National Health and Medical Research Strategy Issues Paper – April 2025

Purpose

This paper highlights key issues raised from health and medical research sector (sector) consultations on the development of a National Health and Medical Research Strategy (National Strategy).

The issues are grouped into themes identified to date in consultations:

- establishing health and medical research priorities, now and in the future
- supporting Aboriginal and Torres Strait Islander research priorities and processes
- optimising available health and medical research funding (this includes existing Commonwealth, State/Territory, private, donor)
- addressing infrastructure and other indirect costs of research
- enabling translation of research into health policy/clinical practice and commercial products
- enhancing research processes
- strengthening and sustaining the research workforce
- embracing emerging technology including artificial intelligence (AI)
- measuring impact and success of Australian health and medical research.

The Chair is seeking to develop these issues and identify additional areas of interest to the sector. The following sections are posed to facilitate discussion and critical thinking regarding the solutions required to address issues.

Establishing health and medical research priorities, now and in the future

Using a systematic, explicit and transparent process to set and align research priorities will help to ensure that funded research has the greatest potential public health benefit. Priority setting ensures that research is aligned with the evidence and the needs of the community, to enable limited resources to be used efficiently and equitably.

Issues raised

- Priority setting activities need to be transparent and aligned, providing the sector and community with confidence that funded research is addressing community needs.
- A process to establish, manage and monitor priorities needs to consider evidence on current and emerging trends, interest and expertise across different funding sources and adapt to new areas of interest.
- Funded research needs to be assessed to determine whether it is achieving outcomes (through research on research[1]), at the pace expected, and that processes enable and support research translation.

Key questions for discussion

1. How can the National Strategy ensure research priorities address issues of national importance such as: ensuring adequate funding, quality and efficiency of health systems and the health workforce, reducing gaps in health equity, and emerging health threats of national and international significance?
2. What evidence base is needed to determine health and medical research priorities and what is the optimal time period?
3. How should consumers and communities be involved in priority setting?
4. How do research outcomes feed into priority setting processes?

Background

Research priority setting aims to maximise the benefits of research investment. It provides valuable direction for the allocation of public and private research funds into areas of strategic importance by fostering links and partnerships across the health and medical research sector; encouraging alignment between funding applications and priorities; and assisting funders to respond to requests for research funding.[2] Strategies developed by countries such as Canada, United Kingdom, Japan and New Zealand provide good examples of priority setting and strategy development processes. These international strategies can inform a domestic strategy, particularly due to the similarities between Australia and these countries across: systems of healthcare delivery and governance, demographic makeup, the challenges faced by the health and medical research sector and the processes used to develop, articulate and implement nation-wide health and medical research strategies.

Supporting Aboriginal and/or Torres Strait Islander health research priorities and processes

Aboriginal and/or Torres Strait Islander health refers not just to the physical health of an individual but to the social, emotional and cultural wellbeing of the whole community, where everyone can achieve their full potential and contribute to the overall wellbeing of their community. Research shows that having Aboriginal and/or Torres Strait Islander health in Aboriginal and/or Torres Strait Islander hands is the best model for positive health outcomes.[3] The sector is starting to see an increase in Aboriginal and/or Torres Strait Islander lead investigators on research grants/projects.

Issues raised

- Positive results are seen when communities are given the opportunity to determine relevant research topics for their own communities.
- Mobilisation of research takes time in communities and needs to be recognised in the funding and grant structure (e.g. longer-term grants).
- Investment is required to support the Aboriginal and/or Torres Strait Islander research workforce to remain in the sector. Mature age entry into the health and medical research workforce, multiple demands on a small and busy workforce and community-based researchers are key considerations.
- There is a need for interdisciplinary approaches to Aboriginal and/or Torres Strait Islander health (equity and social justice), which must be incorporated into research priorities.

Key questions for discussion

1. What is the role of the National Strategy in supporting the increase in research led by Aboriginal and/or Torres Strait Islander researchers and communities?
2. How has the Aboriginal and/or Torres Strait Islander health research funding landscape changed over time? Are the areas of research that are being funded aligned with community needs?
3. Are there opportunities to improve representation of Aboriginal and/or Torres Strait Islander perspectives in broader research questions?
4. How can we best optimise research processes to suit the needs of Aboriginal and/or Torres Strait Islander researchers and communities?

