



Australian Government

National Health and Medical Research Council

2022-23

ANNUAL REPORT 2022-23

NHMRC

BUILDING
A HEALTHY
AUSTRALIA

Figure 1: NHMRC funding snapshot, 2022-23

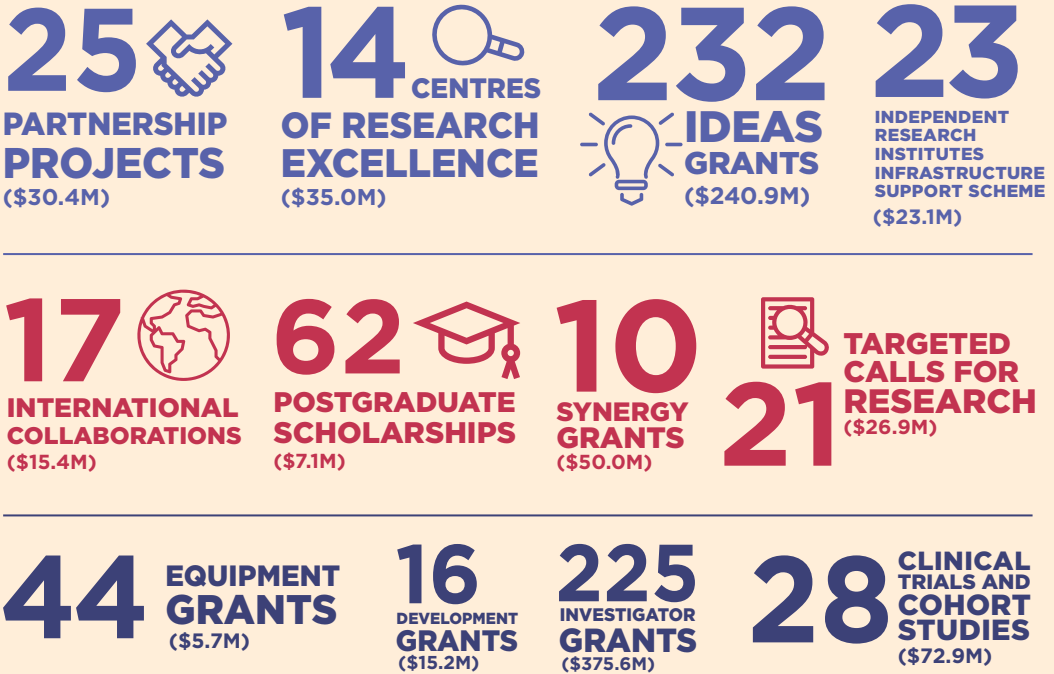


Figure 2: NHMRC staff snapshot, 2022-23



Figure 3: Research on major health issues funded by NHMRC, 2022–23

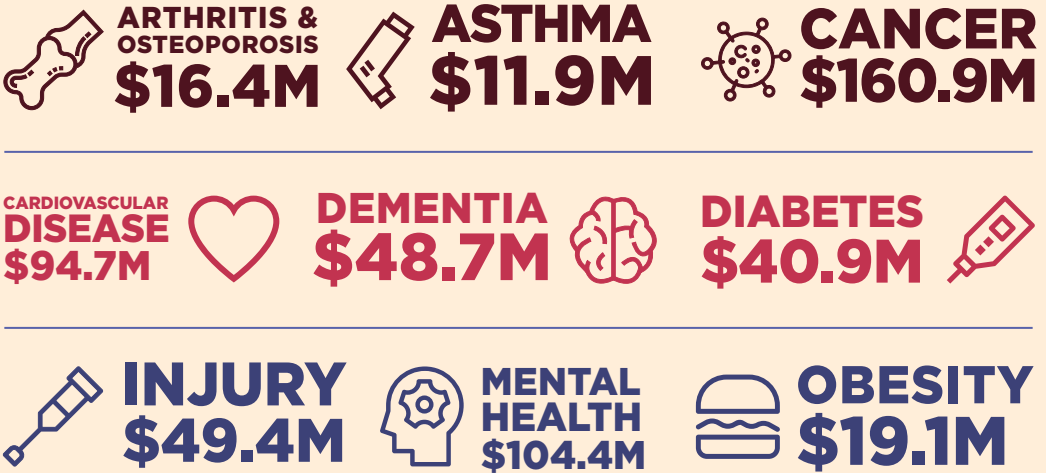


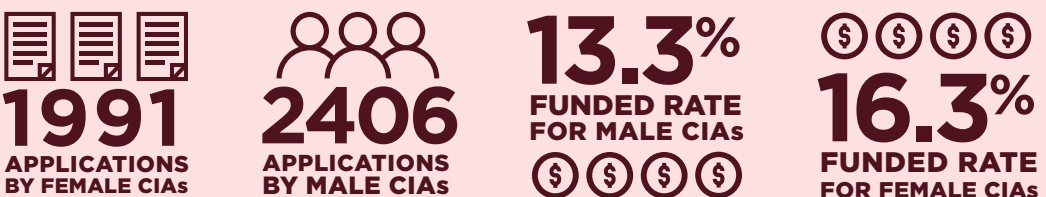
Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2022–23



MREA refers to the Medical Research Endowment Account.



Figure 5: NHMRC applications for funding by gender, 2022–23



CIA refers to the Chief Investigator A.

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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,

As one of my early responsibilities as incoming CEO of the National Health and Medical Research Council (NHMRC), I am pleased to present to you NHMRC's 2022-23 Annual Report.

NHMRC was led by Professor Anne Kelso AO during the period covered by this report. Her tenure concluded on 26 July 2023 and agency leadership transitioned to me on 28 August 2023. Professor Kelso and her leadership team have apprised me of NHMRC activities during 2022-23, and it is with pleasure that I present to you what I hope is the first of many annual reports on the operations of NHMRC.

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 2022-23, NHMRC has also continued to perform 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 (and my predecessor) have taken all reasonable measures to deal appropriately with fraud relating to NHMRC.

Yours sincerely,

Professor Steve Wesselingh

Chief Executive Officer
29 September 2023

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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 2023.

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 2023, 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-2022-23.

The NHMRC chapter in the Health portfolio PBS is available on the Australian Government Department of Health and Aged Care website at www.health.gov.au/resources/publications/budget-2022-23-portfolio-budget-statements.

Chief Executive Officer's review



NHMRC has a unique place in the Australian health and medical research system – as a research funder, a producer of evidence-based health guidelines, the architect of ethical frameworks that underpin our national research effort, and the regulator of research using human embryos. Important progress was made in each of these areas in 2022–23.

With the Australian Government bringing down two Budgets, in October 2022 and May 2023, **investment in health and medical research** through NHMRC's Medical Research Endowment Account (MREA) and the Medical Research Future Fund (MRFF) remained steady.

During the year, NHMRC managed the peer review of 4,426 applications and the award of 717 grants across its grant program for a total value of \$898.1 million from the MREA. Under our agreement with the Australian Government Department of Health and Aged Care, NHMRC also managed 1,659 applications through 29 grant opportunities, and awarded 382 grants valued at \$626.5 million from the MRFF. Partnerships with other funders, such as Cancer Australia and philanthropic foundations, further consolidate NHMRC's role as Australia's largest research grants hub.

The intensive process of grant application, assessment, award, and post-award management has been progressively modernised and streamlined for all users with the development of **NHMRC's grants management system, Sapphire**. Important milestones were reached during the year with the completion of the 'minimum viable product' for Sapphire and the decommissioning of NHMRC's previous Research Grants Management System (RGMS) in March 2023. Over 13 years, RGMS supported more than 60,000 accounts; more than 70,000 grant applications to 405 grant opportunities; the award and management of more than 17,000 grants; and the payment of more than \$10 billion to Administering Institutions. Just as RGMS was upgraded over time, Sapphire will continue to evolve in response to user feedback and the changing needs of the MREA and MRFF grant programs.

In September 2022, NHMRC became the first Australian funding agency to require immediate **open access** for all peer-reviewed publications arising from research it has funded, removing the previous 12-month embargo period. Publications must also be published with an open licence, allowing them to be used and shared widely. A more restrictive licence is allowed as appropriate for publications about research involving Aboriginal and Torres Strait Islander people and communities to respect their intellectual and cultural rights. The release of the revised *Open Access Policy* and the supporting document *Open Access and Retention of Ownership Rights* followed extensive consultation with the research sector and advice from NHMRC's Research Committee and other advisory committees. NHMRC also joined cOAlition S, an international consortium of research funders that support open access.

As highlighted last year, **gender equity** in NHMRC's grant program has long been an issue of concern. Despite many initiatives, particularly the introduction of structural priority ('near-miss') funding for women in certain grant schemes from 2017, we have continued to see the attrition of women from the applicant pool at more senior levels of the Investigator Grant scheme. In July and August 2022, we undertook a national consultation on options to address gender disparities in Investigator Grant funding. The consultation involved the release of a discussion paper, a series of roundtables, a national roadshow, an online webinar and written submissions. This was a powerful way to hear a range of views on this challenging issue from across the research sector.

The outcome was the decision to introduce two new special measures under the *Sex Discrimination Act 1984*: first, a target to award equal numbers of Investigator Grants to women and men in the Leadership category and, second, the inclusion of non-binary researchers with women in this target and in our structural priority measures. The measures were announced by the Minister for Health and Aged Care, the Hon Mark Butler MP, and Senator the Hon Katy Gallagher in her role as the Minister for Women, at an event at the Shine Dome in Canberra in October 2022. This major initiative will be implemented for the first time in the 2023 round of Investigator Grants.

To support the second of the new special measures, NHMRC implemented changes to the gender information it collects in researcher profiles in Sapphire to give researchers the option to self-identify as 'non-binary' or to specify a different term. This change is consistent with the gender variable in the Australian Bureau of Statistics' *Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables 2020*.

On a different aspect of sex and gender equity in research, NHMRC and the Health and Medical Research Office (responsible for the MRFF) in the Australian Government Department of Health and Aged Care commenced a collaboration to develop a **Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research**, starting with an online workshop in March 2023 and the formation of a joint working group to develop the statement. The purpose of the statement is to foster consideration of sex, gender and other characteristics in the design, peer review, conduct and implementation of research so that sex and gender differences in health, and in the response to clinical and public health interventions, are identified and incorporated into health policies, care and services.

This work complements and supports the activities of the **National Women's Health Advisory Council**, chaired by the Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP. The Council first met in February 2023 and will provide the Australian Government with advice and recommendations to improve health outcomes for women and girls in Australia. The NHMRC CEO is an *ex officio* member of the Council and chair of its Research Subcommittee.

NHMRC is committed to supporting Aboriginal and Torres Strait Islander health researchers and contributing to **better health outcomes for Aboriginal and Torres Strait Islander peoples**. We maintain a longstanding commitment to expend at least 5% of the MREA annually on Aboriginal and Torres Strait Islander health research. In 2022-23 on advice of NHMRC's Principal Committee Indigenous Caucus, we have introduced an additional target for 2023 and beyond to expend 3.4% of the MREA annually on **grants led by researchers of Aboriginal and/or Torres Strait Islander descent**. Reporting on this new target will commence in next year's annual report.

NHMRC is also collaborating with the Consumers Health Forum of Australia (CHF) to revise the **Statement on Consumer and Community Involvement in Health and Medical Research (2016)** to reflect significant progress in both practice and aspiration. An online workshop in November 2022 kickstarted the review with the participation of a wide range of interested parties. An advisory committee, including members of NHMRC's Consumer and Community Advisory Group, was established in early 2023 to carry the work forward. In the meantime, NHMRC has strengthened the role of consumer and community representatives in assessment of grant applications to the Targeted Calls for Research scheme: these representatives now provide scores as well as advice against relevant assessment criteria, complementing the role of scientific reviewers.

NHMRC published its first **Research Translation Strategy** in December 2022, developed with the advice of NHMRC's Health Research Impact Committee (HRIC). The strategy sets out NHMRC's role in the translation of health and medical research into policy and practice, and the actions we will take to drive the translation of health and medical research over the next few years. This document is complemented by a Research Impact Position Statement, also developed with HRIC's advice, placing NHMRC's role in the broader innovation system.

One pathway through which NHMRC fosters research translation is the accreditation of **Research Translation Centres**, collaborations between healthcare, research and education and training organisations with a record of excellence in driving the translation of health and medical research into clinical practice, policy and health systems. The outcomes of the latest accreditation round were announced in April 2023, with 9 centres re-accredited for 5 years and Top End Academic Health Partners accredited for the first time.

NHMRC has also promoted research translation through its Research Translation Symposium. After a 3-year gap caused by the COVID-19 pandemic, the symposium returned as a hybrid event, the **NHMRC Research Translation Long Weekend**, in November 2022. With the theme 'Embracing Diversity' and a strong program of national and international speakers, online plenary sessions and ePosters were combined with in-person satellite events in capital cities.

The achievements of NHMRC-funded researchers and other contributors to Australian health and medical research were celebrated in several ways during the year. Minister Butler presented the 2022 Commonwealth Health Minister's Award for Excellence in Health and Medical Research to Professor Brett Mitchell in July 2022. The 13th edition of **NHMRC's 10 of the Best** was published in January 2023, showcasing 10 projects selected from more than 900 completed grants based on their final reports. The annual **NHMRC Research Excellence Awards and Biennial Awards** were then announced in March 2023 at an event attended by Minister Butler, the NHMRC Council and representatives of peak bodies. The Research Excellence Awards recognise the top-ranked applicants to NHMRC's major grant schemes during the past year, awarded following critical assessment by independent peer reviewers; the Biennial Awards are an important way to honour outstanding contributors to Australian health and medical research.

Significant amendments to the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning for Reproduction Act 2002* came into force in October 2022 following the passage of the *Mitochondrial Donation Law Reform (Maeve's Law) Act 2022*, enabling the staged introduction of **mitochondrial donation** into Australian clinical practice. As the responsible authority, the Embryo Research Licensing Committee completed the substantial work needed to develop the Mitochondrial Donation Licensing Scheme to regulate research and specialised training in the relevant techniques, and to license and oversee a suitable IVF clinic to deliver mitochondrial donation in a clinical trial.

The passage of Maeve's Law also triggered updating of the *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* by NHMRC's Australian Health Ethics Committee (AHEC). The updated guidelines incorporating the new Mitochondrial Donation Supplementary Section (Part D) were issued in April and tabled in both Houses of Parliament in May 2023.

In other significant work completed during the year, the **National Statement on Ethical Conduct in Human Research 2023** was issued on 29 June 2023 following AHEC's review of Sections 2.1 and 5. The new statement will be effective from 1 January 2024.

Work has continued on the revision of the **Australian Dietary Guidelines 2013**, supported by funding from the Australian Government Department of Health and Aged Care. This is a substantial and complex undertaking of significant community interest. Following consultation through a stakeholder survey, the Dietary Guidelines Expert Committee has determined the priorities for research questions to inform the scope of the review and the eligibility criteria for considering the existing systematic reviews. Draft guidelines are expected to be released for public consultation in 2025, for completion by the end of that calendar year.

A number of prioritised chemical factsheet reviews commenced in late 2022 and early 2023 as part of **the rolling revision of the Australian Drinking Water Guidelines**. These reviews are overseen by the Water Quality Advisory Committee and supported by funding from the Australian Government Department of Health and Aged Care and the states and territories. Public consultation on the factsheets is anticipated for early-to mid-2024.

The first half of 2023 saw work commence on a **national consultation on improving alignment and coordination between the MRFF and the MREA**. Announced by Minister Butler and Assistant Minister Kearney on 5 June 2023, the purpose of the consultation is to consider whether and, if so, how to reform the governance and administration of these two large Commonwealth funds to ensure the Australian community obtains the greatest benefit from this \$1.5 billion investment in health and medical research. NHMRC and the Australian Government Department of Health and Aged Care worked together to prepare a discussion paper and to deliver the consultation. The consultation commenced in June 2023 with roundtables hosted by Minister Butler and Assistant Minister Kearney, and a public webinar and other roundtables led by the NHMRC CEO and senior departmental staff; further public engagement and the opportunity to provide written submissions continued in July.

Three models of increasing complexity were presented to stimulate discussion: better alignment through a new coordination mechanism between NHMRC and the Department of Health and Aged Care; management of both funds by NHMRC, maintaining separate funds under unified governance; and merging of the two funds, to be disbursed by NHMRC with new governance arrangements. Any of these models, or variations on them, would have a substantial impact on NHMRC's role in the delivery of research funding, with the second and third models giving NHMRC overarching responsibility for both funds.

Following analysis of the consultation outcomes and development of a new governance model for consideration by the Australian Government, a second consultation is anticipated on a **national strategy for health and medical research**. Together these consultations present a highly significant opportunity for all interested parties – governments, the research sector, healthcare providers, consumers, industry and philanthropic funders – to come together to design the blueprint for a health and medical research system that meets the current and future needs of the Australian community.

On 2 June 2023, Minister Butler announced the appointment of **Professor Steve Wesseling as the next CEO of NHMRC**. This is an outstanding appointment for NHMRC and the health and medical research sector. Professor Wesseling has had wide-ranging leadership experience in the sector, most recently as inaugural Executive Director of the South Australian Health and Medical Research Institute since 2011. He has also contributed extensively to NHMRC as chair of the Expert Advisory Group for the Structural Review of NHMRC's Grant Program in 2016–2017 and as a member of Council and chair of Research Committee over two triennia (2018–2021 and 2021–present). The Office of NHMRC looks forward to welcoming him to the role in late August 2023.

It has been the greatest privilege to lead this organisation over the last 8 years. NHMRC has an influence on what research is done in Australia, and how it is done, that extends far beyond the grants it awards. Its leadership in creating the frameworks for responsible and ethical conduct of research, in overseeing research using human embryos and in developing health guidance for the professions and the community, contributes substantially to the quality of Australian research and its impact on health and wellbeing. Such influence must be handled with care, and I am grateful to all those who have helped us as we have sought to meet the needs of government, the community and the health and medical research sector.

Chief Executive Officer's review

I thank Ministers Sussan Ley, Greg Hunt and Mark Butler for the opportunity they each gave me to serve in this role, and for their guidance and support on significant new policies.

I thank our Council, Principal Committees and other advisory committees for their advice on the wide range of issues and policy matters we have brought to them, and for the breadth of perspectives and insight that they have shared with us. I particularly thank the three Chairs of Council with whom I have worked since 2015, the Hon Dr Annabelle Bennett AC SC, Professor Bruce Robinson AC and Professor Caroline Homer AO, whose wise counsel has served NHMRC and the sector so well.

I thank the many people with whom I have engaged across the research sector, government and community – researchers, consumer representatives and others in research institutions, in the health system, in peak bodies and other professional groups, in the Australian Government Department of Health and Aged Care, and across the Australian Government. Your collaboration and advice have been invaluable.

Finally, I thank the staff in the Office of NHMRC for their outstanding work and their collegiality. It has been an honour and a pleasure every day to work with such a dedicated team.



Professor Anne Kelso AO

Chief Executive Officer

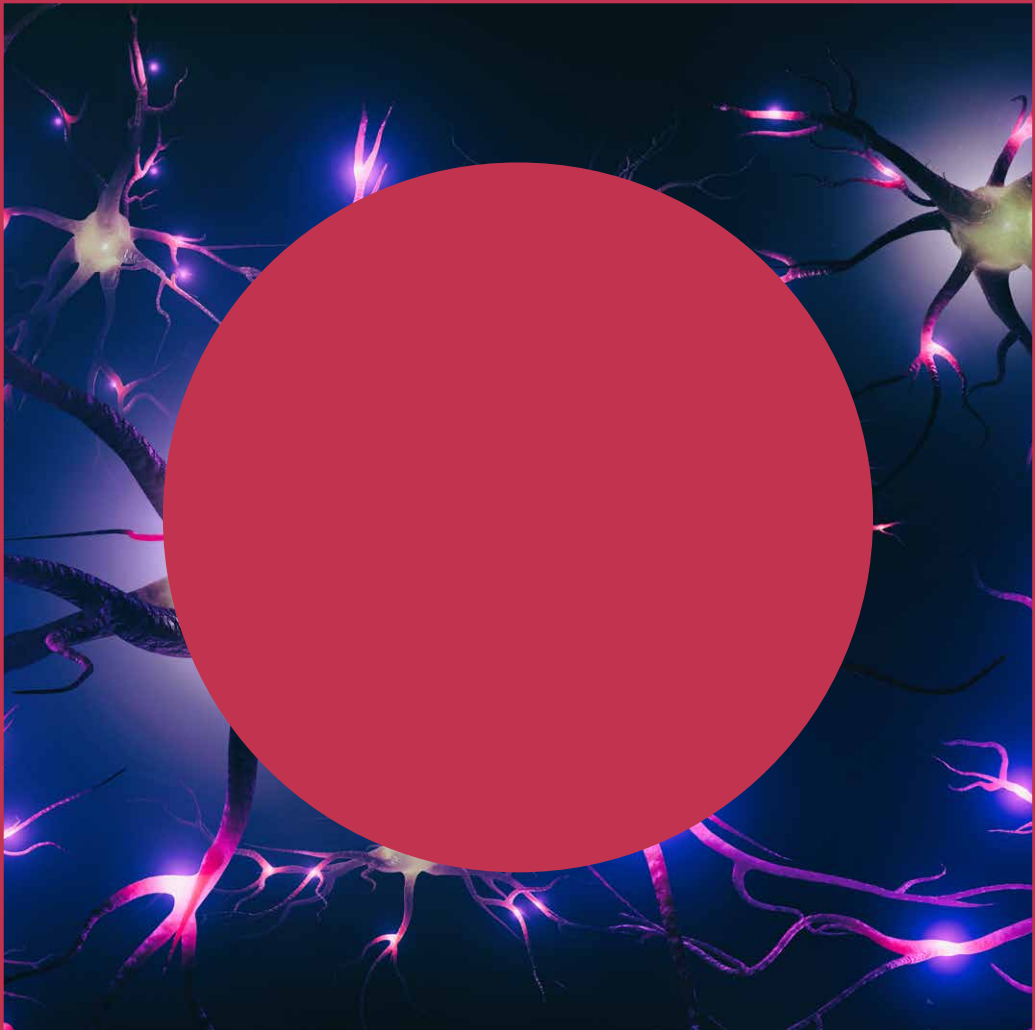
26 July 2023



Professor Anne Kelso (left) and Professor Steve Wesselingh (right).

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 and Aged Care 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 and Aged Care on expenditure on public health research and training, and medical research and training.

We also administer and have statutory obligations under the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning for Reproduction Act 2002*. Amendments to these Acts to allow for the phased introduction of mitochondrial donation under a new licensing scheme took effect on 2 October 2022. In addition, we exercise some statutory functions under the *Medical Research Future Fund Act 2015*.

We develop evidence-based health advice using rigorous methodologies and translate research findings into high-quality evidence-based 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 and Aged Care Portfolio Budget Statements (PBS). The PBS from the 2022–23 October Budget 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, aims to:

- create knowledge and build research capability through investment in the highest quality health and medical research, and the best researchers (Investment)
- drive the translation of health and medical research into public policy, health systems and clinical practice, and support the commercialisation of research discoveries (Translation)
- maintain a strong integrity framework underpinning rigorous and ethical research, and promoting community trust (Integrity).

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 2022–23*, are detailed in Table 1.

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

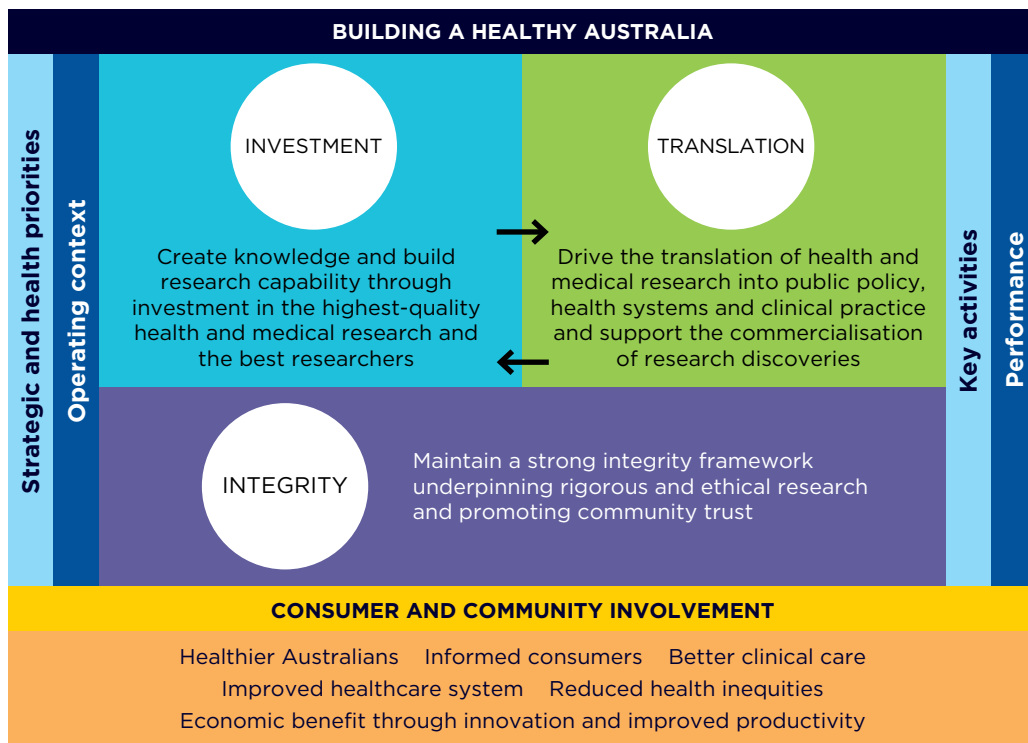
THEME	INVESTMENT	TRANSLATION	INTEGRITY
Function	Fund high-quality health and medical research and build research capability.	Support the translation of health and medical research into better health outcomes.	Promote the highest standards of ethics and integrity in health and medical research.
Purpose	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 public policy, health systems and clinical practice 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 2022-23* sets out our 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 2022-23* 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 a useful lens for interpreting NHMRC's investment in research and translation. Our peer review processes ensure that we fund the most compelling and significant research proposals, as judged by independent experts. Table 2 shows NHMRC expenditure on research addressing the 9 major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2018-19 to 2022-23^a

Major health issue ^b	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Arthritis and osteoporosis	\$16,753,034	\$17,522,971	\$15,311,464	\$16,910,232	\$16,362,152	\$82,859,853
Asthma	\$14,799,985	\$13,409,583	\$13,728,034	\$13,396,744	\$11,898,861	\$67,233,207
Cancer	\$177,119,115	\$176,195,811	\$161,750,934	\$155,707,098	\$160,928,277	\$831,701,235
Cardiovascular disease	\$99,207,972	\$110,051,267	\$104,921,796	\$100,328,529	\$94,669,853	\$509,179,417
Dementia	\$67,923,621	\$69,771,215	\$57,715,106	\$53,776,218	\$48,709,876	\$297,896,036
Diabetes	\$46,026,444	\$45,874,167	\$43,232,571	\$42,801,615	\$40,895,605	\$218,830,402
Injury	\$50,745,510	\$51,116,530	\$48,096,047	\$48,261,972	\$49,383,091	\$247,603,150
Mental health ^c	\$108,345,344	\$107,337,360	\$102,426,830	\$102,224,902	\$104,370,739	\$524,705,175
Obesity	\$22,770,158	\$23,826,669	\$23,794,762	\$21,320,779	\$19,109,901	\$110,822,269

^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. When more than one topic is indicated, NHMRC attributes the full value of the grant to each topic.

