A	N/A	–

This table presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = carbon dioxide equivalent. Electricity usage is measured in kilowatt hours (kWh).

- a Listed as Mandatory renewables in 2023–24 Annual Reports. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target (RET).
- b Listed as Voluntary renewables in 2023–24 Annual Reports.
- c The Australian Capital Territory is currently the only state with a jurisdictional renewable power percentage (JRPP).
- d Reporting behind the meter solar consumption and/or production is optional. The quality of data is expected to improve over time as emissions reporting matures.

National Australian Built Environment Rating System energy rating

The National Australian Built Environment Rating System (NABERS) is a national rating system that measures the environmental performance of Australian buildings, tenancies and homes. NABERS measures the energy efficiency, water use, waste management and indoor environment quality of a building or tenancy and its impact on the environment. NHMRC currently has a 5-star NABERS energy tenancy rating for the Canberra office. The Melbourne office tenancy does not meet the threshold requirement of 2,000 m² occupancy and is therefore exempt from having a NABERS rating.

Part 5: People management

This section presents information on workplace culture, managing and developing employees, employee statistics, workplace agreements and remuneration, and work health and safety.



Organisational culture

In 2024–25, NHMRC continued to strengthen a workplace culture that is inclusive, value-led and psychologically safe.

This year, we launched NHMRC values and behaviours framework following extensive staff consultation. The framework compliments Australian Public Service (APS) Values, sets clear expectations, and empowers our workforce to model integrity, respect and accountability. It is now a foundation for how we recruit, develop and manage performance across the agency. Along with information readily available to all NHMRC employees outlining the values and behaviours, we implemented initiatives to embed a speak-up culture, promote knowledge sharing and normalise conversations around mental health. These included:

- workshops that teach leaders and teams how to foster trust and openness
- leaders sharing their own mental health challenges through internal events and newsletter
- formal reward for individuals who champion NHMRC values and behaviours
- guest speakers and panels to share insights and stories on multiculturalism, diversity and inclusion, and psychosocial wellbeing.

NHMRC commenced its Senior Executive Service (SES) Integrity Skills Enhancement Program to contribute to the maintenance of a robust integrity culture within the agency. Through the first phase of the program, all NHMRC SES officers attended an SES Integrity Masterclass and attained the advanced integrity skills they require to shape, model and promote pro-integrity culture.

Census data showed improvement in overall engagement, perception of senior leaders (SES), perceptions of support and inclusion. Staff feedback shaped new initiatives across wellbeing, learning and engagement. These outcomes reflect a workforce that is connected, supported, and ready to adapt to meet the evolving needs of NHMRC and the Australian community.

Workforce planning

In 2024–25, we undertook an analysis of our optimal management structure (OSM) and aligned our leadership workforce to the APS OSM. This has resulted in a more optimal distribution of responsibility across the Executive Level 2 (EL2) and SES layers.

We continued maintaining a strong focus on strengthening our internal capability. In 2024–25 NHMRC took steps to bring core work in-house in line with the APS Strategic Commissioning Framework. NHMRC's target for 2024–25 aimed to bring \$1.03 million (GST excl.) of core work in-house in the APS job families of finance and accounting, and ICT and digital solutions. This target was exceeded with an actual reduction of \$1.57 million (GST excl.) in relevant supplier expenditure in 2024–25.

We developed our people resourcing strategy as the first phase of NHMRC's Workforce Strategy. We identified base activities essential to delivering organisational outcomes, and priority activities that can be flexibly resourced. This established a clear baseline for our core work to support an efficient and needs-driven approach to resource allocation.

Managing and developing employees

In 2024–25, NHMRC strengthened support for people leaders to enhance team capability, trust and performance. We refreshed our Performance and Development Framework in consultation with our employees to align with best practice. We subsequently updated our intranet pages and simplified the suite of resources to enable managers and employees to access information easily. Targeted initiatives included personalised coaching conversations, improved access to user-friendly tools, and peer-to-peer learning through the establishment of quarterly EL2 forums to drive change and improvement at the senior leadership level. We introduced smarter, more-accessible technologies to remove performance barriers and support flexibility in how and where we work. These efforts led to a 100% increase in HR-partnered manager support for performance and wellbeing challenges, a positive sign that managers are initiating early conversations. The majority of these challenges were resolved without the need for formal intervention, reflecting a shift towards earlier resolutions and improved staff outcomes.

Training and development

NHMRC continued to build a capable and future-ready workforce through investment in learning and development. NHMRC undertook a comprehensive analysis of critical skill gaps and assessed both the current and desired state of its workforce. These insights informed the development of the new Learning and Development Strategy 2025-2029.

Designed for employees at all levels and locations, the strategy embeds a continuous learning model that recognises formal training, on-the-job experiences and peer learning. It supports continuous growth and strengthens our ability to deliver outcomes for the government and the community.

A new centralised learning and development catalogue helped staff access targeted development aligned with agency needs. These included strengthening induction and onboarding, skill-building in government writing, cultural awareness, procurement, security and privacy awareness, providing effective feedback, and identifying and managing psychosocial hazards and risks. Participation rates in early-career development programs increased, and staff reported greater awareness of opportunities to grow their careers, supporting talent retention and succession planning.

Diversity, inclusion and reconciliation

In 2024-25, NHMRC took deliberate steps to embed diversity, inclusion and reconciliation into our organisational culture, operations and the communities we support.

We advanced the implementation of our Innovate Reconciliation Action Plan through meaningful engagement with the Indigenous Advisory Group (formerly Principal Committee Indigenous Caucus), active participation in NAIDOC Week 2024 and National Reconciliation Week 2025, and promotion of cultural awareness via immersion opportunities and speaker events.

In parallel, we launched the Disability Inclusion Action Plan consultation, a staff-led initiative inviting input from across the organisation to shape a plan grounded in lived experience. Through facilitated sessions, anonymous surveys and analysis by experienced Inclusion Network members, this work will guide how we remove systemic barriers and foster accessibility in our workplace.

NHMRC further strengthened its commitment to diversity and inclusion through targeted initiatives and partnerships. NHMRC is a proud member of Diversity Council Australia. A dedicated leadership champion set the tone for inclusive practice, supported by the revision of NHMRC's Respect at Work Policy, which reinforces zero tolerance for behaviours that undermine inclusion and outlines clear mechanisms for managing discrimination. The launch of NHMRC's Reward and Recognition Framework provided formal opportunities to celebrate excellence in inclusion and diversity.

All staff received resources on inclusive language and active allyship in 2024, and senior leaders (EL2 and above) participated in cultural awareness training. These efforts were complemented by employee-led activities celebrating days of significance, including Speaking of Science webinars for International Women's Day and International Day of Persons with Disabilities.

