

# New NHMRC plan: a missed opportunity

In recent years there has been an explosion of knowledge in biomedical and health sciences with mapping of the human genome, proteomics with identification of cell receptors bringing new drugs, the potential of stem cells, neuroimaging, organ transplantation and new materials and devices. IT offers yet further opportunities for transformation and changes will continue profoundly impacting on the operations of Australia's major funding agency for health research.

The NH&MRC budget trebled from a low base over seven years following the Wills Review of 1999. The Grant Review (2004) praised the NH&MRC's response, but questioned whether its activities sufficiently improved health services and commercialisation. Others questioned whether its mode of operation was appropriate to the task.<sup>1</sup>

Following the Uhrig Report of 2002 on Statutory Authorities, the NH&MRC Act was revised in 2006, establishing a new statutory body styled 'NHMRC'. Professor Warwick Anderson was appointed CEO, reporting directly to the Minister with an advisory Council and authority to act on a broad brief to support Australia's outstanding medical research, including its translation into improved health and commercialisation. The new structure provided expectations of major change reflected in Anderson's Strategic Plan for 2007-2009, which included an independent international review to ensure best practice in all activities.

The Bernstein Review (October 2007) dealt primarily with internal issues in a context of "extensive changes worldwide in the pace, cost and definition of health research". Recommendations were primarily structural and about management for a rapidly evolving independent authority.

The review was followed by the Zerhouni Review in January 2008, which considered "...the broader future vision of NHMRC and its role as a national research funding organisation". Key recommendations included:

- achieving better interface between research and health services ensuring that "adequate government funds (state and Commonwealth) are made available to support patient-based research in hospitals with the goal of creating at least a few Australian centres of world class excellence in modern translational and clinical research";
- supporting "a robust local biotechnology and pharmaceutical industry linked to national and international funding opportunities to assist in translation of research outcomes through creation of Australian private companies and enhancement of public-private partnerships";
- continually investing in health policy and the dissemination of evidence-based improvements in clinical practice and to become "the most trusted Australian site for medical research and health information and communications"; and
- developing "strategic partnerships with other nations in the region".

In his response, Anderson has accepted almost every recommendation, but the 'proof of the pudding' will be in implementation. In the context of a new Minister considering the Final Report of her National Health and Hospitals Reform Commission (NHHRC), Anderson has also released his Draft Strategic Plan for 2010-2012 for discussion. The Plan shows progress in restructuring the NHMRC, and Anderson is congratulated on initiatives in international collaboration in our region, redeveloping the National Institute for Clinical Studies (NICS) within NHMRC, additional support for research related to indigenous health and extension

of support for commercialisation and liaison with industry. However, whilst provision for Practitioner Fellowships and extension of the current program of Centres of Clinical Research Excellence are welcomed, there is, as in the NHHRC Interim Report and other worthy recommendations, a serious flaw in the concept of 'research transfer' to foster improvements in clinical practice as simply a matter of transferring instructions as to how to practice through 'evidence-based

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practice' protocols from NICS. Such protocols, although of value, inevitably reflect past practice, not development.

The Zerhouni Report, in discussing the interface of research with health services contains the statements:

- "NHMRC should lead an initiative to better integrate research programs across a continuum from basic to translational to clinical research...Governments need...to ensure that at least a few competitively identified hospitals have sufficient funds and a mission statement that also supports patient-based research rather than minimising current costs at the expense of long term transformation of health."
- "Central to this vision will be the development and maintenance of shared modern health research infrastructure within both the academic and health environments. The panel was concerned at the apparent lack of modern Academic Health Sciences Centres delivering research, healthcare and education. The US has used this model successfully for decades and now the UK and Singapore are developing examples of institutions with shared governance between medical schools and teaching hospitals."

The Strategic Plan does not attempt to tackle this charge.

Evidence based protocols can no more than be a guide when every sick person differs from the last and the research trained clinician applies the best knowledge and skills in solving each problem, and contributing to future evidence-based practice. This is the environment needed for services, for education of tomorrow's practitioners and for research. Perhaps Anderson feels constrained by the views as expressed by NHHRC which dismissed the model of the University Hospitals in two sentences, whilst the UK health reforms have been led by hospital research clinicians, Professor Sally Davies and Lord Darzi, a practising academic surgeon. These build extensively on university-hospital partnership for innovation, excellence of services and education.<sup>2</sup> Medical schools can bring this dynamic of reform also to primary care.

<sup>1</sup>Van Der Weyden MB, *Council Med J Aust* 2005, 183:340-342

<sup>2</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_0858](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_0858)

\*Professor Penington was a former clinical academic, Dean of Medicine, Vice Chancellor (University of Melbourne) and Chairman of Cochlear Ltd.

