VCCC Alliance
Overcoming cancer together

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VCCC Alliance Response to Draft National Health and Medical Research Strategy consultation

The VCCC Alliance

The Victorian Comprehensive Cancer Centre (VCCC) Alliance is Australia's first and foremost comprehensive cancer centre network: a powerful partnership of 12 leading hospitals, research and academic institutions across Victoria working together to improve outcomes for people affected by cancer. Our alliance leads evidence-based and consumer-informed cancer research and education to improve patient care for all Victorians. Increasingly, our influence extends nationally and further afield as our innovative approach to equity of cancer care across regional, rural and priority populations is recognised.

The VCCC Alliance welcomes the opportunity to provide feedback to the draft National Health and Medical Research Strategy public consultation. This submission represents collective input from members of our Board, our Cancer Research Advisory Committee, including leading clinical, academic and lived experience experts, Our Aboriginal and Torres Strait Islander Research and Education Leads, and our executive.

General Feedback

The Strategy is an ambitious and forward-looking document with many promising actions, focus areas, and strong enabling themes. However, it is not yet clear what "success" will look like at the end of the ten-year horizon. The aspiration to make Australia "the healthiest nation" is compelling but unlikely to be fully realised within this timeframe without clearer milestones and measures of progress.

While the breadth of initiatives is commendable, the Strategy's scale makes it difficult to discern clear sequencing — what must happen first, what the tipping points are, and the realistic quantum and duration of investment required. Articulating a phased approach with indicative funding priorities would strengthen feasibility and accountability.

The Strategy would benefit from a more nuanced understanding of the workforce needs required to build research capacity and capability across disciplines. These needs vary markedly between professional groups, and tailored approaches will be critical to sustaining the workforce that underpins research translation and impact.

1. Vision

Does the proposed Vision establish the right aspirations for the future of health and medical research in Australia?

We support the aspirations as presented in the draft Vision. It captures a positive direction for what could be realised over the next decade if the national research community and the NHMRC uphold the Strategy across Australia.

However, aspirations alone are not enough. Accountability and evaluation are critical, and the Vision must be backed by sustained resources and funding. At present, Australia's outstanding research talent is not being fully respected or enabled; too many researchers spend valuable time chasing fragmented funding rather than conducting impactful research. To truly deliver transformation, the Strategy must commit to mechanisms that resource and empower the sector.

The aspiration for Australia to be "the healthiest nation" is inspiring but perhaps unrealistic within a ten-year horizon and may inadvertently frame health improvement as a global competition. Rather than striving to be "the healthiest nation," the Strategy could more appropriately aim for Australia to be "a healthy nation – for all." This reframing would position equity and universality as the true measures of success and better reflect the Strategy's stated value of inclusion.

The Vision should also acknowledge the major health challenges faced by Aboriginal and Torres Strait Islander peoples and other underserved populations. If we aim to be "the healthiest nation – delivering for all," the Strategy must recognise and address these inequities from the outset.

The success of the proposed Vision will depend on accountability, evaluation, adequate resourcing, and genuine inclusion of all communities.

2. Values

Do you agree with the proposed Values?

The explicit emphasis on equity is both appropriate and essential, reflecting a contemporary understanding that excellence in health and medical research must be accompanied by fairness in access, participation, and benefit.

To achieve maximum impact for the community, the Values should explicitly reference **community partnership** as a foundational principle. Sustainable and translational impact arises when research is conducted *with* communities rather than *for* them—embedding co-design, mutual learning, and shared accountability throughout the research continuum. Inclusion of the term "community" in this way within the Values would therefore strengthen the Strategy's conceptual integrity and ensure that the principle of equity is operationalised through authentic engagement and partnership.

In considering **impact and sustainability**, a critical question remains: how is the Strategy proposing that research will power a high-performing health system when that very system is already under such duress? The Values should acknowledge the interdependence between a strong research ecosystem and a resilient health system—recognising that without coordinated investment, workforce stability, and system capacity, research cannot achieve its intended impact. Embedding this understanding within the Values would reinforce the Strategy's credibility and ensure that its aspirations are grounded in the realities of current health-system pressures.