Background

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)[4] and the National Health and Medical Research Council (NHMRC)[5] outline guiding principles that underpin ethical Indigenous research: Indigenous self-determination, Indigenous leadership, impact and value, and sustainability and accountability. NHMRC has a commitment to spend more than 5% of its annual budget on research that aims to provide better health outcomes for Aboriginal and/or Torres Strait Islander people and a target to award 3.4% of annual grants to lead chief investigators of Aboriginal and/or Torres Strait Islander descent. The MRFF's Indigenous Health Research Fund[6] has committed $160 million over 11 years from 2018–19 to 2028–29. This is the first national research fund led by Aboriginal and/or Torres Strait Islander people and conducted through close engagement with Aboriginal and/or Torres Strait Islander people and communities.

Optimising available health and medical research funding

A review of the health and medical research funding landscape is currently being conducted by the Department of Health and Aged Care in support of the National Strategy development process. This review seeks to better understand the sources of funding for health and medical research, the types of research that is being funded (both areas of scientific interest and different elements of the research process) and to identify areas where funding gaps exist. The strategic coordination of available health and medical research funding is a critical outcome of a National Strategy.

Issues raised

- A lack of funding coordination can lead to:
  - duplication of funding and/or overlapping grant opportunities
  - unmet need or inconsistent funding across the various components of the research and development landscape
  - increased burden on researchers that apply for grants across multiple funding bodies, contributing to low success rates.
- The National Strategy presents an opportunity to realise efficiencies through more strategic investment across government and from other sources such as philanthropy.
- The 2023 national consultation to improve alignment and coordination between the Medical Research Future Fund (MRFF) and the NHMRC's Medical Research Endowment Account (MREA) raised concerns that Australian investment in medical research is below that of comparable OECD countries, is shifting investment from basic to translational research, and lacks geographic diversity in funding distribution.

Key questions for discussion

1. What role could the National Strategy play in coordinating the distribution of funding across Commonwealth and state/territory funding bodies to reduce burden and duplication?
2. What processes are required to help better balance funding for health and medical research across the different types of research (basic, clinical, public health and health services research) and the research ecosystem (discovery, clinical, translational, commercialisation)?
3. How do we balance the distribution of funding for priority-driven versus investigator-led research?
4. What is required to ensure that research projects receive appropriate levels of funding for the duration of the research?

Background

It is estimated that approximately $10 billion is spent on health and medical research in Australia each year, more than one quarter (26%) of all Australian Research and Development expenditure.[7] Health and medical research is funded and administered by at least five federal portfolios (Health, Education, Industry/Innovation, Defence and Foreign Affairs). State and territory governments provide varying levels of funding as do many non-government organisations across philanthropy, private healthcare and industry.[7]

Addressing infrastructure and other indirect costs of research

Sector stakeholders contend that existing arrangements do not support the 'full cost of research,' and that there is an uneven playing field between different research institutions, with impacts on the sustainability of the sector.

Issues raised

- Stakeholders have identified a gap between the funding received for direct research costs and the actual expenditure required to undertake research. This is particularly relevant to Australia's network of Medical Research Institutes (MRIs) which, when compared to higher education institutes, do not have access to schemes such as research block grants to support the indirect costs of research.
- Universities have also voiced concerns at ongoing demands for them to underwrite research costs, in an environment where funding is tight, and many universities are seeking to reduce discretionary costs.
- The true cost of infrastructure required to conduct health and medical research is unclear. This creates uncertainty for funders in considering what is required financially to meet the costs of infrastructure and how funding opportunities could be delivered.
- Funding salaries is a key driver for the gap between funding received and expenditure for direct costs of research.
  - In 2023, on average, MRIs had to cover a 30% salary gap for researchers.[8]

Key questions for discussion

1. How can the true cost of infrastructure be best understood, including where there is scope for improved efficiency?
2. What changes are required in how health and medical research funding is distributed across the sector, to create a more consistent funding stream for all research organisations?