^c Includes research into addiction and substance abuse.

¹ These 9 major health issues are based on the former National Health Priority Areas (NHPAs), which were agreed by the Australian and state and territory governments between 1996 and 2012. The NHPAs 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. As at 30 June 2023, the executive was as follows.

Chief Executive Officer

The 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, WEHI (the Walter and Eliza Hall Institute of Medical Research) and the Queensland Institute of Medical Research (QIMR). From 2000 to 2006, she was Director and 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 and Aged Care on the strategy and priorities for the Medical Research Future Fund [MRFF]), 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 Prue Torrance

Ms Torrance commenced as the General Manager at NHMRC in March 2023 and was previously the Executive Director, Research Quality and Priorities.

Ms Torrance has extensive leadership experience in science and research policy and programs, as well as having held senior public service management roles in corporate governance and finance. Ms Torrance holds a Master of Studies (Public Policy) from the Australian National

University and a Bachelor of Arts (Hons in Political Philosophy) and Science (Psychology) from Monash 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.

Mr Krizan has experience in a number of industries, and over 3 decades in the public sector working in a range of policy, program and corporate roles in the Finance, Employment, Education and Training, and Health and Aged Care 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.

Mr Singh also leads NHMRC's activities to support Indigenous health research and researchers, and NHMRC's work on behalf of the MRFF. He is NHMRC's Indigenous Champion.

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

Executive Director (A/g), Research Quality and Priorities, Ms Marita Sloan

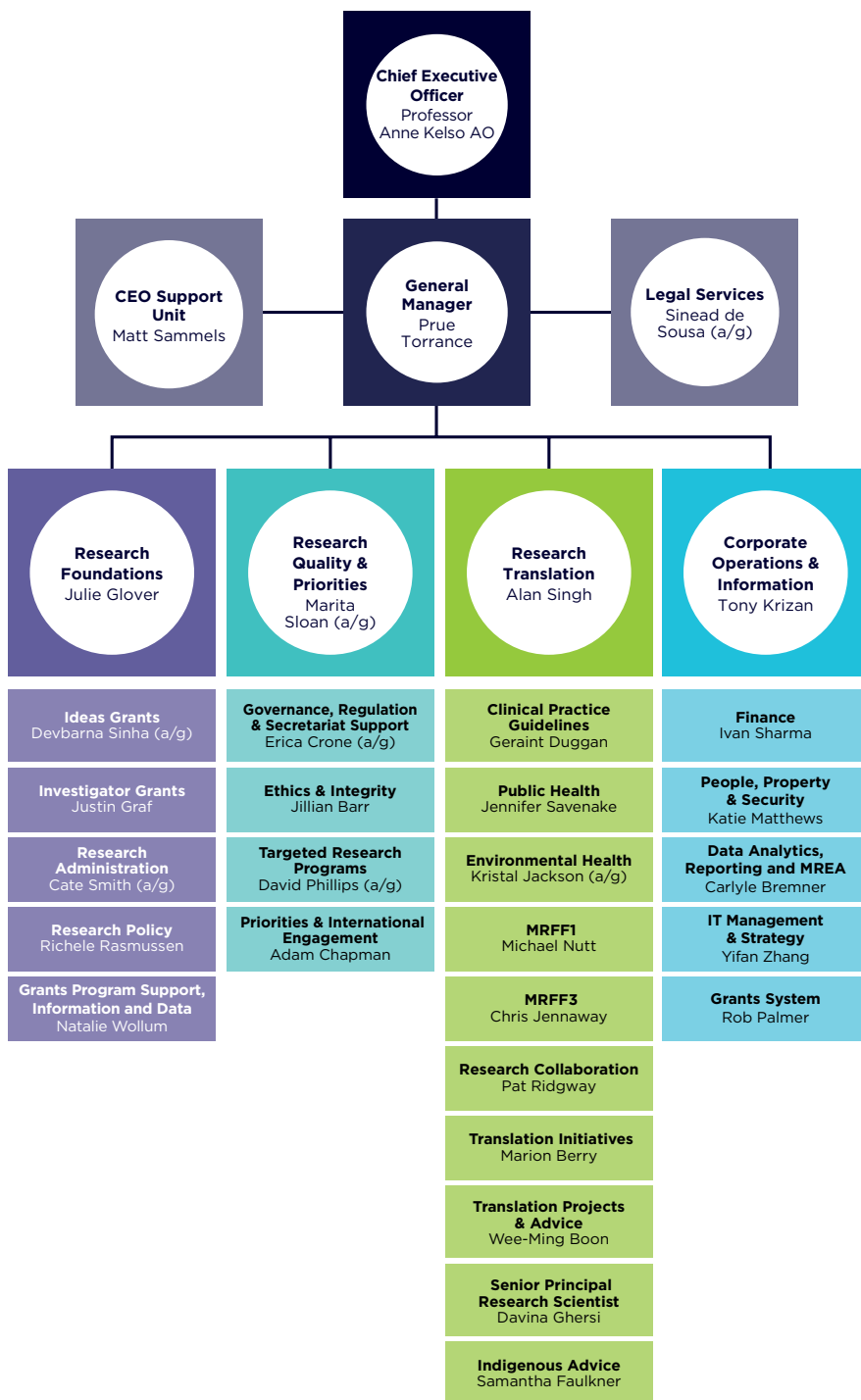
Ms Sloan is the acting Executive Director, Research Quality and Priorities, responsible for NHMRC's frameworks that support quality, integrity and ethics in health and medical research; targeted and priority-driven funding schemes; international engagement; community involvement; and strategic planning and corporate governance.

Ms Sloan joined NHMRC in March 2018, bringing expertise in public sector management, governance and regulation having previously worked in the industry and science, energy and resources, and veterans' affairs departments. She holds a Master of Public Policy (Industry Strategy), along with a Bachelor of Science (Hons in Geology) and Bachelor of Asian Studies (Japanese) from the Australian National University.

Organisational structure

Figure 7 shows our organisational structure in 2022–23.

Figure 7: NHMRC organisational structure at 30 June 2023



Research funding and expenditure

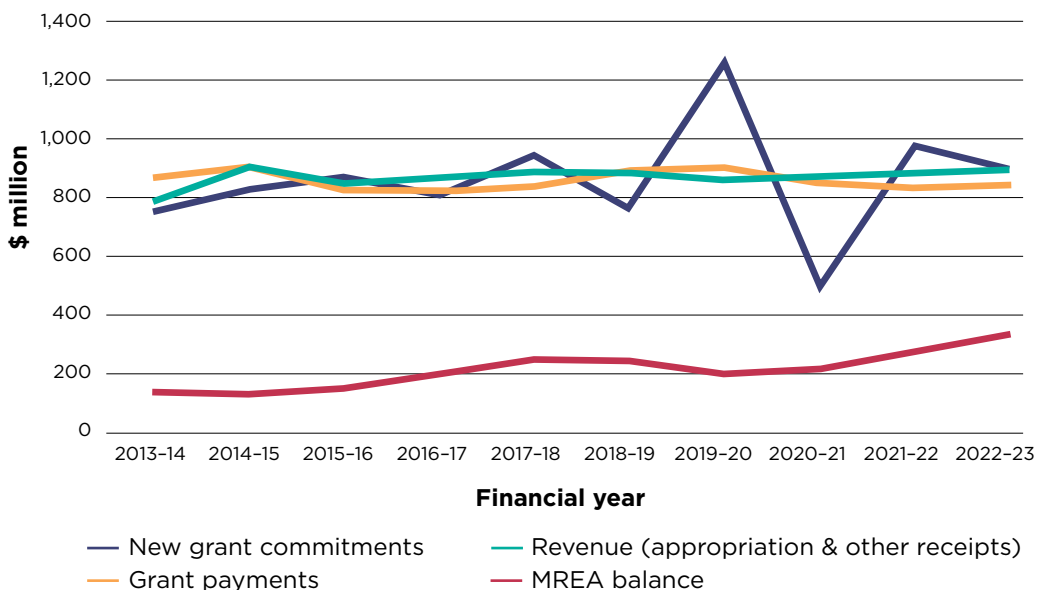
Medical Research Endowment Account

A total of \$898.1 million in new grants was awarded during 2022-23, compared with \$971.1 million in 2021-22. This decrease is largely the result of one-off increases to the Investigator Grant² scheme and Synergy Grant³ scheme in 2021-22 due to COVID-19. The amount awarded each financial year also varies because NHMRC operates most of its grant schemes on a calendar year basis.

Funding received for health and medical research from the Australian Government and other sources through the MREA amounted to \$893.0 million in 2022-23. Grant payments for health and medical research totalled \$842.4 million in this year. The difference between funding received and grant payments was caused by delays in some grant rounds, variations to existing grants, and lower than expected payments from the Independent Research Institutes Infrastructure Support Scheme (IRIIS).

Figure 8 shows the MREA financial position from 2013-14 to 2022-23.

Figure 8: Medical Research Endowment Account, 2013-14 to 2022-23.



In 2022-23, NHMRC also administered \$2.8 million outside the MREA for antivenom research (\$0.6 million), the provision of research evidence for clinical practice and policy through the Cochrane Collaboration (\$2.0 million) and mitochondrial donation regulation and clinical trial (\$0.2 million).

- In 2021-22, NHMRC applied a one-off increase of \$15 million to the Investigator Grants scheme to support early- and mid-career researchers in response to the impacts of COVID-19, as well as \$9 million to support dementia researchers.
- In 2021-22, NHMRC applied a one-off increase of \$35 million to the Synergy Grants scheme to partially offset the impact of cancelling the 2020 Synergy Grant round due to COVID-19.

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 2022–23. Further information on grants awarded during 2022–23 is available at www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds.

Table 4: Summary of NHMRC's new funding commitments, 2022-23

Funding stream	Funding scheme	New grants	Total commitments (\$)
Investigator Grants	Investigator Grants	225	375,637,948
Ideas Grants	Ideas Grants	232	240,917,364
Synergy Grants	Synergy Grants	10	50,000,000
Strategic and leveraging grants	Clinical Trials and Cohort Studies Grants	28	72,897,049
	Centres of Research Excellence	14	35,000,000
	Partnership Projects ^a	25	30,370,976
	Targeted Calls for Research ^b	21	26,855,032
	IRIISS ^c	23	23,118,583
	International Collaborative Schemes ^d	17	15,362,499
	Development Grants	16	15,181,843
	Postgraduate Scholarships	62	7,062,928
	Equipment Grants ^e	44	5,700,000
Total^f		717	898,104,222

^a Comprises the 2021 Peer Review Cycle 3 (12 grants; \$14,152,758), 2022 Peer Review Cycle 1 (7 grants; \$8,241,780) and 2022 Peer Review Cycle 2 (6 grants; \$7,976,438).

^b Comprises the Targeted Call for Research into Hearing Health 2021: Evidence Based Support Services (9 grants; \$7,438,129), Targeted Call for Research into Improving Health of People with Intellectual Disability (4 grants; \$5,384,239), Targeted Call for Research into Cultural, Ethnic and Linguistic Diversity in Dementia Research (3 grants; \$3,493,771), Targeted Call for Research into Improving Indigenous Maternal and Child Health in the Early Years (1 grant; \$4,973,482) and Targeted Call for Research into Loneliness, Social Isolation and Chronic Disease Management (4 grants; \$5,565,411).

^c IRIISS 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.

^d Comprises the NHMRC e-ASIA Joint Research Program (3 grants; \$1,781,300), NHMRC-CIHR (Canadian Institutes of Health Research) Healthy Cities Implementation Science Team Grant Scheme (4 grants; \$4,882,137), Global Alliance for Chronic Diseases: A Life Course Approach to Common Non-communicable Disease (NCD) Risk Factor Prevention and Reduction (4 grants; \$5,758,651), NHMRC-AMED (Japan Agency for Medical Research and Development) Dementia Collaborative Research Joint Funding (3 grants; \$1,498,938) and NHMRC-EU Joint Programme on Neurodegenerative Disease Research (3 grants; \$1,441,473).

^e 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.

^f 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 and Aged Care to support delivery of the MRFF. MRFF initiatives are delivered by NHMRC as a grants hub, using NHMRC's expertise in managing grant application rounds and administering awarded grants. As at 30 June 2023, NHMRC was administering 1,010 MRFF grants totalling \$1.578 billion.⁴

In 2022-23, NHMRC conducted multiple MRFF grant opportunities across 4 key themes of the MRFF program, as summarised below.⁵

Patients

Clinical Trials Activity Initiative

- 2022 International Clinical Trial Collaborations Grant Opportunity (Rounds 22.1 and 22.2)
- 2021 Clinical Trials Activity Grant Opportunity
- 2022 Clinical Trials Activity Grant Opportunity
- 2022 Pancreatic Cancer Research Grant Opportunity (Stream 2)
- 2022 International Clinical Trial Collaborations Grant Opportunity (Rounds 23.1 and 23.2)
- 2022 Multiple Sclerosis Research Grant Opportunity Guidelines (Streams 1 and 2)

Emerging Priorities and Consumer-Driven Research Initiative

- 2022 Effective Treatments and Therapies Grant Opportunity (Stream 3)
- 2022 MRFF Joint Transnational Call Grant Opportunity
- 2022 Mitochondrial Donation Pilot Program Grant Opportunity
- 2022 Multiple Sclerosis Research Grant Opportunity (Streams 3 and 4)
- 2022 Pancreatic Cancer Research Grant Opportunity (Stream 1)
- 2023 Models of Care for Sexuality & Gender Diverse People & People with Innate Variations of Sex Characteristics Grant Opportunity

Researchers

Early to Mid-Career Researchers Initiative

- 2021 Early to Mid-Career Researchers Grant Opportunity
- 2023 Early to Mid-Career Researchers Grant Opportunity

Clinician Researchers Initiative

- 2022 Clinician Researchers: Nurses, Midwives and Allied Health Grant Opportunity
- 2023 Clinician Researchers: Applied Research in Health Grant Opportunity

⁴ Refers to grants that are active and paying as at 30 June 2023.

⁵ Refers to MRFF rounds that opened or closed in the period 1 July 2022 to 30 June 2023.

Research missions

Australian Brain Cancer Mission

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

Cardiovascular Health Mission

- 2022 Cardiovascular Health Grant Opportunity
- 2023 Cardiovascular Health Grant Opportunity

Dementia, Ageing and Aged Care Mission

- 2022 Dementia, Ageing and Aged Care Grant Opportunity
- 2023 Dementia, Ageing and Aged Care Grant Opportunity

Genomics Health Futures Mission

- 2022 Genomics Health Futures Mission Grant Opportunity

Indigenous Health Research Fund

- 2022 Indigenous Health Research Grant Opportunity
- 2023 Indigenous Health Research Grant Opportunity

Million Minds Mental Health Research Mission

- 2022 Mental Health Research Grant Opportunity

Stem Cell Therapies Mission

- 2022 Stem Cell Therapies Grant Opportunity
- 2023 Stem Cell Therapies Grant Opportunity

Traumatic Brain Injury Mission

- 2023 Traumatic Brain Injury Mission Grant Opportunity

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
- 2022 Effective Treatments and Therapies Grant Opportunity (Streams 1 and 2)
- 2022 Assessment of High-Cost Gene Treatments and Digital Interventions Grant Opportunity
- 2023 Chronic Respiratory Conditions Grant Opportunity
- 2023 Consumer-Led Research Grant Opportunity
- 2023 Maternal Health and Healthy Lifestyles Grant Opportunity

Primary Health Care Research Initiative

- 2021 Primary Health Care Digital Innovations Grant Opportunity
- 2023 Primary Health Care Research Grant Opportunity

Spotlight on embryo research

Research using human embryos has the potential to improve IVF success rates and help us better understand some causes of infertility. It can also be used to safely mass screen the effects of drugs on early human development, and to develop safe gene therapy methods and regenerative medical therapies. Noting that the use of human embryos in research raises ethical and social issues, NHMRC maintains a strong integrity framework to regulate emerging embryo research technologies.

In 2022-23, the NHMRC Embryo Research Licensing Committee (ERLC) implemented a new regulatory scheme to enable the phased introduction of mitochondrial donation into Australian clinical practice. It also licensed innovative research that creates human embryo-like structures from human skin cells.

Mitochondrial donation

Mitochondrial donation, an assisted reproductive technology used alongside IVF, may prevent the inheritance of some forms of mitochondrial diseases – a group of conditions in which mutations in mitochondrial DNA or nuclear DNA cause dysfunction in a person’s mitochondria. Severe presentations can have devastating effects, including the premature death of children, debilitating pain and poor quality of life.

In October 2022, the *Mitochondrial Donation Law Reform (Maeve’s Law) Act 2022* took effect, amending the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning for Reproduction Act 2002*. The new legislation allows mitochondrial donation techniques to be performed in Australia under a licensing framework established and administered by ERLC. To support the ethical introduction of this technology, the Australian Health Ethics Committee also updated the Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research.

NHMRC anticipates the first license applications under this scheme will be lodged in 2023-24. We will continue to support ERLC in its rigorous and ethical regulation of this technology.



Embryoids

Human embryo models (embryoids) have received global attention as researchers around the world continue to report success in growing embryo-like structures from human stem cells. The models offer the opportunity to study the early stages of human embryo development and further the understanding of placental failure, early pregnancy loss and the initial stages of organ development that result in congenital defects.

In 2022, ERLC issued the first general embryo research licence to Australian researchers developing human embryo models. The researchers successfully used skin cells to develop a cell model resembling the human embryo at the early blastocyst stage. The models were named iBlastoids.

ERLC is committed to supporting innovative Australian researchers while promoting community trust. Our regulatory framework and monitoring ensure that research maintains the highest ethical standards.

NHMRC recognises excellence in the health and medical research sector through its annual Research Excellence Awards.

The awards are awarded each year to the top-ranked researchers and teams following peer review of applications to NHMRC’s highly competitive grant schemes.



The 2022 Research Excellence Award and 2023 Biennial Award recipients at the ceremony dinner on 29 March 2023 held in Canberra.

From L-R

Back row: Dr Tafireyi Marukutira, Professor Edward Holmes, Professor Jose Polo, Dr Douglas Tjandra, Professor Doug Hilton AO, Professor Gregory Fox, Dr Alastair Stewart, Reverend Kevin McGovern.

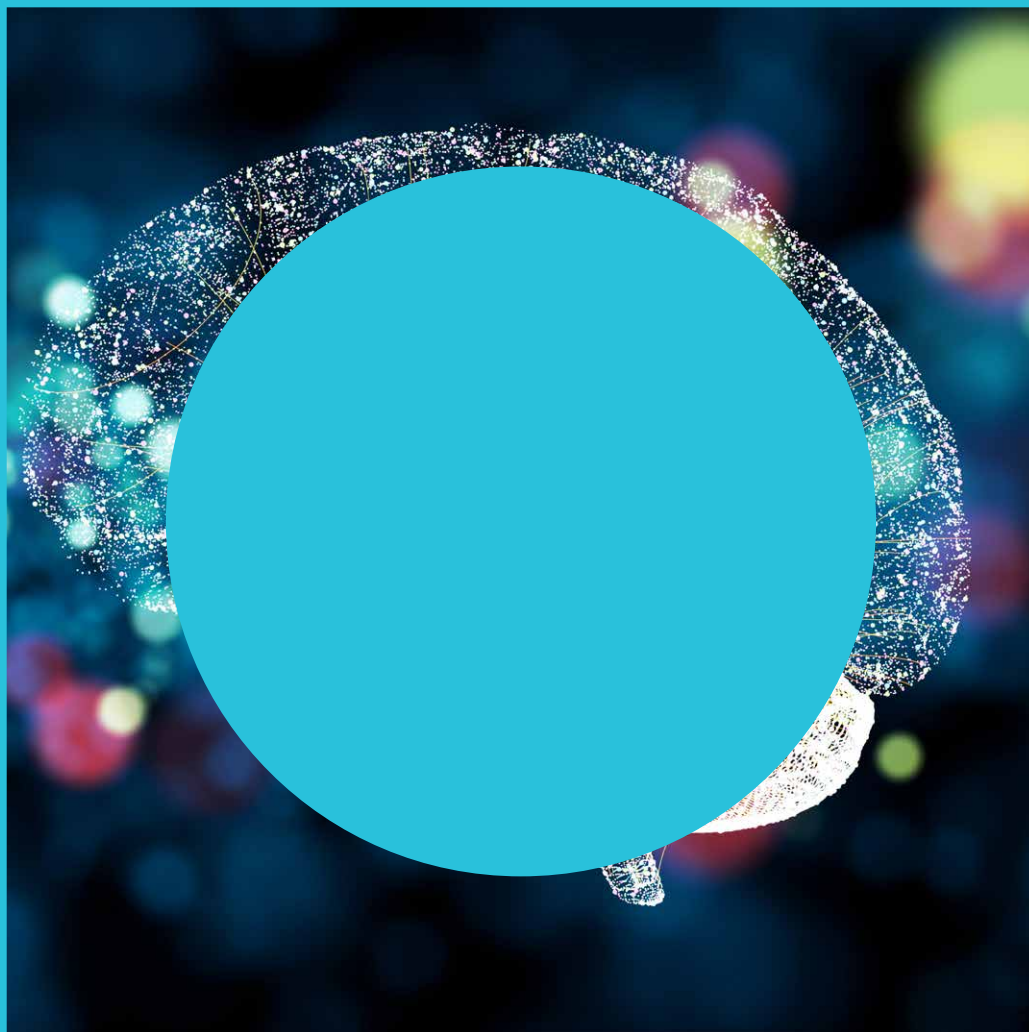
Front row: Professor Wai-Hong Tham, Professor David Copland (The Queensland Aphasia Research Centre), Professor Anne Kelso AO, Professor Caroline Homer AO, Professor Susan Davis AO, Professor Louisa Degenhardt, Professor Vaughan Macefield and Dr Ciara Shiggins (The Queensland Aphasia Research Centre).



Minister for Health and Aged Care, The Hon Mark Butler MP, NHMRC CEO, Professor Anne Kelso AO and NHMRC Council Chair, Professor Caroline Homer AO.

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 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 29 March 2023, NHMRC recognised 12 outstanding researchers at its annual Research Excellence Awards dinner, held in conjunction with a session 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 award is named to honour the achievements of Professor David Cooper AC (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.

The award recognises the highest-ranked recipient in the Clinical Trials and Cohort Studies Grant scheme.

2021 NHMRC David Cooper Clinical Trials and Cohort Studies Award

Professor Gregory Fox, University of Sydney



Professor Greg Fox is a respiratory doctor and clinical triallist at the University of Sydney, and Director of the Sydney Vietnam Institute. Professor Fox's research has contributed to new strategies for the detection, prevention and treatment of tuberculosis (TB), a leading infectious cause of death globally. Professor Fox's work is focused on reducing the burden of disease experienced by vulnerable populations in resource-limited settings. Professor Fox has contributed to the development of multiple global TB control guidelines. This work has been recognised through awards including the 2023 Ho Chi Minh Scientific Prize and the 2021 RACP International Medal.

Grant title: The FLIRT-TB study: A fluoroquinolone-based regimen to treat the commonest form of drug-resistant tuberculosis

Tuberculosis (TB) is an infectious disease responsible for 1.4 million deaths each year worldwide. Isoniazid-resistant TB is the most common form of drug-resistant TB and threatens to set back global TB elimination efforts. The FLIRT trial will evaluate the effectiveness of a new antibiotic treatment for isoniazid-resistant TB. It will enrol patients from Australia, Vietnam and Canada and measure how the new regimen compares to the current standard of care. This trial will evaluate outcomes of importance to patients including tolerability, quality of life and costs. The findings will fill an important gap in national and global TB control guidelines and contribute to the fight against drug-resistant TB.

