

Response to consultation from the Australian National Audit Office's review of the Commonwealth Department of Health's Management of the Medical Research Future Fund.

Thank you for the invitation to respond to the request from the Australian National Audit Office review of the Commonwealth Department of Health's Management of the Medical Research Future Fund. We are responding on behalf of the Australasian Association of Academic Primary Care (AAAPC) (www.aaapc.org.au).

AAAPC is a multidisciplinary, representative group of Australian and New Zealand primary health care academics who undertake teaching and research in general practice and primary care. The organisation promotes the value of linking research and practice to inform and enhance primary health care policy and practice to improve health outcomes. Our 180 members work in University Departments of General Practice, Nursing, Health Sciences, Public Health and Community Medicine. Many work clinically in primary care while others are employed by State Health Departments and Primary Health Networks.

We have chosen to address the evaluation criteria broadly, the first part of our response addresses governance and administration, while the second part addresses our members' consideration of the monitoring and evaluation of the Fund. For ease of reading, we have organised our response under a series of subheadings.

The existence of the MRFF has been positive to strengthen funding for Australian health and medical research. At an institutional level, it is clear that universities desire to receive MRFF funds and therefore are willing to dedicate resources to bring researchers together, plan for future schemes and submit high quality grants. We welcome the blend between targeted and more generalised grants, and acknowledge the attempts to align grants towards clinical research.

1) Are the MRFF governance arrangements effective?

We acknowledge that the questions asked in this consultation do not address the main concerns of our members. However, we take a broad view of governance as *encompassing the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.* (<https://www.governanceinstitute.com.au/resources/what-is-governance/>)

Overall administration of the fund.

We consider that the structure, function and characteristics of the Board of Guardians are understandable and appropriate. We are less clear about the selection, and processes used by the Australian Medical Research Advisory Board (AMRAB). We are concerned that, according to the Australian Government Directory the membership of AMRAB is currently vacant and has been since at least 1 March 2021. The MRFF website however still lists the original members.

Furthermore, we are unclear about the processes associated with the selection, input and role of the Expert Advisory Panels, and find it impossible to be clear as to who decides on the calls and their content. As with many in the research community we are concerned that it seems easy for the Minister of Health to make funding decisions outside of the contestable, peer reviewed mechanisms included in the MRFF act.

Our main focus with respect to governance has to do with the governance and administration of the grant cycle. Our comments focus on grant timelines, grant administrative criteria and assessment. Underpinning our response is an underlying concern about transparency.

Administration of grant cycles

MRFF grant calls are unpredictable and often associated with extremely short timelines. This places strain on researchers and University Research Offices. Short timelines are compounded by the general requirement for University Research Offices to require early submission for processes of compliance checking. Multiple MRFF funding rounds, generally being implemented with little warning, varying focus and different timelines mean that grant writing has become almost constant for many researchers.

This lack of predictability, combined with the very small window prior to the due date creates a rush of action that is not in the best interest of high quality, impactful work. Importantly, teams are unable to consolidate and find it difficult to build on meaningful collaboration, liaison and strategic partnership with industry.

Not knowing when the scheme will come around again (e.g. annually, biannually), means many researchers feel this is the ONLY time their project will have a possible funder, so there is anxiety felt by researchers as a result. NHMRC schemes that are annual, as a comparison, allows researchers to plan in advance when they will be best positioned to apply.

We believe a key change to administration would be to have the majority of funding released via a predictable, explicit timeline – similar to that used within the NHMRC, with at least three months between opening and closing of schemes.

Grant assessment

We have a range of concerns regarding the long timelines between submission and notification of result – frequently resulting in ongoing recycling of applications in search of potential grants as ‘backups’ while waiting for NHRMC/MRFF notification. This generates more applications but less variety with the likelihood that extra work is passed to reviewers and the grant management agencies.

