# Universities Australia's submission to the Consultation on the Medical Research Future Fund (MRFF) Australian Medical Research and Innovation Strategy and Priorities

Dear Professor Kathryn North AC, Chair of the Australian Medical Research Advisory Board

Universities Australia (UA) welcomes the opportunity to provide feedback on the draft Australian Medical Research and Innovation Strategy 2026-2031 and Australian Medical Research and Innovation Priorities 2026-2028.

## Summary of key recommendations

Universities Australia broadly supports the direction of the draft Strategy and Priorities, particularly the stronger emphasis on translation and lasting impact, but achieving that ambition depends on sustaining the research capability that makes translation possible. UA's submission focuses on four priorities:

- Recognising the full research workforce — including clinician-researchers, HDR candidates, postdoctoral researchers and research support professionals — through salary support and protected research time within funded projects.
- Reflecting the full economic cost of research in MRFF funding arrangements, including a minimum co-investment benchmark and stronger government funding of indirect costs.
- Restoring research infrastructure as a standalone priority, including physical infrastructure such as manufacturing facilities, biobanks and laboratories, rather than a dispersed enabler.
- Strengthening recognition of women's health within the Priority Populations.

The recent additional investment in MRFF-related research administration is a welcome step towards addressing these pressures. There remain, however, important questions about how the Strategy's ambitions will be supported and sustained in practice, particularly as universities continue to meet a significant share of the indirect costs associated with competitively funded research.

Against this backdrop, UA has focused its response on those areas where universities can provide the greatest insight and where we believe further refinement would strengthen the Strategy and Priorities. Our responses to the relevant consultation questions are set out as an attachment to this letter.

Yours sincerely

Luke Sheehy
Chief Executive Officer, Universities Australia

# MRFF Strategy 2026-2031

14. Does the proposed Vision best position the MRFF to transform health and medical research and innovation in Australia over the next five years?

The proposed vision "Transforming health through research excellence and lasting impact" is ambitious and appropriately reflects the MRFF's focus on translating research into improved health outcomes and delivering lasting benefits to the Australian community.

UA notes a shift in focus from research as a national capability to impact of research compared to the current Strategy. This shift is evident both in the vision and in the Strategic Objectives, Shared Enablers and Priorities. While UA supports the increased focus on translation and impact, impact is generated through a strong and sustainable research ecosystem. Sustained investment in research capability, workforce and infrastructure remains essential to producing the discoveries, data, expertise and partnerships that ultimately translate into health and economic benefits.

Consideration should also be given to how success will be defined and measured for "lasting impact". Impact should be assessed using a broad range of indicators that recognise improvements in health outcomes, translation into policy and practice, workforce capability, research infrastructure, innovation and economic benefits.

16. Will the proposed cross-cutting principles support successful delivery of the MRFF Strategy 2026-2031?

UA supports the cross-cutting principles to deliver the Strategy. We note that consumer-led and consumer-driven projects were mentioned in both the Strategy and Priorities, reflecting the importance of consumer involvement in the research lifecycle.

Universities are currently funding these activities ahead of receiving grant money. There is currently no roadmap or consideration of how consumer activities can and will be funded at the point of a project's conception. UA encourages the department to develop a framework around how the MRFF will support consumer involvement activities to help ensure a strong and sustainable research ecosystem.

The cross-cutting principle 'Partnerships and co-investments' needs to recognise the system inefficiencies that result from funding less than the full costs of research. Every research funder, including the MRFF and any partners, should commit to funding 50 cents in research support for every $1 of research it funds, to ensure the work as described and supported can be undertaken to completion and translation.

17. Will the shared enablers support the successful delivery of the MRFF Strategy 2026-2031?

The shared enabler 'Advanced and emerging research technologies' rightly emphasises virtual and digital tools, methods and innovations, but comes at the expense of physical infrastructure in the draft Strategy. Instead, they should complement and augment it. We recommend retaining mention of advanced physical research technologies within this shared enabler.

18. Are there any additional issues or feedback on the proposed Strategy that have not been addressed above?

Successful delivery of the Strategy will depend on effective coordination with the broader research and innovation system. This includes alignment with investments and initiatives across NHMRC, NCRIS, the National Reconstruction Fund, the recommendations of the *Ambitious Australia* report and reforms arising from the Australian Universities Accord, the National Health and Medical Research Strategy 2026-2036, the research agenda of the newly established Australian Centre for Disease Control, and dual use health and biotechnology investment under Defence's Innovation, Science and Technology Strategy. Greater recognition of these interdependencies would help maximise the impact of public investment, strengthen national capability and support a more connected research and innovation ecosystem.

