



Australian Government

National Health and Medical Research Council

2021-22

ANNUAL REPORT 2021-22

NHMRC

BUILDING
A HEALTHY
AUSTRALIA

Figure 1: NHMRC funding snapshot, 2021-22

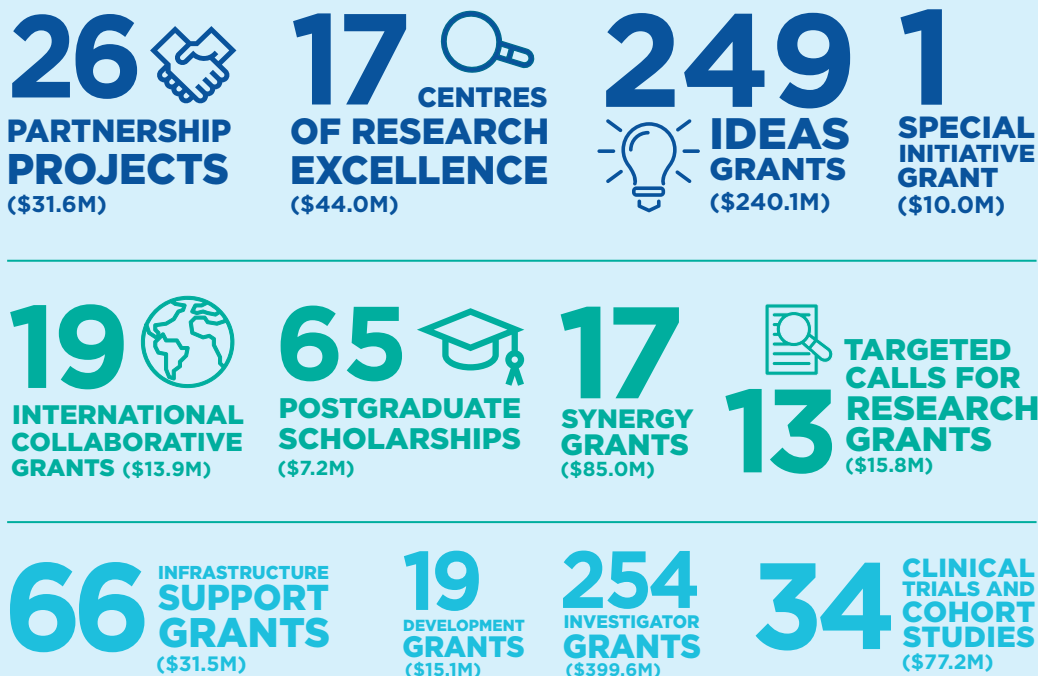


Figure 2: NHMRC staff snapshot, 2021-22



Figure 3: Research on major health issues funded by NHMRC, 2021-22

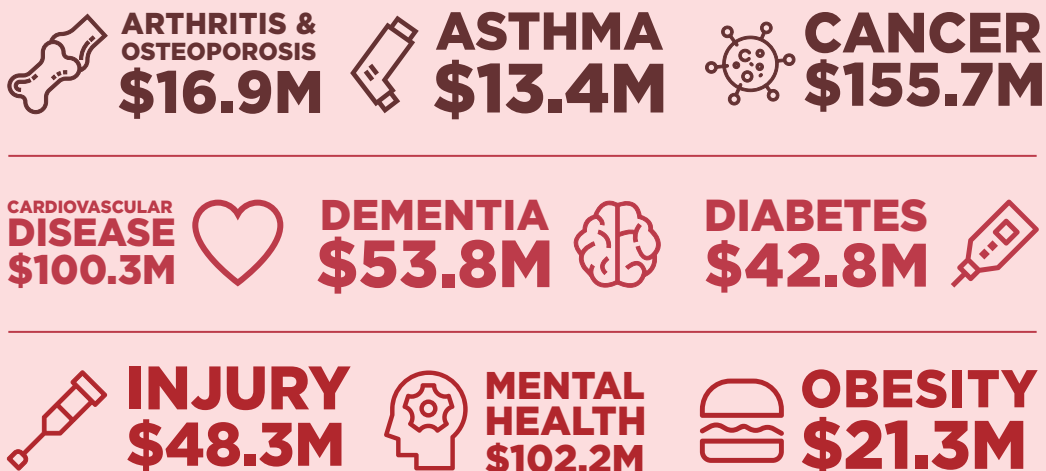


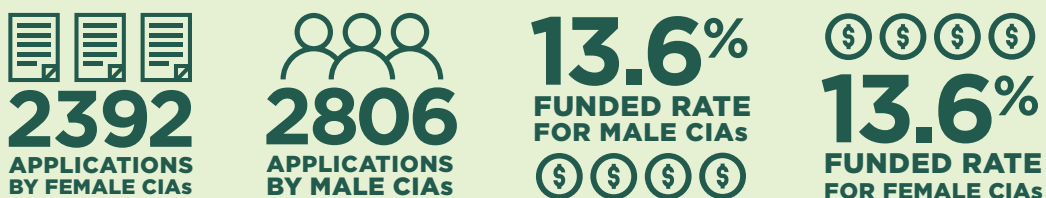
Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2021-22



MREA refers to the Medical Research Endowment Account.



Figure 5: NHMRC applications for funding by gender, 2021-22



CIA refers to the Chief Investigator A.

Publication details

Publication title	National Health and Medical Research Council Annual Report 2021-22
Published	October 2022
Publisher	National Health and Medical Research Council
NHMRC publication reference	NH201
Online version	www.nhmrc.gov.au/about-us/corporate-plans-and-annual-reports
ISSN print	2209-7090
ISSN online	2209-7104
Suggested citation	<i>National Health and Medical Research Council Annual Report 2021-22</i> , Canberra: National Health and Medical Research Council, 2022
Cover image credit	'The nuclear fireworks' by Dr Vishal Chaturvedi at the University of Melbourne
Design	giraffe.com.au
Editing	Biotext Pty Ltd
Printing	Bytes 'N Colours

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Letter of transmittal



Australian Government
National Health and Medical Research Council



The Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House
CANBERRA ACT 2600

Dear Minister,

I am pleased to present to you the annual report of the National Health and Medical Research Council (NHMRC) for the 2021-22 financial year.

This report was prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013* and section 83 of the *National Health and Medical Research Council Act 1992* (NHMRC Act).

As demonstrated in this report, NHMRC has continued to achieve its functions, which are to fund high-quality health and medical research and build research capability, support the translation of health and medical research into better health outcomes, and promote the highest standards of ethics and integrity in health and medical research.

Throughout 2021-22, NHMRC performed its functions under the NHMRC Act, the *Prohibition of Human Cloning for Reproduction Act 2002*, the *Research Involving Human Embryos Act 2002* and the *Medical Research Future Fund Act 2015*.

This report includes the annual report of the NHMRC Commissioner of Complaints, as required under section 68 of the NHMRC Act. It also includes a report on the activities of the Australian Research Integrity Committee.

As required under section 10 of the Public Governance, Performance and Accountability Rule 2014, I certify that:

- NHMRC has prepared fraud risk assessments and fraud control plans
- NHMRC has in place appropriate fraud prevention, investigation and reporting mechanisms
- I have taken all reasonable measures to deal appropriately with fraud relating to NHMRC.

Yours sincerely,

Professor Anne Kelso AO
Chief Executive Officer

8 September 2022

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Contents

Letter of transmittal	v
About the report	x
Chief Executive Officer's review	xi

Part 1 Overview 1

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure, introduces our senior executive, highlights our health priorities, and presents our strategy for investment in health and medical research.

Role and functions	2
Outcome and program	3
Purposes	3
Strategy for health and medical research	4
Health priorities	4
Research investment in major health issues	5
Leadership	6
Chief Executive Officer	6
Leadership team	6
Organisational structure	8
Research funding and expenditure	9
Medical Research Endowment Account	9
NHMRC funding summary	10
Medical Research Future Fund	12
2022 CEO Statement on electronic cigarettes	14

Part 2 Promoting excellence through NHMRC awards 17

Our awards for excellence highlight outstanding Australian researchers and the extraordinary quality and promise of NHMRC-funded health and medical research.

2022 Commonwealth Health Minister's Award for Excellence in Health and Medical Research	18
2021 NHMRC Research Excellence Awards	18
NHMRC David Cooper Clinical Trials and Cohort Studies Award	19
NHMRC Peter Doherty Investigator Grant Awards	20
NHMRC Elizabeth Blackburn Investigator Grant Awards	21
NHMRC Sandra Eades Investigator Grant Award	24

NHMRC Frank Fenner Investigator Grant Award	25
NHMRC Gustav Nossal Postgraduate Scholarship Award	26
NHMRC Marshall and Warren Awards	27
NHMRC Fiona Stanley Synergy Grant Award	28
Case study: Aboriginal and Torres Strait Islander children’s oral health	29

Part 3 Annual performance statements **31**

Our annual performance statements outline our activities and achievements against performance targets under the themes of investment, translation, integrity and capability.

Statement by the accountable authority	32
Purposes	32
Summary of results	33
INVESTMENT: Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers	35
Activities Investment	35
Analysis of performance Investment	36
Gender equity	43
TRANSLATION: Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries	45
Activities Translation	45
Analysis of performance Translation	46
INTEGRITY: Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust	48
Activities Integrity	48
Analysis of performance Integrity	49
CAPABILITY: Operate effectively within a strong governance framework that supports performance, integrity, efficiency and compliance	51
Activities Capability	51
Analysis of performance Capability	51
Case study: Helping GPs care for our mental health	53

Part 4 Operating environment

55

This section outlines our legislative, governance, compliance and assurance arrangements, and provides information to satisfy Australian Government reporting requirements.

Legislative framework	56
Governance	56
Council	57
Principal Committees	69
Working committees	74
Ministerial advisory committees	76
External scrutiny	76
Judicial decisions, and decisions of the Administrative Appeals Tribunal and the Australian Information Commissioner	77
Reports by the Commonwealth Ombudsman	77
Reports by the Auditor-General	77
Reportable matters under section 83	77
Reports by parliamentary committees	78
Compliance and assurance	78
Audit	78
Compliance statement	79
Risk management	80
Fraud prevention	80
Privacy	81
Freedom of information	81
Child Safety Statement 2021-22	82
Interaction with children	82
Compliance	83
Risk assessment	83
Research integrity	83
Notification of research integrity matters	83
Australian Research Integrity Committee	83
Accountability	84
Purchasing and procurement	84
Contracts and consultancy services	85
Asset management	87
Advertising and market research	87
Complaints	87
Environmental management	88
Energy consumption	89

Part 5 People management 90

This section presents information on our people management, including workforce demographics.

Overview	91
Workplace culture and performance	91
Staffing	92
Workforce planning	92
Workplace agreements	93
Remuneration	93
Executive remuneration	93
Non-salary benefits	96
Performance pay	96
Work health and safety	96
Response to the COVID-19 pandemic	98
Work health and safety incident reporting	99
Learning and development	99
Workplace diversity	100
Disability reporting	101
Performance management framework	101
Australia Day awards	102

Part 6 Financial performance 103

This section highlights NHMRC's financial performance during 2021-22 for both Departmental and Administered activities.

Financial performance summary	104
Financial performance - Departmental	104
Financial performance - Administered	104
Agency Resource Statement	105
Financial statements	106

Appendices 139

Appendix 1: Public consultations	140
Appendix 2: List of requirements	141
Appendix 3: Abbreviations and acronyms	149
Appendix 4: List of figures and tables	151
Index	152

About the report

This annual report is a summary of the performance and financial position of the National Health and Medical Research Council (NHMRC) for the 12-month period to 30 June 2022.

Unless otherwise stated, references to 'the organisation', 'us' and 'our' refer to NHMRC as a whole. In this report, 'this year' refers to the financial year that ended 30 June 2022, unless stated otherwise.

As a statutory authority in the Health portfolio, we manage our performance through the outcome and program structure set out in NHMRC's chapter of the Health Portfolio Budget Statements (PBS).

This report reviews our performance against the purposes and performance targets in our corporate plan and our PBS, as required by the *Public Governance, Performance and Accountability Act 2013*.

Our corporate plan is available at www.nhmrc.gov.au/about-us/publications/nhmrc-corporate-plan-2021-22.

The NHMRC chapter in the Health portfolio PBS is available on the Australian Government Department of Health website at www.health.gov.au/resources/publications/budget-2021-22-portfolio-budget-statements.

Chief Executive Officer's review



The first year of a new triennium is always a time to look forward to the work ahead. The start of the 2021–2024 triennium has also brought a new phase of the COVID-19 pandemic when, despite continuing uncertainty and setbacks with the emergence of new viral variants, we have sought to reset the balance between community protection and social engagement. Although many challenges remain, spirits have lifted, and there is renewed energy as we return to face-to-face meetings within the Office of NHMRC, with our advisory committees, and with others in government and the research sector.

This report summarises the agency's work of the past year, but many of the major projects highlighted here will extend throughout the current triennium. Chief among these are gender equity in NHMRC's grant program, our continuing work to improve peer review of grant applications, the review of the *Australian dietary guidelines* and the implementation of a regulatory framework for mitochondrial donation.

Gender equity deserves special mention. There has long been a gender gap in application numbers and funding outcomes in NHMRC's grant program. While women predominate in some fields of research, in the large general schemes (Fellowships and Project Grants in the past, Investigator Grants and Ideas Grants today), men have applied in larger numbers, and have been awarded more grants and a larger share of the budget than women. In 2017, NHMRC introduced 'structural priority' funding in several grant schemes as a special measure under the *Sex Discrimination Act 1984*, in which additional high-quality applications led by women were funded. Together with other initiatives, structural priority funding has helped to bridge the gap and brought us close to gender parity in funded rates (grants awarded as a proportion of applications received). However, significant disparities remain and, as described below, further intervention is now being contemplated. Progress towards gender equity in NHMRC's grant program is an important focus for the triennium – one that aligns with widespread community recognition of the barriers to the advancement of women in Australian workplaces.

Diversity and inclusion are critical for the Australian research sector to bring the full range of talents and perspectives needed to address our health challenges. NHMRC must also be exposed to diverse points of view if we are to meet the needs of the communities we serve. The appointments of a new Council and advisory committees for the triennium remind us of the critical contribution that our governance structure and the tremendous breadth of members' expertise and perspective make to the quality of NHMRC's work. Members not only advise us on our strategy, policies and processes; they also keep us in touch with issues across the health and medical research sector, in the institutions that administer NHMRC grants, and in the wider health sector and general community.

The former Minister for Health and Aged Care, the Hon Greg Hunt MP, appointed an outstanding new Council for the **2021-2024 triennium**, chaired by Professor Caroline Homer AO, followed by appointments of the Principal Committees: Research Committee, the Australian Health Ethics Committee and the Health Research Impact Committee. The last of these is a new Principal Committee, the terms of reference and membership of which reflect NHMRC's recognition of the importance of fostering and communicating the impact of the research we fund.

NHMRC's Embryo Research Licensing Committee and other key advisory groups, notably the Consumer and Community Advisory Group, the Principal Committee Indigenous Caucus, the Women in Health Science Committee and the Research Quality Steering Committee, have also been reappointed with a number of new members for the triennium.

In 2021-22, NHMRC awarded **\$971.1 million in new grants** through the Medical Research Endowment Account (MREA), comprising the 2021 Investigator, Ideas and Synergy Grant rounds; the delayed 2020 Clinical Trials and Cohort Studies Grant round; and a range of strategic and leveraging grants. From more than 5,000 grant applications, each of which was peer reviewed by up to 5 external assessors, 715 competitive grants were awarded, to give a funded rate of 13.6%. With most NHMRC grants awarded for at least 3 years and many for 5 years, this highly sought-after funding makes a critical contribution to Australian health and medical research, and the career development of researchers in our universities, medical research institutes and hospitals. NHMRC also administered \$833.3 million in payments for previously awarded health and medical research grants from the MREA.

NHMRC continues to support the Australian Government Department of Health by serving as a grants hub for the Medical Research Future Fund (MRFF). During the year, we delivered more than 40 grant rounds and payments on behalf of the MRFF. As at 30 June 2022, NHMRC was administering 746 MRFF grants.

One of NHMRC's health priorities is **resilience to environmental change**. Improving the resilience of the community and the health system to the effects of extreme weather events and other manifestations of climate change, in parallel with reducing carbon emissions associated with healthcare delivery, are critical goals for Australia today. To stimulate research in this area, NHMRC funded a Special Initiative in Human Health and Environmental Change with a grant of \$10 million over 5 years. The successful application, the Healthy Environments And Lives (HEAL) network, was announced in late

2021; it brings together 100 investigators and more than 30 institutions across Australia to provide national and international leadership in environmental change and health research.

As noted above, **gender equity** in NHMRC's grant program has been a major focus during the year. NHMRC released its new Gender Equity Strategy in June 2022, outlining the agency's vision, priorities and plans to achieve a gender-diverse and inclusive health and medical research sector. Of particular concern are gender disparities in the number and overall value of Investigator Grants awarded to women and men over the first 3 years of this flagship scheme (2019–2021). We published a CEO Communique on this issue in February 2022, presenting a detailed analysis of funding outcomes by gender for the scheme to date and a brief discussion of ideas put forward by the sector to address the disparities. Two webinars were held in February and March to enable researchers to discuss the issue with NHMRC. The Office of NHMRC then undertook modelling of several options to achieve gender equity in the scheme as the basis of a national consultation planned for July–August 2022. The outcomes of this consultation will inform decisions on possible changes to the funding framework for the 2023 Investigator Grant round.

The delivery of NHMRC's grant program depends on **assessment of applications** by independent reviewers. This is an enormous task each year, undertaken voluntarily by a great many researchers, consumer representatives and other experts in Australia and overseas – a contribution for which we are endlessly grateful. NHMRC continues to look for ways to improve peer review processes and to reduce the burden on reviewers, based on our own data and experiences of other local and international funding agencies. In an important initiative introduced in 2022, researchers applying for NHMRC funding through its track record-based schemes are now asked to list up to 10 of their top publications in the past 10 years (accounting for career disruptions), rather than their full 10-year publication list. This change is intended to focus the assessment of publications on their quality and contribution to science rather than their number.

A highlight of NHMRC's annual calendar is the presentation of our Research Excellence Awards, recognising the top-ranked applicants to each of NHMRC's major funding schemes during the past year. This year, the 13 awards included the newly named **NHMRC David Cooper Clinical Trials and Cohort Studies Award** in honour of leading HIV/AIDS researcher Professor David Cooper AC FAA FAHMS (1949–2018). Professor Cooper was an Australian clinical researcher and immunologist whose leadership of clinical trials in collaboration with affected communities made a lasting contribution to the treatment of HIV in Australia and around the world. We were thrilled that Professor Cooper's wife Dorrie and their daughters Bec and Ilana joined Council members and other distinguished guests for the presentation of the awards in Canberra on 30 March 2022.

In January 2022, NHMRC retired its legacy Research Grants Management System, with the migration of remaining grant data to **Sapphire**, our new technology solution for managing grant applications, assessments, and award and post-award administration. Grant payments commenced through Sapphire for MRFF grants in late February 2022 and for MREA grants in early March 2022. These were major milestones in the multiyear project to develop Sapphire.

NHMRC published the outcomes of its review of the **Research Translation Centre Initiative** in September 2021. The review confirmed to NHMRC that there is value in this initiative, where accreditation is based on meeting the requirements and criteria at an appropriate standard of excellence. The review also informed revisions to the assessment criteria, especially to reflect the differences in context and challenges for collaborations in regional, rural and remote areas, and to strengthen governance requirements and expectations about the importance of health service involvement in the collaborations. Using the new assessment criteria, NHMRC then undertook the fourth call for applications from groups seeking accreditation as a Research Translation Centre, with 14 applications received. Following expert review, applicants were advised of the outcomes under embargo, with a public announcement anticipated.

One of NHMRC's most important roles is the provision of evidence-based health advice through guidelines and information statements. In June 2022, NHMRC published the **2022 CEO Statement on electronic cigarettes**, updating the previous version published in 2017. The development of the statement was led by an expert committee between 2020 and 2022, based on commissioned evidence reviews and evidence synthesis using the GRADE framework. This work has made a significant and timely contribution to public discussion of e-cigarette use by highlighting that the vapour from e-cigarette devices can be harmful and that there is limited evidence that e-cigarettes help smokers quit.

Other work of significant public interest is the review of the **2013 Australian dietary guidelines**, a major project that is now well underway. The review will ensure that the guidelines remain a trusted resource by considering the best and most recent scientific evidence. As with many areas of public health, a range of stakeholders have an interest in this review, and NHMRC has incorporated additional steps to share information and ensure transparency in the conduct of the review. NHMRC is publishing a summary of meetings, as well as correspondence and relevant phone calls from external stakeholders relating to the review, in a communication log on the NHMRC website. In establishing the Expert Committee to oversee the review, NHMRC appointed a separate Governance Committee to provide a clear and consistent approach to managing potential bias and actual or perceived conflicts of interest throughout the review of the guidelines.

The **Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021** was passed by the Senate in March 2022. Mitochondrial donation is a specialised in vitro fertilisation (IVF) technique that may prevent some forms of mitochondrial disease. When it takes effect in October 2022, Maeve's Law will enable the introduction of mitochondrial donation in 2 stages: legalised use in a clinical research trial and then, subject to the outcomes of the trial, in clinical IVF practice more broadly. NHMRC's Embryo Research Licensing Committee is the licensing authority for research, training, clinical trials and ultimate clinical use of mitochondrial donation in Australia, and substantial work was undertaken in 2021-22 to be ready to implement the regulatory framework in late 2022.

NHMRC completed a review of **gain-of-function research in Australia**, commissioned in July 2021 by Minister Hunt. 'Gain of function' describes a change to any organism through any process that causes it to acquire a new function. Research using gain-of-function techniques has resulted in significant medical innovations and benefits to human health. Certain gain-of-function experiments have raised concerns, however, because of their potential to increase the danger posed to humans by an infectious agent, such as a virus. NHMRC worked closely with other Australian Government departments and agencies to review more than 6,000 infectious disease research projects funded and/or conducted by the Australian Government during the past 10 years, and to gather information on the biosafety, biosecurity and other controls in place to regulate such research. A small number of projects were identified that involved relevant gain-of-function research; in all cases, the projects aimed to improve human health and were undertaken without incident, with the appropriate safety and other regulatory controls. The review report was published on the NHMRC website in April 2022.

Throughout 2021-22, NHMRC continued to support the **national health response to the COVID-19 pandemic** by providing the secretariat for the National COVID-19 Health and Research Advisory Committee (NCHRAC) and convening COVID-19 online forums. NCHRAC was an advisory committee established to advise the Commonwealth Chief Medical Officer (CMO) early in the pandemic response. It delivered rapid, evidence-based advice to the CMO until March 2022, when the committee ceased.

NHMRC continues to convene regular online COVID-19 forums that bring together government officials, scientists, clinicians and researchers to share information and enable discussion on current COVID-19 issues. As well as the regular series, concerned primarily with vaccines, NHMRC convened a special forum with the South African Medical Research Council on the omicron variant in December 2021 and the first COVID-19 treatments forum with the Australian Government Department of Health in April 2022.

Throughout the pandemic, NHMRC has supported staff to work safely from our Canberra and Melbourne offices and off-site as needed. In response to the rapidly changing environment, NHMRC regularly updated and reviewed our COVID-safe plans and communicated with staff about public health directions. In April 2022, NHMRC released its updated **Flexible Working Arrangements Policy**, which enables hybrid work between the office and home or another location. Like many other public and private sector workplaces, NHMRC recognises the importance of regular engagement in the office to support teamwork, foster innovation and build culture, as well as the benefits of working from home that were experienced during pandemic lockdowns.

NHMRC's continuing delivery of its work for the community, the government and the research sector throughout the pandemic has shown how effectively our staff have managed their responsibilities under changing and often challenging conditions. I am deeply grateful for their resilience and the quality of their work over the past year.

Chief Executive Officer's review

As we have embarked on our work for the triennium with our new Council and advisory committees, we have greatly appreciated members' commitment and the knowledge they generously share with us. Consumer representatives, health practitioners and policy makers, researchers and others from many different fields and institutions all contribute their experience and wisdom to help NHMRC meet its goals.

Together, through NHMRC's grant program, guidelines and ethical frameworks, we have the privilege of supporting our outstanding health and medical research sector to build a healthy Australia.

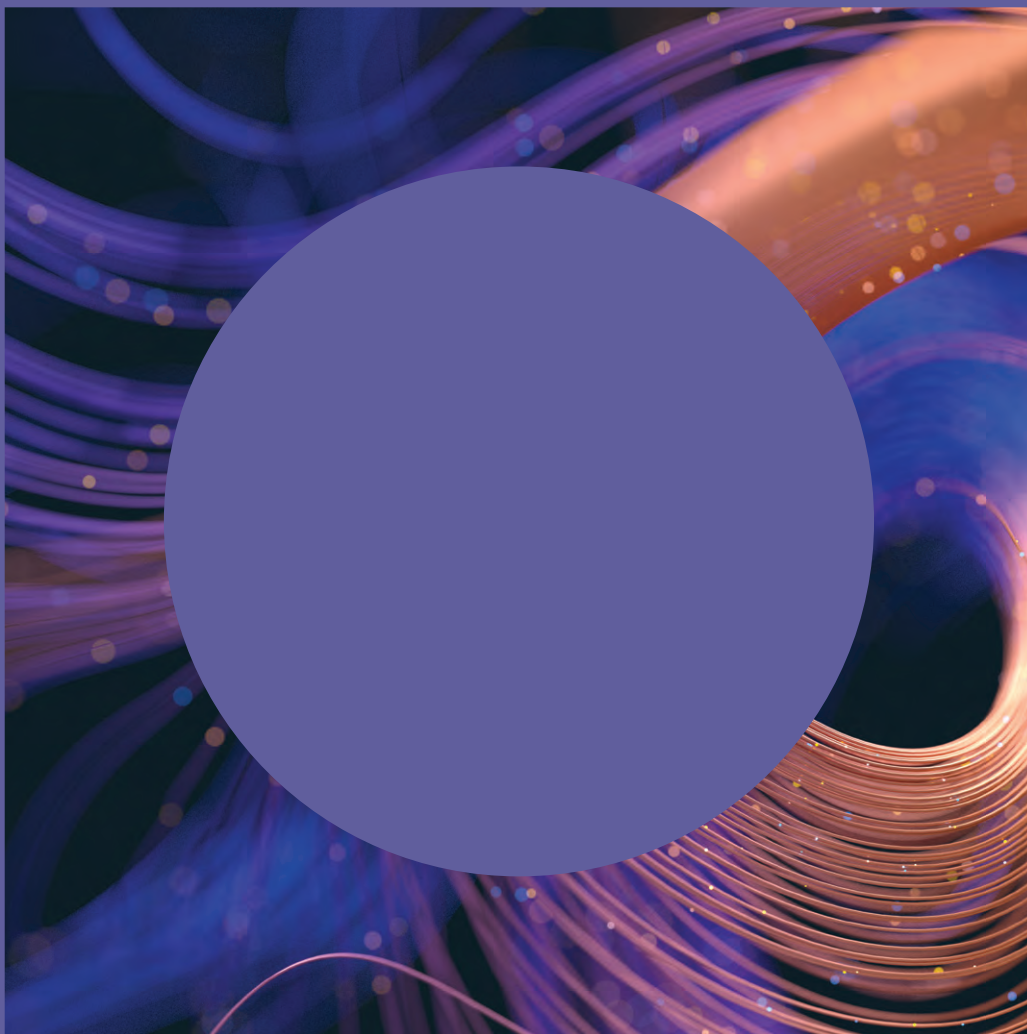


Professor Anne Kelso AO

Chief Executive Officer

Part 1 Overview

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure, introduces our senior executive, highlights our health priorities, and presents our strategy for investment in health and medical research.



Role and functions

NHMRC is a statutory authority within the Australian Government Health portfolio. The *National Health and Medical Research Council Act 1992* (NHMRC Act) requires us to pursue activities designed to:

- raise the standard of individual and public health throughout Australia
- foster the development of consistent health standards between the states and territories
- foster medical research and training, and public health research and training, throughout Australia
- foster consideration of ethical issues relating to health.

Our functions under the NHMRC Act are to:

- inquire into, issue guidelines on, and advise the community on, matters related to
 - improvement of health
 - prevention, diagnosis and treatment of disease
 - provision of health care
 - public health research and medical research
 - ethical issues in health
- advise and make recommendations to the Australian Government, the states and the territories on the above matters
- make recommendations to the Minister for Health on expenditure on public health research and training, and medical research and training.

We also administer and have statutory obligations under the *Prohibition of Human Cloning for Reproduction Act 2002* and the *Research Involving Human Embryos Act 2002* and exercise some statutory functions under the *Medical Research Future Fund Act 2015*.

We develop evidence-based health advice and translate research findings into evidence-based clinical practice guidelines for the Australian community, health professionals and governments. We provide advice on ethical practice in health and the conduct of health and medical research.

Our key stakeholders are governments, researchers, research institutions, health consumers, health professionals and the Australian community.

Outcome and program

The Australian Government uses outcomes and programs as the basis for budgeting and performance reporting for Commonwealth entities. Outcomes are the government's intended benefits for the community. Entities undertake programs designed to achieve these outcomes.

NHMRC's budget allocation and performance measures are published in the Health Portfolio Budget Statements (PBS). The 2021–22 PBS set out our outcome and program as follows:

Outcome 1

Improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health.

Program 1.1 Health and Medical Research

The Australian Government, through NHMRC, invests in health and medical research that:

- addresses national health priorities
- supports investigator-initiated and priority-driven research
- is undertaken within a framework promoting research quality, integrity and ethics.

NHMRC drives the translation of research outcomes into clinical practice, policies and health systems, and supports the commercialisation of research discoveries to improve health care and the health status of all Australians.

Purposes

We realise our mission of building a healthy Australia through our purposes, which reflect our legislated functions and align with our strategic themes of **investment**, **translation** and **integrity**. Our purposes, as published in our *Corporate Plan 2021–22*, are detailed in Table 1.

Table 1: NHMRC's strategic themes, functions and purposes

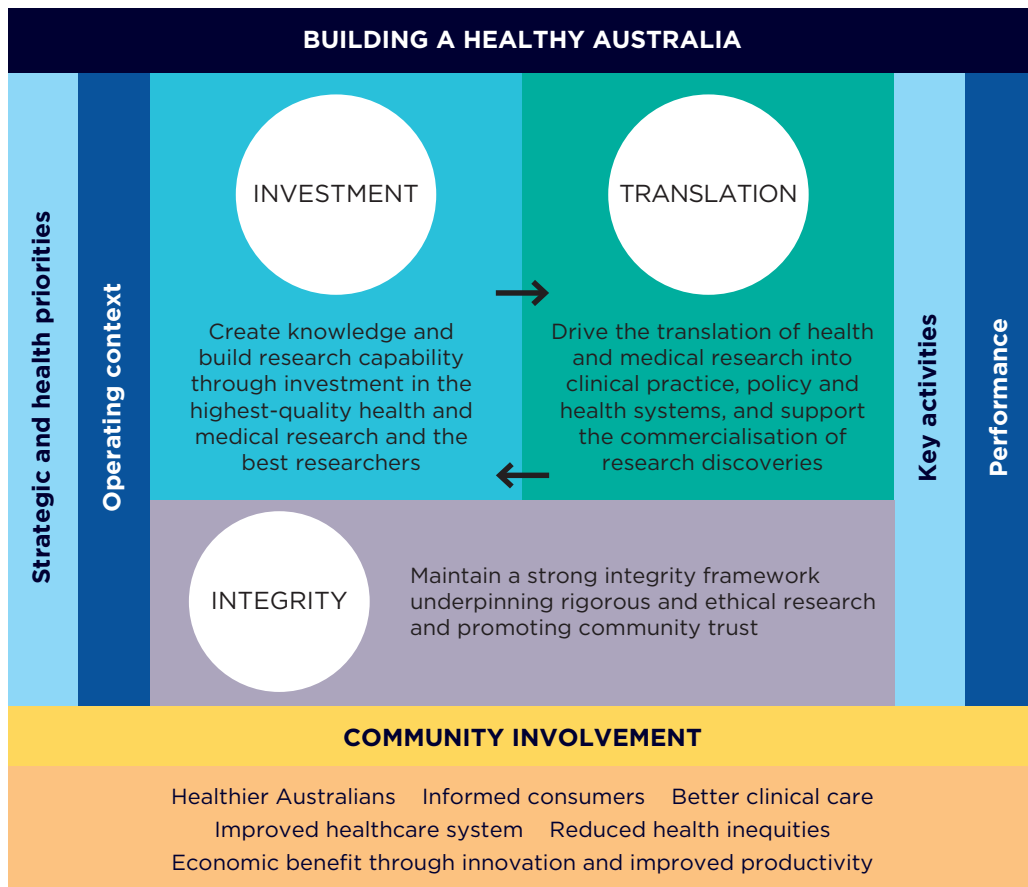
Theme	INVESTMENT	TRANSLATION	INTEGRITY
Function	Fund high-quality health and medical research and build research capability.	Support the translation of health and medical research into better health outcomes.	Promote the highest standards of ethics and integrity in health and medical research.
Purpose	Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.	Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries.	Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust.

Strategy for health and medical research

Our *Corporate Plan 2021-22* sets out a national strategy for health and medical research and identifies major national health issues for the planning period.

Our strategy for health and medical research, as depicted in Figure 6, addresses major health issues and other functions conferred on us by the NHMRC Act.

Figure 6: NHMRC’s strategy for health and medical research



Health priorities

NHMRC’s health priorities (incorporating major national health issues) for the 2021-2024 triennium are identified in our *Corporate Plan 2021-22* as follows:

- strengthening resilience to emerging health threats and emergencies, including environmental change, pandemics and antimicrobial resistance
- improving the health of Aboriginal and Torres Strait Islander people, including through research that addresses health inequities

- building capacity and innovation in the effective translation of research into quality health policy, services and care
- preventing and managing multimorbidity and chronic conditions
- identifying emerging technologies in health and medical research and in health care, and promoting their safe, ethical and effective application.

Research investment in major health issues

NHMRC reports investment across 9 major health issues that contribute significantly to the burden of disease in Australia.¹ Although preventive health and primary care interventions have shifted from a disease-specific approach to a more integrated approach, these major health issues are still useful for interpreting NHMRC's investment in research and translation. Our peer review processes ensure that the most compelling and significant research proposals, as judged by independent experts, are funded. Table 2 shows NHMRC expenditure on research on the 9 major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2017-18 to 2021-22^a

Major health issue ^b	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Arthritis and osteoporosis	\$17,090,906	\$16,753,034	\$17,522,971	\$15,311,464	\$16,910,232	\$83,588,607
Asthma	\$14,630,187	\$14,799,985	\$13,409,583	\$13,728,034	\$13,396,744	\$69,964,533
Cancer	\$175,843,293	\$177,119,115	\$176,195,811	\$161,750,934	\$155,707,098	\$846,616,251
Cardiovascular disease	\$100,220,334	\$99,207,972	\$110,051,267	\$104,921,796	\$100,328,529	\$514,729,898
Dementia	\$55,949,202	\$67,923,621	\$69,771,215	\$57,715,106	\$53,776,218	\$305,135,362
Diabetes	\$52,898,334	\$46,026,444	\$45,874,167	\$43,232,571	\$42,801,615	\$230,833,131
Injury	\$46,986,732	\$50,745,510	\$51,116,530	\$48,096,047	\$48,261,972	\$245,206,791
Mental health ^c	\$99,136,786	\$108,345,344	\$107,337,360	\$102,426,830	\$102,224,902	\$519,471,222
Obesity	\$24,578,731	\$22,770,158	\$23,826,669	\$23,794,762	\$21,320,779	\$116,291,099

^a Expenditure represents payments for active grants from the Medical Research Endowment Account (MREA) and excludes administered grant programs that were paid outside the MREA.

