Australian National University

Feedback against the Draft National Health and Medical Research Strategy 2026-2036

From a workforce strategy and planning perspective

8 October 2025

Associate Professor Tomoko Sugiura

National Centre for Health Workforce Studies, NCEPH, CLGP, ANU

Contents

Introduction 2

Central importance of HMR workforce for the Strategy 2

Recommended Changes to the Strategy 4

References 4

Introduction

I welcome the opportunity to provide input on the **Draft National Health and Medical Research Strategy 2026–2036** (the Strategy). The Strategy outlines a 10-year plan to strengthen Australia's health and medical research (HMR) system—from discovery to translation—to improve health outcomes. It emphasizes coordinated funding, workforce support, consumer-centred and equitable research, and stronger translation of findings into practice. The development of this Strategy presents an opportunity for Australia to become a global leader in research translation and to enable its citizens to achieve the best possible health outcomes. I commend the work of the Strategy's authors.

A submission from a workforce strategy and planning perspective

In my current role at the Australian National University (ANU), I lead the **National Centre for Health Workforce Studies**, providing evidence-based advice on health workforce profiles, strategies, and planning. I also deliver executive education courses and conduct translational research.

Previously, I have held senior roles in the First Nations Health Division of the Department of Health, Disability and Ageing, worked as a mental health researcher in Japan, and served as a management consultant advising global pharmaceutical companies on workforce management and resource allocation. I have also been a member and Co-Deputy Chair of the EMCR Forum Executive Committee within the Australian Academy of Science, where I co-authored the committee's submission to the Universities Accord consultation, focusing on the experiences of EMCRs.

Through my 30-year career, I have worked across the HMR ecosystem and observed it from multiple perspectives. From this unique vantage point, I make this submission to highlight the HMR workforce as a critical and integral component of the research ecosystem, and to emphasise the **importance of high-quality, regularly collected workforce data to sustain and strengthen it.**

Central importance of HMR workforce for the Strategy

I welcome the recognition in the Strategy of the HMR workforce's central importance:

- *"The research workforce is a cornerstone of a country's progress and resilience. Australia's talented health and medical researchers are crucial to achieving our strategic goals" (p. 38).*
- *"Build diversity and equity across the research workforce, particularly at senior levels" as one of the emerging themes (p. 6).*

Current state of the HWR workforce

According to the **Australian Health and Medical Research Workforce Audit** (Australian Department of Health and Aged Care, 2024):

- Approximately 40,000 researchers work in Australia's HMR sector.
- About two-thirds work in traditional settings (universities and research institutes); the remainder are in non-traditional roles.
- Just over 50% of researchers are women, yet women occupy only about 25% of senior-level positions.
- More than 40% of researchers have come from overseas.
- Researchers are underrepresented in regional and remote areas relative to population distribution.
- First Nations peoples are significantly underrepresented in the HMR workforce.
- A large proportion of researchers, especially in the traditional sector, are on short-term contracts rather than permanent roles.

- In the past five years, over 60% of researchers have moved into roles where they are not actively involved in research.
- Retention is a concern, particularly among early- and mid-career researchers (EMCRs).

Consequences of workforce issues

These findings highlight retention and attraction challenges as well as funding shortage. Without thriving HMR researcher communities, the future of Australian health and medical research is at risk.

The Universities Accord (Australian Department of Education, 2024) projects that the Health Care and Social Assistance sector will experience the largest workforce growth, followed by Professional, Scientific, and Technical Services. This underscores the importance of sustaining the HMR workforce and developing robust training pathways.

Lack of diversity in the HMR workforce also limits research quality and impact. Homogeneous teams are more likely to define research questions narrowly and overlook population differences, producing less generalisable findings (Hofstra et al., 2018; Australian Academy of Science, 2020). Evidence shows that diverse teams generate more innovative and higher-impact outputs (Yang et al., 2022), and organisations that embrace diverse perspectives gain greater creativity, problem-solving capacity, and marketplace understanding (Australian Government Department of Industry, Science and Resources, 2023). This is vital for developing new medical treatments, advancing digital economies, and addressing complex challenges.

Moreover, insufficient diversity undermines public trust and limits the translation of research to underrepresented populations, including First Nations and rural communities (OECD, 2022; Nature Editorial, 2021). Based on my experience as a minority member in the HMR ecosystem—such as being an senior member of a university community following a non-traditional career path, or being a senior policymaker with research track record with comparatively fewer years of public service experience—I have observed, through my own experiences and those of others, that diverse skills, experiences, and perspectives do not benefit the workforce unless diversity is actively promoted and individuals feel safe to contribute different perspectives.

