

Draft National Health and Medical Research Strategy

2026-2036

Health **ANSWERS** Submission



ACKNOWLEDGEMENT OF COUNTRY:

Health ANSWERS acknowledges the Aboriginal and Torres Strait Islander peoples as First Australians, and their deep connection to the lands, waters, seas and communities.

Health ANSWERS region spans across the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba, Nari Nari, Ngunnawal, Ngambri, Gundugurra, Ngarigo, Yuin, Jerrija, Wandia Wandian and Dharawal lands. We acknowledge Traditional Custodians of these lands and pay our respect to their Elders past, present and emerging, and extend this respect to all First Nations Peoples.

INTRODUCTION

Health ANSWERS (Health in ACT and NSW Education, Research and Services) partnership welcomes the opportunity to contribute to the consultation on the National Health and Medical Research Strategy (The Strategy).

Our partnership operates as a Research Translation Centre representing a collaboration of health services, universities, primary health networks, ambulance services, government, and community organisations across rural and regional South-Eastern NSW and the ACT.

Our shared purpose is to ensure that research translates into meaningful, measurable improvements in health outcomes, service delivery, and access to care for our communities.

We strongly support The Strategy's vision, values and goals, and welcome inclusion of the needs of regional, rural, and remote communities within the The Strategy. This demonstrates a commitment to addressing the unique challenges faced by these communities and ensuring they are not left behind in Australia's health and medical research advancements.

We valued the opportunity to engage and provide feedback at the ACT Roundtable consultation on September 18, 2025, and have expanded on our feedback in this submission to ensure regional, rural and remote areas benefit from equitable access to health innovations, improved research translation, and stronger local research ecosystems.

HEALTH ANSWERS 3 PRIORITY ACTIONS / ENABLING INITIATIVES

After reviewing the Actions and Enabling Initiatives described in The Strategy we consider the following three should be prioritised:

1. Research Translation

Research holds limited value unless it results in measurable improvements in health outcomes, services, and systems. Translation ensures that research investments directly benefit patients, communities, and health services in real-world settings. Currently, translation and implementation are underfunded and often depend on health services covering their costs. Targeted funding for translation and implementation, especially in regional, rural, and remote areas of Australia will ensure publicly funded research leads to tangible improvements in health outcomes and system performance by accelerating the adoption of evidence-based practices.

2. Regional, Rural and Remote Health and Medical Research

Communities in rural, regional, and remote areas face unique health challenges, including workforce shortages, geographic barriers to accessing healthcare, and a higher burden of chronic disease. Improving health of these communities is a government priority. This can be achieved through investment in evidence-informed disease prevention, health promotion and provision of timely and effective health services. To ensure investment is targeted towards relevant and effective solutions, it is essential that evidence on design, effectiveness and implementation of these solutions is obtained through research led by and for regional,

rural and remote researchers to lead research projects, not just participate in them, will generate context-specific knowledge that is essential for achieving equitable health outcomes.

Successful regional, rural, and remote research depends on building a critical mass and a sustainable research workforce. This requires embedding research into the career pathways of rural health professionals across all disciplines. Currently, research is often viewed as an "add-on" activity, particularly in rural health services where capacity is already limited. Developing a comprehensive workforce plan that includes research pathways for clinicians and other health service staff will build long-term capability and strengthen Australia's distributed health system, benefiting many disadvantaged communities. Participation in research also enhances workforce capability, job satisfaction, and retention by providing professional development opportunities and strengthening connections with academic and policy networks. Ultimately, embedding research in rural practice supports evidence-based decision-making, drives better health outcomes, and ensures that rural voices and experiences shape the future of healthcare delivery.