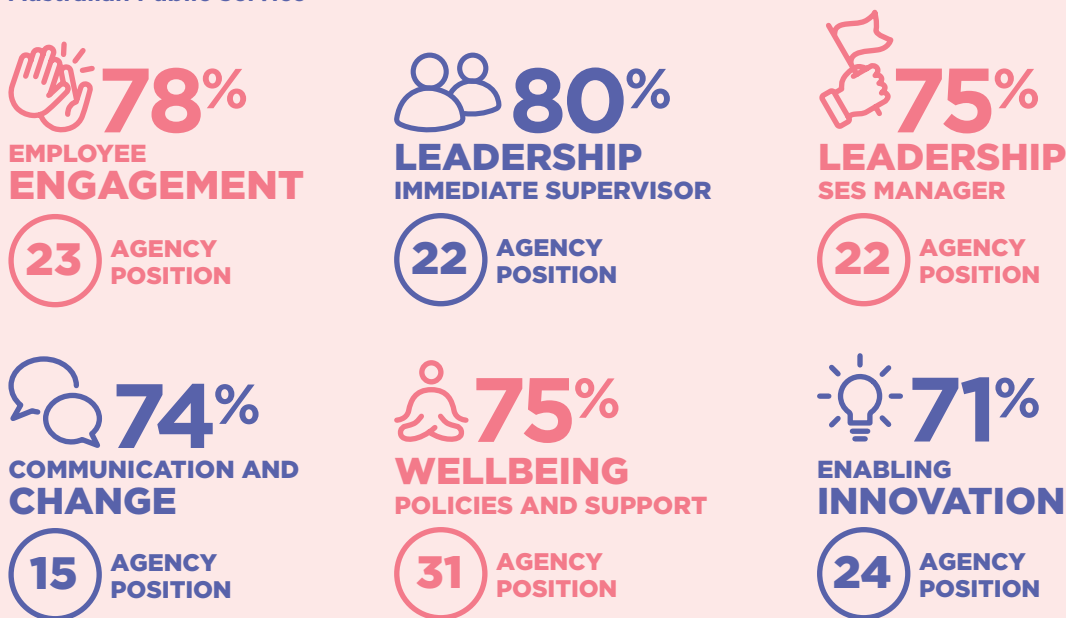
To measure and enhance our performance, we conducted an internal survey to assess capability maturity and identify gaps in diversity and equity responsibilities. These insights are incorporated into our people strategies to consider intersecting factors, ensuring that supports are equitable, accessible and responsive to the diverse needs of our workforce.

Importantly, our workforce diversity profile has strengthened significantly. Representation of culturally and linguistically diverse (CALD) staff has nearly doubled since 2021, and we continue to maintain a high proportion of employees with disability. Representation of women remains strong, reflecting our sustained commitment to gender equity across all levels of the organisation.

While we celebrate our progress, we acknowledge that sustained effort is required to maintain momentum and ensure individuals from a variety of backgrounds, cultures and experiences, and Aboriginal and Torres Strait Islander peoples, are represented, respected and empowered across all aspects of our work.

NHMRC employee perceptions and agency position in the Australian Public Service is shown in Figure 15.

Figure 15: NHMRC employee perceptions and agency position in the Australian Public Service



Source: 2025 APS Employee Census conducted from 5 May to 6 June 2025
Agency position is rank of 107 APS agencies

Employee statistics

At 30 June 2025, NHMRC employed 268 APS employees. This included ongoing, non-ongoing and casual employment arrangements and excluded contractors. Of the 268 APS employees, 250 were employed on an ongoing basis, 17 were non-ongoing and 1 was casual.

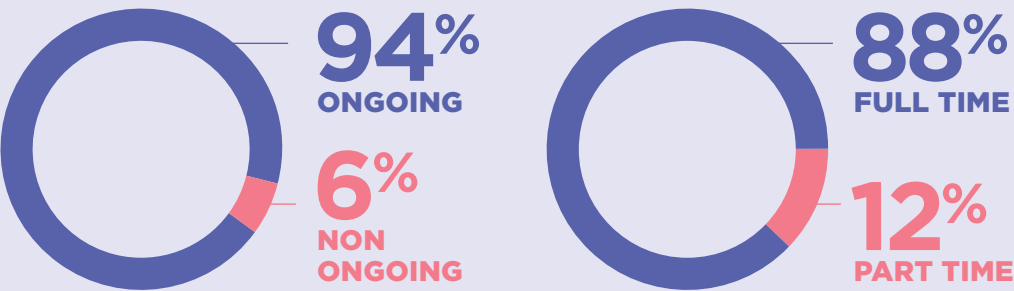
Of our employees, 236 worked full-time and 31 had part-time working arrangements.

Of our APS workforce, 68% were based in our Canberra office, 24% were based in our Melbourne office and 7.8% were dispersed across the country through remote working arrangements.

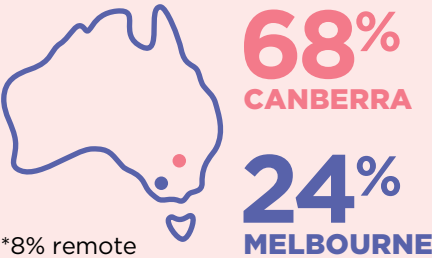
Additional information on employee statistics, including ongoing and non-ongoing *Public Service Act 1999* employees by gender, state and APS classification level, is provided in Appendix 2.

NHMRC employee statistics from 2024-25 are shown in Figure 16.

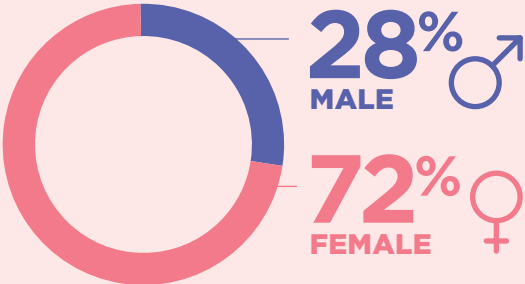
Figure 16: NHMRC employee snapshot, 2024–25



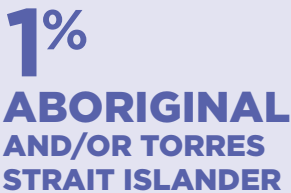
STAFF LOCATION^a



GENDER^a



STAFF DIVERSITY^b



LGBTQIA+ lesbian, gay, bisexual, transgender and/or gender diverse, queer, questioning, intersex, asexual

a Refer to Appendix 2 for further details

b Diversity results are sourced from the 2025 APS Employee Census conducted from 5 May to 6 June 2025

Staff movements

NHMRC's separation rate for 2024-25 was 15%. This compares to 19% last year. Of the employees who separated from NHMRC in 2024-25, 33% remained in the APS, which means the skills and capabilities they developed within the NHMRC were leveraged by other APS agencies.

Workplace agreements

The NHMRC Enterprise Agreement 2024-2027 applies to all non-SES employees. The agreement commenced on 28 March 2025 and operates for 3 years.

Six SES employment agreements (common-law contracts) were in place.

In 2024-25, salaries for our employees ranged from \$54,516 (APS1) to \$312,006 (SES Band 2).

Additional information is provided in Appendix 2.

Executive remuneration

The CEO's remuneration is determined by the Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination.

All other SES staff are covered by agency determinations, which are determined by the CEO under subsection 24(1) of the Public Service Act through a common-law contract, considering the:

- APS Executive Remuneration Management Policy
- Public Sector Workplace Relations Policy 2023
- Australian Public Service Enterprise Award 2015.

To maintain comparability with other APS entities, remuneration for SES officers is aligned with the annual remuneration survey conducted by the Australian Public Service Commission. SES base salaries are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2023
- performance and conduct of the employee
- SES Work Level Standards
- SES Integrated Leadership System profiles
- SES Performance Framework
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

Non-salary benefits

Non-salary benefits available to NHMRC employees in 2024–25 included:

- learning and development opportunities
- professional coaching and mentoring
- health and wellbeing programs
- study assistance (study leave and financial assistance)
- options for flexible hours and time off in lieu
- leave
- relocation assistance
- individual flexibility agreements
- flexible arrangements, such as part-time employment, job sharing and working from home.

Performance pay

NHMRC employees, including SES officers, do not receive performance bonuses or performance pay. Annual performance ratings determine the increase in annual remuneration for non-SES employees within the pay-point increments set out in the enterprise agreement.

Work health and safety

NHMRC's core policy and procedures ensure employees are well supported to navigate both workplace and personal life challenges.