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 Award for Basic Medical Research in 1995 and the Nobel Prize in Physiology or Medicine in 1996 jointly with Professor Rolf Zinkernagel for discoveries on the specificity of cell-mediated immune defence. He was Australian of the Year in 1997.

2022 NHMRC Peter Doherty Investigator Grant Award (Leadership)

Professor Edward Holmes, University of Sydney



Professor Eddie Holmes is Professor of Virology at the University of Sydney. His research focuses on understanding the fundamental mechanisms of virus ecology and evolution, as well as how viruses jump species boundaries to emerge and cause disease in new hosts. In 2020, Professor Holmes was recipient of the NSW Premier's Prize for Science and Engineering. In 2021 Professor Holmes received the Prime Minister's Prize for Science for his work on emerging diseases, including COVID-19. Professor Holmes is an elected Fellow of the Australian Academy of Science and the UK Royal Society.

Grant title: A metagenomics platform to prevent future pandemics

COVID-19 has shown how vulnerable the world is to pandemic viruses. It is therefore critical to develop a new generation of surveillance techniques that can rapidly detect emerging viruses and determine which viruses are most likely to have pandemic potential. This project will provide the technological foundation for a global 'pandemic radar' to detect emerging human viruses. It will lead to the development of new computational tools that can rapidly and accurately identify viruses with pandemic potential from large-scale metagenomic data, and determine which viruses pose the biggest threat to humans and how often they sporadically infect Australians.

2022 NHMRC Peter Doherty Investigator Grant Award (Emerging Leadership)

Dr Alastair Stewart, Victor Chang Cardiac Research Institute



Dr Alastair Stewart is a Laboratory Head at the Victor Chang Cardiac Research Institute in Sydney. Dr Stewart's research program uses large electron microscopes to generate detailed molecular information on a range of biomedically important molecules. Dr Stewart completed his undergraduate studies at the University of Cambridge before moving to Australia to undertake a PhD in structural studies. Dr Stewart's research provides an atomic-level structural framework to understand how biological macromolecules function, providing a basis for novel therapies.

Grant title: Structure-function relationships in drug transport and inhibition of membrane proteins

This project will study how drugs interact with bacterial proteins and human drug transporters. It will facilitate antimicrobial drug development and enhance current drug potency and effectiveness. High-resolution models of proteins bound to important biomedical molecules will be generated. Combined with complementary methods, this will be used to enable a detailed molecular understanding of drug binding and transport. This research program builds on methods recently developed in protein structure and function analysis, and expands cutting-edge technologies into drug interactions, design and screening.

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.

2022 NHMRC Elizabeth Blackburn Investigator Grant Award – Basic Science (Leadership)

Professor Wai-Hong Tham, WEHI



Professor Wai-Hong Tham is Head of the Infectious Diseases and Immune Defence division at WEHI (Walter and Eliza Hall Institute of Medical Research) and the co-Chair of the WEHI Biologics Initiative. Professor Tham's work has contributed to the molecular and structural understanding of novel host-pathogen interactions to drive the rational design of new antibody therapies against malaria and COVID-19. For her contribution to understanding malaria parasite invasion, Professor Tham has received numerous awards including the 2020 Biochemical Society International Award; the 2019 and 2011 Eureka Prize for Infectious Diseases Research (team prize); the 2017 David Syme Research Prize; and the 2018 Burnet Prize.

Grant title: Antibody-based therapies against infectious diseases

Infectious diseases have resulted in devastating mortality in human populations throughout history. Antibody-based therapies have revolutionised modern medicine and will be important for the prevention and treatment of diseases caused by some of the world's deadliest pathogens. This program builds on a deep understanding of the molecular interactions between human and pathogen, and leverages advanced antibody platforms to develop novel antibody therapies against malaria and COVID-19.

2022 NHMRC Elizabeth Blackburn Investigator Grant Award – Clinical Medicine and Science (Leadership)

Professor Susan Davis AO, Monash University



Professor Susan Davis leads the Monash University Women's Health Research Program. Professor Davis's research focus is understanding the role of sex hormones in women in the brain, cardiovascular system and musculoskeletal health. Professor Davis's research has been recognised by numerous awards, including 3 in 2022: the College Medal from the Royal Australasian College of Physicians for her outstanding contribution and leadership in endocrinology and women's health; the Heart Foundation's Ross Hohnen Award; and the Australasian Menopause Society's Barbara Gross Award.

Grant title: Role of testosterone in preventing major morbidity in women

This program of research involves a series of innovative, complementary clinical trials to determine if testosterone, often considered a male hormone, can serve as a new therapy to protect against leading causes of ill health in postmenopausal women, namely muscle wasting, bone loss and heart failure, as well as sexual dysfunction. Concurrently, the research will use a large cohort study to explore the role of testosterone and other sex steroids in the evolution of cognitive decline, dementia and structural brain ageing in older women. These are all conditions for which preventive interventions are limited or are lacking.

2022 NHMRC Elizabeth Blackburn Investigator Grant Award – Public Health (Leadership)

Professor Louisa Degenhardt, University of New South Wales



Professor Louisa Degenhardt is Deputy Director at the National Drug and Alcohol Research Centre, Faculty of Medicine, UNSW. Professor Degenhardt was awarded her PhD in 2003, examining the comorbidity of drug use and mental disorders in the Australian population. She has honorary Professorial appointments at the University of Melbourne's School of Population & Global Health, Murdoch Children's Research Institute and University of Washington's Institute for Health Metrics and Evaluation. Professor Degenhardt conducts diverse epidemiological studies including analysis of large-scale community and clinical population surveys; data linkage studies focusing on people with a history of drug dependence or chronic pain; and cohort studies of young people.

Grant title: Improving knowledge and interventions to reduce and prevent substance use-related harms

This research will focus on the epidemiology of illicit drug use and improve estimates of substance use, mental disorders and health burden. It will study prospective associations between disorders and harms, with a global perspective on the epidemiology and harms of illicit drugs, and coverage of interventions to reduce harm. The research will examine interventions to address drug use, including treatment of opioid dependence and other interventions to reduce harm among people who use illicit drugs.

2022 NHMRC Elizabeth Blackburn Investigator Grant Award – Health Services (Leadership)

Professor Caroline Homer AO, Burnet Institute



Professor Caroline Homer is a midwife and maternal and newborn health researcher. Her research addresses maternal and newborn health issues, especially the role of midwives in improving outcomes in limited-resource settings, with a focus for more than 20 years on the Asia–Pacific region.

Professor Homer is an elected Fellow of the Australian Academy of Health and Medical Sciences. She works closely with the United Nations Population Fund and the World Health Organization (WHO). Professor Homer is Chair of the WHO’s Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition, advising the WHO Director-General.

Grant title: Reducing maternal and newborn deaths: Transforming midwifery in the Asia–Pacific region through research and innovation

Globally each year, there are 2 million stillbirths, 2.4 million infant deaths and 300,000 maternal deaths due to pregnancy and childbirth. Most of these are preventable. This work will generate and translate new knowledge that strengthens the capacity and impact of midwives and midwifery services to improve maternal and newborn health in the Asia–Pacific region. This will ensure that maternal and newborn health services can withstand future shocks like pandemics and natural disasters. This research directly responds to global calls for action and informs future investments in maternal and newborn health in the Asia–Pacific region.

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.

2022 NHMRC Sandra Eades Investigator Grant Award (Emerging Leadership)

Dr Graham Gee, Murdoch Children's Research Institute



Dr Graham Gee is an Aboriginal Chinese man, also with Celtic heritage, originally from Darwin. His Aboriginal Chinese grandfather was born near Belyuen on Larrakia country. Dr Gee is a clinical psychologist and worked at the Victorian Aboriginal Health Service for 11 years before taking up a research position at the Murdoch Children's Research Institute. His early career research focused on Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, resilience and complex trauma. In 2022, Dr Gee began working in partnership with several Victorian Aboriginal services dedicated to healing child sexual abuse.

Grant title: Supporting healing and recovery for Aboriginal and Torres Strait Islander survivors of childhood sexual abuse

This research program involves collaboration with 6 Victorian Aboriginal partner services dedicated to supporting Aboriginal and Torres Strait Islander survivors of child sexual abuse. Using Indigenous research methodologies, grounded theory and processes of partner service co-design, a multiphase approach will aim to understand the experiences and processes of healing from child sexual abuse from Aboriginal and Torres Strait Islander perspectives; support effective responses to the healing and recovery needs of survivors; strengthen the wellbeing and capacity of the workforce dedicated to supporting survivors; and investigate and develop early intervention practices.

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.

2022 NHMRC Frank Fenner Investigator Grant Award (Emerging Leadership)

Dr Tafireyi Marukutira, Burnet Institute



Dr Tafireyi Marukutira is a medical doctor and public health researcher specialising in infectious diseases epidemiology. He is a Research Fellow at the Burnet Institute and Monash University in the HIV and Sexually Transmitted Infection Prevention and Tuberculosis Elimination and Implementation Science Working Groups. His research addresses HIV care and treatment cascades for migrants and non-migrants in line with UNAIDS Fast-Track targets for HIV epidemic control in low-, middle- and high-income countries. His work on HIV and migration focuses on identifying gaps and the solutions needed for HIV elimination. Dr Marukutira has an interest in infectious diseases

that affect people living in low- and middle-income settings.

Grant title: Ensuring equitable access to care for migrants living with HIV in sub-Saharan Africa: Lessons learnt from an evaluation of Botswana's migrant-inclusive program

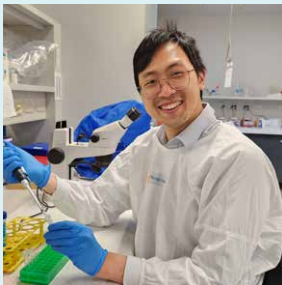
Using Botswana as a regional case study, this research will evaluate program- and country-level implementation of migrant-inclusive HIV care and treatment policies. The evaluation will also include surveillance strengthening activities to build efficient and sustainable systems for Botswana to monitor UNAIDS HIV elimination indicators and ensure equitable access to HIV care for all people living with HIV. The mixed methods study will use a prospective surveillance cohort, Optima modelling, in-depth interviews and focus group discussions.

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 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.

2022 NHMRC Gustav Nossal Postgraduate Scholarship Award

Dr Douglas Tjandra, Monash University



Dr Doug Tjandra is an advanced trainee in gastroenterology at the Royal Melbourne Hospital. Dr Tjandra has an interest in preventing gastrointestinal cancers and immunotherapy-related complications of the gastrointestinal tract and liver. While continuing clinical work, he has returned to the laboratory bench to complete postdoctoral studies at Monash University, pursuing further research to identify and characterise risk factors for bowel and gastric cancer.

Grant title: Predicting progression of intestinal metaplasia to gastric cancer

Gastric cancer is a rare cancer in the developed world, but remains a cause of significant morbidity with survival rates which lag behind parts of the world where it is more prevalent, likely due to later diagnosis. Gastric intestinal metaplasia is a premalignant state which progresses to gastric cancer in a small proportion of people. The challenge is determining which people are at highest risk of progressing to gastric cancer and therefore require closer surveillance and early intervention. This project aims to determine the clinical, pathological, molecular, genetic and immunological features that best predict progression of intestinal metaplasia to dysplasia and cancer.

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.

2022 NHMRC Marshall and Warren Ideas Grant Award & 2022 NHMRC Marshall and Warren Innovation Award

Professor Vaughan Macefield, Monash University



Professor Vaughan Macefield is Professor of Neuroscience in the Department of Neuroscience at Monash University. Professor Macefield specialises in recording from single nerve fibres via microelectrodes inserted into the peripheral nerves of awake human participants. He is best known for developing the methodology for recording the firing properties of single, type-identified sympathetic neurones supplying muscle and skin; and for developing the methodology for recording muscle sympathetic nerve activity at the same time as performing functional magnetic resonance imaging of the brain. Most recently, Professor Macefield made the first microelectrode recordings from the human vagus nerve, via ultrasound-guided microneurography.

Grant title: Microelectrode recordings from the vagus nerve in awake humans

The vagus nerve is an important nerve that controls the heart, lungs and gut. It exits the brain and travels with the carotid arteries and jugular veins in the neck. As such it has defied direct investigation in humans, but here we have developed a means of inserting metal microelectrodes into this nerve and recording signals going to and from the brain. This approach promises to provide much-needed information on how the organ control provided by the vagus nerve is affected in disease states.

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 disorders such as birth defects 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.

2022 NHMRC Fiona Stanley Synergy Grant Award

Professor Jose Polo, University of Adelaide



Professor Jose Polo is the Director of the Adelaide Centre for Epigenetics, Program Leader at the South Australian ImmunoGENomics Cancer Institute at the University of Adelaide, and a group leader in the Faculty of Medicine and Health Sciences at Monash University. His work in epigenetics spans diverse fields, including cellular reprogramming, embryogenesis, neurobiology, immunology and cancer. Professor Polo has been recognised with multiple awards including the Metcalf Prize from the National Stem Cell Foundation of Australia and the President's Medal of the Australia and New Zealand Society for Cell and Developmental Biology.

Grant title: Using complex models of human trophoblast to study placental biology and disease

This research will bring together a multidisciplinary team of scientists to elucidate how the placenta is formed during the first weeks of development, which occurs before a woman is aware she is pregnant. The research will combine the latest advances in models of early development, genetics and molecular biology to determine how the early placenta produced by the embryo burrows into the uterus and keeps developing during the entire pregnancy. It is hoped the research program will benefit the 15% of reproductive-age couples who face infertility and the 30% of pregnancies affected by a major placenta-associated pregnancy complication each year in Australia.

2023 NHMRC Biennial Awards

NHMRC's Biennial Awards recognise people who have made a significant contribution in an area of importance to NHMRC. On 29 March 2023, 4 awards were presented, recognising individuals or groups who have made an outstanding contribution to NHMRC, demonstrated ethics and integrity through their research and actions, demonstrated excellence in consumer engagement, and captured outstanding imagery from research funded by NHMRC.

NHMRC Outstanding Contribution Award

The NHMRC Outstanding Contribution Award recognises outstanding long-term contributions, individual commitment and support to NHMRC.

Professor Doug Hilton AO, WEHI



Professor Doug Hilton is the Director of WEHI and an internationally recognised expert in the field of molecular regulation of blood cell production. He has changed Australian health and medical research through a progressive mentoring approach, campaigning for gender equity in science, and leadership in the sector. Professor Hilton's service to NHMRC spans more than 2 decades, including important contributions as a member of the Research Committee and of the Expert Advisory Group for the Structural Review of NHMRC's Grant Program (2016-17), which led to significant changes to NHMRC's funding system.

Professor Hilton's advocacy for health and medical research has been inspirational. He has made deep and lasting contributions through his many advisory and leadership roles - for example, as a member of the Australian Medical Research Advisory Board and president of the Association of Australian Medical Research Institutes; through his leadership of the landmark Discovery Needs Dollars campaign; through his advocacy for the Medical Research Future Fund; and via his role in establishing the now-national Undergraduate Research Opportunities Program. Not only is he vocal about issues affecting the research sector, he takes action and is not deterred by difficulties. His outstanding contributions, energy and commitment have improved the landscape of health and medical research in Australia for the benefit of us all.

NHMRC Ethics and Integrity Award

The NHMRC Ethics and Integrity Award recognises an individual, a group of individuals or an organisation that has made a significant contribution to supporting the highest ethical standards in health and medical research.

Reverend Kevin McGovern, St Cecilia's Church, Camberwell South Parish



Reverend Kevin McGovern is one of Australia's leading ethicists and has been active in education, research and policy for over 25 years. Throughout his professional life as a parish priest, academic and community leader, Reverend McGovern has brought the highest intensity and quality of consideration to innumerable discussions and debates. He has a reputation for the courage of his convictions and his openness and respect for people with diverse views.

Reverend McGovern served on the Australian Health Ethics Committee for 9 years, contributing to deliberations and the development of guidelines on important ethical issues such as assisted reproductive technology; organ and tissue donation and transplantation; mitochondrial donation; and research involving human biospecimens, including stem cells. Reverend McGovern also served as a member of NHMRC's Assisted Reproductive Technology Review Committee and Mitochondrial Donation Expert Working Committee.

NHMRC Consumer Engagement Award

The NHMRC Consumer Engagement Award recognises an individual, a group of individuals or an organisation that has made a long-term contribution to consumers and community involvement in health and medical research.

Queensland Aphasia Research Centre, University of Queensland



Aphasia is a common and devastating communication disability affecting speaking, understanding, reading and writing. People living with aphasia experience systematic exclusion from meaningful activities and social interactions, as well as the research that drives the services they receive.

The Queensland Aphasia Research Centre (QARC) brings together people with aphasia, their families and friends, clinicians and researchers in the collaborative development of innovative and novel health interventions that transform lives. QARC's development was driven by the lived experience of the consumers and communities it serves, and its priorities have been co-designed with people with aphasia, their families and speech pathologists. Today the QARC team are recognised leaders and innovators in developing and conducting research that directly addresses the health and social needs of people living with aphasia.

NHMRC Science to Art Award

The NHMRC Science to Art Award recognises outstanding imagery that has arisen from research funded by NHMRC.

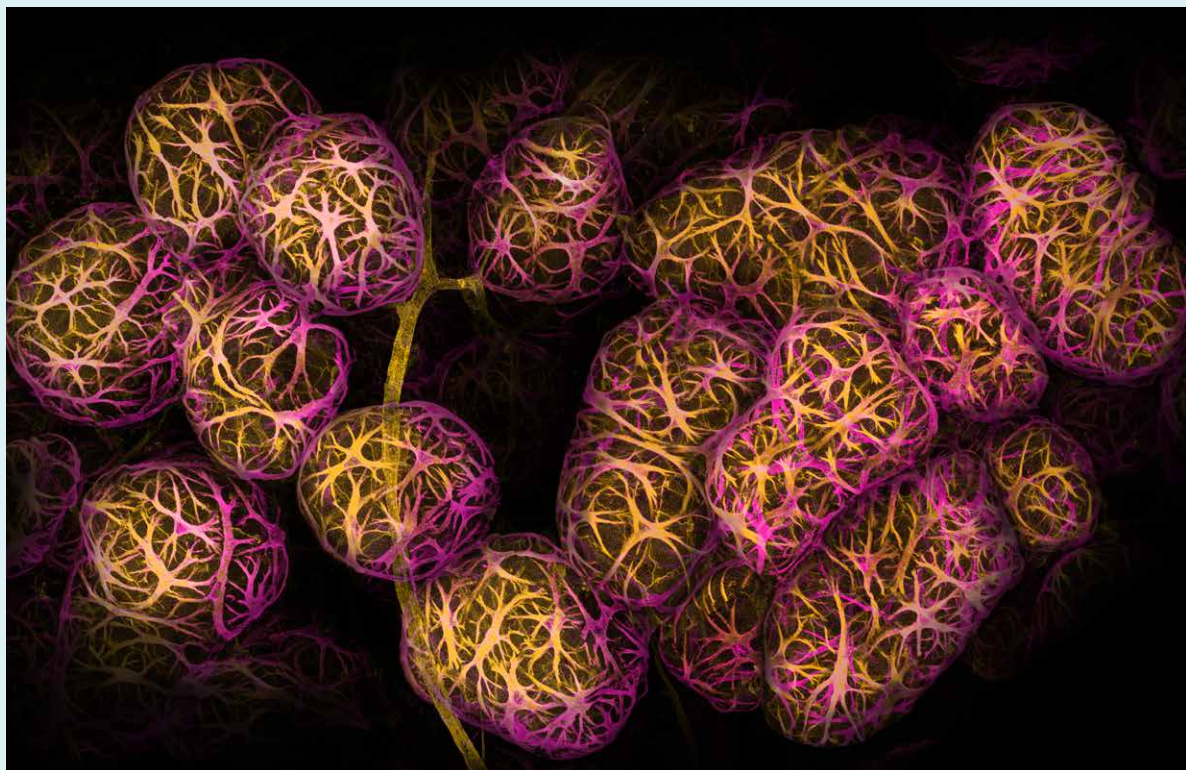
Dr Caleb Dawson, WEHI

Dr Caleb Dawson is a Postdoctoral Research Fellow at WEHI, where he is using imaging and tissue engineering to study immune cells in breast development and cancer.

Dr Dawson has used advanced 3D and intravital imaging to reveal novel breast resident macrophages and to study epithelial stem cell behaviour during puberty. Dr Dawson's work has been recognised by an NHMRC Investigator Grant (Emerging Leadership), a Jack Brockhoff Foundation Early Career Medical Research Grant, the Griffith University Discovery Award and several microscopy art prizes.

Image: 'In Bloom' - Breast tissue showing muscle-like cells wrapped around milk-producing alveoli

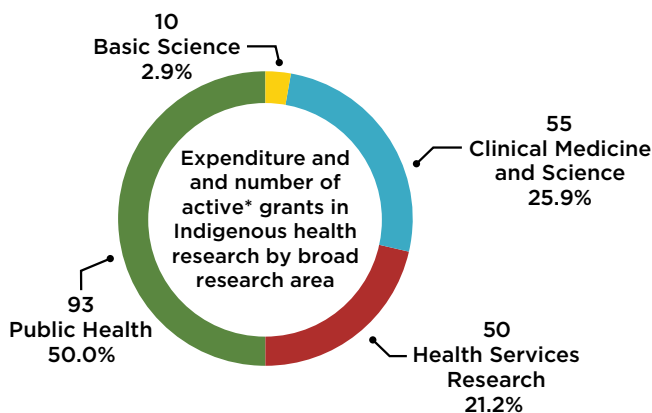
This is an image of just 1 mm of healthy breast tissue in lactation. The tiny yellow (F-actin) and magenta (Keratin 5) muscle-like myoepithelial cells are wrapping around milk-producing spheres, called alveoli. The blood vessel running vertically delivers oxytocin that is released upon breastfeeding. Oxytocin causes the muscle-like cells to contract and squeeze out the milk. I captured this image using a confocal microscope after staining and clearing the tissue. Images like this helped us to discover a unique breast immune cell that removes the milk-producing cells after weaning to keep the breast healthy.



2022 NHMRC Aboriginal and Torres Strait Islander Report Card of Achievements

This is an annual report card focused on the achievements made in 2022 against the [Road Map 3 Action Plan for the 2021-24 Triennium](#). NHMRC continues to work with the Principal Committee Indigenous Caucus (PCIC) to progress all 18 actions in the Action Plan.

NHMRC is committed to spending 5% or more of the Medical Research Endowment Account (MREA) on Aboriginal and Torres Strait Islander health and medical research.



CHILD HEALTH and **MENTAL HEALTH** were the **top Disease, Health and Research Topics*** in Aboriginal and Torres Strait Islander health research funding with **62** and **48 grants**, respectively.

*Disease, Health and Research Topic table contains duplicates as one grant can fall under multiple research areas



208

Active* research grants in Indigenous health



\$66,988,807

Spent on Indigenous health research



8%

Funding of the MREA for Indigenous health research

*All grants being paid in 2022

Strengthening Capacity

NHMRC is committed to building and strengthening capacity of Indigenous researchers. In 2022:



72

Active* NHMRC grants were led by Indigenous researchers



169

Indigenous researchers on active* grants were funded by NHMRC



3.4%

target of NHMRC grants awarded annually, led by CIAs who identify as being of Aboriginal and/or Torres Strait Islander descent

*All grants being paid in 2022

Principal Committee Indigenous Caucus

PCIC is appointed on a triennial basis and works with NHMRC Council and CEO to provide advice on issues relating to Aboriginal and Torres Strait Islander health research. Professor Yvonne Cadet-James is chair of PCIC and also a member of NHMRC Council for the 2021-2024 triennium.

Left to right: Professor Maree Toombs, Dr Sean Taylor, Professor Gail Garvey, Professor Catherine Chamberlain, Professor Yvonne Cadet-James, Associate Professor Alwin Chong, Professor Yvette Roe, Associate Professor Kalinda Griffiths.



2021 NHMRC Sandra Eades Investigator Grant Award

The NHMRC Sandra Eades Investigator Grant Award is named to honour Professor Sandra Eades AO FAHMS FASSA, the first Indigenous medical practitioner to be awarded a Doctor of Philosophy. The award is given to the top-ranked Indigenous researcher grant recipient in the Emerging Leadership Category of Investigator Grants. Dr Simon Graham was the recipient of the 2021 NHMRC Award. He is an epidemiologist in the Department of Infectious Diseases at the Peter Doherty Institute, University of Melbourne.



Dr Simon Graham

Targeted Calls for Research

The Improving Indigenous Maternal and Child Health in Early Years grant opportunity opened in 2022. It sought grants which aimed to identify strengthbased, action-oriented approaches and interventions that value Aboriginal and Torres Strait Islander peoples' concepts of health and wellbeing, cultural practices, and knowledge and learning to ensure that all children have the best start to life.



Left to right: Adjunct Professor Janine Mohamed, Professor Sandra Eades, Professor Yvette Roe (facilitator), Professor Alex Brown and Professor Gail Garvey, 2022 IRNet National Aboriginal and Torres Strait Islander Health Research Showcase.

OCHRe Network

NHMRC awarded funding to establish a National Network of over 90 Aboriginal and Torres Strait Islander health researchers. The network is now known as OCHRe, which stands for Our Collaborations in Health Research.

OCHRe is led by some of Australia's most eminent Aboriginal and Torres Strait Islander researchers including Adjunct Professor Janine Mohamed, Professor Sandra Eades, Professor Alex Brown and Professor Gail Garvey.

