The George Institute welcomes the opportunity to make this submission to the Inquiry into the efficiency, effectiveness and coherency of Australian Government funding for research. Australia has a world leading track record health and medical research, recognising its fundamental role in improving health outcomes and creating a sustainable, quality health system for the benefit of all Australians. To ensure research can have the greatest impact, it is critical that the Government maximises the return on investment of every research dollar.

**INFRASTRUCTURE FUNDING**

Commonwealth funding schemes (direct and indirect costs of research) should be:

- Streamlined and made more efficient;
- Directly accessible to all medical research institutes (MRIs);
- More synced to avoid duplication of efforts by Government and MRIs (and universities);
- The level of award of infrastructure funding should be consistent across the research sector.

Specifically, we recommend addressing the following:

- There should not be two different Commonwealth systems for awarding research grants and infrastructure funding. The most efficient way to achieve this is to award infrastructure funding at the same time a particular grant is awarded (e.g. as is done in the UK through their sophisticated systems at both government and universities levels estimating infrastructure costs of each individual government funded research project);
- There is not sufficient amount of funding provided in terms of the indirect cost of research by Commonwealth government;
- There are significant inefficiencies channelling Commonwealth infrastructure funding for MRIs’ research through affiliated universities (as exemplified, amongst other things, by typical lengthy negotiations between universities and MRIs around appropriate sharing of Commonwealth infrastructure funding);
- Infrastructure funding should extend to all institutions involved in research including universities, MRIs and hospitals/medical centres. The lack of any infrastructure funding awarded to hospitals involved in research is particularly concerning.

We also recommend removing current restrictions in access of researchers employed by MRIs to ARC and CRC funding. Excluding MRIs’ researches from ARC funding is based on an arbitrary criterion considering all researchers employed by universities are eligible to apply.

**Medical Research Future Fund (MRFF)**

The MRFF is a critical mechanism to complement other Commonwealth funding schemes to fund our nation’s biggest health and research priorities. To enable this, we highlight the following:
• Greater transparency around MRFF processes/administration and priorities of upcoming funding opportunities is needed;
• Global (and Australia's) burden of disease/unmet need should be a key driver for distribution of MRFF funding;
• It is unclear how the additional systemic costs of research incurred in undertaking MRFF funding will be supported.
• Administration of the MRFF through geographically defined entities (e.g. Advanced Health and Research Translation Centres) should be expanded to include research which crosses these boundaries (e.g. research conducted at multiple hospitals/local health districts).

The George Institute also supports the submission made by AAMRI to this Inquiry, and is available to discuss any of these recommendations in more detail.