In response to new *WHS Code of Practice* requirements introduced in late 2024, NHMRC strengthened our approach to psychosocial safety. This included embedding psychosocial risks into our enterprise risk register, improving staff consultation mechanisms, and updating risk assessment tools to better identify and proactively manage emerging psychosocial hazards.

NHMRC takes an early intervention approach to support its employees to achieve better health outcomes at work. As part of our early intervention effort, we introduced proactive job safety analysis for high-risk roles to better understand occupational hazards and risks and implement appropriate controls. This enabled us to manage psychological risk at the source rather than respond after harm occurs.

Informed by workforce data from the APS Employee Census and internal staff surveys and workshops, NHMRC strengthened its approach to health, safety and wellbeing with the launch of the Health and Wellbeing Strategy. The strategy focuses on prevention, early intervention and recovery, supported by 3 pillars – Own, Involve and Support – and delivery of a range of initiatives to support our staff, including:

- conducting hazard inspections and addressing the findings
- providing employees and their immediate family members access to free and confidential counselling services through our Employee Assistance Program, anywhere in Australia
- providing access to trained mental health first aid officers for all employees
- conducting workstation assessments and providing workplace adjustments
- providing financial support for remote workers to set up ergonomic home workstations
- investing in early intervention support for employees experiencing an illness or injury
- being an accredited breastfeeding-friendly workplace with paid infant feeding breaks
- providing access to dedicated wellbeing rooms for reflection, prayer and meditation
- dedicating certain weeks to promote and support various themes related to employee health and wellbeing
- refreshing WHS training
- embedding wellbeing in induction
- providing access to flexible work and health initiatives such as free influenza vaccinations, lunchtime physio and meeting-free days.

During 2024–25, there were 7 incidents reported, with no notifiable incidents reported to Comcare under section 38 of the *Work Health and Safety Act 2011*.

Executive remuneration

Further information on the remuneration of key management personnel and other senior executives is provided in Table 16 and Table 17. There were no other reportable highly paid staff in 2024-25. There were 2 key management personnel in 2024-25.

Table 16: Remuneration for key management personnel, 2024-25

Name	Position title	Term	Short-term benefits (\$)			Post-employment benefits (\$)		Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
			Base salary ^a	Bonuses	Other benefits and allowances ^c	Superannuation contributions ^d	Long service leave ^e	Other long-term benefits	Termination benefits		
Professor Steven Wessellingh	Chief Executive Officer ^a	Full year	543,023	-	5,669	49,147	9,609	-	-	-	607,449
Prue Torrance	General Manager and Chief Operating Officer	Full year	283,359	-	58,371	38,552	17,324	-	-	-	397,606
Total			826,382	-	64,040	87,700	26,933	-	-	-	1,005,055

a The CEO is paid in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination 2024 and includes payment in arrears from prior year.

b Base salary includes salary paid and accrued, salary paid while on annual leave, salary paid while on personal leave, annual leave accrued and higher duties allowances. The General Manager's base salary includes periods of acting as CEO.

c Other benefits and allowances include monetary benefits such as car allowances and non-monetary benefits such as provision of a car park. The General Manager's other benefits and allowances includes a balance transfer of ceased salary packaging arrangements.

d For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant Notional Employer Contribution Rate and Employer Productivity Superannuation Contribution.

e Long service leave comprises the amount of leave accrued and taken for the period.

f Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard AASB 119 Employee Benefits.

Table 17: Remuneration for senior executives, 2024-25

Total remuneration bands	Number of SES	Short-term benefits (\$)				Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration(\$)
		Average base salary ^a	Average bonuses	Average other benefits and allowances ^b	Average superannuation contributions ^c		Average long service leave ^d	Average other long-term benefits		
\$245,001-\$270,000	1	190,373	-	38,388	30,937		8,874	-	-	268,571
\$295,001-\$320,000	1	223,922	-	41,541	43,349		10,993	-	-	319,804
\$320,001-\$345,000	1	244,246	-	30,685	43,814		7,772	-	-	326,517
\$345,001-\$370,000	1	244,155	-	49,317	45,433		10,797	-	-	349,702
Total	4	902,696	-	159,931	163,533		38,435	-	-	1,264,595

a Base salary includes salary paid and accrued, salary paid while on annual leave, salary paid while on personal leave, annual leave accrued and higher duties allowances.

b Other benefits and allowances include monetary benefits such as car allowances and non-monetary benefits such as provision of a car park.

c For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant Notional Employer Contribution Rate and Employer Productivity Superannuation Contribution.

d Long service leave comprises the amount of leave accrued and taken for the period.

e Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard AASB 119 Employee Benefits.

Part 6: Financial performance

This section details NHMRC's financial performance for the financial year, including the agency resource statement and annual financial statements.



Financial performance summary

Our operations are funded through annual departmental appropriations with supplementation for services provided to other entities, primarily the Department of Health, Disability and Ageing in respect of administration services for the Medical Research Future Fund (MRFF) grant program.

Expense impacts

The fiscal restraint during the year included a reduced reliance on contract labour hire services, and delays in project work, resulting in reduced supplier expenses. This was offset by an increase in employee benefits, reflecting recruitment of employees, salary increases and unbudgeted termination and redundancy payments.

End-of-year accounting adjustments included the write down of assets of \$0.07 million and remeasurement of employee provisions that resulted in an increase in employee-related expenses of \$0.2 million.

Revenue impacts

During the year, increased revenue from the Australian Government of \$0.891 million was made available to NHMRC from prior year appropriations that had previously been quarantined.

Other revenue received during the year from Department of Health, Disability and Ageing to undertake MRFF grant administration services remained steady at \$10.9 million.

Financial position

At 30 June 2025, our net worth position declined to \$12.2 million (from \$16.9 million in 2023-24), reflecting the loss result.

NHMRC continues to monitor its cash balance and ongoing careful management of the cash position is required to ensure NHMRC delivers intended outcomes into the future.

Agency resource statement

Table 18: NHMRC resource statement

This table provides the total resourcing available by funding type, and the total payments made in cash terms. The balance remaining for ordinary annual services is held for liabilities, predominately employee leave entitlements. The Special Account balance is held to pay grants that meet the purpose of the Medical Research Endowment Account (MREA).

Outcome 1: 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	Actual available appropriation for 2024-25	Payments made 2024-25	Balance remaining 2024-25
	\$'000	\$'000	\$'000
ORDINARY ANNUAL SERVICES	(a)	(b)	(a) - (b)
Ordinary annual services ¹	59,927	53,510	6,417
Prior year appropriations available	4,532	4,532	0
Departmental total	64,459	58,042	6,417
Ordinary annual services	953,872	953,771	101
Administered total	953,872	953,771	101
Other Services			
Equity injections	190	190	0
Total available annual appropriations & payments (A)	1,018,521	1,012,003	6,518
SPECIAL ACCOUNT - MREA			
Opening balance	366,410		
Plus Administered annual appropriation and other receipts credited to the Special Account	968,182		
Less Payments made		943,273	
Closing balance (B)	1,334,592	943,273	391,319
Total resourcing and payments A+B	2,353,113	1,955,276	
Less appropriations drawn from annual appropriations and credited to special account	940,330	940,330	
Total net resourcing and payments	1,412,783	1,014,946	397,837

MREA, Medical Research Endowment Account

¹ *Appropriation Act (No.1) 2024-25*. This may also include *Public Governance, Performance and Accountability Act 2013* Section 74 retained revenue receipts and amounts withheld under Section 51 of the PGPA Act or quarantined for administrative purposes in relation to departmental appropriations.

National Health and Medical Research Council

Financial statements

For the period ended 30 June 2025

Independent Audit Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the National Health and Medical Research Council (the Entity) for the year ended 30 June 2025:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2025 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief

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38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Ann MacNeill

Delegate of the Auditor-General

Canberra

28 August 2025

Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2025 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Health and Medical Research Council will be able to pay its debts as and when they fall due.