Successful delivery will also depend on the financial sustainability of institutions receiving competitive grant funding. Universities meet a substantial share of the indirect cost of externally funded research from their own resources. UA notes and welcomes the $128 million in funding for MRFF-research administration costs as announced in the 2026-27 federal budget. This is a positive step towards government funding more of the indirect cost of research, which UA continues to advocate for.

The Strategy should acknowledge the real cost of research and ensure that MRFF program design, co-funding expectations and infrastructure arrangements do not deepen an unsustainable cost transfer onto the sector.

# MRFF Priorities 2026-2028

27. Considering the proposed Priority 2026-2028 of Skilled and sustainable health and medical research workforce, are there any important elements not captured in this Priority that should be included?

UA supports the proposed focus on a skilled and sustainable health and medical research workforce. We note that the health and medical research workforce is both a standalone priority and a strategic objective. It acknowledges that our researchers are critical to achieving the Strategy's ambitions and creating impact.

However, to fully realise the ambitions of the Strategy, consideration should be given to the broad range of capabilities required across the research ecosystem, including researchers, clinician-researchers, research support professionals, implementation and translational specialists and commercialisation experts. The focus of the MRFF is on projects rather than supporting careers. The MRFF invests in high-quality research rather than directly in our research workforce; career opportunities and a sustainable workforce follow from that investment. The MRFF can play a role in attracting talent into research careers, retaining early and mid-career researchers and providing stable career pathways.

Universities' joint and conjoint appointments with health services, and the clinical academic and titleholder workforce they sustain, are the connective tissue of this pipeline. As such, UA proposes that the MRFF program settings should enable salary support and protected research time within funded projects. HDR candidates and postdoctoral researchers, who deliver a significant amount of the day-to-day work of MRFF-funded projects, should be recognised explicitly in this priority.

Additionally, to realise the full potential of the fund, we need to invest in the people enabling the translation and impact of research. This includes the specialist professional workforce that supports research delivery, clinical trials, data stewardship, research infrastructure and commercialisation. These roles are critical to research quality, compliance and impact but are rarely visible in workforce strategies.

Considerations should also be given to how this priority aligns with broader national efforts to develop a coordinated research workforce strategy, including the recommendations of *Ambitious Australia* and the Accord. This would help ensure that MRFF investments contribute to a sustainable pipeline of talent, support workforce mobility across academia, health services and industry, and build the capabilities needed to translate research into health and economic outcomes.

28. Are the proposed Priority Populations appropriate for guiding equity considerations across the proposed MRFF Priority 2026-2028?

UA supports the Priority Populations identified in the draft Priorities. However, UA notes that research into women's health is not explicitly reflected in either the Priority Populations or the proposed Priorities, despite longstanding evidence gaps in the understanding, diagnosis and treatment of conditions that disproportionately affect women.

While many women's health challenges will be addressed through the proposed health equity framework, consideration should be given to strengthening recognition of women's health and ensuring that sex and gender differences are appropriately reflected across MRFF-funded research, including beyond areas typically regarded as women's health fields.

29. Is there any additional feedback on the proposed Priorities you would like to provide that has not been addressed above? (Optional)

UA notes that in the 2024-26 Priorities, "Research Infrastructure and Capability" is a standalone priority. It explicitly recognises research facilities, systems, services, digital infrastructure and biobanks as priority investments. In the draft Strategy and Priorities, infrastructure is spread across selected enablers and referenced within individual priorities such as AI, digital health and advanced therapeutics. Many of the Priorities require infrastructure to be realised, but research infrastructure is not merely an enabler of research; it is a strategic national capability in its own right. It should, therefore, be a priority driving investment.

We also note that there is limited recognition of physical infrastructures in the Strategy and Priorities, with a significant emphasis on digital capabilities such as AI, data system and integration, and digital health. Physical infrastructures, including manufacturing facilities, biobanks and specialised laboratories, are still critical to realising the MRFF's vision.

The 2024-26 Priorities referenced stronger integration with NCRIS, but the connection is not as prominent in the draft Priorities. UA strongly believes that MRFF investments should leverage our national infrastructure capabilities rather than operate separately.

Given the foundational role that research infrastructure plays in enabling AI, digital health, advanced therapeutics, multiomics, clinical trials and translation, references to sustained investment in national research infrastructure, associated technical expertise and long-term capability should be strengthened. This would better reflect the infrastructure requirements

needed to deliver the Strategy's ambition. Any strengthened infrastructure commitment must extend to operating costs and the specialist workforce that keeps infrastructures running, as capital that arrives without operating and workforce support relocates the funding gap onto universities.

UA appreciates the opportunity to contribute to the development of the Strategy and Priorities and looks forward to continuing to work constructively with the Department as they are finalised. Getting the settings right will be important to ensuring the MRFF not only supports high-quality research, but also strengthens the people, infrastructure and institutional capability needed to translate that research into lasting health, economic and societal benefits for Australia.