Job insecurity remains a major issue, especially in universities, threatening HMR as a career aspiration and Australia's attractiveness for global health and medical researchers.

Lastly, and importantly, the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031** (Australian Department of Health and Aged Care, 2022) includes the health and medical research workforce within its scope. First Nations researchers are currently underrepresented in this, as well as other, workforces, and addressing this is a national priority. For First Nations health and medical researchers to thrive, ensuring cultural safety across schools, universities, and other workplaces is critically important.

Need for Bespoke HMR workforce data

Australia currently lacks comprehensive data covering all aspects of the HMR workforce. The Occupation Standard Classification for Australia (OSCA) used by ABS in the Census does not adequately capture this workforce. Census data, collected every five years, only captures the main occupation and is subject to delays, underestimating researcher capacity especially among clinician researchers.

The Strategy references an Australian HMR Workforce Plan (p. 38) and calls to "re-design current funding models to accommodate an optimally sized HMR sector" (p. 38). Workforce optimisation requires timely, high-quality, tailored data. **A national HMR workforce dataset could inform workforce planning, projection, scenario testing, and policy development, helping ensure a sustainable and diverse research workforce.**

The Strategy notes: "*The HMR workforce are generally older than the Australian workforce, restricting opportunities for EMCRs"* (p. 38). I contend that EMCR opportunities are primarily restricted by insufficient funding relative to workforce size, not the age profile. "Older" profile of HMR workforce reflects many years it takes for researchers to become experts in their chosen field, and in this workforce accumulated knowledge and experiences are highly valued. Having said that, regular

workforce data collection, including intentions to leave the workforce, could project exit rates and support workforce planning.

A national HMR workforce dataset could also identify systemic biases, such as gender disparity in leadership, job precarity, and underrepresentation of First Nations researchers, women, CALD backgrounds, researchers with disability or caring responsibilities, and those in regional, rural, and remote areas. Regular data collection would allow monitoring of progress in addressing these biases.

A national HMR workforce dataset could also help identify segments of the workforce at greater risk of attrition, including those experiencing job insecurity, high intention to leave the profession, work-related stress, or poor morale.

Government policies increasingly emphasise equity, diversity and inclusion (EDI), often by naming specific groups. While this approach is useful, data collection design must address several limitations that accompany it, including but not limited to:

- Framing diversity through simple categories can imply that the dominant group serves as the reference point.
- Identities are not mutually exclusive; individuals may belong to multiple minoritised groups.
- Some characteristics are more sensitive or difficult to capture accurately (e.g., first-generation university attendance, mental health conditions, neurodiversity etc).
- A sense of belonging within one's community is a desired outcome of EDI policies but is not often measured.
- Diversity of professional experiences also strengthens the HMR ecosystem, but it too is not measured.

Recommended Changes to the Strategy

- Add "**Develop a bespoke HMR workforce dataset**" under "Focus Areas and Actions" (p. 15) within "Build a vibrant research system that delivers for the nation".
- Explicitly link the Strategy to the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031** highlighting areas of overlap to ensure synergy.

References

- Australian Academy of Science. (2020). Women in STEM Decadal Plan: Progress Report 2020. Canberra, Australia.
- Australian Government Department of Education. (2024). Australian Universities Accord Final Report. Canberra, Australia.
- Australian Government Department of Industry, Science and Resources. (2023). Diversity in STEM Review: Draft Recommendations Paper. Canberra, Australia.
- Australian Government Department of Health and Aged Care. (2024). The Australian Health and Medical Research Workforce Audit. Canberra, Australia.
- Hofstra, B., Kulkarni, V. V., Munoz-Najar Galvez, S., He, B., Jurafsky, D., & McFarland, D. A. (2018). The diversity–innovation paradox in science. PNAS, 117(17), 9284–9291.
- Nature Editorial. (2021). Diversity in science: next steps for research and publishing. Nature, 593, 1.
- Organisation for Economic Co-operation and Development (OECD). (2022). Gender Equality in Science, Technology and Innovation. Paris: OECD Publishing.
- Yang, Y., Tian, T. Y., Woodruff, T. K., Jones, B. F., & Uzzi, B. (2022). Proceedings of the National Academy of Sciences, 119(36), 1–8.