^b For reporting purposes, NHMRC classifies applications against disease, health and research topics based on information provided at the time of application, including an application's title, keywords, media summary and other research classifications, where appropriate. This process can result in the classification of applications to more than one health issue, and therefore the columns in this table cannot be totalled. NHMRC does not apportion funding when more than one topic is indicated and attributes the full value of the grant to each topic.

^c Includes research into addiction and substance abuse.

¹ The 9 major health issues are based on the former National Health Priority Areas (NPHAs), which were agreed by the Australian and state and territory governments between 1996 and 2012. The NPHAs sought to focus public attention and health policy on areas that contribute significantly to the burden of disease in Australia.

Leadership

The executive is responsible for the management of NHMRC.

Chief Executive Officer

The Chief Executive Officer (CEO) is the accountable authority for NHMRC under the *Public Governance, Performance and Accountability Act 2013*.



CEO, Professor Anne Kelso AO FAA FAHMS

After completing her PhD at the University of Melbourne, Professor Kelso undertook research in immunology at the Swiss Institute for Experimental Cancer Research, the Walter and Eliza Hall Institute of Medical Research, and the Queensland Institute of Medical Research (QIMR). From 2000 to 2006, she was Director/CEO of the Cooperative Research Centre for Vaccine Technology based at QIMR. In 2007, she returned to Melbourne as Director of the World Health Organization Collaborating Centre for Reference and

Research on Influenza, until taking up her role with NHMRC in April 2015. She was appointed Officer of the Order of Australia in 2007 for service to science, and was elected to the fellowship of the Australian Academy of Science and the Australian Academy of Health and Medical Sciences in 2018.

Professor Kelso is a member of several government and international committees, including the Australian Medical Research Advisory Board (advising the Minister for Health on the strategy and priorities for the Medical Research Future Fund), the Board of Trustees of the International Human Frontier Science Program Organization and the Strategy Board of the Global Alliance for Chronic Diseases.

Leadership team



General Manager, Ms Clare McLaughlin

Ms McLaughlin is responsible for overseeing the operation of NHMRC, a role she has held since January 2019.

Ms McLaughlin was previously General Manager, Science Agencies Governance Branch, in the Australian Government Department of Industry, Innovation and Science. She served as Science Counsellor at the Australian Embassy and Mission to the European Union in Brussels from 2013 to 2016.

She worked in research and research infrastructure policy and funding from 2003, including managing the National

Collaborative Research Infrastructure Strategy, research block grant funding and astronomy policy.

Ms McLaughlin has previously worked in the Australian Taxation Office, the National Office for the Information Economy and the Australian Government Department of Education. She holds a Bachelor of Arts in Political Science and History from the Australian National University.



Executive Director, Research Foundations, Dr Julie Glover

Dr Glover's team manages NHMRC's largest research funding schemes, coordinates peer review training activities, manages NHMRC's grants and funding arrangements with research institutions, and leads NHMRC's evaluation and impact strategies.

Dr Glover completed a PhD in the Faculty of Science at the Australian National University and held research positions until entering the public sector at the Bureau of Rural Sciences in 2002. In 2007, Dr Glover moved to the Innovation Division of the Australian Government Department of Industry and spent 4 years developing and delivering key innovation policies. Dr Glover joined NHMRC as a Director in 2011.



Executive Director, Corporate Operations and Information, Mr Tony Krizan FCPA

Mr Krizan is Executive Director, Corporate Operations and Information; Chief Financial Officer; and Chief Information Officer of NHMRC. He has experience in a number of industries, as well as 32 years in the public sector working in a range of policy, program and corporate roles in the Finance, Employment, Education and Training, and Health and Ageing portfolios.



Executive Director, Research Translation, Mr Alan Singh

Mr Singh's responsibilities centre on research translation, including public health; guidelines for clinical practice; the Translation Centre Initiative; and translation-focused funding schemes for Clinical Trials and Cohort Studies Grants, Partnership Projects and Centres of Research Excellence. He also leads NHMRC's activities to support Indigenous health research and researchers, and NHMRC's work on behalf of the Medical Research Future Fund.

He is NHMRC's Indigenous Champion.

Mr Singh has held a range of senior management roles, mostly in health policy.



Executive Director, Research Quality and Priorities, Ms Prue Torrance

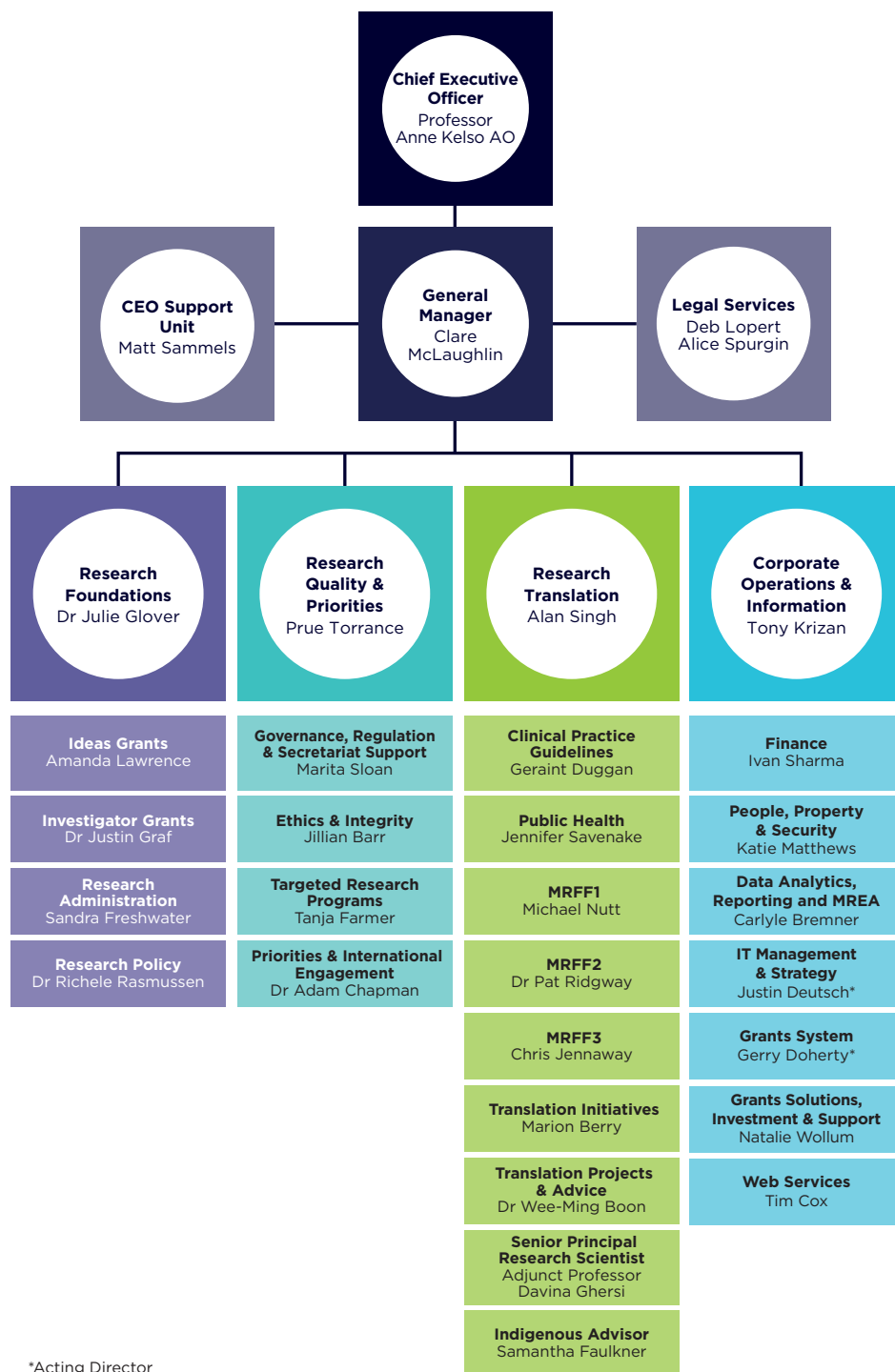
Ms Torrance is responsible for NHMRC's frameworks that support quality, integrity and ethics in health and medical research; targeted and priority-driven funding schemes; international engagement; and community involvement. Additionally, she is responsible for strategic planning and corporate governance for the agency.

Ms Torrance joined NHMRC in May 2019. She has experience in senior management roles in corporate governance and finance, and a background in science and university research policy. She holds a Master of Studies from the Australian National University and a Bachelor of Arts (Hons) and Science.

Organisational structure

Figure 7 shows our organisational structure in 2021–22.

Figure 7: NHMRC organisational structure at 30 June 2022



*Acting Director

Research funding and expenditure

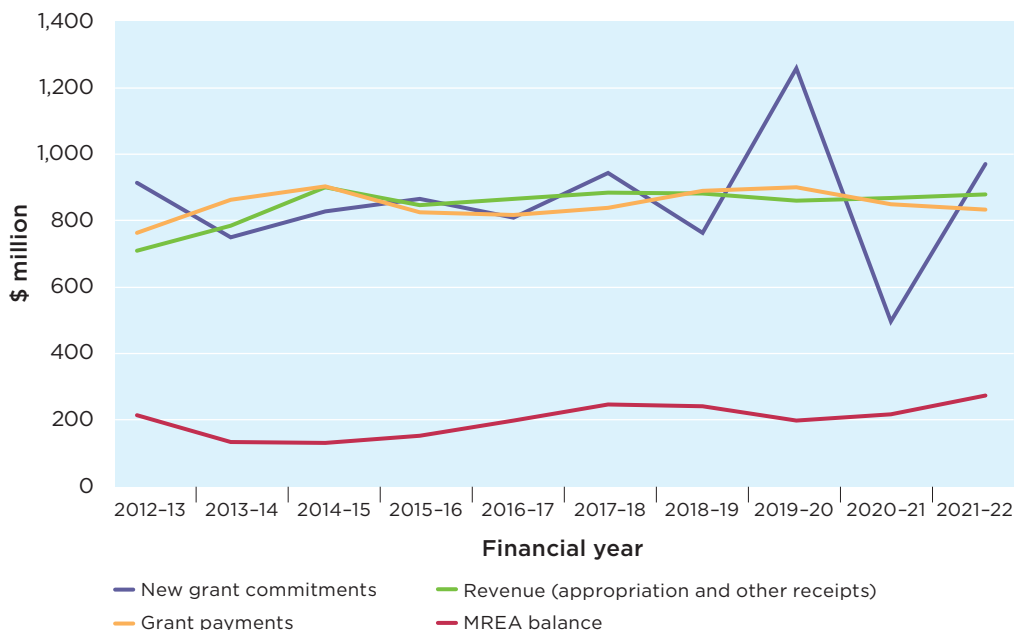
Medical Research Endowment Account

A total of \$971.1 million in new grants was awarded during 2021-22, compared with \$497.7 million in 2020-21. This increase is largely because a round of Investigator Grant funding – NHMRC’s largest grant scheme – was awarded in 2021-22 but not in 2020-21 because of the timing of the rounds (2 rounds of Investigator Grants were awarded in 2019-20). The amount awarded in any financial year can vary because NHMRC operates most of its grant schemes on a calendar year basis. In addition, a round of Synergy Grant funding was awarded in 2020-21, whereas the 2020 Synergy Grant round was cancelled due to the impacts of COVID-19.

Funding received for health and medical research from the Australian Government and other sources through the Medical Research Endowment Account (MREA) amounted to \$878.5 million in 2021-22. Grant payments for health and medical research totalled \$833.3 million in this year. Payments were lower than expected because of delays in new grant rounds and variations to existing grants.

Figure 8 shows the MREA financial position from 2012-13 to 2021-22.

Figure 8: Medical Research Endowment Account, 2012-13 to 2021-22



In 2021-22, NHMRC also administered \$2.7 million in grant programs outside the MREA for antivenom research (\$0.6 million) and the provision of research evidence for clinical practice and policy through the Cochrane Collaboration (\$2.1 million).

NHMRC funding summary

NHMRC’s grant program supports outstanding health and medical research leading to significant improvements in individual and population health. The structure of the grant program reflects the philosophy that health and medical research is best supported by a diverse portfolio of schemes that:

- funds across the spectrum of health and medical research
- invests in people with outstanding research achievement and promise
- supports the most innovative research to solve complex problems
- meets specific strategic objectives.

The grant program comprises 4 funding streams, as detailed in Table 3.

Table 3: NHMRC grant program

Investigator Grants	Ideas Grants	Synergy Grants	Strategic and leveraging grants
Support the research program of outstanding investigators at all career stages	Support innovative research projects that address a specific research question or questions	Support outstanding multidisciplinary teams to work together to answer major questions that cannot be answered by a single investigator	Support research that responds to national needs and priorities, including: <ul style="list-style-type: none"> • Centres of Research Excellence • Clinical Trials and Cohort Studies Grants • Development Grants • International collaborative schemes • Partnership Projects • Postgraduate Scholarships • Special Initiatives • Targeted Calls for Research

Table 4 summarises the number and total value of new grants awarded across the NHMRC grant program in 2021–22. Further information on grants awarded during 2021–22 is available at www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds.

Table 4: NHMRC funding summary, 2021-22

Funding stream	Funding scheme	New grants	Total commitments (\$)
Investigator Grants	Investigator Grants ^a	254	399,632,537
Ideas Grants	Ideas Grants	249	240,125,664
Synergy Grants	Synergy Grants ^b	17	85,000,000
Strategic and leveraging grants	Clinical Trials and Cohort Studies Grants ^c	34	77,155,286
	Centres of Research Excellence ^d	17	44,000,000
	Partnership Projects ^e	26	31,596,968
	Independent Research Institutes Infrastructure Support Scheme ^f	21	25,781,443
	Targeted Calls for Research ^g	13	15,830,597
	Development Grants	19	15,055,405
	International collaborative schemes ^h	19	13,879,371
	Special Initiative in Human Health and Environmental Change	1	10,000,000
	Postgraduate Scholarships	65	7,246,854
	Equipment Grants ⁱ	45	5,700,000
	Research Fellowships – 6th year extension ^j	1	131,770
Total^k		781	971,135,895

^a Includes a one-off increase of \$15 million to support early- and mid-career researchers in response to the impacts of COVID-19 and \$9 million to support researchers in the field of dementia research.

^b NHMRC applied a one-off increase to the funding allocation from \$50 million to \$85 million to partially offset the impact of cancelling the 2020 Synergy Grant round.

^c Includes one additional grant from the 2020 Clinical Trials and Cohort Studies Grant round that was awarded in 2021-22.

^d Includes a one-off increase of \$9 million to support dementia research.

^e Comprises the 2020 Peer Review Cycle 2 (16 grants; \$20,395,268), 2021 Peer Review Cycle 1 (5 grants; \$5,576,443) and 2021 Peer Review Cycle 2 (5 grants; \$5,625,257).

^f Independent Research Institutes Infrastructure Support Scheme Grants are non-competitive. They are awarded to eligible institutions based on NHMRC grant payments in the previous financial year and a census of grants active on 30 June.

^g Comprises the Targeted Call for Research into End of Life Care (4 grants; \$4,584,395), Targeted Call for Research into Biotoxins (1 grant; \$1,063,797) and Targeted Call for Research into Cancer Screening (8 grants; \$10,182,405).

^h Comprises the NHMRC e-ASIA Joint Research Program (4 grants; \$2,861,621), NHMRC-European Union Collaborative Research Grants (7 grants; \$3,454,104), NHMRC-National Institute for Health Research Collaborative Research Grants (5 grants; \$6,118,835) and NHMRC-European Union Joint Programme – Neurodegenerative Disease Research Grants (3 grants; \$1,444,812).

ⁱ Equipment grants are non-competitive. They are awarded pro rata with the value of NHMRC grants held by each eligible Administering Institution in the previous financial year.

^j This award is not considered a new grant as it is an extension of an existing Research Fellowship.

^k All figures are exclusive of GST and have been rounded to the nearest whole dollar.

Medical Research Future Fund

NHMRC works with the Australian Government Department of Health as a grants hub for Medical Research Future Fund (MRFF) initiatives, using NHMRC's expertise in managing grant application rounds and administering awarded grants. As at 30 June 2022, NHMRC was administering 746 MRFF grants.²

In 2021–22, NHMRC conducted multiple MRFF grant opportunities across 4 key themes of the MRFF program, as summarised below.³

Patients

Clinical Trials Activity Initiative

- 2021 Innovative Therapies for Mental Illness Grant Opportunity
- 2021 International Clinical Trial Collaborations Grant Opportunity (Rounds 21.1 and 21.2)
- 2021 Rare Cancers Rare Diseases Unmet Need General Grant Opportunity
- 2021 Clinical Trials Activity Grant Opportunity
- 2022 Pancreatic Cancer Research Grant Opportunity (Stream 2)
- 2022 International Clinical Trial Collaborations Grant Opportunity (Rounds 22.1 and 22.2)
- 2022 Multiple Sclerosis Research Grant Opportunity Guidelines (Streams 1 and 2)

Emerging Priorities and Consumer-Driven Research Initiative

- 2021 Chronic Musculoskeletal Conditions in Children and Adolescents Grant Opportunity
- 2021 Chronic Neurological Conditions Grant Opportunity
- 2021 Traumatic Brain Injury Mission Grant Opportunity (Stream 2)
- 2022 Effective Treatments and Therapies Grant Opportunity (Stream 3)
- 2022 Mitochondrial Donation Pilot Program Grant Opportunity
- 2022 Models of Care to Improve the Efficiency and Effectiveness of Acute Care Grant Opportunity
- 2022 Multiple Sclerosis Research Grant Opportunity Guidelines (Streams 3 and 4)
- 2022 Pancreatic Cancer Research Grant Opportunity (Stream 1)

Researchers

- 2021 Early to Mid-Career Researchers Grant Opportunity

Clinician Researchers Initiative

- 2022 Clinician Researchers: Nurses, Midwives and Allied Health Grant Opportunity

Coronavirus Research Response – Emerging Priorities and Consumer-Driven Research Initiative

- 2021 COVID-19 Vaccine-Associated Thrombosis with Thrombocytopenia Syndrome Grant Opportunity

Coronavirus Research Response – Frontier Health and Medical Research Initiative

- 2020 Antiviral Development for COVID-19 (Stage 2)
- 2021 COVID-19 Health Impacts and Vaccination Schedules Grant Opportunity

² Refers to grants that are active and paying as at 30 June 2022.

³ Refers to MRFF rounds that opened or closed in the period 1 July 2021 to 30 June 2022.

- 2021 COVID-19 Treatment Access and Public Health Activities Grant Opportunity (Streams 2-4)

Coronavirus Research Response – National Critical Research Infrastructure Initiative

- 2021 COVID-19 Treatment Access and Public Health Activities Grant Opportunity (Stream 5)

Coronavirus Research Response – Preventive and Public Health Research Initiative

- 2021 COVID-19 Treatment Access and Public Health Activities Grant Opportunity (Stream 1)

Research missions

Australian Brain Cancer Mission

- 2021 Brain Cancer Research Grant Opportunity
- 2022 Australian Brain Cancer Research Infrastructure Grant Opportunity

Cardiovascular Health Mission

- 2021 Cardiovascular Health Grant Opportunity
- 2022 Cardiovascular Health Grant Opportunity

Dementia, Ageing and Aged Care Mission

- 2021 Dementia, Ageing and Aged Care Grant Opportunity
- 2022 Dementia, Ageing and Aged Care Grant Opportunity

Genomics Health Futures Mission

- 2021 Genomics Health Futures Mission Grant Opportunity

Indigenous Health Research Fund

- 2021 Indigenous Health Research Grant Opportunity

Stem Cell Therapies Mission

- 2021 Stem Cell Therapies Grant Opportunity
- 2022 Stem Cell Therapies Grant Opportunity

Traumatic Brain Injury Mission

- 2021 Traumatic Brain Injury Mission Grant Opportunity (Stream 1)

Research translation

Preventive and Public Health Research Initiative

- 2021 Chronic Respiratory Conditions Grant Opportunity
- 2021 Consumer-Led Research Grant Opportunity
- 2021 Maternal Health and Healthy Lifestyles Grant Opportunity
- 2021 Optimising the Clinical Use of Immunoglobulins Grant Opportunity
- 2022 Effective Treatments and Therapies (Streams 1 and 2)

Primary Health Care Research Initiative

- 2021 Primary Health Care Digital Innovations Grant Opportunity
- 2021 Primary Health Care Research Grant Opportunity



2022 CEO Statement on electronic cigarettes

The safety and health effects of electronic cigarettes (e-cigarettes⁴) are contested. Public health officials have expressed concern at the growing uptake of e-cigarettes, particularly among young people. NHMRC reviewed the current evidence to provide public health advice on the safety and impacts of e-cigarettes.

E-cigarettes heat liquid, which contains certain chemicals, to an aerosol that users breathe in. Using an e-cigarette is also known as vaping.

In June 2022, NHMRC published the *2022 CEO Statement on electronic cigarettes*, which updated the previous version published in 2017.

The 2022 CEO Statement provides evidence-based advice on the safety and health effects of e-cigarettes to help people make informed decisions. Used by health professionals, policy makers and the Australian community, it provides the evidence base for policy making, public health messaging and educational materials.

The 2022 CEO Statement is based on an extensive analysis of the most recent and best available evidence on the harms and benefits of e-cigarette use. Its development, over 2 years, followed best-practice processes, involving:

- an independent expert working committee comprising members with experience in epidemiology, medicine, toxicology, smoking cessation and public health, and a consumer representative
- a comprehensive review and analysis of the evidence base on the harms and benefits of e-cigarette use, including several systematic reviews and a toxicology report
- targeted consultation with the Commonwealth Chief Medical Officer and state and territory Chief Health Officers and Chief Medical Officers
- quality assurance, including independent reviews of the methodology of the systematic reviews and toxicology report, and independent expert review of the 2022 CEO Statement by 3 experts
- consideration and endorsement by the Council of NHMRC.

4 Electronic cigarettes are also known as e-cigarettes, e-cigs, electronic nicotine delivery systems (ENDS), electronic non-nicotine delivery systems (ENNDS), alternative nicotine delivery systems, personal vaporisers, e-hookahs, vape pens or vapes.

Key findings from the 2022 CEO Statement are as follows.

All e-cigarette users are exposed to chemicals and toxins that have the potential to cause adverse health effects.

E-liquids can also contain nicotine, even if the e-cigarettes are labelled 'nicotine-free'. Nicotine is well understood as the addictive component of tobacco cigarettes.

Recent reports have found more than 200 unique chemicals used in e-liquids.

Calls to Australian Poisons Information Centres relating to e-cigarettes more than doubled between 2020 and 2021.



There are no health benefits of using e-cigarettes for people who do not currently smoke.

People who have never smoked may be more likely to take up tobacco smoking if they use e-cigarettes.

E-cigarette use has increased in Australia since 2016. This increase has been reported across most age groups, especially among youth and young adults.

Teenagers exposed to e-cigarette content on social media are more likely to try e-cigarettes.



For some smokers, using nicotine e-cigarettes may help them to quit smoking. However, more research is needed.

Short-term use of e-cigarettes may benefit smokers if they are able to quit smoking and have been unsuccessful with other smoking cessation aids.

Research has found that it is more common for smokers to become dual users (using both e-cigarettes and tobacco products at the same time) than to quit if they use nicotine e-cigarettes.

Other proven safe and effective options are available to help smokers quit.

Publication of the 2022 CEO Statement was accompanied by press releases and considerable media coverage.

Read more about the 2022 CEO Statement at www.nhmrc.gov.au/health-advice/all-topics/electronic-cigarettes.



Part 2

Promoting excellence through NHMRC awards

Our awards for excellence highlight outstanding Australian researchers and the extraordinary quality and promise of NHMRC-funded health and medical research.



2022 Commonwealth Health Minister's Award for Excellence in Health and Medical Research

This award recognises the outstanding achievement and potential of an Australian medical researcher who has completed a Doctor of Philosophy (PhD) or Doctor of Medicine within the past 10 years. It is given to the highest-ranked applicant for an Emerging Leadership Level 2 (EL2) Investigator Grant.

Professor Brett Mitchell received the 2022 award. He is Professor of Health Services Research and Nursing at Avondale University and Adjunct Professor of Nursing at the University of Newcastle and Monash University. His research is tackling the looming global threat of microbial resistance and emerging infections by investigating methods to prevent infections from occurring in the first instance. Professor Mitchell has received other national awards for his research, including a Research Australia Health Services Research Award in 2021 and an *Australian Financial Review* Higher Education Award for industry engagement.

2021 NHMRC Research Excellence Awards

The Research Excellence Awards recognise the top-ranked applicants to each of NHMRC's major funding schemes during the past year. NHMRC grants are awarded following critical assessment by independent peer reviewers, and all NHMRC grant schemes are highly competitive. Being ranked first in this rigorous process indicates the exceptional quality of the research proposals presented by individuals and team leaders – whether in laboratory science, clinical medicine, or research to improve community health or the health system. On 30 March 2022, NHMRC recognised 13 outstanding researchers at its annual Research Excellence Awards dinner, held in conjunction with a meeting of Council. The awardees listed below have all demonstrated exceptional achievement in their chosen research fields.

NHMRC David Cooper Clinical Trials and Cohort Studies Award

This year saw the award of the first NHMRC David Cooper Clinical Trials and Cohort Studies Award, named to honour the achievements of Professor David Cooper AC FAA FAHMS (1949–2018). Professor Cooper was an Australian HIV/AIDS clinical researcher and immunologist whose leadership of clinical trials and work with affected communities made a lasting contribution to the treatment of HIV in Australia and around the world. This award recognises the highest-ranked recipient in the Clinical Trials and Cohort Studies Grant scheme.

2020 NHMRC David Cooper Clinical Trials and Cohort Studies Award



Professor Trevor Leong, Peter MacCallum Cancer Centre

Professor Trevor Leong is a consultant radiation oncologist and past Director of Radiation Oncology at the Peter MacCallum Cancer Centre and the University of Melbourne. He is a Director of the Australasian Gastro-Intestinal Trials Group, the sponsoring organisation for the TOPGEAR trial. He is also President of the Trans-Tasman Radiation Oncology Group, Councillor of the Royal Australian and New Zealand College of Radiologists, and faculty member of the European Society for Medical Oncology.

Grant title: Investigating the use of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer

Professor Leong is the Principal Investigator of the TOPGEAR phase III trial, a large Australian-led international trial that seeks to answer important questions about the best use of chemotherapy and radiotherapy, in addition to surgery, for gastric cancer. This latest grant was the trial's third from NHMRC. It will allow the completion of the trial analyses and dissemination of the results to improve outcomes for patients with gastric cancer.

NHMRC Peter Doherty Investigator Grant Awards

Honouring Australian Nobel Laureate Professor Peter Doherty AC, the Peter Doherty Investigator Grant Awards recognise the highest-ranked applications in the Leadership and Emerging Leadership categories of the NHMRC Investigator Grant scheme.

A viral immunologist, Professor Doherty received the Albert Lasker Basic Medical Research Award in 1995, and the Nobel Prize in Physiology or Medicine in 1996 jointly with Rolf Zinkernagel for discoveries on the specificity of cell-mediated immune defence. Professor Doherty was Australian of the Year in 1997.

2021 NHMRC Peter Doherty Investigator Grant Award – Leadership



Professor Dale Godfrey, University of Melbourne

Professor Dale Godfrey is an immunologist at the Peter Doherty Institute for Infection and Immunity, a fellow of the Australian Academy of Health and Medical Sciences, past president of the Australian and New Zealand Society for Immunology, and founder and past president of the Melbourne Immunotherapy Network. He has led a research program to develop a SARS-CoV-2 vaccine, which, at the time of the award, was about to enter a phase I clinical trial.

Grant title: Unconventional T cells: fundamental biology and therapeutic potential

Unconventional T cells in the human immune system detect abnormalities via molecules such as altered lipids and signatures of microbial infection. These cells play a unique role in infection, cancer, allergy and autoimmunity. The broad aim of Professor Godfrey's research is to understand the development and function of these unconventional T cells in health and disease, how they are regulated and how they can be harnessed for immunotherapy.

2021 NHMRC Peter Doherty Investigator Grant Award – Emerging Leadership



Professor Brett Mitchell, University of Newcastle

Professor Brett Mitchell is a Professor of Health Services Research and Nursing at Avondale University, and Adjunct Professor of Nursing at the University of Newcastle and Monash University. His area of research is described above (under '2022 Commonwealth Health Minister's Award for Excellence in Health and Medical Research').

Grant title: Building evidence for strategies to prevent healthcare-acquired infections

Professor Mitchell's research aims to provide evidence for practical measures to reduce infections commonly acquired in healthcare settings and improve healthcare cleaning practices. His program of work will provide a strong foundation for transformations in clinical practice and policy, both in Australia and overseas. This will reduce patient morbidity and mortality, control healthcare expenditure and help to prevent antimicrobial resistance.

NHMRC Elizabeth Blackburn Investigator Grant Awards

Honouring Australian Nobel Laureate Professor Elizabeth Blackburn AC, these awards seek to promote and foster the career development of female researchers. They are awarded to the highest-ranked female applicants in the Leadership category of the Investigator Grant scheme in the areas of basic science, clinical medicine and science, public health research and health services research. Professor Blackburn is a molecular biologist who received the Nobel Prize in Physiology or Medicine in 2009 jointly with Jack Szostak and Carol Greider for the discovery of how chromosomes are protected by telomeres and the enzyme telomerase.

2021 NHMRC Elizabeth Blackburn Investigator Grant Award - Basic Science (Leadership)



Professor Susan Ramus, University of New South Wales

Professor Susan Ramus is Professor of Molecular Oncology in the School of Clinical Medicine at the University of New South Wales Sydney. She is a research geneticist who focuses on improving the prognosis of women diagnosed with ovarian cancer. Professor Ramus established and co-leads the Ovarian Tumour Tissue Analysis consortium and is a member of the steering committee of the Ovarian Cancer Association Consortium.

Grant title: Developing clinical tests to improve treatment for ovarian cancer patients

The resources of the international Ovarian Tumour Tissue Analysis consortium will be used to develop a range of tumour tests, to determine the best treatment for each patient. This will answer several clinically important questions, such as: Should a patient have surgery or chemotherapy first? Should they receive standard therapy or do they need an alternative treatment? Is it possible to predict a patient's response to new treatments?

2021 NHMRC Elizabeth Blackburn Investigator Grant Award – Clinical Medicine and Science (Leadership)



Laureate Professor Clare Collins, University of Newcastle

Laureate Professor Clare Collins is an Accredited Practising Dietitian and nutrition researcher specialising in e-health at the University of Newcastle. She leads the Food and Nutrition Research Program at Hunter Medical Research Institute and was previously co-director of the Priority Research Centre for Physical Activity and Nutrition. She is an elected fellow of the Australian Academy of Health and Medical Sciences, the Nutrition Society of Australia and Dietitians Australia.

Grant title: Generating new knowledge on cost-effective models of care to reduce diet-related health risks

Professor Collins's research program in precision and personalised nutrition technologies will generate new knowledge on cost-effective models of care to reduce diet-related health risks. This research targets underserved population groups based on life stage, socioeconomic status and geographic location. Her findings will drive a paradigm shift in technologies to facilitate delivery of personalised medical nutrition therapies that improve wellbeing and lower the risk of diet-related chronic disease.

2021 NHMRC Elizabeth Blackburn Investigator Grant Award – Public Health (Leadership)



Professor Louise Baur AM, University of Sydney

Professor Louise Baur holds the Chair of Child and Adolescent Health at the University of Sydney and is a consultant paediatrician at the Sydney Children's Hospitals Network. She has researched many aspects of child and adolescent obesity and nutrition, and is Director of the NHMRC Centre of Research Excellence in the Early Prevention of Obesity in Childhood – Translate (EPOCH-Translate). In 2010, Professor Baur was made a Member of the Order of Australia

for services to medicine and to the community.

Grant title: Transforming the prevention and treatment of child and adolescent obesity

Professor Baur's vision is to lead an interdisciplinary program of research in preventing obesity in childhood and providing safe, effective treatments to children and adolescents living with obesity. Her work will result in recommendations for targeting early childhood obesity prevention, personalised approaches to obesity treatment, and models of care and costings for treatment of paediatric obesity in Australia.

2021 NHMRC Elizabeth Blackburn Investigator Grant Award – Health Services
(Leadership)



Professor Julie Redfern, University of Sydney

Professor Julie Redfern is a clinician researcher and Research Academic Director (Researcher Development, Output and Impact) in the Faculty of Medicine and Health, University of Sydney, and a practising physiotherapist. She was recently awarded the NSW Woman of Excellence Award for 2022. Professor Redfern is leading a multidisciplinary program of health services research supported by an NHMRC Synergy Grant (SOLVE-CHD).

Grant title: Modernising cardiac rehabilitation and secondary prevention of heart disease

Heart disease causes nearly 20% of deaths around the world. Unfortunately, the ongoing care people receive after they leave hospital has not kept up with medical advances. Professor Redfern is leading a team of researchers, clinicians and people with heart disease to make care more effective and efficient. She is establishing and testing national tracking and monitoring systems, as well as developing and trialling innovative ways to reach and support more patients.

NHMRC Sandra Eades Investigator Grant Award

Honouring Professor Sandra Eades AO, the first Indigenous Australian medical practitioner to be awarded a PhD, this award recognises the highest-ranked application by an Indigenous researcher in the Emerging Leadership category of the Investigator Grant scheme. Through her research on the epidemiology of Aboriginal child health, Professor Eades has made substantial contributions to the health of Aboriginal communities and provided national leadership in Indigenous health research.

2021 NHMRC Sandra Eades Investigator Grant Award – Emerging Leadership



Dr Simon Graham, University of Melbourne

Dr Simon Graham is an epidemiologist in the Department of Infectious Diseases at the Peter Doherty Institute for Infection and Immunity, University of Melbourne. As a postdoctoral fellow, Dr Graham spent 12 months at the PRIDE Consortium in New York examining gay men's experiences of testing for sexually transmissible infections, 2 years at the London School of Hygiene & Tropical Medicine examining female sex workers' risk of HIV infection in Zimbabwe, and 6 months at the First

Nations Health Authority in Vancouver examining Indigenous interventions that reduce depression among First Nations people.

Grant title: Developing a community-led coordination and response guide for a syphilis outbreak in Aboriginal communities

Dr Graham will work in the Global Outbreak Alert and Response Network at the World Health Organization in Geneva to examine how the organisation successfully coordinates and deploys specialist teams to investigate and stop disease outbreaks in different countries. He will also work with a cohort of Aboriginal people to develop an outbreak response and coordination guide to empower Aboriginal communities to stop outbreaks of syphilis infection.

NHMRC Frank Fenner Investigator Grant Award

Honouring the achievements of Professor Frank Fenner AC, a distinguished virologist who oversaw the global eradication of smallpox and the introduction of myxoma virus to control Australia's rabbit plague, this award recognises the highest-ranked applicant in the Emerging Leadership (Level 1) category of the Investigator Grant scheme within the basic science or public health research areas. The recipient's research focus will be in an area of international public health and will best reflect the qualities exemplified by Professor Fenner's career.

2021 NHMRC Frank Fenner Investigator Grant Award – Emerging Leadership



Dr Hyon Xhi Tan, University of Melbourne

Dr Hyon Xhi Tan is a postdoctoral research fellow at the Peter Doherty Institute for Infection and Immunity. He completed his PhD in 2016 at the University of Melbourne. Dr Tan's research has defined new approaches to eliciting B cell immunity locally within tissue sites, and has informed principles guiding the rational design of universal influenza vaccines and next-generation SARS-CoV-2 vaccines in preclinical development.

Grant title: Driving rational improvement of vaccines against respiratory viruses

Dr Tan's research program will characterise features of protective humoral responses in settings of vaccination or respiratory infections. It will also define mechanisms that drive vaccine recognition using the most relevant targets of the virus for optimal protection. His research also aims to explore the potential for memory B cell reservoirs seeded in tissues to provide responsive localised immunity against viral infections.

