Australian Government

Responses to Webinar 1 questions (6 June 2023): Improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account

The Department of Health and Aged Care (Department) and National Health and Medical Research Council (NHMRC) hosted a webinar on 6 June 2023 on the consultation for improving the alignment and coordination between the Medical Research Future Fund (MRFF) and Medical Research Endowment Account (MREA). Responses have been provided below to questions raised, but not answered at the webinar due to timing constraints.

Theme/Question	Response
System	
Use or changes to Sapphire starts from the position that a new administrative model builds on existing platform. Is a new platform possible model 2/3	A new platform is not being considered as part of this consultation.
Consultation	
When do consultations commence for next set of MRFF Priorities (current Priorities run til 2024) and will the process we are discussing today affect this?	The final outcome of the current reform process (including model and timing) could impact the requirement for MRFF Priorities. A decision on consultation for future MRFF Priorities will be taken once the outcome of this reform process is known.
Will there be further consultation during implementation?	The current consultation will assist the Government to determine what reforms are required along with an implementation approach (e.g. whether further consultation is required).
Consumer	
Regarding the problem statements, what do you define as consumers?	Per the MRFF Principles for Consumer Involvement in Research Funded by the Medical Research Future Fund, a 'consumer' is 'a person with lived experience as a patient, client, potential patient, user of health services, and/or providing support as a carer, family or community member'.

Theme/Question	Response
	NHMRC and the Consumers Health Forum of Australia (CHF) through their joint 2016 Statement on consumer and community involvement in health and medical research define consumers as 'patients and potential patients, carers, and people who use health care services'. Note: The Statement is under review. NHMRC's Targeted Calls for Research define consumer and community representatives in peer review as 'people who have, or care for someone with, lived experience related to the subject matter of the grant opportunity. They may also be people who represent the views and interests of consumers (or their families and/or carers) that use specific health services, such as community organisations and/or patient advocacy groups.'
At this stage of the consultation which is about structure, what are the points /opportunities for consumer medical research orgs to input?	All stakeholders, including consumer medical research organisations, are encouraged to provide their views on improving the alignment and coordination of the MRFF and MREA. We invite you to provide a written submission by 14 July 2023.
Ethics	
Is there capacity and/or capability for any of these models to influence or build in (human research) ethics processes?	NHMRC's *National Statement on Ethical Conduct in Human Research* requires many types of human research to undergo ethics review and sets out the requirements for the establishment and operation of Human Research Ethics Committees (HRECs). NHMRC has also developed the Human Research Ethics Application form as a concise application to facilitate timely and efficient ethics review for research involving humans. NHMRC's role in in the development of human research guidelines and support for ethics processes is not directly affected by any of the models.
Will any of these models enable more efficient multi-site ethics approval processes/outcomes?	

Theme/Question	Response
	However, all Australian governments and key national agencies, including NHMRC and TGA, are collaborating to strengthen and reform the operating environment for health and medical research more broadly, and to build cohesion, particularly through the development of the National One-Stop Shop for health-related human research and the HRECs. For further information please see the information on the Australian Commission on Safety and Quality in Health Care website.
Funding	
Is there potential for a lower annual top up from government if the funds are combined from MRFF and MREA? How do the 3 models counter that potential?	The amount of funding available from the MRFF and the MREA is out of scope for this consultation, which is about how existing funding is best aligned and coordinated.
Can you explain the relationship between the NHMRC/MREA with states' and philanthropic portfolios?	NHMRC Council includes representative (through Chief Medical Officers) from all states and territories. NHMRC also engages with states and territories to identify where a Targeted Call for Research may be required to address an emerging health priority or stimulate research capacity in an area of national need. NHMRC also promotes opportunities and enters into arrangements with a range of partners, including government and philanthropic organisations, to support health and medical research - see Working together to support health and medical research .
Risks	
Are there risks to abolishing AMRAB?	The purpose of the consultation is to seek stakeholder input into the design of the governance and administrative arrangements for the two funds, including advice on risks. Please consider providing advice as part of a written submission.
In changing the current system (s) and I agree there needs to be change, have we developed a risk matrix in moving forward	
Models	
There is no equivalent scheme to ARC Linkage to encourage translation via industry partnering in either NHMRC or MRFF. Would any of new models address this?	Insufficient support for research translation and commercialisation has been acknowledged as a key stakeholder concern noting that co-funding partnerships are already available through the MRFF, including through the $650 million National Critical Research Infrastructure (NCRI) Initiative.

Theme/Question	Response
	The 'Co-investment partnerships' stream under the NCRI Initiative aims to utilise co-investment with the research sector, state and territory governments, and industry in significant critical research infrastructure (e.g. facilities and equipment) to support development of research capacity, capability and/or effectiveness in an area of need or to enable Australian research using new platforms. The purpose of the consultation is to seek stakeholder input into the decision making process, including opportunities for industry linkages. Please consider providing advice as part of a written submission.
Biomedical engineering, medtech research and device development currently 'falls between the cracks' of NHMRC, MRFF and ARC. Can new models address this?	The purpose of the consultation is to seek stakeholder input into the decision making process, including addressing biomedtech needs. Please consider providing advice as part of a written submission.
Is the proposal to combine the funds driven by government itself? i.e. to return to two category 1 entities? Or it this truly an MRFF-MREA conceptualised idea?	All models, including model 3 (merging of the two funds with new governance arrangements), were developed by the Department and NHMRC.
Comments	
Independent Review of Research Bureaucracy Final Report - July 2022 -enquiries regarding this publication should be sent to: bureaucracy.review@beis.gov.uk	Comment noted.
Workforce and training so important to ensure continuing success of process.	Comment noted.