

MEDICAL RESEARCH FUTURE FUND (MRFF) CONSULTATION – AUGUST 2018

MEDICAL DEANS SUBMISSION

Submissions are made via a structured online portal, which has 13 questions. The first 5 are about the submitting organisation. Questions 6 – 13 are listed below and are where our feedback is provided and permission given to publish our response.

6. Which 2016–2018 MRFF Priorities do you think need further focus? (Please select a maximum of three Priorities)

- Antimicrobial resistance
- International collaborative research
- Disruptive technologies
- Clinical quality registries
- National data management study
- MRFF infrastructure and evaluation
- Communicable disease control
- National Institute of Research
- Building evidence in primary care
- Behavioural economics application
- Drug effectiveness and repurposing
- National infrastructure sharing scheme
- Industry exchange fellowships**
- Clinical researcher fellowships**
- Clinical trial network
- Public good demonstration trials
- Targeted translation topics**
- Research incubator hubs
- Biomedical translation
- None

7. How can the 2016–2018 MRFF Priorities you identified in Question 6 be extended or re-emphasised in the 2018–2020 MRFF Priorities?

How can the most important Priority identified in Question 6 be extended or re-emphasised? (max 500 words) (Required)

Clinical researcher fellowships

There is no dispute that a high-quality and internationally-competitive clinical academic workforce is essential to drive the aims of the MRFF, however Australia is at risk of having its research aspirations thwarted unless more attention is given to developing and supporting young doctors into clinical academic careers.

Whilst the Medical Deans' annual survey of medical graduates (Medical Schools Outcomes Database) shows that interest in research as part of their future career has consistently been above 60% for the last 5 years, junior doctors are discouraged from progressing a career in academic medicine due to the poor job security, few long-term career progression opportunities, and often low remuneration.

The 2018-2020 MRFF priorities must retain a strong focus on supporting sufficient clinical research fellowships. These should be positions that appropriately balance research with clinical work (ideally 50-50), are in place for a reasonable duration, and suitably remunerated such that they are an attractive and comparable choice for early-mid career clinicians. Locating these in the AHRTCs and CIRHs would be appropriate, and hopefully more of these will be established, however other options should not be discounted, and what is key is that positions are sustainably established in multiple locations.

In conjunction, it is critical to establish a clear pathway into a clinical academic career with a visible and transparent career structure. Without such transparent and declarative pathways there will be little success in growing the clinical academic workforce in this country.

Whilst funding specific projects is much needed, there also needs to be investment in our future clinical academic leaders. This requires a different approach and is likely to necessitate funding being provided to institutions to identify and nurture clinical academics rather than solely to projects. There is an urgent need for the infrastructure and teaching capacity to be increased to support early career academics to be able to develop their research skills and provide dedicated time to develop competitive applications for MRFF project grant funding.

If you identified a second Priority in Question 6 please explain how it needs to be extended or re-emphasised? (max 500 words)

Targeted translation topics - health system and services research

The MRFF priorities recognise that finding better disease and illness prevention, better care, and better treatments are of little value if these are not translated into practice. Whilst we applaud the funding that has thus far been allocated, research into health systems and services is still not afforded the priority that it merits, especially given that new discoveries have little hope of impact without sound and highly integrated health systems in place.

More opportunities need to be promoted for research into new models of care that deliver best practice in more effective and efficient ways. This needs to consider aspects such as health system stewardship, the changing needs of patients, the drive to provide more care in community-based settings and by multidisciplinary care teams, the increasing opportunities afforded by a greater use of technology, and overcoming issues that continue or even exacerbate patients' inequity of access to care and health outcomes.

If you identified a third Priority in Question 6 please explain how it needs to be extended or re-emphasised? (max 500 words)

Industry exchange fellowships

Connections and partnerships between researchers, clinicians and industry are recognised as a valuable and effective approach to many aspects of health and medical research. Industry exchange fellowships are important aspects of these partnerships and should remain a priority of the MRFF.

Ensuring that there is sufficient emphasis and optimal opportunities for industry involvement is key, and it is vital that there be effective and regular feedback mechanisms from all those involved in industry partnerships so that their experiences, needs and any suggested improvements can be heard, understood and appropriately acted upon. Creating a range of mechanisms for this to happen – using a mix of media from confidential online feedback through to roundtables – would be a useful addition to support MRFF's evaluation of current funded projects and to help inform future decisions.

8. 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?

Most important gap identified that needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words) (Required)

Clinical academic career pathway

As highlighted above, we require an investment in people as well as projects. The UK's experience of implementing an integrated academic career path has been positive, yet they report that there is still the perception by trainees that they will not have enough experience to be accepted into an academic post. It is vital that this is overcome and that young doctors are encouraged and enabled to realise their stated desire for a career involving research.

The UK integrated academic career path has five distinct stages; medical school, academic foundation programs, academic clinical fellowships, clinical lecturer, and senior academic. The pathway allows doctors to progress in a linear fashion but is also flexible to allow people to enter and exit at different stages.

Whilst we welcome the current MRFF work in this area, we note that it is focused solely on "using existing well targeted schemes" of the NHMRC. We strongly support the Career Development Fellowships that have been funded, however they are focused on "researchers in Australia who have a sustained track record". This excludes support to young doctors wanting to commence a career in research.

Considering the fundamental importance – indeed reliance – of the MRFF on a sufficient and appropriately trained clinical research workforce, the MRFF should consider the role it could play in instigating and supporting an integrated approach to an academic career path to build a stronger capacity and level of expertise in Australia.

If you identified a second gap please explain how it needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words)

Health system and health workforce research

As stated above, there needs to be increased investment in research into health systems and services.