NHMRC Gustav Nossal Postgraduate Scholarship Award

Honouring Sir Gustav Nossal AC for his pioneering work in the field of immunology, this award recognises the highest-ranked applicant for an NHMRC postgraduate scholarship in the clinical medicine and science category. An eminent immunologist and advocate for global health, Sir Gustav is renowned for his contributions to the fields of antibody formation and immunological tolerance. An inspirational leader in health research, he was Director of the Walter and Eliza Hall Institute for Medical Research (WEHI) for 31 years. He was knighted in 1977 for his pioneering research in immunology, made a Companion of the Order of Australia in 1989 and named Australian of the Year in 2000.

2021 NHMRC Gustav Nossal Postgraduate Scholarship Award



Dr Ouli Xie, University of Melbourne

Dr Ouli Xie is an infectious diseases physician at Monash Health and the Royal Melbourne Hospital with an interest in emerging infectious diseases. He is currently undertaking a PhD at the Peter Doherty Institute for Infection and Immunity, University of Melbourne, investigating the genomic epidemiology and pathogenesis of invasive streptococcal disease, including the emerging pathogen *Streptococcus dysgalactiae* subspecies *equisimilis*.

Grant title: Analysing the evolution of streptococcal pathovars to inform prevention and treatment approaches to combat streptococcal disease

Streptococcus dysgalactiae subspecies *equisimilis* (group C/G *Streptococcus*) is a bacterium that is increasingly recognised as a cause of serious human disease. Leveraging the overlap between it and *Streptococcus pyogenes* (group A *Streptococcus*), Dr Xie's research aims to collect and analyse the genome of Australian and global streptococcal isolates to identify common drivers of disease and potential shared vaccine targets.

NHMRC Marshall and Warren Awards

Honouring Australian Nobel Laureates Professor Barry Marshall AC and Professor Robin Warren AC, these awards recognise the highest-ranked application and the most innovative and potentially transformative application in the Ideas Grant scheme. Professors Marshall and Warren received the 2005 Nobel Prize in Physiology or Medicine for their discovery of the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease.

2021 NHMRC Marshall and Warren Ideas Grant Award



Professor Melissa Little, Murdoch Children's Research Institute

Professor Melissa Little leads the Kidney Regeneration Laboratory at the Murdoch Children's Research Institute where she holds an NHMRC Senior Principal Research Fellowship. She is also the Chief Executive Officer of the Novo Nordisk Foundation Center for Stem Cell Medicine (reNEW), President of the International Society for Stem Cell Research and an Honorary Professor in Paediatrics at the University of Melbourne.

Grant title: Generating a higher order kidney by understanding and controlling nephron connectivity

Recreated human kidney tissue from pluripotent stem cells will only succeed in providing renal replacement if it is integrated with the underlying host kidney. Professor Little's research uses novel engineering approaches to integrate the transplanted tissue with the host kidney and improve prototypes for transplantation. This includes engineering the orientation of nephrons using growth factors delivered in hydrogels alongside bio-printed cells.

2021 NHMRC Marshall and Warren Innovation Award



Associate Professor Nigel Beebe, University of Queensland

Associate Professor Nigel Beebe works in the School of Biological Sciences at the University of Queensland with a joint appointment at CSIRO. His regional mosquito research delivers vital and ever-evolving knowledge about the role these insects play in vector-borne disease, answering fundamental questions about which species transmit pathogens, where they exist and why, and how they move and connect.

Grant title: Removing mosquito populations by releasing incompatible males: a species-specific biocontrol for urban arbovirus vectors

The highly urbanised *Aedes aegypti* mosquito drives the spread of arboviruses (arthropod-borne viruses), including dengue virus and Zika virus, across the world. In field trials in north Queensland, Associate Professor Beebe and colleagues recently demonstrated that releasing male *Aedes aegypti* rendered essentially sterile by a bacterium could radically and lastingly reduce the *Aedes aegypti* population. His research aims to develop a species-specific biocontrol into a deployable product for Australia and other countries.

NHMRC Fiona Stanley Synergy Grant Award

This award is named to honour Professor Fiona Stanley AC, an epidemiologist known for her contributions to research on the causes of major childhood illnesses such as birth disorders, and her focus on Aboriginal child health and wellbeing. Professor Stanley was the founding Director of the Telethon Kids Institute and is now its Patron. She was Australian of the Year in 2003. This award recognises the highest-ranked application in the Synergy Grant scheme.



Professor Andrew Roberts AM, WEHI

Professor Andrew Roberts is the Cancer Theme Leader at WEHI. He is also the Metcalf Chair of Leukaemia Research at the University of Melbourne, and a clinical haematologist at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre. Professor Roberts has been an academic leader in the development of the novel targeted anti-cancer drug venetoclax, from the research laboratory through clinical trials. With his colleagues, he was awarded the 2019 Prime Minister's Prize for Innovation.

Grant title: Understanding and averting blood cancer resistance to therapy

For most currently incurable blood cancers, the barrier to cure relates to the emergence of resistance to therapies. Professor Roberts's multifaceted team of laboratory and clinical scientists will integrate clinical and preclinical studies to investigate the genetic and epigenetic mechanisms of resistance to targeted therapies for blood cancers and generate potential solutions for later clinical testing.

Aboriginal and Torres Strait Islander children's oral health



Origin

Tooth decay (caries) is one of the most common health problems for both adults and children in Australia. Collaborative research in oral health is improving basic health outcomes in the most disadvantaged Australians, including Aboriginal and Torres Strait Islander children.

NHMRC-funded researchers from the Australian Research Centre for Population Oral Health (ARCPOH) at the University of Adelaide have developed and trialled oral health promotion activities and a variety of preventive practices. ARCPOH's work is positively influencing both public health policy and dental service delivery, benefiting Aboriginal and Torres Strait Islander children and their families.

Historically, oral diseases were almost unknown among Indigenous Australians. In the 1970s, reports noted the low levels of dental caries in Aboriginal and Torres Strait Islander children compared with other Australian children. This was largely due to the lack of sugar in traditional diets.

Nearly 50 years later, Aboriginal and Torres Strait Islander children experience dental caries at rates that are 1.5-2.5 times higher than the national average and have twice the risk of being hospitalised because of oral health conditions. This discrepancy has implications for quality of life and chronic disease burdens for Aboriginal and Torres Strait Islander children when they become adults.

NHMRC-funded researchers, including Professor Lisa Jamieson, Professor Peter Morris, Dr Peter Arrow and Professor Newell Johnson, are engaging with Aboriginal and Torres Strait Islander communities to develop evidence-based public health policy and strategies for delivery of dental services to reduce this health inequality.

Research and collaboration

Aboriginal and Torres Strait Islander communities across Australia are collaborating with ARCPOH and creating opportunities for research translation. Aboriginal and Torres Strait Islander collaborators have ownership of the study designs and data-driven processes, and ARCPOH's findings are disseminated to these communities and translated through culturally safe policy change.

Researchers such as Joanne Hedges, senior Aboriginal research officer at ARCPOH's Indigenous Oral Health Unit, help build relationships, foster engagement and facilitate acceptance in the Aboriginal and Torres Strait Islander community.

Professor Jamieson and her team worked with communities in South Australia to develop an oral health promotion initiative to reduce children's experience of dental disease at age 2 years. This initiative included providing services to pregnant mothers of Aboriginal and Torres Strait Islander children. Follow-up occurred when the children were aged 3, 5, 7 and 9 years.

Professor Morris worked with researchers from ARCPOH (led by Professors Gary Slade and Kaye Roberts-Thomson) so that a Darwin-based team could repeatedly apply fluoride directly to the teeth of young Aboriginal and Torres Strait Islander children in the Northern Territory. This was done in combination with training for health staff, health promotion campaigns, and support for clinic, school and store programs to encourage brushing of teeth and drinking water.

Dr Arrow, working with Aboriginal and Torres Strait Islander children and in partnership with the Kimberley Aboriginal Medical Service and ARCPOH researchers, tested a new intervention known as atraumatic restorative techniques (ART). ART can eradicate active dental caries without the use of drilling and filling, or the need for hospital-based dental anaesthetic.

Professor Johnson and several ARCPOH researchers implemented a 'big bang' intervention and cost-effectiveness trial to prevent early childhood caries among Aboriginal and Torres Strait Islander children in Far North Queensland. The intervention involved annual placement of fissure sealants and application of povidone-iodine and silver fluoride varnish.

Health outcomes and impact

- The Northern Territory Government undertook programs putting Professor Morris's findings into practice.
- ARCPOH's interventions with Aboriginal and Torres Strait Islander women and their children have helped prevent dental disease among children in both metropolitan and non-urban settings.
- An ART-based approach was effective in eradicating active dental caries in Aboriginal and Torres Strait Islander children living in regional and remote areas.
- Application of silver fluoride varnish helped arrest dental caries in remote-dwelling Aboriginal and Torres Strait Islander children with no regular access to dental care.
- Aboriginal and Torres Strait Islander children in remote areas who received the big bang intervention experienced fewer carious lesions at the 2-year follow-up than children who did not receive this intervention – a protective factor of 23%. The intervention has proven cost-effective in preventing disease and improving quality of life.

Part 3

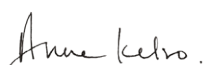
Annual performance statements

Our annual performance statements outline our activities and achievements against performance targets under the themes of investment, translation, integrity and capability.



Statement by the accountable authority

I, as the accountable authority of the National Health and Medical Research Council (NHMRC), present the 2021–22 annual performance statements of NHMRC, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of NHMRC and comply with section 39(2) of the PGPA Act.



Professor Anne Kelso AO
 Chief Executive Officer
 National Health and Medical Research Council

8 September 2022

Purposes

NHMRC’s purposes support our mission of building a healthy Australia. They reflect NHMRC’s legislated functions to fund health and medical research and training, and to issue guidelines and advise on improving health outcomes, through prevention, diagnosis and treatment of disease, and provision of health care. They also reflect NHMRC’s role in promoting the highest standards of ethics and integrity in health and medical research.

NHMRC’s purposes align with the 3 strategic themes of investment, translation and integrity. Our activities cover a wide range of health-related areas, from funding research to guideline development and advice. Across all 3 of NHMRC’s purposes, we aim to achieve efficiencies in the way we work and for our stakeholders by making effective use of digital technologies. A target under the theme of capability was added in 2021–22 to report our performance in this area.

Our purposes are set out in our *Corporate Plan 2021–22* and are shown in Table 5.

Table 5: NHMRC’s strategic themes and purposes

Theme	INVESTMENT	TRANSLATION	INTEGRITY
Function	Fund high-quality health and medical research and build research capability.	Support the translation of health and medical research into better health outcomes.	Promote the highest standards of ethics and integrity in health and medical research.
Purpose	Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.	Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries.	Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust.

Summary of results

Table 6 summarises our performance against the targets outlined in our *Corporate Plan 2021-22* and Portfolio Budget Statements (PBS) for 2021-22.

Table 6: Summary of results, 2021-22

INVESTMENT		
Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers		Result
Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory, and community priorities		
Target 1	Grants are awarded, based on expert peer review, across the full spectrum of health and medical research areas, and focus on achieving better health outcomes	Met
Target 2	Targeted and priority-driven research funding calls are initiated that address areas of unmet need	Met
Research funding is invested effectively and efficiently through expert peer review		
Target 3	Better matching of peer reviewers to applications, reduced burden on reviewers and shorter time needed for peer review in the Ideas Grant Scheme	Met
Research grants are provided to improve health outcomes for Aboriginal and Torres Strait Islander people		
Target 4	More than 5% of NHMRC's annual budget is expended/awarded on research that will provide better health outcomes for Aboriginal and Torres Strait Islander people	Met
Build and strengthen capacity by supporting Aboriginal and Torres Strait Islander researchers		
Target 5	Report on the number of Aboriginal and Torres Strait Islander chief investigators	Met
Increase the retention and progression of women in health science		
Target 6	The gender gap in funded rates across NHMRC grant schemes is reduced	Met
TRANSLATION		
Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries		Result
Support an Australian health system that is research led, evidence based, efficient and sustainable		
Target 7	Improvements in clinical care, health service delivery and clinical training achieved by Translation Centres and are identified and promoted	Partially met
Target 8	Development and/or approval of public health, clinical and environmental health guidelines	Met
Report on the impact of the research funded by NHMRC		
Target 9	Seven case studies (per year) are developed that demonstrate the impact of health and medical research funding	Met

Part 3 Annual performance statements

INTEGRITY		Result
Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust		
Research is conducted responsibly, ethically and with integrity in Australia		
Target 10	Research integrity matters are managed appropriately by Administering Institutions in line with the requirements of the <i>Australian code for the responsible conduct of research</i>	Met
Good research practices are supported by appropriate guidance		
Target 11	Guidance is made available to the research sector to support research quality	Partially met
Research involving human embryos is conducted ethically and legally, in accordance with appropriate licence conditions		
Target 12	Compliance with regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports	Met
CAPABILITY		Result
Operate effectively within a strong governance framework that supports performance, integrity, efficiency and compliance		
Target 13	Digital technology reduces administrative burden	Substantially met

INVESTMENT: Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers

Activities | Investment

NHMRC's *Corporate Plan 2021-22* outlines our key activities.

Our priority activities for 2021-22 were to:

- continue to address the impact of the COVID-19 pandemic on health and medical research and researchers, including by ensuring that funding opportunities are available, and by offering flexibility and facilitating appropriate grant variations for NHMRC-funded researchers
- continue to optimise grant application and assessment processes, including streamlining and improving the quality of peer review processes, and expanding peer reviewer training
- measure, evaluate and communicate the performance of the NHMRC grant program and the impact of NHMRC-funded research
- implement initiatives to support gender equity, Aboriginal and Torres Strait Islander researchers, and early- and mid-career researchers in the health and medical research workforce.

During the period covered by the Corporate Plan (2021-22 to 2024-25), we will continue to:

- fund the best researchers and research across the breadth of Australian health and medical research needs, and invest in innovative and collaborative research projects
- fund research to improve health outcomes for Aboriginal and Torres Strait Islander people, and build and strengthen Aboriginal and Torres Strait Islander health researcher capacity
- fund targeted research that responds to unmet or emerging health needs and reflects national, state and territory, and consumer and community priorities
- fund priority-driven research that responds to identified health priorities
- continue to deliver Medical Research Future Fund (MRFF) grant schemes effectively and efficiently, leveraging NHMRC's grant processes and capability, and working with the Australian Government Department of Health to achieve program outcomes
- work with domestic and international partners, including non-government and philanthropic organisations and other government agencies, to support health and medical research
- recognise excellence and celebrate leadership in health and medical research in Australia.

Analysis of performance | Investment

Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory, and community priorities

Target 1: Grants are awarded, based on expert peer review, across the full spectrum of health and medical research areas, and focus on achieving better health outcomes

Source NHMRC Corporate Plan 2021–22 and PBS 2021–22

Methodology Quantitative assessment and analysis of the distribution of grant expenditure and new grants awarded in the financial year. The analysis will draw on the new evaluation framework for NHMRC's grant program. The analysis may be supplemented by selected qualitative cases studies and/or researcher profiles of top grants awarded.

Result **Met**

NHMRC's strategy for health and medical research is underpinned by our strong commitment to the highest quality and standards of research and health advice to support health outcomes for the Australian community.

All NHMRC's grant schemes are highly competitive. NHMRC grants are awarded following critical assessment by independent peer reviewers. This rigorous process supports the exceptional quality of the research NHMRC funds across the full spectrum of health and medical research areas, including basic science, clinical medicine and science, public health and health services research. NHMRC's grant expenditure across these research areas for 2021–22 is reported in Table 7.

Table 7: NHMRC expenditure by broad research area, 2017–18 to 2021–22

Broad research area	2017–18	2018–19	2019–20	2020–21	2021–22
Basic science	\$332,233,704	\$358,472,639	\$363,312,278	\$339,695,034	\$316,257,135
Clinical medicine and science	\$295,388,527	\$309,399,525	\$307,393,276	\$278,633,965	\$281,283,952
Public health	\$117,670,602	\$126,384,582	\$130,206,801	\$125,546,889	\$130,383,524
Health services research	\$52,277,215	\$55,696,549	\$59,633,121	\$69,243,706	\$72,700,237
Other ^a	\$36,530,956	\$39,357,705	\$40,891,500	\$37,288,407	\$32,686,577
Total^b	\$834,101,004	\$889,311,000	\$901,436,976	\$850,408,000	\$833,311,425

^a Equipment Grants, Independent Research Institute Infrastructure Support Scheme Grants, Human Frontier Science Program

^b All figures have been rounded to the nearest whole dollar.

Further data on grants awarded under NHMRC's grant program, including breakdowns by Administering Institution, state and territory, gender, field of research, disease or health topic, and broad research area are available on NHMRC's website at www.nhmrc.gov.au/funding/data-research.

NHMRC also recognises excellence in the health and medical research sector through its annual Research Excellence Awards, and celebrates leadership and outstanding contributions to the sector through its biennial awards. Part 2 of this annual report highlights the awardees in 2021-22.

Additionally, 30 research case studies and researcher profiles were posted to the InFocus section of NHMRC's website (www.nhmrc.gov.au/about-us/infocus) in 2021-22. These articles illustrate the diversity of NHMRC-supported research and researchers in Australia.

Target 2: Targeted and priority-driven research funding calls are initiated that address areas of unmet need

Source	NHMRC Corporate Plan 2021-22
Methodology	Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified
Result	Met

In 2021-22, \$10 million was awarded through NHMRC's priority-driven special initiatives and \$15.8 million⁵ through Targeted Calls for Research (TCR) that address national, state and territory, and community priorities. An additional \$13.9 million⁶ in NHMRC funding was awarded in 2021-22 for international collaborative research in national and global priority areas.

Special Initiative in Human Health and Environmental Change

\$10 million was awarded over 5 years to the Healthy Environments And Lives (HEAL) Network through the Special Initiative in Human Health and Environmental Change. Through co-design research, HEAL – a collaborative, multidisciplinary network – will develop actions that will protect the health of the Australian community from changing environmental conditions and extreme weather events, as well as build a resilient and responsive health system. The special initiative supports a major national health issue identified as one of NHMRC's strategic and health priorities.

TCR into Biotxin-related Illness

A total of \$1.1 million was awarded for research that aims to improve understanding of biotoxin-related illnesses that can occur in some people who are exposed to contaminated indoor environments, most commonly water-damaged buildings. This TCR addressed a national research gap identified by the Inquiry into Biotxin-related Illnesses in Australia by the House of Representatives Standing Committee on Health, Aged Care and Sport.

5 Comprises the Targeted Call for Research into End of Life Care (4 grants; \$4,584,395), Targeted Call for Research into Biotxin-related Illness (1 grant; \$1,063,797) and Targeted Call for Research into Participation in Cancer Screening Programs (8 grants; \$10,182,405).

6 Comprises the NHMRC e-ASIA Joint Research Program (4 grants; \$2,861,621), NHMRC-European Union Collaborative Research Grants (7 grants; \$3,454,104), NHMRC-National Institute for Health Research Collaborative Research Grants (5 grants; \$6,118,835) and NHMRC-European Union Joint Programme – Neurodegenerative Disease Research Grants (3 grants; \$1,444,812).

Part 3 Annual performance statements

TCR into Participation in Cancer Screening Programs

A total of \$10.2 million was awarded for research to increase long-term participation in the 3 national cancer screening programs – breast, bowel and cervical cancer – which is a national priority under the National Preventive Health Strategy. NHMRC administered this TCR grant opportunity on behalf of the Australian Government Department of Health.

TCR into End of Life Care

A total of \$4.6 million was awarded for research that will identify best-practice approaches to end of life care that are meaningful to patients, carers and families, as well as coordinated and sustainable in the health system. This national priority area was identified by the NHMRC Commonwealth, State and Territory Joint TCR Working Committee.

A further 3 TCRs were initiated in 2021–22, and funding is due to be awarded in the second half of 2022. Information on TCR outcomes and current open calls is available at www.nhmrc.gov.au/funding/targeted-calls-research.

International research collaboration in priority areas

NHMRC participates in a range of international collaborative research schemes. In 2021–22, NHMRC funding for research in national and global priority areas included:

- \$2.9 million for Australian participation in infectious disease research in the east Asia region through the e-ASIA Joint Research Program
- \$1.4 million for Australian participation in research aimed at finding causes, developing cures and identifying appropriate ways to care for those with neurodegenerative diseases through the European Union Joint Programme – Neurodegenerative Disease Research
- \$3.4 million for Australian participation in selected research topics under the European Commission’s Horizon Europe program
- \$6.1 million for Australian participation in selected research topics under the Health Technology Assessment program of the United Kingdom’s National Institute for Health and Care Research.

Information on international collaborative research funding and current open calls is available at www.nhmrc.gov.au/funding/international-collaborative-health-research-funding.

Research funding is invested effectively and efficiently through expert peer review

Target 3: Better matching of peer reviewers to applications, reduced burden on reviewers and shorter time needed for peer review in the Ideas Grant Scheme

Source	NHMRC Corporate Plan 2021–22
Methodology	Quantitative and qualitative analysis of the peer review process, including level of suitability matching of peer reviewers to applications, feedback from reviewers and estimation of time spent on peer review (by individual reviewers and total time).
Result	Met

Suitability matching of peer reviewers to applications

NHMRC continues to achieve better suitability matching of peer reviewers to applications by using an application-centric approach rather than the panel approach used in 2019. For example, each year, peer reviewers are surveyed on their level of agreement with the question 'In general, the applications assigned to me matched my area of expertise'. In 2019 (when panels were used), 51.5% of Ideas Grant peer reviewers who responded to the survey agreed with this statement, whereas, when application-centric matching was used, 74.6% (2020) and 75.1% (2021) of peer reviewers who responded agreed.

Peer review burden

In 2020 and 2021, Ideas Grant peer reviewers reported taking an average of 3 hours to assess each application assigned to them. This was less than in 2019, when peer reviewers spent an average of 4 hours assessing each application assigned to them (plus an additional 2 hours preparing speaking notes for the panel meeting, totalling an average of 6 hours of individual assessment time per application).

The number of applications assigned to each assessor has also decreased: the maximum workload for Ideas Grant reviewers was 30 applications in 2020 and 25 applications in 2021.

Time taken for peer review (overall)

In 2019, the time between the close of a round and the release of outcomes (under embargo) was 27 weeks, with 6 weeks of panel meetings as part of the process. In 2020, this was reduced to 23 weeks. In 2021, the time taken increased to 26 weeks because NHMRC introduced additional peer review steps to increase the quality and transparency of independent peer review. Peer reviewers were given additional time to provide written comments, and an outlier score screening process was included, extending the peer review timeline.

Research grants are provided to improve health outcomes for Aboriginal and Torres Strait Islander people

Target 4: More than 5% of NHMRC's annual budget is expended/awarded on research to improve health outcomes for Aboriginal and Torres Strait Islander people

Source	NHMRC <i>Corporate Plan 2021-22</i> and <i>PBS 2021-22</i>
Methodology	Quantitative assessment of grant expenditure and of new grants awarded in the financial year. Funding is categorised as 'Indigenous health research' by reviewing each funded grant against a range of investigator-provided data classifications, including fields of research, keywords, grant titles and media summaries.

Result	Met
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The percentage of expenditure on research to improve health outcomes for Aboriginal and Torres Strait Islander people continues to increase. The recent increase may be explained by the grant to the National First Nations Research Network and the award of a large number of Clinical Trials and Cohort Studies (CTCS) grants. For CTCS, applications that addressed Aboriginal and Torres Strait Islander health represented 24.2% of awarded grants and 31.2% of the CTCS grant funding awarded in the 2021 round.

Part 3 Annual performance statements

Table 8: NHMRC grants and expenditure for Indigenous health research, 2018-19 to 2021-22

Quantitative measure	2018-19	2019-20	2020-21	2021-22
New Indigenous health grants awarded ^a	54	57	31	42
Active (continuing/current) Indigenous health grants ^a	246	253	251	233
Indigenous health research expenditure as a percentage of overall Medical Research Endowment Account expenditure	5.9%	6.1%	7.0%	7.9%

^a This is the first year of reporting against these items.

Build and strengthen capacity by supporting Aboriginal and Torres Strait Islander researchers

Target 5: Report on the number of Aboriginal and Torres Strait Islander chief investigators

Source NHMRC Corporate Plan 2021-22

Methodology Quantitative assessment of the number of chief investigators (CIs) currently funded across all NHMRC schemes who identify as being of Aboriginal and/or Torres Strait Islander descent.

Numbers will be reported for all grants announced in the financial year, across all schemes, and will be broken down by:

- number of unique CIs who self-identified as Indigenous (all applications)
- number of unique CIs who self-identified as Indigenous (funded applications)
- percentage of CIs who self-identified as Indigenous awarded NHMRC funding in a financial year
- number of applications with at least one CI who self-identified as Indigenous (all applications)
- number of funded grants with at least one CI who self-identified as Indigenous (funded applications)
- funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in a financial year.

Result **Met**

The number of Aboriginal and Torres Strait Islander chief investigators on NHMRC grant applications was monitored in 2021-22 (Table 9). During 2020-21, a National Network for Aboriginal and Torres Strait Islander Health Researchers with 47 chief investigators was funded. This has affected the number of unique chief investigators who self-identified as Indigenous in 2020-21 and the percentage of chief investigators who self-identified as Indigenous who were awarded funding in 2020-21 (Table 9). NHMRC will continue to monitor and report this information, which will be used to inform future policy decisions.

Table 9: Number of Indigenous chief investigators (CIs) on NHMRC grant applications, 2018–19 to 2021–22

Quantitative measure	2018–19	2019–20	2020–21	2021–22
Number of unique CIs who self-identified as Indigenous (all applications)	153	143	144	125
Number of unique CIs who self-identified as Indigenous (funded applications)	55	55	79	59
Percentage of CIs who self-identified as Indigenous awarded NHMRC funding in a financial year	35.9%	38.5%	54.9%	47.2%
Number of applications with at least one CI who self-identified as Indigenous (all applications)	149	126	97	111
Number of funded grants with at least one CI who self-identified as Indigenous (funded applications)	40	42	30	39
Funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in financial year	26.8%	33.3%	30.9%	35.1%

Increase the retention and progression of women in health science

Target 6: The gender gap in funded rates across NHMRC grant schemes is reduced

Source NHMRC Corporate Plan 2021–22

Methodology Quantitative assessment of the funded rates for men and women, and whether or not structural priority funding has been applied to equalise or reduce the gap in funded rates for men and women. The assessment covers all NHMRC grant schemes (collectively) and key schemes (Investigator Grants, Ideas Grants and Synergy Grants), and considers distribution across career stages.

Result **Met**

NHMRC's vision is for a gender-diverse and inclusive health and medical research workforce to take advantage of the full range of talent needed to build a healthy Australia.

Across all schemes awarded in 2021, there was no significant difference in the final funded rates (grants as a proportion of applications) for women (13.4%) compared with men (13.1%). Structural priority funding was applied in the Investigator Grant, Ideas Grant and CTCS Grant schemes (Table 10). Structural priority funding is a direct intervention used to reduced disparities in the funded rates between women and men by awarding additional grants to high-quality applications led by women. Further information on structural priority funding is available at www.nhmrc.gov.au/research-policy/gender-equity/structural-priority-funding-and-gender-equity.

For the 2021 Investigator Grant round, the use of structural priority funding reduced the gap in funded rates between men and women from 6.7 to 3.6 percentage points. For the 2021 Ideas Grant round, the gap in funded rates between men and women was reduced from 1.0 to 0.1 percentage point.

Part 3 Annual performance statements

Table 10: Funded rate by gender of Chief Investigator A (CIA), 2021

Scheme	Impact of structural priority funding ^a	2021 funded rate (%)		
		Female CIA	Male CIA	Other CIA ^b
Investigator Grants	Baseline	9.6	16.3	14.3
	Final	12.9	16.5	14.3
Ideas Grants	Baseline	8.5	9.5	0.0
	Final	9.9	10.0	4.0
Synergy Grants ^c	Baseline	22.0	17.8	n/a
	Final	22.0	17.8	n/a
Clinical Trials and Cohort Studies Grants ^d	Baseline	9.7	4.5	0.0
	Final	9.7	4.9	0.0
All other schemes (combined) ^e	Baseline	27.9	23.2	12.5
	Final	27.9	23.2	12.5
Grand total^f	Baseline	11.6	12.7	4.5
	Final	13.4	13.1	6.8

n/a = not applicable

^a 'Baseline' is the funded rate excluding any structural priority funding used in the round and 'Final' is the funded rate at time of announcement, including any structural priority funding applied. These results include all structural priority funding awarded, even if gender equality was not the reason that structural priority funding was used. In 2021, structural priority funding was applied to support Aboriginal and Torres Strait Islander researchers (as CIA), female researchers (as CIA), Aboriginal and Torres Strait Islander health research, and health services research.

^b 'Other CIA' combines intersex/indeterminate/unspecified and not stated/not provided.

^c No structural priority funding was applied to the 2020 Synergy Grant round.

^d The 2020 Clinical Trials and Cohort Studies Grant round was delayed due to COVID-19 and awarded in 2021.

^e Comprises Centres of Research Excellence, Targeted Calls for Research, Special Initiatives, International collaborative schemes, Development Grants, Partnership Projects and Postgraduate Scholarships. Excludes Independent Research Institute Infrastructure Support Scheme and Equipment Grants. Structural priority funding was not applied in any of these schemes.

^f In 2021, structural priority funding was applied in Investigator Grants, Ideas Grants, and Clinical Trials and Cohort Studies Grants.

Unlike the Ideas Grant and Synergy Grant schemes, competition for funding in NHMRC's largest scheme, the Investigator Grant scheme, is segmented into 5 career stages. The gender gap at senior levels is most apparent in this scheme, in both the number of applications and grants awarded.

In February 2022, NHMRC released a detailed analysis of funding outcomes by gender for the Investigator Grant scheme (2019–2021), which is available on the NHMRC website at www.nhmrc.gov.au/about-us/news-centre/gender-disparities-nhmrcs-investigator-grant-scheme. This analysis shows that, although strong progress towards gender equity has been made, the number of applications received from women continues to trail the number from men. Consequently, even when women and men are funded at similar rates (i.e. grants as a proportion of applications) and receive grants of similar size, fewer grants and less total funding are awarded to women than men.

Gender equity



NHMRC's vision is for a gender-diverse and inclusive health and medical research workforce to take advantage of the full range of talent needed to build a healthy Australia.

Gender Equity Strategy 2022–2025

NHMRC's gender equity initiatives are delivering positive outcomes for women in health and medical research, with 2021 funded rates across all NHMRC schemes slightly higher for women than men.⁷ NHMRC's Women in Health Science Committee, in addition to Research Committee, plays a vital role in advising the Chief Executive Officer (CEO) on barriers to gender equity, diversity and inclusion, both in Australia's health and medical research workforce and in NHMRC-funded research.

Gender equity is recognised as a common goal for NHMRC and the research institutions that it funds, and one that depends on action from all parties. It is also recognised that the COVID-19 pandemic may have set back progress towards gender equity because women have carried a greater caring load than men at the expense of their research careers.

Through NHMRC's Gender Equity Strategy 2022–2025,⁸ released this year, NHMRC has committed to delivering initiatives and interventions that reduce gender inequities in its funding outcomes, and support non-binary health and medical researchers. NHMRC is seeking to ensure its grant policies promote gender equity, using NHMRC funding data to design interventions that foster gender equity in research, and ensuring that our gender data are transparent and available to the sector.

Although strong progress towards gender equity has been made, disparities remain. Women continue to be under-represented in senior leadership positions in health and medical research. The gender gap at senior levels is most apparent in NHMRC's largest scheme, the Investigator Grant scheme, which offers a salary for the applicant and a research support package at 5 career levels, from early career researcher to senior research leader. Because the scheme is based on career stage, attrition of women at more senior levels is easily identified in the data.

⁷ Across all NHMRC Grant Program schemes awarded in 2021, the final funded rates were 13.4% for women and 13.1% for men; see Annual Performance Statement Target 6 for more information.

⁸ www.nhmrc.gov.au/research-policy/gender-equity/nhmrc-gender-equity-strategy-2022-2025



To gain a better understanding of the issues specific to the scheme, in February 2022, NHMRC published a CEO Communique, *Gender disparities in NHMRC's Investigator Grant scheme*.⁹ The communique provided a detailed analysis of funding outcomes by gender over the scheme's first 3 years (2019–2021). NHMRC subsequently hosted webinars in February and March 2022 to engage with researchers and academic institutions on the factors affecting equity in the sector and how to improve gender balance. NHMRC is undertaking a national consultation in 2022–23 on options to reach gender equity in the Investigator Grant scheme.

NHMRC recognises that addressing the systemic disadvantage for women and non-binary people pursuing a career in health and medical research will take effort and commitment at every level of the system, particularly in the academic institutions that seek to recruit, retain and reward researchers. NHMRC continues to work with research institutions and other stakeholders to explore challenges, opportunities and ideas to improve gender diversity and inclusion in health and medical research.

⁹ www.nhmrc.gov.au/about-us/news-centre/gender-disparities-nhmrcs-investigator-grant-scheme

TRANSLATION: Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries

Activities | Translation

NHMRC's *Corporate Plan 2021-22* outlines our key activities.

Our priority activities for 2021-22 were to:

- continue to support a research-led, evidence-based health response to the COVID-19 pandemic, including supporting the National COVID-19 Health and Research Advisory Committee
- maintain a leadership role in the development of evidence-based public and environmental health and clinical guidance, which is relied upon by jurisdictions, including progressing the revision of the *Australian dietary guidelines* and supporting the Australian Government Department of Health with the Natural Therapies Review.

During the period covered by the Corporate Plan (2020-21 to 2024-25), we will continue to:

- drive translation of evidence into innovative and evidence-based health care and public health policy, including by recognising Translation Centres and developing the research translation strategy
- fund research that focuses on translation into practice, policy and products, encouraging industry engagement and the commercialisation of research outcomes, where appropriate
- engage with consumers and the Australian community on health and medical research, including increasing community involvement in research and access to the results of research
- engage internationally to promote and support collaboration, open science and global health objectives, including participating in bilateral, multilateral and other international forums
- promote best-practice development of evidence and standards, including Guidelines for Guidelines, and approve third-party clinical practice guidelines
- develop and revise guidelines in public and environmental health to support consistent standards.

Analysis of performance | Translation

Support an Australian health system that is research led, evidence based, efficient and sustainable

Target 7: Improvements in clinical care, health service delivery and clinical training achieved by Translation Centres are identified and promoted

Source	NHMRC Corporate Plan 2021–22 and PBS 2021–22
Methodology	Qualitative assessment of the outcomes from NHMRC-accredited Translation Centres, as evidence that the accreditation process is effective in supporting improvements in these areas
Result	Partially met

In September 2021, NHMRC published the outcomes of its Review of the NHMRC Research Translation Centre Initiative (available on the NHMRC website at www.nhmrc.gov.au/research-policy/research-translation/recognised-research-translation-centres). The review considered whether the design and operation of the initiative remained fit for purpose, and confirmed the value in continuing to recognise excellent collaborations between research, training and healthcare organisations. However, NHMRC has made a number of modifications to the requirements and criteria of the initiative, mainly to better reflect the particular challenges and context of regional, rural and remote-focused centres, compared with those in metropolitan centres.

NHMRC also opened its fourth call for submissions from collaborations wishing to be accredited as a Research Translation Centre. This accreditation round, which closed in January 2022, was conducted under the modified assessment criteria resulting from the review. Applications were reviewed by international assessment panels and the NHMRC Chief Executive Officer (CEO) has determined which centres will be accredited as Research Translation Centres. The outcomes will be published in 2022–23.