Professor Steve Wesselingh
Chief Executive Officer
Accountable Authority

27 August 2025



Jennifer Jacobs FCPA
Chief Financial Officer

27 August 2025

Statement of comprehensive income

for the year ended 30 June 2025

	Notes	2025 \$'000	2024 \$'000	Original budget \$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	33,784	29,414	30,557
Suppliers	1.1B	16,770	20,417	17,598
Depreciation and amortisation	3.1A	5,902	5,822	5,790
Finance costs		140	153	121
Write-down and impairment of other assets		65	1,182	-
Total expenses		56,661	56,988	54,066
Own-source income				
Revenue from contracts	1.2A	12,205	12,845	12,620
Contributions		296	-	-
Total own-source income		12,501	12,845	12,620
Gains				
Resources received free of charge – ANAO audit		100	100	108
Total own-source income and gains		12,601	12,945	12,728
Net cost of services		(44,060)	(44,043)	(41,338)
Revenue from Government		39,139	46,414	38,248
Total comprehensive (deficit) / surplus attributable to the Australian Government		(4,921)	2,371	(3,090)

The above statement should be read in conjunction with the accompanying notes.

Statement of financial position

as at 30 June 2025

	Notes	2025 \$'000	2024 \$'000	Original budget \$'000
ASSETS				
Financial assets		-	1,705	349
Cash and cash equivalents		-	1,705	349
Appropriation receivable		12,654	3,641	-
Trade and GST receivable		553	732	617
Total financial assets		13,207	6,078	966
Non-financial assets				
Buildings	3.1A	9,145	10,867	8,310
Plant and equipment	3.1A	1,864	2,556	1,546
Computer software	3.1A	19,198	21,395	19,902
Inventories		-	-	54
Prepayments		1,210	863	2,137
Total non-financial assets		31,417	35,681	31,949
Total assets		44,624	41,759	32,915
LIABILITIES				
Payables				
Trade creditors		1,576	1,735	4,415
Employee payables		1,182	951	-
Unearned revenue		10,528	2,495	3,015
Total payables		13,286	5,181	7,430
Interest bearing liabilities - leases	3.2A	10,488	11,915	9,524
Employee leave provisions		8,662	7,744	7,557
Total liabilities		32,436	24,840	24,511
Net assets		12,188	16,919	8,404
EQUITY				
Contributed equity		17,576	17,386	17,576
Asset revaluation reserve		1,367	1,367	1,367
Retained earnings		(6,755)	(1,834)	(10,539)
Total equity		12,188	16,919	8,404

The above statement should be read in conjunction with the accompanying notes.

Statement of changes in equity

for the year ended 30 June 2025

	2025 \$'000	2024 \$'000	Original budget \$'000
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	17,386	17,201	17,386
Contributions / Transactions with owners			
Departmental capital budget	190	185	190
Closing balance as at 30 June	17,576	17,386	17,576
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	(1,834)	(4,205)	(7,449)
Comprehensive income			
(Deficit) / surplus for the period	(4,921)	2,371	(3,090)
Closing balance as at 30 June	(6,755)	(1,834)	(10,539)
ASSET REVALUATION RESERVE			
Opening balance			
Balance carried forward from previous period	1,367	1,367	1,367
Closing balance as at 30 June	1,367	1,367	1,367
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	16,919	14,363	11,304
Comprehensive income			
(Deficit) / surplus for the period	(4,921)	2,371	(3,090)
Contributions / Transactions with owners			
Departmental capital budget	190	185	190
Closing balance as at 30 June	12,188	16,919	8,404

The above statement should be read in conjunction with the accompanying notes.

Cash flow statement

for the year ended 30 June 2025

	Notes	2025 \$'000	2024 \$'000	Original budget \$'000
OPERATING ACTIVITIES				
Cash received				
Rendering of services		20,639	13,367	12,620
Appropriations		51,805	56,800	38,248
GST received		1,625	2,155	-
Other s74 receipts		296	660	-
Total cash received		74,365	72,982	50,868
Cash used				
Employees		(32,633)	(30,053)	(30,557)
Suppliers		(18,680)	(23,864)	(17,490)
Interest payments on lease liabilities		(140)	(153)	(121)
Section 74 receipts transferred to OPA		(21,679)	(14,027)	-
Total cash used		(73,132)	(68,097)	(48,168)
Net cash from operating activities		1,233	4,885	2,700
INVESTING ACTIVITIES				
Cash used				
Purchase of non-financial assets	3.1A	(192)	(782)	(190)
Purchase of intangibles	3.1A	-	(42)	-
Total cash used		(192)	(824)	(190)
Net cash from investing activities				
FINANCING ACTIVITIES				
Cash received				
Contributed equity		190	185	190
Total cash received		190	185	190
Cash used				
Principle payments of lease liabilities	3.2A	(2,936)	(2,890)	(2,700)
Total cash used		(2,936)	(2,890)	(2,700)
Net cash from financing activities		(2,746)	(2,705)	(2,510)
Net (decrease) / increase in cash held		(1,705)	1,356	-
Cash and cash equivalents at the beginning of the reporting period		1,705	349	349
Cash and cash equivalents at the end of the reporting period		-	1,705	349

The above statement should be read in conjunction with the accompanying notes.

Administered Schedule of comprehensive income

for the year ended 30 June 2025

	Notes	2025 \$'000	2024 \$'000	Original budget \$'000
NET COST OF SERVICES				
Expenses				
Grants	2.1A	944,225	896,781	984,155
Other expenses		976	902	13,542
Total expenses		945,201	897,683	997,697
Income				
Non-taxation revenue				
MREA receipts	2.2A	12,063	9,625	5,000
Grant recoveries		2,706	7,358	5,000
Other gains		309	-	-
Total income		15,078	16,983	10,000
Net cost of services		(930,123)	(880,700)	(987,697)

Administered Schedule of assets and liabilities

as at 30 June 2025

	Notes	2025 \$'000	2024 \$'000	Original budget \$'000
ASSETS				
Financial assets				
Cash		391,413	366,410	270,693
Receivable		262	5,386	1,045
Prepayments		762	-	705
Total financial assets		392,437	371,769	272,443
Total assets administered on behalf of Government				
LIABILITIES				
Payables				
Grants payable	4.1A	7,747	8,296	5,401
GST payable		-	294	205
Other payables		-	2,163	7,927
Total liabilities administered on behalf of Government		7,747	10,753	13,533
Net assets		384,690	361,043	258,910

The above statements should be read in conjunction with the accompanying notes.

Administered Reconciliation schedule

for the year ended 30 June 2025

	2025 \$'000	2024 \$'000
Opening assets less liabilities as at 1 July	361,043	317,963
Net contribution by service		
Income	15,078	16,983
Expenses	(945,201)	(897,683)
Transfers from the Australian Government		
Annual appropriations	953,770	923,780
Closing assets less liabilities as at 30 June	384,690	361,043

Administered Cash flow statement

for the year ended 30 June 2025

	2025 \$'000	2024 \$'000
OPERATING ACTIVITIES		
Cash received		
MREA receipts	12,063	3,814
Grant recoveries	5,577	3,246
GST received	13,596	12,827
Total cash received	31,236	19,887
Cash used		
Grants	(944,978)	(892,422)
Suppliers	(1,738)	(1,664)
GST paid	(13,287)	(12,917)
Total cash used	(960,003)	(907,003)
Net cash used by operating activities	(928,767)	(887,116)
Cash and cash equivalents at the beginning of the reporting period	366,410	329,746
Cash from Official Public Account (OPA)		
Appropriations	953,770	923,780
Cash at the end of the reporting period	391,413	366,410

The above statements should be read in conjunction with the accompanying notes.