Background

It is estimated that for every $1 spent on research there is an additional 64c required to meet the costs not covered by research grants.[8] *Direct research costs* include research staff salary costs (partial), research supplies and some small equipment. *Indirect research costs* include laboratory maintenance, accreditation, legal costs, business development, commercialisation, compliance, cyber security, cutting-edge technologies, technology transfer and data storage.

In addition to resources provided by Universities and MRIs, specific funding schemes for infrastructure and indirect costs include:

- NHMRC's Independent Research Institutes Infrastructure Support Scheme provides funding for the indirect cost of infrastructure to independent MRIs.
- Research block grants from the Department of Education provide funding to eligible Australian higher education providers to support research and research training.
- National Collaborative Research Infrastructure Strategy maximises Australia's national research infrastructure investments by coordinating open access, targeted specialities, and co-funding across the nation.
- State and territory initiatives that provide top-up funding to support indirect research costs.

Enabling translation of research into health policy/clinical practice and commercial products

Translating research findings into health policy and practice and/or commercial products are key measures of success of any health and medical research strategy or funding stream. It is important to understand the enablers and barriers regarding the uptake of new evidence to optimise health outcomes for Australian communities and build success factors into future design and implementation.

Issues raised

- Collaboration between policy makers, health professionals, industry and communities at all levels and stages of the research process are important in the translation and commercialisation of research.
- Better translation and commercialisation planning, improving researchers' capabilities in implementation science, project management and research translation, lead to better translation and commercialisation outcomes.
- Other issues such as education, knowledge and skills related to translation and commercialisation, management within organisations, time, workplace culture, and resources all contribute to the complexity of embedding translational research into practice and commercialisation of research outcomes.[9]

Key questions for discussion

1. What changes are required in the research funding process (priority setting, development of grant guidelines, assessment of grant applications and monitoring of research projects) to better enable the translation of research findings into commercial products, evidence-based health policy and clinical and health service practice?
2. How can collaboration between researchers, community and consumers, end users and business be better facilitated to enable translation and commercialisation? How do we create an ecosystem that attracts and supports investment in Australia?
3. What support is required in skill development of researchers to improve translation and commercialisation of research outcomes?
4. Is there a role for translation and commercialisation precincts in Australian health and medical research?

Background

Understanding the enablers and removing the barriers to research translation and commercialisation will improve translation and integration of research evidence into practice. Globally it is estimated that 85% of all health and medical research funding is avoidably wasted,[10] and many effective interventions do not realise their full potential due to persistent issues in bridging the gap between evidence and practice.[11] Effective collaboration and co-operation have the potential to improve the translation of research findings into clinical practice, while effective knowledge translation has the potential to improve standards of care and overall health service delivery.[12] Embedding research outcomes into funding processes needs to be planned from the start, with decision-makers and end-users.

Enhancing research processes

Consumers and community engagement, research culture, data sharing, ethics/governance approvals and grant application and grant assessment processes are important issues for consideration in ensuring effective research processes are undertaken in Australian health and medical research.

Issues raised

Consumer and community engagement

Consumers and communities make valuable contributions to research and research funding decisions. The research sector has increasingly recognised the importance and value of consumer and community engagement and involvement.

Key issues for consideration include:

- Inadequate pathways to support collaboration between researchers, consumer and community.
- Consumer and community involvement in research processes, including co-design, peer review, priority setting, knowledge and practice transfer and governance bodies where appropriate.
- Education of researchers and consumers on the role of consumers.
- Training to support involvement of consumers and communities in research and research grant assessment.
- Remuneration for consumer and community participation in research and research grant assessment.

Embedding research in health care organisations

Supportive research culture is essential to the conduct of high-quality research.[13] The issue of research culture has been raised by the sector in the context of university culture, hospital and clinical services culture and workforce culture and the impact of these on implementation of research outcomes.

Key issues for consideration include:

- An understanding of the research landscape and the importance of individual elements.
- The time required to deliver high quality, effective healthcare outcomes to communities.
- A system and culture that embeds research and innovation as core functions of the health system.[14]
- Protected time for clinicians to undertake research and support for research capacity building.

Data and data sharing

Ensuring the availability of high-quality linked data can lead to effective and efficient collaborations across the health and medical research sector and enhance research outcomes to better enable incorporation of findings into health policy and practice.