3. Aboriginal and Torres Strait Islander Peoples' Ways of Knowing, Being and Doing

Health ANSWERS serves a population of nearly 1.5 million people, with 4.8% of the population identifying as Aboriginal and Torres Strait Islander people. The proportion of Aboriginal and Torres Strait Islander people in rural and regional parts of the Health ANSWERS region is higher than in metropolitan Australia, a trend that is also reflected in other regional, rural, and remote areas. Persistent and well-documented

disparities in health outcomes continue to exist between First Nations Peoples and non-Indigenous Australians. Integrating Aboriginal and Torres Strait Islander Peoples' ways of knowing, being, and doing into health research is essential to closing these gaps and achieving culturally informed, effective, and sustainable healthcare. These knowledge systems offer holistic approaches to wellbeing that align closely with the priorities of the National Agreement on Closing the Gap, particularly the commitment to community-led decision-making, strengthening the community-controlled sector, and improving health equity.

FOCUS AREAS AND ACTIONS

Focus Area 1: National Priority Setting and Evaluation

Collaborative Platforms and Networks

We welcome the Strategy's recognition of collaborative platforms as critical enablers of research. However, unlike major metropolitan centres, collaboration in rural, regional, and remote areas is often limited by inadequate physical and digital infrastructure. As a result, there are few networks that prioritise rural and regional health agendas, and even fewer that are led by local researchers.

RECOMMENDATION: Invest in sustainable, well-resourced collaborative platforms across rural, regional, and remote areas. These may look different to urban networks and include virtual networks, multi-site data registries, and community co-designed systems tailored to local needs. Strengthening research infrastructure and connectivity will enable equitable participation and leadership by rural researchers, expand the national evidence base, and ensure research priorities reflect diverse health needs. Such investment will foster sustainable research ecosystems that underpin innovation,

improve health service delivery, and support workforce development in non-metropolitan communities.

Focus Area 2: Embedding Modern, Efficient, and Consumer-Centred Research Processes

Consumer and Community Involvement

We commend The Strategy's commitment to consumer and community involvement.

RECOMMENDATION: To maximise on-the-ground impact, this commitment must be broadened to include other key end-users, including health services, policymakers, not-for-profit organisations, and industry partners. All are critical to ensure research findings are implemented. These stakeholders play a central role in service delivery, particularly in regional communities, and are essential to ensuring that research findings are implemented and adopted in practice. Broadening the scope of involvement will help create more responsive, inclusive, and practice-relevant research.

Rural, Regional, Remote Health and Medical Research

While The Strategy recognises the importance of rural, regional, and remote research collaborations, collaboration alone is not sufficient. Researchers based in these areas must be supported to lead projects, not just contribute to them. This is especially important because rural and remote communities face unique challenges, including workforce shortages, infrastructure gaps, and differing health needs.

RECOMMENDATION: Provide explicit support for research that is designed and led by rural researchers, this will ensure that priorities and solutions are locally relevant and sustainable.

Focus Area 3: Accelerate Research and its Translation to Improve Aboriginal and Torres Strait Islander Peoples' Health and Wellbeing

Health ANSWERS notes and strongly supports The Strategy's focus on the importance of strengthening First Nations Peoples' leadership in research and translation. We believe this focus is essential to closing the persistent and well-documented gaps in health outcomes between First Nations Peoples and non-Indigenous Australians - gaps that are deeply rooted in historic and ongoing inequities, systemic racism, and the legacy of colonisation. This legacy created deep and understandable mistrust toward health systems and research institutions. Overcoming it requires research that is led by First Nations Peoples, governed by First Nations communities, and conducted using First Nations ways of knowing, being, and doing.

To support genuine healing and trust-building, it is important to acknowledge the historical context of research involving First Nations peoples and to strengthen confidence in current and future research partnerships, particularly within rural and regional settings. In these contexts, where relationships are often long-standing and communities closely connected, trust is an essential foundation for effective and ethical research. Strengthening this trust requires recognition of past shortcomings and a sustained commitment to culturally appropriate engagement, shared decision-making, and accountability. Ensuring that rural and regional research is conducted with transparency, respect, and inclusivity will help build enduring partnerships and deliver outcomes that are meaningful and beneficial for communities.

Data and knowledge ownership and control

Health ANSWERS is committed to deepening this focus by recognising and upholding community ownership of knowledge and data. True translation occurs when knowledge is returned to and shared with communities in culturally grounded, accessible, and meaningful ways - through storytelling, art, on-Country engagement, and other forms that align with community preferences and practices. Research must respect that First Nations knowledge systems are sovereign, relational, and collectively held, and that data derived from community contexts remains under community control.