Overview

Objectives of the National Health and Medical Research Council

The National Health and Medical Research Council's (NHMRC) core functions are to:

- fund health and medical research and training through the application of the Medical Research Endowment Account
- issue guidelines on improving health and ethical issues, including prevention, diagnosis and treatment of disease
- advise on health-related issues to the community, the Australian Government, states and territories.

The basis of preparation

The NHMRC is an Australian Government controlled entity. It is a not-for-profit entity and general purpose financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial reporting) Rule 2015*
- b) Australian Accounting Standards and Interpretations - including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars, rounded to the nearest thousand.

New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No new accounting standards were adopted during the period.

Significant accounting judgements and estimates

In the process of applying the accounting policies, NHMRC has made the following judgements that have a significant impact on the amounts recorded in the financial statements.

Employee leave provisions

The Department of Finance shorthand method is used to estimate the provision for long service leave. This method calculates the provision by estimating the salary rates that will be applied at the time the leave is taken and discounted using the 10-year government bond rate.

Additional costs are applied for superannuation and leave, based on the percentage of leave taken while in service. Additionally, the Department of Finance probability factor (based on length of service) is applied to the long service leave balances. Historical data is used to calculate the average additional cost for superannuation and to calculate the percentage of leave taken in service.

Non-financial assets

When estimating the fair value of non-financial assets (excluding prepayments), judgements are made regarding estimated useful life.

Events after the reporting period

There were no significant events following the reporting period that impact on the NHMRC's financial statements.

Note 1.1 Expenses

Note 1.1A Employee benefits

	2025 \$'000	2024 \$'000
Wages and salaries	23,894	21,333
Superannuation		
Defined contribution plans	3,154	3,032
Defined benefit plans	898	939
Leave and other entitlements	5,162	4,005
Separation and redundancies	316	105
Total employee benefits	33,784	29,414

Note 1.1B Suppliers

	2025 \$'000	2024 \$'000
Goods and services		
Committees	1,899	1,773
Contractors and consultants	4,583	7,839
IT services	8,151	8,830
Property services	950	579
Other	1,058	1,019
Total goods and services	16,641	20,040
Goods supplied	116	280
Services rendered	16,525	19,760
Total goods and services	16,641	20,040
Other suppliers		
Workers compensation expenses	129	377
Total suppliers	16,770	20,417

Note 1.2 Own source revenue

Note 1.2A Revenue from contracts

	2025 \$'000	2024 \$'000
Revenue from contracts with Australian Government entities	12,205	12,845
Total revenue from contracts	12,205	12,845

Disaggregation of revenue from contracts with customers

Major product / service line

Grant administration	11,398	10,993
Translation services	807	1,852
	12,205	12,845
Timing of transfer of services		
Over time	564	141
Point in time	11,641	12,704
	12,205	12,845

Performance obligations provided for in the service delivery contracts between Australian Government entities are satisfied when services are delivered in accordance with the agreements and payments are received.

Note 2.1 Administered expenses

Note 2.1A Grants	2025	2024
	\$'000	\$'000
Public sector		
Australian Government entities	15,353	19,260
State and territory governments	769,991	726,587
Private sector		
Medical research institutes	154,869	147,681
Private universities	4,012	3253
Total grants	944,225	896,781

Note 2.1 Administered revenue

Note 2.2A MREA receipts	2025	2024
	\$'000	\$'000
Appropriation receipts	12,063	9,576
Non-appropriation receipts	-	49
Total MREA receipts	12,063	9,625

Note 3.1 Non-financial assets

Note 3.1A Reconciliation of the opening and closing balances of property, plant and equipment and intangible assets

	Buildings¹	Plant and equipment¹	Computer software internally developed	Total
	\$'000	\$'000	\$'000	\$'000
As at 1 July 2024				
Gross book value	23,431	6,051	36,038	65,520
Accumulated depreciation, amortisation and impairment	(12,564)	(3,495)	(14,643)	(30,702)
Total as at 1 July 2024	10,867	2,556	21,395	34,818
Additions				
Right of use assets	929	-	-	929
By purchase or internally developed	-	192	-	192
Impairments recognised in net cost of services	-	(16)	(35)	(51)
Depreciation and amortisation	-	(624)	(2,539)	(3,163)
Depreciation on right of use assets	(2,665)	(74)	-	(2,739)
Other movements of right of use assets	14	221	-	235
Disposals	-	(14)	-	(14)
Reclassification	-	(377)	377	-
Total as at 30 June 2025	9,145	1,864	19,198	30,207
Total as at 30 June 2025 represented by				
Gross book value	23,830	5,046	34,154	63,030
Accumulated depreciation, amortisation and impairment	(14,685)	(3,182)	(14,956)	(32,823)
Total as at 30 June 2025	9,145	1,864	19,198	30,207
Carrying amount of right of use assets	9,145	153	-	9,298

1 Right-of-use assets are included in these asset classes and are carried at cost.

Asset recognition threshold

The NHMRC applies recognition thresholds for each asset class. Buildings and computer software are recognised with cost value greater than \$100,000 and plant and equipment with cost value greater than \$5,000. Purchases below these thresholds are expensed in the year of acquisition (other than where they form part of a group of similar items that are significant in total).

Lease Right of Use (ROU) assets

Leased ROU assets reflect the benefit to NHMRC in entering lease agreements. Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received.

Fair value measurement

All property, plant and equipment non-financial assets are measured at fair value using the cost approach (depreciated replacement cost). Level 2 fair value hierarchy inputs used to determine the fair value include observable quoted prices for similar assets. The unobservable inputs (Level 3 fair value hierarchy) used to determine the fair value, include historical actual cost information and costing guides to estimate the current replacement cost. Appropriate useful life profiles have been adopted to depreciate the replacement cost to reflect the expected life.

Revaluations

Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. All asset classes were revalued by independent valuers Public Private Property (PPP) at 28 February 2021 by conducting a desktop review. Revaluation movements are disclosed in the Statement of Changes in Equity.

Depreciation

Depreciable property, plant and equipment assets are written off to their estimated residual values over their estimated useful lives to the NHMRC using, in all cases, the straight-line method of depreciation. The depreciation rates reflect the useful lives of buildings, plant and equipment which are between 3 and 10 years.

Amortisation

The straight-line amortisation rate of the intangible assets is based on the useful life of the asset, which vary between 2 and 18 years.

Note 3.2 Leases

Note 3.2A Leases

	2025 \$'000	2024 \$'000
Lease liabilities		
Building	10,331	11,909
Plant and equipment	157	6
Total leases	10,488	11,915
Maturity analysis – contractual undiscounted cash flows		
Within 1 year	3,090	2,771
Between 1 to 5 years	7,637	9,692
Total leases	10,727	12,463

NHMRC leases primarily comprise of office accommodation in Canberra and Melbourne and contain escalation clauses.

Note 4.1 Administered payable

Note 4.1A Grants payable

	2025 \$'000	2024 \$'000
Public sector		
Australian Government entities	93	-
State and territory governments	5,977	8,059
Private sector		
Medical research institutes	1,677	237
Total grants payable	7,747	8,296

Note 5.1 Funding

Note 5.1A Annual appropriations ('Recoverable GST exclusive')

Annual appropriations for 2025	Annual appropriation ¹ \$'000	Section 74 PGPA Act receipts \$'000	Total appropriation \$'000	Appropriation applied (current and prior years) \$'000	Variance ² \$'000
Departmental					
Ordinary annual services	38,248	21,679	59,927	(53,510)	6,417
Capital budget	190	-	190	(190)	-
Total departmental	38,438	21,679	60,117	(53,700)	6,417
Administered					
Ordinary annual services					
Administered items	953,872	-	953,872	(953,771)	101
Total administered	953,872	-	953,872	(953,771)	101

1 Departmental appropriation for ordinary annual services does not include amounts totalling \$891,000 in relation to the release of 2022-23 quarantine for administrative purposes. This amount is recognised as Revenue from Government in the Statement of comprehensive income.

