



**Submission to the Review of Independent Medical
Research Institutes**

December 2014

The Cooperative Research Centres Association represents all Australian Cooperative Research Centres (CRCs). In addition, the Association has universities, companies and research groups as Affiliate and Associate Members.

Membership of the Association is optional for CRCs. The Association promotes best practice in research and translation; student supervision and contract management.

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Thank you for the opportunity to comment on the review.

The Cooperative Research Centres (CRC) Association represents all of Australia's Cooperative Research Centres as well as some Affiliate and Associate members.

The CRC Programme is small in comparison to some other sources of medical research funding in Australia, but it is nevertheless an important source of funding. Currently there are eleven health and medical CRCs (Attachment A). The Government classifies the medical CRCs under "services" so it is not always clear what constitutes a medical CRC. By way of example, I have added the Capital Markets CRC as an 11th to the list. The Capital Markets CRC has worked extremely successfully on financial market integrity for almost two decades. Its recent renewal has seen it take a large focus on the \$140 billion health market and is enjoy excellent support. This is the type of research on the health system that McKeon Review saw as a gap in our research system.

The CRC Programme is highly successful in translating research to meaningful outcomes. It is in this area that the CRCs interact most commonly with the IMRIs.

We note that one of the members of the Review Panel, Professor Anderson, is a long-term member of the CRC Committee and is well aware of interactions between the IMRIs and CRCs. Therefore, our submission will be very brief.

We point out that there are very highly successful examples of IMRI-CRC research collaborations. An obvious example, the Brien Holden Vision Institute, is the major participant in the Vision CRC. This is a long-term CRC that has had profound impact worldwide. The Night and Day contact lens is a major product, selling in excess of \$2b annually and returning over \$250m in royalties to the CRC over 20 years. More recently the journal, Optometry and Vision Science, named a paper from the CRC as its most significant paper in the last five years.

The HEARing CRC works closely and successfully with the Walter and Eliza Hall Institute. (WEHI is also a member of the Cancer Therapeutics CRC and has been a member of others over the years. The CRC for Cellular Growth Factors had a particularly successful tenure with WEHI.) The Shepard Centre and the Bionics Institute are also members of the HEARing CRC and it is important to point to the many scientists working in bionics that have trained in the HEARing CRC.

Orygen Youth Health Research Centre is a member of the Young and Well CRC, as is the Black Dog Institute. The work of the CRC allows these IMRIs to achieve greater critical mass improving the efficiency of investment for all.

These examples show that CRCs and IMRIs can and do work extremely well together. Having said this, the CRC Association believes there is room to improve. There appears to be more opportunity for IMRIs to take a leadership role in bidding and participating in CRCs. For example, Autism Queensland took the lead in developing the bid for the Autism CRC – this took two attempts and a great deal of work and energy. But many IMRIs represent end-users of research, which is the group that drives CRCs.

Why don't more IMRIs lead or participate in CRC bids? We suspect they are often too small to take on the significant task of leading a bid. Under the current CRC Programme Review, it is very likely that CRC bids will be streamlined to make them more accessible to smaller end-users of research. If so, there is a strong case for more interaction.

CRCs use research providers in order to gain access to expertise, infrastructure and pathways to impact. CRCs are very price sensitive and need to ensure intellectual property is available to maximise the impact of the research. It follows that if IMRIs offer excellent people, excellent infrastructure or a ready pathway to adoption, then they will be attractive partners for a CRC. If they offer those things at a price CRCs can access and are flexible in their approach to IP, then they should be highly sought-after members.

We encourage the Review to identify means to further improve the issues identified above. We wish the Reviewers well in their very important task.

Attachment A: Medical CRC Funding

CRC Title	CRC Program Funding (\$millions)	Participant - Cash (\$millions)	Participant - In-kind (\$millions)	Total Contributions (\$millions)	Number of Participants
The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC	25.0	0.7	22.5	48.2	15
Oral Health CRC	30.3	13.0	147.4	190.7	9
Wound Management Innovation CRC	27.9	13.1	61.5	102.6	24
The Vision Cooperative Research Centre	27.0	44.4	98.6	170.0	26
Young and Well CRC	27.5	7.9	176.9	212.2	82
CRC for Mental Health	23.1	13.7	114.2	151.0	15
CRC for Living with Autism Spectrum	31.0	6.1	67.3	104.4	13
The CRC for Cell Therapy Manufacturing	20.0	8.1	23.4	51.5	13
The CRC for Alertness, Safety and	14.5	11.9	47.9	74.3	20
The Hearing CRC	28.0	6.5	86.3	120.9	22
Capital Markets CRC	32.4	32.4	27.7	92.4	36
	286.6	157.7	873.7	1318.1	275

Medical CRC Funding