3. Goals

Do you agree with the proposed Goals?

The intent of the proposed Goals is broadly supported, and they collectively present a coherent and aspirational framework that, if properly resourced and sequenced, could drive transformative improvements in health outcomes, equity and research excellence across Australia. However, several refinements would strengthen their conceptual clarity, internal coherence, and alignment with the NHMRC's purpose.

- Goal 1 "Deliver national prosperity and security" appears somewhat misaligned with the NHMRC's core remit of advancing the health and wellbeing of Australians. A more appropriate phrasing may be **"Deliver national prosperity through sustainable, targeted research,"** which preserves the link between research investment and national productivity while maintaining health impact as the central outcome.
- Goal 3 "Deliver equity – no one left behind" requires greater specification to reflect existing inequities and to embed measurable commitments toward redressing them. It should explicitly acknowledge that many populations are already left behind and that achieving equity necessitates deliberate, targeted, and assessable action.
- Goal 5 "Strengthen regional and global partnerships" should explicitly incorporate Indigenous partnerships. In addition, an extension of geographical scope to the Asia-Pacific region should be considered, where mature research infrastructures offer reciprocal learning opportunities of particular relevance to Australia's CALD populations.
- The sequence of Goals could be reordered so that "Lead the world in health outcomes" becomes Goal 1, followed by "Deliver equity – leave no one behind" as Goal 2. Resequencing the Goals would foreground the Strategy's fundamental purpose—improving health outcomes—before addressing secondary economic or geopolitical benefits, thereby aligning the framework with the NHMRC's foundational mission and community expectations.

Overall, the Goals would benefit from clearer alignment to health outcomes, explicit recognition of entrenched inequities, and the integration of Indigenous and regional collaboration as core strategic priorities.

4. Focus Areas

Do you agree with the proposed Focus Areas?

The proposed Focus Areas are well conceived and generally endorsed. The emphasis on research translation, the reduction of administrative burden, and the commitment to addressing structural inequities are commendable. However, several refinements are required to strengthen alignment with Australia's health priorities, enhance equity, and ensure sustainability across the research continuum.

Do you agree with the proposed Actions associated with each of the Focus Areas?

1. **Focus Area 1 – Build a vibrant research system that delivers for the nation**

There is a major gap in this Focus Area: the **omission of explicit support for discovery (basic) research**. Discovery science is the essential foundation that enables implementation of many of the Strategy's proposed actions. Without it, Australia cannot effectively undertake priority setting, horizon scanning, or collaboration, nor can it deliver on downstream actions identified in Focus Area 4 (Research Translation, Innovation and Commercial Solutions) and Focus Area 5 (Positioning for Future Needs and Challenges).

Discovery research is indispensable for tackling the most difficult health challenges—those in which the lack of understanding of disease biology is the principal barrier to improved outcomes. This includes low-survival cancers such as pancreatic cancer, brain cancers, acute myeloid leukaemia, and lung cancer in non-smokers (particularly women), as well as rare and genetic disorders for which therapeutic advances remain limited. In these areas, translational efficiency is not the issue; rather, it is the absence of fundamental biological knowledge that constrains progress.

It is therefore recommended that a **new action item** be added: **Appropriately support discovery research to enable major advances in the medium and longer term.**

Such investment would provide the foundation and opportunity to realise the other actions already identified in the Strategy—priority setting, horizon scanning, collaboration, and translation. Sustained support for discovery research generates the early empirical evidence, conceptual innovation, and workforce expertise that fuel all subsequent stages of the research and innovation pipeline.

Moreover, robust discovery science strengthens horizon scanning by producing the early-stage discoveries and hypotheses that reveal emerging opportunities, technologies, and threats. Without this evidence base, Australia's capacity to anticipate and lead future health advances would be constrained.

In relation to **national priority setting and evaluation**, the Strategy could incorporate nationally aligned impact-measurement tools that include indicators for health equity embedded within existing accreditation and quality-improvement frameworks, such as the National Safety and Quality Health Service (NSQHS) Standards for hospitals and the Royal Australian College of General Practitioners (RACGP) Standards for General Practices. These metrics would enable consistent assessment of how research—from basic discovery through to translation—contributes to equitable health outcomes across the care continuum.