Key issues for consideration include:

- Data sharing barriers across different Commonwealth entities and programs, at a jurisdictional level between states/territories and cross-organisationally when researchers are trying to work collaboratively between universities and hospital and health services.
- Limitations in the availability of high quality linked clinical data, including data interoperability.
- Persistent Identifiers (PIDs) provide global methods to uniquely identify and connect entities in the research system such as researchers, funders, organisations, articles, datasets, software and samples.[15]

Research ethics, governance and regulatory approvals

Currently, there is no national, centralised research workflow or system for health and medical human research ethics, governance and regulatory approval processes. A key objective of 'The National One Stop Shop' is to make it easier for patients, researchers, industry representatives and sponsors to find, conduct, participate and invest in high quality and ethical research in Australia. This will include development and implementation of a central, cross-government approval platform that will replace existing national and jurisdictional systems to harmonise ethics approval processes. The best functioning system will ensure Australia is well positioned to efficiently respond to both the immediate and future health threats, with quality and deployable capability.[16]

Key issues for consideration include:

- Better awareness and understanding of efforts to streamline ethics and governance processes at both the Commonwealth and State/Territory level.
- Identify the barriers in setting up systems that can be used across Commonwealth and State/Territory jurisdictions for human research ethics, governance and other regulatory approvals.

Grant application and assessment processes

All funding bodies have different grant application and assessment processes, including administrative arrangements.

Key issues for consideration include:

- Better alignment across funders (particularly the MRFF and NHMRC) which could potentially reduce burden and time for researchers applying for grants.
- Need for an evidence-based peer review model that suits the needs of grant opportunities.

Key questions for discussion

1. How can consumer and community involvement at all stages of the research process be better supported by the National Strategy and its implementation?
2. What are the implications for National Strategy effectiveness, that may result from research culture being embedded, or not, within organisations?
3. How can the National Strategy support the availability, access and sharing of high-quality data across organisations and jurisdictions?
4. How can the National Strategy support the implementation of all components of the National One Stop Shop to ensure a sustainable, streamlined, centralised system for health and medical research ethics and regulatory processes?
5. How can research grant funding application and assessment processes (including peer reviewer training) be supported by the National Strategy and its implementation?

Background

It is recognised by the sector that consumers and community are the ultimate beneficiaries of health and medical research and innovation. The government aims to support consumer and community involvement at all stages and levels of research, and many organisations provide their own guidelines and toolkits relating to implementation of consumer and community involvement in health and medical research. The NHMRC has a process whereby consumers, community and professional groups are able

to submit research topics that may warrant a dedicated funding call via the [Targeted Calls for Research scheme](#).

Different grant assessment processes have their own advantages and disadvantages. Grant assessment committees bring together national and international assessors to consider applications against technical and non-technical assessment criteria, with a strong focus on impact and value, while a peer review process helps make decisions on funding based on impartiality and expert advice. Building research processes that are fit for purpose, can operate in a sustainable way and produce outcomes that align with community need (both now and in the future) is an area for National Strategy consideration.

Strengthening and sustaining the research workforce

The nation's ability to attract, retain and nurture diverse research talent will be crucial for addressing future health challenges. The National Strategy needs to devise a plan for the health and medical research workforce to ensure an optimal number of diverse and skilled researchers are supported across the research ecosystem, early career researchers are given a chance to prove themselves and have career pathways, and there are adequate options and support available to those who transition to non-research sectors.

Issues raised

- The Australian Health and Medical Research Workforce Audit[17] highlighted the following issues:
  - The need for gender diversity, particularly at senior levels.
  - Funding instability (lack of funding and job insecurity) particularly in the traditional research sector.
  - The need for better communication and fostering opportunities for researchers to enrich non-research sectors with their skills, or to support research activity, policy or translation and commercialisation.
  - Lack of a clear definition of the health and medical research workforce; adjustments to the ABS standard for occupation classification (ANZSCO) could significantly improve the accuracy of workforce categorisation.
- There is a lack of workforce planning – higher degree research students are being trained without a secure academic research pathway.