Target 8: Development and/or approval of public health, environmental health and clinical practice guidelines

Source	NHMRC Corporate Plan 2021–22
Methodology	Qualitative assessment of NHMRC’s role in revising, developing and approving guidelines that are timely, based on a review of the available evidence, follow transparent development and decision-making processes, and will promote health, prevent harm, encourage best practice and reduce waste
Result	Met

Public health guidelines

In 2021–22, NHMRC approved:

- an updated CEO Statement on e-cigarettes (2022)
- *Australian drinking water guidelines* – microbial health-based targets (Chapter 5 and Appendix 3)
- *Australian drinking water guidelines* – updates to radiological water quality advice (updates to Chapters 7 and 10; Information Sheet 2.2; and fact sheets on radionuclides, radium, radon and uranium).

Following the release of the *Australian guidelines to reduce health risks from drinking alcohol* in 2020–21, NHMRC supported the expert committee to write a guideline summary article, which was published in the *Medical Journal of Australia* in November 2021 (www.mja.com.au/journal/2021/215/11/revision-australian-guidelines-reduce-health-risks-drinking-alcohol).

Clinical practice guidelines

In 2021–22, NHMRC approved the following guidelines, or updates to ‘living’ guidelines, developed by third parties:

- *Australian guidelines for the clinical care of people with COVID-19*
- *Clinical guidelines for stroke management*
- *Australian guidelines for the prevention and treatment of acute stress disorder, posttraumatic stress disorder and complex PTSD*
- *Australian immunisation handbook – rabies chapter*
- *An Australian living guideline for the pharmacological management of inflammatory arthritis.*

Case studies

In 2021–22, 2 impact case studies were published about guidelines endorsed by NHMRC: *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice* and *Patient blood management guidelines*.

Report on the impact of the research funded by NHMRC

Target 9: Seven case studies (per year) are developed that demonstrate the impact of health and medical research funding

Source	NHMRC Corporate Plan 2021–22
Methodology	Qualitative and in-depth assessment of the impact of NHMRC-funded research using a case study approach
Result	Met

NHMRC-funded research has wide-reaching impacts. NHMRC works with partners to illustrate these longer-term impacts in detailed impact case studies published on the NHMRC website at www.nhmrc.gov.au/about-us/resources/impact-case-studies. Showcasing these outcomes through impact case studies demonstrates NHMRC’s contribution to raising the standard of individual and public health throughout Australia.

Eleven impact case studies were published in 2021–22 and extracts from some of them are highlighted in this annual report. As at 30 June 2022, there were 30 case studies available on the NHMRC website. The number of views of the impact case study webpages increased by 55% in the past 12 months – from 15,027 in 2020–21 to 23,331 in 2021–22.

INTEGRITY: Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust

Activities | Integrity

NHMRC's *Corporate Plan 2021-22* outlines our key activities.

Our priority activities for 2021-22 were to:

- support the Embryo Research Licensing Committee to develop and implement the regulatory framework for the introduction of mitochondrial donation in Australia, including preparing to license research, training and a clinical trial
- promote the highest quality in research, including guiding and supporting good research practices throughout the research cycle, and promoting open access to publications and data from NHMRC-funded research.

During the period covered by the Corporate Plan (2020-21 to 2024-25), we will continue to:

- promote the highest standards of research quality and integrity, including leading the development and revision of key statements, codes and guidelines
- identify, explore and consult on ethical issues relating to emerging technologies in health and medical research, and develop ethical guidelines and advice, as needed
- monitor Administering Institutions' compliance with NHMRC's policies and requirements
- support the work of the Australian Research Integrity Committee
- continue to promote best practice in research governance and ethics review processes
- administer the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning for Reproduction Act 2002* through the work of the Embryo Research Licensing Committee.

Analysis of performance | Integrity

Research is conducted responsibly, ethically and with integrity in Australia

Target 10: Research integrity matters are managed appropriately by Administering Institutions, in line with the requirements of the Australian code for the responsible conduct of research

Source NHMRC Corporate Plan 2021–22 and PBS 2021–22

Methodology Quantitative assessment using NHMRC’s annual survey of Administering Institutions (Institutional Annual Compliance Report) to ensure that the *Australian code for the responsible conduct of research* and its supporting guides have been implemented in institutional processes

Result **Substantially met**

The *Australian code for the responsible conduct of research*, 2018 (the Code) is co-authored by NHMRC, the Australian Research Council and Universities Australia. The Code is supported by guidance on specific topics to encourage responsible research conduct. The co-authors have released guides on managing and investigating potential breaches of the Code, authorship, management of data and information in research, peer review, disclosure of interests and management of conflicts of interest, supervision, collaborative research, publication and dissemination of research, and research integrity advisers.

Monitoring implementation of the Code and supporting guidance helps ensure the highest standards of research quality and promotes community trust. Implementation is assessed annually through the Institutional Annual Compliance Report (IACR).

Results of the 2021 IACR demonstrated that 99% of institutions¹⁰ that administered NHMRC funds during the 2021 calendar year had implemented the Code. Implementation of the guides is also well advanced, with 98% of institutions reporting that they had implemented the *Guide to managing and investigating potential breaches of the Australian code for the responsible conduct of research* (Investigation Guide).

In 2021–22, the Australian Research Integrity Committee (ARIC) had 4 matters under review. ARIC made minor recommendations to institutions, indicating that, for the matters referred to ARIC, the reviewed institutions demonstrated that their processes were consistent with the Code and the Investigation Guide.

Good research practices are supported by appropriate guidance

Target 11: Guidance is made available to the research sector to support research quality

Source NHMRC Corporate Plan 2021–22

Methodology Qualitative assessment of the guidance developed to confirm that it focuses on critical issues, including rigour, transparency and reproducibility, and addresses previous gaps

Result **Partially met**

¹⁰ At the time of writing, data from one institution were not available. This institution is not included in calculations.

Part 3 Annual performance statements

Implementation of NHMRC's Research Quality Strategy is being progressed in consultation with the sector and with advice from NHMRC's Research Quality Steering Committee (RQSC). In 2021-22, RQSC provided advice on proposed amendments to NHMRC's Open Access Policy following a public consultation in early 2021. RQSC also provided advice on assessing quality of publications in track records and assessing the rigour and reproducibility of research proposals. RQSC working committees were formed to advise on the development of guidance on areas identified in the Research Quality Strategy.

In 2021-22, preliminary work was completed on guidance on institutional best practice to support research quality. A literature review on education and training about good research practices was completed, which reported on existing education and training programs and standards, and evidence for their effectiveness. Guidance under development by NHMRC, with advice from RQSC, is progressing but has not yet been finalised for release to the research sector.

Research involving human embryos is conducted ethically and legally, in accordance with appropriate licence conditions

Target 12: Compliance with regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports

Source NHMRC Corporate Plan 2021-22

Methodology Qualitative assessment through licence inspections, which include an assessment of the licence holder's processes in relation to activity under each licence and whether these processes meet legislative and licence requirements

Result **Met**

The NHMRC Embryo Research Licensing Committee (ERLC) administers the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002*, which prohibit certain practices, including human cloning for reproduction. ERLC regulates the use of excess human embryos created through assisted reproductive technology in research, and the creation of embryos by other means and the use of such embryos in research. The main functions of ERLC are to consider licence applications, and to grant and monitor adherence to licences to conduct research involving human embryos in accordance with the RIHE Act.

In 2021-22, licence holders showed an understanding of their responsibilities under the licence conditions, as demonstrated in 6-monthly reports and requests for licence variations. NHMRC inspectors did not conduct on-site licence inspections during this period because of COVID-19-related restrictions. However, inspectors continued to review biannual reports from licence holders and provided guidance on compliance with licence conditions to licence holders, as needed.

More information about the operation of the RIHE Act, including the licences issued under the Act and compliance with licence conditions, is available in ERLC's biannual reports to the Parliament of Australia on the NHMRC website at www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament.

CAPABILITY: Operate effectively within a strong governance framework that supports performance, integrity, efficiency and compliance

Activities | Capability

NHMRC's *Corporate Plan 2021-22* outlines our key activities.

Our priority activities for 2021-22 were to:

- foster operational resilience enabled by a safe, supportive, flexible and technologically equipped work environment
- continue to develop and deploy Sapphire to support NHMRC and MRFF grant programs, and improve the efficiency and effectiveness of grant application, assessment and management processes, including reducing the application and peer review burden on health and medical researchers
- create and sustain a positive work culture underpinned by our values, goals, attitudes and work practices, and supported by development and mentoring opportunities that help our people to perform, grow, lead and inspire
- strengthen data governance, manage agency data as an asset, and support data availability and transparency
- deploy ICT infrastructure to support the efficient and effective delivery of NHMRC operations, including optimising business processes and record keeping.

Analysis of performance | Capability

Digital technology supports the effective and efficient delivery of NHMRC activity

Target 13: Digital technology reduces administrative burden

Source	NHMRC <i>Corporate Plan 2021-22</i>
Methodology	Progressive refinement of electronic workflow processes to measurably reduce data entry, collection and validation throughout NHMRC's grant application and administration processes

Result **Substantially met**

The staged development of NHMRC's new grants management system, Sapphire, made significant progress during the reporting period.

NHMRC implemented modules to support outcome notifications, award of grants and a range of post-award processes, including acceptance of grant offers, completion of award milestones and variation requests, between August and September 2021.

Part 3 Annual performance statements

Grant payment functionality was introduced and piloted in November 2021, and implemented for all MRFF and Medical Research Endowment Account grant opportunities from February 2022 and March 2022, respectively.

As a result of these enhancements to Sapphire, NHMRC's legacy Research Grants Management System was effectively retired from general use in January 2022. All applications and awarded grants are now submitted, assessed and managed within Sapphire.

The last major Sapphire module is planned for deployment in late 2022. This module will support remaining post-award functions, including financial reporting and acquittals.

Helping GPs care for our mental health



Frontline care for people experiencing mental health conditions is usually provided by general practitioners (GPs). Mental health conditions – whose total cost to Australian society has been estimated at \$10.9 billion per year – affect a person’s physical, social and financial wellbeing, including work productivity. Work-related mental health conditions are particularly complex and challenging to manage.

In Australia, mental health conditions are one of the main reasons for long-term sick leave and work incapacity. In fact, people who are on sick leave due to a work-related mental health injury take 3 times longer to return to work than those on leave for other injuries. Almost all injured workers seek help from a GP. Where the patient has symptoms of a mental health condition, GPs undertake the initial assessment, initiate a management plan and provide ongoing care. However, managing work-related mental health conditions is complex.

Patients rely on GPs to offer advice about the compensation claims process, and compensation schemes ask GPs to form judgements about whether a mental health condition is work related and whether a patient can stay at work or return to work. Consequently, there is significant demand from GPs for guidelines that provide effective methods for managing work-related mental health conditions.

At the request of policy makers, in 2012, researchers at Monash University undertook qualitative interviews with 93 Melbourne-based GPs, injured patients, compensation agents and employers. During this initial work, GPs indicated that they needed assistance in dealing with the clinical uncertainties and system complexities they face in facilitating recovery and return to work for their patients.

In 2016, the Monash team began developing a national clinical guideline to help GPs improve their management of patients with work-related mental health problems. The guideline was developed with support from 6 workers compensation authorities from across Australia. The process was overseen by a Guideline Development Group that comprised consumer, clinical, content and context experts.

The *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice* was published in 2019, followed soon after by a summary in the *Medical Journal of Australia*.

The guideline provides GPs with an evidence-based approach to dealing with what can sometimes be very challenging clinical issues. It assists GPs in diagnosing mental health conditions, devising appropriate treatment plans, coordinating care, identifying and managing issues hindering recovery, and brokering alternative work arrangements with a patient's workplace. The guideline is set out in an accessible and implementable way, following the steps of assessment, diagnosis, management and monitoring that would occur in practice.

The guideline is the first clinical resource, internationally, to provide evidence-based guidance to GPs about the diagnosis and management of mental health conditions that have arisen as a result of workplace injury. Recognising its value in Australia, the 2019 General Practice Mental Health Standards acknowledged the guideline as the principal guidance for GPs in managing work-related mental health conditions.

The guideline is also having an impact through the Implementing work-related Mental health conditions in general PRacticE (IMPRovE) study, whose key partner organisations are Beyond Blue, the Australian Government Attorney-General's Department, Comcare, the Queensland Office of Industrial Relations, the New South Wales State Insurance Regulatory Authority, WorkSafe Victoria, WorkCover WA and icare (Insurance and Care NSW).

Through IMPROVE, the team will evaluate whether providing GPs with educational outreach and peer engagement through a digital community of practice improves implementation of the guideline in general practice, and patients' mental health outcomes and return to work.

Part 4

Operating environment

This section outlines our legislative, governance, compliance and assurance arrangements, and provides information to satisfy Australian Government reporting requirements.



Legislative framework

NHMRC is an independent statutory authority established under the *National Health and Medical Research Council Act 1992* (NHMRC Act). The NHMRC Act defines NHMRC as comprising the Chief Executive Officer (CEO), the Council and committees, and NHMRC staff.

The CEO, Council and Principal Committees (established under section 35 of the NHMRC Act) are appointed by the Minister for Health and Aged Care. NHMRC operates on a triennial basis, with the Council and Principal Committees reappointed every 3 years. This reporting period is the first year of the 2021–2024 triennium that commenced on 1 July 2021.

The CEO has the powers and functions set out in the NHMRC Act and works within the framework established by the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The CEO's functions, as prescribed by section 7 of the NHMRC Act, are to:

- inquire into, issue guidelines on, and advise the community on, matters relating to
 - improvement of health
 - prevention, diagnosis and treatment of disease
 - provision of health care
 - public health research and medical research
 - ethical issues relating to health
- advise and make recommendations to the Australian Government, the states and the territories on the above matters
- make recommendations to the Minister for Health about expenditure on public health research and training, and medical research and training.

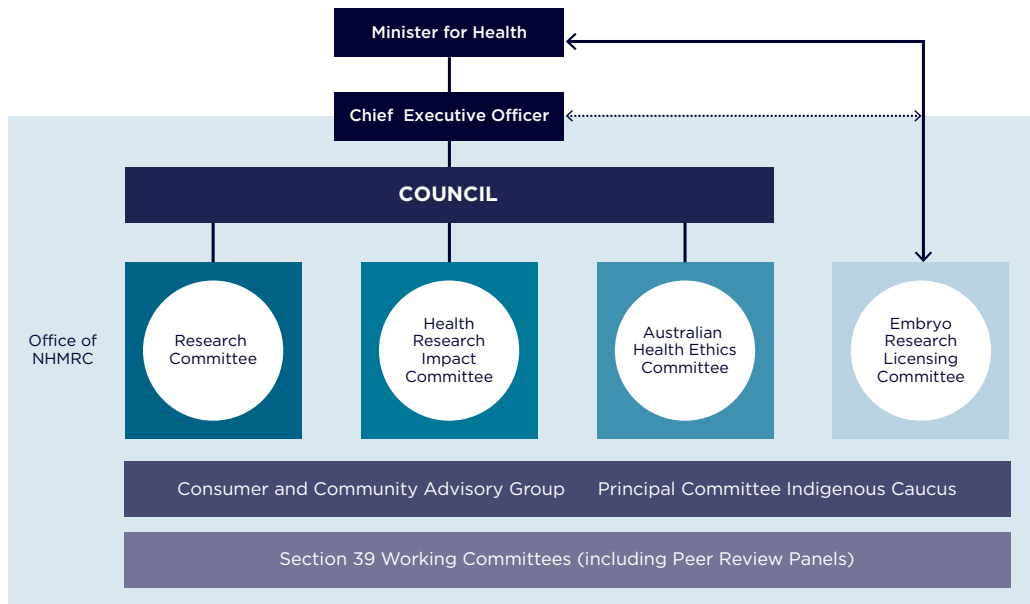
NHMRC also administers the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act) and the *Research Involving Human Embryos Act 2002* (RIHE Act). Additionally, NHMRC exercises some statutory functions under the *Medical Research Future Fund Act 2015*.

Governance

NHMRC's strategy to meet its legislated and social obligations is guided by advice from the Council, Principal Committees and other committees established under section 39 of the NHMRC Act. Collectively, many hundreds of researchers, healthcare professionals and consumer representatives contribute to the work of NHMRC.

NHMRC's key governance and advisory bodies under the NHMRC Act, as shown in Figure 9, are the Council, the Principal Committees and selected working committees.

Figure 9: Governance and advisory structure under the NHMRC Act



In addition, NHMRC has a robust internal governance structure and compliance framework, which supports transparent, ethical and accountable decision making and helps us manage risk and stakeholder relations, consistent with the requirements of the PGPA Act.

NHMRC's Executive Board and the Audit and Risk Committee support the CEO in fulfilling her responsibilities as the accountable authority under the PGPA Act. NHMRC's Executive Board comprises the CEO, General Manager and Executive Directors. Through the Executive Board, the senior leadership team works collaboratively and provides strategic leadership to ensure that the agency is effective and cohesive, both internally and in its cooperation with other agencies. The Executive Board is responsible for leadership and oversight of organisational performance, and for managing risks and issues.

Council

The Council of NHMRC is established under section 20 of the NHMRC Act. Its functions are to:

- provide advice to the CEO in relation to the performance of his or her functions
- perform any other function conferred on the Council in writing by the minister after consulting with the CEO
- perform any other function conferred on the Council by the NHMRC Act and its regulations or any other law.

The Council advises the CEO on a wide range of matters relating to public health research and medical research, public health and clinical practice, ethics in health and in research involving humans and animals, research integrity, and workforce training and development.

Part 4 Operating environment

Meetings

The Council held 2 sessions in 2021–22. It considered research funding recommendations from the Research Committee and received activity updates from Principal Committees. Key additional matters discussed in each session are outlined below.

At its 224th session in December 2021, the Council received an induction to NHMRC and considered:

- NHMRC’s strategic and health priorities for the 2021–2024 triennium
- impacts of the COVID-19 pandemic on the health and medical research sector
- the intersection between NHMRC funding and the Medical Research Future Fund (MRFF)
- the importance of Targeted Calls for Research and proposed research topics
- the Gain-of-Function Research Review being undertaken by NHMRC
- new and updated recommendations in the:
 - *Australian guidelines for the clinical care of people with COVID-19*
 - *Clinical guidelines for stroke management*
 - *Australian guidelines for the prevention and treatment of acute stress disorder, posttraumatic stress disorder and complex PTSD*
- the proposed introduction of mitochondrial donation into clinical practice in Australia.

At its 225th session in March 2022, the Council considered:

- future challenges for the health and medical research sector
- options to improve gender equity outcomes in NHMRC’s grant program
- NHMRC’s international engagement strategy
- the work of the Embryo Research Licensing Committee (ERLC) over the preceding year
- 2022 budget allocations across grant program schemes
- public consultation on changes to Chapter 2.1 of the National Statement on Ethical Conduct in Human Research
- the *Research integrity advisors* guide
- an update of microbial water quality guidance in the *Australian drinking water guidelines*.

Membership

Council members are appointed under subsection 41(1) of the NHMRC Act for up to 3 years.

The Council consists of:

- the Chair
- the Chief Medical Officer for the Australian Government
- the Chief Medical Officer (or Chief Health Officer) for each state and territory
- an expert in Aboriginal and Torres Strait Islander health needs
- a person with expertise in consumer issues
- a person with expertise in business
- at least 6, but no more than 11, members with relevant expertise as outlined in section 20 of the NHMRC Act.

The Chairs of the Principal Committees (except for the ERLC) are drawn from the membership of the Council.

The members of the Council for 2021–2024 are as follows.

*Professor Caroline Homer AO
Chair*

Professor Caroline Homer is Co-Program Director of Maternal, Child and Adolescent Health at the Burnet Institute and an Emeritus Professor of Midwifery at the University of Technology Sydney. She also holds appointments at several other institutions, including King's College London and Cardiff University, Wales.

Professor Homer is a leading midwifery researcher, scholar and leader in maternal and newborn health care and service delivery. Her work focuses on clinical practice, research, education and international development. She has led the development and evaluation of maternity services in Australia, Papua New Guinea, Samoa, Cambodia and Timor-Leste, and led maternal health projects across the Asia-Pacific region.

A member of the 2018–2021 Council of NHMRC, Professor Homer also served 2 terms on its Research Committee and has been a longstanding member of NHMRC's Women in Health Science Committee. She is Deputy Chair of the Australian Medical Research Advisory Board, which advises the Australian Government on research and innovation priorities under the MRFF.

She has extensive experience chairing grant review panels for both NHMRC and the MRFF, and is Co-Chair of the National Pregnancy Care Guidelines Expert Advisory Committee of the Australian Government Department of Health. She also holds an NHMRC Principal Research Fellowship (2018–2022).

Professor Homer was appointed an Officer of the Order of Australia in 2017 for distinguished service to medicine in the field of midwifery as a clinician, researcher, author and educator through the development of worldwide education standards, and to professional organisations. She is a Fellow of the Australian Academy of Health and Medical Sciences.

*Professor Emily Banks AM
Chair, Health Research Impact Committee
Member with expertise in public health research and medical research issues*

Professor Emily Banks is Professor of Epidemiology and Public Health, and Head of the National Centre for Epidemiology and Population Health, Australian National University. She is a Senior Advisor to the Sax Institute and a Visiting Professor at Oxford University. She is also a long-term member of the Research Advisory Committee of the National Heart Foundation of Australia.

Professor Banks is a public health physician and chronic disease epidemiologist. Her research focuses on the health effects of alcohol, including cancer, cardiovascular diseases, cirrhosis and gallbladder diseases. She also has research interests in large-scale cohort studies, pharmacoepidemiology, women's health, Aboriginal health and healthy ageing. Her work draws on cohort studies to identify potentially modifiable factors affecting individual and population health in different settings and, in quantifying their effects, to inform improvements in health and health care.

Part 4 Operating environment

Professor Banks chairs NHMRC's Health Research Impact Committee. She previously served on the NHMRC Research Committee and was Deputy Chair of the NHMRC Alcohol Working Committee, responsible for revising the *Australian guidelines to reduce health risks from drinking alcohol*.

Professor Banks was appointed a Member of the Order of Australia in 2021 for significant service to medical research and education. She is a Fellow of the Australasian Faculty of Public Health Medicine, the Royal Australian College of Physicians, and the Australian Academy of Health and Medical Sciences.

Professor Yvonne Cadet-James

Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders

Professor Yvonne Cadet-James is a Gugu Badhun woman from the Valley of Lagoons in north Queensland. She is an Adjunct Professor at the Indigenous Education and Research Centre and the Office of the Provost at James Cook University. She is also the Research Coordinator at Apunipima Cape York Health Council, a community controlled health service based in Cairns.

An Indigenous health researcher, community leader and mentor, Professor Cadet-James has extensive experience in the field of health and education, with a background as a registered nurse and midwife, followed by an academic teaching and research career in health sciences. Her research interests include community-based models to address tobacco, alcohol and cannabis misuse, and maternal and child health.

Her work has a strong focus on community empowerment. She seeks to strengthen the capacity of Indigenous researchers, organisations and communities through teaching, and acting in an advisory and mentor role; she provides master classes and workshops specifically designed to support Indigenous groups as they set and take control of their own research agendas.

Professor Cadet-James chairs the Principal Committee Indigenous Caucus, of which she has been a member since 2015. She also previously served on the Australian Health Ethics Committee (2018–2021) and the Health Translation Advisory Committee (2015–2018).

Professor Cadet-James was presented with the Lowitja Institute Lifetime Achievement Award in 2019 for her contribution to Indigenous health research and her commitment to empowering communities to fight against and overcome issues affecting their people. She is a Fellow of the Australian College of Nursing.

Ms Ainslie Cahill AM

Member with expertise in consumer issues

Ms Ainslie Cahill leads consumer and community involvement at Maridulu Budyari Gumat (SPHERE - the Sydney Partnership for Health, Education, Research and Enterprise), a partnership of 14 universities, hospitals and research institutions across the Sydney Basin. The partnership collaborates and innovates to reduce costs, increase value and change how health care is delivered to the local community.

Ms Cahill is a well-respected and trusted member of the Australian health community, with a broad, nonpartisan consumer network that includes national and state peak bodies as well as local community groups, and extensive contacts in universities, medical research institutes and local health districts. Ms Cahill is known and regarded for her inclusive and collaborative approach, and her focus on equity and better health outcomes for all.

Ms Cahill led the health consumer organisation Arthritis Australia for 12 years to 2018, building its reach and increasing its products and services. In 2018, she was made an Honorary Life Member of Arthritis Australia for her outstanding contribution in making a difference to the lives of tens of thousands of Australians and for fulfilling the mission of the organisation. She also served as a Director of the Consumers Health Forum of Australia (CHF) for many years, receiving a CHF Honorary Life Membership in 2011 for leading the transition of CHF from an incorporated association to a company limited by guarantee.

Ms Cahill chairs the Consumer and Community Advisory Committee. She previously served on the Australian Health Ethics Committee (2018–2021) and was the member-in-common with the Community and Consumer Advisory Committee. She also serves on the NHMRC Community Observers Working Committee, providing independent community oversight of NHMRC peer review processes. Currently, Ms Cahill is a member of the Natural Therapies Review Expert Advisory Panel of the Australian Government Department of Health, and a member of the Australian Health Research Alliance Consumer and Community Involvement Project Coordination Committee.

Ms Cahill was appointed a Member of the Order of Australia in 2020 for significant service to people living with arthritis and to community health groups.

*Dr Kerry Chant AO PSM
Chief Health Officer, New South Wales*

Dr Kerry Chant is a public health physician, Chief Health Officer for New South Wales (NSW) and Deputy Secretary, Population and Public Health, NSW Ministry of Health. She was previously Director, Health Protection, and Deputy Chief Health Officer, NSW Ministry of Health.

Dr Chant has extensive public health experience, having held a range of senior public health positions in NSW since 1991. She has a particular interest in bloodborne virus infections, communicable disease prevention and control, and Indigenous health.

In 2015, Dr Chant was awarded the Public Service Medal in the Queen's Birthday Honours for outstanding public service to population health in NSW. She was named the 2020 NSW Public Servant of the Year and 2021 NSW Woman of the Year. Dr Chant was appointed an Officer of the Order of Australia in 2022 for distinguished service to the people of NSW through public health administration and governance, and to medicine.

*Dr Kerryn Coleman
Chief Health Officer, Australian Capital Territory*

Dr Kerryn Coleman was appointed Chief Health Officer of the Australian Capital Territory (ACT) in December 2019. She leads the Health Protection Service within the ACT Health Directorate, which is responsible for preventing public health incidents, monitoring and enforcing public health regulations, and providing public health advice. These activities include responding to particular health hazards and taking action to reduce the risk to the health of the ACT community from communicable diseases, environmental hazards, and the supply of medicines and poisons.

Part 4 Operating environment

Dr Coleman has worked in the ACT's Health Protection Service since 2017. She previously led a regional public health unit whose responsibilities covered a large area in central Queensland. She has also contributed, at a national level, for almost 6 years in a variety of public health roles within the Australian Government Department of Health. Before commencing her role as Chief Health Officer and managing the ACT response to COVID-19, Dr Coleman worked on the H1N1 influenza pandemic in 2009.

Dr Michael Cusack

Chief Medical Officer, South Australia

Dr Michael Cusack joined the South Australian Department for Health and Wellbeing in February 2020 as the Chief Medical Officer. He was previously the Executive Director for Medical Services of the Northern Adelaide Local Health Network.

Dr Cusack is a cardiologist from the United Kingdom, where he was Clinical Director for Cardiothoracic Services of a large centre in the West Midlands region, with nationally recognised outcomes and an active clinical research program.

Dr Cusack has held a number of leadership positions in the National Health Service (NHS), including Cardiovascular Network Clinical Director and Medical Director of an NHS Trust, along with roles in the Royal College of Physicians.

Professor Ian Frazer AC

Member with expertise in public health research and medical research issues

Professor Ian Frazer is a Professor of Medicine at the University of Queensland. He was the founding CEO and Director of Research at the Translational Research Institute, a joint initiative of the University of Queensland, Queensland University of Technology, the Mater Medical Research Institute and the Princess Alexandra Hospital, where today he leads a research group working on the immunobiology of epithelial cancers.

Professor Frazer is a clinician scientist and co-inventor of the technology enabling the human papillomavirus vaccine that is used globally to help prevent cervical cancer. His research continues to focus on immunoregulation and development of immunotherapeutic vaccines against cancers.

A member of the 2018–2021 Council of NHMRC, Professor Frazer chairs the Australian Medical Research Advisory Board, which advises the Australian Government on research and innovation priorities under the MRFF. He is a current member of the Council of the Australian Academy of Health and Medical Sciences.

Professor Frazer was recognised as Australian of the Year in 2006 and appointed a Companion of the Order of Australia in 2013 for eminent service to medical research, particularly through leadership roles in the discovery of the human papillomavirus vaccine and its role in preventing cervical cancer, to higher education and as a supporter of charitable organisations. He was recipient of the Prime Minister's Prize for Science in 2008.

He is a Fellow of the Royal Society of London, the Australian Academy of Health and Medical Sciences, the Australian Academy of Science, and the Australian Academy of Technological Sciences and Engineering. He is also a Fellow of the Royal College of Physicians of Edinburgh and the Royal College of Pathologists of Australasia.

Dr John Gerrard
Chief Health Officer, Queensland

Dr John Gerrard was appointed Chief Health Officer for Queensland in December 2021. He is also the Deputy Director-General for the Prevention Division in Queensland Health. Before assuming this position, he was the long-term Director of Infectious Diseases at the Gold Coast Hospital, where he was instrumental in the design the Gold Coast University Hospital, which has been at the front line of Queensland's COVID-19 response.

A leading infectious diseases specialist, early in his career, Dr Gerrard identified Australia's earliest known case of AIDS. He has since been involved in malaria vaccine trials and has worked internationally to strengthen pandemic preparedness. This included travelling to Sierra Leone during the 2014 West African Ebola epidemic, where he helped establish Australia's first Ebola treatment centre. He was awarded the Australian Humanitarian Overseas Service Medal for this work.

Dr Gerrard managed Queensland's first cases of COVID-19 and was part of a mission to assist Japanese authorities in containing the outbreak of COVID-19 aboard the Diamond Princess cruise ship.

Professor Jane Gunn
Member with expertise in healthcare training and mental health

Professor Jane Gunn is Dean of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. She also serves as the university's Chief Public Health Advisor.

She has worked in general practice for 30 years. For the decade to 2017, she was Professor and Foundation Chair, Primary Care Research Unit, Department of General Practice, at the Melbourne Medical School.

Professor Gunn's work has helped reform shared maternity care (1992–2003) and cervical screening (1999–2006) programs. Her research now focuses on transforming mental health care in the primary care setting, focusing on depression and multimorbidity. She established and led one of the largest and longest-running cohort studies (the Diamond Cohort Study) of people experiencing depressive symptoms in primary care. The study is unique in the way it encompasses the wide spectrum of depressive disorders and uses a social model of health to collect data crossing the biopsychosocial spectrum, which forms the basis of much productive international collaboration.

Professor Gunn previously served on the NHMRC Research Committee (2009–2015) and chaired NHMRC's Mental Health Research Advisory Group (2017–2018). She is a Fellow of the Australian Academy of Health and Medical Sciences.

Professor Elizabeth Hartland
Member with expertise in basic medical research

Professor Elizabeth Hartland is Director and CEO of the Hudson Institute of Medical Research and Head of the Department of Molecular and Translational Science, Monash University. She previously held a Royal Society/NHMRC Howard Florey Fellowship in the Department of Biochemistry, Imperial College London.

Part 4 Operating environment

She was an inaugural Australian Research Council Future Fellow at the University of Melbourne and subsequently held the positions of Head of the Department of Microbiology and Immunology, University of Melbourne, and Deputy Director of the Doherty Institute for Infection and Immunity.

Professor Hartland is a microbiologist by training with a strong focus on innate immunity. Her research aims to combat microbial drug resistance through the development of anti-infective agents and immune-enhancing therapies that target the infection process rather than kill the bacterial cell directly.

Professor Hartland jointly established the highly successful Victorian Infection and Immunity Network, which has a membership of more than 1,000 researchers representing all major research universities and organisations in Victoria. She is a Fellow of the Australian Society for Microbiology and was a Finalist for the Australian Museum Eureka Prize for Infectious Diseases.

Dr Hugh Heggie PSM Chief Health Officer, Northern Territory

Dr Hugh Heggie is the Chief Health Officer and Executive Director of Public Health and Clinical Excellence for the Northern Territory Department of Health.

After an early career as a research pharmacologist, Dr Heggie became a rural general practitioner, with advanced skills in obstetrics, emergency medicine and Indigenous health, and has worked in remote settings across the Northern Territory since 2002. He has held a number of leadership positions during the past 10 years, participates in a wide variety of local forums, including the Clinical Senate, and has led public health reforms across the Northern Territory.

Dr Heggie represents the Northern Territory on a number of national committees and advisory groups, including the Australian Health Protection Principal Committee, the Clinical Principal Committee, the Council of the Australian Radiation Protection and Nuclear Safety Agency, and the Digital Health Agency. In 2021, he was awarded a Public Service Medal for outstanding public service to community health in the Northern Territory.

Professor Paul Kelly Commonwealth Chief Medical Officer

A public health physician and epidemiologist, Professor Kelly first joined the Australian Government Department of Health in March 2019, working in various roles before assuming the Chief Medical Officer position and leading the government's health response to the ongoing COVID-19 pandemic. Professor Kelly spent the previous 8 years as Chief Health Officer for the ACT and Deputy Director-General of Population Health in the ACT Government Health Directorate.

Professor Kelly has more than 30 years research experience. He has worked in research, health systems development and postgraduate teaching, and as a health service executive, including as Director of the Masters of Applied Epidemiology Program at the National Centre for Epidemiology and Population Health at the Australian National University, as a Principal Research Fellow with the Menzies School of Health Research and with the Centre for Disease Control in the Northern Territory Department of Health. Professor Kelly has also worked in Malawi, Indonesia, Timor-Leste and the United Kingdom.

Professor Kelly is the Chair of the Australian Health Protection Principal Committee and an adviser to National Cabinet, where he has contributed his public health and epidemiological knowledge and experience in the formulation of plans and advice relating to COVID-19.

Professor Tony Lawler
Chief Medical Officer, Tasmania

Professor Anthony (Tony) Lawler is the Chief Medical Officer with the Tasmanian Department of Health. He is also Professor in Health Services at the University of Tasmania and a member of the Australian Medical Council's Special Education Accreditation Committee. He was previously the Medical Advisor to the Tasmanian Minister for Health, Deputy Head of the Tasmanian School of Medicine, Tasmanian Branch President of the Australian Medical Association and Director of HealthDirect Australia.

Professor Lawler is a specialist emergency physician and a Board Member and immediate past president of the Australasian College for Emergency Medicine. He is a Director of the Postgraduate Medical Education Council of Tasmania.

Ms Bronwyn Le Grice
Member with expertise in business

Ms Bronwyn Le Grice is the CEO and Managing Director of ANDHealth Limited, a non-profit organisation established with a consortium of industry partners that focuses on the commercialisation of digital health. ANDHealth Limited supports early-stage digital health companies through the commercialisation process. It has established a dedicated funding facility, the ANDHealth Digital Health Accelerator Fund, to invest directly in small and medium enterprises that participate in its program.

A corporate executive with experience in the life sciences and technology, focusing on commercialisation, corporate development, investment and advocacy, Ms Le Grice also holds numerous advisory roles. These include roles with the Health Technologies Sector Group of the Australia New Zealand Leadership Forum, the Health and BioMedical Sector Expert Research Advisory Group of RMIT University, and the End User Advisory Committee of the Tyree Foundation Institute of Health Engineering at UNSW Sydney. She is also a non-executive director of Lumos Diagnostics, an Australian Stock Exchange-listed point-of-care diagnostics technology company.

Ms Le Grice was named the 2021 Victorian Pearcey Entrepreneur of the Year. The award recognises an outstanding individual who has 'taken a risk, made a difference and is an inspiration to others' in the Victorian information communications and technology industry.