For **collaborative platforms and networks**, robust data quality and interoperability are prerequisites for system performance. The full benefit of research infrastructure can only be realised if data are (1) collected at the point of care, (2) standardised using nationally consistent definitions, and (3) complete. In particular, the absence of high-quality priority population data, e.g., culturally and linguistically diverse (CALD) data, undermines data linkage, equity analyses, and the representativeness of population-based research.

2. **Focus Area 2 – Strengthen research that addresses population needs**

The Strategy's recognition of **regional, rural and remote** (RRR) research is welcomed; however, the intersection between RRR and Aboriginal and Torres Strait Islander health must be explicitly acknowledged. Without alignment, these domains risk fragmentation despite overlapping workforce, service, and access priorities. In addition, the Strategy could further highlight rural and remote communities as a distinct research priority, particularly in relation to clinical trials. The continued expansion of teletrials offers a practical and scalable model to improve trial access, participation, and equity for these populations.

This Focus Area should also expand to encompass other priority population cohorts—including older Australians, (CALD) communities, LGBTQIA+ people, and individuals with disability—to ensure that national research investment genuinely reflects population diversity.

Within **clinical trials**, the Strategy could address the risks to informed consent for CALD participants, particularly those with limited English proficiency. Strengthened collection of high-quality CALD data at the time of recruitment and screening is essential to ensure comprehension, ethical engagement, and equitable participation.

Additionally, the **clinical trials** focus references social determinants of health, equity, and public health—areas that often require methodologies beyond the randomised controlled trial (RCT). Many of the most pressing population health questions are best explored through mixed-methods, community-based, or longitudinal designs rather than traditional RCTs. Broadening the scope of this Focus Area to reflect diverse methodological approaches would ensure a more inclusive and realistic pathway to addressing population needs.

3. Focus Area 3 – Improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing

While the Strategy rightly emphasises Aboriginal and Torres Strait Islander health, greater precision is required in both measurement and conceptual framing. There is currently no explicit commitment to record, collate, and publish data on the number of Aboriginal and Torres Strait Islander peoples screened, enrolled, and completing research or clinical trials. Although there are references to monitoring trends (e.g., researcher identification), a formalised longitudinal measurement framework is required to track progress and ensure accountability.

The Strategy should further recognise the value of Indigenous knowledges and knowledge systems in complementing and enhancing Western scientific paradigms. The term evidence-based should be defined inclusively to incorporate Indigenous ways of knowing, being and doing, affirming their legitimacy in research design, interpretation, and translation.

Given the sociopolitical context following the 2023 Voice referendum and the advancement of Treaty processes in Victoria, a decade-long national strategy may do well to explicitly acknowledge and uphold these challenges and developments. Tangible commitments to Indigenous leadership, governance, and data sovereignty are essential to maintain trust and alignment with contemporary expectations.

To demonstrate best practice, the Strategy could include Indigenous-led exemplars, such as the Mayi Kuwayu longitudinal study, illustrating how Indigenous data-governance principles can be embedded in mainstream research and clinical-trial practice.

4. Focus Area 4 – Drive impact through research translation, innovation and commercial solutions

The Strategy's translational ambition would be strengthened by the explicit adoption of Learning Health System (LHS) principles. Continuous improvement requires real-time, high-quality data enabling rapid PDSA (Plan–Do–Study–Act) cycles. At present, incomplete CALD and Indigenous data impede timely feedback and hinder equity-focused quality improvement.

Performance monitoring could include equity-focused research indicators within healthcare settings, enabling systematic assessment of how research activity influences outcomes. Routine data collection should follow the principle "collect once, collect well", ensuring clinical datasets can serve both operational and research purposes, minimising duplication and enhancing integrity.

Maximising the potential of Learning Health Systems will require shared, interoperable data at a national level. Achieving this will demand substantial system-wide change and investment extending well beyond the traditional remit of health and medical research. Without coordinated national data infrastructure, the transformative promise of LHS models will remain unrealised. Recognising this dependency within the Strategy would reinforce the need for whole-of-government collaboration to enable true translation and continuous improvement.

