

Submission Form

Date: 7 July 2023

Due date:

- by Friday **14 July 2023** 11.59pm

See Discussion Paper:

- <https://consultations.health.gov.au/health-economics-and-research-division/improving-alignment-and-coordination-mrff-mrea/#:~:text=The-,Discussion%20Paper,-provides%20further%20details>

See Consultation website:

- <https://consultations.health.gov.au/health-economics-and-research-division/improving-alignment-and-coordination-mrff-mrea/>

Introduction

1. What is your name?

(Required)

Professor Grant McArthur

2. What is your email address?

(Required)

grant.mcarthur@petermac.org

3. Are you providing feedback as an individual or an organisation?

(Required)

Individual

Organisation

Individual

4. to 10.

Organisation

11. What is the name of your organisation?

(Required)

Victorian Comprehensive Cancer Centre (VCCC) Alliance

12. Where is your organisation based?

(Required)

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Other

13. If you chose 'other', please specify the location(s).

14. What sector(s) does your organisation operate in?

(Required)

- Consumers
- Government
- Higher education
- Health services
- Industry
- Philanthropy
- Research (other than universities)

Other

15. If you chose 'other', please identify the sector(s).

The Victorian Comprehensive Cancer Centre Alliance is an alliance of 10 of Victoria's leading research, academic, and clinical institutions, comprising Peter MacCallum Cancer Centre, Melbourne Health (including The Royal Melbourne Hospital), the University of Melbourne, Walter and Eliza Hall Institute of Medical Research, The Royal Women's Hospital, The Royal Children's Hospital, Western Health, St Vincent's Hospital Melbourne (including St Vincent's Institute), Austin Health (including the Olivia Newton-John Cancer Research Institute and Austin Lifesciences) and Murdoch Children's Research Institute. The VCCC Alliance's collective impact approach to develop and innovate new and innovative cancer research and treatment programs operates within multiple sectors.

16. Please choose the description that correctly describes funding received by your organisation to date.

(Required)

- MRFF funding only
- MREA funding only
- MRFF and MREA funding
- No funding received from MRFF or MREA

17. Does your organisation represent one or more of the below priority populations?

(Required)

- Aboriginal and Torres Strait Islander people
- Older people
- People with rare or currently untreatable diseases/conditions
- People in remote/rural communities
- People with a disability (including people with intellectual disability)
- People from culturally and linguistically diverse communities.
- None of the above
- Prefer not to answer

Guiding questions

This consultation is focused on seeking views from all stakeholders on the effective operation of the MRFF and MREA. The information will be used to provide advice to the Minister for Health and Aged Care on options for improving alignment and coordination between the two funds.

There will be future opportunities to contribute to the development of a National Strategy. We therefore encourage all participants to focus their submissions to this process on the following questions:

18. What benefits should be achieved through improving the alignment and coordination of the MRFF and MREA?

(Maximum 400 words)

The vision for the VCCC Alliance is to save lives through the integration of consumer-engaged cancer research, education and patient care to improve outcomes in cancer in metropolitan, regional and rural Victoria, and forge new approaches to cancer research, education, and patient care for all. Central to this tenet is a national open and competitive medical research grant environment that supports cancer research across the continuum; from discovery research (basic science and translational) through to clinical trials, and beyond to implementation science and health services research. An overarching governance and administrative approach is imperative to ensure that opportunities across the continuum are provided without duplication and in a co-ordinated manner.

Benefits include:

- A holistic funding strategy: providing seamless support is particularly critical in cancer research, where advancements rely on a tight integration between basic and clinical research, clinical trial opportunities, and implementation
- Strengthened resource allocation: enhanced coordination would allow for more strategic allocation of resources, ensuring support for critical areas in cancer research such as precision oncology, immuno-oncology, rare cancers, and population-specific cancer challenges
- Reduced administrative redundancy: aligning administrative processes will significantly reduce the burden on researchers, allowing increased time to dedicate to impactful research
- Enhanced agility: with an aligned approach, the funds could more effectively respond to emerging priorities and breakthroughs in cancer research, supporting rapid progress in these areas
- Fostered innovation: by supporting a seamless pathway from discovery to application, the funding structure would encourage cross-disciplinary collaborations, foster high-impact research, and speed the translation of research findings into clinical practice
- Embedded consumer involvement: an aligned approach can enable a consistent framework for standard setting and assessment of consumer and community involvement in research

19. Which feature/s of the models will deliver these benefits? (Maximum 400 words)

The VCCC Alliance prefers elements of Model 2 and Model 3 to deliver the benefits outlined above. A unified governance under NHMRC and distinct focus of each fund (Model 2), or a flexible, single funding source (Model 3), could both contribute to a more robust, streamlined, and responsive cancer research funding landscape in Australia.

