



Senate Inquiry into the Medical Research Future Fund Consequential Amendments Bill (2015)

9th July 2015

We are pleased to have the opportunity to express our views on the MRFF and to provide some considerations. We are supportive of the plan to increase expenditure in medical and health research but would like to see significant steps taken to ensure that the full benefits of the investment are delivered.

It is a well-known and very unfortunate fact that Australia lags behind other nations when it comes to how we manage our funds and the return we expect on the investment. A recent report evaluating the Canadian Institutes of Health Research Knowledge Translation Funding program compared several countries and their translation funding and mandates to support research translation through major funding schemes. Sadly, and most embarrassingly, Australia lagged well behind other countries in its targets to deliver outcomes from funded research both in 2008 when first measured and this remained unchanged when measured again in 2011. This is not to say that there are no funding sources that are looking to ensure translation, but our major medical funder does not fund, nor require any tangible non-academic translation of its funded projects.

Knowledge translation is an iterative process that involves knowledge users and consumers throughout the research process to ensure research addresses, is relevant to, and can be used in the practice of the end user organisations. It does not stop with the peer reviewed publication of research, but instead encompasses implementation of findings into practice. It is defined by the World Health Organisation as:

“The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health”

Knowledge translation guides greater innovation. We must consider research innovation not just in a commercial sense, but also social innovation if we are to have true and lasting impact from all of our medical research funding. We need processes, training and funding to support practice change, behaviour change, and policy change based on research evidence.

There has been extensive discussion within research literature that highlights the 17 year research to practice gap (<http://jrs.sagepub.com/content/104/12/510.full>), along with a significant look at research wastage (a series of articles in the lancet and a summary <http://researchwaste.net/>) that further highlight the urgency to do more from research funding to close the loop between knowledge and practice.

To overcome the research translation challenge in Australia, we need to look to international shores to see what they are doing and how it's working. Dr Melanie Barwick, from the University of Toronto, visited Australia last year and during that visit highlighted several differences between Australia and Canada with regard to translation and research funding. These differences include; the requirements within our grant applications regarding translation, a lack of funding allocated specifically to planned translation activities, no scholarly recognition for non-academic translation activities, and limited capacity to do translation.

At present, in Australia, there is no incentive to do research translation, that's not to say that researchers don't want to take their research further, but there is usually a lack of time, a lack of money and a lack of reward for effort. Therefore, the focus remains on those activities that will be funded and for which there is the greatest reward. Securing funding and career progression are based only on academic activities such as peer reviewed journal publications and conference presentations – both of which are incredibly important and underpin high quality research.

This fund has the opportunity to encourage and reward both academic output through the traditional means but to also place a greater emphasis on the movement of evidence and knowledge between academia and the real world. Too often research is being created without any input from the people who are likely to use it and that are best placed to implement the findings, rendering any result difficult and often near impossible to use in the way it is intended. Knowledge Translation Australia would like to see the follow three factors considered within the MRFF Scheme.

1. Fund translation activities and expertise.

Research funding is the driving force behind the way we do research. It guides the type and focus of research areas, the measurable factors by which funding is awarded (i.e peer review and citations) and decides what the money should be used for. If the MRFF funding mandated a translation plan with every grant submission that included specific goals, measures of success and funding for the translation activities then we would be much closer to overcoming this challenge.

2. Build capacity for Translation

If we want research translation then we must also build and provide the capacity for it. Funding for the activities is a great start, but there would need to be help for researchers and research support staff to learn about what encompasses translation, how to plan for it and where to get the help and expertise they need. Getting research used in practice is not just about writing a report someone can read, it involves much more than that and is a system of integrated processes that starts with a plan.

3. Reward Translation

Perhaps the most important of all three layers is that of measuring and rewarding translation efforts. These measures should be considered along with traditional academic outputs during the grant application process. They should also be part of the recognition and reward process when going for promotions within universities and research institutes.

We are not suggesting that we have all the answers, and indeed everything sounds easy on paper. However, we strongly believe that through changes to how research is rewarded and funded, and through greater collaboration, partnering, implementation, evaluation and measurement (all part of the knowledge translation system) we will have more success in moving research from within the constraints of the ivory tower, thereby creating greater return on the investment.

It would be devastating to see Australia being a world leader in the level of medical research funding without ensuring processes to improve health and medical service as a whole.

Kind regards,

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