

## **AAAPC response to Discussion Paper: Improving alignment and coordination between the Medical Research Future Fund and the NHMRC's Medical Research Endowment Account**

The Australasian Association for Academic Primary Care (AAAPC) is pleased to have the opportunity to respond to the above Discussion Paper. The AAAPC appreciates the need for a mixed model of health and medical research funding that offers opportunities for both investigator-led research and priority driven schemes. As the Discussion paper recognises, the NHMRC has traditionally focused less on translational research and the MRFF aims to redress the balance and support clinical translational and implementation research. The AAAPC supports this greater emphasis of funding for translational research into healthcare systems, and specifically for priority driven schemes that support such research in primary healthcare settings.

The AAAPC has reviewed the Discussion paper and carefully considered the relative benefits and potential consequences of the three proposed models of alignment between the MRFF and NHMRC. As stated in the Discussion paper, there are several operational issues that we hope would be resolved through the alignment models, specifically:

Better coordination of the annual grant schedule

Avoidance of multiple competing grant opportunities

Unification of the application process and post-award arrangements

We believe that the proposed Model 2 offers the best balance of coordination and unification, while maintaining the distinct objectives of the MRFF and NHMRC schemes. We support the development of a national strategy to focus investment on the most important research and research capability for the health of the Australian community.

We would be concerned that the complete merging of funds, as proposed in model 3, might risk loss of the distinct nature of the MRFF and NHMRC schemes, and lead to a reduced proportion of funding being allocated for translational research in healthcare settings where most of the Australian community receives its healthcare. Model 2 would ensure a consistent approach to consumer involvement in research across schemes. Many of the operational issues that create significant burden to researchers and their associated academic institutions could potentially be resolved effectively in Model 2 without extending the degree of merger that is proposed in model 3.

The Discussion paper highlights several critical objectives of the proposed alignment of MRFF and MREA investment: embedding research in primary care, supporting a multidisciplinary research workforce and addressing the major health issues affecting the community today. All of these objectives require a national research strategy that values academic primary care and provides adequate priority driven and investigator led funds to support translational and implementation research in primary care. The proposed alignment of MRFF and NHMRC must ensure that these objectives can be met.