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HARRY PERKINS INSTITUTE OF MEDICAL RESEARCH

Submission

Draft National Health & Medical Research Strategy

The Harry Perkins Institute of Medical Research (the Perkins) was established in 1998 to improve the health of the WA community through world-class research. Perkins has over 450 researchers, students, clinical trial and professional services staff based across three major hospital campuses. We are affiliated with the University of Western Australia (UWA). Perkins researchers are enabled by a multi-disciplinary environment, backed by strong partnerships and driven by community support. Our purpose is to enable our community to live healthier, longer lives by discovering new ways to prevent, diagnose and treat life-altering diseases, with a focus on cancer, cardiovascular diseases, diabetes and rare genetic diseases. The Perkins has a strong track record of bench-to-bedside innovation, with discoveries leading to new treatments and diagnostics. For example:

- Honeybee venom research targeting aggressive breast cancer.
- 3D-printed heart valves for minimally invasive surgery.
- A diagnostic test for antibiotic resistance with 96.9% accuracy
- Atherid, a company established to commercialise a "fat-busting" drug to treat peripheral vascular disease

In order to position Australia to withstand current and emerging global health challenges, focused action is required. The **health and medical research sector**, as a whole, has a responsibility to come together to work towards a collective desired future which is a fully coordinated, collaborative, end-to-end, sustainable and thriving research sector. We are strongly supportive of a cohesive National Health and Medical Research Strategy to drive improved health outcomes, inform strategic investment in the full pipeline of research from discovery to translational to clinical trials and care, enhance collaboration, prioritise equity and inclusion and stimulate economic growth and innovation.

The Perkins is a member of the Association of Australian Medical Research Institutes (AAMRI) and strongly endorses the 9 recommendations in the AAMRI submission to the draft strategy including research excellence, funding and financial sustainability, workforce and capability, discovery and innovation, translation and impact, infrastructure and data, equity and inclusion, governance and accountability and evaluation (assessing impact and success).

Proposed Vision

While the proposed vision "*Australia: the healthiest nation – driven by research, delivering for all*" for the national strategy is ambitious and well-intentioned, it does not fully capture the aspirations needed to guide the future of health and medical research in Australia.

- "Australia: the healthiest nation" lacks clarity. It is not evident whether this refers to life expectancy, disease burden, general wellbeing and lifestyle demographics of the

population, access to care, or other metrics. Additionally, the phrase implies international competition, which does not reflect the collaborative and inclusive nature of health and medical research.

- "Driven by research" is a strong and appropriate emphasis.
- "Delivering for all" is inclusive in tone but risks being perceived as vague or symbolic unless supported by clear commitments to equity, accessibility, and measurable outcomes.

Alternative vision statements for consideration:

- A healthier Australia—where research empowers wellbeing, equity, and innovation for the benefit of all.
- Australia: Driving better health outcomes for all through health and medical research.
- Australia: Delivering optimal health outcomes for all through medical research.

Proposed Values

The proposed values for the National Health and Medical Research Strategy—impact & sustainability, quality & integrity, equity, and collaboration & partnership—are broadly aligned with the goals of a strong, inclusive research ecosystem. We agree with AAMRI on including a value that specifically recognises the importance of research excellence.

At the Perkins our organisational values—respect, innovation, passion, and collaboration—are central to how we operate. They reflect our commitment to excellence, community engagement, and transformative research.

The draft strategy poses an important question: *"How will we know that the National Strategy is upholding our values?"* Values are foundational beliefs that guide the behaviour and decisions of individuals and organisations. Most health and medical research institutions already operate under established value frameworks. Clarity is needed around who is responsible for upholding the draft strategy's values—whether it be the NHMRC, MRFF, research organizations, or other stakeholders.

To strengthen accountability and operational clarity, we suggest that the proposed values be reframed as principles—action-oriented guidelines that can inform decision-making and implementation. This would allow for:

- Clearer alignment across stakeholders,
- Measurable indicators of adherence,
- Greater transparency in how the principles are applied in practice.

We recommend that reframing the values as principles would enhance their utility and ensure they are not only aspirational but also actionable. Tracking stakeholder alignment with these principles could serve as a meaningful outcome measure for the strategy, e.g. funding applications could have sections where applicants state how proposals align with these principles.