RECOMMENDATION: Health ANSWERS recommends strengthening mechanisms for Indigenous data governance and community-defined intellectual property, which is vital for ethical and impactful research.

Focus Area 4: Driving Impact through Research Translation, Innovation and Commercial Solutions

Support for Research Translation Infrastructure

We commend The Strategy's recognition of Research Translation Centres (RTCs) and their role in bridging research and practice. However, current funding models do not adequately support the operational costs of RTCs or the broader work of translation. Currently, RTCs operational costs are largely funded by the partner organisations, which adds to the indirect costs of research and its translation for the partner institutions.

While competitive project grant funding is welcome, it does not meet the costs of essential infrastructure required to build partnerships, networks, and collaborative platforms. Translation activities therefore remain unsustainable and disproportionately dependent on contributions from partner organisations, especially health

services already under financial strain. To ensure taxpayer-funded research is translated to practical improvements to healthcare and health outcomes, RTCs need to be fully costed and funded.

RECOMMENDATION: Health ANSWERS recommends The Strategy supports longer term renewable funding of RTC operations as they provide essential research translation infrastructure.

Support for Costs Related to Research Translation Activities

Importantly, the implementation of health research findings and the collection of metrics necessary for evaluating outcomes and impact of research are largely undertaken by health services, policymakers, and industry, not academic institutions. Yet these activities are rarely funded within research projects.

Health services are often expected to absorb the costs of embedding new practices and conducting long-term evaluations, despite lacking the resources to do so. This creates inequities and limits the sustainability of translation, especially in rural and regional areas.

RECOMMENDATION: To address these gaps, Health ANSWERS recommends that The Strategy should establish clear funding mechanisms. These may include:

- Dedicated percentage of competitive research grants being allocated to translation, implementation, and impact measurement (e.g. 10% of total value of research grants).
- Introduction of a funding model, similar to research block grants received by the universities, that covers the indirect but essential translation costs of health services.
- Creation of direct funding streams for implementation projects, de-implementation of ineffective practices, and long-term data collection.

Without such mechanisms, the burden of translation will continue to fall on rural health services, delaying impact and risking the loss of valuable research opportunities. By funding implementation and impact evaluation explicitly, The Strategy can ensure that research delivers measurable improvements in health outcomes and system performance.

Research Commercialisation, Manufacturing and Marketing

We acknowledge and strongly support the inclusion of a focus on strengthening Australia's sovereign capability through investment in biotechnology and medical technology manufacturing, industry marketing capabilities, and research-industry partnerships for both national and international markets. Enhancing commercialisation pathways is critical to ensuring that Australian discoveries are brought to market, generating economic returns and improving access to locally produced innovations.

However, the current framing of this priority appears to place an overwhelming emphasis on commercialisation outcomes. This narrow focus risks overlooking other equally important forms of research translation that deliver substantial public value but do not lend themselves to traditional commercial models.

Translation is not synonymous with commercialisation. Many forms of impactful research, particularly those focused on public health and prevention, produce benefits through policy change, health system improvement, or community-level interventions rather than through marketable products. Similarly, the de-implementation of ineffective or low-value interventions, the promotion of cost-effective non-commercial solutions, and the repurposing of existing or off-patent medicines for new indications are all examples of translational research that can lead to improved health outcomes and system

efficiencies without necessarily generating profits, and potentially generating savings.

Furthermore, without targeted investment, a commercialisation-focused approach risks entrenching inequities between metropolitan and rural or regional Australia.

Commercialisation activity and related infrastructure, including biotech incubators, advanced manufacturing facilities, and venture capital networks, will remain heavily concentrated in major cities unless regional projects are prioritised. Rural and regional areas can benefit from these investments, and can be ideal sites for advanced manufacturing facilities and AI data centres. As a result, research translation strategies centred on commercialisation are unlikely to deliver significant benefits to rural and regional communities, where healthcare challenges and unmet needs are often greatest. Without targeted measures to support research translation and innovation capacity in these areas, the benefits of NHMRC investment will remain unevenly distributed.

