

## IRU Response to the MRFF Priorities Discussion Paper

### Which 2016–2018 MRFF Priorities do you think need further focus?

- Communicable disease control
- Building evidence in primary care
- Clinical researcher fellowships

### How can the 2016–2018 MRFF Priorities you identified be extended or re-emphasised in the 2018–2020 MRFF Priorities?

#### Communicable disease control

The communicable disease control priority is extremely important but does not give adequate emphasis to Australia's geographical position as surrounded by countries with health security risks (e.g. Papua New Guinea, South East Asia and Pacific Island countries).

Many of the biomedical risks and challenges faced within these neighbouring countries are also applicable to remote communities within Australia, such as how to deliver primary health services in areas where specialist care is not available in close geographical proximity.

#### Building evidence in primary care

Australia produces world-class medical research, but the translation of research into clinical practice deserves greater emphasis. Research translation must focus on applying knowledge at a national level into rural and remote areas, avoiding patchy implementation.

This includes a greater focus on strengthening the health systems and health outcomes for regional and remote areas, transforming the take up research into practice.

This needs to cover the full translation journey, extending the focus that now covers bench to bedside to clinical implementation and implementation in the public health sphere.

The primary care system is the first point of engagement for medical issues in most cases. On a cost-benefit basis, investing in a robust system of primary care based on research translation minimises the long term economic burden of the health system.

#### Clinical researcher fellowships

The Translating Research into Practice (TRIP) Fellowships and Practitioner Fellowships are important schemes. The Industry Exchange Fellowships are also important. These schemes should continue, but with a greater emphasis on social translation of research through researcher grants supporting collaboration with community organisations.

Engagement with health professionals must be broadly defined (including public health, health service professionals and others who are not traditional MBBS practitioner-based researchers) and target underserved populations and professionals working closely with community organisations.

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A particular focus should be on regions with high levels of health challenges, including regional Australia.

More also needs to be done supporting clinical growth in universities. A lot of MRFF translational units emphasise improving capacity of health workforce in clinics, less attention is given to research institutes and university partners for training the next generation of research workforce.

## What unaddressed gaps in knowledge, capacity and effort across the healthcare system and research pipeline need to be addressed in the 2018–2020 MRFF Priorities?

### Communicable disease control

Engagement with health systems in neighbouring countries to help support improvements in these regions and protect Australia from the risks of disease transmission.

### Building evidence in primary care

Increasing health translation for primary care in regional areas. Particular focus should be on raising Aboriginal and Torres Strait Islander health outcomes through stimulating greater involvement with community organisations and public health practitioners.

### Clinical researcher fellowships

For full value from the MRFF, it needs to provide balance with the existing health and medical research programs. Some researcher profiles are under-supported by the NHMRC and the MRFF's use of the NHMRC as administering the fellowships may disadvantage researchers focusing on research translation.

The distinction from the advancement of disinterested, theoretical and disciplinary oriented research already supported by the NHMRC should be clear. To this effect there is a need for broadening how MRFF determine 'excellence', in particular for interdisciplinary research aiming to address social translation of existing knowledge into practice, improving impact of research translation, efficiency in health delivery and primary care and prevention.

## What specific priority or initiative can address the above gaps?

### Communicable disease control

An MRFF initiative targeting disease prevention in Australia's region for the purposes of minimising risk of disease transmission.

### Building evidence in primary care

Specific references to rural and remote health delivery and Aboriginal and Torres Strait Islander health in an MRFF initiative in this area.

## Clinical researcher fellowships

Broader measures of 'excellence' for schemes targeting translation, commercialisation and capacity building (e.g. including patents and prior impact of translation).

This requires evaluation criteria that extend beyond citation and bibliometric metrics, which tend to emphasise past performance and disciplinary-based impact. Collaboration across disciplines and with community organisations may be difficult to implement in selection process, but it needs greater priority.

If non-traditional MBBS practitioner-based researchers are to be supported by existing schemes but are underrepresented in the outcomes, the MRFF could consider separate fellowships targeting such practitioners.

## What Strategic Platforms (identified in the MRFF Strategy document) would the Priorities you identified fall under?

- Strategic and international horizons
- Health services and systems
- Capacity and collaboration

## How can current research capacity, production and use within the health system be further strengthened through the MRFF?

The MRFF should support programs that intentionally benefit all parts of Australia. This includes strengthening the health systems of regions through stimulating greater involvement in research and its translation in each region.

Priority areas should be broadly defined, providing ample scope for creative ideas and with funding allocations based on openness, contestability and peer review.

The MRFF should avoid highly specialised topics that favour or predetermine outcomes of any competitive process towards those research organisations active in that precise area.

Emphasis should be placed on priorities with high potential for translational benefits (e.g. patient outcomes) and commercial outcomes.

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