2 The departmental variance between appropriation provided and applied is largely due to delays in project delivery and future employee provisions. The administered variance between appropriation provided and applied is due to undrawn Mitochondrial Donation Regulation funding.

Annual appropriations for 2024	Annual appropriation \$'000	Section 74 PGPA Act receipts \$'000	Total appropriation \$'000	Appropriation applied in 2024 (current and prior years) \$'000	Variance \$'000
Departmental					
Ordinary annual services	46,414	14,027	60,441	(55,445)	4,996
Capital budget	185	-	185	(185)	-
Total departmental	46,599	14,027	60,626	(55,650)	4,996
Administered					
Ordinary annual services					
Administered items	923,780	-	923,780	(923,780)	-
Total administered	923,780	-	923,780	(923,780)	-

Note 5.1B Unspent annual appropriations ('Recoverable GST exclusive')

	2025 \$'000	2024 \$'000
Departmental		
Appropriation Act (No.1) 2024-25	12,654	-
Appropriation Act (No.1) 2023-24	-	3,641
Appropriation Act (No.1) 2022-23	-	891
Cash	-	1,704
Total departmental	12,654	6,236
Administered		
Appropriation Act (No.1) 2024-25	101	-
Cash	94	-
Total administered	195	-

The departmental annual appropriations provide for the ordinary course of business. The amount of unspent appropriations is equal to the sum of the cash and appropriation receivable balances as at 30 June.

Note 5.2 Special accounts

Special Account, Medical Research Endowment Account, is established under section 49 of the *National Health and Medical Research Council Act 1992* (NHMRC Act). The purpose of the Special Account is detailed in section 51 of the NHMRC Act. The Special Account disburses amounts to provide assistance to:

- Departments of the Commonwealth, or of a state or territory, engaged in medical research
- to universities for the purpose of medical research
- to institutions and persons engaged in medical research
- in the training of persons in medical research.

Note 5.2A Special accounts ('Recoverable GST exclusive')

	2025 \$'000	2024 \$'000
Medical Research Endowment Account		
Balance brought forward from previous period	366,410	329,746
Increases		
Appropriation receipts	950,531	919,461
Appropriation receipts – other entities	17,651	9,576
Non-appropriation receipts	-	49
Total increase	968,182	929,086
Available for payments	1,334,592	1,258,832
Decreases		
Payments made	(943,273)	(892,422)
Total balance carried to the next period	391,319	366,410
Balance represented by		
Cash held in the Official Public Account (OPA)	391,319	366,410

Note 6.1 Key management personnel remuneration

The key management personnel in NHMRC comprise the Minister (who is not included in the table below), Chief Executive Officer and General Manager.

Key management personnel remuneration is reported in the table below:

	2025 \$'000	2024 \$'000
Short-term employee benefits	890	720
Long-term employee benefits	88	69
Other long-term employee benefits	27	15
Total key management personnel remuneration expenses	1,005	804

Note 7.1 Current / Non-current distinction for assets and liabilities

Note 7.1A Current / Non-current distinction for assets and liabilities

	2025 \$'000	2024 \$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	-	1,705
Appropriation receivable	12,654	3,641
Trade and other receivables	553	732
Prepayments	1,187	858
Total no more than 12 months	14,394	6,936
More than 12 months		
Buildings	9,145	10,867
Plant and equipment	1,864	2,556
Computer software	19,198	21,395
Prepayments	23	5
Total more than 12 months	30,230	34,823
Total assets	44,624	41,759
Liabilities expected to be settled in:		
No more than 12 months		
Trade creditors	1,576	1,735
Employee payables	1,182	951
Unearned revenue	9,495	2,495
Leases	3,090	2,771
Employee provisions	2,507	2,443
Total no more than 12 months	17,850	10,395
More than 12 months		
Unearned revenue	1,033	-
Leases	7,398	9,144
Employee provisions	6,155	5,301
Total more than 12 months	14,586	14,445
Total liabilities	32,436	24,840

Note 7.1B Administered Current / Non-current distinction for assets and liabilities

	2025 \$'000	2024 \$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	391,413	366,410
Trade and other receivables	262	5,386
Prepayments	762	-
Total no more than 12 months	392,437	371,796
Total assets	392,437	371,796
Liabilities expected to be settled in:		
No more than 12 months		
Grants payable	7,747	8,296
GST payable	-	294
Other payables	-	2,163
Total no more than 12 months	7,747	10,753
Total liabilities	7,747	10,753

Note 7.2 Budget variance commentary

The comparison of the unaudited original budget as presented in the 2024-25 Portfolio Budget Statements to the 2024-25 final outcome results is included in the Statement of comprehensive income, Statement of financial position, Statement of changes in equity and Cash flow statement. Major variances detailed below are in relation to the management of resources, to ensure the performance of NHMRC in achieving its objectives during the course of the year.

Major variances – Departmental employees and suppliers

The fiscal restraint during the year included a reduced reliance on contract labour hire services and delays in project work, resulting in reduced supplier expenses. This was offset by an increase in employee benefits, reflecting recruitment of employees, salary increases and redundancy payments.

Major variances – Administered grants

The annual report provides further detail on outcomes from our grant funding programs during the financial year.

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Part 7: Appendices



Appendix 1: Public consultations

NHMRC consults the community and its stakeholders across a range of areas, including individual and public health matters, and aspects of the implementation of the NHMRC grant program, such as certain policy changes and community-driven research priorities. Public consultations that opened or closed during 2024–25 are shown in Table 19.

Public consultation is an integral component of the development of NHMRC evidence-based advice and health-related guidelines. Consultation helps ensure that issues important to the community are considered, thereby increasing the legitimacy and relevance of the development process and the final product. Consultation is also consistent with the Australian Government's strong commitment to open and transparent processes.

Table 19: Public consultations, 2024–25

Public consultation	Opening date	Closing date
<i>Good institutional practice guide</i>	16 May 2024	10 July 2024
<i>Chemical fact sheet reviews for the Australian drinking water guidelines: lead replacements in plumbing products (bismuth, silicon, selenium copper alloys); lead; manganese.^a</i>	26 July 2024	6 September 2024
<i>Procedures and requirements for meeting the NHMRC standards for clinical practice guidelines – draft version 2.0</i>	25 September 2024	27 October 2024
<i>Review of health-based guideline values for per- and polyfluoroalkyl substances (PFAS) in the Australian drinking water guidelines^a</i>	21 October 2024	22 November 2024
<i>Proposed updates to the Investigator and Synergy Grant assessment framework</i>	6 November 2024	9 December 2024
<i>Guidelines for Guidelines modules: Updating; Evidence to Decision</i>	5 December 2024	3 February 2025

^a Consultation undertaken in accordance with subsection 13 of the *National Health and Medical Research Council Act 1992*.