Professor Richard Murray
Member with expertise in professional standards, the medical profession and postgraduate medical training

Professor Richard Murray is the Deputy Vice-Chancellor, Division of Tropical Health Medicine, at James Cook University. He is also the President of Medical Deans Australia and New Zealand. Professor Murray is a Director on the Board of the Mackay Hospital and Health Service and is a past president of the Australian College of Rural and Remote Medicine.

Part 4 Operating environment

Professor Murray is a medical practitioner with qualifications in rural general practice and public health. His career has focused on the healthcare needs of underserved populations, rural medicine, Aboriginal health, tropical health and socially accountable health professional education. He spent 14 years in the remote Kimberley region of Western Australia, including 12 years as the Medical Director of the Kimberley Aboriginal Medical Services Council.

Professor Murray serves on the Medical Workforce Reform Advisory Committee and the National Medical Workforce Strategy Steering Committee of the Australian Government Department of Health. He is also the long-term chair of the Journal Management Committee for the *Journal of Rural and Remote Health*.

He is a Fellow of the Australian College of Rural and Remote Medicine, and the Royal Australian College of General Practitioners.

Dr Andrew Robertson PSM
Chief Health Officer, Western Australia

Dr Andrew Robertson has been the Assistant Director General of Public and Aboriginal Health, and Chief Health Officer in the Western Australian Department of Health since May 2019. He was previously the Deputy Chief Health Officer, and Director of Disaster Management, Regulation and Planning in the Public Health Division of the Western Australian Department of Health.

Dr Robertson is a Captain in the Royal Australian Naval Reserve and chair of the Chemical, Biological and Radiological Defence and Disaster Medicine Consultative Group of Defence Health.

His involvement in disaster medicine has included leading the Australian Medical Relief team into the Maldives after the tsunami in 2004 and the Western Australian Health team into Indonesia after the Yogyakarta earthquakes in June 2006. Since 2007, Dr Robertson has coordinated the Western Australian Department of Health responses to various remote incidents, including Cyclone George, the Varanus Island gas explosion, the Learmonth air incident, the Manjimup bus crash, the Mumbai terrorist attack and the Ashmore Reef incident.

Dr Robertson was awarded the Conspicuous Service Cross in 1999 while serving in the Royal Australian Navy and the Public Service Medal in the 2013 Australia Day Honours.

Professor Carolyn Sue AM
Member with expertise in rare diseases

Professor Carolyn Sue is Executive Director and Director of Neurogenetics at the Kolling Institute for Medical Research, and Visiting Scientist at the Kinghorn Centre for Clinical Genomics at the Garvan Institute, Sydney.

A clinician scientist, Professor Sue is an international expert in mitochondrial diseases and movement disorders. Her research focuses on understanding the role of mitochondrial function in neurodegeneration, especially the disease processes involved in mitochondrial disorders, Parkinson disease and other movement disorders. Since 1994, she has run Australia's largest specialised clinic dedicated to the diagnosis, assessment and treatment of patients with mitochondrial disease. She established the Centre of Excellence for Parkinson's Disease and Movement Disorders at Royal North Shore Hospital in 2011.

Professor Sue holds multiple leadership positions in her interest areas. She is Co-Chair of the Education Committee for the International Parkinson Disease and Movement Disorder Society, Vice President of the Movement Disorder Society of Australia and New Zealand, and Founding Director and Co-Chair of the Scientific Medical Advisory Committee for the Australian Mitochondrial Disease Foundation.

She is a Fellow of the Australian Academy of Health and Medical Sciences and was appointed a Member of the Order of Australia in 2019 for her significant service to medicine, particularly to mitochondrial disease.

*Professor Brett Sutton
Chief Health Officer, Victoria*

Professor Brett Sutton is a medical graduate of the University of Melbourne with extensive experience in tropical medicine and infectious diseases, as well as emergency medicine. He has worked in complex humanitarian environments, including Afghanistan, Ethiopia, Kenya and Timor-Leste.

As Victorian Chief Health Officer, Professor Sutton has unique statutory functions under legislation on health, food and emergencies. He is responsible for developing and implementing strategies to promote and protect public health, providing advice to the Victorian Minister for Health and the Secretary, publishing a comprehensive report on public health and wellbeing in Victoria every 2 years, and performing the functions or powers specified in the Victorian *Public Health and Wellbeing Act 2008*.

*Professor Nicholas Talley AC
Member with expertise in public health research and medical research issues*

Laureate Professor Nicholas Talley is Distinguished Laureate Professor in the School of Medicine and Public Health at the University of Newcastle, Director of the NHMRC Centre of Research Excellence in Digestive Health and Editor-in-Chief of the *Medical Journal of Australia*. He is also a Senior Staff Specialist at the John Hunter Hospital, Newcastle, an Adjunct Professor of Medicine and Epidemiology at the Mayo Clinic, USA, and a Foreign Guest Professor at Sweden's Karolinska Institute. From 2016 to 2019, he was Pro Vice-Chancellor, Global Research, at the University of Newcastle.

Professor Talley is a neurogastroenterologist and a highly influential clinician researcher. His focus has been on research translation and, in recent years, subtle gut inflammation, the microbiome and unexplained gut symptoms. He is also a leading medical educator and author of highly regarded textbooks.

Professor Talley previously served 2 terms on NHMRC's Research Committee. He is a former Chair of the Council of Presidents of Medical Colleges and served on the boards of the Gastroenterology Society of Australia and the Sax Institute, and on the Australian Medical Council.

He is a Fellow of the Royal Australasian College of Physicians, the Royal College of Physicians (both London and Edinburgh), the American College of Physicians, the American College of Gastroenterology and the American Gastroenterological Association. He was appointed a Companion of the Order of Australia in 2018 for eminent service to medical research and to education in the field of gastroenterology and epidemiology, as an academic, author and administrator at the national and international levels, and to health and scientific organisations.

Part 4 Operating environment

Adjunct Professor Debra Thoms

Member with expertise in the nursing profession

Adjunct Professor Debra Thoms is a nursing and health consultant and Adjunct Professor at the University of Technology Sydney and Queensland University of Technology. She was the Australian Government's Chief Nursing and Midwifery Officer from 2015 to 2019. Before this, she was the inaugural CEO of the Australian College of Nursing, a position she was appointed to in May 2012 following 6 years as the Chief Nursing and Midwifery Officer with NSW Health.

During her career, Adjunct Professor Thoms has gained broad nursing and health management experience across a range of settings, and within state and Australian governments. As the Australian Government's Chief Nursing and Midwifery Officer, she participated in sessions of the NHMRC Council as an observer, and represented Australia at the World Health Assembly and as a member of the Executive Board of the World Health Organization. During 2020, she gained experience in the tertiary sector as the Acting Head, School of Nursing, Queensland University of Technology, in Brisbane.

Her contribution to nursing and health care has been recognised by an Outstanding Alumni Award from the University of Technology Sydney, Distinguished Life Fellowship of the Australian College of Nursing and Honorary Fellowship of the Australian College of Health Service Managers. In 2020, she was named in the 100 Outstanding Women Nurse and Midwife Leaders by Women in Global Health.

Professor Alison Venn

Member with expertise in public health

Professor Alison Venn is Director of the Menzies Institute for Medical Research at the University of Tasmania. She was previously the institute's Deputy Director, Associate Director (Research) and leader of the Public Health and Primary Care research theme. She is a recent past Director of the Tasmanian Data Linkage Unit and Tasmanian Cancer Registry (to 2021).

Professor Venn is an epidemiologist with a research focus on the causes, prevention and management of chronic disease. She leads the Menzies Institute's Childhood Determinants of Adult Health Study – a national cohort study investigating early life risk factors for cardiovascular disease. Her early research training and experience were in immunology and biochemistry, then in women's reproductive health. Her breadth of experience has seen her take on a number of leadership roles, identifying multidisciplinary approaches to solving complex problems and working with government and health service partners.

Professor Venn also served as a member of the National COVID-19 Health and Research Advisory Committee from 2020 to 2022.

Professor Steve Wesselingh

Chair, Research Committee

Member with expertise in public health research and medical research issues

Professor Steve Wesselingh is the inaugural Executive Director of the South Australian Health and Medical Research Institute, and the Research Director of Health Translation SA. Previous appointments include Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University, and Director, Macfarlane Burnet Institute for Medical Research and Public Health (now the Burnet Institute).

Professor Wesselingh is an infectious diseases physician and researcher in HIV, vaccine development and the impact of the microbiome on human health. His work supports the integration of high-quality medical research with healthcare delivery to improve health outcomes.

In 2018–2021, he was a member of the Council of NHMRC and Chair of its Research Committee. In the previous triennium, he served on NHMRC’s Health Translation Advisory Committee and drew on his experience chairing numerous grant review panels to chair the Expert Advisory Group for the Structural Review of NHMRC’s Grant Program.

Professor Wesselingh is a Fellow and Vice President of the Australian Academy of Health and Medical Sciences, and a Member of the Australian Health Research Alliance Council. In addition to holding a range of directorships nationally, he chairs the Doherty Institute Scientific Advisory Board and Breakthrough Mental Health Advisory Council.

Professor Ingrid Winship AO

Chair, Australian Health Ethics Committee

Member with expertise in ethics relating to research involving humans

Professor Ingrid Winship is the inaugural Chair of Adult Clinical Genetics at the University of Melbourne and the Royal Melbourne Hospital, and the Director of Genomic Medicine, Melbourne Health. She is Group Director of Research at Epworth Healthcare. During her tenure as Executive Director Research at Melbourne Health (2006–18), she launched the Melbourne Health Clinical Trials Centre, contributed to the Melbourne Genomics Health Alliance and facilitated a range of programs to increase engagement for women in research.

Professor Winship is a clinician scientist in clinical genetics, cancer genetics and dermatology. Her work includes gene discovery and clinical research, service development and translational research, and developing new models of genetic services, especially for adult patients with inherited predisposition to cancer.

In 2018–2021, she was a member of the Council of NHMRC and Chair of its Australian Health Ethics Committee, having previously served as a member of both AHEC and NHMRC’s Human Genetics Advisory Committee. She has also advised the New Zealand Government as a member of its Health Research Strategy External Advisory Group.

Professor Winship was appointed an Officer of the Order of Australia in 2020 for distinguished service to medicine, particularly to clinical genetics and research, to cancer prevention, and as a role model and mentor. She is a Fellow of the Royal Australasian College of Physicians, the Australasian College of Dermatologists, the Australian Institute of Company Directors, and the Australian Academy of Health and Medical Sciences.

Principal Committees

In the 2021–2024 triennium, 3 Principal Committees that report to the Council of NHMRC have been established under section 35 of the NHMRC Act:

- Research Committee (required under the NHMRC Act)
- Australian Health Ethics Committee (required under the NHMRC Act)
- Health Research Impact Committee.

Part 4 Operating environment

The Embryo Research Licensing Committee is a Principal Committee of NHMRC but is established under the RIHE Act and operates under different arrangements from those governing the other Principal Committees.

Research Committee

The Research Committee oversees the full spectrum of health and medical research, including public health. It recommends the awarding of grants on the basis of scientific quality as judged by peer review, across medical research and public health research. It advises on research support provided through a variety of mechanisms, including support for individual research projects and broad programs of research, training awards and fellowships, and special initiatives.

The functions of the Research Committee, as set out in section 35(2) of the NHMRC Act, are:

- to advise and make recommendations to the Council on the application of the Medical Research Endowment Account (MREA)
- to monitor the use of assistance from the MREA
- to advise the Council on matters about medical research and public health research, including the quality and scope of such research in Australia
- such other functions as the minister from time to time determines in writing after consulting with the CEO
- any other functions conferred on the committee by the NHMRC Act, the regulations or any other law.

In 2021–22, the Research Committee met twice and provided advice on:

- MREA budget and expenditure allocations, and funding recommendations for various NHMRC grant program schemes
- options to achieve gender equity in the Investigator Grant scheme
- mechanisms to strengthen NHMRC's peer review policies and processes
- prioritisation of 2022–2023 Targeted Calls for Research
- development of NHMRC's International Engagement Strategy for 2023–2026
- implementing NHMRC's 2021–2024 strategic and health priorities.

Members

The NHMRC Act does not prescribe the composition of the Research Committee. However, the Minister for Health and Aged Care appoints members who have demonstrated leadership and extensive experience in various fields of health and medical research.

Professor Steve Wesselingh (Chair)

Professor Adrian Barnett

Professor Tony Capon

Professor Raymond Chan

Dr Yee Lian Chew

Ms Christine Gunson

Professor Glenda Halliday

Professor Doug Hilton AO

Professor Frances Kay-Lambkin

Professor Sarah Larkins

Professor Fabienne Mackay

Professor James McCluskey AO

Professor Anushka Patel

Professor David Preen

Professor Yvette Roe

Associate Professor Joshua Vogel

Australian Health Ethics Committee

The functions of the Australian Health Ethics Committee (AHEC), as set out in section 35(3) of the NHMRC Act, are:

- to advise the Council on the ethical issues relating to health
- to develop and give the Council human research guidelines under subsection 10(2) of the NHMRC Act
- any other functions conferred on the committee in writing by the minister after consulting the CEO
- any other functions conferred on the committee by the NHMRC Act, the regulations or any other law.

AHEC consults extensively with individuals, community organisations, health professionals and governments, and undertakes formal public consultation when developing guidelines. The committee may also provide advice on international developments in health ethics issues.

In 2021–22, AHEC met twice and provided advice on:

- the rolling review of the National Statement on Ethical Conduct in Human Research, with a focus on Chapter 4 (Ethical considerations specific to participants) and Chapter 5 (Process of research governance and ethical review)
- the review of NHMRC's *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* to support the ethical incorporation of mitochondrial donation into clinical assisted reproductive technology following the passage of the *Mitochondrial Donation Law Reform (Maeve's Law) Act 2022*
- progress on the review and consolidation of ethical guidelines for organ and tissue donation and transplantation
- AHEC's role in delivering against NHMRC's 2021–2024 strategic and health priorities.

Members

The composition of AHEC is prescribed in section 36 of the NHMRC Act. It requires people with expertise in philosophy, the ethics of medical research, public health and social science research, clinical medical practice and nursing, disability, law, religion and health consumer issues. AHEC's membership includes cross-members from all other Principal Committees.

Professor Ingrid Winship AO (Chair)
 Associate Professor Stephen Adelstein
 Associate Professor Marie-Liesse Asselin-Labat
 Professor Emeritus Mary Chiarella AM
 Associate Professor Alwin Chong
 Dr David Kirchoffer
 Professor Emma Kowal

Mrs Lillian Leigh
 Dr Alexandra Markwell
 Professor Eleanor Milligan
 Professor Ainsley Newson
 Professor Emeritus Peter O'Leary
 Professor David Preen
 Associate Professor Bernadette Richards
 Professor Jackie Leach Scully

Part 4 Operating environment

Health Research Impact Committee

The functions of the Health Research Impact Committee (HRIC), as gazetted by the Minister for Health and Aged Care, are to advise the CEO and the Council on:

- policies and strategies to promote, communicate and measure the impact of NHMRC-funded health and medical research (including basic science, public health, clinical and health services research, and research to improve the health of Aboriginal and Torres Strait Islander people and communities)
- strategies to facilitate the translation of research into clinical, public health and commercial outcomes
- strategies to foster embedding research in the health system
- other functions as the minister from time to time determines in writing after consulting the CEO.

In 2021–22, HRIC met twice, providing advice on:

- implementation of NHMRC’s Evaluation Strategy
- development of NHMRC’s Research Data Collection Strategy
- how broad research areas are defined and assessed
- the impact of research, including use of track record assessment in peer review and case studies to increase impact awareness
- mechanisms to support clinician researcher career pathways
- HRIC’s role in delivering against NHMRC’s 2021–2024 strategic and health priorities.

Members

Membership of HRIC comprises researchers, clinicians, economists, business representatives and consumers, with expertise covering health services and health systems research, clinical medicine, public and population health, social sciences, multidisciplinary research and basic science.

Professor Emily Banks AM (Chair)

Ms Jennifer Herz

Professor Anne Chang AM

Dr Alastair Hick

Professor Jonathan Craig

Professor Emma Kowal

Mr Simon Deeming

Professor Julie Leask

Professor Gail Garvey

Dr Shalin Naik

Professor Billie Giles-Corti

Ms Yvonne Parnell

Professor Paul Glasziou AO

Professor Anushka Patel

Professor Julian Grant

Associate Professor Enzo Porrello

Embryo Research Licensing Committee

The ERLC administers the RIHE Act and the PHCR Act. These Acts regulate the use of excess human embryos created through assisted reproductive technology, the creation of embryos by means other than fertilisation and their use in research. They also prohibit certain practices, including human cloning for reproduction. It is an offence to use human embryos in research unless the use is an exempt use or is authorised by a licence issued by ERLC.

ERLC assesses applications and issues licences to conduct research involving human embryos. The committee is also responsible for monitoring compliance and can take enforcement action, including cancelling or suspending licences. There are strong penalties for noncompliance.

In 2021–22, the Mitochondrial Donation Law Reform (Maeve’s Law) Bill passed both houses of parliament. It triggers a range of amendments in the RIHE and PHCR Acts and subordinate regulations that will take effect in October 2022. The amendments make ERLC the decision-making body for the mitochondrial donation licensing scheme established under the RIHE Act.

In 2021–22, ERLC held 3 meetings and 2 workshops. It progressed a new licence application to the stage of developing licence conditions and approved 8 variations to existing licences. ERLC also prepared licence application forms and standard licence conditions to support the implementation of the mitochondrial donation licensing scheme.

The RIHE Act requires ERLC to table biannual reports to the Parliament of Australia describing its activities. The reports include information about licences issued under the Act:

- The report for 1 March 2021 to 31 August 2021 was tabled on 9 December 2021.
- The report for 1 September 2021 to 28 February 2022 was tabled on 30 June 2022.

All reports are available on the NHMRC website: www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament.

Members

Membership and functions of ERLC are prescribed in section 14 of the RIHE Act. Members have expertise in law, research ethics, relevant research, embryology, assisted reproductive technology and consumer health issues. ERLC has a member in common with AHEC, as required under both the NHMRC Act and the RIHE Act.

Professor Dianne Nicol (Chair)

Professor Steve Robson

Professor Lynn Gillam AM

Professor Patrick Tam

Ms Louise Johnson

Ms Cal Volks

Associate Professor Bernadette Richards

Dr Carol Wicking

Professor Sarah Robertson

Working committees

Under section 39 of the NHMRC Act, the CEO may establish working committees to assist the CEO, the Council or a Principal Committee to carry out their functions. The CEO determines the functions of the committees and appoints members to them. Selected section 39 committees active in 2021–22 are highlighted below. More information on these and other committees can be found on the NHMRC website at: www.nhmrc.gov.au/about-us/leadership-and-governance/committees.

Principal Committee Indigenous Caucus

The Principal Committee Indigenous Caucus (PCIC) provides advice to the Aboriginal and/or Torres Strait Islander representative on the NHMRC Council and to the CEO on issues relating to Aboriginal and Torres Strait Islander health research.

In 2021–22, PCIC provided advice on:

- monitoring progress against *Road map 3: a strategic framework for improving Aboriginal and Torres Strait Islander health through research* through the associated action plan
- development of a new action plan for the 2021–2024 triennium
- progress of the National Network for Aboriginal and Torres Strait Islander Health Researchers
- a review of the NHMRC Indigenous Research Excellence Criteria
- the outcomes of the public call for research priorities to develop Targeted Calls for Research in Aboriginal and Torres Strait Islander health research.

Members

The committee comprises Aboriginal and Torres Strait Islander representatives on the Council and its Principal Committees, as well as early-career researchers.

Professor Yvonne Cadet-James (Chair)	Dr Kalinda Griffiths
Professor Catherine Chamberlain	Professor Yvette Roe
Associate Professor Alwin Chong	Dr Sean Taylor
Professor Gail Garvey	Professor Maree Toombs

Consumer and Community Advisory Group

The Consumer and Community Advisory Group provides advice to the CEO on health matters, and on health and medical research matters from a consumer and community perspective.

In 2021–22, the group provided advice on:

- revising the NHMRC *Statement on consumer and community involvement in health and medical research*
- consumer and community involvement in peer review for targeted and priority funding calls
- promoting community trust in health and medical research and care.

Members

The committee comprises the consumer and community representatives on the Council and its Principal Committees, and other community leaders who can represent the views of health consumers or the community.

Ms Ainslie Cahill AM (Chair)	Associate Professor Monica Moran
Professor Afaf Girgis AM	Mr Andrew Mosley
Ms Christine Gunson	Adjunct Professor Darryl O'Donnell
Dr Yvonne Ho AM	Ms Yvonne Parnell
Mr Harry Iles-Mann	Dr Sanchia Shibasaki
Mrs Lillian Leigh	Dr Sean Taylor

Women in Health Science Committee

The Women in Health Science (WiHS) Committee provides advice to the CEO on gender equity, diversity and inclusion, such as:

- strategies to improve the participation, retention and progression of women in health and medical research
- NHMRC policies to increase diversity and inclusion, including addressing gender representation within both the health and medical research workforce and the research itself.

In 2021–22, the WiHS Committee provided advice on:

- the 2022–2025 NHMRC Gender Equity Strategy
- strengthening inclusion by recognising non-binary gender identities
- options to reach gender equity in the Investigator Grant scheme
- developing an NHMRC statement on sex and gender in research design.

Members

The committee comprises members with expertise in gender, inclusion and diversity, equity research and leadership. It also includes cross-members with the Research Committee (the Chair), HRIC and PCIC.

Professor Frances Kay-Lambkin (Chair)	Mr David Rae
Emeritus Professor Sharon Bell AM	Dr Gina Ravenscroft
Professor Catherine Chamberlain	Professor Geraint Rogers
Professor Anne Chang AM	Professor Sarah Russell
Professor Geoffrey Faulkner	Dr Maithili Sashindranath
Professor Maria Kavallaris AM	Professor Amanda Sinclair
Dr Erin McGillick	

Part 4 Operating environment

Peer Review Analysis Committee

The Peer Review Analysis Committee (PRAC) was established in October 2020 and held its final meeting in December 2021. PRAC was established to provide advice to the CEO on statistical and procedural aspects of peer review, including scoring and ranking of grant applications. PRAC's primary focus was on peer review in the Investigator and Ideas Grant schemes.

In 2021-22, PRAC provided advice on:

- analyses of peer reviewer scoring, to determine the significance of divergence between scores and the effect of divergent scores on grant funding outcomes
- methods to identify and manage divergence in scoring
- methods to determine final scores for applications.

Members

Members of the committee were selected based on the expertise required to analyse the statistical and procedural aspects of peer review and scoring grant applications.

Professor Caroline Homer AO (Chair)

Professor Tanya Chikritzhs

Professor Emily Banks AM

Professor Philip Clarke

Professor Adrian Barnett

Professor Peter Visscher

Professor Tony Blakely

Professor Tania Winzenberg

Ministerial advisory committees

The CEO represented NHMRC on the Australian Medical Research Advisory Board, which advises the Minister for Health and Aged Care on prioritising spending from the MRFF.

The CEO contributed as a member to the National COVID-19 Health and Research Advisory Committee, which was established by the Minister for Health and provided advice to the Chief Medical Officer on the health response to the COVID-19 pandemic from 20 April 2020 to 31 March 2022.

External scrutiny

In addition to our accountability obligations under the PGPA Act and the NHMRC Act, we are accountable to other Australian Government bodies, such as the Commonwealth Ombudsman, the Australian Public Service Commission, the Office of the Australian Information Commissioner, the Australian Commission for Law Enforcement Integrity, the Australian Human Rights Commission and the Australian National Audit Office (ANAO).

Judicial decisions, and decisions of the Administrative Appeals Tribunal and the Australian Information Commissioner

Two requests for reviews of NHMRC freedom of information (FOI) decisions were made to the Office of the Australian Information Commissioner in 2021-22. These matters are under consideration by the Information Commissioner. There are no NHMRC matters before the Administrative Appeals Tribunal.

Reports by the Commonwealth Ombudsman

In September 2017, the Commonwealth Ombudsman commenced an investigation into a public interest disclosure concerning the Homeopathy Review conducted by NHMRC in 2015.

In June 2021, the Ombudsman released a statement on the status of the investigation advising 'that no findings have been made and no inferences can or should be drawn at this time about whether there is proven wrongdoing. The length of time taken to investigate this matter reflects the complexity of the issues involved. The Office continues to make relevant enquiries and to consider the range of materials submitted by all relevant parties in order to form conclusions as soon as practicable'.

As at 30 June 2022, the Commonwealth Ombudsman had not concluded its investigation.

Reports by the Auditor-General

The ANAO conducts performance audits of the efficiency and effectiveness of NHMRC's operations and financial audits of its financial statements.

NHMRC was not a designated entity in any ANAO performance audits in 2021-22.

Although not a designated entity, NHMRC's role in providing grant administration services for the MRFF is referred to in the Auditor-General Report No. 21 of 2021-21 on the operation of grants hubs. NHMRC provided information to the ANAO to assist in benchmarking grant administration services delivered by the grants hubs. This report is available at www.anao.gov.au/work/performance-audit/operation-grants-hubs.

The ANAO prepared annual financial audits for NHMRC.

Reportable matters under section 83

Section 83 of the NHMRC Act requires NHMRC to report on certain matters referred to the agency by the minister, and guidelines and recommendations made by the CEO, during the reporting period. Matters addressed below are identified in this section and not addressed elsewhere in this report.

The minister did not refer any matters, or give directions, to the CEO, the Council or a Principal Committee under section 5D or section 5E of the NHMRC Act in 2021-22.

The CEO made no regulatory recommendations under section 9 of the NHMRC Act and no interim regulatory recommendations under section 14 of the NHMRC Act in 2021-22.

Reports by parliamentary committees

NHMRC made direct contributions, or contributed to portfolio submissions, to the following parliamentary inquiries and reviews in 2021-22:

- Senate Community Affairs Legislation Committee – inquiry into Mitochondrial Donation Law Reform (Maeve’s Law) Bill 2021 (www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MitochondrialLawReform)
- Attorney-General’s Department – Privacy Act Review – discussion paper (consultations.ag.gov.au/rights-and-protections/privacy-act-review-discussion-paper/)
- Queensland Parliament – inquiry into the Animal Care and Protection Amendment Bill 2022 (www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=172&id=4163)
- Queensland Parliament – inquiry into matters relating to donor conception information (www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=0&id=4150)
- NSW Parliament – inquiry into use of primates and other animals in medical research in New South Wales (www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2857#tab-members)
- Senate Education and Employment Legislation Committee – inquiry into Australian Research Council Amendment (Ensuring Research Independence) Bill 2018 (www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/ARCBill)
- House of Representatives Committee – inquiry into childhood rheumatic diseases (www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/rheumaticdiseases).

Compliance and assurance

NHMRC’s compliance and assurance activities encompass internal audit, risk identification and management, fraud prevention, and management of privacy and FOI requests.

Audit

The NHMRC Audit and Risk Committee, established in accordance with the PGPA Act, provides independent assurance and advice to the CEO on NHMRC’s financial and performance reporting responsibilities, risk oversight and management, and system of internal control. The Audit and Risk Committee Charter was reviewed and updated in March 2022 and is available on the NHMRC website at www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee.

Table 11 contains details of the NHMRC Audit and Risk Committee members, together with their qualifications, knowledge, skills or experience, meeting attendance and remuneration in 2021-22.

Table 11: NHMRC Audit and Risk Committee, 2021-22

Member	Qualifications, knowledge, skills or experience	Attendance/ number of meetings	Total annual remuneration (including GST where applicable)
Ms Gayle Ginnane (Independent Chair)	30+ years experience in the public sector	4/4	\$8,500
Mr Geoff Knuckey FCA	Independent accounting professional and chartered accountant	4/4	\$6,732
Professor Matthew Gillespie AM	Knowledge of the health and medical research sector	4/4	\$6,120
Professor Anthony Lawler GAICD	Public health and public administration experience	2/2 (appointed 17 Jan 2022)	\$3,060
Professor Eleanor Milligan	Knowledge of the health and medical research sector	2/2 (appointed 17 Jan 2022)	\$3,060
Dr Jeannette Young PSM	Public health and public administration experience	1/1 ^a	na

na = not applicable

^a As Queensland's Chief Health Officer, Dr Young was granted a leave of absence for the first meeting of 2021-22 to focus on the Queensland COVID-19 pandemic response. Her term on this committee concluded on 31 August 2021.

NHMRC's General Manager and Chief Audit Executive are advisers to the NHMRC Audit and Risk Committee and participate in all meetings. Other regular participating observers include representatives from the ANAO and its contractor (KPMG), and NHMRC's CEO, Chief Financial Officer (CFO), Deputy CFO, Internal Audit Manager and other relevant employees.

In 2021-22, the Audit and Risk Committee reviewed the management response to the 2020-21 internal audit of NHMRC's response to the COVID-19 pandemic. It also oversaw the commencement of an audit to provide assurance on internal controls for financial management.

Compliance statement

Section 17AG of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) requires NHMRC to advise of any significant issues reported to the minister in relation to noncompliance with the finance law. There were no significant instances of noncompliance with the finance law in the 2021-22 reporting year.

Risk management

We are committed to the strategic and systematic management of risks. The NHMRC Risk Management Policy and Framework provides the foundation and organisational arrangements for our integrated approach to designing, implementing, monitoring, reviewing and continually improving risk management behaviours in NHMRC.

The currency of the Risk Framework is regularly reviewed to ensure that it accords with international risk management standards and is consistent with the requirements of the PGPA Act.

In accordance with the Risk Framework:

- the CEO, General Manager and Executive Directors are accountable for the effective implementation of risk management and responsible for fostering a culture of positive engagement with risk across the agency
- all Directors are required to integrate risk management into activities for which they are accountable
- all employees are required to maintain awareness of the risks that relate to their work, and to support and contribute actively to the management of these risks
- the Audit and Risk Committee is to advise the CEO on risk management and all matters that could present an unacceptable risk for the agency.

In 2021–22, NHMRC integrated its COVID-19 Risk Register, which supported active risk identification and management during the pandemic, into its Enterprise Risk Register. The combined register has been subject to regular review by the Executive Board, and supports ongoing risk detection, control and mitigation activities.

Fraud prevention

Officers of NHMRC act with integrity and fairness, and uphold the values of the Australian Public Service in all matters. The NHMRC Fraud Control Framework 2020–2022 and associated fraud control plans have been developed in accordance with the Commonwealth Fraud Control Framework 2017 and the Australian Standard AS 8001:2008 (*Fraud and corruption control*).

We have a range of processes in place to detect fraud, including post-award compliance monitoring, data-mining analysis, post-transaction reviews, and internal and external audits. These tools satisfy the CEO's non-delegable duty under section 16 of the PGPA Act to establish and maintain systems relating to risk and control. NHMRC systematically reviews its internal processes and control systems to identify gaps and strengthen internal controls.

Additionally, through its funding agreements with Administering Institutions, NHMRC requires compliance with the *Australian code for the responsible conduct of research*. The code fosters integrity in research, and requires reporting and investigation of allegations of research misconduct across the Australian health and medical research sector.

To assist the CEO to meet her obligations in relation to fraud control, she has appointed an Executive Director as NHMRC's Fraud Control Officer. The Fraud Control Officer is a referral point for all allegations of fraud, is responsible for maintaining a fraud incident register and undertakes a preliminary assessment to determine whether reported behaviour is potentially fraudulent.

In the 2021–22 reporting period, one allegation of external fraud was made to NHMRC. The allegation related to research misconduct, and the matter was dealt with under NHMRC’s Integrity and Misconduct Policy and the NHMRC funding agreement with the relevant Administering Institution. In 2021–22, no allegations of internal fraud were made to the NHMRC Fraud Control Officer.

In accordance with section 10 of the PGPA Rule, NHMRC will report fraud data for 2021–22 to the Australian Institute of Criminology.

Privacy

All documents held by NHMRC containing personal information are handled in accordance with the standards for the collection, storage, use and disclosure of, and access to and correction of, personal information set by the *Privacy Act 1988* and the Australian Government Agencies Privacy Code 2017.

In 2021–22, NHMRC reviewed progress against its Privacy Management Plan. The plan details privacy-related quality improvement activities to maintain an environment in which personal information is handled appropriately, and managed securely and efficiently.

No reports were served on NHMRC by the Office of the Australian Information Commissioner (OAIC) under section 30 of the *Privacy Act 1988*. Similarly, no determinations were served on NHMRC by the OAIC under section 52 of the *Privacy Act 1988*.

NHMRC had no eligible data breaches under the Notifiable Data Breaches scheme.

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information as part of the Information Publication Scheme.

Our Information Publication Scheme Plan details the type of information we publish and is available on the NHMRC website at www.nhmrc.gov.au/about-us/accountability-and-reporting/information-publication-scheme. Our FOI disclosure log lists the documents to which access has been granted under the FOI Act and is available on the NHMRC website at www.nhmrc.gov.au/about-us/freedom-information/foi-disclosure-log.

Table 12 summarises the FOI requests active in 2021–22.

Table 12: NHMRC freedom of information requests, 2021–22

Access applications	Number
Requests active at 1 July 2021	1
Requests received	23
Requests finalised by NHMRC or withdrawn by applicant	20
Requests transferred in whole to another agency	2
Requests active at 30 June 2022	2

Access applications	Number
Internal reviews of NHMRC FOI decisions	
Matters on hand at 1 July 2021	0
Requests received	0
Requests finalised	0
Office of the Australian Information Commissioner (OAIC) reviews	
Matters on hand at 1 July 2021	0
Requests received	2
Requests finalised by OAIC	0
Matters on hand at 30 June 2022	2
FOI Administrative Appeals Tribunal matters	
Matters on hand at 30 June 2022	0

Child Safety Statement 2021-22

NHMRC is committed to implementing the National Principles for Child Safe Organisations and the Commonwealth Child Safe Framework (CCSF). The CCSF sets minimum standards for creating and maintaining child-safe cultures and practices in Australian Government entities. Information about the CCSF is available at <https://childsafety.pmc.gov.au/what-we-do/commonwealth-child-safe-framework>.

Interaction with children

NHMRC staff and contractors do not interact with children as part of NHMRC’s standard activities.

NHMRC funds third parties to undertake health and medical research, which may involve children. NHMRC-funded research is conducted by universities, medical research institutes, hospitals and other approved Administering Institutions.

Under clauses 4.1, 4.2 and 24 of the NHMRC Funding Agreement, Administering Institutions must comply, and require their participating institutions, research activities and funding applications to comply, with any applicable Commonwealth, state, territory or local government requirement, including the National Principles for Child Safe Organisations and the National Redress Scheme Grant Connected Policy.

In addition, all NHMRC-funded researchers are required to be aware of, and conform to, the requirements of the National Statement on Ethical Conduct in Human Research, 2007 (updated 2018), including the guidelines in Chapter 4.2 for research involving children and young people. These guidelines address ethical issues in research and focus on the imperative to show due respect to children and young people. They address issues such as children’s decision-making capacity; consent; potential coercion by parents, peers and others; and conflicting values and interests of parents and children. The guidelines apply to recruitment into, and conduct of, research.

Compliance

NHMRC was compliant with the 4 requirements of the CCSF during 2021-22. To comply with these requirements, in 2021-22, NHMRC:

- established a Child Safety Policy
- made training available to staff on their obligations under the framework and introduced a requirement for staff to undertake training every 2 years
- strengthened child safety requirements and compliance reporting for third parties funded by NHMRC.

Risk assessment

The risks to child safety as a result of NHMRC activities have been assessed as low.

The key sources of risk are:

- lack of awareness of child safety requirements by NHMRC staff, contractors or third parties
- noncompliance by a funded third party with its child safety obligations.

NHMRC mitigated these risks in 2021-22 by implementing the above compliance actions.

Research integrity

Notification of research integrity matters

In line with NHMRC policy, Administering Institutions must notify NHMRC of investigations into allegations of breaches of the *Australian code for the responsible conduct of research* and findings of research misconduct or breaches of the Code, where the investigations or findings are related to NHMRC funding.