5. Focus Area 5 – Position to be ready for future needs and challenges

The fifth Focus Area is conceptually sound but would benefit from greater specificity regarding regional and global partnerships. It should explicitly reference Indigenous partnerships and extend beyond the Indo-Pacific to include the Asia-Pacific region, where mature research infrastructures and expanding health-systems research capacity offer reciprocal learning opportunities. Collaboration across this region is particularly relevant to Australia's large and diverse CALD population, providing mutual benefit through shared knowledge and innovation.

6. Cross-cutting consideration: intersectionality

Across all Focus Areas, the Strategy must more clearly reflect Australia's demographic complexity. According to ABS (2021–2022) data, more than half of Australians were born overseas or have at least one parent born overseas, nearly one-quarter speak a language other than English at home, and approximately three percent report limited English proficiency. Research priorities, participation frameworks, and outcome measures must therefore explicitly address intersectionality, ensuring that the Strategy's benefits are equitably distributed across Australia's diverse population.

In summary, the Focus Areas would be substantially strengthened by:

- Explicit and sustained support for discovery research as the foundation of innovation and horizon scanning;
- Development of national equity indicators and transparent reporting frameworks;
- Systematic integration of Indigenous knowledges, leadership, and data-sovereignty principles;
- Recognition of intersectional and sub-population diversity, including CALD, LGBTQIA+, disability, and older cohorts;
- Embedding Learning Health System methodologies and equity performance metrics; and
- Expanding regional and global partnerships to include Indigenous and Asia-Pacific collaboration.

5. Enablers

Do you agree with the proposed Enablers?

The proposed Enablers are conceptually sound, though their treatment in the draft Strategy is brief. The emphasis on more consistent and sustainable funding is strongly supported, as stability is essential for long-term planning and research continuity.

Workforce: the needs of different disciplines require tailored approaches. For nurses and allied health professionals, deliberate attention must be given to strengthening the PhD pipeline as a national priority. Investment in clinician researchers must also extend to those undertaking PhDs in roles where release from hands-on care has traditionally received little or no institutional support. Without this, many clinicians are compelled to leave practice to complete their doctorates and, once transitioned into academic roles, often do not return to clinical settings. Addressing this structural barrier is essential to sustaining an integrated, research-active health workforce capable of bridging the divide between discovery and practice.

A key **Workforce enabling initiative** should address how clinicians are supported to gain the foundational research training required to drive change while being retained in practice. The Strategy's focus on gender equity and the importance of long-term research career planning is strongly endorsed, and could be further strengthened through practical measures that build protected time, mentoring, and institutional support for emerging clinician-researchers across all disciplines.

Data and Advanced Technology enabling initiative: the Strategy could emphasise the central role of data infrastructure in enabling research excellence and global competitiveness. Establishing national data repositories and big-data linkages that connect patient registries and electronic medical records (EMR) with administrative and additional datasets would allow Australian researchers to integrate with international data sources and validate findings across borders. This interoperability is critical for large-scale discovery, replication, and translation. The draft Strategy does not yet clearly outline this necessity.

Infrastructure enabling initiative: Biobanks—tissue and blood repositories—are key enablers of discovery and translational research, supporting the identification of predictive and prognostic biomarkers, molecular targets, and genetic abnormalities that distinguish healthy from diseased tissue. Despite their fundamental role, biobank operations are sustained largely through philanthropic funding, with limited and fragmented public-sector investment. Recognising biobanks as essential national research infrastructure within the Strategy would help secure stable funding, harmonise governance, and ensure equitable access to biospecimens for researchers across Australia.

A further enabling priority to consider including is **peer review and research integrity**. Strengthening peer review processes will ensure fairness, transparency, and accountability. Several comparable international systems have reintroduced face-to-face or virtual peer review panels, improving quality and reducing bias in decision-making. Peer review within the MRFF and related schemes would ensure that funding allocation processes reflect the Strategy's values of excellence, equity, and integrity.