Key questions for discussion

1. What changes are required in the health and medical research funding schemes to support a diverse, highly skilled, sustainable research workforce able to tackle Australia's future health issues?
2. What are the barriers to gender equity in health and medical research and how can the National Strategy support gender equity across roles in the sector?
3. What is the role of the National Strategy in supporting highly skilled health and medical researchers to find alternate career paths outside of academic research?
4. What workforce will we need in the future for a healthy research ecosystem?

Background

The Australian Health and Medical Research Workforce Audit found that among the 39,690 people in the health and medical research workforce, 65% work in traditional research settings such as universities and MRIs, while 33% are employed in non-traditional research roles. Of the 19,700 inactive researchers (previous health and medical research workforce), 31% move into roles in the public sector and 21% are in universities in non-research capacities. Recent data from the MRFF[18] and initiatives from the NHMRC[19] show positive trends towards achieving gender parity in health and medical research, including changes to the NHMRC Investigator Grant scheme from 2023[20] to achieve equal numbers of grants by gender.

Embracing emerging technology, including artificial intelligence (AI)

The sector considers that building capability in emerging technologies is a key enabler of an effective health and medical research environment. Emerging technologies will ensure research is fit for purpose, appropriately prepared to take advantage of opportunities and to respond to challenges in the future.

Emerging technologies such as gene and cell therapies and genomic medicine have the potential to revolutionise treatment of some of Australia's most pressing health challenges. Therapeutic approaches, artificial intelligence (AI) and digital health are increasingly important in drug discovery, diagnostics, clinical decision-making support and for improving healthcare delivery and access.

The integration of AI and other digital health tools have the potential to enhance healthcare delivery by increasing the efficiency of clinical processes, supporting patient engagement, equitable access, and promotion of health literacy.

Issues raised

- Development, implementation and acceptance of new technologies require substantial infrastructure and workforce investment to maximise the potential benefits.
- There are concerns relating to equity of access to, and adoption of, advanced technologies.
- The use of AI needs to consider bias, ethics, trust, privacy and environmental impacts.
- The use of AI to improve data sharing and access.

Key questions for discussion

1. What are the key benefits, barriers or risks for emerging technologies and AI in health and medical research that the National Strategy may need to consider?
2. Are there specific technologies or platforms that should be a priority for integration into health and medical research, for example where Australia has an existing competitive advantage or that will address areas of national need?
3. How can the National Strategy support better adoption of emerging technologies, AI and digital health?

Background

AI and digital health tools are already well established in some areas of healthcare delivery. Capacity building in emerging technologies is underway, with substantial investments by Commonwealth and State/Territory Governments. Over 23 million Australians are registered with My Health Record, providing them with information and tools to better understand their health and wellbeing.[21] Many states and territories have or are implementing health identifiers and digital patient records. Digital technologies are easing pressure on hospitals, and through data sharing, evidence-based decision making can be informed.[21] These investments aim to develop sovereign capability in technologies, support engagement in international advanced medicine clinical trials, and fund research relating to AI advanced therapeutics.

Measuring the impact of Australia's health and medical research

Knowing the impact of Australia's health and medical research is a measure of the effectiveness of research funding and contributes to identifying Australia's key strengths, capabilities and gaps. Regular assessment of research impact provides transparency, accountability, policy and research benefit, public engagement and visibility. The measurement of impact also directly benefits individual researchers by providing evidence to support future funding applications and career progression, as well as opportunities to assess research achievement and strategically prioritise their research activities. However, there is not a consensus on how research impact should be measured and how this would inform future research priorities and funding decisions.

Issues raised

- Measuring success and impact in health and medical research is difficult due to the time it takes for research outcomes to be translated at a clinical and community level, approximately 17 years.[22]
- In current funding models, it is difficult to identify which projects are succeeding and which ones are not.
- There is a commonly held view that the academic system, including research grants and academic promotions, provides incentives skewed to publications, bibliometric impact factors and further grant success, rather than research translation and the generation of wider 'impact.'[22]

Key questions for discussion

1. What key indicators should be used to measure the success and impact of health and medical research in Australia? Should these key indicators be linked to economic benefit as well as benefits to health?
2. What tools (including AI) are available and emerging to measure research impact more efficiently?
3. Should Australia more closely monitor the progress of funded research to identify projects that are not meeting their key objectives and milestones and are likely to fail? If so, what is the best method to do this?