RECOMMENDATION: To achieve a genuinely equitable national research strategy, we recommend NHMRC ensures The Strategy's funding mechanisms and success metrics recognise and support this broader spectrum of translation. Research investments should enable both commercial and non-commercial pathways to impact, acknowledging that public health, prevention, and cost-effective care are central pillars of Australia's research and health innovation ecosystem. In addition, prioritising rural and regional investment in commercial and innovation precinct will ensure benefits of these initiatives are fairly shared between metropolitan and rural Australians.

ENABLERS AND ENABLING INITIATIVES

Workforce Enabling Initiative – Research embedded in Career Pathways

For research and translation to be embedded within health systems, research must be recognised as a core component of health service roles, not treated as an “add-on.” This applies to both clinical and non-clinical staff, including public health and health promotion professionals, service planners, economists, data analysts, and administrators when they are engaged in research. Currently, research in rural health service settings often relies on individual goodwill and is conducted outside standard working hours. Embedding research into formal workforce structures and career pathways is essential for sustainability and long-term capacity building.

For regional and rural health services, workforce challenges are especially acute. Reliance on locums, mixed clinical roles, and limited capacity mean that research is rarely integrated into standard career pathways. Unless research is integrated into workforce planning and progression, rural research will remain fragmented and unsustainable. When research is embedded as a recognised and supported component of rural health roles, staff are more likely to engage in evidence generation, apply findings in practice, and champion innovation within their services. This integration builds local research capacity, enhances workforce retention through professional development opportunities, and ensures research outcomes are directly informed by, and translated into, the realities of rural healthcare delivery.

Supporting Early- and Mid-Career Researchers (EMCRs) and Researchers with Non-Linear Career Pathways

The draft Strategy currently provides a limited focus on the persistent challenges faced by EMCRs. Lack of structural support at these critical stages continues to drive attrition, particularly among women and those with non-linear career trajectories. Career interruptions - whether due to family responsibilities, health, or other life events - too often become career-ending in the competitive research environment. Career interruptions can have a greater and more lasting impact on regional and rural health researchers than on those in metropolitan settings. Smaller research teams, limited local mentorship, and fewer institutional support mechanisms mean that project continuity and re-entry opportunities are harder to sustain. Without targeted mechanisms to support re-engagement, these interruptions can compound workforce and capability gaps, reducing the long-term sustainability of rural research capacity.

Researchers who transition into industry roles or other sectors and later return to academia are also significantly disadvantaged. Despite gaining valuable, real-world experience that enhances research translation and collaboration potential, their competitiveness is assessed primarily against traditional academic metrics such as publications and grant income. This approach is unrealistic, it undervalues industry experience and reinforces narrow conceptions of academic success.

For women, the impact of career interruption at the EMCR stage is particularly acute. On returning to academia, they are frequently directed into education-focused positions, limiting their research progression and future competitiveness for funding. These systemic

barriers reduce diversity in the research workforce and constrain innovation capacity. Diverse research teams, including those with members who have spent time in industry, taken career breaks, or developed skills outside academia, bring critical perspectives, creativity, and applied understanding that strengthen the quality and impact of Australian research.

RECOMMENDATION: Health ANSWERS recommends The Strategy includes targeted initiatives and incentives to support EMCRs and researchers with non-linear career paths. This could include tailored funding streams, flexible eligibility criteria for grants, recognition of non-academic experience in assessment processes, and programs designed to re-integrate researchers returning from career interruptions or other sectors. Supporting a more inclusive and flexible research workforce is essential to building long-term capability and ensuring that Australia's research ecosystem reflects the diversity of the society it serves.

Competitiveness of Health Service Researchers in Funding Applications

Clinician-researchers and other non-university-based health service researchers bring unique and complementary expertise to research teams, particularly in translation and implementation. However, they are disadvantaged in competitive funding processes that rely heavily on traditional academic metrics such as publications and citations. This is particularly true for clinician-researchers leading research and applying for funding as Chief Investigator A.