Models of care are being designed with the aim of better integrating care, organising the provision of care around patients' needs and that of their families and carers, improving

patient access, utilising emerging technologies and biomedical developments, and improving efficiencies to ease the strain on the costs of health care.

We need to understand these models and the extent to which they are achieving these aims, support a quality improvement approach to be taken, and identify and be able to address any unintended adverse consequences that might arise. In addition, we need to incorporate the work being done to support further disinvestment in costly and non-evidence based investigations and management.

Research into the implications of these new models of care on the future health workforce is also sorely needed to help ensure that Australia is producing the future health workforce it needs to meet society's needs.

Whilst it is widely recognised that the health workforce of the future should be very different to what it is today – with an ageing population with a high burden of chronic diseases requiring multidisciplinary care in community settings, and as yet unknown impacts of technology and artificial intelligence – very little research is being undertaken in this area.

The health workforce we produce will significantly affect the health system we get and failing to train an appropriate workforce will jeopardise Australia's capacity to meet its future healthcare needs.

If you identified a third gap please explain how it needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words)

Medical education research

A high-quality educated, trained and supported health workforce is fundamental to ensuring patient safety and the provision of quality patient care and population health.

Developments in educational approaches and best practice are always evolving, and we are seeing significant new educational models driven by technology and changing expectations of students and trainees.

It is important that Australia recognises and supports the need to identify, understand and apply best practice approaches to health and medical education to continue to produce world-leading medical educators, doctors and researchers.

There is a real opportunity that should not be overlooked. The MRFF should take a broad integrated view of health and all its elements. Supporting research into best practice in medical education and emerging developments in this field is an established part of the UK's National Institute for Health Research's strategy. Australia is at risk of being left behind unless this is addressed in this country.

9. What specific priority or initiative can address the above gaps?

What specific priority or initiative can address the first gap identified in Question 8? (max 500 words)

Health system and health services research

Whilst other organisations should not be discounted, the Advanced Health Research Translation Centres (AHTRCs) and Centres for Innovation in Regional Health (CIRHs) are well placed to lead, coordinate and progress work to improve Australia's clinical research capacity and capability.

Their approach of leadership, academic excellence, partnership with health services and industry collaboration is ideally suited to health system and health services research; and they should be encouraged and supported to extend their work in this area. Ideally more of these centres should be established to encourage translation of research in to practice in regions beyond those currently hosting an AHTRC or CIRH.

Whilst we do not wish to comment on prioritising particular disease areas or populations – recognising that applications for funding should be assessed on merit – in light of the aging population and still increasing burden of chronic disease (on the health system, on people's lives, and on the broader economy) research relating to chronic disease management and prevention, and to aged care and end of life care are clearly areas that are vitally important and where improvements could have a significant impact.

We also commend the MRFF approach to supporting partnerships within applications, and recommend this is strengthened by ensuring explicit preference to proposals that partner with health service providers.

If you identified a second gap in Question 8 what specific priority or initiative can address this gap? (max 500 words)

Medical education research

As noted, we strongly recommend that MRFF includes research into best practice in medical education. This should be promoted across the medical education sector to elicit specific proposals for this work to progress.

Priority should be given to research on optimising team-based learning, supervision and feedback, as well as teaching of inter-professional practice – both of which are recognised as key to improved patient care, and that move away from the more traditional discipline-specific approach to teaching and training.

If you identified a third gap in Question 8 what specific priority or initiative can address this gap? (max 500 words)

Upskilling medical researchers

As stated earlier, more focus needs to be on supporting the provision of opportunities for early career researchers to be involved in research and develop their skills, knowledge and expertise.

In addition, we recommend that preference be given to proposals that include early career researchers as part of the team. This would greatly support their ability to learn from their mentors and peers whilst working on important and nationally-recognised priorities.

10. What Strategic Platforms (identified in the MRFF Strategy document) would the Priority/ies you identified in Question 8 fall under? (Required)

- Strategic and international horizons
- Data and infrastructure
- Health services and systems
- Capacity and collaboration
- Trials and translation
- Commercialisation

11. How can current research capacity, production and use within the health system be further strengthened through the MRFF? (max 500 words)

A specific analysis of the current funding to date on health systems research should be undertaken to identify gaps or areas where there is clearly too little being done. This could then inform whether there is a need for some type of targeted fellowships and research into areas such as allied health or community-based models of care.

12. Do you have any additional comments on the Discussion Paper? (max 250 words)

The MRFF should be commended for progressing substantial access to the Fund in a relatively short timeframe. This has enabled research to commence without undue delay. However, as has been acknowledged, this did come at some cost in terms of not having well-established and communicated processes and policies. It is vital the MRFF now redress this and ensure this next stage is supported with well-considered, robust and transparent systems and processes. Without this there is a risk that the confidence and support of the health and medical research sector will erode.

Feedback from our members includes the need for improved communication and notification of tenders, more realistic timeframes for applications, a better feedback mechanism for applications that were not successful, and a transparent and well-communicated overview of the MRFF application, progress and reporting mechanisms.

Access by researchers to health system data within appropriate privacy, access and use policies and secure structures is fundamental to good research. Whilst we acknowledge that work is underway by the Australian Digital Health Agency (ADHA) to develop and implement data access processes and policies, it must be given a higher priority and accelerated.

Thus far ADHA's direction and progress remains opaque for many in the sector. More transparent engagement and collaboration by ADHA with the research and clinical academic sectors is needed to ensure input and insights from long-experienced researchers informs this work, and so that approaches currently being adopted by researchers are aligned with these future policies wherever possible.

13. Do you consent to this submission being made public on the MRFF website?

Yes