2024-25

2023-24

a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020):

Table 22: *Public Service Act* – all ongoing employees by gender^a and classification, 2023–24 and 2024–25

2023–24					2024–25			
APS Level	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	–	–	–	–	–	–	–	–
SES 2	–	1	–	1	–	1	–	1
SES 1	4	1	–	5	3	1	–	4
EL 2	7	14	–	21	10	14	–	24
EL 1	32	50	–	82	30	57	–	87
APS 6	16	52	–	68	18	63	–	81
APS 5	7	25	1	33	6	31	1	38
APS 4	3	11	–	14	3	11	–	14
APS 3	–	–	–	–	–	1	–	1
APS 2	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–
Other	–	–	–	–	–	–	–	–
Total	69	154	1	224	70	179	1	250

a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 23: *Public Service Act* – all non-ongoing employees by gender^a and classification, 2023-24 and 2024-25

2023-24					2024-25			
APS level	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-
EL 2	-	-	-	-	-	2	-	2
EL 1	1	4	-	5	1	3	-	4
APS 6	2	2	-	4	2	6	-	8
APS 5	1	3	-	4	-	1	-	1
APS 4	1	3	-	4	-	-	-	-
APS 3	1	1	-	2	-	2	-	2
APS 2	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Total	6	13	-	19	3	13	-	17

a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 25: *Public Service Act* – employment type by location, 2023-24 and 2024-25

State	2023-24			2024-25		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
NSW	5	-	5	7	2	9
Qld	6	-	6	8	-	8
SA	1	-	1	2	-	2
Tas	1	-	1	1	-	1
Vic	39	4	43	55	9	64
WA	-	-	-	-	-	-
ACT	172	15	187	176	6	182
NT	-	-	-	-	-	-
External territories	-	-	-	-	-	-
Overseas	-	-	-	1	-	1
Total	224	19	243	250	17	267

Table 26: *Public Service Act* – Indigenous employment by engagement type, 2023-24 and 2024-25

	2023-24	2024-25
Ongoing	2	3
Non-ongoing	1	-
Total	3	3

Table 27: *Public Service Act* – employment arrangements, 2023-24 and 2024-25

	2023-24			2024-25		
	SES	Non-SES	Total	SES	Non-SES	Total
Common-law Agreement	6	-	6	5	-	5
Enterprise Agreement	-	237	237	-	262	262
Total	6	237	243	5	262	267

Table 28: *Public Service Act* – employee salaries by classification level (minimum and maximum), 2023–24 and 2024–25

2023–24			2024–25	
APS level	Minimum salary (\$)	Maximum salary (\$)	Minimum salary (\$)	Maximum salary (\$)
SES 3	–	–	–	–
SES 2	242,780	300,584	252,006	312,006
SES 1	187,287	231,219	194,404	240,005
EL 2	134,855	159,661	139,979	165,728
EL 1	113,355	128,959	117,662	133,859
APS 6	91,980	103,765	95,475	107,708
APS 5	83,378	88,002	86,546	91,809
APS 4	76,658	80,995	79,571	84,073
APS 3	67,661	74,995	70,232	77,845
APS 2	58,550	63,891	60,775	66,319
APS 1	52,000	56,260	54,516	58,398
Other	–	–	–	–
Total range	52,000	300,584	54,516	312,006

Appendix 3: List of requirements

PGPA Rule reference	Part of report	Description	Requirement	Page
17AD(g)	Letter of transmittal			
17AI	Letter of transmittal	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report	Mandatory	6
17AD(h)	Aids to access			
17AJ(a)	Contents	Table of contents (print only)	Mandatory	4–5
17AJ(b)	Appendices	Alphabetical index (print only)	Mandatory	186
17AJ(c)	Appendices	Glossary of abbreviations and acronyms	Mandatory	178
17AJ(d)	Appendices	List of requirements	Mandatory	170
17AJ(e)	Publication details	Details of contact officer	Mandatory	3
17AJ(f)	Cover	Entity's website address	Mandatory	Back cover
17AJ(g)	Publication details	Electronic address of report	Mandatory	3
17AD(a)	Review by accountable authority			
17AD(a)	Chief Executive Officer's review	Review by the accountable authority of the entity	Mandatory	8–12
17AD(b)	Overview of the entity			
17AE(1)(a)(i)	Part 1	Description of the role and functions of the entity	Mandatory	14
17AE(1)(a)(ii)	Part 1	Description of the organisational structure of the entity	Mandatory	21
17AE(1)(a)(iii)	Part 1	Description of the outcomes and programmes administered by the entity	Mandatory	15
17AE(1)(a)(iv)	Part 1	Description of the purposes of the entity as included in corporate plan	Mandatory	16, 57
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority	Mandatory	20

PGPA Rule reference	Part of report	Description	Requirement	Page
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority	Mandatory	20
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	20
17AE(1)(b)	n/a	Outline of the structure of the portfolio of the entity	Portfolio departments, mandatory	n/a
17AE(2)	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change	If applicable, mandatory	n/a
17AD(c)	Report on the performance of the entity			
	<i>Annual performance statements</i>			
17AD(c)(i); 16F	Part 3	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory	55–76
17AD(c)(ii)	<i>Report on financial performance</i>			
17AF(1)(a)	Part 6	Discussion and analysis of the entity's financial performance	Mandatory	137–139
17AF(1)(b)	Part 6	Table summarising the total resources and total payments of the entity	Mandatory	139
17AF(2)	n/a	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results	If applicable, mandatory	n/a

PGPA Rule reference	Part of report	Description	Requirement	Page
17AD(d)	Management and accountability			
	<i>Corporate governance</i>			
17AG(2)(a)	Part 4	Information on compliance with section 10 (fraud systems)	Mandatory	6, 112-113
17AG(2)(b)(i)	Letter of transmittal	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	6
17AG(2)(b)(ii)	Letter of transmittal	Certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place	Mandatory	6
17AG(2)(b)(iii)	Letter of transmittal	Certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity	Mandatory	6
17AG(2)(c)	Part 4	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	90-106
17AG(2)(d) - (e)	n/a	Statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to noncompliance with finance law and action taken to remedy noncompliance	If applicable, mandatory	n/a
	<i>Audit committee</i>			
17AG(2A)(a)	Part 4	Direct electronic address of the charter determining the functions of the entity's audit committee	Mandatory	109
17AG(2A)(b)	Part 4	Name of each member of the entity's audit committee	Mandatory	110
17AG(2A)(c)	Part 4	The qualifications, knowledge, skills or experience of each member of the entity's audit committee	Mandatory	110
17AG(2A)(d)	Part 4	Information about the attendance of each member of the entity's audit committee at committee meetings	Mandatory	110
17AG(2A)(e)	Part 4	Remuneration of each member of the entity's audit committee	Mandatory	110

PGPA Rule reference	Part of report	Description	Requirement	Page
<i>External scrutiny</i>				
17AG(3)	Part 4	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	107–109
17AG(3)(a)	Part 4	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity	If applicable, mandatory	107
17AG(3)(b)	Part 4	Information on any reports on operations of the entity by the AuditorGeneral (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman	If applicable, mandatory	107–108
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period	If applicable, mandatory	n/a
<i>Management of human resources</i>				
17AG(4)(a)	Part 5	Assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	126–129
17AG(4)(aa)	Part 5	Statistics on the entity's employees on an ongoing and nonongoing basis, including statistics on: • (a) full-time employees • (b) part-time employees • (c) gender • (d) staff location	Mandatory	130–131, 163–169
17AG(4)(b)	Part 5	Statistics on the entity's APS employees on an ongoing and nonongoing basis; including statistics on: • staffing classification level • full-time employees • part-time employees • gender • staff location • employees who identify as Indigenous	Mandatory	130–131, 163–169
17AG(4)(c)	Part 5	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i>	Mandatory	132, 168