OCHRe brings together unique skills across culture, knowledge and health research to address the health priorities of Aboriginal and Torres Strait Islander communities.



Tripartite Agreement in International Indigenous health

The Tripartite Agreement on International Indigenous health is an agreement with the Canadian Institutes of Health Research (CIHR), and the Health Research Council of New Zealand to strengthen the capacity and capability of Indigenous health and medical researchers.

NHMRC Research Translation Symposium 2022

Dr Margo Greenwood, Indigenous scholar from Canada, visited NHMRC in November. Dr Greenwood, along with Professor Yvonne Cadet-James presented a plenary presentation 'Towards health equity for First Nations Peoples through co-creation and co-translation of health research'. Other presenters at the symposium included Professor Yvette Roe, Associate Professor Dan McAullay, Ms Heather D'Antoine, Associate Professor Kalinda Griffiths and Dr Odette Pearson.

Left to right: Dr Margo Greenwood and Professor Yvonne Cadet-James

The second NHMRC Innovate Reconciliation Action Plan (RAP) was released in April 2022
[nhmrc.gov.au/about-us/publications/reconciliation-action-plan-2022-24](https://www.nhmrc.gov.au/about-us/publications/reconciliation-action-plan-2022-24)



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 2022–23 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 Steve Wesselingh
 Chief Executive Officer
 National Health and Medical Research Council

29 September 2023

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. NHMRC’s purposes also reflect our 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 included in 2022–23 to report our performance in this area.

Our purposes are set out in our *Corporate Plan 2022–23* and are shown in Table 5.

Table 5: 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 public policy, health systems and clinical practice 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 2022-23* and Portfolio Budget Statements (PBS) for 2022-23.

Table 6: Summary of results, 2022-23

INVESTMENT		Result
Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.		
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 against published assessment criteria, including an overall consideration of value with money.		
Target 3	Better matching of peer reviewers to applications, improving application centric peer review in applicable schemes, and reduced burden on peer reviewers.	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 health researchers.		
Target 5	Report on the number of Aboriginal and Torres Strait Islander chief investigators.	Met
NHMRC grants support a gender inclusive health and medical research workforce.		
Target 6	Gender inequities in NHMRC funding outcomes are reduced.	Met

continued

Part 3: Annual performance statements

Table 6 continued

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	Instances of researcher/end-user collaborations translating research into health care are promoted.	N/A ⁶
Target 8	Develop and/or approve 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
INTEGRITY		
Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust.		Result
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> .	Substantially met
Research involving human embryos is conducted ethically and legally, in accordance with appropriate licence conditions.		
Target 11	Compliance with regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports.	Met
CAPABILITY		
Operate effectively within a strong governance framework that supports performance, integrity, efficiency and compliance.		Result
Target 12	Digital technology supports the effective and efficient delivery of NHMRC activity.	Met

⁶ Target 7 was removed in the October 2022-23 Portfolio Budget Statements as part of streamlining to focus on relevant and measurable performance targets; as such, outcomes associated with this target are not reported in this Annual Report.

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 2022–23* outlines our key activities.

Our priority activities for 2022–23 were to:

- contribute to the nation's strategy for health and medical research, including working with the Australian Government Department of Health and Aged Care to coordinate investments through the NHMRC grant program and the Medical Research Future Fund (MRFF)
- advance gender equity and support a diverse and inclusive health and medical research workforce through the NHMRC grant program
- continue to optimise grant application and assessment processes, including improving the quality and efficiency of peer review processes and expanding peer reviewer training
- promote, communicate and measure the impact of NHMRC-funded research.

During the period covered by the Corporate Plan (2022–23 to 2025–26), 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
- continue to work with the Australian Government Department of Health and Aged Care to deliver the MRFF effectively and efficiently, leveraging NHMRC's grant processes and capability 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 2022-23 and October 2022-23 PBS
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 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 2022-23 is reported in Table 7.

Table 7: NHMRC expenditure by broad research area, 2018-19 to 2022-23

Broad research area	2018-19	2019-20	2020-21	2021-22	2022-23
Basic science research	\$358,472,639	\$363,312,278	\$339,695,034	\$316,257,135	\$314,607,017
Clinical medicine and science research	\$309,399,525	\$307,393,276	\$278,633,965	\$281,283,952	\$287,308,495
Public health research	\$126,384,582	\$130,206,801	\$125,546,889	\$130,383,524	\$132,651,513
Health services research	\$55,696,549	\$59,633,121	\$69,243,706	\$72,700,237	\$77,696,381
Other ^a	\$39,357,705	\$40,891,500	\$37,288,407	\$32,686,577	\$30,087,369
Total^b	\$889,311,000	\$901,436,976	\$850,408,000	\$833,311,425	\$842,350,774

^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.

NHMRC uses a number of research classification systems to categorise research applications. Information about this is available at www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords.

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 2022-23.

Additionally, 22 research case studies and researcher profiles were posted to the InFocus section of NHMRC's website in 2022-23 at www.nhmrc.gov.au/about-us/infocus. 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 2022-23
Methodology	Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified
Result	Met

In 2022-23, \$26.9 million was awarded through Targeted Calls for Research (TCR) to address national, state and territory, and community priorities. An additional \$15.4 million in NHMRC funding was awarded in 2022-23 for international collaborative research in national and global priority areas.

TCR into Hearing Health 2021: Evidence-based support services

A total of \$7.4 million was awarded for research to develop an evidence base for hearing support services that can adapt to client needs and technological change, and to develop strategies to improve healthy hearing habits, especially in vulnerable populations. This TCR was a component of the 2020-21 Budget Measure *Preventive Health - implementation of the Roadmap for Hearing Health*. NHMRC administered this TCR call on behalf of the Australian Government Department of Health and Aged Care.

TCR into Improving health of people with intellectual disability

A total of \$5.4 million was awarded for research to improve the long-term health outcomes and quality of life of people with an intellectual disability, and to reduce the number of avoidable presentations to emergency departments and the number of preventable and prolonged hospitalisations. Research in this area was identified as a high priority through NHMRC's Community Research Priorities Portal and the Commonwealth, States and Territories Joint TCR Working Committee.

TCR into Improving Indigenous maternal and child health in the early years

A total of \$5 million was awarded for research to identify strength-based, action-oriented approaches and interventions that value Aboriginal and Torres Strait Islander peoples'

Part 3: Annual performance statements

concepts of health and wellbeing, their cultural practices, and their knowledge and learning to ensure that all children have the best start to life. This TCR was identified as a priority from a 2016 NHMRC public call for submissions on research priorities in Aboriginal and Torres Strait Islander health, and is supported by the NHMRC Principal Committee Indigenous Caucus.

TCR into Cultural, ethnic and linguistic diversity in dementia research

A total of \$3.5 million was awarded for research to increase the quality and availability of evidence that is representative of all people with dementia, informing future research, policy, programs and health services. The research will also lead to the development of clinical pathways for the diagnosis, early intervention, treatment and management of dementia that are appropriate for people from diverse cultural, ethnic and linguistic backgrounds, and that support families and carers. This TCR was identified as a high priority through NHMRC's Community Research Priorities Portal.

TCR into Loneliness, social isolation and chronic disease management

A total of \$5.6 million was awarded for research that will inform future policies, programs and initiatives that assist people experiencing loneliness or social isolation to manage their chronic disease. This may include the development of screening tools and resources that equip health and community service providers to support people who may be at a risk of health deterioration and inadequate treatment due to social isolation or loneliness. This TCR was identified as a high priority through NHMRC's Health Translation Advisory Committee.

An additional TCR was initiated in 2022–23, with funding due to be awarded in the second half of 2023. 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 2022–23, NHMRC funding for research in national and global priority areas included:

- \$1.8 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
- \$4.9 million for the NHMRC and Canadian Institutes of Health Research Healthy Cities Implementation Science Team Grant Scheme
- \$1.5 million for NHMRC and the Japan Agency for Medical Research and Development Dementia Collaborative Research Joint Funding to further understand the many potential causes of dementia, modifiable lifestyle risk and protective factors that may prevent or delay the onset of dementia
- \$5.8 million for the Global Alliance for Chronic Disease to focus on implementation research that takes a life course approach to the prevention and reduction of common non-communicable disease risk factors in low- and middle-income countries and among vulnerable populations in high-income countries.

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 against published assessment criteria, including an overall consideration of value with money

Target 3: Better matching of peer reviewers to applications, improving application centric peer review in applicable schemes, and reduced burden on peer reviewers

Source	NHMRC Corporate Plan 2022-23
Methodology	Quantitative and qualitative analysis of the peer review process, including the level of suitability matching of peer reviewers to applications, feedback from reviewers and an estimation of time spent on peer review (in total and by individual reviewers)
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-based approach used in 2019.

Each year, we survey peer reviewers on the match between their expertise and the grant applications assigned to them. In 2019 (when a panel-based approach was used), 51.5% of Ideas Grant peer reviewers and 48.1% of Investigator Grant peer reviewers who responded to the survey agreed that the applications assigned matched their area of expertise. In 2022, when application-centric suitability matching was used, this increased to 77% and 91% for the Ideas Grant and Investigator Grant schemes respectively.

In 2022, 2,192 Ideas Grant scheme applications were allocated to 5 peer reviewers each (10,960 individual assessments). Of these, 97.7% were allocated to reviewers who declared the highest ('Yes') and the second highest ('Moderate') level of suitability.

In 2022, 1,409 Investigator Grant scheme applications were allocated to 5 peer reviewers each (7,045 individual assessments). Of these, 100% were allocated to reviewers who declared the highest ('Yes') and the second highest ('Moderate') level of suitability.

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. In 2022, this increased to around 4 hours per application. This increase could be attributed to the introduction of new processes, such as the review of comments from other peer reviewers who assessed the same application. Even so, time spent remained lower than in 2019, when panel meetings were used and assessors spent an average of 6 hours per application. The number of applications assigned to each assessor has also decreased over time. The maximum workload for Ideas Grant reviewers was 30 applications in 2020 and 25 applications in 2021 and 2022.

In 2019, 66.1% of Investigator Grant peer reviewers reported taking 2 hours or less to assess each application. In 2022, this figure was 61.8%. The average number of applications assigned to each peer reviewer has reduced from over 31 in 2019 to 16 in 2022.

Part 3: Annual performance statements

Duration, accountability and transparency of peer review

In 2019, the time between the close of a round and the release of outcomes (under embargo) for the Ideas Grant scheme was 27 weeks, which included 6 weeks of panel meetings. In 2020, this was reduced to 23 weeks. However, as NHMRC introduced new steps to improve quality and transparency, the time increased to 26 weeks in 2021 and 34 weeks in 2022. In 2021, we introduced internal compliance checks of written comments and a screening process for outlier scores. In 2022, a further step was introduced, where comments were shared between peer reviewers who assessed the same application, further extending the peer review timeline.

In 2019, the time between the close of the Investigator Grant scheme and the release of outcomes (under embargo) was 26 weeks. In 2022, this was a 24-week long process.

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 Corporate Plan 2022-23 and October 2022-23 PBS
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

In 2022-23, 8.2% of NHMRC's total grant expenditure through the Medical Research Endowment Account (MREA) was expended on Aboriginal and Torres Strait Islander health research. In the same period, 7.8% of new grant funding awarded was for Aboriginal and Torres Strait Islander health research.

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 2022-23
Methodology	Quantitative assessment of the number of chief investigators (CIs) currently funded across all NHMRC schemes who identify as Aboriginal or Torres Strait Islander
Result	Met

Table 8: Number of Indigenous Chief Investigators (CIs) on NHMRC grant applications, 2019-20 to 2022-23

Measure	2019-20	2020-21	2021-22	2022-23
Number of unique CIs who self-identified as Indigenous (all applications)	143	144	125	112
Number of unique CIs who self-identified as Indigenous (funded applications)	55	79	59	48
Number of unique CIs who self-identified as Indigenous (funded applications) <u>and</u> who are involved in Indigenous research ^a	n/a	n/a	n/a	42
Percentage of CIs who self-identified as Indigenous awarded NHMRC funding in a financial year	38.5%	54.9%	47.2%	42.9%
Number of applications with at least one CI who self-identified as Indigenous (all applications)	126	97	111	96
Number of funded grants with at least one CI who self-identified as Indigenous (funded applications)	42	30	39	31
Funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in financial year	33.3%	30.9%	35.1%	32.3%

n/a = not applicable

^a This measure is being reported for the first time in 2022-23.

NHMRC grants support a gender-inclusive health and medical research workforce

Target 6: Gender inequities in NHMRC funding outcomes are reduced

Source	NHMRC Corporate Plan 2022-23
Methodology	Quantitative assessment of the number of grants; the amount of funding awarded to and funded rates for men and women; and whether measures such as structural priority funding have been applied to reduce gender disparities. The assessment covers all NHMRC grant schemes (collectively) and key schemes (Investigator, Ideas and Synergy Grants) and considers distribution across career stages.
Result	Met

NHMRC's *Gender Equity Strategy 2022-2025* outlines our vision for a gender diverse and inclusive health and medical research workforce to take advantage of the full range of talent needed to address Australia's current and future health challenges.

Across all schemes awarded in 2022, the funded rate (grants as a proportion of applications) was higher for women (16.9%) than men (13.2%). Women were awarded 329 grants totalling \$411.2 million, while men were awarded 322 grants totalling \$452.8 million. In addition, \$6.7 million was awarded to 7 CIAs who self-identified as 'intersex', 'indeterminate', 'unspecified' or 'not stated', or who did not provide a gender identifier. This cohort had a funded rate of 24.1% (these applicants are represented as 'Other CIA' [Chief Investigator A] in Tables 9 and 10).

Part 3: Annual performance statements

In 2022–23, structural priority funding was applied in the Investigator Grant, Ideas Grant and Clinical Trials and Cohort Studies Grant schemes. Structural priority funding was introduced in 2017 as a direct intervention to reduce 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 2022 Investigator Grant round, the use of structural priority funding increased women's overall funded rate from 13.4% to 17.9%. After this intervention was applied, a funding gap of \$5.3 million in favour of men still remained for this scheme. For the 2022 Ideas Grant round, the gap in funded rates between men and women was reduced from 3.6 to 0.1 percentage points following the application of structural priority funding (Table 10).

Competition for funding in NHMRC's largest scheme, the Investigator Grant scheme, is segmented into 5 career stages. Historically, the gender gap at senior levels has been most apparent in this scheme, in both the number of applications and grants awarded. Unlike previous years, structural priority funding was not needed to achieve gender equity at Emerging Leadership Level 1, and only a small amount was required at Emerging Leadership Level 2. To reduce the gender gap in the number of grants and total funding at the most senior levels, on the advice of Research Committee, NHMRC increased the structural priority funding allocation in the Leadership level from about 8% to 20%. Further information can be found at <https://www.nhmrc.gov.au/funding/data-research/outcomes#download>.

On 12 October 2022, the Minister for Health and Aged Care, the Hon Mark Butler MP, and the Minister for Women, Senator the Hon Katy Gallagher, announced that NHMRC would introduce new special measures under the *Sex Discrimination Act 1984* to address systemic disadvantage faced by female and non-binary applicants to the Investigator Grant scheme. The special measures will be applied from the 2023 grant round.

Table 9: Number of grants and funding awarded by Chief Investigator A (CIA) gender, 2022

Scheme	Impact of structural priority funding ^a	Female CIA	Male CIA	Other CIA ^b
		Number of grants awarded (funding awarded)	Number of grants awarded (funding awarded)	Number of grants awarded (funding awarded)
Investigator Grants	Baseline	89 (\$124,638,361)	102 (\$187,598,376)	2 (\$1,310,300)
	Final	119 (\$184,494,366)	104 (\$189,833,282)	2 (\$1,310,300)
Ideas Grants	Baseline	65 (\$59,535,801)	131 (\$142,872,926)	1 (\$870,337)
	Final	97 (\$93,210,330)	133 (\$146,307,671)	2 (\$1,399,363)
Synergy Grants^c	Baseline	4 (\$20,000,000)	6 (\$30,000,000)	0 (\$0)
	Final	4 (\$20,000,000)	6 (\$30,000,000)	0 (\$0)
Clinical Trials and Cohort Studies Grants^d	Baseline	11 (\$25,604,578)	17 (\$39,368,652)	1 (\$4,343,709)
	Final	14 (\$28,979,872)	18 (\$42,027,903)	1 (\$4,343,709)
All other schemes (combined)^e	Baseline	95 (\$84,476,812)	61 (\$44,646,476)	2 (\$222,516)
	Final	95 (\$84,476,812)	61 (\$44,646,476)	2 (\$222,516)
Total^f	Baseline	264 (\$314,255,552)	317 (\$444,486,430)	6 (\$6,746,863)
	Final	329 (\$411,161,381)	322 (\$452,815,331)	7 (\$7,275,889)

^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 2022, 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' represents CIAs who self-identified as 'intersex', 'indeterminate', 'unspecified' or 'not stated', or who did not provide a gender identifier.

^c No structural priority funding was applied to the 2021 Synergy Grant round.

^d The 2021 Clinical Trials and Cohort Studies Grant round for funding commencing in 2022.

^e Comprises Centres of Research Excellence, Targeted Calls for Research, 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 2022, structural priority funding was applied in Investigator Grants, Ideas Grants and Clinical Trials and Cohort Studies Grants.

Part 3: Annual performance statements

Table 10: Funded rate by Chief Investigator A (CIA) gender, 2022

Scheme	Impact of structural priority funding ^a	2022 funded rate (%)		
		Female CIA	Male CIA	Other CIA ^b
Investigator Grants	Baseline	13.4	13.7	33.3
	Final	17.9	13.9	33.3
Ideas Grants	Baseline	7.3	10.9	7.1
	Final	10.9	11.0	14.3
Synergy Grants^c	Baseline	15.4	14.0	n/a
	Final	15.4	14.0	n/a
Clinical Trials and Cohort Studies Grants^d	Baseline	9.3	9.9	100.0
	Final	11.9	10.5	100.0
All other schemes (combined)^e	Baseline	37.4	22.3	25.0
	Final	37.4	22.3	25.0
Total^f	Baseline	13.5	13.0	20.7
	Final	16.9	13.2	24.1

^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 2022, 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' represents CIAs who self-identified as 'intersex', 'indeterminate', 'unspecified' or 'not stated', or who did not provide a gender identifier.

^c No structural priority funding was applied to the 2021 Synergy Grant round.

^d 2021 Clinical Trials and Cohort Studies Grants round for funding commencing in 2022.

^e Comprises Centres of Research Excellence, Targeted Calls for Research, 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 2022, structural priority funding was applied in Investigator Grants, Ideas Grants, and Clinical Trials and Cohort Studies Grants.

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 2022–23* outlines our key activities.

Our priority activities for 2022–23 were to:

- maintain a leadership role in the development of evidence-based public and environmental health and clinical guidance, which is relied upon by jurisdictions
- drive translation of evidence into innovative and evidence-based health care and public health policy, including by recognising Research Translation Centres and developing the Research Translation Strategy.

During the period covered by the Corporate Plan (2022–23 to 2025–26), we will continue to:

- 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 support for rapidly updated and living guidelines, *Guidelines for Guidelines* and approval of third-party public health and clinical practice guidelines
- develop and revise guidelines in public and environmental health and clinical practice to support consistent standards and clinical, policy and regulatory decisions
- progress the review of the *2013 Australian Dietary Guidelines* to ensure they remain a trusted resource for the community and health professionals by considering the best and most recent scientific evidence and maintaining transparency at all stages of the review.

Analysis of performance | Translation

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

Target 7: Instances of researcher/end-user collaborations translating research into health care are promoted

Source	NHMRC Corporate Plan 2022-23 but subsequently reviewed and removed as a target in the October 2022-23 PBS
Methodology	n/a
Result	n/a⁷

Target 8: Develop and/or approve public health and environmental health and clinical practice guidelines

Source	NHMRC Corporate Plan 2022-23
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

In 2022-23 NHMRC approved the following guidelines and 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 evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD)*
- *Evidence-based guideline for deprescribing opioid analgesics*
- *Australian living guideline for the pharmacological management of inflammatory arthritis*
- *Guideline for appropriate use of psychotropic medications in people living with dementia and in residential aged care*
- *National guideline for supporting the learning, participation and wellbeing of autistic children and their families in Australia*
- *Australian living guideline for the management of juvenile idiopathic arthritis*
- *Australian immunisation handbook (tuberculosis, meningococcal and herpes zoster chapters)*
- *Mental health care in the perinatal period Australian clinical practice guideline*
- *Clinical guidelines for hepatocellular carcinoma surveillance for people at high risk in Australia.*

⁷ Target 7 was removed in the October 2022-23 Portfolio Budget Statements as part of streamlining to focus on relevant and measurable performance targets; as such, outcomes associated with this target are not reported in this Annual Report.

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 2022-23
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. In 2022-23, 8 impact case studies were published; extracts from these are highlighted in this annual report. As at 30 June 2023, there were 38 case studies available on the NHMRC website. The number of views of the impact case study webpages increased by 17% over 12 months, from 23,680 in 2021-22 to 27,811 in 2022-23.

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

Activities | Integrity

NHMRC's *Corporate Plan 2022-23* outlines our key activities.

Our priority activities for 2022-23 were to:

- support the Embryo Research Licensing Committee to implement the regulatory framework for the licensing of research, training and a clinical trial of mitochondrial donation in Australia
- maintain a leadership role in the promotion of the highest standards of research quality and integrity, including engaging with the research sector on good practice; maintaining key statements, codes and guidelines; and supporting the work of the Australian Research Integrity Committee.

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

- 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
- 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 <i>Corporate Plan 2022-23</i> and October 2022-23 PBS
Methodology	Quantitative assessment using NHMRC's annual survey of Administering Institutions (Institutional Annual Compliance Report) to ensure that the <i>Australian code for the responsible conduct of research</i> and its supporting guides have been implemented in institutional processes
Result	Substantially met

The *Australian code for the responsible conduct of research* (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 2022 IACR demonstrated that 98% of institutions that administered NHMRC funds during the 2022 calendar year had implemented the Code. Implementation of the guides is also well advanced, with 96% of institutions reporting that they had implemented the *Guide to managing and investigating potential breaches of the Code* (Investigation Guide).

In 2022-23, 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 overall consistent with the Code and the Investigation Guide.

Part 3: Annual performance statements

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

Target 11: Compliance with regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports

Source	NHMRC Corporate Plan 2022-23
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* (PHCR Act), which prohibit certain practices, including human cloning for reproduction. In October 2022, the *Mitochondrial Donation Law Reform (Maeve's Law) Act 2022* amended the RIHE Act and PHCR Act to allow the phased introduction of mitochondrial donation in Australia.

ERLC regulates the use of excess human embryos created through assisted reproductive technology (ART) in research; the creation of embryos by other means and the use of such embryos in research; and the use of mitochondrial donation. The main functions of ERLC are to consider licence applications for the creation and use of certain embryos and mitochondrial donation, and to grant and monitor adherence to licences in accordance with the RIHE Act.

In 2022-23, 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 conducted one on-site licence inspection during this period; no breaches of the legislation or licence were identified. 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 ERLC 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.

To support the phased introduction of mitochondrial donation in Australia, the Australian Health Ethics Committee reviewed and updated the *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* (ART Guidelines) to provide ethical guidance for the introduction and use of mitochondrial donation. Following public consultation in late 2022, the updated ART Guidelines were issued by the NHMRC CEO on 17 April 2023.

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

Activities | Capability

NHMRC's *Corporate Plan 2022-23* outlines our key activities.

Our priority activities for 2022-23 were to:

- build a positive work culture that helps our people to perform, grow, lead and inspire
- foster operational resilience enabled by a safe, supportive, flexible and technologically equipped work environment
- deploy ICT infrastructure to support the efficient and effective delivery of NHMRC operations, including optimising business processes and recordkeeping
- strengthen data governance, manage agency data as an asset and support data availability and transparency
- continue to develop Sapphire to support NHMRC and MRFF grant programs, improve the efficiency and effectiveness of grant processes and reduce the burden on health and medical researchers.

Analysis of performance | Capability

Digital technology supports the effective and efficient delivery of NHMRC activity

Target 12: Digital technology reduces administrative burden

Source	NHMRC <i>Corporate Plan 2022-23</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	Met

We improved the user experience and dashboard reporting capabilities of the new grant management system, Sapphire. The release of Version 6 addressed legacy issues while deploying a new form definition and management engine, live field validation, an updated External Portal User Interface for researchers and institutional staff, and greater visibility of submitted financial reports.

Sapphire's end-to-end capability avoids duplication of data entry, as every step in the data value chain adds new value. This approach benefits NHMRC staff, applicants, reviewers and administrators. With end-to-end capability in place, NHMRC can begin measuring the efficiencies it brings.

Part 3: Annual performance statements

New post-award administration support capabilities mean NHMRC staff are better able to manage the increased workload that comes from supporting MRFF grants, while new dashboards help staff to manage their wider day-to-day workloads. Improvements to NHMRC help centre systems and processes have resulted in faster incident management and responses to client requests. We have also improved our ability to match assessors to applications, reducing the workload for assessors.

In 2023, NHMRC's legacy Research Grant Management System was decommissioned after 13 years of service to the medical research community.

NHMRC has begun moving on-premises services from ageing infrastructure to the cloud. Benefits include:

- improved interoperability with other cloud-based Microsoft products and other cloud-based providers
- better collaboration between users, who can now work concurrently and together on documents
- access to simple tools and templates through Microsoft Azure
- consolidation of sourced vendor arrangements.