Consistent with the code, the relevant institution is responsible for investigating concerns and complaints about research integrity. In response to findings of a serious breach of the code, including a finding of research misconduct, NHMRC may take action in relation to the Administering Institution or the researcher. Actions may include recovering research funding from an institution or restricting a researcher's ability to apply for NHMRC funding for a period of time.

Australian Research Integrity Committee

The Australian Research Integrity Committee (ARIC) was established jointly by NHMRC and the Australian Research Council (ARC) in 2011.

ARIC reviews the processes by which an institution has managed and/or investigated a potential breach of the *Australian code for the responsible conduct of research*. At the conclusion of an NHMRC ARIC review, ARIC provides recommendations to the CEO of NHMRC, who may adopt some or all of ARIC's advice and communicates it to relevant parties. In this way, ARIC contributes to public confidence in the integrity of Australia's research effort.

Part 4 Operating environment

Members

Ms Patricia Kelly PSM (Chair)

Emeritus Professor Alan Lawson

Ms Julie Hamblin (Deputy Chair)

Professor Margaret Otlowski

Mr Michael Chilcott

Emeritus Professor Janice Reid AC

Emeritus Professor John Finlay-Jones

All members are appointed until 31 March 2023.

Activities

The information here relates to matters considered by ARIC on behalf of NHMRC during 2021–22. ARIC reports separately to the ARC on matters that relate to ARC funding.

In 2021–22, ARIC was asked to review 3 new matters, 2 of which were accepted for review. ARIC also continued 2 reviews that had commenced in 2020–21, one of which was finalised in 2021–22.

ARIC reported to the NHMRC CEO on areas for improvement in the relevant institution's investigative processes. The CEO subsequently communicated with the relevant parties on these matters.

ARIC now publishes an annual report to the sector on the NHMRC website that identifies common issues that are raised in its reviews. More information is available at www.nhmrc.gov.au/research-policy/research-integrity/australian-research-integrity-committee-aric.

Accountability

Purchasing and procurement

NHMRC performs its procurement activities in accordance with the Commonwealth Financial Framework, specifically the Commonwealth Procurement Rules (CPRs). NHMRC's Accountable Authority Instructions, as well as related policy and procedural manuals, support the CPRs and are periodically reviewed for consistency with the Commonwealth Financial Framework.

Additionally, NHMRC follows, wherever possible, cooperative procurement practices by accessing other entities' established standing offer arrangements, enabling an efficient and value-for-money approach to procuring goods and services. In the whole-of-government context, NHMRC will continue to comply with coordinated procurement initiatives, which reduce tendering costs and increase savings through economies of scale.

NHMRC builds capacity within the agency by providing procurement and contract management training, and circulating procurement and whole-of-government advice from the Australian Government Department of Finance.

NHMRC publishes information on significant procurement activity expected to be undertaken in the year ahead in our annual procurement plan, which is available on the Australian Government's procurement information system, AusTender. Details of all NHMRC contracts and consultancies valued at \$10,000 and over are available on the AusTender website at www.austender.gov.au.

Contracts and consultancy services

NHMRC uses guidance published by the Australian Government Department of Finance to distinguish between consultancy and non-consultancy contracts for annual reporting purposes.

Decisions to engage consultants during 2021–22 were made in accordance with the PGPA Act and related regulations, including the CPRs and relevant internal policies. NHMRC selects consultants through standing offer arrangements or by making an open approach to market. NHMRC engages consultants where it lacks specialist expertise, or when independent research, review or assessment is required. Consultants are typically engaged to investigate or diagnose a defined issue or problem, carry out defined reviews or evaluations, or provide independent advice, information or creative solutions, including the development of information and communications technology. Before engaging consultants, NHMRC takes into account the skills and resources required for the task, the skills available internally and the cost-effectiveness of engaging external expertise.

Annual reports contain information about actual expenditure on reportable consultancy and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website at www.austender.gov.au.

All contracts entered into by NHMRC in 2021–22 provided for the Auditor-General to have access to the contractor's premises.

Expenditure on reportable consultancy contracts

In 2021–22, NHMRC entered into 10 new consultancy contracts, involving total actual expenditure of \$97,710. In addition, 4 ongoing consultancy contracts were active in 2021–22, involving total actual expenditure of \$37,717 (Tables 13 and 14).

Table 13: Reportable consultancy contracts, 2021–22

Reportable consultancy contracts	Number of contracts	Expenditure, including GST (\$)
New contracts entered during the reporting period	10	97,710
Continuing contracts entered into during a previous reporting period	4	37,717
Total	14	135,427

Table 14: Organisations receiving a share of reportable consultancy contract expenditure, 2021–22^a

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%) ^b
Russell Kennedy Lawyers	14 940 129 185	84,990	63
McGrathNicol Advisory	34 824 776 937	19,425	15
Ginnane Consulting	20 946 689 203	8,500	6
McBeath Pty Ltd as trustee for Knuckey Family Trust	26 195 288 436	6,732	5
Proximity Advisory Services Pty Ltd	92 147 937 844	6,600	4
Total		126,247	93

^a This table provides information on organisations (suppliers) that received the 5 largest shares of NHMRC's expenditure on consultancy contracts. There were no additional reportable consultancy contracts.

^b Total spend refers to NHMRC's total expenditure on consultancy contracts in 2021–22, as shown in Table 13.

Part 4 Operating environment

In 2021–22, NHMRC entered into 32 new non-consultancy contracts, involving total actual expenditure of \$12,551,801. In addition, 59 ongoing consultancy contracts were active in 2021–22, involving total actual expenditure of \$15,844,183 (Tables 15 and 16).

Table 15: Reportable non-consultancy contracts, 2021–22

Reportable non-consultancy contracts	Number of contracts	Expenditure, including GST (\$)
New contracts entered into during the reporting period	32	12,551,801
Continuing contracts entered into during a previous reporting period	59	15,844,183
Total	91	28,395,984

Table 16: Organisations receiving a share of reportable non-consultancy contract expenditure, 2021–22^a

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%) ^b
Digital61 Pty Ltd	42 620 189 862	4,502,464	16
F1 Solutions Pty Ltd	62 072 832 878	3,862,301	14
Evolve FM Pty Ltd	52 605 472 580	3,291,832	12
Semantic Sciences Pty Ltd	73 131 377 654	3,194,893	11
Hays Specialist Recruitment Pty Ltd	47 001 407 281	3,010,966	11
1st People Services	86 114 814 390	2,207,361	8
Total		20,069,817	72

^a This table provides information on organisations (suppliers) that received the 5 largest shares of NHMRC's expenditure on non-consultancy contracts and organisations that received 5% or more of NHMRC's expenditure on non-consultancy contracts.

^b Total spend refers to NHMRC's total expenditure on non-consultancy contracts in 2021–22, as shown in Table 15.

Exempt contracts

NHMRC had no contracts or standing offers that were exempt from publication on AusTender in 2021–22.

Procurement initiatives to support small businesses

NHMRC supports small business participation in the Australian Government procurement market. Participation statistics for small and medium enterprises (SMEs) and small enterprises are available on the Australian Government Department of Finance website.

NHMRC recognises the importance of ensuring that small businesses are paid on time. NHMRC achieved an on-time average of 99% of all payments to small businesses or individuals in 2021–22.

NHMRC support SMEs by:

- using the Commonwealth Contracting Suite for low-risk procurements valued at under \$200,000
- following the Small Business Engagement Principles, such as communicating in clear, simple language and presenting information in an accessible format
- using electronic systems or other processes that facilitate on-time payment performance, including the use of payment cards.

NHMRC supports the Indigenous Procurement Policy: if there is an Indigenous business that can deliver any new domestic contract between \$80,000 and \$200,000 on a value-for-money basis, NHMRC must offer the contract to that business first.

Asset management

The agency's assets include office fit-out, computer equipment, IT systems, furniture and equipment held in Canberra and Melbourne. NHMRC's strategy for asset management emphasises a whole-of-life approach to the use of assets and commits the agency to responsible and cost-effective management. An annual review minimises holdings of surplus and underperforming assets.

Advertising and market research

Under section 311A of the *Commonwealth Electoral Act 1918*, NHMRC is required to disclose payments of \$13,000 or more (inclusive of GST) for advertising and market research. There was no reportable expenditure, and no advertising campaigns were conducted, in 2021–22.

Complaints

NHMRC has a complaints process for people who are dissatisfied with its decisions or actions. Generally, complaints are resolved within the area responsible for the decision or action. An independent complaints team provides an oversight and escalation role.

Annual report from the Commissioner of Complaints

This report is provided pursuant to section 68 of the NHMRC Act. It covers the 12 months from 1 July 2021 to 30 June 2022.

As Commissioner, my role is to investigate complaints relating to reviewable actions, as described in section 58 of the NHMRC Act. A reviewable action is an action taken by the CEO or their delegate relating to recommendations to the minister regarding expenditure on public health, and medical research and training, or an action taken by the Research Committee in relation to an application for funding made on, or after, 24 June 1993.

I am required to investigate the processes that have taken place in relation to each complaint to ensure that administrative law principles such as natural justice, fairness, good faith and taking into account only proper purposes have been followed by NHMRC in reaching a decision. I am not empowered to examine the merits of a decision or recommendation of the CEO, their delegate or the Research Committee.

Part 4 Operating environment

After finalising the investigation of a complaint, if I conclude that an action was affected by one or more of the grounds of complaint listed in section 58, I report my findings to the CEO under section 66 of the Act. Under section 67 of the Act, I also have the discretion to make recommendations in relation to my findings. This may include recommendations that the CEO reconsider actions; rectify, mitigate or alter the effects of an action; or revoke or vary a decision.

In 2021–22, no complaints were referred to me for investigation. There were also no complaints from the previous reporting period that required finalisation.



Mr Chris Reid

Commissioner of Complaints

Environmental management

NHMRC minimises its impact on the environment through the responsible and efficient consumption, use and disposal of resources. The agency is committed to:

- building a strong environmental ethos by increasing awareness and commitment by employees and key stakeholders
- integrating environmentally sustainable and innovative practices into day-to-day activities performed by employees
- supporting the ACT Sustainable Energy Policy, including the 100% renewable energy target.

NHMRC incorporates environmental considerations such as energy and water conservation, and waste and resource management, into business activities in the context of achieving business outcomes.

The NHMRC Environmental Management Policy outlines the agency's adherence to the Australian Government's Energy Efficiency in Government Operations (EEGO) policy.

The Canberra and Melbourne leasing agreements contain appropriate Green Lease schedules under the National Green Leasing Policy. Obligations under these schedules are monitored by NHMRC.

Energy consumption

Table 17 outlines energy consumption for the Canberra and Melbourne offices in 2021–22.

Table 17: Energy consumption, 2021–22

Tenancy	Energy (GJ)	Area (m ²)	MJ/m ²	People	MJ/person
Canberra (16 Marcus Clarke Street)	737	4,020	183	179	4,117
Melbourne (414 La Trobe Street)	199	462	431	10	19,900

NHMRC is required to meet the target of no more than 7,500 MJ per person per year for office tenant light and power under the EEGO policy. In 2021–22, NHMRC used 4,948 MJ per person.

NABERS energy rating

The National Australian Built Environment Rating System (NABERS) is a national rating system that measures the environmental performance of Australian buildings, tenancies and homes. NABERS measures the energy efficiency, water use, waste management and indoor environment quality of a building or tenancy and its impact on the environment. In 2021–22, NHMRC retained a 5.5-star NABERS energy tenancy rating for the Canberra office. The Melbourne office tenancy does not meet the threshold requirement of 2,000 m² occupancy and is therefore exempt from having a NABERS rating.

Part 5

People management

This section presents information on our people management, including workforce demographics.



Overview

NHMRC depends on its highly skilled and dedicated people to achieve its objectives. We are committed to the ongoing professional development of our staff. Our agile teams ensure both continuity and flexibility to meet changing demands and respond to new priorities.

In 2021–22, our people management focus was on attracting and retaining a resilient and high-performing workforce, and supporting the safety and wellbeing of our staff. This was underpinned by a respectful and supportive work culture and professional development opportunities. Our culture, systems and capabilities support our ability to be flexible and agile, to enable us to adapt to new circumstances and address emerging issues.

Workplace culture and performance

We provide a workplace that offers fulfilling and challenging work in a friendly and supportive environment. We are committed to communicating effectively, and maintaining a safe and productive workplace where all employees are valued. We have continued to build on our workplace culture supported by effective communication – for example, through whole-of-agency, branch and section meetings, held both face to face and via videoconference. These are complemented by ‘all staff’ emails from senior leaders, corporate newsletters, wellbeing initiatives and an active Staff Consultative Forum.

The effectiveness of our workplace performance and culture is demonstrated by the results of the 2021 APS Employee Census,¹¹ which highlighted that our staff believe strongly in the purpose and objectives of the agency and are proud to work at NHMRC. Of respondents to the census, 84% recommend NHMRC as a good place to work, and 75% feel a strong personal attachment to the agency. Both results are above the APS overall figures (16 percentage points and 10 percentage points higher, respectively). NHMRC’s results for wellbeing are also above the APS figure. Of staff who responded, 82% think that the agency cares about their health and wellbeing (24 percentage points above the APS average), and 93% indicated that their supervisor cares about their health and wellbeing.

The strong commitment of our staff to quality and innovative outputs is evidenced by 87% stating that they suggest ways to improve processes and 96% indicating they are willing to ‘go the extra mile’ at work when required. Our focus on inclusivity saw 90% of respondents agreeing that the organisation is committed to an inclusive culture and that this is actively supported by supervisors and the agency.

¹¹ 67% of our total workforce participated in the survey, of whom 87% were APS employees and 13% were engaged via labour-hire agreements.

Staffing

At 30 June 2022, we employed 221 APS staff in our Canberra and Melbourne locations. A significant proportion of our workforce (20%) worked part-time in 2021-22, compared with 15% the previous year. The staff turnover rate in 2021-22 (32%) was substantially higher than in 2020-21 (16%). Table 18 summarises the workforce demographics from 2018-19 to 2021-22.

Table 18: NHMRC workforce, 2018-19 to 2021-22

Group	2018-19	2019-20	2020-21	2021-22
Staff employed on an ongoing basis	205	189	204	202
Staff employed on a non-ongoing basis	17	18	9	19
Staff employed on a casual basis	1	1	0	0
Staff employed full-time	187	172	180	177
Staff employed part-time	36	35	33	44
Staff based in Canberra office	205	195	203	197
Staff based in Melbourne office	18	13	10	24
Women	160	145	148	154
Men	62	64	65	67
Other genders (indeterminate/intersex/unspecified)	1	0	0	0
Staff who identify as being of Aboriginal or Torres Strait Islander descent	7	5	7	8
People from diverse linguistic backgrounds	45	42	38	37
People with carer responsibilities	82	92	52	20
People with disability	9	8	8	11

Workforce planning

The agency is focused on attracting, developing and retaining an appropriately skilled and capable workforce that enables the delivery of outcomes for the Australian Government now and in the future.

Staff consultation is an integral component of workforce planning. Our Staff Consultative Forum, consisting of staff, union and management representatives, enables prompt consultation on issues such as workplace change, employment and accommodation.

In 2021-22, the forum met quarterly to discuss organisation-wide matters, including:

- finalisation of the flexible working policy
- commencement of a review of other human resources policies
- workplace arrangements in response to COVID-19, including risk management approaches to processes for on-site meetings, events and travel.

Workplace agreements

The NHMRC Enterprise Agreement 2016–2019 was nominally due to expire on 9 February 2020. After extensive staff consultation and a well-subscribed staff opinion survey that indicated majority staff support, the CEO made a determination under subsection 24(1) of the *Public Service Act 1999*. The determination provides non-SES (Senior Executive Service) APS staff with an annual 2% salary increase payable under the enterprise agreement. This 3-year determination took effect in February 2020 and covers all non-SES APS staff at NHMRC.

On 9 April 2020, the Australian Government announced that, as a result of the COVID-19 pandemic, wage increases across the APS would be paused for 12 months. For NHMRC staff, this meant that the pay increase scheduled for 10 February 2021 was delayed until 10 August 2021. In 2022, NHMRC will begin preparing for a new workplace agreement to commence in February 2023.

Remuneration

Executive remuneration

The officials covered by these disclosures are the Chief Executive Officer (CEO) and the 5 SES officers who meet the definition of key management personnel.

Remuneration policies and practices

The Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination 2021, and subsections 7(3) and 7(4) of the *Remuneration Tribunal Act 1973*, set the remuneration arrangements for the CEO (Table 19).

The CEO determines remuneration and conditions for the agency's SES officers through a common law contract, considering the:

- APS Executive Remuneration Management Policy
- Public Sector Workplace Relations Policy 2020
- *Public Service Act 1999*
- Australian Public Service Award 1998.

To maintain comparability with other APS entities, remuneration for SES officers is aligned with the annual remuneration survey conducted by the Australian Public Service Commission. At 30 June 2022, 5 SES employment agreements (common law contracts) were in place.

Salary incremental bands act as a guide in setting SES officers' base salaries (the range of salaries at each level is in Table 20). SES officers are eligible for an annual salary review on 1 August, subject to holding the position for 6 months or more.

SES salaries (Table 20) are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2020
- performance and conduct of the employee

Part 5 People management

- SES Work Level Standards
- SES Integrated Leadership System profiles
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

On 26 March 2020, the Australian Government suspended increases in remuneration, entitlements and allowances for all SES officers until the resolution of the challenges arising from the COVID-19 pandemic. This included freezing the application of general wage increases and any remuneration increases through performance progression mechanisms within existing salary structures. On 25 June 2021, the Australian Public Service Commissioner advised that the suspension had been lifted.

No bonuses were paid to NHMRC SES officers in 2021-22.

Table 19: Remuneration for key management personnel, 2021–22

Name	Position title	Short-term benefits (\$)			Post-employment benefits (\$)		Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration ^e (\$)
		Base salary ^a	Bonuses	Other benefits and allowances ^b	Superannuation contributions ^c	Long service leave ^d	Other long-term benefits			
Professor Anne Kelso	Chief Executive Officer	454,445	-	4,525	56,977	10,425	-	-	-	526,372
Clare McLaughlin	General Manager	276,737	-	32,934	48,926	12,925	-	-	-	371,522
Dr Julie Glover	Executive Director	199,333	-	32,210	37,165	8,843	-	-	-	277,551
Tony Krizan	Executive Director	212,441	-	29,446	40,305	6,673	-	-	-	288,865
Alan Singh	Executive Director	216,899	-	29,446	40,123	6,034	-	-	-	292,502
Prue Torrance	Executive Director	192,076	-	29,446	27,942	9,481	-	-	-	258,945
Total		1,551,931	-	158,007	251,438	54,381	-	-	-	2,015,757

^a Base salary includes salary paid and accrued, salary paid while on annual leave, salary paid while on personal leave, annual leave accrued and higher duties allowances.

^b Other benefits and allowances include monetary benefits such as car allowances and non-monetary benefits such as provision of a car park.

^c For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant Notional Employer Contribution Rate and Employer Productivity Superannuation Contribution.

^d Long service leave comprises the amount of leave accrued and taken for the period.

^e Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard 119 Employee Benefits.

Table 20: NHMRC salary ranges, 30 June 2022

Classification	Minimum salary (\$)	Maximum salary (\$)
SES 2	226,643	280,605
SES 1	174,839	215,850
EL 2	125,891	149,049
EL 1	105,820	120,387
APS 6	85,866	96,868
APS 5	77,836	82,152
APS 4	71,563	75,612
APS 3	63,164	70,011
APS 2	54,658	59,645
APS 1	46,765	52,520

Non-salary benefits

Non-salary benefits available to NHMRC staff in 2021–22 included:

- learning and development opportunities
- professional coaching and mentoring
- health and wellbeing programs
- study assistance (study leave and financial assistance)
- options for flexible hours and time off in lieu
- individual flexibility agreements
- flexible working conditions such as part-time employment, job sharing and working from home.

Performance pay

NHMRC employees, including SES officers, do not receive performance bonuses or performance pay. Annual performance ratings determine the increase in annual remuneration for non-SES employees within the pay-point increments set out in the enterprise agreement.

Work health and safety

NHMRC's continued commitment to the health, safety and wellbeing of our people, our visitors and others who work for us and with us was evident in the 2021 APS Employee Census results, with 82% of staff indicating that they think the agency cares about their health and wellbeing. Wellbeing is an area of success for NHMRC, with 77% of employees saying the agency does a good job of communicating and promoting health and wellbeing initiatives.

During 2021–22, we focused on ensuring continued support for our people during the COVID-19 pandemic. This included implementing our updated Flexible Working Arrangements Policy, and streamlining our notification and workplace reporting processes for confirmed cases of COVID-19. We also focused on strengthening our work health and safety (WHS) management system and making several wellbeing webinars available to all staff.

In 2021–22, NHMRC:

- held quarterly meetings of the Workplace Health and Safety Committee, which includes the agency’s health and safety representatives
- consulted with staff via health and safety representatives on WHS processes and policy, including COVID-19 measures and risk management
- conducted regular hazard and risk identification inspections, and associated item removal and risk mitigation activities
- reviewed and updated intranet information, guides and fact sheets about WHS
- conducted workstation assessments and provided WHS equipment to support and promote good ergonomic practices and prevent injuries, both at home and in the office
- achieved best-practice accreditation by the Australian Breastfeeding Association as a Breastfeeding Friendly Workplace, making NHMRC one of only 35 workplaces across Australia with best-practice accreditation
- provided access to confidential counselling through the employee assistance program, and to case-management services for early intervention and rehabilitation
- provided mandatory training on WHS responsibilities (including due diligence for officers)
- conducted mental health first aid training and refresher training for existing mental health first aid officers
- conducted mental health and wellbeing virtual sessions as part of National Safe Work Month in October 2021
- based on the success of the sessions above, held additional mental health and wellbeing virtual webinars, with topics chosen by the health and safety representatives
- disseminated information to all staff on WHS and COVID-19 updates via email, corporate news and the intranet
- promoted flexible ways of working, implementing our updated Flexible Working Arrangements Policy, which gives all staff access to flexible working arrangements
- updated our remote working process to recognise critical skill gaps and give staff with those critical skills the opportunity to work remotely
- monitored and improved risk management processes for all NHMRC events and meetings, including specific COVID-safe practices and risk mitigation strategies for face-to-face meetings
- promoted a healthy lifestyle through free influenza vaccinations, flexible working arrangements, and financial reimbursements for quitting smoking and eyesight testing.

Response to the COVID-19 pandemic

Following the start of 'COVID normal' at the beginning of 2021, the second half of 2021 saw a return to lockdowns and staff working off-site. In response to the rapidly changing environment, NHMRC continued to update and review our COVID-safe plans and provided regular communications to all staff about public health directions, work-from-home orders, mask mandates, vaccination requirements and office capacity limits.

NHMRC continues to support staff access to flexible working arrangements by implementing our updated Flexible Working Arrangements Policy in April 2022. Staff with formal flexible work arrangements work within a hybrid arrangement, with their work split between the office and home or another location. NHMRC staff engage externally and internally through virtual platforms such as videoconferencing, which NHMRC has used for many years for meetings with stakeholders around the country and internationally. NHMRC's staff worked effectively from home using laptops and a secure virtual private network connection to NHMRC's computer network. The Continuity Management Team, activated by the General Manager on 30 March 2020 as part of the NHMRC Business Continuity Plan, remains active as at 30 June 2022 and meets regularly to address issues for NHMRC arising from the evolving pandemic.

To limit the spread of COVID-19 and keep our staff and workplace safe, we:

- review our policies and measures for infection control, including providing staff with educational resources
- keep our employees apprised of control measures, including mask wearing, hand and respiratory hygiene, physical distancing and self-isolation requirements issued by governments in the jurisdictions in which we operate
- provide strengthened hygiene control measures, including handwashing facilities (we installed touch-free taps and dispensers), sanitiser stations, antimicrobial cleaning product stations and face masks
- provide a suite of resources and protocols to manage confirmed cases of COVID-19 in the workplace, including updating our notification forms and workplace contact tracing processes
- regularly communicate any changes to staff via corporate news, all-staff email updates and information on the intranet
- support staff to work from home, and provide guidance to help make working remotely a productive and safe experience
- support a risk-based approach to managing staff working in the office who are at high risk of severe illness from COVID-19, including working with medical practitioners, where appropriate
- provide access to confidential counselling through the employee assistance program
- continue to review work practices according to advice from Safe Work Australia, Comcare, the Australian Public Service Commission and the Australian Government Department of Health.

Work health and safety incident reporting

Under section 38 of the *Work Health and Safety Act 2011* (WHS Act), we are required to notify Comcare of any deaths, serious injury or illness, or dangerous incidents arising from our work. One notifiable incident was reported to Comcare in 2021-22.

Under Schedule 2, Part 3, of the WHS Act, we are required to report on any investigations undertaken by Comcare or any notices we received under Part 10 of the WHS Act. There were no investigations conducted or notices received in 2021-22.

We are dedicated to implementing early-intervention strategies for injured employees (for both compensable and non-compensable injuries). Our workers compensation premium for 2021-22 was 1.10% of payroll costs (Table 21).

Table 21: NHMRC premium rate (% of payroll costs) compared with the Commonwealth scheme average, 2018-19 to 2021-22

	2018-19	2019-20	2020-21	2021-22
NHMRC	1.11%	1.10%	1.22%	1.10%
Commonwealth scheme average	1.06%	1.00%	0.85%	0.80%

Learning and development

During the reporting period, we have continued to implement our Learning and Development Strategy and Plan, which underpin our commitment to the ongoing professional development of our staff. Strengthening the capability of our workforce helps us achieve our mission and purposes.

The 70:20:10 model of learning proposes that individuals gain 70% of their learning through work experience, 20% from interactions with others and 10% from formal training. Based on this model, we made professional development opportunities accessible through:

- on-the-job learning
- online learning through the Australian Government's Learnhub platform
- APS forums and training, such as the APS Core Skills program
- external training and conferences
- access to study assistance
- support for membership of professional associations
- secondment opportunities, including placements in Indigenous organisations through the Jawun APS Secondment Program and in several APS agencies.

Our commitment to building capability is evident from the results of the 2021 APS Employee Census. These showed that 91% of NHMRC respondents believe their work group has the appropriate skills, capabilities and knowledge to perform well; this is 11 percentage points higher than the APS overall figure and 8 percentage points above figures from similar-sized agencies.

Workplace diversity

We continue to build and sustain a culture of inclusion and diversity, as reflected in the 2021 APS Employee Census results. The survey showed that 90% of NHMRC respondents believe that NHMRC supports and actively promotes an inclusive workplace culture; this is 11 percentage points higher than the APS overall figure and 14 percentage points above figures for similar-sized agencies. We maintain a workplace diversity program that aims to ensure that we:

- recognise, foster and make best use of the diversity of our employees
- help employees to balance their work, family and other caring responsibilities
- comply with all relevant antidiscrimination laws.

Staff are encouraged to participate in events that acknowledge significant milestones of inclusion and diversity, to share their stories and to celebrate the diversity that we bring to the workplace.

The Reconciliation Action Plan Working Group has developed a new INNOVATE Reconciliation Action Plan that sets out the agency's strategy to achieve NHMRC's vision for reconciliation. During 2021-22, we focused on:

- building and reflecting on the importance of authentic and respectful relationships
- strengthening our working partnerships and relationships with Aboriginal and Torres Strait Islander people, communities and businesses
- ensuring that the agency fosters a culturally safe working environment
- consolidating NHMRC's Indigenous Internship Program (virtually, as a result of the COVID-19 pandemic).

During 2021-22, we established an Inclusion Network within the agency, comprising staff at all levels and including an SES Inclusion Champion. The aim of this network is to:

- raise internal awareness of the importance of diversity and inclusion
- support a workplace culture and environment that is inclusive, accessible and flexible, and where inclusion is seen as everyone's responsibility
- promote events and initiatives that celebrate the diversity of staff
- review existing policies, practices and communications to identify potential barriers to inclusion and diversity
- identify and promote training opportunities for staff, including specific training and coaching for senior leaders
- ensure visibility of key activities carried out across NHMRC to foster diversity and inclusion.

We also acknowledged significant workforce diversity dates:

- the anniversary of the National Apology
- Harmony Day
- International Day Against Homophobia, Transphobia and Biphobia
- National Sorry Day
- National Reconciliation Week
- NAIDOC Week.

We renewed our memberships of key diversity organisations, including the Australian Network on Disability and Diversity Council of Australia.

Table 22 shows how diverse groups have been represented in NHMRC's workforce since 2018.

Table 22: Representation of key groups in NHMRC workforce, 2018-19 to 2021-22

Group	2018-19	2019-20	2020-21	2021-22
Women	72%	69%	69%	70%
People with disability	4%	4%	4%	4%
Aboriginal and Torres Strait Islander people	3%	2%	3%	4%
People from diverse linguistic backgrounds	20%	20%	18%	17%
People with carer responsibilities	37%	44%	25%	9%
Part-time workers	16%	17%	15%	20%

Disability reporting

The National Disability Strategy is Australia's overarching framework for disability reform. It ensures that the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, and their families and carers.

All levels of government are accountable for the implementation of the strategy through progress reporting to the Australian, state, territory and local governments. Progress reports can be found at www.dss.gov.au. Disability reporting is included in the Australian Public Service Commission's State of the Service reports and the *APS Statistical Bulletin*. These reports are available at www.apsc.gov.au.

Performance management framework

NHMRC's performance management framework, Workplace Conversations, provides a simple, streamlined approach to performance management. It is integral to delivering on our strategic priorities, and strengthening organisational and individual capability. Workplace Conversations is designed to provide employees and managers with a clear understanding of their roles and responsibilities, and how they will be held accountable for their performance.

Through the framework, each staff member agrees with their manager on their goals for the year. Formal performance discussions and assessments between managers and staff occur at least twice per year. Regular informal discussions are strongly encouraged, to provide ongoing feedback, direction and supported development. Staff and their managers discuss individual development plans to ensure that staff have the capability to meet their agreed goals.

We recognise the need to manage underperformance, whether it relates to an employee's skills and capabilities or their behaviour and conduct. Where performance concerns are identified, managers and staff are supported to ensure that expectations are clearly articulated, to address any capability gaps, and to provide regular actionable feedback with the goal of closing any performance gaps. When this is not successful, the agency may initiate its formal underperformance process.

Australia Day awards

We recognise and celebrate high-performing staff according to our reward and recognition policy. We seek to acknowledge the achievements of both teams and individuals, and to support ongoing, informal recognition among colleagues.

On Australia Day 2022, we awarded Australia Day Achievement medallions to the following staff in recognition of outstanding performance on special projects or in their core duties:

- Richard Bosci
- Carlyle Bremner
- Gerry Doherty
- Stephanie Goodrick
- Melissa Harmer
- Shannen Kelly
- Jeremy Kenner
- Cameron McAlpine
- Nikki Lee Wallace
- Thea Williams.

Certificates of Achievement were awarded to the following teams:

- DARMS Modelling Team – Joel Ceramidas, Yixin Li, Xuezhi Zeng and Yumeng Zhang
- Gain-of-Function Research Review Taskforce – Jillian Barr, Mary Bate, Carlyle Bremner, Joel Ceramidas and Thea Williams
- Research Administration Section – Simon Bristol, Sandra Freshwater, Andre Green, Leanne Langton, Marianne Lo, Daniel Masuku, Cameron McAlpine, Lindsay Pennock, Sudha Priyankan, Cate Smith, Neil Swinbourne, Emily Trevenen, Nikki Lee Wallace, Benjamin Wise and Trudi Young.

Part 6

Financial performance

This section highlights NHMRC's financial performance during 2021-22 for both Departmental and Administered activities.



Financial performance summary

Financial performance – Departmental

NHMRC's Departmental financial performance for 2021-22 is summarised in Table 23 below.

Table 23: NHMRC departmental financial performance, 2021-22

	30 June 2022 (\$'000)	30 June 2021 (\$'000)
Operating expenses	55,975	51,251
Own-source income	(16,214)	(15,652)
Gains	(108)	(208)
Net cost of services	39,653	35,391
Revenue from government	(36,877)	(36,596)
Total operating (loss) surplus	(2,776)	1,205

NHMRC's operating result for 2021-22 was a loss of \$2.776 million. This result was less than the approved Department of Finance loss of \$4.422 million for non-appropriated expenses for depreciation and amortisation, and the effects of accounting for leases per accounting standard Australian Accounting Standards Board (AASB) 16 Leases.

Financial performance – Administered

NHMRC administered \$836.0 million in expenses (accrued) on behalf of the Australian Government during 2021-22. Funding through NHMRC's Medical Research Endowment Account (MREA) amounted to \$833.3 million. The remaining \$2.7 million funded a range of activities related to dementia research, antivenom research, and the provision of research evidence for clinical practice and policy through the Cochrane Collaboration.

The decrease in Administered expenses from last year (\$22.1 million) was largely due to delays in grant rounds and variations to existing grants resulting from the impacts of COVID-19. The decrease in MREA grant expenditure during 2021-22 was largely due to delays in the Clinical Trials and Cohort Studies Grant, Targeted Calls for Research and International Collaborative scheme rounds.

The balance of the MREA was \$274.2 million at 30 June 2022.

Table 24 presents the Agency Resource Statement (cash).

Agency Resource Statement

Table 24: NHMRC Agency Resource Statement

	Actual available appropriation for 2021-22 \$'000	Payments made 2021-22 \$'000	Balance remaining 2021-22 \$'000
	(a)	(b)	(a) - (b)
Ordinary Annual Services¹			
Departmental appropriation	59,602	52,175	7,427
Total	59,602	52,175	7,427
Administered expenses			
Outcome 1	903,147	845,848	
Total	903,147	845,848	
Total ordinary annual services	A 962,749	898,023	
Other services			
Departmental non-operating			
Equity injections	177	5,969	(5,792)
Total	177	5,969	(5,792)
Total other services	B 177	5,969	(5,792)
Total Available Annual Appropriations and payments	962,926	903,992	
Special Accounts			
Opening Balance	216,939		
Appropriation receipts ²	875,751		
Non-appropriation receipts to Special Accounts	11,756		
Payments made		830,208	
Total Special Account	C 1,104,446	830,208	274,238
Total resourcing and payments A+B+C	2,067,372	1,734,200	
Less appropriations drawn from annual or special appropriations above and credited to special accounts	(875,751)	(830,208)	
and/or payments to corporate entities through annual appropriations			
Total net resourcing and payments for NHMRC	1,191,621	903,992	

¹ Appropriation Act (No.1) 2021-22. This may also include prior year departmental appropriation and section 74 retained receipts.

² Appropriation receipts for 2021-22 included above.

National Health and Medical Research Council

Financial Statements

for the period ended 30 June 2022

Contents

Certification

Independent Audit Report	108
Statement by the Accountable Authority and Chief Finance Officer.....	109

Primary financial statements

Statement of Comprehensive Income	111
Statement of Financial Position	112
Statement of Changes in Equity	113
Cash Flow Statement.....	114
Administered Schedule of Comprehensive Income.....	115
Administered Schedule of Assets and Liabilities	116
Administered Reconciliation Schedule	117
Administered Cash Flow Statement	118

Overview

Notes to the financial statements

1. Departmental Financial Performance	121
1.1 Expenses	121
1.2 Own-Source Revenue.....	122
2. Income and Expenses Administered on Behalf of Government	124
2.1 Administered – Expenses	124
2.2 Administered – Revenue.....	124
3. Departmental Financial Position	125
3.1 Financial Assets.....	125
3.2 Non-Financial Assets	126
3.3 Payables	128
3.4 Leases	129
4. Assets and Liabilities Administered on Behalf of Government	129
4.1 Administered – Payables	129
5. Funding	130
5.1 Appropriations.....	130
5.2 Special Accounts	131
6. People and Relationships	132
6.1 Employee Provisions	132
6.2 Key Management Personnel Remuneration	133
6.3 Related Party Disclosures.....	133
7. Managing Uncertainties	134
7.1 Contingent Assets and Liabilities	134
7.2 Financial Instruments	135
7.3 Administered – Financial Instruments	137
7.4 Fair Value Measurement.....	137
8. Other Information	138
8.1 Current/Non-Current Distinction For Assets and Liabilities	138



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the National Health and Medical Research Council (the Entity) for the year ended 30 June 2022:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2022 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2022 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

GPO Box 707, Canberra ACT 2601
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Phone (02) 6203 7300

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

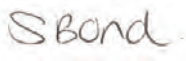
My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Sally Bond

Executive Director

Delegate of the Auditor-General


Canberra

31 August 2022

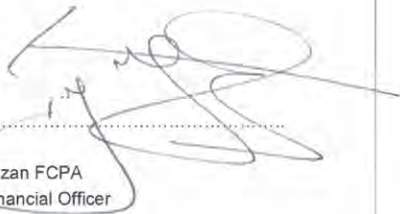
**National Health and Medical Research Council
STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2022 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Health and Medical Research Council will be able to pay its debts as and when they fall due.