6. Priority-ranking of Actions and Enabling Initiatives

Please review the Actions (page 15) and Enabling Initiatives (pages 39, 41, 43, 45) proposed in the draft National Strategy. Identify your top 3, in order of importance for you or the organisation you represent.

Please provide a brief explanation of why the selected Actions/Enabling Initiatives are priorities for you/your organisation, and the impact successful implementation could generate.

- *National priority setting and evaluation*
- *Horizon scanning*
- *Collaborative platforms and networks*
- *Commonwealth research funding*
- *Clinical trials*
- *Consumer and community involvement*
- *Regional, rural and remote health and medical research*
- *Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing*
- *Translation and implementation of outcomes that address the National Agreement on Closing the Gap*
- *Aboriginal and Torres Strait Islander leadership and workforce capacity and capability building*
- *Research translation*
- *Industry integration and risk sharing*
- *Manufacturing and marketing*
- *Emerging Technology*
- *Environmental sustainability*
- *Global partnerships*
- *An Australian Health and Medical Research Workforce Plan*
- *Design innovative funding models*
- *Access to data, digital assets and advanced technology*
- *An Australian Health and Medical Research Infrastructure Roadmap*

Priority 1 – Sustained and sufficient Commonwealth research funding

The Strategy's success depends on an expanded and enduring Commonwealth research-funding envelope. Sustainable investment is essential to build capability, maintain infrastructure, and support long-term programs consistent with the Strategy's ten-year vision.

Priority 2 – Aboriginal and Torres Strait Islander leadership, knowledge and capability

The foremost priority is the embedding of Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing across all levels of research governance and implementation. Indigenous peoples must be supported to identify their own health and research priorities, and provided with the resources, capacity and capability to lead and participate in research. Indigenous knowledges should be recognised as integral to research design, methodology and evaluation—contributing to two-way learning that improves health outcomes for all Australians. Building Indigenous leadership and workforce capability must therefore be central to the Strategy's governance model.

Priority 3 – Consumer and community involvement

Consumer and community involvement must be embedded as a fundamental pillar of implementation. As articulated by consumers within the cancer community, sharing lived experience provides critical insights that shape research priorities, strengthen trial design, and ensure that outcomes are meaningful to those most affected. In regional, remote and First Nations communities, lived experience is particularly vital to building trust, accessibility, and cultural relevance. Genuine partnership with consumers and communities enhances research quality, transparency and impact, and should therefore be systemically resourced and evaluated.

Priority 4 – Research translation AND Translation and implementation of outcomes that address the National Agreement on Closing the Gap alignment with Closing the Gap

The actions relating to Research Translation and Translation and implementation of outcomes addressing the National Agreement on Closing the Gap could be co-joined. A holistic approach to translation is required to ensure that evidence generated through research is meaningfully implemented in policy and practice. Increasing the participation of Aboriginal and Torres Strait Islander peoples in culturally safe research and clinical trials will yield richer evidence, promote trust, and generate best-practice models adaptable across communities and services nationwide.

7. Governance

Do you agree with the proposed National Strategy Advisory Council?

Robust and credible governance will be critical to the Strategy's success. Without clear authority, transparent decision-making, and cross-portfolio coordination, the Strategy risks becoming aspirational rather than actionable. Governance must therefore be designed to drive implementation, uphold accountability, and ensure the Strategy delivers measurable national benefit.

Structure and powers of the National Strategy Advisory Council

It is strongly recommended that the National Strategy Advisory Council be established as an empowered body with defined authority, transparent reporting, and a clear mandate for oversight and accountability. A purely advisory role would be insufficient to ensure delivery. The Council should have the capacity to:

- monitor progress against agreed performance indicators and milestones;
- commission independent evaluations and reviews; and
- recommend remedial action or policy adjustment where outcomes fall short.

This level of authority is essential to preserve momentum over a ten-year horizon and to ensure that implementation does not drift once the Strategy is endorsed. Public reporting of performance would further reinforce transparency and maintain confidence across the sector.