Gender equity in health and medical research



Our vision is 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 and diversity strengthen the workforce, and everyone benefits from research environments that are safe, respectful and inclusive.

Strategies to achieve our gender equity vision are set out in the NHMRC Gender Equity Strategy 2022–2025.⁸ This year, key actions under the strategy were addressing the systemic disadvantage faced by female and non-binary applicants to the Investigator Grant scheme; applying more inclusive gender identifiers in our grants management system, Sapphire; and starting work on developing a joint position statement with the Australian Government Department of Health and Aged Care on the integration of sex and gender considerations into health and medical research.

Investigator Grant scheme

On 12 October 2022, the Minister for Health and Aged Care, the Hon Mark Butler MP, and the Minister for Women, Senator the Hon Katy Gallagher, announced that NHMRC would introduce new special measures under the *Sex Discrimination Act 1984* to address systemic disadvantage faced by female and non-binary applicants to the Investigator Grant scheme.⁹

Following consultation, NHMRC determined that from 2023 we will adopt an intervention to achieve equal numbers of grants by gender for the Leadership category of the Investigator Grant scheme. Non-binary researchers will be included alongside women in the gender equity interventions, and NHMRC will continue to use structural priority funding to ensure equity for Emerging Leadership grants.

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

⁹ 12 October 2022, The Hon Mark Butler MP, Media release: working towards gender equity in health and medical research, www.health.gov.au/ministers/the-hon-mark-butler-mp/media/working-towards-gender-equity-in-health-and-medical-research

This approach is expected to address gender disparities by maintaining a strong pipeline of female researchers in the early- and mid-career stages; ensuring that women continue to be funded at later career stages in sufficient numbers to be visible; and making it attractive to recruit, retain and support women so that they may achieve the level of success that makes intervention unnecessary.

More gender-inclusive data in Sapphire

In October 2022, NHMRC changed the gender information we collect in Sapphire, giving researchers the option to self-identify as 'nonbinary'. Researchers can also specify another term consistent with the gender variable in the Australian Bureau of Statistics' Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables.

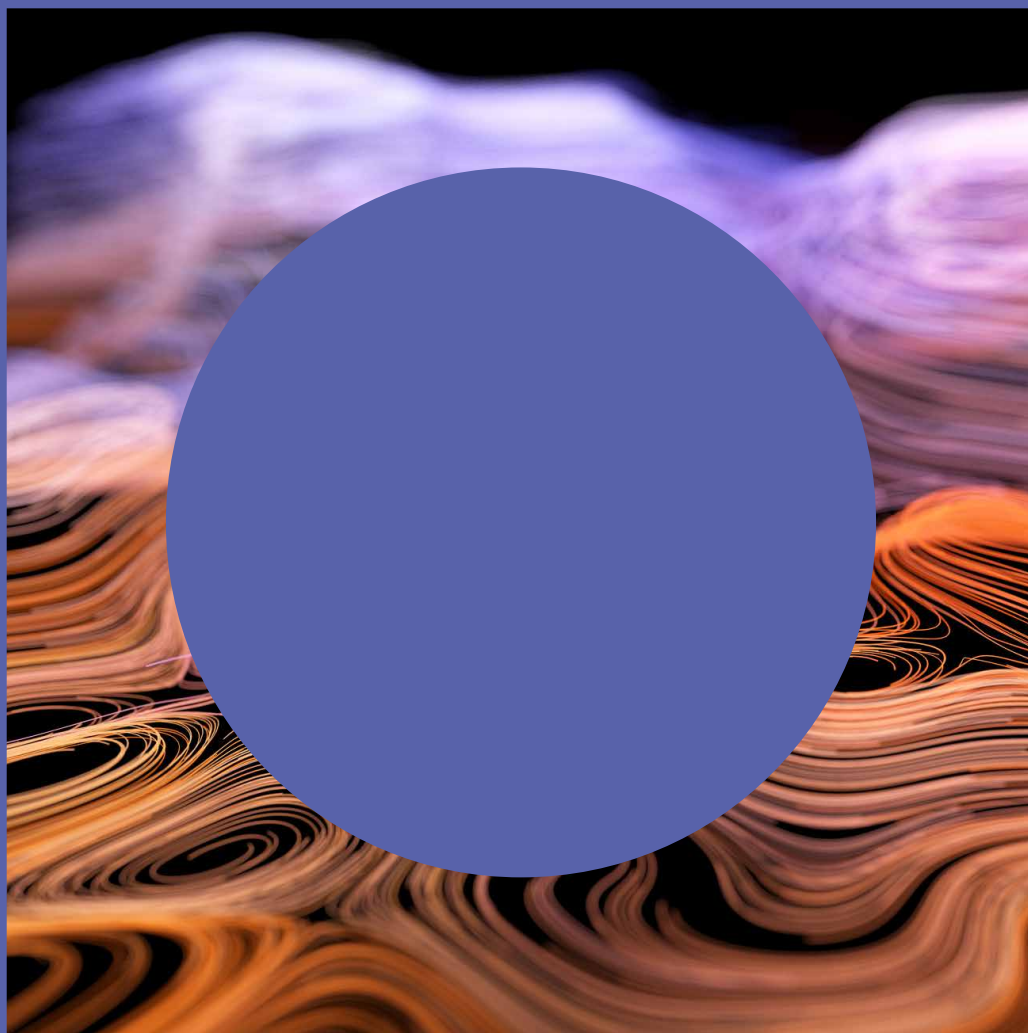
Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research

Moving our focus from the workforce to research itself, NHMRC and the Australian Government Department of Health and Aged Care are collaborating to develop a Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research.

The statement will establish a framework to ensure that sex and gender differences are considered and, where appropriate, incorporated into research. This will strengthen the evidence base for safer healthcare and more inclusive, appropriate and targeted health policies and services.

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 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 second year of the 2021–2024 triennium, which 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.

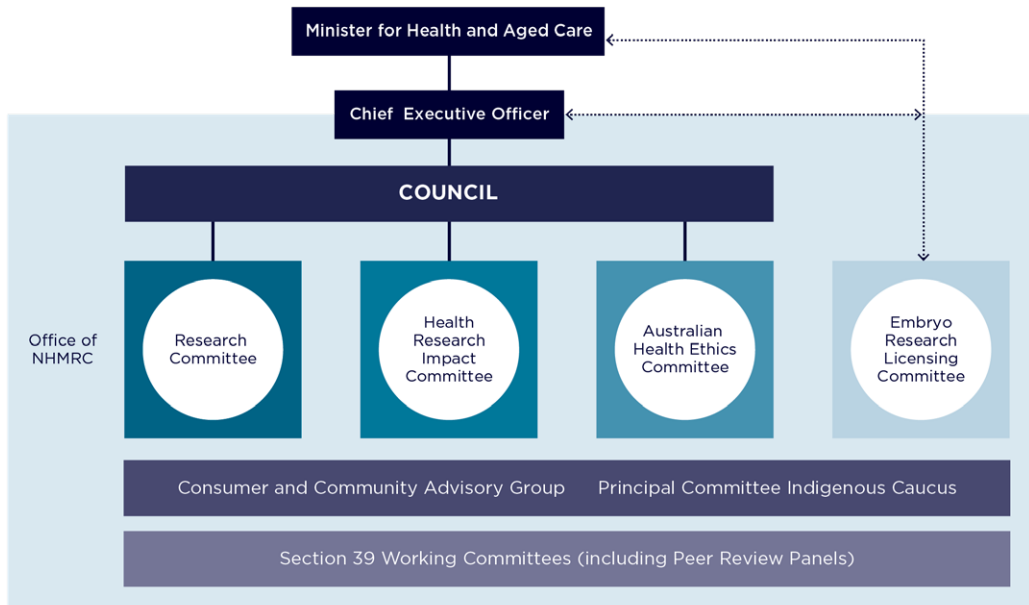
NHMRC also administers the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act) and the *Research Involving Human Embryos Act 2002* (RIHE Act). Additionally, NHMRC exercises some statutory functions under the *Medical Research Future Fund Act 2015*.

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

Figure 9: 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 their 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; research integrity; workforce training and development; and ethics in health and in research involving humans and animals.

Part 4: Operating environment

Meetings

The Council held 3 sessions in 2022–23. 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 226th session in July 2022, the Council considered:

- changes to the Investigator Grant scheme to support gender equity
- the intersect between NHMRC funding and the Medical Research Future Fund (MRFF)
- how NHMRC's influence on research culture through its codes, guidelines and policies can support a positive research environment
- NHMRC's *Open Access Policy*
- new and updated recommendations in the:
 - *Australian guidelines for the clinical care of people with COVID-19*
 - *Clinical guidelines for stroke management*
 - *Australian immunisation handbook* (tuberculosis chapter)
 - *Australian living guideline for the pharmacological management of inflammatory arthritis*
 - *Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD)*
 - *Evidence-based guideline for deprescribing opioid analgesics*
- the mitochondrial donation licensing scheme and the review of the *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research 2017* (ART Guidelines)
- the annual report of the Australian Research Integrity Committee.

At its 227th session in November 2022, the Council considered:

- NHMRC gender equity initiatives, including changes to the Investigator Grant scheme and development of a Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research
- a proposed peer review roadmap
- public consultation on the draft Mitochondrial Donation Supplementary Section to the ART Guidelines
- Targeted Calls for Research priority topics and funding allocations
- new and updated recommendations in the:
 - *Appropriate use of psychotropic medications in dementia and residential aged care*
 - *Autism participation for children and families guideline*
 - *Australian living guideline for the management of juvenile idiopathic arthritis*
 - *Australian immunisation handbook* (meningococcal disease and herpes zoster chapters)
 - *Clinical guidelines for stroke management*
 - *Australian guidelines for the clinical care of people with COVID-19*

- NHMRC’s Research Translation Strategy
- 2023 budget allocations across grant program schemes.

At its 228th session in March 2023, the Council considered:

- matters proposed for inclusion in the NHMRC *Corporate Plan 2023–24*
- the evaluation framework for the NHMRC *Gender Equity Strategy*
- Targeted Calls for Research prioritisation areas for 2023–24
- new and updated recommendations in, or amendments to, the:
 - *Australian drinking water guidelines*
 - *Mental health in the perinatal period Australian clinical practice guideline*
 - *Clinical practice guidelines for hepatocellular carcinoma surveillance for people at high risk in Australia*
 - *Australian guidelines for the clinical care of people with COVID-19*
- the rolling review of the *National Statement on Ethical Conduct in Human Research*.

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 Embryo Research Licensing Committee) and selected Working Committees are drawn from the membership of the Council.

The members of the Council during 2022–23 are listed in Table 11.

Part 4: Operating environment

Table 11: NHMRC Council Members, 2022-23

Member	Position and/or Area of expertise as defined under the NHMRC Act
Professor Caroline Homer AO	Chair
Professor Emily Banks AM	Chair, Health Research Impact Committee Member with expertise in public health research and medical research issues
Professor Yvonne Cadet-James	Chair, Principal Committee Indigenous Caucus Member with expertise in Aboriginal and Torres Strait Islander health needs
Ms Ainslie Cahill AM	Chair, Consumer and Community Advisory Group Member with expertise in consumer issues
Dr Kerry Chant AO PSM	Chief Health Officer, New South Wales
Dr Kerryn Coleman PSM	Chief Health Officer, Australian Capital Territory
Dr Michael Cusack	Chief Medical Officer, South Australia
Professor Ian Frazer AC	Member with expertise in public health research and medical research issues
Dr John Gerrard	Chief Health Officer, Queensland
Professor Jane Gunn AO	Member with expertise in health care training and mental health
Professor Elizabeth Hartland	Member with expertise in basic medical research
Dr Hugh Heggie PSM	Chief Health Officer, Northern Territory (until November 2022)
Dr Christine Connors OAM	Chief Health Officer, Northern Territory (from May 2023)
Professor Paul Kelly	Commonwealth Chief Medical Officer
Professor Tony Lawler	Chief Medical Officer, Tasmania (until June 2023)
Ms Bronwyn Le Grice	Member with expertise in business
Professor Richard Murray	Member with expertise in professional standards, the medical profession and postgraduate medical training
Dr Andrew Robertson CSC PSM	Chief Health Officer, Western Australia
Professor Carolyn Sue AM	Member with expertise in rare diseases

Member	Position and/or Area of expertise as defined under the NHMRC Act
Professor Brett Sutton	Chief Health Officer, Victoria
Professor Nicholas Talley AC	Member with expertise in public health research and medical research issues
Adjunct Professor Debra Thoms	Member with expertise in the nursing profession
Professor Alison Venn	Member with expertise in public health
Professor Steve Wesselingh	Chair, Research Committee Member with expertise in public health research and medical research issues
Professor Ingrid Winship AO	Chair, Australian Health Ethics Committee Member with expertise in ethics relating to research involving humans

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.

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

Part 4: Operating environment

Research Committee

The Research Committee oversees NHMRC's activities to support health and medical research, including making recommendations about the operation of the NHMRC grant program and the award of grants that have been judged by independent peer review to be of high scientific quality.

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 2022-23, the Research Committee met 3 times and provided advice on:

- MREA budget and expenditure allocations, and funding recommendations for various NHMRC grant program schemes
- addressing gender equity in the Investigator Grant scheme, including how this could be evaluated
- mechanisms to strengthen NHMRC's peer review policies and processes
- priorities for 2022-23 Targeted Calls for Research
- NHMRC's *International Engagement Strategy 2023-2026*
- development of a Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research
- implementation of 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 2022–23, AHEC met 3 times and provided advice on:

- the rolling review of the National Statement on Ethical Conduct in Human Research, with a focus on Chapter 2.1 (Risk and benefit), Chapter 4 (Ethical considerations specific to participants) and Chapter 5 (Process of research governance and ethical review)
- the development and consultation process for a supplementary section to NHMRC's *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research*
- progress on the review and consolidation of ethical guidelines for organ and tissue donation and transplantation
- communication of new and emerging technologies and ethics in human health for consumers, in partnership with the Consumer and Community Advisory Group
- consultation with Human Research Ethics Committee members on whether they need additional guidance when considering research projects involving emerging technologies
- AHEC's role in delivering 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 Kirchhoffer
 Professor Emma Kowal

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

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 2022–23, HRIC met 3 times, providing advice on:

- how to communicate the impact of NHMRC-funded research
- development of NHMRC’s Research Data Collection Strategy
- how to support equity and diversity in NHMRC’s Development Grant scheme
- the Research Impact Track Record assessment evaluation project
- changes to the final report template for NHMRC-funded research
- HRIC’s role in delivering 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 Embryo Research Licensing Committee (ERLC) administers the RIHE Act and the PHCR Act. These Acts regulate the use of excess human embryos created through assisted reproductive technology, as well as the creation of embryos by means other than fertilisation and their use in research. These Acts 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 2022, the Mitochondrial Donation Law Reform (Maeve's Law) Bill passed both houses of parliament. It triggered a range of amendments to the RIHE and PHCR Acts and subordinate regulations; these took effect on 1 October 2022. The amendments made ERLC the relevant authority for the mitochondrial donation licensing scheme established under the RIHE Act.

In 2022–23, ERLC held 2 meetings and 2 out-of-session workshops. It progressed 2 licence applications to the stage of issuing, approved 8 licence variations and managed the expiration of 4 general licences. ERLC also released licence application forms and standard licence conditions to support 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 2022 to 31 August 2022 was tabled on 8 December 2022.
- The report for 1 September 2022 to 28 February 2023 was tabled on 22 June 2023.

All reports are available on the NHMRC website.

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 2022-23 are highlighted below. More information on these and other committees can be found on the NHMRC website: 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 2022-23, 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
- working with OCHRe (Our Collaborations in Health Research), the national network for Aboriginal and Torres Strait Islander health researchers
- a review of the NHMRC Indigenous Research Excellence Criteria
- setting a target for NHMRC-funded Indigenous-led research
- revisions to sections 4 and 5 of the *National Statement on Ethical Conduct in Human Research*
- prioritisation of 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 2022–23, the group provided advice on:

- the review of the NHMRC *Statement on consumer and community involvement in health and medical research*
- consumer and community involvement in guideline development
- developing a Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research
- considering research impact from a consumer and community perspective.

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)

Professor Afaf Girgis AM

Ms Christine Gunson

Dr Yvonne Ho AM

Mr Harry Iles-Mann

Mrs Lillian Leigh

Associate Professor Monica Moran

Mr Andrew Mosley

Adjunct Professor Darryl O'Donnell

Ms Yvonne Parnell

Dr Sanchia Shibasaki (to 4 February 2023)

Dr Sean Taylor

Part 4: Operating environment

Women in Health Science Committee

The Women in Health Science (WiHS) Committee provides advice to the CEO on policies and strategies for achieving gender equity, diversity and inclusion in both the health and medical research workforce and research itself.

In 2022–23, the WiHS Committee provided advice on:

- gender equity in the Investigator Grant scheme
- revision of the Leadership criterion in the Investigator and Synergy Grant schemes
- development of a Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research
- the evaluation framework for the NHMRC *Gender Equity Strategy 2022–2025*.

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)

Emeritus Professor Sharon Bell AM

Professor Catherine Chamberlain

Professor Anne Chang AM

Professor Miles Davenport
(from 11 April 2023)

Professor Geoffrey Faulkner
(to 13 July 2022)

Associate Professor Zachary Gerring
(from 3 May 2023)

Professor Daniel Hermens
(from 11 April 2023)

Professor Maria Kavallaris AM

Dr Erin McGillick

Mr David Rae

Associate Professor Gina Ravenscroft

Professor Geraint Rogers

Professor Sarah Russell

Dr Maithili Sashindranath

Professor Amanda Sinclair

Associate Professor Viet Tran
(from 3 May 2023)

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 also held an *ex officio* position on the National Women's Health Advisory Council, a committee established on 31 January 2023 by the Hon Ged Kearney MP, Assistant Minister for Health and Aged Care. The National Women's Health Advisory Council brings together diverse expertise to examine the unique challenges that women and girls experience in the health system.

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 (OAIC), 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

In 2022–23, the OAIC notified NHMRC of 2 requests for reviews of NHMRC freedom of information (FOI) decisions. This was in addition to 2 reviews already in progress. As at 30 June 2023, there were 4 active reviews relating to NHMRC FOI access requests 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 2023, the Commonwealth Ombudsman had not concluded its investigation.

In September 2022, the Commonwealth Ombudsman began an investigation into NHMRC's management of an application to an MRFF grant opportunity. This investigation was finalised in April 2023 with the Ombudsman concluding that no action was warranted.

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 2022-23.

The ANAO prepared 2022-23 annual financial audits for NHMRC.

Reportable matters under section 83

Section 83 of the NHMRC Act requires NHMRC to report on certain matters in its annual report. Section 83 matters that are not addressed elsewhere in this report are disclosed below:

- 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 2022-23.
- 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 2022-23.

Reports by parliamentary committees

NHMRC made direct contributions, or contributed to portfolio submissions, to the following parliamentary inquiries and reviews in 2022-23:

- Australian Universities Accord Panel Consultation on the Accord Terms of Reference, December 2022
- Parliament of Australia Senate Community Affairs References Committee inquiry into concussions and repeated head trauma in contact sports, February 2023
- Parliament of Western Australia Public Administration Committee inquiry into organ and tissue donation in Western Australia, March 2023
- Northern Territory Parliament Select Committee inquiry into Electronic Cigarettes and Personal Vaporisers (Vaping), April 2023
- Queensland Parliament Health and Environment Committee inquiry into Vaping and reducing rates of e-cigarette use in Queensland, April 2023
- Parliament of Australia Senate Community Affairs References Committee inquiry into assessment and support services for people with ADHD, May 2023
- Parliament of Australia Community Affairs Legislation Committee inquiry into the Australian Organ and Tissue Donation and Transplantation Authority Amendment (Disclosure of Information) Bill 2023, June 2023
- Parliament of Australia House Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and repeated COVID infections, November 2022
- Parliament of Australia Senate Community Affairs References Committee inquiry into universal access to reproductive healthcare, December 2022.

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 is available on the NHMRC website at <https://www.nhmrc.gov.au/audit-and-risk-committee>.

Table 12 lists NHMRC Audit and Risk Committee members, together with their qualifications, knowledge, skills or experience, meeting attendance and remuneration in 2022–23.

Table 12: NHMRC Audit and Risk Committee, 2022–23

Name	Qualifications, knowledge, skills or experience	Number of meetings attended / total number of meetings	Total annual remuneration (GST inclusive)	Additional information
Ms Gayle Ginnane	30+ years public sector experience	2/2	\$4,500	Independent Chair until 24 February 2023
Mr Geoff Knuckey FCA	Independent accounting professional experience and Chartered Accountant	4/4	\$7,366	Member until 24 February 2023; Independent Chair from 25 February 2023
Professor Matthew Gillespie AM	Health and medical research sector knowledge	4/4	\$6,120 ^a	Member, full year
Professor Anthony Lawler GAICD	Public health and public administration experience	4/4	\$6,120 ^a	Member, full year
Professor Eleanor Milligan	Health and medical research sector knowledge	4/4	\$6,120 ^a	Member, full year
Ms Fran Raymond FCA FAICD, MBA	Chartered Accountant and Fellow of the Australian Institute of Company Directors	3/3	\$4,590 ^a	Member from 14 November 2022

^a No GST was payable on this member's remuneration.

Part 4: Operating environment

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.

Internal audit arrangements

NHMRC's Chief Audit Executive is accountable to the CEO, the NHMRC Executive and the Audit and Risk Committee for the effective and efficient operation of the internal audit function.

The Chief Audit Executive is assisted by the Internal Audit Manager who is responsible for coordinating audit planning and managing the delivery of internal audit services, including through the contracting and supervision of professional service providers.

NHMRC maintains an Internal Audit Charter, approved by the CEO, and an Internal Audit Work Plan, approved by the CEO on the recommendation of the NHMRC Audit and Risk Committee. The Chief Audit Executive and Internal Audit Manager prepare the Internal Audit Work Plan with consideration of past internal audits, the Enterprise Risk Register and the operational environment of the agency. The Audit and Risk Committee advises on the relevance and necessity of the internal audits to be undertaken during the financial year, with consideration of the agency's overall operational and financial risk context.

NHMRC maintains a dynamic Enterprise Risk Register as part of the agency's internal controls. The Enterprise Risk Register is reviewed regularly by the Executive Board and the Audit and Risk Committee review and advise on the Enterprise Risk Register on a quarterly basis.

In 2022-23, the Audit and Risk Committee:

- reviewed the management response to the 2021-22 internal audit: *Review of Financial Processes and Procedures*
- oversaw the implementation of recommendations to improve NHMRC's internal control and financial governance framework
- oversaw an audit that reviewed internal financial management controls.

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 2022-23 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 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.

We regularly review the Risk Framework to ensure that it accords with current international risk management standards and the requirements of the PGPA Act. In 2022–23, we reviewed the Risk Framework and updated it to align with the most recent Australian Government policies, standards and guidance. Comprehensively covering NHMRC operations, the updated Risk Framework overviews NHMRC’s established controls and treatments to mitigate both emerging and shared risks.

The Executive Board continued its regular review of the Enterprise Risk Register to support strategic decision-making and ongoing risk detection, control and mitigation.

Fraud prevention

Officers of NHMRC act with integrity and fairness, and uphold the values of the Australian Public Service (APS) in all matters. The NHMRC Fraud Control Framework 2020–2022 and associated fraud control plans were developed in accordance with the Commonwealth Fraud Control Framework 2017 and the Australian Standard AS 8001:2008 (Fraud and corruption control). To meet the requirements of the *National Anti-Corruption Commission Act 2022* and prepare for the introduction of the National Anti-Corruption Commission, this year we expanded the NHMRC Fraud Control Framework to explicitly cover corruption.

Our fraud detection processes include 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 help meet fraud control obligations, the CEO has appointed the Executive Director of Research Quality and Priorities Branch as NHMRC’s Fraud Control Officer. All fraud allegations are referred to the Fraud Control Officer, who maintains a fraud incident register and undertakes a preliminary assessment of potentially fraudulent behaviour.

Part 4: Operating environment

In 2022–23, one allegation of external fraud remained open in NHMRC’s fraud incident register. The allegation related to research misconduct. The matter continues to be dealt with under NHMRC’s Integrity and Misconduct Policy and the funding agreement with the relevant Administering Institution. In 2022–23, no allegations of internal fraud were made to the Fraud Control Officer.

In accordance with section 10 of the PGPA Rule, NHMRC will report fraud data for 2022–23 to the Australian Institute of Criminology.

Privacy

We handle all documents containing personal information in accordance with the *Privacy Act 1988* and the Australian Government Agencies Privacy Code 2017. Together, these set standards for how personal information is collected, stored, used and disclosed, and accessed and corrected.

In 2022–23, 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.

This year, no reports were served on NHMRC by the OAIC under section 30 of the Privacy Act. Similarly, no determinations were served on NHMRC by the OAIC under section 52 of the Privacy Act.

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 13 summarises the FOI requests and reviews active in 2022–23.

Table 13: NHMRC FOI requests and reviews, 2022–23

Access applications	Number
Requests active at 1 July 2022	2
Requests received	15
Requests finalised by NHMRC or withdrawn by applicant	15
Requests transferred in whole to another agency	1
Requests active at 30 June 2023	1
Internal reviews of NHMRC FOI decisions	
Matters on hand at 1 July 2022	0
Requests received	2
Requests finalised	2
OAIC reviews	
Matters on hand at 1 July 2022	2
Requests received	2
Requests finalised by OAIC	0
Matters on hand at 30 June 2023	4
FOI Administrative Appeals Tribunal matters	
Matters on hand at 30 June 2023	0

Child Safety Statement 2022–23

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://www.childsafety.gov.au/our-work/lead-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, some of 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.