Proposed Goals

The draft strategy has five goals and states (page 11) that "*A successful National Strategy will support the health system to:*

1. *Drive national prosperity and security*
2. *Lead the world in health outcomes -*
3. *Deliver equity – no one left behind*

4. *Secure a resilient and a sustainable health system*
5. *Strengthen regional and global partnerships*."

These goals present a mixed message for a National Health and Medical Research Strategy. The primary aim of such a strategy should be to support and strengthen Australia's health and medical research sector. The current goals are heavily oriented toward health system outcomes, with little reference to the research ecosystem per se.

The goals make no reference to discovery research which is core to the work of Perkins and the foundation of all research outcomes. We acknowledge the evolving focus of the NHMRC and MRFF towards funding research that includes endpoints centred in translation and the delivery of medical care. However, many of these goals are outside the direct control of the research sector and difficult to measure due to jurisdictional complexities—particularly as health systems are largely managed by a combination of individual regional Health Service Providers and state governments.

At the Perkins, we work closely with clinicians across three teaching hospital campuses and actively contribute to improving health outcomes. However, we do not set or control health system strategies. Therefore, we recommend reframing the goals to focus on enabling a thriving, impactful, and sustainable health and medical research ecosystem.

Additional comments include:

- We recommend the goals are re-ordered to tell the research story, moving from a vibrant health research ecosystem, through improved outcomes with a highly blue-sky aspiration on prosperity to finish. Goal #1 is important but should be repositioned. Economic and security benefits are often downstream outcomes of strong health research. We recommend this be Goal #5, reflecting its role as a consequence of achieving health and research excellence.
- Goal #2 is a lofty goal and needs clarity (which diseases, what measures/outcomes, compared to?). While global excellence is critical, the focus should be on Australian leading by example to improve health outcomes for all Australians, with recognition that locally focused research can have global impact. We suggest Goal #2 be reframed and elevated to Goal #1.
- There is a blurring of the line between health care and research in Goal #4. The Strategy shouldn't be designed to secure the health system, rather it should contribute high quality research some of which might be adopted into impactful changes in clinical care. While research contributes to system resilience, many other factors—policy, workforce, infrastructure—fall outside the remit of health and medical research. This goal may be better addressed in broader health system strategies. An alternate goal could be "*Contribute to an efficient and effective evidence-based health system, built on a foundation of high-quality research*".
- The goals are not SMART. Without clear metrics or timelines, it will be challenging to evaluate progress, especially given the many external factors influencing research sector performance.

We recommend reframing the goals to focus on building a robust, inclusive, and innovative health and medical research sector. Align them with SMART principles and ensure they reflect the unique role research plays in improving health outcomes, informing policy, and driving long-term national benefit.

Proposed Focus Areas

The Proposed Focus Areas are described as actions to drive transformational change. Each focus area appears to provide an outcome for each of the 5 goals. This is confusing as to how the focus areas and goals are connected.

- Focus Area # 1 – "*Build a vibrant research system that delivers for a nation*". We support this focus area. However, the actions of national priority setting and evaluation, horizon scanning and collaborative platforms and networks are quite vague in detail and also responsibility. "Priority populations" are fundamental to goal #3 but seem to be stuck in here as an add on.
- Focus Area # 2 – "*Embed research processes that are modern, efficient and consumer-centred*". Research systems include a variety of components working towards a common goal, e.g. researchers, institutions, funders, and data platforms. Processes are often embedded in systems to ensure consistency and efficiency. We suggest rewording Focus Area #2 to "*Embed research systems that are modern and efficient*".

  We strongly applaud the move to efficient and unified management of Commonwealth research funding and also actions to enable a vibrant clinical trials sector. Linear Clinical Research was established by Perkins to provide a dedicated early phase clinical trials facility that could translate medical discoveries into real-world treatments. Linear is a very successful start-up which specialises in Phase I and II clinical trials, helping bring new therapies to patients faster. Perkins researchers often work with Linear to test novel drugs, diagnostics, and interventions developed in-house or through partnerships.

  Any reference to consumer involvement should be aligned to the Draft Statement of Consumer and Community Involvement in Health and Medical Research that is currently being developed.
- Focus Area #3 – "*Accelerate research and its translation to improve Aboriginal and Torres Strait Islander peoples' health and wellbeing*". We have an innovative program at Perkins led by Professor Andy Redfern on the four leading causes of excess cancer deaths in Aboriginal and Torres Strait Islander communities, focusing on understanding and addressing disparities in outcomes. Looking beyond the basic demographics of health service delivery, Professor Redfern's team investigate why cancer treatments may be less effective or more toxic, resulting in poorer outcomes for certain populations.