Background

The NHMRC definition of research impact is, 'the verifiable outcomes that research makes to knowledge, health, the economy and/or society, and not the prospective or anticipated effects of the research.[23] The NHMRC regularly produces impact case studies to demonstrate its contribution to raising the standard of individual and public health throughout Australia. Each case study is developed in partnership with one or more Australian research organisations and other bodies.[24] The Department of Health and Aged Care has compiled a set of MRFF performance indicators, as a first step to understanding the MRFF's impact. The evaluation of the MRFF considers whether projects: lead to better patient outcomes, produce beneficial changes to health practices, increase efficiency in the health system, lead to commercialised health service outcomes and increase community support for the outcomes from MRFF funding.[25] Other novel approaches to assessing research outcomes include a Research Impact Assessment Framework (RIAF) developed by the University of Sydney [26]

National Strategy background

The purpose of the National Strategy is to deliver a plan to strengthen and leverage Australia's world-leading health and medical research capability, delivering better health outcomes from a productive and efficient research ecosystem.

It aims to foster a strong research workforce and create the attractive investment environment necessary for a sustainable research pipeline from discovery and innovation to translation and commercialisation.

An effective National Strategy will cover the Australian health and medical research sector in its entirety e.g. state, territory and federal government, industry, philanthropy, academia, clinicians, and consumers amongst others.

The Chair of the National Strategy is supported by the department, in collaboration with the NHMRC, to lead the development of the National Strategy for the Minister for Health and Aged Care.

Current state

This is the first time a National Strategy has been developed. In 2013, a Strategic Review of Health and Medical Research in Australia: Final Report (the "McKeon Review")[27] was delivered as a blueprint for the future of health and medical research in Australia. The McKeon Review provided 21 recommendations describing a ten-year vision for better health and economic prosperity through health and medical research.

There are a number of recent intersecting processes across the Australian Government that need to be considered over the course of developing this National Strategy, including the:

- Department of Industry, Science and Resources (DISR) strategic examination of research and development, with an interim report to be delivered in early 2025 and a final report delivered to government by 31 December 2025. The discussion paper has been released and a public consultation is currently underway.[28]
- National One Stop Shop design and delivery.[16]
- Findings of the Health Technology Assessment (HTA) Review.[29]
- Findings of the Australian Universities Accord final report.[30]
- Release of the National Science and Research Priorities.[31]
- Release of the DISR National Reconstruction Fund Priority Area Medical Science Co-investment Plan.[32]
- National Digital Health Strategy 2023-2028.[21]
- Former work undertaken under the Vision 2040 Strategy – a strategic advisory committee to develop the nation's strategy for health and medical research (work ceased in 2023).

Consultation and communication

The Chair is overseeing a consultation process that includes both open engagement with the broader sector and targeted discussions with key stakeholders. These targeted discussions will involve specific peak bodies, government agencies, and organisations with significant expertise or interest in the sector.

The department is aware that the sector has been consulted extensively in the past two years, including through the national consultation on 'Improving alignment and coordination between the MRFF and NHMRC's MREA'. A consultation summary report was published in May 2024. By December 2024, some

changes had been made which reflect the consultation feedback, with the establishment of joint MRFF and NHMRC committees and arrangements to advise the CEO of the Department of Health and Aged Care's Health and Medical Research Office and Australian Medical Research Advisory Board and the NHMRC CEO and Council on both the MRFF and MREA.

Consultation on the National Strategy will aim to balance between inclusivity and depth by incorporating diverse perspectives, undertaking meaningful dialogue with key stakeholders and managing overall burden. A series of roundtables and workshops on a Draft National Strategy will be held in each State and Territory in the second half of 2025.

References

1. Waltman L et al. *Supporting priority setting in science using research funding landscapes.* RoRI Working Paper No.1, Research on Research Institute. 2019.

2. Centre for Epidemiology and Evidence. *Setting Research Priorities: A Guide. Evidence and Evaluation Guidance Series, Population and Public Health Division.* NSW Ministry of Health, 2023.