Part 4: Operating environment

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 remained compliant with the requirements of the CCSF during 2022–23. Activities to support this compliance included:

- review of the NHMRC Child Safety Policy to ensure it remained fit for purpose
- delivery of all-staff training on obligations under the CCSF and integration of training into the staff induction process
- addition of questions about awareness of, and adherence to, child safety requirements in the 2022 Annual Institutional Compliance Report for third parties funded by NHMRC.

Risk assessment

The risks to child safety as a result of NHMRC activity have been assessed as low, with key sources of risk being:

- 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 2022–23 by implementing the above compliance actions.

Research integrity

Notification of research integrity matters

In line with NHMRC policy, Administering Institutions must notify us of any investigation into an alleged breach of the *Australian code for the responsible conduct of research* related to NHMRC-funded research. Administering Institutions must also report to NHMRC any subsequent finding that research misconduct or a breach occurred.

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 end of a review, ARIC makes recommendations to the NHMRC CEO, who may adopt some or all of ARIC's advice and communicate it to relevant parties. In this way, ARIC contributes to public confidence in the integrity of Australia's research effort.

Members

Ms Patricia Kelly PSM (Chair)

Mr Michael Chilcott

Ms Julie Hamblin (Deputy Chair until February 2023)

Emeritus Professor John Finlay-Jones

Professor Margaret Otlowski

Emeritus Professor Alan Lawson (Deputy Chair from March 2023)

Emeritus Professor Janice Reid AC

All members are appointed until 31 March 2024.

Activities

The information here relates to matters considered by ARIC on behalf of NHMRC during 2022-23. ARIC reports separately to the ARC on matters that relate to ARC funding.

In 2022-23, ARIC was asked to review 6 new matters: one of which was accepted for review and one of which is still under consideration. ARIC also continued 2 reviews that began in 2021-22, one of which was finalised in 2022-23.

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 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.

Part 4: Operating environment

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 <https://www.tenders.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 2022-23 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 2022-23 provided for the Auditor-General to have access to the contractor's premises.

Expenditure on reportable consultancy contracts

In 2022-23, NHMRC entered into 9 new consultancy contracts, involving total actual expenditure of \$419,730. In addition, 6 ongoing consultancy contracts were active in 2022-23, involving total actual expenditure of \$75,313 (Tables 14 and 15).

Table 14: Reportable consultancy contracts, 2022-23

Reportable consultancy contracts	Number of contracts	Expenditure, including GST (\$)
New contracts entered during the reporting period	9	419,730
Continuing contracts entered into during a previous reporting period	6	75,313
Total	15	495,043

Table 15: Organisations receiving a share of reportable consultancy contract expenditure, 2022-23^a

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%) ^b
KPMG	51 194 660 183	216,423	36
Nisus Australia Pty Ltd	91 622 344 218	76,835	13
Callida Pty Ltd	40 154 007 664	59,100	10
McGrathNicol Advisory	34 824 776 937	43,139	7
Orima Research Pty Ltd	77 076 347 914	24,228	4
Total		419,725	71

^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 the NHMRC total expenditure on consultancy contracts in 2022-23, as shown in Table 14. The total does not sum because of rounding.

In 2022-23, NHMRC entered into 89 new non-consultancy contracts, involving total actual expenditure of \$12,619,543. In addition, 113 ongoing consultancy contracts were active in 2022-23, involving total actual expenditure of \$14,048,720 (Tables 16 and 17).

Table 16: Reportable non-consultancy contracts, 2022-23

Reportable non-consultancy contracts	Number of contracts	Expenditure, including GST (\$)
New contracts entered into during the reporting period	89	12,619,543
Continuing contracts entered into during a previous reporting period	113	14,048,720
Total	202	26,668,263

Table 17: Organisations receiving a share of reportable non-consultancy contract expenditure, 2022-23^a

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%) ^b
Digital61 Pty Ltd	42 620 189 862	5,088,809	19
F1 Solutions Pty Ltd	62 072 832 878	3,873,949	15
Evolve FM Pty Ltd	52 605 472 580	3,364,230	13
Hays Specialist Recruitment Pty Ltd	47 001 407 281	2,626,689	10
1st People Services	86 114 814 390	2,249,423	8
Semantic Sciences Pty Ltd	73 131 377 654	2,090,731	8
Total		19,293,832	73

^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 the NHMRC total expenditure on non-consultancy contracts in 2022-23, as shown in Table 16.

Part 4: Operating environment

Exempt contracts

NHMRC had no contracts or standing offers that were exempt from publication on AusTender in 2022-23.

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 95% of all payments to small businesses or individuals in 2022-23.

NHMRC supports 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 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 2022-23.

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

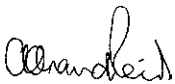
This report is provided pursuant to section 68 of the NHMRC Act. It covers the 12 months from 1 July 2022 to 30 June 2023.

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 research and training 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, following required procedures, 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 funding recommendation of the CEO, their delegate or the Research Committee.

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 of the NHMRC Act, I report my findings to the CEO under section 66 of the NHMRC Act. Under section 67 of the NHMRC 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 2022-23, 3 complaints were referred to me for investigation. All related to the peer review of Investigator Grant applications. In 2 matters I found that there was no evidence to support the complainant's allegations that peer reviewers had made errors in their assessment against guidelines, nor, in the second matter, was there any evidence of bias in application assessment. In the remaining investigation, I found that, on balance, there was evidence that a peer reviewer may have taken an irrelevant consideration into account when considering one of the criteria against which the application was scored. I recommended that the CEO reconsider the score which formed the basis of a recommendation to the minister, noting this might impact the outcome of this application.



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
- supporting the ACT Sustainable Energy Policy, including the 100% renewable energy target
- supporting the Australian Government's policy for the APS to reduce its greenhouse gas emissions to net zero by 2030.

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 policy. We are updating our Environmental Management Policy to reflect the agency's commitment to supporting APS Net Zero 2030.

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.

Emissions from operations

There are 2 best practice methods for calculating emissions from electricity consumption, the:

- location based method (Table 18) reflecting the emissions intensity of the grids(s) where electricity is consumed
- market-based method (Table 19) which takes into account the electricity that was purchased, including the voluntary purchase of renewable electricity.

Tables 18 and 19 show emissions from NHMRC's operations for 2022-23, including:

- Scope 1, direct emissions from buildings and vehicles owned by an entity
- Scope 2, indirect emissions from purchased electricity
- Scope 3, indirect emissions arising from activities such as leased office space, business travel, and purchase of goods and services.

Table 18: Emissions 2022-23 (location-based method)

Emissions source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (location-based)	n/a	221,066	18,178	239,244
Natural gas	-	n/a	-	-
Fleet vehicles	-	n/a	-	-
Domestic flights	n/a	n/a	98,308	98,306
Other energy	-	n/a	-	-
Total kg CO₂-e (carbon dioxide equivalent)	-	221,066	116,483	337,549

CO₂-e = carbon dioxide equivalent

n/a = not applicable

Table 19: Emissions 2022-23 (market-based method)

Emissions source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (market-based)	n/a	51,883	6,867	58,750
Natural gas	-	n/a	-	-
Fleet vehicles	-	n/a	-	-
Domestic flights	n/a	n/a	98,306	98,306
Other energy	-	n/a	-	-
Total kg CO₂-e	-	51,883	105,173	157,056

CO₂-e = carbon dioxide equivalent

n/a = not applicable

National Australian Built Environment Rating System 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. NHMRC continues to retain 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.

Research translation

Driving the translation of health and medical research has long been a strategic priority at NHMRC: it is equally as important as funding research. We recognise that research translation happens at different points in the health and medical research pipeline. Each activity can inform how research is used next, building a pathway to impact.

This year, we mapped out our first standalone research translation strategy to focus our efforts for the next three years. The Research Translation Strategy 2022–2025 was developed with advice from our Health Research Impact Committee and released in December 2022. It outlines our vision, priorities and plans to drive the translation of health and medical research for the improvement of individual and population health.

Our activities under the strategy centre on three priorities:

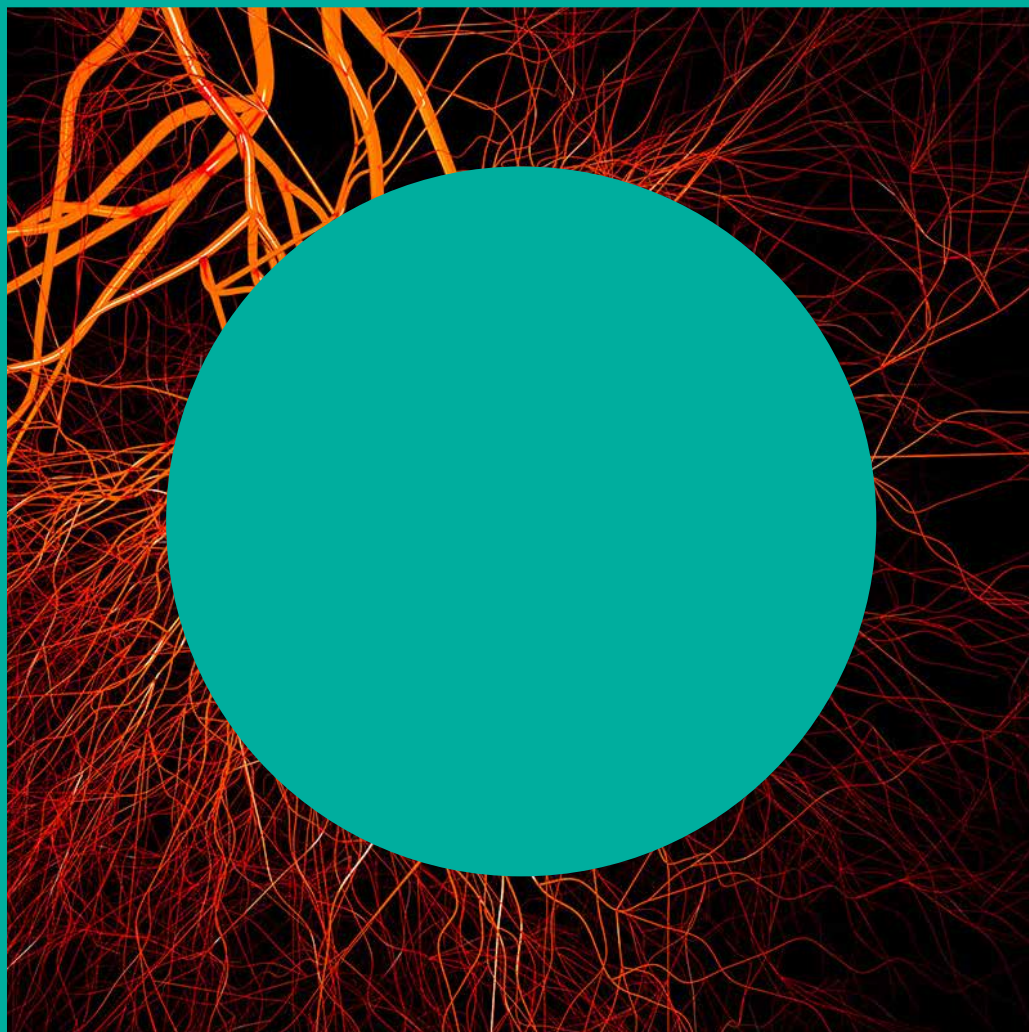
- encouraging partnerships between researchers and end users
- encouraging and building capacity and capability in research translation
- maximising the use of high-quality research evidence for public benefit.

Efforts are underway to encourage and foster genuine collaboration between researchers and end users. To strengthen the role of end users in peer review, we are trialling the inclusion of consumer and community representatives on peer review panels in the Targeted Calls for Research scheme. We have also amended the requirements and assessment criteria for the Clinical Trials and Cohort Studies Grant scheme, strengthening NHMRC advice on involving consumer and community representatives in their projects.



Part 5: People management

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



Overview

In 2022-23, we continued to focus on attracting and retaining a resilient, high-performing workforce while providing a respectful, supportive work environment. This year we also focused on diversity and inclusion, including through our Inclusion Network.

Our commitment to professional development was demonstrated through various leadership training programs and access to relevant online platforms. Ensuring the safety and wellbeing of our workforce, which has always been an integral part of our operations, remained a priority this year.

Workplace culture and performance

NHMRC offers fulfilling and challenging work within a friendly and supportive atmosphere. We continue to strengthen our workplace culture through wellbeing initiatives, an active Staff Consultative Forum and our Inclusion Network.

The effectiveness of our workplace performance culture is demonstrated by the results of the 2022 Australian Public Service (APS) Employee Census.¹⁰ The survey consistently shows that our staff take pride in their work and believe in the purpose and objectives of NHMRC.

In 2022, 80% of respondents said they would recommend NHMRC as a good place to work, while 73% reported a strong personal attachment to the agency. Both results are above the APS average, by 11 percentage points and 12 percentage points respectively. NHMRC's results for wellbeing are also above the APS average, with 81% of NHMRC respondents reporting that the agency cares about their health and wellbeing (20 percentage points above the APS average) and 93% indicating that their supervisor cares about their health and wellbeing.

Our staff are committed to quality and innovation, with 96% stating that they suggest ways of doing things and 95% indicating they are willing to 'go the extra mile' at work when required. Our focus on inclusivity saw 88% of respondents agreeing that the organisation is committed to an inclusive culture and that this is actively supported by supervisors and the agency.

Employee statistics

At 30 June 2023, we employed 233 APS staff in our Canberra and Melbourne locations. The staff turnover rate in 2022-23 was 22%, a substantial decrease from 32% in 2021-22. Table 20 summarises change in the workforce demographics from 2019-20 to 2022-23.

Additional information on employee statistics, including ongoing and non-ongoing Public Service Act employees by gender, state and APS classification level, is provided in Appendix 2.

¹⁰ 71% of our total workforce participated in the APS Employee Census in 2022.

Table 20: NHMRC workforce, 2019-20 to 2022-23

	2019-20	2020-21	2021-22	2022-23
Staff employed on an ongoing basis	189	204	202	199
Staff employed on a non-ongoing basis	18	9	19	33
Staff employed on a casual basis	1	0	0	0
Staff employed full-time	172	180	177	198
Staff employed part-time	35	33	44	34
Staff based in Canberra office	195	203	197	204
Staff based in Melbourne office	13	10	24	28
Women	145	148	154	165
Men	64	65	67	68
Non-binary/Different term/Prefer not to say ^a	Unable to report at this time ^a			
Staff who identify as being of Aboriginal or Torres Strait Islander descent	5	7	5	6
People from diverse linguistic backgrounds	42	38	37	40
People with disability	8	8	11	8

^a NHMRC has not yet implemented internal reporting mechanisms to allow employees to describe their gender consistent with advice from the Attorney-General's Department to describe gender in line with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020). In previous years NHMRC has reported '0' staff reporting gender as 'indeterminate/intersex/unspecified'.

Workforce planning

The agency continues to focus on attracting, developing and retaining an appropriately skilled and capable workforce.

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

In 2022-23, the forum met quarterly to discuss organisation-wide matters, including:

- continued review of human resources policies, including finalisation of a Child Safe Policy
- workplace arrangements in response to COVID-19, including risk management approaches to the changing COVID-19 environment and the transition back to working in the office.

Learning and development

This year, we continued to implement our Learning and Development Strategy and Plan, which underpins our commitment to the ongoing professional development of our staff. Strengthening the capability of our workforce helps us achieve our mission.

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 Graduate Program and the Small Agencies Forum
- external training and conferences
- access to study assistance
- support for membership of professional associations
- secondment opportunities, including placements within other APS agencies.

This year, we focused on building the capability of our Executive Level 2 (EL2) cohort. The EL2 Leadership Program was mandatory and included 360-degree feedback, coaching and sessions focused on high-performing teams, leading change, critical conversations and effective team collaboration.

Our 2022 APS Employee Census results show that 87% of respondents believe their workgroup has the skills, capabilities and knowledge to perform well. This is 7 percentage points above the APS overall and 6 percentage points above the average for other agencies of similar size.

Workplace diversity

We continue to build and sustain a culture of inclusion and diversity, as reflected in the 2022 APS Employee Census results. The survey showed that 88% of NHMRC respondents believe that NHMRC supports and actively promotes an inclusive workplace culture. This is 9 percentage points higher than the APS overall and 13 percentage points above the average for similar-sized agencies. Our workplace diversity program 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.

In 2021–22, the Reconciliation Action Plan Working Group developed a new Innovate Reconciliation Action Plan setting out NHMRC’s strategy to achieve our vision for reconciliation. During 2022–23, 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
- fostering a culturally safe working environment.

During 2022–23, we began embedding our Inclusion Network within the agency. An LGBTQIA+ Action Plan has been developed and is in the final stages of endorsement prior to implementation. A number of other inclusion initiatives have been implemented, including:

- monthly ‘5 minutes with a staff member’ intranet profiles
- information to encourage the voluntary use of pronouns
- information about using inclusive language
- the Indigenous Speaker Series.

The Inclusion Network continues 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 to Australia’s Indigenous Peoples
- International Day Against Homophobia, Transphobia and Biphobia
- International Day of Families
- National Sorry Day
- Pride Month
- National Reconciliation Week
- NAIDOC Week.

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

Disability reporting

Australia's Disability Strategy 2021–2031 is the country'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 policies and programs that affect people with disability, as well as their families and carers.

All levels of government are accountable for the implementation of the strategy through progress reporting to the Australian, state and 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.

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 2023, we awarded Australia Day Achievement medallions to the following staff in recognition of outstanding performance on special projects or in their core duties:

- Daniel Brennan
- Miranda Crean
- Michelle Crino
- Kate Hart
- Kristal Jackson
- Kate LeMay
- Amy Roughley
- Kellie Stephenson.

Certificates of Achievement were awarded to the following teams:

- Mitochondrial Donation Licensing Scheme Implementation Team – Erica Crone and Sally Wright
- NHMRC Recruitment Team – Melissa Lynch and Jemma Clarke.

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, in 2020 the CEO made a determination under subsection 24(1) of the *Public Service Act 1999*. A further 1-year determination took effect in February 2023, providing non-SES (Senior Executive Service) APS staff with a 3% salary increase payable under the *Public Sector Interim Workplace Arrangements 2022*.

In February 2023, as part of the APS's service-wide bargaining process, NHMRC began enterprise bargaining negotiations for a new enterprise agreement.

Remuneration

Executive remuneration

The officials covered by these disclosures are the CEO and the 5 SES officers who meet the definition of 'key management personnel' (Table 21).

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 21).

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 2022
- *Public Service Act 1999*
- Australian Public Service Enterprise Award 2015.

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. As at 30 June 2023, 4 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 22). SES officers who have held their position for 6 months or more are eligible for an annual salary review on 1 August.

SES salaries (Table 22) are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2022
- performance and conduct of the employee
- SES Work Level Standards
- SES Integrated Leadership System profiles
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

No bonuses were paid to NHMRC SES officers in 2022–23.

Table 21: Remuneration for key management personnel, 2022-23

Name	Position title	Term	Short-term benefits (\$)			Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration ^e (\$)
			Base salary ^a	Bonuses	Other benefits and allowances ^b		Long service leave ^d	Other long-term benefits		
Professor Anne Kelso	Chief Executive Officer	full year	457,036	-	4,684	69,069	17,669	-	-	548,458
Clare McLaughlin	General Manager	7 months	176,583	-	19,501	30,162	(1,955)	-	-	224,291
Dr Julie Glover	Executive Director	full year	195,214	-	29,604	40,033	7,105	-	-	271,956
Tony Krizan	Executive Director	full year	206,463	-	29,604	41,190	8,979	-	-	286,236
Alan Singh	Executive Director	full year	218,089	-	29,604	40,862	6,862	-	-	295,417
Prue Torrance	Executive Director/ General Manager	5 months/ 7 months	218,661	-	29,129	28,505	19,462	-	-	295,757
Total			1,472,046	-	142,126	249,821	58,122	-	-	1,922,115

^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 National 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 22: NHMRC salary ranges, 30 June 2023

Classification	Minimum salary (\$)	Maximum salary (\$)
SES 2	233,442	289,023
SES 1	180,084	222,326
EL 2	129,668	153,520
EL 1	108,995	123,999
APS 6	88,442	99,774
APS 5	80,171	84,617
APS 4	73,710	77,880
APS 3	65,059	72,111
APS 2	56,298	61,434
APS 1	48,168	54,096

Non-salary benefits

Non-salary benefits available to NHMRC staff in 2022-23 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.

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.

Work health and safety

NHMRC maintains a strong commitment to promoting the health, safety and wellbeing of our employees, visitors and stakeholders, with 81% of staff who responded in the APS Employee Census indicating that they think the agency cares about their health and wellbeing. We are dedicated to supporting the health, safety and wellbeing of the workforce, with 75% of APS Employee Census respondents saying the agency does a good job of promoting health and wellbeing. As NHMRC navigated the transition to a post COVID-19 landscape this year, we focused on supporting staff to adapt to the 'new normal', while ensuring their safety and wellbeing.

In 2022-23, NHMRC:

- held quarterly meetings of the Health and Safety Committee, which brings together workers (health and safety representatives) and management to review relevant policy and procedures in the workplace
- consulted with staff via health and safety representatives on Work Health and Safety (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

- maintained accreditation with 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 early intervention and rehabilitation services
- 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 2022
- disseminated information to all staff on WHS and COVID-19 via email and the intranet
- promoted and provided staff access to flexible ways of working, consistent with our updated Flexible Working Arrangements Policy
- 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 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, free annual health checks, flexible working arrangements and financial reimbursements for eyesight testing.

Post COVID-19 pandemic landscape

To accommodate changed workforce expectations post COVID-19, NHMRC continues to embrace flexible work arrangements such as remote and hybrid work. This has allowed our people to maintain a work-life balance while ensuring operational continuity.

NHMRC continues to embrace virtual platforms, investing in technology infrastructure, tools and training to support remote work. Digital collaboration and secure data management via SharePoint and Microsoft Teams has enhanced operational efficiency while enabling effective communication and collaboration across the agency.

NHMRC continues to prioritise employee wellbeing, recognising the impact of the pandemic on the mental health of both employees and their families. We prioritised employee wellbeing programs and support services to assist with the transition to the 'new normal'.

Through the implementation of these strategies, NHMRC has positioned itself to adapt effectively to post COVID-19 challenges.

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, dangerous incidents and serious injury or illness arising from our work. No notifiable incidents were reported to Comcare in 2022-23.

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 2022-23.

We are dedicated to implementing early intervention strategies for injured employees, for both compensable and non-compensable injuries. Our workers compensation premium for 2022-23 was 1.44% of payroll costs (Table 23).

Table 23: NHMRC premium rate (% of payroll costs) compared with the Commonwealth scheme average

	2019-20	2020-21	2021-22	2022-23
NHMRC	1.10%	1.22%	1.14%	1.44%
Commonwealth scheme average	1.00%	0.85%	0.80%	0.84%

NHMRC Impact Case Studies

NHMRC produces impact case studies to demonstrate its contribution to raising the standard of individual and public health throughout Australia.

Each case study is developed in partnership with one or more Australian research organisations and other bodies.

These case studies demonstrate that outcomes and impact can take many years, and the combined work of many people and organisations, to generate. Through documenting research translation journeys they show that the creation of knowledge is vital, but also that there are many other activities necessary to generate impact.

The below case studies are those that have been developed and published in 2022-23.

Gardasil® - the human papillomavirus vaccine

Human papillomavirus (HPV) infections result in a substantial burden of disease globally, particularly because they can cause cervical cancer. In Australia, cancers of the cervix and uterus were once leading causes of cancer-related deaths for women.

Between 1986 and 2002, an NHMRC-funded team at the University of Queensland studied the role of the immune system in cancer and other chronic illnesses, including HPV infection. The team developed immunogenic virus-like particles that could protect against HPV infection, providing the basis of a vaccine. After Merck led successful clinical trials of the vaccine in 13 countries, in 2006 Gardasil® was approved by Australia's Therapeutic Goods Administration.

In 2007, Australia became the first country in the world to include the HPV vaccine in a national immunisation program. By 2019, 100 countries had added an HPV vaccine to national vaccination schedules.

Since the implementation of the national HPV vaccination program in Australia, there have been substantial decreases in cervical cancer incidence and death rates. NHMRC-funded researchers estimate that if high-coverage vaccination and screening is maintained across Australia, cervical cancer mortality is likely to decrease to less than one death per 100,000 women each year by 2034.

At-home pulmonary rehabilitation

Chronic obstructive pulmonary disease (COPD) is an umbrella term for a group of lung conditions that includes emphysema, chronic bronchitis and chronic asthma. In 2020, COPD was the fifth leading cause of death in Australia.

Pulmonary rehabilitation is an essential component of COPD care and is recommended in clinical practice guidelines across the world. However, despite strong evidence for its benefits, pulmonary rehabilitation has traditionally been delivered to less than 5% of patients who would benefit.

NHMRC-funded researchers at Monash University led 2 major multisite clinical trials testing large-scale approaches to delivering COPD rehabilitation in patients' homes. The team developed a new, low-cost model of rehabilitation that could be provided by telephone, and that could achieve similar clinical outcomes to centre-based rehabilitation. The program was successfully delivered in Australia. Nearly twice as many patients were able to complete home-based rehabilitation than centre-based rehabilitation, and at a much lower cost of about \$10,000 per patient per year.

The home-based pulmonary rehabilitation models developed by the Monash team have been rapidly implemented in clinical care internationally.