Signed 

Professor Anne Kelso AO FAA FAHMS
Chief Executive Officer
Accountable Authority

Signed 

Tony Krizan FCPA
Chief Financial Officer

31 August 2022

31 August 2022

National Health and Medical Research Council
Statement of Comprehensive Income
for the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Employee benefits ¹	1.1A	25,001	25,266	26,133
Suppliers ²	1.1B	22,390	18,857	23,749
Depreciation and amortisation ³	3.2A	8,119	6,898	6,774
Finance costs		203	230	202
Write-down and impairment of other assets ⁴		262	-	-
Total expenses		55,975	51,251	56,858
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	16,214	15,651	15,451
Other revenue		-	1	-
Total own-source revenue		16,214	15,652	15,451
Gains				
Resources received free of charge - ANAO audit fee		108	108	108
Reversal of impairment losses		-	88	-
Other gains		-	12	-
Total gains		108	208	108
Total own-source income		16,322	15,860	15,559
Net cost of services		(39,653)	(35,391)	(41,299)
Revenue from Government		36,877	36,596	36,877
Total Revenue from Government		36,877	36,596	36,877
(Deficit)/Surplus attributable to the Australian Government		(2,776)	1,205	(4,422)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		-	1,367	-
Total comprehensive (loss)/income		(2,776)	2,572	(4,422)

The above statement should be read in conjunction with the accompanying notes.

Budget Variance Commentary

1. Lower employee expenses than anticipated primarily due to lagging project related activity resulting from the COVID-19 pandemic.
2. Decreased supplier expenses primarily due to lagging project related activity resulting from the COVID-19 pandemic including lower than anticipated labour hire, committee and contractor expenses.
3. Amortisation expenses were higher than budgeted due to additional capital expenditure relating to Sapphire, a new grants management solution.
4. The write down of assets relates to an in-house software system (Enhanced Reporting System) being de-commissioned during the year. This was not budgeted.

National Health and Medical Research Council

Statement of Financial Position

as at 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents		664	741	612
Trade and other receivables ¹	3.1A	3,866	7,215	5,178
Total financial assets		4,530	7,956	5,790
Non-Financial Assets ^A				
Buildings	3.2A	16,084	18,183	16,078
Plant and equipment ²	3.2A	3,094	4,241	1,696
Intangibles - internally developed ³	3.2A	25,284	24,510	16,724
Inventories		94	89	97
Prepayments ⁴		2,209	3,077	3,173
Total non-financial assets		46,765	50,100	37,768
Total assets		51,295	58,056	43,558
LIABILITIES				
Payables				
Trade creditors and accruals		2,161	2,638	1,606
Other ⁵	3.3A	2,885	4,290	4,710
Total payables		5,046	6,928	6,316
Interest bearing liabilities				
Leases	3.4A	17,326	19,415	17,247
Total interest bearing liabilities		17,326	19,415	17,247
Provisions				
Employee provisions	6.1A	7,699	7,890	7,310
Total provisions		7,699	7,890	7,310
Total liabilities		30,071	34,233	30,873
Net assets		21,224	23,823	12,685
EQUITY				
Contributed equity		17,022	16,845	17,022
Asset revaluation reserve		1,367	1,367	-
Retained earnings		2,835	5,611	(4,337)
Total equity		21,224	23,823	12,685

The above statement should be read in conjunction with the accompanying notes.

(A) Right-of-use assets are included in the following line items – Buildings and Plant and Equipment.

Budget Variance Commentary

- Higher levels of expenditure related to intangible assets has resulted in a decrease in appropriations receivable.
- Plant and equipment was revalued effective 28 February 2021. This revaluation increase (\$1.4m) was not budgeted in 2021-22 as the quantum of the revaluation was not finalised before the budget deadline.
- Increased level of expenditure on intangible assets mainly attributable to Sapphire, a new grants management solution.
- Lower prepayment balance is the result of a long-term IT licence prepayment being amortised during the year. Prepayments budget based on historical data.
- Unearned income balances lower than budget which was based on historical data.

National Health and Medical Research Council
Statement of Changes in Equity
for the year ended 30 June 2022

	2022 \$'000	2021 \$'000	Original Budget \$'000
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	16,845	16,667	16,845
Adjusted opening balance	16,845	16,667	16,845
Transactions with owners			
Contributions by owners			
Departmental capital budget	177	178	177
Total transactions with owners	177	178	177
Closing balance as at 30 June	17,022	16,845	17,022
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	5,611	4,406	85
Adjusted opening balance	5,611	4,406	85
Comprehensive income			
(Deficit)/surplus for the period	(2,776)	1,205	(4,422)
Total comprehensive income	(2,776)	1,205	(4,422)
Closing balance as at 30 June	2,835	5,611	(4,337)
ASSET REVALUATION RESERVE			
Opening balance			
Balance carried forward from previous period	1,367	-	-
Adjusted opening balance	1,367	-	-
Comprehensive income			
Asset revaluation movements	-	1,367	-
Total comprehensive income	-	1,367	-
Closing balance as at 30 June	1,367	1,367	-
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	23,823	21,073	16,930
Adjusted opening balance	23,823	21,073	16,930
Comprehensive income			
(Deficit)/surplus for the period	(2,776)	1,205	(4,422)
Asset revaluation movements	-	1,367	-
Total comprehensive income	(2,776)	2,572	(4,422)
Transactions with owners			
Contributions by owners			
Departmental capital budget	177	178	177
Total transactions with owners	177	178	177
Closing balance as at 30 June	21,224	23,823	12,685

The above statement should be read in conjunction with the accompanying notes.

National Health and Medical Research Council

Cash Flow Statement

for the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
OPERATING ACTIVITIES				
Cash received				
Rendering of services		14,938	14,787	15,451
Appropriations ¹		55,560	54,547	36,877
GST received ²		2,819	2,502	-
Total cash received		73,317	71,836	52,328
Cash used				
Employees ³		(25,247)	(24,331)	(26,133)
Suppliers ²		(24,696)	(20,249)	(23,641)
Interest payments on lease liabilities		(203)	(230)	(202)
Section 74 receipts transferred to OPA ¹		(15,427)	(15,622)	-
Total cash used		(65,573)	(60,432)	(49,976)
Net cash from operating activities		7,744	11,404	2,352
INVESTING ACTIVITIES				
Cash used				
Purchase of plant and equipment ⁴	3.2A	(587)	(108)	(177)
Purchase of intangibles ⁴	3.2A	(5,382)	(8,894)	-
Total cash used		(5,969)	(9,002)	(177)
Net cash used by investing activities		(5,969)	(9,002)	(177)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		177	178	177
Total cash received		177	178	177
Cash used				
Principal payments of lease liabilities		(2,029)	(2,451)	(2,352)
Total cash used		(2,029)	(2,451)	(2,352)
Net cash from financing activities		(1,852)	(2,273)	(2,175)
Net (decrease)/increase in cash held		(77)	129	-
Cash and cash equivalents at the beginning of the reporting period		741	612	612
Cash and cash equivalents at the end of the reporting period		664	741	612

The above statement should be read in conjunction with the accompanying notes.

Budget Variance Commentary

1. Section 74 receipts relating mainly to MRFF funding. The variances for Appropriations and for Section 74 receipts transferred to OPA are inter-related and results from a structural reporting difference where the return of these MRFF receipts to the Official Public Account (OPA) and the subsequent re-drawdown of these funds as appropriations are presented on a gross cash flow basis in the financial statements. In the 2021-22 Portfolio Budget Statements, these cash flows are presented on a net cash flow basis.

2. GST cash flows are presented on a gross cash flow basis in the financial statements. In the 2021-22 Portfolio Budget Statements, these cash flows are presented on a net cash flow basis. This is the key driver of GST received and Suppliers being higher than budget.

3. Lower employee cash flows than anticipated primarily due to lagging project related activity resulting from the COVID-19 pandemic.

4. Prior year appropriation reserves used for capital purchases.

National Health and Medical Research Council
Administered Schedule of Comprehensive Income
for the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Grants - Medical Research (MREA) ¹	2.1A	818,890	830,840	869,507
Grants - Boosting Dementia Research ²	2.1B	14,422	22,036	-
Other expenses incurred in the provision of grants ³	2.1C	2,726	5,276	15,194
Total expenses		836,038	858,152	884,701
Income				
Revenue				
Non-taxation revenue				
Revenue from contract with customers ⁴		6,244	2,535	-
Other revenue	2.2A	3,868	2,929	5,000
Total non-taxation revenue		10,112	5,464	5,000
Total revenue		10,112	5,464	5,000
Total income		10,112	5,464	5,000
Net cost of services		(825,926)	(852,688)	(879,701)

The above schedule should be read in conjunction with the accompanying notes.

The comparative disclosure for 2021 shows a reclassification of \$2,535,000 from "Other revenue" to "Revenue from contract with customers" to more accurately reflect the nature of these revenues from the Department of Health for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grant Program.

Budget Variance Commentary

1. The variance is due to delays in grant rounds and variations to existing grants, resulting from the impacts of COVID-19. The decrease in MREA grant expenditure during 2021-22 was largely due to delays in the Clinical Trials and Cohort Studies grants, Targeted Calls for Research and International Collaborative rounds.

2. The variance relates to spending on grants awarded from the Boosting Dementia Research budget measure, for which an appropriation of \$200 million was received between 2014-15 and 2018-19. These funds were committed and transferred into the Medical Research Endowment Account (MREA) special account. The actual expenditure reflects the remaining commitments for grants to be paid over a five year period.

3. The variance is largely due to funds received for Dementia related activities (non-Boosting Dementia Research) that were unpaid during 2021-22. The funds were transferred to the MREA special account for grants to be paid over a five year period.

4. The Administered revenue budget in the 2021-22 Portfolio Budget Statements was calculated and allocated based on historical trends to "Other Revenue" only. As a result total revenues for 2021-22 were underestimated and resulted in this variance in "Revenue from contract with customers".

National Health and Medical Research Council
Administered Schedule of Assets and Liabilities
as at 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents ¹		274,238	216,939	164,112
Trade and other receivables		1,209	3,113	1,145
Total financial assets		275,447	220,052	165,257
Total assets administered on behalf of Government		275,447	220,052	165,257
LIABILITIES				
Payables				
Grants Payable - Medical Research (MREA) ²	4.1A	7,596	3,525	2,039
Grants Payable - Boosting Dementia Research ²		-	968	-
GST payable ³		205	213	3,426
Other payables ⁴		11,606	11,840	5,609
Total payables		19,407	16,546	11,074
Total liabilities administered on behalf of government		19,407	16,546	11,074
Net assets		256,040	203,506	154,183

The above schedule should be read in conjunction with the accompanying notes.

Budget Variance Commentary

1. The increase in the cash balance was primarily due to delays in grant rounds and variations to existing grants, resulting from the impacts of COVID-19. The decrease in MREA grant expenditure during 2021-22 was largely due to delays in the Clinical Trials and Cohort Studies grants, Targeted Calls for Research and International Collaborative rounds.
2. Grants payable actuals are higher than anticipated with budget assumptions being based on historical data.
3. The decrease is largely due to the transfer of GST drawdowns relating to grant payments back to Department of Finance.
4. Higher than budgeted level of unearned revenue associated with funds received from Department of Health for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grant Program.

National Health and Medical Research Council
Administered Reconciliation Schedule
for the year ended 30 June 2022

	2022	2021
	\$'000	\$'000
Opening assets less liabilities as at 1 July	203,506	187,816
Net contribution by services		
Income	10,112	5,464
Expenses		
Payments to Corporate Commonwealth entities	(17,506)	(17,070)
Payments to entities other than Corporate Commonwealth entities	(818,532)	(841,082)
Transfers from the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to entities other than Corporate Commonwealth entities	878,460	868,378
Closing assets less liabilities as at 30 June	256,040	203,506

The above schedule should be read in conjunction with the accompanying notes.

Administered Cash Transfers to and from the Official Public Account

Revenue collected by NHMRC for use by the Government rather than the agency is administered revenue. Collections are transferred to the OPA maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by NHMRC on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items.

National Health and Medical Research Council
Administered Cash Flow Statement
for the year ended 30 June 2022

	2022 \$'000	2021 \$'000
OPERATING ACTIVITIES		
Cash received		
Rendering of services	8,766	6,500
Other revenue	3,096	3,581
GST received	<u>12,825</u>	<u>13,694</u>
Total cash received	<u>24,687</u>	<u>23,775</u>
Cash used		
Grants - Medical Research (MREA)	814,819	829,340
Grants - Boosting Dementia Research	15,390	21,068
Other expenses incurred in the provision of grants	2,709	5,426
GST paid	<u>12,930</u>	<u>17,125</u>
Total cash used	<u>845,848</u>	<u>872,959</u>
Net cash used by operating activities	<u>(821,161)</u>	<u>(849,184)</u>
Cash and cash equivalents at the beginning of the reporting period	216,939	197,745
Cash from Official Public Account		
Appropriations	<u>878,460</u>	<u>868,378</u>
Total cash from official public account	<u>878,460</u>	<u>868,378</u>
Cash and cash equivalents at the end of the reporting period	<u>274,238</u>	<u>216,939</u>

The above statement should be read in conjunction with the accompanying notes.

The comparative disclosure for 2021 shows a reclassification of \$6,500,000 from "Other revenue" to "Rendering of services" to more accurately reflect the nature of these cashflows from the Department of Health for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grant Program.

Overview

Objectives of the National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is an Australian Government controlled entity. It is a not-for-profit entity. NHMRC is Australia's peak body for supporting health and medical research. The aims of NHMRC are to:

- raise the standard of individual and public health care throughout Australia
- foster development of consistent health standards between the states and territories
- foster medical research and training and public health research and training throughout Australia
- foster consideration of ethical issues relating to health.

NHMRC's Medical Research Endowment Account (MREA) is a special account established under the *National Health and Medical Research Council Act 1992*. It is an instrument through which Australian Government funding for health and medical research is managed.

The continued existence of NHMRC in its present form, and with its present programs, is dependent on Government policy and on continuing funding by Parliament for NHMRC's administration and programs.

NHMRC conducts the following administered activities on behalf of the Government:

Investment in health and medical research that:

- addresses national health priorities;
- supports investigator-initiated and priority-driven research; and
- is undertaken within a framework promoting research quality, integrity and ethics.

NHMRC drives the translation of research outcomes into clinical practice, policies and health systems, and supports the commercialisation of research discoveries to improve health care and the health status of all Australians.

The Basis of Preparation

The financial statements required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) Public Governance, Performance and Accountability (Financial Reporting) Rule 2015; and
- b) Australian Accounting Standards and Interpretations - including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

Where changes are made to the presentation or classification of items in the financial statements, the comparative amounts have been reclassified for consistency and comparability between financial years.

New Accounting Standards

All new standards, amendments to standards and interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect on NHMRC's financial statements.

AASB 1060 applies to annual reporting periods beginning on or after 1 July 2021 and replaces the reduced disclosure requirements (RDR) framework.

The application of AASB 1060 involves some reduction in disclosure compared to the RDR with no impact on the reported financial position, financial performance and cash flows of NHMRC.

Taxation

NHMRC is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the schedule of administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Events After the Reporting Period

Departmental

No relevant events have occurred after the reporting period date that have the potential to significantly affect the ongoing structure and financial activities of NHMRC.

Administered

No relevant events have occurred after the reporting period date that have the potential to significantly affect the ongoing structure and financial activities of NHMRC.

COVID-19

NHMRC continues to monitor developments in the COVID-19 pandemic and act in accordance with government guidelines. At 30 June 2022 the impact of COVID-19 on NHMRC's Departmental financial performance has been lower levels of project related operating expenditure than budgeted. The impact on Administered financial performance has been lower levels of grant expenditure during 2021-22, specifically delays in the 2021 Clinical Trials and Cohort Studies Grants round, Targeted Calls for Research rounds, International Collaborative rounds and Investigator grants. Key areas that have been considered include recoverability of receivables, property lease terms and conditions and other contractual arrangements.

No material uncertainty exists about NHMRC's ability to continue as a going concern.

1. Departmental Financial Performance

1.1 Expenses

	2022	2021
	\$'000	\$'000
Note 1.1A: Employee Benefits		
Wages and salaries	18,315	18,363
Superannuation		
Defined contribution plans	2,393	2,314
Defined benefit plans	1,220	1,184
Leave and other entitlements	3,073	3,336
Separation and redundancies	-	69
Total employee benefits	25,001	25,266

Accounting Policy

Accounting policies for employee related expenses is contained in the People and Relationships section.

Note 1.1B: Suppliers

Goods and services supplied or rendered

Agency placement costs	15	-
Comcover	78	65
Committees	1,303	1,619
Conference fees	10	9
Consultants	170	194
Contractors	9,480	6,698
IT services	9,825	8,439
Office equipment	31	32
Services	826	1,158
Travel	28	29
Other	340	249
Total goods and services supplied or rendered	22,106	18,492

Goods supplied	129	147
Services rendered	21,977	18,345
Total goods and services supplied or rendered	22,106	18,492

Other suppliers

Operating lease rentals	5	2
Workers compensation expenses	279	363
Total other suppliers	284	365
Total suppliers	22,390	18,857

The above lease disclosures should be read in conjunction with the accompanying notes 3.2A and 3.4A.

Accounting Policy

Short-term leases and leases of low-value assets

NHMRC has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). NHMRC recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

1.2 Own-Source Revenue

2022	2021
\$'000	\$'000

Note 1.2A: Revenue from contracts with customers

Revenue from contracts with customers	<u>16,214</u>	15,651
Total revenue from contracts with customers	<u>16,214</u>	<u>15,651</u>

Disaggregation of revenue from contracts with customers

Major product / service line:

Type of customer:

Australian Government entities (related parties)	16,214	15,630
Non-government entities	<u>-</u>	<u>21</u>
	<u>16,214</u>	<u>15,651</u>

Note 1.2B: Unsatisfied obligations

NHMRC expects to recognise as income any liability for unsatisfied obligations within the following periods:

Within 1 year	1,126	1,623
Between 1 to 2 years	880	977
More than 2 years	<u>11</u>	<u>713</u>
	<u>2,017</u>	<u>3,313</u>

Accounting Policy

Own-Source Revenue

Revenue from contracts with customers

To determine whether to recognise revenue, NHMRC follows a five-step process outlined in AASB 15:

1. Identifying the contract with a customer which is enforceable through legal or equivalent means
2. Identifying the performance obligations and whether these are sufficiently specific to determine when these have been satisfied
3. Determining the transaction price
4. Allocating the transaction price to the performance obligations
5. Recognising revenue when/as performance obligations are satisfied.

Where a transaction gives rise to performance obligations which are not sufficiently specific or enforceable then AASB 1058 is applied and revenue is recognised immediately.

NHMRC generates its revenue by administering programs for the Medical Research Future Fund (MRFF) on behalf of the Department of Health and the provision of grant administration services and corporate services to third parties. NHMRC satisfies performance obligations under these contracts over time and recognises revenue as the performance obligations are satisfied.

Amounts unbilled at the end of the reporting period are presented in the statement of financial position as accounts receivable as only the passage of time is required before payment of these amounts is due.

Consideration received in respect of unsatisfied performance obligations at the end of the reporting period is reported in the statement of financial position as contract liabilities.

The transaction price is the total amount of consideration to which NHMRC expects to be entitled in exchange for transferring promised goods or services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Gains

Resources Received Free of Charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the service would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

Resources received free of charge consists of the Australian National Audit Office's (ANAO) audit fee and the ANAO does not provide services other than financial statement audit.

Revenue from Government

Amounts appropriated for departmental output appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when NHMRC gains control of the appropriations, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

2. Income and Expenses Administered on Behalf of Government

2.1 Administered – Expenses

	2022	2021
	\$'000	\$'000
Note 2.1A: Grants - Medical Research (MREA)		
Public sector		
Australian Government Entities	17,475	16,880
State and Territory Governments	651,277	675,339
Private sector		
Medical Research Institutes	147,515	134,629
Private Universities	2,623	3,992
Total grants - Medical Research (MREA)	818,890	830,840
Note 2.1B: Grants - Boosting Dementia Research		
Public sector		
Australian Government Entities	31	190
State and Territory Governments	14,150	20,914
Private sector		
Medical Research Institutes	241	932
Total grants - Boosting Dementia Research	14,422	22,036
Note 2.1C: Other Expenses Incurred in the Provision of Grants		
Goods and services supplied or rendered		
Funding agreements	1,998	4,649
Subscriptions	652	627
Consultants	70	-
Other	6	-
Total goods and services supplied or rendered	2,726	5,276

Accounting Policy

NHMRC administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. Payables to grantees are disclosed in Note 4.1A: Grants Payable - Medical Research (MREA).

2.2 Administered – Revenue

	2022	2021
	\$'000	\$'000
Note 2.2A: Other Revenue		
Third party contributions	1,134	1,712
Grant recoveries	2,734	1,217
Total other revenue	3,868	2,929

The comparative disclosure for 2021 shows a reclassification of \$2,535,000 from "Other revenue" to "Revenue from contract with customers" to more accurately reflect the nature of these revenues from the Department of Health for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grant Program.

Accounting Policy

All administered revenues are revenues relating to ordinary activities performed by NHMRC on behalf of the Australian Government. As such, administered appropriations are not revenues of NHMRC that oversees distribution or expenditure of funds as directed.

Grant recoveries

The recovery of unspent grant money is a type of contribution because NHMRC receives cash (an asset), including the right to receive it, without directly giving approximately equal value to the party, i.e. a non-reciprocal transfer. These recoveries satisfy the definition of income per Australian Accounting Standards and Interpretations, and the recognition criteria for income when NHMRC raises a debtor invoice for these recoveries.

3. Departmental Financial Position

3.1 Financial Assets

	2022	2021
	\$'000	\$'000
Note 3.1A: Trade and Other Receivables		
Receivables from contracts from customers	228	391
Goods and services - related entities	170	-
Appropriations receivable - existing programs	3,301	6,557
GST receivable from the Australian Taxation Office	167	267
Total trade and other receivables	3,866	7,215

No indicators of impairment were found for trade and other receivables in 2022 (2021:Nil).

The comparative disclosure for 2021 shows a reclassification of \$8,000 from "Other" to "Receivables from contracts from customers" to more accurately reflect the nature of these receivables.

Accounting Policy

Financial assets

Trade receivables, loans and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Receivables for goods and services, which have 30-day terms, are recognised at the nominal amounts due less any impairment allowance amount.

3.2 Non-Financial Assets

Note 3.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

	Buildings \$'000	Plant and Equipment \$'000	Computer software internally developed \$'000	Computer software purchased \$'000	Total \$'000
As at 1 July 2021					
Gross book value	23,437	4,972	39,309	771	68,489
Accumulated depreciation, amortisation and impairment	(5,254)	(731)	(14,799)	(771)	(21,555)
Total as at 1 July 2021	18,183	4,241	24,510	-	46,934
Additions					
Right-of-use assets	529	-	-	-	529
Purchase of plant and equipment	-	58	-	-	58
Purchased or internally developed - Intangibles	-	-	5,382	-	5,382
Purchased or internally developed	-	58	5,382	-	5,440
Depreciation and amortisation	-	(954)	(4,346)	-	(5,300)
Depreciation on right-of-use assets	(2,628)	(191)	-	-	(2,819)
Other movements of right-of-use assets	-	(60)	-	-	(60)
Impairment	-	-	(262)	-	(262)
Total as at 30 June 2022	16,084	3,094	25,284	-	44,462
Total as at 30 June 2022 represented by					
Gross book value	23,431	4,970	42,288	771	71,460
Accumulated depreciation, impairment, and amortisation	(7,347)	(1,876)	(17,004)	(771)	(26,998)
Total as at 30 June 2022	16,084	3,094	25,284	-	44,462
Carrying amount of right-of-use assets	16,084	146	-	-	16,230

An assessment of impairment on WIP assets was conducted as at 30 June 2022. No WIP assets were impaired in 2022 (2021: Nil).

Revaluations of non-financial assets and intangible assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 7.4. On 28 February 2021, an independent valuer conducted the revaluations of plant and equipment.

In instances where there were sufficient observable transactions of similar assets to the subject asset, the market approach is utilised to determine fair value. Market evidence is sourced from national physical and online auction markets and dealer enquiries.

In instances where insufficient or no observable transactions of similar assets to the subject asset have been identified the cost approach has been utilised to determine fair value. Current replacement costs have been sourced from suppliers. Physical depreciation and obsolescence is determined using an age/life analysis which considers the asset's consumed service potential to total service potential as at the valuation date.

	2022 \$'000	2021 \$'000
Contractual commitments for the acquisition of plant and equipment and intangible assets are payable as follows:		
Within 1 year	740	1,336
Total plant and equipment and intangible assets commitments	740	1,336

NHMRC has commitments in place for the implementation of a new grants management solution, Sapphire.

Accounting Policy

Assets are initially recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

On initial adoption of AASB 16 NHMRC has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Asset recognition threshold

Purchases of plant and equipment are recognised initially at fair value of the assets transferred in exchange and the liabilities undertaken in the statement of financial position, except for information technology equipment purchases less than \$500, leasehold improvements less than \$50,000, and all other purchases less than \$2,000. Purchases below these thresholds are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions previously taken up by NHMRC where there exists an obligation to restore premises to condition prior to fit-out. These costs are included in the value of the make good asset with a corresponding provision for the 'make good' recognised. A make good provision in relation to the Canberra lease was reversed during 2017-18 on signing new lease agreement, which removed the requirement for NHMRC to make good.

Revaluations

Fair values of each sub-class of assets are determined as shown below.

<i>Assets Sub-Class</i>	<i>Fair value measured at</i>
Office Equipment	Depreciated replacement cost
Furniture and fitting	Depreciated replacement cost
Computer equipment	Market selling price
Leasehold improvement	Depreciated replacement cost

Following an initial recognition at cost plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depended upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve, except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to NHMRC using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Part 6 Financial performance

Depreciation rates applying to each sub-class of depreciable asset are based on the following useful lives:

Assets Sub-Class	2021	2020
Office Equipment	3 to 5 years	3 to 5 years
Furniture and Fitting	10 years	10 years
Computer Equipment	3 to 5 years	3 to 5 years
Leasehold Improvement	Lease term	Lease term

Impairment

All non-financial assets including work in progress (WIP) were assessed for impairment at 30 June 2022. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the entity were deprived of the asset, its value in use is taken to be its depreciated value.

De-recognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

Intangible assets comprise internally developed software for internal use and purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of NHMRC's software are two to seven years (2021: two to seven years).

All software assets were assessed for indicators of impairment as at 30 June 2022.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, NHMRC has made the following judgements that have the most significant impact on the amounts recorded in the financial statements. When estimating the fair value of property plant and equipment and work-in-progress (WIP) intangibles, judgements were made about the expected useful life of the assets.

3.3 Payables

	2022	2021
	\$'000	\$'000
Note 3.3A: Other Payables		
Salaries and wages	615	531
Superannuation	82	67
Contract liabilities from contracts with customers	2,017	3,313
Other	171	379
Total other payables	2,885	4,290

Accounting Policy

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or 'other financial liabilities'. Financial liabilities are recognised and derecognised upon 'trade date'.

3.4 Leases

	2022	2021
	\$'000	\$'000
Note 3.4A: Leases		
Lease Liabilities		
Buildings	17,175	19,013
Plant and equipment	151	402
Total leases	17,326	19,415

Total cash outflow for leases for the year ended 30 June 2022 was \$2.8 million (2021: \$2.7 million).

Maturity analysis - contractual undiscounted cash flows

Within 1 year	2,704	2,712
Between 1 to 5 years	11,113	10,564
More than 5 years	4,150	6,969
Total leases	17,967	20,245

NHMRC in its capacity as lessee holds a lease on its Canberra accommodation. This lease has an annual rent review of 3.5% and expires on 30 November 2028, with an option to extend for a further 5 years. There is no requirement to make good.

Accounting Policy

For all new contracts entered into, NHMRC considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

4. Assets and Liabilities Administered on Behalf of Government**4.1 Administered – Payables**

	2022	2021
	\$'000	\$'000
Note 4.1A: Grants Payable - Medical Research (MREA)		
Public sector		
Australian Government Entities	-	68
State and Territory Governments	7,103	3,289
Private Sector		
Private Universities	26	-
Medical Research Institutes	467	168
Total grants payable - Medical Research (MREA)	7,596	3,525

Settlement is made according to the terms and conditions of each grant. This was usually within 30 days of grant recipients meeting their performance or eligibility criteria.

5. Funding

5.1 Appropriations

Note 5.1A: Annual Appropriations ('Recoverable GST exclusive')

Annual appropriations for 2022

	Annual Appropriation ¹ \$'000	Adjustments to appropriation ² \$'000	Total appropriation \$'000	Appropriation applied in 2022 (current and prior years) \$'000	Variance ³ \$'000
Departmental					
Ordinary annual services	36,877	15,427	52,304	(52,175)	129
Capital Budget ⁴	177	-	177	(5,969)	(5,792)
Total departmental	37,054	15,427	52,481	(58,144)	(5,663)
Administered					
Ordinary annual services	878,460	-	878,460	(878,460)	-
Administered items	878,460	-	878,460	(878,460)	-
Total administered					

1. In 2021-22, no amounts of appropriation were withheld or quarantined.

2. PGPA Act section 74 receipts.

3. In 2021-22, variances largely relate to investment in Sapphire, a grants management solution.

4. Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

Annual appropriations for 2021

	Annual Appropriation ¹ \$'000	Adjustments to appropriation ² \$'000	Total appropriation \$'000	Appropriation applied in 2021 (current and prior years) \$'000	Variance ³ \$'000
Departmental					
Ordinary annual services	36,596	15,622	52,218	(44,810)	7,408
Capital Budget ⁴	178	-	178	(9,002)	(8,824)
Total departmental	36,774	15,622	52,396	(53,812)	(1,416)
Administered					
Ordinary annual services	868,378	-	868,378	(868,378)	-
Administered items	868,378	-	868,378	(868,378)	-
Total administered					

1. In 2020-21, no amounts of appropriation were withheld or quarantined.

2. PGPA Act section 74 receipts.

3. In 2020-21, variances largely relate to investment in Sapphire, a grants management solution.

4. Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

Accounting Policy

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

5.1 Appropriations (continued)**Note 5.1B: Unspent Annual Appropriations ('Recoverable GST exclusive')**

	2022	2021
	\$'000	\$'000
Departmental		
Appropriation Act (No. 1) 2021-22 ¹	3,965	-
Appropriation Act (No. 1) 2020-21 ¹	-	7,298
Total departmental	<u>3,965</u>	<u>7,298</u>

1. Includes cash at bank and appropriation receivable.

5.2 Special Accounts**Note 5.2A: Special Accounts ('Recoverable GST exclusive')**

	Medical Research Endowment Account ¹	
	2022	2021
	\$'000	\$'000
Balance brought forward from previous period	216,939	197,745
Increases:		
Appropriation credited to special account	875,751	859,753
Costs recovered	1,970	1,479
Other receipts	9,786	8,382
Total increases	887,507	869,614
Available for payments	1,104,446	1,067,359
Decreases		
Administered		
Payments made for medical research	815,786	828,384
Payments made for boosting dementia research	14,422	22,036
Total administered	830,208	850,420
Total decreases	830,208	850,420
Total balance carried to the next period	274,238	216,939
Balance represented by:		
Cash held in the Official Public Account	274,238	216,939
Total balance carried to the next period	274,238	216,939

1. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80

Establishing Instrument: *National Health and Medical Research Council Act 1992*; section 49

Purpose: to provide assistance (subject to the *National Health and Medical Research Council Act 1992*):

- to Departments of the Commonwealth, or of a State or Territory, engaged in medical research
- to universities for the purpose of medical research
- to institutions and persons engaged in medical research
- in the training of persons in medical research.

6. People and Relationships

6.1 Employee Provisions

	2022	2021
	\$'000	\$'000
Note 6.1A: Employee Provisions		
Leave	<u>7,699</u>	7,890
Total employee provisions	<u>7,699</u>	<u>7,890</u>

Accounting Policy

Employee benefits

Liabilities for 'short-term employee benefits' and termination benefits expected within 12 months of the end of the reporting period are measured at their nominal amounts.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of NHMRC is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including NHMRC's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flow to be made in respect of all employees at 30 June 2022. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation

NHMRC's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

NHMRC makes employer contributions to the employee's defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. NHMRC accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, NHMRC has made the following judgements that have the most significant impact on the amounts recorded in the financial statements. The estimated leave provisions involve assumptions based on the expected tenure of existing staff, patterns of leave claims and payouts, future salary movements and discount rates.

6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of NHMRC, directly or indirectly, including any director (whether executive or otherwise) of NHMRC. NHMRC has determined the key management personnel to be the Portfolio Minister, Chief Executive Officer, General Manager, and Executive Directors.

Key management personnel remuneration is reported in the table below:

	2022	2021
	\$'000	\$'000
Short-term employee benefits	1,710	1,673
Post-employment benefits	251	246
Other long-term employee benefits	54	39
Total key management personnel remuneration expenses¹	2,015	1,958

The total number of key management personnel that is included in the above table is six (2021: six).

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by NHMRC.

6.3 Related Party Disclosures

Related party relationships

NHMRC is an Australian Government controlled entity. Related parties to NHMRC are Key Management Personnel, including the Portfolio Minister, Chief Executive Officer, General Manager, Executive Directors, and other Australian Government entities.

Transactions with related parties

Given the breadth of government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes. These transactions have not been separately disclosed in this note.

No transactions with related parties occurred during the financial year (2021: Nil).

Significant transactions with related parties can include:

- the payments of grants or loans
- purchases of goods and services
- asset purchases, sales transfers or leases
- debts forgiven
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by NHMRC, it has been determined that there are no other related party transactions to be separately disclosed.

7. Managing Uncertainties

7.1 Contingent Assets and Liabilities

Quantifiable Contingencies

As at 30 June 2022 NHMRC has no contingent assets (2021: Nil).

As at 30 June 2022 NHMRC has the following contingent liabilities:

NHMRC has access to a panel of investigators to provide investigation services if serious breaches of the *Research Involving Human Embryos Act 2002* or the *Prohibition of Human Cloning for Reproduction Act 2002* are identified.

The financial consequence of this contingency being triggered is estimated to be a cost of approximately \$150,000.

This quantifiable contingent liability was also in existence as at 30 June 2021.

Unquantifiable Contingencies

As at 30 June 2022, NHMRC had no unquantifiable contingencies (2021: Nil).

Administered – Contingent Assets and Liabilities

Quantifiable Administered Contingencies

As at 30 June 2022, NHMRC did not have any quantifiable administered contingent assets (2021: Nil).

As at 30 June 2022, NHMRC did not have any quantifiable administered contingent liabilities (2021: Nil).

