

By email: [HMRconsultations@health.gov.au](mailto:HMRconsultations@health.gov.au)

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**Australian Academy of Science EMCR Forum submission on  
*Improving alignment and coordination between the Medical Research Future Fund and NHMRC's Medical Research Endowment Account***

This document outlines the Academy of Science's Early- and Mid-Career Researcher (EMCR) Forum's response to the Department of Health and Aged Care's consultation on "*Improving alignment and coordination between the Medical Research Future Fund and NHMRC's Medical Research Endowment Account*", which opened on 6 June 2023. The EMCR Forum represents over 6,000 of Australia's early- to mid-career researchers across science, technology, engineering, mathematics and medicine, and thus offers a unique perspective from the future leaders of STEM research across Australia. As executive members of the EMCR Forum we celebrate the contribution of EMCRs, communicate the issues they face across hierarchical and sector silos, and advocate for improved working conditions for EMCRs across the country.

The 2023 MRFF MREA consultation seeks a discussion on three potential models of the governance and administration of the MRFF and MREA. In Table 1 below, we discuss the pros and cons of the three models presented from an EMCR perspective.

The EMCR Forum's core philosophy includes advocacy for diversity and inclusion in research and for career sustainability for EMCRs. We note that **supporting a diverse, multiskilled, multidisciplinary and sustainable research workforce** is a critical outcome for the coordinated MRFF-MREA investment plan. Commitments to EMCR job security and productivity are investments in Australia's scientific standing and health outcomes. To this end, we raise the following critical issues affecting EMCRs who seek research funding to support their careers:

1. Limited funding

- a. Despite the significant contributions of EMCRs to Australian health and medical science, their opportunity to conduct impactful research is limited due to funding measures in both the MRFF and NHMRC".
- b. Ensuring dedicated, sustainable, reliable, and ongoing funding for EMCRs, who will shoulder Australian research excellence and technological innovation, is essential for the success of health and medical science in Australia.
- c. Lack of transparency in grant assessment processes and outcomes damages trust between EMCRs and the funding bodies and discourages scientific innovation.

2. Lack of job security

- a. Many EMCRs are on funding-dependent short-term contracts. The lack of job security encourages researchers to propose 'safer' incremental research over the 'risky' creative or innovative thinking that is needed to grow R&D in Australia.
- b. There is no expectation from universities, research institutes and other research organisations to support EMCR careers. The lack of succession planning causes highly skilled researchers to either leave STEM research entirely or go overseas to pursue their careers.

3. Attrition of the workforce due to workload

- a. The combination of job insecurity, low grant success rates, and increasing pressure to achieve research, educational and outreach metrics with insufficient institutional support must change for Australia's health and medical research environment to improve.
- b. Many EMCRs also experience personal and professional challenges, including career interruption due to family responsibilities, physical and mental health issues, among others. These are exacerbated by the structural issue mentioned above. This has led to the 'leaky pipeline', the phrase commonly attributed to the attrition of EMCRs with carer responsibilities.

These issues are critical impediments to the goals of both the MREA and the MRFF and should be considered during strategy development and in the implementation of these strategies.

Table 1: The EMCR Perspective on the MRFF-MREA consultation plan

Model	Features	EMCR Perspective
<b>All models</b>	Implementation: harmonisation of grant policies and procedures (e.g. eligibility, grant timetables, demonstration of track record)	The EMCR Forum welcomes this as it reduces the administrative burden.
<b>Model 1: Better alignment through coordination</b>	Administration: remains largely unchanged in this model	This retains the benefits of having the MRFF priority setting embedded within the policy and program environment of the Department as it responds to the needs of the Australian health system. Coordination between the two funds becomes better and improves efficiency. However, this is an issue because the current MRFF funding mechanism is arbitrary and there is a lack of transparency on which research area will be next prioritised. The announcements of large grant schemes are sometimes made within 2 months of the submission deadline - Increased transparency and longer deadlines will improve equity and give EMCRs a better chance at applying, which will diversify ideas.
	Governance: AMRAB and NHMRC Council would continue to provide advice to the Minister and NHMRC CEO, respectively	EMCR perspectives are currently inadequately represented in these forums, and the development of a new overarching coordination mechanism would not solve this issue.
<b>Model 2: Management of both funds by NHMRC</b>	Principal Committees and other advisory committees advise on the strategic use of the MRFF and MREA	Based on current trends, it is highly unlikely that any of these structures will have adequate representation from EMCRs. Conscious effort is needed to enable EMCR perspectives to inform future research funding.
	Strategy: A national strategy would be developed to articulate a vision for the future of health and medical research, informed by the health needs of the Australian community, and outline the separation of funding responsibilities between the MRFF and MREA	This will allow oversight and transparency of all medical funding disbursements in Australia. Currently, there is a lack of transparency in how calls for MRFF funding are made and in the decisions on how many grants to support and which grants are supported.
<b>Model 3: Merging of the two funds with new governance arrangements</b>	Governance: The department would have a reduced role in health and medical research. The department would retain responsibility for broader health policy and programs (including broader research policy matters).	An independent, non-political funding agency like NHMRC is viewed as more supportive of EMCRs when compared to government departments.
	Governance: Changes could be made to existing advisory bodies (e.g., NHMRC Council) to assume responsibility for advising on a single fund for health and medical research. Other advisory committees (sub-committees or standalone) could be established that focus on (for example): <ul style="list-style-type: none"> <li>• research</li> <li>• investment</li> <li>• policy</li> <li>• impact</li> <li>• consumer/community.</li> </ul>	These changes will pave the way to include EMCR representatives in all existing and new advisory committees. The inclusion of EMCR representatives in advisory bodies is strongly supported by the EMCR Forum irrespective of the model ultimately chosen.
	Strategy: A national strategy would be developed to articulate a vision for the future of health and medical research, informed by the health needs of the Australian community, and to outline an investment strategy for a flexible merged MRFF-MREA grant program/s. The national strategy would be developed in consultation with the community, researchers, consumers, healthcare professionals and industry.	Research to policy linkage is weakened (same as Model 2). To ensure good knowledge translation, it is imperative that strong efforts are made to overcome this change.
	Implementation: Both the MRFF and NHMRC Acts could require substantial amendment, depending on the design of governance arrangements.	We note that such changes could trigger reduced funding mechanisms for EMCRs, depending on what revisions are made to these acts.

The EMCR Forum prefers model 2 or 3. However both options require further consideration. The key recommendations from the EMCR Forum are:

- Ensure representation from diverse stakeholders, including Early- and Mid-Career Researchers, on advisory bodies.
- Protect the funding levels of both priority-driven and investigator-initiated fundamental research whilst ensuring research to policy translation.
- Ensure the protection of funding allocations for basic science EMCRs as their careers are reliant on grants, whereas clinician-resourced trials often have alternative salary sources.
- Improve transparency around MRFF priorities and funding allocations, and redesign the application and assessment process to improve equity.

Prepared by Dr Maithili Sashindranath, A/Prof Tomoko Sugiura, A/Prof Angela Laird and Dr Mari Kondo

To discuss or clarify any aspect of this submission, please contact Dr Mari Kondo, EMCR Program Manager at [emcr@science.org.au](mailto:emcr@science.org.au)