Protecting against hepatitis

Over the past century and throughout the world, viral hepatitis emerged as a significant public health issue afflicting hundreds of millions of people with severe ill health, liver damage, cancer and death. NHMRC-funded research contributed to international efforts to identify and control the hepatitis A and B viruses (HAV and HBV).

NHMRC-funded research on blood proteins undertaken at the University of Western Australia (UWA), in collaboration with researchers in the USA, led to the 1968 discovery that one of the UWA samples contained the surface protein of HBV. This discovery led to the development of a test for HBV, which is now in routine use in blood banks around the world. The HBV surface protein was also used to develop the first HBV vaccines, which remain in use today.

Equipped with samples of the HBV surface protein, in 1974, NHMRC-funded researchers at Fairfield Infectious Diseases Hospital in Melbourne identified HAV – shortly after but independently of their colleagues in the USA. An HAV strain provided by the team became the basis for the first commercial hepatitis A vaccine. The team also developed a simple technique for the detection of HAV antibodies, which remains the standard approach used internationally.

Vaccines for hepatitis A and B are very effective and very safe. In countries where the vaccines are widely available, these diseases have virtually disappeared.

Two types of diabetes

Diabetes mellitus is a disease associated with high levels of blood sugar, a condition that can be fatal if left untreated. Diabetes mellitus can also lead to serious health problems, including cardiovascular disease, nerve damage, kidney damage, eye damage and hearing impairment.

Diabetes was medically described in ancient times. By 1936, it was known that people with diabetes could be divided into insulin-resistant and insulin-sensitive types. However, with no method for measuring blood plasma insulin levels, it was not possible to determine whether a patient could or could not produce their own insulin.

In 1939, NHMRC-funded researchers at the Baker Heart and Diabetes Institute began studying carbohydrate metabolism and diabetes. Their work led to the development of a blood test for insulin, which was used to establish 2 clinical types of diabetes: one type that has no measurable insulin in the blood serum (type 1) and another type that does (type 2).

This was globally significant: type 1 and type 2 diabetes were recognised as separate diseases having different underlying molecular mechanisms and requiring different types of treatment. Since this discovery, continual innovation in diabetes treatment has significantly improved patients' lives.

Insulin resistance, insulin action

In 2017–18, almost 1 million Australian adults had type 2 diabetes and in 2018, diabetes contributed to over 17,000 Australian deaths.

The immediate cause of type 2 diabetes is insulin resistance: a state in which glucose cannot enter body cells despite the presence of insulin. Insulin resistance is itself closely connected with metabolic syndrome, a cluster of conditions including obesity, high blood lipid levels and high blood pressure that are associated with an increased risk of cardiovascular disease and stroke.

Commencing in 1982, a team of NHMRC-funded researchers at the Garvan Institute of Medical Research undertook research that established that stored fat molecules in muscle and liver tissue was one cause of insulin resistance. The team demonstrated that insulin resistance could be lessened through interventions that reduced fat tissue accumulation, such as increasing exercise, lowering dietary fat and changing the type of dietary fat consumed. Their research also explained the basic connection between type 2 diabetes and metabolic syndrome.

These discoveries were important evidence that type 2 diabetes is prevented primarily through a healthy diet and lifestyle. Their work made an early and important contribution to the steady flow of evidence that a modified fat or 'Mediterranean' diet is more effective for diabetes management than a diet high in complex carbohydrate, which was considered beneficial when the research began.

Breathing easier during sleep

Obstructive sleep apnea (OSA) is a chronic respiratory disorder that leads to disturbed sleep and affects at least 200 million people globally. In 2018–19, over 39,000 Australians were hospitalised with a principal diagnosis of OSA. Early treatments for OSA primarily consisted of surgical interventions that could have serious negative consequences for the patient.

NHMRC-funded researchers at the University of Sydney and Royal Prince Alfred Hospital undertook research that led to the 1981 discovery that a non-invasive continuous positive airway pressure of air (CPAP) into an OSA patient's nostrils during sleep would keep their airway open.

The effect was life changing. Patients who had been barely able to function due to a lack of quality sleep now had their sleep apnea completely removed – without having to undergo major surgery. As a result, their debilitating symptoms rapidly disappeared.

Soon after its introduction, CPAP became the treatment of choice for OSA. Over time, commercialisation and innovation has led to the development of CPAP machines that are increasingly quiet and comfortable to use. As a consequence of such innovations, the number of CPAP units in use worldwide has grown into the millions.



Safer birthing for First Nations families

Traditionally, First Nations women gave birth on the land of their ancestors, supported by First Nations midwives, ensuring a spiritual connection to the land for the newborn – referred to as ‘birthing on country’.

NHMRC-funded projects led by researchers from Charles Darwin University, the University of Sydney and Aboriginal and Torres Strait Islander health services have applied ‘birthing on country’ to deliver improved health outcomes for First Nations mothers, babies and communities.

Their research contributed to changes in policies and practices for maternal infant health care, and led to improved models of care. It also demonstrated that caseload midwifery care can improve outcomes, lowering elective caesarean sections and increasing breastfeeding, and can outperform standard care at reduced cost. Birthing on country can lead to an almost 40% reduction in preterm birth and a reduction in epidural in labour and babies being admitted to the neonatal unit. It was also shown that women attend earlier and more often for antenatal care. In 2017, one of the birthing on country services evaluated by the team was expanded with Queensland Government funding.

Improving insulin delivery

The ability to make insulin was one of the great medical breakthroughs of the 20th century. However, in the absence of a deep understanding of the body's regulation and use of blood sugar, providing insulin could be dangerous.

In 1970, NHMRC-funded researchers at the Garvan Institute of Medical Research began studying how small infusions of insulin affect blood glucose levels. The researchers developed systems that could generate sensitive plots of blood glucose responses to insulin infusions. These plots showed that infusions of only 2.4 units per hour were sufficient to continually reduce blood glucose levels in both healthy and diabetic subjects.

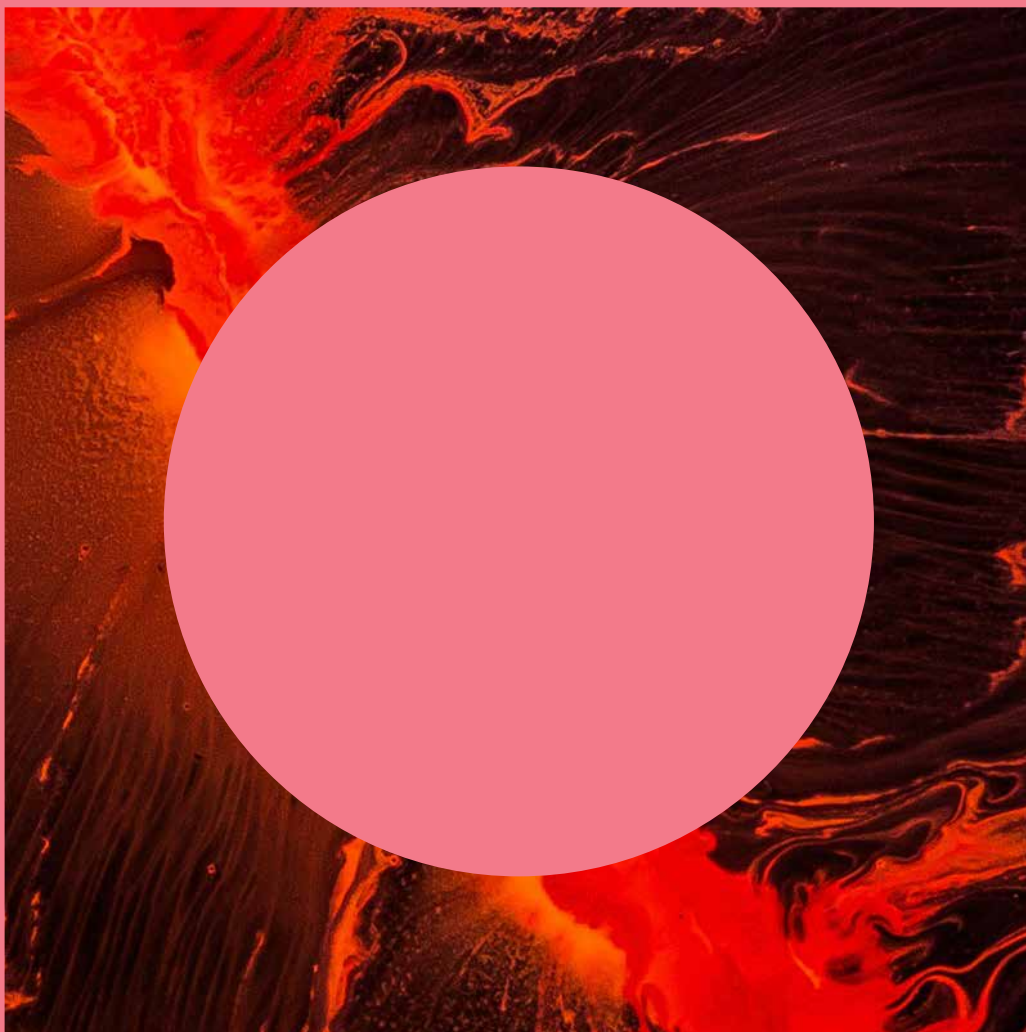
This finding was a breakthrough. At the time, patients presenting to hospital in a diabetic coma might be given as many as 500 units of insulin in a single injection, with unpredictable and often harmful effects on blood glucose and potassium levels.

The Garvan Institute team's proposal for low-dose insulin infusion was quickly accepted and taken up internationally. It informs current hospital practice in Australia and remains the default approach worldwide.

Before these changes to clinical practice, the mortality rate from diabetic coma was about 12% in Australia. In 2014, among those under 25 hospitalised for diabetic coma, there were only 3 deaths – a mortality rate of just 0.1%.

Part 6: Financial performance

This section highlights NHMRC's financial performance during 2022-23 for both Departmental and Administered activities.



Financial performance summary

Financial performance – Departmental

NHMRC's Departmental financial performance for 2022–23 is summarised in Table 24.

Table 24: NHMRC departmental financial performance, 2022–23

	30 June 2023 (\$'000)	30 June 2022 (\$'000)
Operating expenses	58,045	55,975
Own-source income	(14,596)	(16,214)
Gains	(100)	(108)
Net cost of services	43,349	39,653
Revenue from government	(36,309)	(36,877)
Total operating (loss) surplus	(7,040)	(2,776)

NHMRC's operating result for 2022–23 was a loss of \$7.040 million. This was more than the approved Department of Finance loss of \$5.517 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 \$845.1 million in expenses on behalf of the Australian Government during 2022–23. Funding through NHMRC's Medical Research Endowment Account (MREA) amounted to \$842.3 million. The remaining \$2.8 million funded a range of activities related to dementia research, antivenom research, mitochondrial donation regulation and clinical trial, and the provision of research evidence for clinical practice and policy through the Cochrane Collaboration.

The increase in Administered expenses from last year (\$9.1 million) was due to planned increases in commitments for 2022–23.

The balance of the MREA was \$329.7 million at 30 June 2023.

Agency resource statement

Table 25: NHMRC Agency Resource Statement

	Actual available appropriation for 2022-23 (\$'000)	Payments made 2022-23 (\$'000)	Balance remaining 2022-23 (\$'000)
	(a)	(b)	(a) - (b)
Ordinary Annual Services¹			
Departmental appropriation	56,193	54,953	1,240
Total	56,193	54,953	1,240
Administered expenses			
Outcome 1	893,049	893,049	
Total	893,049	893,049	
Total ordinary annual services	A	949,242	948,002
Other services			
Departmental non-operating			
Equity injections	179	179	-
Total	179	179	-
Total other services	B	179	-
Total Available Annual Appropriations and payments	949,421	948,181	
Special Accounts			
Opening Balance	274,238		
Appropriation receipts ²	889,584		
Non-appropriation receipts to			
Special Accounts	10,469		
Payments made		844,545	
Total Special Account	C	1,174,291	329,746

continued

Part 6: Financial performance

Table 25 continued

	Actual available appropriation for 2022-23 (\$'000)	Payments made 2022-23 (\$'000)	Balance remaining 2022-23 (\$'000)
Total resourcing and payments A+B+C	2,123,712	1,792,726	
Less appropriations drawn from annual or special appropriations above and credited to special accounts	(889,584)	(844,545)	
and/or payments to corporate entities through annual appropriations			
Total net resourcing and payments for NHMRC	1,234,128	948,181	

¹ Appropriation Act (No.1) 2022-23. This may also include prior year departmental appropriation, PGPA Act section 74 retained revenue receipts and amounts withheld under section 51 of the PGPA Act or quarantined for administrative purposes in relation to departmental appropriations.

² Appropriation receipts for 2022-23 included above.

National Health and Medical Research Council

Financial Statements
for the period ended 30 June 2023



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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 2023:

- (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 2023 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 2023 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 2023

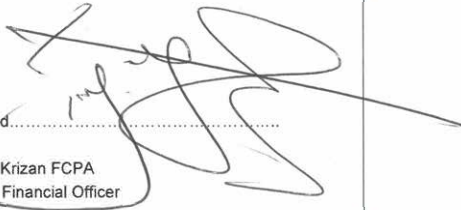
National Health and Medical Research Council
STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2023 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 Steve Wesselingh FRACP FAHMS
Chief Executive Officer
Accountable Authority

30 August 2023

Signed.....

Tony Krizan FCPA
Chief Financial Officer

30 August 2023

National Health and Medical Research Council
Statement of Comprehensive Income
for the year ended 30 June 2023

	Notes	2023 \$'000	2022 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Employee benefits ¹	1.1A	27,485	25,001	26,656
Suppliers ²	1.1B	22,726	22,390	23,870
Depreciation and amortisation ³	3.2A	7,414	8,119	7,982
Finance costs		183	203	175
Write-down and impairment of other assets ⁴		237	262	-
Total expenses		58,045	55,975	58,683
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers ⁵	1.2A	14,596	16,214	16,749
Total own-source revenue		14,596	16,214	16,749
Gains				
Resources received free of charge - ANAO audit fee		100	108	108
Total gains		100	108	108
Total own-source income		14,696	16,322	16,857
Net cost of services		(43,349)	(39,653)	(41,826)
Revenue from Government		36,309	36,877	36,309
Total Revenue from Government		36,309	36,877	36,309
(Deficit) attributable to the Australian Government		(7,040)	(2,776)	(5,517)
Total comprehensive (loss)		(7,040)	(2,776)	(5,517)

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

Budget Variance Commentary

- Higher employee expenses than anticipated primarily due to conversion of labour hire contractors to internal staff.
- Decreased supplier expenses primarily due to conversion of labour hire contractors to internal staff.
- Amortisation expenses were lower than budgeted due to an increase in the management estimate of the useful life of Sapphire assets.
- The write down of assets relates to an in-house software system (Centralised log management and monitoring) being de-commissioned. This was not budgeted.
- Revenue lower than budget which was based on historical data trends. There were fewer new health programs than anticipated.

National Health and Medical Research Council
Statement of Financial Position
as at 30 June 2023

	Notes	2023 \$'000	2022 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents ¹		349	664	664
Trade and other receivables ²	3.1A	617	3,866	3,366
Total financial assets		966	4,530	4,030
Non-Financial Assets ^A				
Buildings	3.2A	13,476	16,084	13,435
Plant and equipment	3.2A	2,448	3,094	2,253
Intangibles - internally developed ³	3.2A	25,074	25,284	21,471
Inventories		54	94	94
Prepayments		2,137	2,209	2,209
Total non-financial assets		43,189	46,765	39,462
Total assets		44,155	51,295	43,492
LIABILITIES				
Payables				
Trade creditors and accruals ⁴		4,415	2,161	2,161
Other	3.3A	3,015	2,885	2,885
Total payables		7,430	5,046	5,046
Interest bearing liabilities				
Leases	3.4A	14,805	17,326	14,861
Total interest bearing liabilities		14,805	17,326	14,861
Provisions				
Employee provisions	6.1A	7,557	7,699	7,699
Total provisions		7,557	7,699	7,699
Total liabilities		29,792	30,071	27,606
Net assets		14,363	21,224	15,886
EQUITY				
Contributed equity		17,201	17,022	17,201
Asset revaluation reserve		1,367	1,367	1,367
Retained earnings ⁵		(4,205)	2,835	(2,682)
Total equity		14,363	21,224	15,886

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

1. Lower levels of cash resulting from an unfavourable operating result and higher levels of capital expenditure.
2. Decrease in appropriations receivable driven by an unfavourable operating result and higher levels of capital expenditure.
3. Increased level of expenditure on intangible assets mainly attributable to Sapphire grants management solution.
4. Trade creditors and accruals are higher than budget due to the timing of payments which differed from historical trends.
5. Retained Earnings exceed budget as a result of the unfavourable operating loss variance. The primary drivers of these variances was lower levels of revenue and higher employee expenditure during the year.

National Health and Medical Research Council

Statement of Changes in Equity

for the year ended 30 June 2023

	2023 \$'000	2022 \$'000	Original Budget \$'000
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	17,022	16,845	17,022
Adjusted opening balance	17,022	16,845	17,022
Transactions with owners			
Contributions by owners			
Departmental capital budget	179	177	179
Total transactions with owners	179	177	179
Closing balance as at 30 June	17,201	17,022	17,201
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	2,835	5,611	2,835
Adjusted opening balance	2,835	5,611	2,835
Comprehensive income			
(Deficit) for the period	(7,040)	(2,776)	(5,517)
Total comprehensive income	(7,040)	(2,776)	(5,517)
Closing balance as at 30 June	(4,205)	2,835	(2,682)
ASSET REVALUATION RESERVE			
Opening balance			
Balance carried forward from previous period	1,367	1,367	1,367
Adjusted opening balance	1,367	1,367	1,367
Total comprehensive income	-	-	-
Closing balance as at 30 June	1,367	1,367	1,367
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	21,224	23,823	21,224
Adjusted opening balance	21,224	23,823	21,224
Comprehensive income			
(Deficit) for the period	(7,040)	(2,776)	(5,517)
Total comprehensive income	(7,040)	(2,776)	(5,517)
Transactions with owners			
Contributions by owners			
Departmental capital budget	179	177	179
Total transactions with owners	179	177	179
Closing balance as at 30 June	14,363	21,224	15,886

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 2023

	Notes	2023 \$'000	2022 \$'000	Original Budget \$'000
OPERATING ACTIVITIES				
Cash received				
Rendering of services		14,522	14,938	16,749
Appropriations ¹		54,638	55,560	36,809
GST received ²		2,450	2,819	-
Total cash received		71,610	73,317	53,558
Cash used				
Employees ³		(27,244)	(25,247)	(26,656)
Suppliers		(22,941)	(24,696)	(23,762)
Interest payments on lease liabilities		(183)	(203)	(175)
Section 74 receipts transferred to OPA ¹		(15,028)	(15,427)	-
Total cash used		(65,396)	(65,573)	(50,593)
Net cash from operating activities		6,214	7,744	2,965
INVESTING ACTIVITIES				
Cash used				
Purchase of plant and equipment ⁴	3.2A	(299)	(587)	(179)
Purchase of intangibles ⁴	3.2A	(3,888)	(5,382)	(500)
Total cash used		(4,187)	(5,969)	(679)
Net cash used by investing activities		(4,187)	(5,969)	(679)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		179	177	179
Total cash received		179	177	179
Cash used				
Principal payments of lease liabilities		(2,521)	(2,029)	(2,465)
Total cash used		(2,521)	(2,029)	(2,465)
Net cash from financing activities		(2,342)	(1,852)	(2,286)
Net (decrease) in cash held		(315)	(77)	-
Cash and cash equivalents at the beginning of the reporting period		664	741	664
Cash and cash equivalents at the end of the reporting period		349	664	664

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

Budget Variance Commentary

1. Section 74 receipts relate 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 2022-23 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 2022-23 Portfolio Budget Statements, these cash flows are presented on a net cash flow basis. This is the key driver of GST received being higher than budget.

3. Higher employee cash flows than anticipated are primarily due to the conversion of labour hire contractors to internal staff.

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 2023

	Notes	2023 \$'000	2022 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Grants - Medical Research (MREA) ¹	2.1A	832,372	818,890	898,337
Grants - Boosting Dementia Research ²	2.1B	9,978	14,422	-
Other expenses incurred in the provision of grants ³	2.1C	2,757	2,726	15,097
Total expenses		845,107	836,038	913,434
Income				
Revenue				
Non-taxation revenue				
Revenue from contracts with customers ⁴		8,541	6,244	5,000
Other revenue	2.2A	5,440	3,868	5,000
Total non-taxation revenue		13,981	10,112	10,000
Total revenue		13,981	10,112	10,000
Total income		13,981	10,112	10,000
Net cost of services		(831,126)	(825,926)	(903,434)

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

Budget Variance Commentary

1. The variance is due to delays in grant rounds for Clinical Trials and Cohort Studies (CTCS), Targeted Calls for Research (TCR), variations to existing grants and lower than expected payments from the Independent Research Institutes Infrastructure Support Scheme (IRIIS).

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 2022-23. The funds were transferred to the MREA special account for grants to be paid over a five year period.

4. The Revenue from contracts with customers budget in the 2022-23 Portfolio Budget Statements was calculated based on historical trends. Represents revenue received from the Department of Health and Aged Care for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grants Program.

National Health and Medical Research Council
Administered Schedule of Assets and Liabilities
as at 30 June 2023

	Notes	2023 \$'000	2022 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents ¹		329,746	274,238	263,853
Trade and other receivables		1,045	1,209	1,209
Prepayments ²		705	-	-
Total financial assets		331,496	275,447	265,062
Total assets administered on behalf of Government		331,496	275,447	265,062
LIABILITIES				
Payables				
Grants Payable - Medical Research (MREA) ³	4.1A	5,401	7,596	7,596
GST payable		205	205	205
Other payables ⁴		7,927	11,606	11,606
Total payables		13,533	19,407	19,407
Total liabilities administered on behalf of government		13,533	19,407	19,407
Net assets		317,963	256,040	245,655

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 for Clinical Trials and Cohort Studies (CTCS), Targeted Calls for Research (TCR), variations to existing grants and lower than expected payments from the Independent Research Institutes Infrastructure Support Scheme (IRISS).
2. Prepaid licence fee was not budgeted in 2022-23.
3. Grants payable actuals are lower than anticipated with budget assumptions being based on historical data.
4. Lower than budgeted level of unearned revenue resulting from the recognition of revenue during 2022-23 for the Targeted Call for Research (TCR) into Participation in Cancer Screening.

National Health and Medical Research Council Administered Reconciliation Schedule

for the year ended 30 June 2023

	2023 \$'000	2022 \$'000
Opening assets less liabilities as at 1 July	256,040	203,506
Net contribution by services		
Income	13,981	10,112
Expenses		
Payments to Corporate Commonwealth entities	(14,349)	(17,506)
Payments to entities other than Corporate Commonwealth entities	(830,758)	(818,532)
Transfers from the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to entities other than Corporate Commonwealth entities	893,049	878,460
Closing assets less liabilities as at 30 June	317,963	256,040

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 the 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 the 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 2023

	2023 \$'000	2022 \$'000
OPERATING ACTIVITIES		
Cash received		
Rendering of services	4,877	8,766
Other revenue	5,671	3,096
GST received	12,089	12,825
Total cash received	22,637	24,687
Cash used		
Grants - Medical Research (MREA)	834,567	814,819
Grants - Boosting Dementia Research	9,978	15,390
Other expenses incurred in the provision of grants	3,477	2,709
GST paid	12,156	12,930
Total cash used	860,178	845,848
Net cash used by operating activities	(837,541)	(821,161)
Cash and cash equivalents at the beginning of the reporting period	274,238	216,939
Cash from Official Public Account		
Appropriations	893,049	878,460
Total cash from official public account	893,049	878,460
Cash and cash equivalents at the end of the reporting period	329,746	274,238
The above statement should be read in conjunction with the accompanying notes.		

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. The NHMRC is Australia's peak body for supporting health and medical research. The aims of the 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; and
- 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 the 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:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015; and
- 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

Adoption of New Australian Accounting Standard Requirements

Two amending standards (AASB 2021-2 and AASB 2021-6) were adopted earlier than the application date as stated in the standard. This amending standards have been adopted for the 2022-23 reporting period.

The following amending standards were issued prior to the signing of the statement by the accountable authority and chief financial officer, were applicable to the current reporting period and had a material effect on the entity's financial statements:

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions ¹ , and adjustment to financial statements
AASB 2021-2 <i>Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates</i> (AASB 2021-2) and	AASB 2021-2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.
AASB 2021-6 <i>Amendments to Australian Accounting Standards - Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards</i> (AASB 2021-6)	AASB 2021-6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021-2. The details of the changes in accounting policies and adjustments are disclosed below and in the relevant notes to the financial statements. This amending standard is not expected to have a material impact on the entity's financial statements for the current reporting period or future reporting periods.

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 the 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 the NHMRC.

No material uncertainty exists about NHMRC's ability to continue as a going concern.

1. Departmental Financial Performance

1.1 Expenses

	2023	2022
	\$'000	\$'000
Note 1.1A: Employee Benefits		
Wages and salaries	19,691	18,315
Superannuation		
Defined contribution plans	2,804	2,393
Defined benefit plans	1,036	1,220
Leave and other entitlements	3,847	3,073
Separation and redundancies	107	-
Total employee benefits	27,485	25,001

Accounting Policy

Accounting policies for employee related expenses is contained in the People and Relationships section (note 6).

