Australian National University

Submission to the Draft Australian Medical Research and Innovation Strategy 2026-2031 consultation

From an evaluation perspective (Responding to Qs 15, 27, and 18)

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I welcome the opportunity to contribute to the consultation on the draft **MRFF Australian Medical Research and Innovation Strategy 2026–2031 and Priorities 2026–2028 (the Strategy)**.

I strongly support the direction of the Strategy, particularly its emphasis on

- research translation and
- developing a skilled, sustainable, inclusive and future-ready health and medical research workforce.

A submission from an evaluation perspective

My submission focuses on a common question across these objectives, namely, how will we know whether they have been achieved?

The Strategy has been developed using an outcomes-based approach. I suggest that the next stage should therefore give attention to how the intended outcomes will be defined, measured and evaluated over the life of the Strategy. This would complement the MRFF's existing monitoring, evaluation and learning arrangements.

I am Associate Professor Tomoko Sugiura, Director of the National Centre for Health Workforce Studies at the Australian National University. My work focuses on health workforce planning, health-system policy, data and evaluation.

My comments are informed by experience working across government, research and the health system, and by a particular interest in how evidence is translated into policy and practice and how health-system capability can be measured. I will focus on Questions 15, 27, and 18.

Australian Medical Research and Innovation Strategy 2026–2031

Strategic Objectives

Question 15. ***Do the proposed Strategic Objectives set a clear and appropriate direction for delivering the MRFF Vision 2026–2031?***

Yes.

The Strategic Objectives provide an ambitious and appropriate direction for the MRFF. I welcome the emphasis on end-to-end research translation and on a skilled, sustainable, inclusive and future-ready research workforce.

To maximise the chance of this objective being met, I suggest the Strategy should give greater attention to how achievement of these objectives will subsequently be evaluated.

For research translation, the pathway from research to impact is not necessarily linear, moving from Research, Insight, Deliberation, Decision, Implementation then Outcome.

Research can generate policy relevant and clinically useful insights, but the decision about whether and how those insights should be implemented is a governance decision involving researchers, policymakers, health services, clinicians, consumers, funders and others. These actors have different perspectives and may reach different conclusions about whether an intervention should be implemented, where, and under what conditions.

This makes "lack of implementation" not necessarily be considered a failure of research translation. A decision not to implement may be appropriate because of other considerations, cost, feasibility, workforce capacity, equity considerations, competing priorities, or the strength or applicability of the evidence.

Evaluation of translation should therefore examine not only whether research was implemented, but also the quality and governance of the pathway from evidence to decision, implementation and outcomes. I feel this type of reflection is often overlooked but can ensure quality assurance of research grants disbursement.

A similar issue arises with the workforce objective. It is often the case that the number and characteristics of researchers receiving research funding is used as a measure of (surrogate) measure of grant success. These types of measures do not by themselves demonstrate whether Australia has developed a skilled, sustainable, inclusive and future-ready research workforce.

I think the last item on the list of MRFF Strategy objectives: "A skilled, sustainable, inclusive and future-ready health and medical research workforce that accelerates innovation, translation and system capability" is critical for achieving all other objectives, and its importance needs to be matched by well-considered success measures.

I think this objective is broader than the characteristics of MRFF-funded researchers. It concerns the capability of the research system, including the pipeline of future researchers and the people and infrastructure that enable research, such as research offices and professional staff, data and methodological capability, research governance, consumer engagement and partnerships.

I therefore suggest that the evaluation of these objectives be developed through co-design process with the research and health ecosystem stakeholders. This should include funding bodies and administrators, researchers, research-enabling professionals and institutions, consumers and communities, health services, peak bodies and other relevant actors.

This would establish a shared understanding of what success looks like, the baseline against which progress should be assessed, appropriate indicators, and what outcomes can reasonably be attributed to MRFF investment.

Draft Australian Medical Research and Innovation Priorities 2026-2028

Question 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?***

Additional elements are needed.

I strongly support this Priority. However, I suggest that workforce sustainability should be considered at the level of the research system, rather than primarily through the characteristics of researchers who receive funding.

One potentially valuable measure would be to routinely collect information on the resources devoted to grant applications, including unsuccessful applications as well as successful ones. This could include researcher time and, where feasible, the contribution of research-enabling staff.

This is particularly relevant given the Strategy's recognition of the importance of reducing workforce burden and the Government's recent investment to address inequities in research administration costs.

Competitive research funding is necessary, but the effort required to compete for funding is also part of research-system capacity. Time spent preparing unsuccessful applications is time that cannot be spent conducting research, mentoring the next generation of researchers, translating findings, collaborating with health services or contributing to other research activities. Australia currently does not have a mechanism to systematically measure ‘cost of unsuccessful grant application”.

Systematically measuring the resources devoted to grant applications could provide a new lens on the sustainability of the health and medical research workforce and the funding system itself. This information would allow the sector to understand an important aspect of the research environment that is currently difficult to see through conventional measures of funding awarded or researchers funded.

I recommend that the definition and measurement of workforce sustainability be co-designed with the research sector, including researchers, research-enabling professionals and institutions, funders, health services and other relevant actors.

Further Feedback on the MRFF Strategy

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

I made a related point as part of my response to Question 15, but I will elaborate further to underscore my feedback. The Strategy sets ambitious objectives and explicitly adopts an outcomes-based approach. I suggest that the next stage of

Strategy development should include co-design of an evaluation framework for the 2026–2031 Strategy.

This should build on the MRFF's existing Monitoring, Evaluation and Learning Strategy rather than create a separate process.

The evaluation framework should establish:

- what success looks like for each Strategic Objective;
- the baseline against which progress will be assessed;
- appropriate quantitative and qualitative measures;
- what outcomes can reasonably be attributed to MRFF investment; and
- how evidence generated during 2026–2031 will be used to learn and adapt.

The co-design should involve the funding body and administrators, researchers, research-enabling professionals and institutions, consumers and communities, health services, policymakers, peak bodies and other relevant actors.

This would help ensure that the Strategy is evaluated against the outcomes and system capabilities it seeks to create, rather than primarily against measures that are easiest to count.

Closing

The Strategy provides an important opportunity to set an ambitious direction for Australian health and medical research.

My main recommendation is that evaluation should be considered alongside the design of the Strategy, rather than after its implementation. The next stage of consultation and technical advice provides an opportunity to work with the research and health ecosystem to define what success looks like and how progress should be assessed.

A shared approach to evaluation would strengthen the Strategy's ability not only to demonstrate impact, but also to learn what works, for whom, in which settings, and why. Research translation is also a matter of relationship building across multiple sectors. Co-designing evaluation phase would contribute to that relationship building.