3. Aboriginal Health & Medical Research Council of NSW. *Policy Priorities 2021.*

4. Australian Institute of Aboriginal and Torres Strait Islander Studies. *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research.* 2020.

5. National Health and Medical Research Council (NHMRC). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* 2018.

6. Medical Research Future Fund. *Indigenous Health Research Fund Roadmap and Implementation Plan National Consultation Report.* Australian Government, 2021.

7. Research Australia, *Australian H&MR Facts*. 2024. https://researchaustralia.org/category/hmr-facts/.

8. Association of Australian Medical Research Institutes (AAMRI). *AAMRI 2024 Report.*

9. Smith S and Johnson G. *A systematic review of the barriers, enablers and strategies to embedding translational research within the public hospital system focusing on nursing and allied health professions*. 2023, PLoS One; 18(2).

10. Glasziou P and Chalmers I. *Research waste is still a scandal—an essay by Paul Glasziou and Iain Chalmers.* 2018, BMJ; 363:k4645.

11. Glasgow H et al. *The future of health behavior change research: What is needed to improve translation of research into health promotion practice?* 2004, Ann Behav Med; 27(1):3-12.

12. Abu-Odah H et al. *Identifying barriers and facilitators of translating research evidence into clinical practice: A systematic review of reviews.* 2022, Health Soc Care Community. 30(6):e3265-e3276.

13. NHMRC. Survey of research culture in Australian NHMRC-funded institutions. 2022. https://www.nhmrc.gov.au/research-policy/research-quality.

14. Australian Academy of Health and Medical Sciences. *Research and Innovation as Core Functions in Transforming the Health System: A Vision for the Future of Health in Australia.* 2022.

15. Australian Research Data Commons. *Australian National PID Strategy and Roadmap.* 2025 https://pidroadmap.ardc.edu.au/pids/.

16. Australian Commission on Safety and Quality in Health Care. *Consultation Report – Requirements for the National One Stop Shop, the National Clinical Trials Front Door and core elements of the National Site-Specific Assessment.* 2022.

17. Department of Health and Aged Care. *The Australian Health and Medical Research Workforce Audit*, 2024.

18. Medical Research Future Fund. *Report on gender data for grant opportunities.* 2024.

19. NHMRC. Gender equity, 2024. https://www.nhmrc.gov.au/research-policy/gender-equity.

20. NHMRC. *Working towards gender equity in Investigator Grants*. 2022. https://www.nhmrc.gov.au/about-us/news-centre/working-towards-gender-equity-investigator-grants.

21. Australian Digital Health Agency. *National Digital Health Strategy 2023-2028.*

22. Morris ZS et al. *The answer is 17 years, what is the question: understanding time lags in translational research.* 2011. Vol. 104.

23. NHMRC. *Research Impact Position Statement*. https://www.nhmrc.gov.au/research-policy/research-translation-and-impact/research-impact.

24. NHMRC. *Impact case studies.* https://www.nhmrc.gov.au/about-us/resources/impact-case-studies.

25. MRFF. *MRFF Monitoring, Evaluation and Learning Strategy.* 2024. https://www.health.gov.au/resources/publications/mrff-monitoring-evaluation-and-learning-strategy.

26. Ward RL et al. *Development of a novel and more holistic approach for assessing impact in health and medical research: the Research Impact Assessment Framework.* 2023. Australian Health Review Vol. 47(5), 589–595.

27. McKeon, S. *McKeon review: we need to integrate research and health services.* 2012. https://theconversation.com/mckeon-review-we-need-to-integrate-research-and-health-services-9742.

28. Commonwealth of Australia. *Strategic Examination of R&D discussion paper.* 2025.

29. Department of Health and Aged Care. *Accelerating access to the best medicines for Australians now and into the future.* 2024.

30. Australian Government. *Australian Universities Accord Final Report.* 2023.

31. Department of Industry, Science and Resources. *Australia's National Science and Research Priorities.* 2024.

32. Department of Industry, Science and Resources. *Medical Science Co-investment Plan.* 2024.

Disclaimer

The content of this Paper does not reflect the Australian Government's view in relation to the development of the National Strategy, or matters affecting the National Strategy. The information included in this Paper includes issues raised that may be of interest to stakeholders with the intention to guide further discussions and formal consultation.