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(4)(c)(i)	Part 5	Information on the number of SES and non-SES employees covered by agreements etc. identified in paragraph 17AG(4)(c)	Mandatory	132, 168
17AG(4)(c)(ii)	Part 5	Salary ranges available for APS employees by classification level	Mandatory	169
17AG(4)(c)(iii)	Part 5	Description of non-salary benefits provided to employees	Mandatory	133
17AG(4)(d)(i)	Part 5	Information on the number of employees at each classification level who received performance pay	If applicable, mandatory	133
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level	If applicable, mandatory	n/a
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level	If applicable, mandatory	n/a
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments	If applicable, mandatory	n/a
Assets management				
17AG(5)	n/a	Assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory	n/a
Purchasing				
17AG(6)	Part 4	Assessment of entity performance against the Commonwealth Procurement Rules	Mandatory	118-120
Reportable consultancy contracts				
17AG(7)(a)	Part 4	Summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	118

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(7)(b)	Part 4	Statement that <i>'During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million].'</i>	Mandatory	118
17AG(7)(c)	Part 4	Summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	118
17AG(7)(d)	Part 4	Statement that <i>'Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.'</i>	Mandatory	118
Reportable non-consultancy contracts				
17AG(7A)(a)	Part 4	Summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	119
17AG(7A)(b)	Part 4	Statement that <i>'Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.'</i>	Mandatory	119
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts			
17AGA	Part 4	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts	Mandatory	120

PGPA Rule reference	Part of report	Description	Requirement	Page
Australian National Audit Office access clauses				
17AG(8)	n/a	If an entity entered into a contract with a value of more than \$100,000 (inclusive of GST) and the contract did not provide the AuditorGeneral with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract	If applicable, mandatory	n/a
Exempt contracts				
17AG(9)	n/a	If an entity entered into a contract or there is a standing offer with a value greater than \$10,000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters	If applicable, mandatory	n/a
Small business				
17AG(10)(a)	Part 4	A statement that ' <i>[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.</i> '	Mandatory	120
17AG(10)(b)	Part 4	Outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	120
17AG(10)(c)	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that ' <i>[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website.</i> '	If applicable, mandatory	n/a

PGPA Rule reference	Part of report	Description	Requirement	Page
Financial statements				
17AD(e)	Part 6	Annual financial statements in accordance with subsection 43(4) of the Act	Mandatory	140-159
Executive remuneration				
17AD(da)	Part 5	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule	Mandatory	132, 135-136
17AD(f)	Other mandatory information			
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that ' <i>During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.</i>	If applicable, mandatory	n/a
17AH(1)(a)(ii)	Part 4	If the entity did not conduct advertising campaigns, a statement to that effect	If applicable, mandatory	120
17AH(1)(b)	Part 1	A statement that ' <i>Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website].</i>	If applicable, mandatory	26
17AH(1)(c)	Part 4	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	114
17AH(1)(d)	Part 4	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found	Mandatory	113
17AH(1)(e)	n/a	Correction of material errors in previous annual report	If applicable, mandatory	n/a
17AH(2)	Part 4 and Part 5	Information required by other legislation	Mandatory	120, 122-124, 134

PGPA, Public Governance, Performance and Accountability Act 2013; n/a, not applicable

Appendix 4: Abbreviations and acronyms

A

AAHMS	Australian Academy of Health and Medical Sciences
AAMRI	Association of Australian Medical Research Institutes
AC	Companion of the Order of Australia
ACGR	Australian Corneal Graft Registry
ACT	Australian Capital Territory
AHEC	Australian Health Ethics Committee
AI	artificial intelligence
AIDS	acquired immunodeficiency syndrome
AM	Member of the Order of Australia
AML	acute myeloid leukaemia
AMRAB	Australian Medical Research Advisory Board
ANAO	Australian National Audit Office
ANZDATA	Australia and New Zealand Dialysis and Transplant Registry
AO	Officer of the Order of Australia
APS	Australian public service
ARC	Australian Research Council
ARIC	Australian Research Integrity Committee
ASM	Ambulance Service Medal

C

CBE	Commander of the Order of the British Empire
CAG	Consumer Advisory Group
CALD	culturally and linguistically diverse
CCNA	Canadian Consortium on Neurodegeneration in Aging
CCSF	Commonwealth Child Safe Framework
CEO	Chief Executive Officer

CFO	Chief Financial Officer
CHIKV	Chikungunya virus
CHO	Chief Health Officer
CI	Chief Investigator
CIA	Chief Investigator A
CLL	chronic lymphocytic leukaemia
CMG	Companion of the Order of St Michael and St George
CMO	Chief Medical Officer
COVID-19	coronavirus disease
CPRs	Commonwealth Procurement Rules
CRC	colorectal cancer
CRE	Centres of Research Excellence
CSC	Conspicuous Service Cross

D

DOHDA	Department of Health, Disability and Ageing
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E

EAP	Expert Advisory Panel
EEGO	energy efficiency in government operations
EL	Executive Level
ERLC	Embryo Research Licensing Committee

F

FAA	Fellow of the Australian Academy of Science
FAHMS	Fellow of the Australian Academy of Health and Medical Sciences
FAICD	Fellow of the Australian Institute of Company Directors
FASSA	Fellow of the Academy of Social Sciences in Australia
FCA	Fellow of the Chartered Accountants Australia and New Zealand
FMedSci	Fellow of the Academy of Medical Sciences
FOI Act	<i>Freedom of Information Act 1982</i>
FOI	freedom of information

FRACP	Fellow of the Royal Australasian College of Physicians
FRS	Fellow of the Royal Society
FRSN	Fellow of the Royal Society of New South Wales
FTSE	Fellow of the Australian Academy of Technological Sciences and Engineering

G

GACD	Global Alliance for Chronic Diseases
GAICD	Graduate of the Australian Institute of Company Directors

H

HIV	human immunodeficiency virus
HMRO	Health and Medical Research Office, Department of Health, Disability and Ageing
HR	human resources
HREC	Human Research Ethics Committees

I

IACR	Institutional Annual Compliance Report
IAG	Indigenous Advisory Group
ICT	information and communication technology
IPCC	Industry, Philanthropy and Commercialisation Committee
IRIIS	Independent Research Institutes Infrastructure Support Scheme

L

LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual and other sexually or gender diverse people
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M

MBA	Master of Business Administration
MBE	Member of the Order of the British Empire
MP	Member of Parliament
MREA	Medical Research Endowment Account
MRFF	Medical Research Future Fund

N

NABERS	National Australian Built Environment Rating System
NAIDOC	National Aborigines and Islanders Day Observance Committee
NBCSP	National Bowel Cancer Screening Program
NHMRC Act	<i>National Health and Medical Research Council Act 1992</i>
NHMRC	National Health and Medical Research Council
NSW	New South Wales
NT	Northern Territory

O

OAIC	Office of the Australian Information Commissioner
OAM	Medal of the Order of Australia
OSM	optimal management structure

P

PBS	Portfolio Budget Statements
PFAS	per-fluoroalkyl and poly-fluoroalkyl substances
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PHCR Act	<i>Prohibition of Human Cloning for Reproduction Act 2002</i>
PHHSC	Public Health and Health Systems Committee
PhD	Doctor of Philosophy
PRM	peer review mentor
PSM	Public Service Medal

Q

QIMR	Queensland Institute of Medical Research
Qld	Queensland

R

RIHE Act	<i>Research Involving Human Embryos Act 2002</i>
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S

SA	South Australia
SAHMRI	South Australian Health and Medical Research Institute
SCI	spinal cord injury
SES	Senior Executive Service
SME	small and medium enterprises

T

Tas	Tasmania
TCR	Targeted Call for Research
TRM	Tissue-resident memory T cells

V

Vic	Victoria
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W

WA	Western Australia
WEHI	Walter and Eliza Hall Institute of Medical Research
WHS	workplace health and safety

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