Model 2 provides opportunities to streamline application and reporting processes, reducing administrative burden on researchers. This would also eliminate potential duplication of effort, fostering greater efficiency in resource use. With unified management, the allocation of funding would be more strategically devised, and balanced across the continuum of cancer research. The two grant programs may effectively retain distinct areas of focus, optimising flexibility to address both existing strategic goals, and emerging trends and challenges as they unfold.

In Model 3, the merger of MRFF and MREA under a single grant program managed by NHMRC also presents attractive features. It represents an innovative funding approach that would offer maximum flexibility and for purpose design.

Under both models, effective consultation with consumers and community, industry, health professionals, consumers, and researchers would remain central to strategy development to aid transparency and accountability.

20. What elements of the existing arrangements for the MRFF and the MREA work well and should be retained? Which feature/s of the models will help ensure these elements are preserved? (Maximum 400 words)

The MRFF has shown immense value in its strategic approach to prioritise and rapidly fund emerging health challenges and priority-led research. Its ability to mobilise resources towards translational and commercialisation-focused efforts has filled a critical gap in the cancer research funding landscape. The fund's flexibility and adaptability in response to evolving health

challenges and government priorities has been advantageous, enabling quick responses to urgent health crises or emerging research breakthroughs. The flexibility of MRFF has seen funding available for consumer-led research that assists in addressing complex health challenges using patient-centred approaches.

The MREA, under the management of NHMRC, has been a reliable source of investigator-led and discovery-focused research in Australia. It has been successful in fostering a competitive environment that encourages high-quality research and innovation.

Both funds' commitment to engaging various stakeholders in the process of setting their research priorities, strategies and review process should be retained and fortified, particularly regarding consumer involvement. This engagement ensures that the funds are being directed towards areas of greatest need and potential impact.

21. Which aspects of the current arrangements could be changed to deliver the most appropriate and effective change, and why? Which feature/s of the models will help deliver this change? (Maximum 400 words)

The current arrangements for the MRFF and MREA have proven effective in many respects, but there are elements that, if changed, could yield even more significant results for the cancer research sector. Both Model 2 and Model 3 have features that could deliver these changes.

A notable area for improvement is the need for enhanced coordination and alignment between the two funds to eliminate redundancies and maximise efficiency and impact. Currently, there is a risk of overlap in the research projects funded by the MRFF and MREA, leading to unnecessary duplication of efforts and resources. In cancer research, where there is a constant need for innovative solutions and efficient use of funding, such overlaps can hinder progress. Implementing a mechanism that fosters better coordination between the funds would enhance the strategic allocation of resources, promote synergy between different research projects, and ensure that each dollar invested provides maximum benefit.

Another area for improvement is reducing the administrative burden for grant applicants. The current system requires researchers to navigate two separate application processes with different requirements and timelines, which can be time-consuming and confusing. Streamlining these processes could free up more time for researchers to focus on their actual research work, thereby accelerating advances in cancer treatments and technologies.

Additional suggested changes include the development of a framework for standard setting and assessment of consumer and community involvement in research, and the establishment of the expertise of lived experience with decision-making ability in all Principal Committees. This may be achieved through a peak national body (as in Model 2). Diversity can be enhanced by representation from State and Territory peak health consumer organisations.

22. Is there anything you would like to raise that is not otherwise captured by these questions? (Maximum 400 words)

While the models for reform proposed in the discussion paper cover many of the crucial aspects for enhancing the effectiveness of health and medical research funding in Australia, we would like to stress the importance of consumer and community involvement in all aspects of health research. The lived experience is vital to understanding the true impact of health issues and the effectiveness of treatments. Any model for reform requires mechanisms of governance that ensure effective consumer and community involvement that informs research strategy and priority setting. This is a national opportunity to set standards of best practice and secure the value of the lived experience in driving research objectives across health and medical research. Elevating consumer involvement will drive health research policy necessary for the future needs of the community and is beneficial for all.

How did you first hear about the consultation?

23. How did you first hear about the consultation?

(Required)

Email

Webinar

Departmental website

MRFF newsletter

NHMRC newsletter

Social media

Other

24. If you chose 'other', please state the other channel.

Notification via contact at the Australian Clinical Trials Alliance

25. Can we publish your response?

(Required)

Yes

Yes, but keep my name private

No