  Our concern is that Focus Area #3 does not go far enough. The Perkins Rare Disease Genetics and Functional Genomics Group led by Professor Gina Ravenscroft studies rare genetic diseases particularly those affecting babies and children, with a focus on neurogenetic and neuromuscular disorders. When all rare diseases such as these are combined, they amount to a common problem.

  We recommend that Focus Area #3 is broadened to include all those groups with poorer health outcomes e.g. people affected by rare diseases, people living in rural and remote areas (currently in Focus Area #2), people with low socioeconomic status, people with a disability, culturally and linguistically diverse communities, LGBTIQ+ communities. This more completely aligns with the proposed goal '*Deliver equity – no one left behind'.*
- Focus Area #4 – "*Drive impact through research translation, innovation and commercial solutions*". This focus area is entirely appropriate for inclusion in the strategy noting that discovery research is not specifically addressed in any of the focus areas. Perkins is a discovery-based research institute with a strong track record of bench-to-bedside

innovation including clinical academic research partners, clinical trials and 10 spin out companies arising from Perkins research. Perkins has a unique partnership with the School of Engineering at UWA. Many of our spin-out companies have arisen from cross-disciplinary collaborations involving biomedical engineers, clinicians and basic scientists. This approach, and the success of promoting such collaborations, is not included within the draft Strategy.

The action of Research Translation as it stands is vague. For the most part, the Research Translation Centres have not delivered on their promise of enabling and facilitating research translation. As per the AAMRI submission - research translation needs to be funded across all stages, including infrastructure and capacity building.

Commercialisation is a constant challenge for the research sector. Perkins has joined forces with two other local medical research institutes to create the Health Translation Group - a purpose-focused charity established to support the WA medical research community to sustainably deliver on research translation and health technology commercialisation. Effective commercialisation requires dedicated local support and good knowledge of the sector together with the requisite legal and commercial capabilities and connections. The role of universities is variable in this area, and can be a negative influence for potential investors. Local, targeted support is required to effectively drive commercialisation. Evaluating the approach in other countries, such as the US, Canada and Israel where they have well-developed tech-transfer offices should bring much needed insight into the recipe for success in these endeavours.

- We suggest rewording Focus Area #5 to "Position Australia to be ready for future needs and challenges".

Some of the actions supporting the Focus Areas are appropriately focused on a thriving health and medical research sector, while many are focused on health system outcomes. This confusion will diminish the impact of the strategy and must be addressed.

Priority ranking of actions and enabling initiatives

The draft strategy includes 20 actions / enabling initiatives. There are blurred lines between many of these which makes it challenging to rank them in a priority order. Some of the biggest challenges Perkins (and all other MRI's) face are:

- Fully funding the costs of research
- Ensuring a sustainable career path for early-mid career researchers and the rapidly developing specialised workforce required to support collaborative infrastructure platforms.
- Ensuring a thriving foundation of fundamental discovery research balanced with sustainable pathways to research translation and implementation.
- Ensuring the health and wellbeing of our health and medical research workforce in a climate of job insecurity, excessive workloads and unpaid professional obligations.

None of these are explicit in the actions or enabling initiatives.

We are fully supportive of a transformational National Health and Medical Research Strategy including overarching governance and coordination between the MRFF and MREA; however, for this strategy to lead to meaningful and positive change it must address challenges that are widespread in the research sector.

Conclusion

The Perkins welcomes the opportunity to contribute to the development of a National Health and Medical Research Strategy that is bold, inclusive, and future-focused. To truly deliver transformational change, the strategy must recognise and emphasise the unique strengths of Australia's health and medical research ecosystem—discovery, collaboration, innovation, clinical trials and equity. It should decide what it aspires to be, as the current draft is confusing as it mixes up research with clinical care and health service delivery. By refining the vision, clarifying goals, and aligning focus areas with actionable principles within the Strategy, we can build a thriving research sector that improves lives, informs policy, and drives national prosperity. Perkins stands ready to support this vision and work alongside all stakeholders to ensure its success.