Cross-portfolio leadership and coordination

Given that health and medical research spans multiple portfolios—health, education, science, industry, and Indigenous affairs—it is imperative that governance be anchored through a central coordinating agency, such as the Department of the Prime Minister and Cabinet. Central leadership would enable the brokering of investment and shared accountability across portfolios, avoiding duplication and fragmentation. Experience from other national reforms, e.g., Closing the Gap and National Disability Insurance Scheme, demonstrates that whole-of-government stewardship is an essential mechanism for delivering sustained, system-level change.

Aboriginal and Torres Strait Islander representation and leadership

Strong and visible Aboriginal and Torres Strait Islander representation within governance structures is non-negotiable. In addition, the establishment of a dedicated Indigenous Advisory Council is recommended to oversee all activities affecting Aboriginal and Torres Strait Islander peoples. This body would provide strategic direction on embedding Indigenous ways of knowing, being and doing, monitor performance against Closing the Gap indicators, and drive the development of Indigenous research leadership and workforce capability. Such representation is critical to legitimacy, trust, and alignment with national policy commitments.

Diversity and evaluation focus

Membership of the Advisory Council must be diverse, reflecting Aboriginal and Torres Strait Islander Peoples, consumer, clinical, academic, industry, and jurisdictional perspectives. Equally important is a strong emphasis on evaluation and learning. The Council should lead an integrated evaluation framework that enables adaptive governance—ensuring decisions remain evidence-driven, transparent, and responsive to emerging priorities across Australia's health and research systems.

8. Metrics

What key indicators do you consider should be used to measure the success and impact of the National Strategy?

Over what time periods should these be measured?

Assessment of progress should occur at least every two years, recognising that some measures will be appropriate for short-term assessment (such as process or workforce indicators), others for medium-term tracking (such as infrastructure development), and several requiring longer-term evaluation to demonstrate health outcomes.

A balanced mix of quantitative and qualitative indicators is essential, including:

- Research workforce retention: Increased number of talented researchers remaining in Australia rather than relocating overseas due to lack of opportunity or resources.
- Research infrastructure: Growth in the quantity, quality, and accessibility of Australian research infrastructure to support national capability.
- Clinical-trial access: Greater access to clinical-trials research for participants across metropolitan, regional, and remote areas.
- Regional research activity: Increased volume and visibility of research undertaken in rural and regional Australia.
- Funding efficiency: Reduction in time spent by researchers preparing and resubmitting funding applications.

- Indigenous health impact: Demonstrated long-term improvement in Aboriginal and Torres Strait Islander health outcomes as a result of sustained investment and Indigenous leadership in research.
- Consumer engagement: Increased and more meaningful engagement of consumers across the research agenda in Australia, particularly through sharing of lived experience and co-design approaches.
- Research translation, innovation and commercial solutions: value of licensing agreements, full patents granted, number of spin our companies, value of investment raised, regulatory approvals, time to market, and social and health impact.

9. Other considerations

Are there other challenges, opportunities or trends that the National Strategy should address?

While the Strategy's goals are well conceived, a key challenge will be translating strategic intent into practical implementation across Australia's diverse research and health systems. Ambitions may not be realised without adequate education, capability building, and awareness among researchers, clinicians, and health professionals. A coordinated national effort to communicate, teach, and embed the Strategy's principles will be critical to ensure consistent understanding and uptake.

Another significant risk is the limited emphasis on cultural safety throughout the Strategy. Without explicit attention to cultural safety in governance, research practice, and workforce development, implementation may inadvertently perpetuate inequities rather than address them. Embedding cultural safety as a core principle across all Strategy actions would strengthen accountability and ensure that research environments are inclusive, respectful, and responsive to the needs of Aboriginal and Torres Strait Islander peoples and other diverse communities.

10. Strategy impact

How might the National Strategy influence the activities and decision-making at your organisation or in your community?

What would be required for it to have a positive impact?

The Strategy must demonstrate measurable impact in advancing equitable participation and outcomes for Aboriginal and Torres Strait Islander peoples. It is essential that it define, collect, and transparently report data on Indigenous participation in research and clinical trials across all jurisdictions.