In contrast to NHMRC, there is a lack of transparency about who is assessing the applications. Assessment panels are invisible – applicants and the research community are unaware as to the composition of the assessor panels including the discipline of scientific and other assessors, the processes that are used in assessment and ranking applications, and the ways in which final decisions are made as to which applications get funded. There is no information as to whether serving members of Health are included in panels and whether consumers and representatives of vulnerable communities have a voice in assessment. These issues also create difficulties in knowing which audience to write to, particularly in applications which have substantial sections to complete beyond the standard scientific protocol.

There is minimal if any feedback on specific grant results – there are often no scores, no comments and nothing to allow researchers to build upon lessons of previous assessments. If peer review is occurring, we encourage MRFF to make the feedback available to researchers as a way to continuously improve future submissions. Good quality feedback on applications will assist in nurturing promising proposals and minimize the loss of opportunities and research/collaboration talent (MRFF Funding Principle 16). Insufficient feedback is increasingly leading to a number of our members expressing reluctance in participating in future MRFF funding opportunities.

Application conditions

MRFF grant rounds have been characterised by an unusual condition that we believe has led to significant unanticipated consequences. Chief Investigators are not permitted to be on more than one application submitted to most MRFF opportunities to which we are aware.

The primary care research community is diverse, collaborative but limited in numbers. It could be argued that restricting CIs is helpful in restricting multiple applications in a highly specialised field. However, within the emerging, generalist and multidisciplinary field of primary care research the enactment of the condition decreases collaboration, makes it more difficult for early career researchers to build opportunities, decreases innovation and, we believe, diminishes overall grant quality. Allowing investigators to be on two grants in a cycle would be a considerable improvement.

Assistance to researchers

The MRFF is a new and exciting opportunity. We would highlight again the need for predictable and realistic timelines for new opportunities and ask that they are always accompanied with clear documentation of assessment criteria and processes. These factors should be a priority in your committee's consideration of the questions.

2) Has MRFF legislation, governance, strategies and priorities guided selection of medical research initiatives?

The priorities stipulated by MRFF have been useful in identifying researchers across institutions who may have expertise in a discipline or field that is relevant in the eyes of the funder. A knowledge about this has, at times opened the door to collaboration that would not have otherwise occurred.

Selection of priorities

Despite the consultation that has taken place concerning scheme priorities, it is not at all clear as to how final decisions are made. Once those decisions are made, we are similarly concerned about their operationalisation. For example, despite Practice Based Research Networks (PBRN) being one of the few priorities in the primary care research sector, there has been no activity to enshrine this priority in grant calls. While AAAPC has had a number of discussions with the Department of Health concerning a link between the PBRN priority and action, no link has been built – either in the content of the grant processes or in targeted funding.

Similarly, we remain bewildered that despite primary care being prominent in the 2020-2022 priorities of the fund, and given that primary care is the largest discipline in the health sector, touching the majority of the population, the total funding pool available to primary care research is very small. We have yet to see any evaluation as to how many primary care applications were successful, what funding, what type of research (ie general practice and allied health, health services research, clinical trials), and geographic distribution of funding (reflecting the importance of priorities related to equity, access, vulnerable populations etc).

At a broader level we are not clear how the connection between policy priorities and MRFF funds is communicated. We have, however, significant concerns about the process of selection of grant priorities and how this aligns with the strategic direction of the Department of Health, such as the MBS review.

We are not convinced that the current MRFF priorities reflect a true view of the Department of Health regarding what they would like to see researchers working on. We are concerned about the perception that decisions are flavoured by ministerial requests often in response to perceived pressure from advocacy bodies and professional groups. We struggle to see any clear alignment between the funding process and opportunities and the Department of Health's other strategic or operational plans.

3) Does the Department of Health effectively monitor, measure and evaluate MRFF's performance?

We have little awareness of the MRFF's processes for monitoring and evaluating performance. We do note that any evaluation is limited by the relatively short duration of the initiative. While several of our members participated in a series of group meetings to structure the evaluation of the program over the last 12 months, we note that clarity of the results of this process is minimal.

We thank you for your consideration of our response and look forward to discussing matters in more detail.

Sincerely,

A handwritten signature in black ink, appearing to read 'Phyllis Lau', with a stylized flourish at the end.

Phyllis Lau, President