RECOMMENDATION: To address this, we recommend The Strategy ensures funding bodies:

- Ensure transparency in how non-academic contributions and leadership are assessed.
- Where appropriate, prioritise clinician-researcher CIAs with balanced Chief Investigator (CI) teams that proportionally

include clinician-researchers and non-academic partners.

- Expressly recognise diverse skills and experiences that are critical for achieving translation and implementation.

We support The Strategy's focus on improving the measurement, tracking, and accountability of research funding. Transparent reporting is essential to assess the effectiveness of public investment and ensure funds are aligned with national priorities.

A key area for improvement is accountability for block funding allocated to health services, particularly Teaching, Training and Research (TTR) funding. TTR represents a major public investment, yet reporting on how funds are allocated and spent across hospitals and health services is limited and inconsistent. While teaching and training expenditure is routinely tracked through activity-based reporting, multiple reviews and jurisdictional audits have highlighted a lack of transparency and performance monitoring for the research component of TTR allocations. Evidence suggests that, in many jurisdictions, research funding is either absorbed into broader service budgets or used inconsistently, with little visibility of outcomes or return on investment. This is particularly evident in rural and regional settings, where competing service delivery pressures and limited infrastructure can constrain the translation of research funding into tangible research activity. Strengthening governance, reporting, and performance indicators for the research component would help ensure that TTR investment delivers measurable benefits in evidence generation, innovation, and improved health service delivery across all settings.

RECOMMENDATION: We recommend The Strategy commits to stronger, standardised reporting of TTR funding covering both allocations by health service and actual expenditure on research. Reports should show how funds are divided between teaching, training, research infrastructure, and research activity. Consistent national reporting would improve transparency, demonstrate value for money, and help ensure TTR funding is used as intended to strengthen Australia's research and clinical training capacity.

Innovation in Research Funding Models

We welcome The Strategy's commitment to innovative funding models and encourage this ambition to be extended further. Traditional grant mechanisms remain important, innovation is needed in their design.

RECOMMENDATION: We recommend that a proportion of funding should be allocated to trialling new and flexible models of funding that are explicitly designed to support diverse teams, and research translation, impact, and innovation. Examples of such models include:

- Researchers in residence: fund programs, not projects, with a specific requirement to embed researchers directly within health services for a proportion of their time to strengthen translation and collaboration.
- Grand challenge approaches: direct investment to solve significant health system problems through multi-institutional, cross-sector partnerships.
- Direct funding for implementation and de-implementation projects: ensuring that research findings are translated into practice, and ineffective practices are safely phased out.
- Using a two-round scoring system similar to a government tender evaluation process that includes:

- a weighted non-price evaluation of proposal quality by a grant assessment team, and
- price evaluation of value for money by an economic team.

The success of these flexible models should be evaluated against the outcomes and impact they are designed to achieve, rather than traditional academic metrics.

Research Metrics for Researcher 'track record' evaluation

It is essential to recognise that funding criteria shape researcher behaviour. When competitiveness is measured primarily on publications, citations, and grant income, applicants inevitably prioritise these outputs. If, instead, assessment frameworks reward team capability, impact on patient outcomes, and real-world translation, then research priorities are likely to shift accordingly. For clinician-researchers and health service partners, traditional indicators of outcomes and quality do not adequately reflect their value. What matters most in these contexts are improvements in patient outcomes, service quality, and system performance.

RECOMMENDATION: The Strategy should explicitly support broader measures of research quality and ensure these are incorporated into funding assessments.

Limited Financial Capacity of Health Services

Finally, funding models must account for the limited financial capacity of health service partners in research projects, especially in rural, regional and remote areas. The current weighting that research grant applications place on cash contributions over in-kind

contributions creates barriers for participation of health service partners, particularly in regional and rural settings. More flexible mechanisms are needed to allow health services to participate as equal partners without being disadvantaged by financial constraints.

CONCLUSION

The National Health and Medical Research Strategy represents a pivotal opportunity to strengthen Australia's research ecosystem and ensure that research delivers meaningful benefits for all communities. Health ANSWERS welcomes the opportunity for ongoing engagement with this process and stands ready to work with government and other partners to ensure that The Strategy delivers tangible benefits for our communities.