This accountability should be underpinned by an Indigenous governance protocol or model, ensuring ethical oversight and adherence to Indigenous data sovereignty principles.

Embedding these requirements will strengthen transparency, improve the evidence base for equity, and demonstrate genuine commitment to achieving lasting health and research benefits for Indigenous communities.

11. Example projects

Do you have suggestions for projects that highlight best practice in the areas highlighted in the Values, Goals, Focus Areas and Enablers in the National Strategy?

Please provide links to published information, or contact details where available.

The VCCC Alliance delivers a number of nationally recognised programs that exemplify how the *National Health and Medical Research Strategy* can be operationalised through collaboration, capability building, and community partnership. These include:

1. SKILLED Clinical Trials Intern Program – Workforce Capability and Translation

The SKILLED Program is a clinical trial internship program designed specifically for science graduates to gain experience and skills in the clinical trials field. It addresses a critical skills shortage of clinical trialists by providing a pathway for science graduates to enter the highly competitive clinical trials field. The program embodies **Focus Areas 2 and 4** and the **Workforce Enabler**, offering a scalable model for sustainable research-system capability. See https://vcccalliance.org.au/education/skilled-internships/

2. Data Connect – Collaborative Platforms and Data Integration

Data Connect links primary-care hospital administrative and cancer registry data to create a secure, interoperable research platform supporting population-level cancer studies. It exemplifies **Focus Area 1**, demonstrating the value of shared infrastructure, standardised definitions and transparent governance to enable equitable, data-driven research. See vcccalliance.org.au/research/data-connect

3. Research & Education (R&E) Lead Program – Distributed Leadership and Translation

The R&E Leads Program embeds academic and clinical leadership across tumour streams and cross cutting themes to accelerate the evidence to practice gap. The program aligns not only with the Strategy's **Values of partnership, equity, collaboration and excellence** and **Focus Area 4 (Research Translation)**, but also with **Goals 2 and 3** and **Focus Areas 1 and 2**. By embedding research and education leadership across tumour streams and cross-cutting themes, it accelerates the translation of evidence into equitable clinical practice. See vcccalliance.org.au/news-and-events/news/2024/research-and-education-leads-take-vccc-alliance-forward

4. Centre for Cancer Education – Workforce Capability and System Learning

The Centre for Cancer Education provides a global platform that builds research and clinical capability through online and in-person educational initiatives. It exemplifies the **Values of excellence, equity and collaboration**, advancing **Focus Areas 1, 2 and 4** by embedding education within the research system and fostering a learning-health-system culture. See https://vcccalliancelearn.org.au/

5. Cancer Consumer-Led Research Partnership

The Cancer Consumer-Led Research Partnership **-** a Victorian statewide collaboration between the VCCC Alliance, Monash Partners Comprehensive Cancer Consortium (MPCCC), Regional

Trials Network – Victoria (RTN-Vic), Cancer Council Victoria, and The University of Melbourne—empowers consumers to initiate, co-design and lead research that reflects lived experience and community priorities. The partnership builds consumer research capability, embeds co-leadership within governance and project teams, and generates new evidence shaped directly by those most affected by cancer—exemplifying the Strategy's **Values of equity, inclusion and partnership** and **Focus Areas 2 and 4.6. Equity-Driven and Regional Cancer Initiatives.** See https://vcccalliance.org.au/cancer-consumer-led-research-partnership/

6. Equity-Driven and Regional Cancer Initiatives

The VCCC Alliance 2024–2029 Strategy commits to equitable care and regional partnerships, improving access to early palliative care, clinical trials and translational research for Aboriginal and Torres Strait Islander and culturally diverse communities. These initiatives exemplify **Goal 3 (Deliver equity – no one left behind)** and **Focus Area 5**, aligning with *Closing the Gap* priorities. See vcccalliance.org.au/news-and-events/news/vccc-alliance-2024-2029-strategy

Collectively, these initiatives demonstrate the VCCC Alliance's capacity to deliver integrated, equity-focused, and translational research programs that directly align with the *National Health and Medical Research Strategy's* vision of *"Australia – the healthiest nation, driven by research, delivering for all."*