Unquantifiable Administered Contingencies

As at 30 June 2022, NHMRC had no unquantifiable administered contingencies (2021: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

7.2 Financial Instruments

	2022 \$'000	2021 \$'000
Note 7.2A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	664	741
Trade receivables	<u>228</u>	<u>391</u>
Total financial assets at amortised cost	<u>892</u>	<u>1,132</u>
Total financial assets	<u>892</u>	<u>1,132</u>
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	<u>2,161</u>	<u>2,638</u>
Total financial liabilities measured at amortised cost	<u>2,161</u>	<u>2,638</u>
Total financial liabilities	<u>2,161</u>	<u>2,638</u>

The comparative disclosure for 2021 shows a reclassification of \$8,000 from "Other Receivables" to "Trade Receivables" to more accurately reflect the nature of these receivables.

NHMRC did not receive any income or incur any expense related to financial assets or financial liabilities disclosed above for the period ended 30 June 2022 (2021: Nil).

Accounting Policy**Financial assets**

In accordance with AASB 9 Financial Instruments, NHMRC classifies its financial assets in the following categories:

- a) financial assets at fair value through profit or loss
- b) financial assets at fair value through other comprehensive income
- c) financial assets measured at amortised cost.

The classification depends on both NHMRC's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Comparatives have not been restated on initial application.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Financial Assets at Fair Value through Other Comprehensive Income (FVOCI)

Financial assets measured at fair value through other comprehensive income are held with the objective of both collecting contractual cash flows and selling the financial assets and the cash flows meet the SPPI test.

Any gains or losses as a result of fair value measurement or the recognition of an impairment loss allowance is recognised in other comprehensive income.

Financial Assets at Fair Value through Profit or Loss (FVTPL)

Financial assets are classified as financial assets at fair value through profit or loss where the financial assets either doesn't meet the criteria of financial assets held at amortised cost or at FVOCI (i.e. mandatorily held at FVTPL) or may be designated.

Financial assets at FVTPL are stated at fair value, with any resultant gain or loss recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest earned on the financial asset.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial Liabilities

Financial liabilities are classified as either financial liabilities at 'fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Fair Value through Profit or Loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

All payables are expected to be settled within 12 months except where indicated.

Loans and Receivables

NHMRC classifies its financial assets in the following category: loans and receivables.

Trade receivables, loans and other receivables that have fixed or determinable payments and that are not quoted in an active market. Loans and receivables are measured at amortised cost using the effective interest method less impairment.

Financial Liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

7.3 Administered – Financial Instruments

	2022	2021
	\$'000	\$'000
Note 7.3A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	274,238	216,939
Goods and services receivable	1,209	3,113
Total financial assets at amortised cost	275,447	220,052
Total financial assets	275,447	220,052
Financial Liabilities		
Financial liabilities measured at amortised cost		
Grants payable	7,596	4,493
Total financial liabilities measured at amortised cost	7,596	4,493
Total financial liabilities	7,596	4,493

NHMRC did not receive any income or incur any expense related to financial assets or financial liabilities disclosed above for the period 30 June 2022 (2021: Nil).

7.4 Fair Value Measurement

The following table provides an analysis of assets that are measured at fair value.

Note 7.4A: Fair Value Measurement

	Fair value measurements at the end of the reporting period	
	2022	2021
	\$'000	\$'000
Non-financial assets		
Plant and equipment ¹	2,948	3,844
Total non-financial assets	2,948	3,844
Total fair value measurements of assets in the statement of financial position	2,948	3,844

1. These gains are presented in the Statement of Comprehensive Income under Write Down and Impairment of Assets and other changes in the Asset Revaluation Reserve.

Accounting Policy

NHMRC engaged the service of Public Private Property (PPP) to conduct a desktop revaluation of all Plant and Equipment (P&E) assets at 28 February 2021 and has relied upon those outcomes to establish carrying amounts. An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations are carried out at least once every five years. PPP has provided written assurance to NHMRC that the models developed are in compliance with AASB 13.

The methods used to determine and substantiate the unobservable inputs are derived and evaluated as follows:

Physical depreciation and obsolescence - assets that do not transact with enough frequency or transparency to develop objective opinions of value from observable market evidence have been measured utilising the depreciated replacement cost approach. Under the depreciated replacement cost approach the estimated cost to replace the asset is calculated and then adjusted to take into account physical depreciation and obsolescence.

Physical depreciation and obsolescence has been determined based on professional judgement regarding physical, economic and external obsolescence factors relevant to the asset under consideration. For all leasehold improvement assets, the consumed economic benefit/asset obsolescence deduction is determined based on the term of the associated lease.

8. Other Information

8.1 Current/Non-Current Distinction For Assets and Liabilities

	2022	2021
	\$'000	\$'000
Note 8.1A: Current/Non-Current Distinction For Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	664	741
Trade and other receivables	3,866	7,215
Inventories	94	89
Prepayments	1,876	2,236
Total No more than 12 months	6,500	10,281
More than 12 months		
Buildings	16,084	18,183
Plant and equipment	3,094	4,241
Computer software	25,284	24,510
Prepayments	333	841
Total More than 12 months	44,795	47,775
Total assets	51,295	58,056
Liabilities expected to be settled in:		
No more than 12 months		
Trade creditors and accruals	2,161	2,638
Other payables	2,885	4,290
Leases	2,522	2,512
Employee provisions	2,443	1,814
Total No more than 12 months	10,011	11,254
More than 12 months		
Leases	14,804	16,903
Employee provisions	5,256	6,076
Total more than 12 months	20,060	22,979
Total liabilities	30,071	34,233

	2022	2021
	\$'000	\$'000
Note 8.1B: Administered - Current/Non-Current Distinction For Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	274,238	216,939
Trade and other receivables	1,209	3,113
Total no more than 12 months	275,447	220,052
Total more than 12 months	-	-
Total assets	275,447	220,052
Liabilities expected to be settled in:		
No more than 12 months		
Grants payable	7,596	4,493
GST payable	205	213
Other payables	11,606	11,840
Total no more than 12 months	19,407	16,546
Total more than 12 months	-	-
Total liabilities	19,407	16,546

Appendices



Appendix 1: Public consultations

NHMRC consults the community and its stakeholders across a range of areas, including individual and public health matters, and aspects of the implementation of the NHMRC Grant Program, such as certain policy changes and community-driven research priorities. Public consultations that opened or closed during 2021–22 are detailed in Table 25.

Public consultation is an integral component of the development of NHMRC evidence-based advice and health-related guidelines. Consultation helps ensure that issues of importance to the community are taken into account, thereby enhancing the legitimacy and relevance of the development process and the final product. It is also consistent with the Australian Government’s strong commitment to open and transparent processes.

Table 25: Public consultations, 2021–22

Public consultation	Opening date	Closing date
Community Research Priorities Portal (2022 submissions)	6 February 2021	4 February 2022
Research Integrity Advisors Guide	24 May 2021	9 July 2021
Guidelines for Guidelines: Guideline impact	27 September 2021	16 December 2021
Guidelines for Guidelines: Selecting studies and data extraction	27 September 2021	16 December 2021
Community Research Priorities Portal (2023 submissions)	5 February 2022	3 February 2023
National Statement on Ethical Conduct in Human Research ^a	2 June 2022	1 August 2022

^a Consultation undertaken in accordance with subsection 13 of the *National Health and Medical Research Council Act 1992*.

Appendix 2: List of requirements

PGPA Rule reference	Part of report	Description	Requirement	Location/page
17AD(g)		Letter of transmittal		
17AI	Letter of transmittal	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	v
17AD(h)		Aids to access		
17AJ(a)	Contents	Table of contents.	Mandatory	vi–ix
17AJ(b)	Appendices	Alphabetical index.	Mandatory	152–158
17AJ(c)	Appendices	Glossary of abbreviations and acronyms.	Mandatory	149–152
17AJ(d)	Appendices	List of requirements.	Mandatory	141–148
17AJ(e)	Publication details	Details of contact officer.	Mandatory	iv
17AJ(f)	Cover	Entity’s website address.	Mandatory	Back cover
17AJ(g)	Publication details	Electronic address of report.	Mandatory	iv
17AD(a)		Review by accountable authority		
17AD(a)	Chief Executive Officer’s review	A review by the accountable authority of the entity.	Mandatory	xi–xvi
17AD(b)		Overview of the entity		
17AE(1)(a)(i)	Part 1	A description of the role and functions of the entity.	Mandatory	2
17AE(1)(a)(ii)	Part 1	A description of the organisational structure of the entity.	Mandatory	8
17AE(1)(a)(iii)	Part 1	A description of the outcomes and programs administered by the entity.	Mandatory	3
17AE(1)(a)(iv)	Part 1	A description of the purposes of the entity as included in corporate plan.	Mandatory	3
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority.	Mandatory	v,xii,6
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority.	Mandatory	v,xii,6

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory	v,xii,6
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments, mandatory	n/a
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, mandatory	n/a
17AD(c) Report on the Performance of the entity				
<i>Annual performance statements</i>				
17AD(c)(i); 16F	Part 3	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory	31-52
17AD(c)(ii) Report on financial performance				
17AF(1)(a)	Part 6	A discussion and analysis of the entity's financial performance.	Mandatory	104
17AF(1)(b)	Part 6	A table summarising the total resources and total payments of the entity.	Mandatory	105
17AF(2)	Part 6	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, mandatory	n/a
17AD(d) Management and Accountability				
<i>Corporate governance</i>				
17AG(2)(a)	Part 4	Information on compliance with section 10 (fraud systems).	Mandatory	80-81
17AG(2)(b)(i)	Letter of transmittal	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	v

PGPA Rule reference	Part of report	Description	Requirement	Location/page
17AG(2)(b)(ii)	Letter of transmittal	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory	v
17AG(2)(b)(iii)	Letter of transmittal	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory	v
17AG(2)(c)	Part 4	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory	56-57
17AG(2)(d) - (e)	N/A	A statement of significant issues reported to the minister under paragraph 19(1)(e) of the Act that relates to noncompliance with finance law and action taken to remedy noncompliance.	If applicable, mandatory	n/a
Audit committee				
17AG(2A)(a)	Part 4	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory	78
17AG(2A)(b)	Part 4	The name of each member of the entity's audit committee.	Mandatory	79
17AG(2A)(c)	Part 4	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory	79
17AG(2A)(d)	Part 4	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory	79
17AG(2A)(e)	Part 4	The remuneration of each member of the entity's audit committee.	Mandatory	79
External scrutiny				
17AG(3)	Part 4	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory	76-78
17AG(3)(a)	Part 4	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, mandatory	77

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
17AG(3)(b)	Part 4	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, mandatory	77-78
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period.	If applicable, mandatory	n/a
Management of human resources				
17AG(4)(a)	Part 5	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	91
17AG(4)(aa)	Part 5	Statistics on the entity's employees on an ongoing and non-ongoing basis, including: (a) statistics on full-time employees (b) statistics on part-time employees (c) statistics on gender (d) statistics on staff location.	Mandatory	92
17AG(4)(b)	Part 5	Statistics on the entity's APS employees on an ongoing and non-ongoing basis, including: <ul style="list-style-type: none"> • statistics on staffing classification level • statistics on full-time employees • statistics on part-time employees • statistics on gender • statistics on staff location • statistics on employees who identify as Indigenous. 	Mandatory	92
17AG(4)(c)	Part 5	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	92-93
17AG(4)(c)(i)	Part 5	Information on the number of SES and non-SES employees covered by agreements, etc, identified in paragraph 17AG(4)(c).	Mandatory	93
17AG(4)(c)(ii)	Part 5	The salary ranges available for APS employees by classification level.	Mandatory	96

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
17AG(4)(c)(iii)	Part 5	A description of non-salary benefits provided to employees.	Mandatory	96
17AG(4)(d)(i)	Part 5	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory	96
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level.	If applicable, mandatory	n/a
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, mandatory	n/a
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments.	If applicable, mandatory	n/a
Assets management				
17AG(5)	Part 4	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory	87
Purchasing				
17AG(6)	Part 4	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory	84
Reportable consultancy contracts				
17AG(7)(a)	Part 4	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory	85
17AG(7)(b)	Part 4	A statement that " <i>During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]</i> ".	Mandatory	85

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
17AG(7)(c)	Part 4	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory	85
17AG(7)(d)	Part 4	A statement that “Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.”	Mandatory	85
Reportable non-consultancy contracts				
17AG(7A)(a)	Part 4	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory	86
17AG(7A)(b)	Part 4	A statement that “Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”	Mandatory	85
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts			
17AGA	Part 4	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory	85–86
Australian National Audit Office access clauses				
17AG(8)	Part 4	If an entity entered into a contract with a value of more than \$100,000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, mandatory	85

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
Exempt contracts				
17AG(9)	Part 4	If an entity entered into a contract or there is a standing offer with a value greater than \$10,000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, mandatory	86
Small business				
17AG(10)(a)	Part 4	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory	86
17AG(10)(b)	Part 4	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	86–87
17AG(10)(c)	Part 4	If the entity is considered by the Department administered by the Finance Minister as material in nature – a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, mandatory	86
Financial statements				
17AD(e)	Part 6	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	106–138
Executive remuneration				
17AD(da)	Part 5	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 23 of the Rule.	Mandatory	95

PGPA Rule reference	Part of report	Description	Requirement	Location/ page
17AD(f)	Other mandatory information			
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that <i>“During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”</i>	If applicable, mandatory	n/a
17AH(1)(a)(ii)	Part 4	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, mandatory	87
17AH(1)(b)	Part 1	A statement that <i>“Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”</i>	If applicable, mandatory	10
17AH(1)(c)	Part 5	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	101
17AH(1)(d)	Part 4	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of the FOI Act can be found.	Mandatory	81
17AH(1)(e)	n/a	Correction of material errors in previous annual report	If applicable, mandatory	n/a
17AH(2)	Part 4	Information required by other legislation	Mandatory	46-47 57-69 69-73 77 87-88

n/a = not applicable

Appendix 3: Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ABN	Australian Business Number
AC	Companion of the Order of Australia
ACT	Australian Capital Territory
AHEC	Australian Health Ethics Committee
AIDS	acquired immunodeficiency syndrome
AM	Member of the Order of Australia
ANAO	Australian National Audit Office
AO	Officer of the Order of Australia
APS	Australian Public Service
CEO	Chief Executive Officer
COVID-19	coronavirus disease SARS-CoV-2
CSIRO	Commonwealth Scientific and Industrial Research Organisation
EL	Executive Level
ERLC	Embryo Research Licensing Committee
FAA	Fellow of the Australian Academy of Science
FAHMS	Fellow of the Australian Academy of Health and Medical Sciences
FCPA	Fellow of CPA Australia
FOI, FOI Act	freedom of information, <i>Freedom of Information Act 1982</i>
GGS	General Government Sector
GST	Goods and Services Tax
H1N1	influenza A virus subtype H1N1
HIV	human immunodeficiency virus
HRIC	Health Research Impact Committee
IT	Information technology
MP	Member of Parliament
MREA	Medical Research Endowment Account
MRFF	Medical Research Future Fund
NAIDOC	National Aborigines and Islanders Day Observance Committee
NHMRC	National Health and Medical Research Council
NHMRC Act	<i>National Health and Medical Research Council Act 1992</i>
NSW	New South Wales
OAIC	Office of the Australian Information Commissioner
OAM	Order of Australia Medal
OPA	Official Public Account
PBS	Portfolio Budget Statements

Appendices

PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PHCR Act	<i>Prohibition of Human Cloning for Reproduction Act 2002</i>
PhD	Doctor of Philosophy
PSM	Public Service Medal
RIHE Act	<i>Research Involving Human Embryos Act 2002</i>
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SES	Senior Executive Service
WA	Western Australia
WEHI	Walter and Eliza Hall Institute of Medical Research
WIP	Work in Progress

Appendix 4: List of figures and tables

List of figures

Figure 1: NHMRC funding snapshot, 2020–21	ii
Figure 2: NHMRC staff snapshot, 2020–21	ii
Figure 3: Research on major health issues funded by NHMRC, 2021–22	iii
Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2021–22	iii
Figure 5: NHMRC applications for funding by gender, 2021–22	iii
Figure 6: NHMRC’s strategy for health and medical research	4
Figure 7: NHMRC organisational structure at 30 June 2022	8
Figure 8: Medical Research Endowment Account, 2012–13 to 2021–22	9
Figure 9: Governance and advisory structure under the NHMRC Act	57

List of tables

Table 1: NHMRC’s strategic themes, functions and purposes	3
Table 2: NHMRC expenditure on research on major health issues, 2017–18 to 2021–22	5
Table 3: NHMRC grant program	10
Table 4: NHMRC funding summary, 2021–22	11
Table 5: NHMRC’s strategic themes and purposes	32
Table 6: Summary of results, 2021–22	33
Table 7: NHMRC expenditure by broad research area, 2017–18 to 2021–22	36
Table 8: NHMRC grants and expenditure for Indigenous health research, 2018–19 to 2021–22	40
Table 9: Number of Indigenous Chief Investigators (CIs) on NHMRC grant applications, 2018–19 to 2021–22	41
Table 10: Funded rate by gender of Chief Investigator A (CIA), 2021	42
Table 11: NHMRC Audit and Risk Committee, 2021–22	79
Table 12: NHMRC freedom of information requests, 2021–22	81
Table 13: Reportable consultancy contracts, 2021–22	85
Table 14: Organisations receiving a share of reportable consultancy contract expenditure, 2021–22	85
Table 15: Reportable non-consultancy contracts, 2021–22	86
Table 16: Organisations receiving a share of reportable non-consultancy contract expenditure, 2021–22	86
Table 17: Energy consumption, 2021–22	89
Table 18: NHMRC workforce, 2018–19 to 2021–22	92
Table 19: Remuneration for key management personnel, 2021–22	95
Table 20: NHMRC salary ranges, 30 June 2022	96
Table 21: NHMRC premium rate (% of payroll costs) compared with the Commonwealth scheme average, 2018–19 to 2021–22	99
Table 22: Representation of key groups in NHMRC workforce, 2018–19 to 2021–22	101
Table 23: NHMRC departmental financial performance, 2021–22	104
Table 24: NHMRC Agency Resource Statement	105
Table 25: Public consultations, 2021–22	140

Index

2022 CEO Statement on electronic cigarettes, xiv, 14–16, 46

A

abbreviations, 149–152
 Aboriginal and Torres Strait Islander businesses, 87
 Aboriginal and Torres Strait Islander employment, 92, 100–101
 Aboriginal and Torres Strait Islander health, 13, 39–41
 Indigenous researchers, iii, 33, 40–41
 oral health, 29–30
 research funding, iii, 33, 39–41
 accountable authority, 32
 Accountable Authority Instructions, 84
 acute stress disorder, 47
 Administering Institutions, 33–34, 49, 80, 82
 Administrative Appeals Tribunal, 77, 82
 Advanced Health Research and Translation Centres, 46
 advertising and market research, 87
 Agency Resource Statement, 105
 annual performance statements *see* performance results
 antivenom research, 9
 arthritis
 pharmacological management guidelines, 47
 research funding, iii, 5
 asset management, 87
 asthma, iii, 5
 Audit and Risk Committee, 78–79, 80
 Auditor-General access clauses in contracts, 85
 audits
 financial statements audit report, 108–109
 internal audit, 77, 78–79
 performance audits, 77
 AusTender, 84, 85
 Australia Day awards, 102

Australian code for the responsible conduct of research, 34, 49, 80, 83
Australian dietary guidelines, xiv
Australian drinking water guidelines, 46
Australian guidelines for the clinical care of people with COVID-19, 47
Australian guidelines for the prevention and treatment of acute stress disorder, posttraumatic stress disorder and complex PTSD, 47
 Australian Health Ethics Committee, xii, 57, 71
Australian Immunisation Handbook, 47
 Australian Information Commissioner, 77
 Australian Institute of Criminology, 81
Australian living guideline for the pharmacological management of inflammatory arthritis, 47
 Australian Medical Research Advisory Board, 76
 Australian National Audit Office
 access clauses in contracts, 85
 financial statements audit report, 108–109
 performance audits, 77
 Australian Research Centre for Population Oral Health (ARCPHO), 29–30
 Australian Research Council, 49, 83
 Australian Research Integrity Committee, 48, 83–84
 awards (grants) *see* grants
 awards (recognition)
 Australia Day awards, 102
 NHMRC Research Excellence Awards, xiii, 18–28

B

Baur, Louise, 22
 Beebe, Nigel, 27
 biotoxin-related illness, 37
 Blackburn, Elizabeth, 21–23
 business continuity, 98
 Butler, Mark *see* Minister for Health and Aged Care

C

- cancer
 - research, iii, 5, 12–13, 38
 - screening program participation, 38
- capability (target), 32
 - performance results, 51–52
 - performance summary, 34
- cardiovascular disease, iii, 5, 13
- case studies
 - 2022 CEO Statement on electronic cigarettes*, 14–16
 - Aboriginal and Torres Strait Islander children's oral health, 29–30
 - Gender equity, 43–44
 - Helping GPs care for our mental health, 53–54
- case study development and publication, 33, 37, 47
- Centres of Research Excellence, ii, 11
- Chief Executive Officer, 6, 56, 56–57, 80
 - accountable authority statement, 32
 - ARIC report to, 83
 - functions, 56
 - ministerial advisory committees, 76
 - referrals from the minister, 77
 - regulatory recommendations, 77
 - remuneration, 93, 95
 - review of year, xi–xvi
 - see also 2022 CEO Statement on electronic cigarettes*
- Chief Medical Officers *see* Commonwealth Chief Medical Officer; Council of NHMRC
- Child Safety Statement 2021–22, 82–83
- Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*, 53–54
- Clinical guidelines for stroke management*, 47
- clinical practice guidelines, 46–47, 53–54
- clinical trials, ii, xiii, 11, 12, 19, 42
 - Clinical Trials and Cohort Studies, xii
- Cochrane Collaboration, 9
- collaboration, 11, 38
- Collins, Clare, 22
- commercialisation of research *see* translation (purpose)
- Commissioner of Complaints annual report, 87–88
- committees
 - ministerial advisory committees, 76–78
 - NHMRC internal committees, 56–57, 78–79
 - Principal Committees, xii, 56–57, 69–73
 - working committees, 56–57, 74–76
- Commonwealth Chief Medical Officer, 76
- Commonwealth Child Safe Framework (CCSF), 82
- Commonwealth Health Minister's Award for Excellence in Health and Medical Research, 18
- Commonwealth Ombudsman, 77
- Commonwealth Procurement Rules, 84, 85
- Community and Consumer Advisory Group, 74–75
- complaints, 87–88
- compliance and assurance, 78–83
- compliance by stakeholders with regulatory requirements, 34, 50
- consultancy services, 85–87
- consultation, public, 140
- contact details, iv
- contracts and consultancy services, 85–87
- Cooper, David, 19
- coronavirus *see* COVID-19 pandemic
- corporate (internal) governance, 57
- corporate plan targets and performance, 4, 33–34
 - capability targets, 34, 51–52
 - integrity targets, 34, 48–50
 - investment targets, 33, 35–42
 - translation targets, 33, 45–47
- Council of NHMRC
 - chair, xii, 58
 - functions, 56–57
 - meetings, 58
 - members, xii, 58–69
 - Principal Committees, xii, 56–57, 69–73
 - working committees, 56–57, 74–76

Appendices

COVID-19 pandemic

- clinical care guidelines, 47
- impact of, 9, 50, 94
- management of, xi, xv
- national advisory committee, xv, 76
- NHMRC corporate response, 93, 97, 98
- NHMRC response by purpose, 35, 45
- research, 12–13, 35
- risk register, 80

D

- David Cooper Clinical Trials and Cohort Studies Award, 19
- dementia research, iii, 5, 13
- dental health, 29–30
- Department of Health, xii, 12
- diabetes, iii, 5
- dietary guidelines, xiv
- digital technology, xiii, 51–52
- disability reporting, 101
- disease preparedness *see* COVID-19 pandemic
- Doherty, Peter, 20
- drinking water guidelines, 46

E

- Eades, Sandra, 24
- e-cigarettes, xiv, 46
 - 2022 CEO Statement on electronic cigarettes*, xiv, 14–16, 46
- Elizabeth Blackburn Investigator Grant Awards, 21–23
- Embryo Research Licensing Committee, xiv, 48, 50, 57, 70, 72–73
- employees *see* people management
- end-of-life care, 38
- energy consumption, 89
- enterprise agreement, 93
- Enterprise Risk Register, 80
- environmental change, xii
- environmental health guidelines, 46–47
- environmental management, xii–xiii, 37, 88–89
- ethics and integrity, 83–84
 - Australian code for the responsible conduct of research*, 34, 49, 80, 83

- child safety, 82–83
- integrity (purpose) performance analysis, 32, 34, 48–50
- misconduct reporting, 80–81, 83
- National Statement on Ethical Conduct in Human Research, 82
 - see also* Australian Health Ethics Committee
- Executive Board, 57
- Executive Directors, 7, 80
- exempt contracts, 86
- external scrutiny, 76–78
- extreme weather events, xii, 37

F

- female researchers *see* gender equality in research
- Fenner, Frank, 25
- finance law compliance, 79
- financial performance, 104–105
- financial statements, 106–138
 - independent audit report, 108–109
- Fiona Stanley Synergy Grant Award, 28
- Flexible Working Arrangements Policy, xv, 98
- Frank Fenner Investigator Grant Award, 25
- fraud prevention and control, v, 80–81
- freedom of information, 81–82
- funding of research *see* grants; research funding and expenditure
- funding policies, xii

G

- gain-of-function research, xv
- gender equality in research, iii, xi, xiii, 33, 41–42, 43–44
- Gender Equity Strategy, xiii, 43–44
- General Manager, 6
- General Practice Mental Health Standards, 54
- general practitioners, 53–54
- genomics, 13
- Godfrey, Dale, 20
- governance, 51–52, 56–76
- Graham, Simon, 24
- grants, xii, 9–13, 35–42

assessment of applications, xiii
 broad research area, 36
 Clinical Trials and Cohort Studies, ii, xii, xiii, 11, 12, 19, 42
 for COVID-19 research, 12-13, 35
 financial performance, 104-105
 funding summary, 9-13
 gender equality, iii, xi, xiii, 33, 41-42, 43-44
 health outcomes for Indigenous people, 39-41
 Ideas, ii, xii, 10, 11, 27, 42
 impact of, 33, 47-48 *see also* case studies; case study development and publication
 Investigator, ii, xii, xiii, 9, 10, 11, 20-25, 42
 major health areas, iii, 5
 new grants funding, xii, 9-10
 strategic and leveraging grants, 11
 structural priority funding, xi
 Synergy, ii, xii, 9, 10, 11, 28, 42
 targeted and priority driven, 37-38
see also Medical Research Endowment Account (MREA); Medical Research Future Fund (MRFF); research funding and expenditure
 grants management, xiii, 51-52
 guidelines and codes, 49
 issued in 2021-22, xiv-xv, 46-47, 53-54
 public consultation, 140
 Gustav Nossal Postgraduate Scholarship Award, 26

H

health and medical research strategy, 4-5
 Health Portfolio Budget Statements, 3
 performance analysis *see* performance results
 Health Research Impact Committee, xii, 57, 72
 health threat preparedness *see* pandemic preparedness; Special Initiative in Human Health and Environmental Change
 Healthy Environments And Lives (HEAL) network, xii, 37

Homeopathy Review, 77
 human cloning for reproduction, v, 2, 48, 50, 56, 72-73
 human embryo research, xiv, 2, 34, 48, 50, 56, 72-73
 human resources *see* people management
 Hunt, Greg, xii, xv

I

immunisation, 47
 Implementing work-related Mental health conditions in general PRacticE (IMPRovE) study, 54
 in vitro fertilisation (IVF) technology *see* Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021
 incident reporting (WHS), 99
 Inclusion Network, 100
 Indigenous health *see* Aboriginal and Torres Strait Islander health
 Indigenous Procurement Policy, 87
 infectious disease preparedness *see* COVID-19 pandemic
 Information Publication Scheme, 81
 information technology, xiii, 51-52
 infrastructure support, ii, 11
 injury incidents (WHS), 99
 injury research, iii, 5
 INNOVATE Reconciliation Action Plan, 100
 integrity (purpose), 3, 32
 performance results, 48-50
 performance summary, 34
 international collaboration, 11, 38
 investment (purpose), 3, 32
 NHMRC response to COVID-19, 35
 performance results, 35-42
 performance summary, 33

J

judicial decisions, 77

K

Kelso, Anne *see* Chief Executive Officer
 key management personnel, 6-7

Appendices

L

leadership of NHMRC, 6–7
learning and development, 84, 99
legislative framework, v, 2, 56
Leong, Trevor, 19
letter of transmittal, v
Little, Melissa, 27

M

Maeve's Law, xiv, 73
market research, 87
Marshall, Barry, 27
Marshall and Warren Awards, 27
Medical Research Endowment Account (MREA), xii, 5, 9, 40
Medical Research Future Fund Act 2015, v, 2, 56
Medical Research Future Fund (MRFF), xii, 12–13
mental health, iii, 5, 13, 53–54
Minister for Health and Aged Care, 56, 57, 76, 87
 Commonwealth Health Minister's Award for Excellence, 18
 former see Hunt, Greg
 minister responsible for NHMRC, 56
 referrals to CEO or Council, 77
ministerial advisory committees, 76
misconduct reporting, 80–81, 83
 research integrity mission, 3 see also purposes
 see also fraud prevention and control
mission, 3
 see also purposes
Mitchell, Brett, 18, 20
Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021, xiv, 73

N

NABERS energy rating, 89
National COVID-19 Health and Research Advisory Committee, xv, 76
National Health and Medical Research Council Act 1992, v, 2, 56, 57, 58, 69, 70, 71
complaints process, 87–88

reportable matters, 77

National Health and Medical Research Council (organisation)
awards, 18–28
corporate (internal) governance, 57
Council see Council of NHMRC
financial performance, 104–105
leadership, 6–7
legislative framework, 56
organisational structure, 8
outcomes and programs, 3
overview, 1–16
purposes, 3, 32
research investment see grants
role and functions, 2
strategy for health and medical research, 4–5

National Principles for Child Safe Organisations, 82

National Redress Scheme Grant Connected Policy, 82

National Statement on Ethical Conduct in Human Research, 82

neurological health, 13

NHMRC David Cooper Clinical Trials and Cohort Studies Award, xiii

non-salary benefits, 96

Nossal, Sir Gustav, 26

O

obesity, iii, 5

objectives see purposes

Office of the Australian Information Commissioner, 77, 82

Open Access Policy, 50

oral health, 29–30

osteoporosis, iii, 5

outcome and program, 3

P

pandemic preparedness see COVID-19 pandemic

parliamentary committees, 78

Partnership Projects, ii, 11

peer review, 5, 14, 33, 38–39

Peer Review Analysis Committee, 76

- people management, 91-102
 - COVID-19 pandemic response, 93, 94, 97, 98
 - Employee Census results, 91, 99
 - learning and development, 84, 99
 - performance management framework, 101-102
 - remuneration, 93-96
 - reward and recognition, 102
 - staff engagement and wellbeing, 51, 91
 - staffing statistics, ii, 92, 101
 - work health and safety, 96-99
 - workforce planning, 92
 - working arrangements, xv, 98
 - workplace agreements, 93
 - workplace culture and performance, 51, 91
 - workplace diversity, ii, xii, 100-101
 - performance analysis *see* performance results
 - performance audits by ANAO, 77
 - performance management framework (staff), 101-102
 - performance pay, 93-94, 96
 - performance results
 - accountable authority statement, 32
 - capability (target), 34, 51-52
 - environmental management, 88-89
 - financial performance, 104-105
 - integrity (purpose), 34, 48-50
 - investment (purpose), 33, 35-42
 - translation (purpose), 33, 45-47
 - see also* people management
 - Peter Doherty Investigator Grant Awards, 20
 - portfolio, 2
 - Portfolio Budget Statements, 3
 - performance analysis *see* performance results
 - postgraduate scholarships, ii, 26
 - posttraumatic stress disorder, 47
 - primary health care, 13
 - see also* general practitioners
 - Principal Committee Indigenous Caucus, 74
 - Principal Committees, xii, 56-57, 69-73
 - priorities, 4-5
 - privacy, 81
 - procurement *see* purchasing and procurement
 - program *see* outcome and program
 - Prohibition of Human Cloning for Reproduction Act 2002*, v, 2, 48, 50, 56, 72
 - PTSD, 47
 - public consultation, 140
 - Public Governance, Performance and Accountability Act 2013*, v, 32, 56, 78, 80, 85
 - Public Governance, Performance and Accountability Rule 2014, 79, 81
 - public health guidelines, xiv-xv, 45, 46-47
 - public interest disclosure, 77
 - Public Service Act 1999*, 56, 93
 - publishing
 - case study development and publication, 33, 37, 47-48
 - open access, 50
 - see also* guidelines and codes
 - purchasing and procurement, 84-87
 - purposes, 3, 32
 - see also* integrity (purpose); investment (purpose); translation (purpose)
- R**
- Ramus, Susan, 21
 - Reconciliation Action Plan Working Group, 100
 - Redfern, Julie, 23
 - remuneration, 93-96
 - reportable matters, 77
 - Research Committee, xii, 57, 70, 87
 - Research Excellence Awards, xiii, 18-28
 - research funding and expenditure, 9-11, 51
 - by broad research area, 36
 - gender equality in research, iii, xi, xiii, 33, 41-42, 43-44
 - grants *see* grants
 - impact of research funding, 33, 47-48
 - see also* case studies; case study development and publication; translation (purpose)

Appendices

- investment (purpose) performance
 - analysis, 32, 33, 35–42
 - major health issues, iii, 5
 - reviewable actions, complaints
 - concerning, 87–88
 - snapshot, ii
 - structural priority funding, xi
 - summary, 9–13
 - see also investment (purpose); research translation; Targeted Calls for Research
 - Research Grants Management System, xiii, 52
 - replacement see Sapphire grants management system
 - research integrity, 83–84
 - Advisors Guide, 140
 - integrity (purpose) performance analysis, 32, 34, 48–50
 - misconduct reporting, 80–81, 83
 - Research Involving Human Embryos Act 2002*, v, 2, 48, 50, 56, 72
 - research outcomes see translation (purpose)
 - Research Quality Steering Committee, 50
 - Research Quality Strategy, 49–50
 - research translation, 13
 - translation (purpose) performance analysis, 32, 33, 45–47
 - Research Translation Centre Initiative, xiv, 46
 - research transparency, 48
 - resources and expenses, 104–105
 - see also financial statements
 - Review of the NHMRC Research Translation Centre Initiative, 46
 - risk management, 80
 - child safety, 83
 - Roberts, Andrew, 28
 - role and functions, 2
- S**
- Sandra Eades Investigator Grant Award, 24
 - Sapphire grants management system, xiii, 51–52
 - senior executives, 6–7
 - remuneration, 93–96
 - Sex Discrimination Act 1984*, xi
 - small business participation in procurement, 86–87
 - Special Initiative in Human Health and Environmental Change, xii, 37
 - staff see people management
 - stakeholders, 2
 - consultation with, 140
 - understanding of regulatory requirements, 34, 50
 - Stanley, Fiona, 28
 - statement by accountable authority, 32
 - stem cell therapies, 13
 - strategic themes, 3
 - strategy for health and medical research, 4–5
 - stroke management, 47
- T**
- Tan, Hyon Xhi, 25
 - Targeted Calls for Research, ii, 11, 37–38
 - translation (purpose), 3, 32
 - NHMRC response to COVID-19, 45
 - performance results, 45–47
 - performance summary, 33
- U**
- Universities Australia, 49
- W**
- Warren, Robin, 27
 - weather see extreme weather events
 - women see gender equality in research
 - Women in Health Science Working Committee, 75
 - work health and safety, 53–54, 96–99
 - workers compensation, 53–54
 - NHMRC premium, 99
 - workforce planning, 92
 - working arrangements, xv, 98
 - working committees, 56–57, 74–76
 - workplace agreements, 93
 - Workplace Conversations, 101–102
 - workplace culture and performance, 51, 91
 - workplace diversity, ii, xii, 100–101
- X**
- Xie, Ouli, 26