Note 1.1B: Suppliers

Goods and services supplied or rendered

Agency placement costs	79	15
Comcover	87	78
Committees	1,970	1,303
Conference fees	22	10
Consultants	554	170
Contractors	7,998	9,480
IT services	9,747	9,825
Office equipment	79	31
Services	1,076	826
Travel	216	28
Other	476	340
Total goods and services supplied or rendered	22,304	22,106

Goods supplied	117	129
Services rendered	22,187	21,977
Total goods and services supplied or rendered	22,304	22,106

Other suppliers

Operating lease rentals	-	5
Act of grace payments	32	-
Workers compensation expenses	390	279
Total other suppliers	422	284
Total suppliers	22,726	22,390

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 per asset). 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

	2023	2022
	\$'000	\$'000

Note 1.2A: Revenue from contracts with customers

Revenue from contracts with customers	14,596	16,214
Total revenue from contracts with customers	14,596	16,214

Disaggregation of revenue from contracts with customers

Major product / service line:

Type of customer:

Australian Government entities (related parties)	14,596	16,214
	14,596	16,214

Note 1.2B: Unsatisfied obligations

NHMRC expects to recognise as income any liability for unsatisfied obligations within the following periods:

Within 1 year	453	1,126
Between 1 to 2 years	1,360	880
More than 2 years	-	11
	1,813	2,017

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 Aged Care 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 the 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 the 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

	2023	2022
	\$'000	\$'000
Note 2.1A: Grants - Medical Research (MREA)		
Public sector		
Australian Government Entities	14,349	17,475
State and Territory Governments	677,875	651,277
Private sector		
Medical Research Institutes	137,846	147,515
Private Universities	2,302	2,623
Total grants - Medical Research (MREA)	832,372	818,890
Note 2.1B: Grants - Boosting Dementia Research		
Public sector		
Australian Government Entities	-	31
State and Territory Governments	9,978	14,150
Private sector		
Medical Research Institutes	-	241
Total grants - Boosting Dementia Research	9,978	14,422
Note 2.1C: Other Expenses Incurred in the Provision of Grants		
Goods and services supplied or rendered		
Funding agreements	1,855	1,998
Subscriptions	678	652
Consultants	122	70
Other	102	6
Total goods and services supplied or rendered	2,757	2,726

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

	2023	2022
	\$'000	\$'000
Note 2.2A: Other Revenue		
Third party contributions	416	1,134
Grant recoveries	5,024	2,734
Total other revenue	5,440	3,868

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 the 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

	2023	2022
	\$'000	\$'000
Note 3.1A: Trade and Other Receivables		
Receivables from contracts from customers	294	228
Goods and services - related entities	6	170
Appropriations receivable - existing programs	-	3,301
GST receivable from the Australian Taxation Office	317	167
Total trade and other receivables	617	3,866

No indicators of impairment were found for trade and other receivables in 2023 (2022:Nil).

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 2022					
Gross book value	23,431	4,970	42,288	771	71,460
Accumulated depreciation, amortisation and impairment	(7,347)	(1,876)	(17,004)	(771)	(26,998)
Total as at 1 July 2022	16,084	3,094	25,284	-	44,462
Additions					
Purchase of plant and equipment	-	299	-	-	299
Purchased or internally developed - Intangibles	-	-	3,888	-	3,888
Purchased or internally developed	-	299	3,888	-	4,187
Depreciation and amortisation	-	(875)	(3,861)	-	(4,736)
Depreciation on right-of-use assets	(2,608)	(70)	-	-	(2,678)
Impairment	-	-	(237)	-	(237)
Total as at 30 June 2023	13,476	2,448	25,074	-	40,998
Total as at 30 June 2023 represented by					
Gross book value	23,431	5,269	38,000	771	67,471
Accumulated depreciation, impairment, and amortisation	(9,955)	(2,821)	(12,926)	(771)	(26,473)
Total as at 30 June 2023	13,476	2,448	25,074	-	40,998
Carrying amount of right-of-use assets	13,476	76	-	-	13,552

An assessment of impairment on WIP assets was conducted as at 30 June 2023. No WIP assets were impaired in 2023 (2022: 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 used 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.

	2023	2022
	\$'000	\$'000

Contractual commitments for the acquisition of plant and equipment and intangible assets are payable as follows:

Within 1 year	571	740
Total plant and equipment and intangible assets commitments	571	740

NHMRC has commitments in place for the ongoing maintenance and development of 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 the 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.

Assets Sub-Class	Fair value measured at
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 the 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.

Depreciation rates applying to each sub-class of depreciable asset are based on the following useful lives:

Assets Sub-Class	2023	2022
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 2023. 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 the NHMRC's software are two to ten years (2022: two to seven years).

All software assets were assessed for indicators of impairment as at 30 June 2023.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the 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

	2023	2022
	\$'000	\$'000
Note 3.3A: Other Payables		
Salaries and wages	758	615
Superannuation	102	82
Contract liabilities from contracts with customers	1,813	2,017
Other	342	171
Total other payables	3,015	2,885

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

	2023	2022
	\$'000	\$'000
Note 3.4A: Leases		
Lease Liabilities		
Buildings	14,724	17,175
Plant and equipment	81	151
Total leases	14,805	17,326

Total cash outflow for leases for the year ended 30 June 2023 was \$2.7 million (2022: \$2.8 million).

Maturity analysis - contractual undiscounted cash flows

Within 1 year	2,800	2,704
Between 1 to 5 years	11,230	11,113
More than 5 years	1,233	4,150
Total leases	15,263	17,967

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, the 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

	2023	2022
	\$'000	\$'000
Note 4.1A: Grants Payable - Medical Research (MREA)		
Public sector		
State and Territory Governments	5,272	7,103
Private Sector		
Private Universities	-	26
Medical Research Institutes	129	467
Total grants payable - Medical Research (MREA)	5,401	7,596

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 (Recoverable GST exclusive)¹

Annual appropriations for 2023

	Annual Appropriation ¹ \$'000	Adjustments to appropriation ² \$'000	Total appropriation \$'000	Appropriation applied in 2023 (current and prior years) \$'000	Variance ³ \$'000
Departmental					
Ordinary annual services	37,200	15,028	52,228	(54,953)	(2,725)
Capital Budget ⁴	179	-	179	(179)	-
Total departmental	37,379	15,028	52,407	(55,132)	(2,725)
Administered					
Ordinary annual services	893,049	-	893,049	(893,049)	-
Administered items	893,049	-	893,049	(893,049)	-
Total administered					

1. In 2022-23, amounts totalling \$691,000 were withheld under Section 51 of the PGPA Act or quarantined for administrative purposes in relation to departmental appropriations. There were no amounts withheld under Section 51 of the PGPA Act or quarantined for administrative purposes in any of the 2022-23 administered appropriations.

2. PGPA Act section 74 receipts.

3. In 2022-23, 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 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.

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')**

	2023 \$'000	2022 \$'000
Departmental		
Appropriation Act (No. 1) 2022-23 ¹	1,240	-
Appropriation Act (No. 1) 2021-22 ¹	-	3,965
Total departmental	<u>1,240</u>	<u>3,965</u>

1. Includes cash at bank and appropriation receivable. The 2023 total also includes \$891,000 (2022: Nil) that was withheld under Section 51 of the PGPA Act or quarantined for administrative purposes in relation to departmental appropriations.

5.2 Special Accounts**Note 5.2A: Special Accounts ('Recoverable GST exclusive')**

	Medical Research Endowment Account ¹	
	2023 \$'000	2022 \$'000
Balance brought forward from previous period	274,238	216,939
Increases:		
Appropriation credited to special account	889,584	875,751
Costs recovered	5,008	1,970
Other receipts	5,461	9,786
Total increases	900,053	887,507
Available for payments	1,174,291	1,104,446
Decreases		
Administered		
Payments made for medical research	834,567	815,786
Payments made for boosting dementia research	9,978	14,422
Total administered	844,545	830,208
Total decreases	844,545	830,208
Total balance carried to the next period	329,746	274,238
Balance represented by:		
Cash held in entity bank accounts	2	-
Cash held in the Official Public Account	329,744	274,238
Total balance carried to the next period	329,746	274,238

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

	2023	2022
	\$'000	\$'000
Note 6.1A: Employee Provisions		
Leave	7,557	7,699
Total employee provisions	7,557	7,699

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 the 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 the 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 2023. 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.

The 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. The 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, the 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 the NHMRC, directly or indirectly, including any director (whether executive or otherwise) of the NHMRC. The 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:

	2023 \$'000	2022 \$'000
Short-term employee benefits	1,614	1,710
Post-employment benefits	250	251
Other long-term employee benefits	58	54
Total key management personnel remuneration expenses¹	1,922	2,015

The total number of key management personnel that is included in the above table is six (2022: 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 the NHMRC.

6.3 Related Party Disclosures

Related party relationships

NHMRC is an Australian Government controlled entity. Related parties to the 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 (2022: 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 the 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 2023 the NHMRC has no contingent assets (2022: Nil).

As at 30 June 2023 the NHMRC has the following contingent liabilities:

The 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 2022.

Unquantifiable Contingencies

At 30 June 2023, the NHMRC had no unquantifiable contingencies (2022: Nil).

Administered – Contingent Assets and Liabilities

Quantifiable Administered Contingencies

As at 30 June 2023, the NHMRC did not have any quantifiable administered contingent assets (2022: Nil).

As at 30 June 2023, the NHMRC did not have any quantifiable administered contingent liabilities (2022: Nil).

Unquantifiable Administered Contingencies

At 30 June 2023, the NHMRC had no unquantifiable administered contingencies (2022: 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

	2023 \$'000	2022 \$'000
Note 7.2A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	349	664
Trade receivables	<u>294</u>	<u>228</u>
Total financial assets at amortised cost	<u>643</u>	<u>892</u>
Total financial assets	<u>643</u>	<u>892</u>
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	<u>4,415</u>	<u>2,161</u>
Total financial liabilities measured at amortised cost	<u>4,415</u>	<u>2,161</u>
Total financial liabilities	<u>4,415</u>	<u>2,161</u>

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 2023 (2022: Nil).

Accounting Policy

Financial assets

In accordance with AASB 9 Financial Instruments, the 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 the 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

The 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

	2023 \$'000	2022 \$'000
Note 7.3A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	329,746	274,238
Goods and services receivable	1,045	1,209
Total financial assets at amortised cost	330,791	275,447
Total financial assets	330,791	275,447
Financial Liabilities		
Financial liabilities measured at amortised cost		
Grants payable	5,401	7,596
Total financial liabilities measured at amortised cost	5,401	7,596
Total financial liabilities	5,401	7,596

The NHMRC did not receive any income or incur any expense related to financial assets or financial liabilities disclosed above for the period 30 June 2023 (2022: 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	
	2023 \$'000	2022 \$'000
Non-financial assets		
Plant and equipment ¹	2,372	2,948
Total non-financial assets	2,372	2,948
Total fair value measurements of assets in the statement of financial position	2,372	2,948

- 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

	2023 \$'000	2022 \$'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	349	664
Trade and other receivables	617	3,866
Inventories	54	94
Prepayments	2,123	1,876
Total No more than 12 months	3,143	6,500
More than 12 months		
Buildings	13,476	16,084
Plant and equipment	2,448	3,094
Computer software	25,074	25,284
Prepayments	14	333
Total More than 12 months	41,012	44,795
Total assets	44,155	51,295
Liabilities expected to be settled in:		
No more than 12 months		
Trade creditors and accruals	4,415	2,161
Other payables	3,015	2,885
Leases	2,648	2,522
Employee provisions	2,414	2,443
Total No more than 12 months	12,492	10,011
More than 12 months		
Leases	12,157	14,804
Employee provisions	5,143	5,256
Total more than 12 months	17,300	20,060
Total liabilities	29,792	30,071

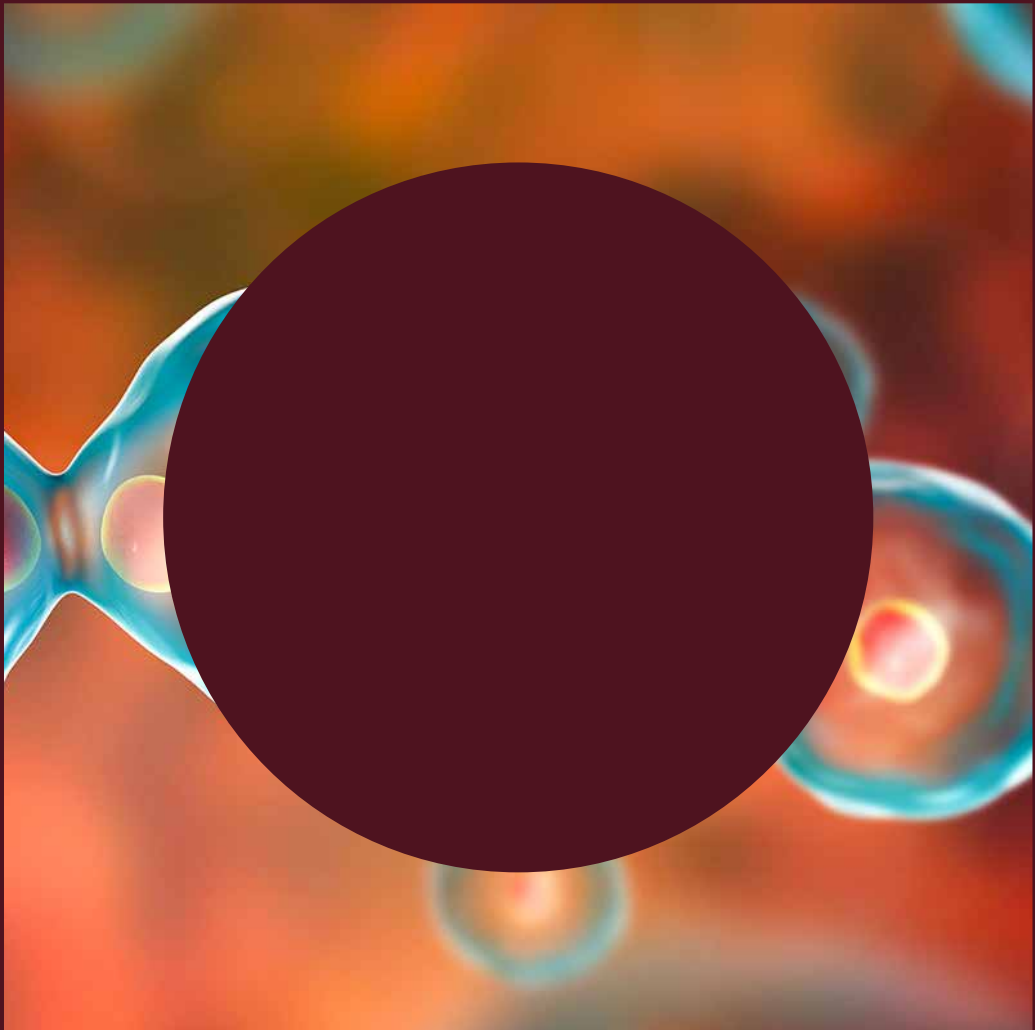
	2023 \$'000	2022 \$'000
Note 8.1B: Administered - Current/Non-Current Distinction For Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	329,746	274,238
Trade and other receivables	1,045	1,209
Prepayments	705	-
Total no more than 12 months	331,496	275,447
Total more than 12 months	-	-
Total assets	331,496	275,447
Liabilities expected to be settled in:		
No more than 12 months		
Grants payable	5,401	7,596
GST payable	205	205
Other payables	7,927	11,606
Total no more than 12 months	13,533	19,407
Total more than 12 months	-	-
Total liabilities	13,533	19,407

9. Remuneration of Auditors

9.1 Remuneration of Auditors

	2023 \$'000	2022 \$'000
Note 9.1: Remuneration of Auditors		
Financial statement audit services provided to NHMRC by KPMG and the Australian National Audit Office	100	108
Other services provided by KPMG		
KPMG Accelerated Reporting Model	16	16
KPMG Central Reporting Model	8	8
Total other services provided by KPMG	24	24

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 2022-23 are detailed in Table 26.

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 26: Public consultations, 2022-23

Public consultation	Opening date	Closing date
National Statement on Ethical Conduct in Human Research - Chapter 2.1 and Section 5 ^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: Additional information on employees under the Public Service Act

Table 27: Public Service Act – ongoing employees by gender^a and state, 2021-22 and 2022-23

	2021-22						2022-23											
	Man/Male			Woman/Female			Total			Man/Male			Woman/Female			Total		
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total
NSW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gld	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vic	5	-	5	14	5	19	4	-	4	18	3	21	25	-	25	118	118	174
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT	52	5	57	94	27	121	54	2	56	93	25	118	118	-	118	118	118	174
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
External territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	57	5	62	108	32	140	58	2	60	111	28	139	139	28	139	139	139	199

^a Zero employees reported that they identify as 'indeterminate/intersex/other' in 2021-22 and 2022-23. NHMRC has not yet implemented internal reporting mechanisms to allow employees to describe their gender as 'Non-binary/Different term/Prefer not to say', consistent with advice from the Attorney-General's Department to describe gender in line with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 28: Public Service Act – all non-ongoing employees by gender^a and state, 2021–22 and 2022–23

	2021–22				2022–23				
	Man/Male		Woman/Female		Man/Male		Woman/Female		Total
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	
NSW	-	-	-	-	-	-	-	-	-
Qld	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-
Vic	-	-	-	-	-	-	3	-	3
WA	-	-	-	-	-	-	-	-	-
ACT	4	1	5	7	6	13	8	4	22
NT	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-
Total	4	1	5	7	6	13	8	4	33

^a Zero employees reported that they identify as 'indeterminate/intersex/other' in 2021–22 and 2022–23. NHMRC has not yet implemented internal reporting mechanisms to allow employees to describe their gender as 'Non-binary/Different term/Prefer not to say' consistent with advice from the Attorney-General's Department to describe gender in line with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 29: Public Service Act – all ongoing employees by gender^a and classification, 2021–22 and 2022–23

	2021–22						2022–23											
	Man/Male			Woman/Female			Total			Man/Male			Woman/Female			Total		
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	1	-	1	1	-	-	-	-	1	-	-	1	-	-	1
SES 1	2	-	2	2	-	2	2	-	2	-	2	2	-	2	-	-	-	4
EL 2	9	-	9	15	2	17	11	-	11	-	11	11	-	11	-	-	-	22
EL 1	26	4	30	35	7	42	24	2	26	2	26	36	7	43	7	7	43	69
APS 6	13	1	14	30	14	44	14	-	14	-	14	34	15	49	15	15	49	63
APS 5	4	-	4	21	9	30	4	-	4	-	4	21	5	26	5	5	26	30
APS 4	3	-	3	4	-	4	3	-	3	-	3	6	1	7	1	1	7	10
APS 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	57	5	62	108	32	140	58	2	60	2	60	111	28	139	111	28	139	199

^a Zero employees reported that they identify as 'indeterminate/intersex/other' in 2021-22 and 2022-23. NHMRC has not yet implemented internal reporting mechanisms to allow employees to describe their gender as 'Non-binary/Different term/Prefer not to say' consistent with advice from the Attorney-General's Department to describe gender in line with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 30: Public Service Act – all non-ongoing employees by gender^a and classification, 2021–22 and 2022–23

	2021–22						2022–23											
	Man/Male			Woman/Female			Total			Man/Male			Woman/Female			Total		
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EL 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EL 1	-	-	-	-	2	2	-	2	-	1	1	2	2	2	4	5	5	5
APS 6	-	-	-	3	2	5	3	2	5	-	-	-	-	1	6	6	6	6
APS 5	2	1	3	3	1	4	3	3	7	2	2	4	2	10	10	12	12	12
APS 4	2	-	2	1	1	2	1	1	2	4	4	4	2	1	3	7	7	7
APS 3	-	-	-	-	-	-	-	-	-	1	1	1	2	2	2	3	3	3
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	4	1	5	7	6	13	8	8	18	8	8	16	21	4	25	33	33	33

^a Zero employees reported that they identify as 'indeterminate/intersex/other' in 2021-22 and 2022-23. NHMRC has not yet implemented internal reporting mechanisms to allow employees to describe their gender as 'Non-binary/Different term/Prefer not to say' consistent with advice from the Attorney-General's Department to describe gender in line with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 31: Public Service Act – employees by full time and part time status, 2021-22 and 2022-23

	2021-22						2022-23							
	Ongoing			Non-ongoing			Total	Ongoing			Non-ongoing			Total
	Full time	Part time	Total	Full time	Part time	Total		Full time	Part time	Total	Full time	Part time	Total	
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	1	-	1	-	-	-	1	-	-	1	-	-	-	1
SES 1	4	-	4	-	-	-	4	-	-	4	-	-	-	4
EL 2	24	2	26	-	-	-	26	-	-	22	-	-	-	22
EL 1	61	11	72	-	2	2	74	61	9	70	3	2	5	75
APS 6	43	15	58	3	2	5	63	48	15	63	5	1	6	69
APS 5	25	9	34	5	2	7	41	25	5	30	12	-	12	42
APS 4	7	-	7	3	1	4	11	9	1	10	6	1	7	17
APS 3	-	-	-	-	-	-	-	-	-	-	3	-	3	3
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	165	37	202	11	7	18	220	170	30	200	29	4	33	233

PGPA Rule section 17AG(4)(b)(v) Employment type by location

Table 32: Public Service Act – employment type by location, 2021-22 and 2022-23

	2021-22			2022-23		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
NSW	-	-	-	-	-	-
Qld	-	-	-	-	-	-
SA	-	-	-	-	-	-
Tas	-	-	-	-	-	-
Vic	24	-	24	25	3	28
WA	-	-	-	-	-	-
ACT	178	18	196	174	30	204
NT	-	-	-	-	-	-
External territories	-	-	-	-	-	-
Overseas	-	-	-	-	-	-
Total	202	18	220	199	33	232

PGPA Rule Section 17AG(4)(b)(vi) Indigenous employment

Table 33: Public Service Act – Indigenous employment by engagement type, 2021-22 and 2022-23

	Total for 2021-22	Total for 2022-23
Ongoing	4	3
Non-ongoing	1	3
Total	5	6

PGPA Rule Section 17AG(4)(c)(i) Employment arrangements of SES and non-SES employees

Table 34: Public Service Act – employment arrangements, 2021-22 and 2022-23

	2021-22			2022-23		
	SES	Non-SES	Total	SES	Non-SES	Total
Common Law Agreement	5	-	5	5	-	5
Enterprise Agreement	-	215	215	-	227	227
Total	5	215	220	5	227	232

PGPA Rule Section 17AG(4)(c)(ii) Salary ranges by classification level

Table 35: Public Service Act – employment salary ranges by classification level (Minimum/Maximum), 2021-22 and 2022-23

	2021-22		2022-23	
	Minimum salary	Maximum salary	Minimum salary	Maximum salary
SES 3	-	-	-	-
SES 2	226,643	280,605	233,442	289,023
SES 1	174,839	215,850	180,084	222,326
EL 2	125,891	149,049	129,668	153,520
EL 1	105,820	120,387	108,995	123,999
APS 6	85,866	96,868	88,442	99,774
APS 5	77,836	82,152	80,171	84,617
APS 4	71,563	75,612	73,710	77,880
APS 3	63,164	70,011	65,059	72,111
APS 2	54,658	59,645	56,298	61,434
APS 1	46,765	52,520	48,168	54,096

Appendix 3: List of requirements

PGPA Rule reference	Part of report	Description	Requirement	Location
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 (print only)	Mandatory	vi–ix
17AJ(b)	Appendices	Alphabetical index (print only)	Mandatory	168
17AJ(c)	Appendices	Glossary of abbreviations and acronyms	Mandatory	164–165
17AJ(d)	Appendices	List of requirements	Mandatory	154–163
17AJ(e)	Publication details	Details of contact officer	Mandatory	iv
17AJ(f)	Cover	Entity's website address	Mandatory	iv
17AJ(g)	Publication details	Electronic address of report	Mandatory	iv
17AD(a)	Review by accountable authority			
17AD(a)	Chief Executive Officer's review	Review by the accountable authority of the entity	Mandatory	xi–xvi
17AD(b)	Overview of the entity			
17AE(1)(a)(i)	Part 1	Description of the role and functions of the entity	Mandatory	2
17AE(1)(a)(ii)	Part 1	Description of the organisational structure of the entity	Mandatory	8
17AE(1)(a)(iii)	Part 1	Description of the outcomes and programmes administered by the entity	Mandatory	3

PGPA Rule reference	Part of report	Description	Requirement	Location
17AE(1)(a)(iv)	Part 1	Description of the purposes of the entity as included in corporate plan	Mandatory	3, 36
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority	Mandatory	6
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority	Mandatory	6
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	6
17AE(1)(b)	Part 1	Outline of the structure of the portfolio of the entity	Portfolio departments, mandatory	n/a
17AE(2)	Part 1	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	35-56
17AD(c)(ii)	Report on financial performance			
17AF(1)(a)	Part 6	Discussion and analysis of the entity's financial performance	Mandatory	108-110
17AF(1)(b)	Part 6	Table summarising the total resources and total payments of the entity	Mandatory	109-110

PGPA Rule reference	Part of report	Description	Requirement	Location
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	v, 77-78
17AG(2)(b)(i)	Letter of transmittal	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	v
17AG(2)(b)(ii)	Letter of transmittal	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	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	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	60-72
17AG(2)(d) - (e)	n/a	Statement of significant issues reported to 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

PGPA Rule reference	Part of report	Description	Requirement	Location
<i>Audit committee</i>				
17AG(2A)(a)	Part 4	Direct electronic address of the charter determining the functions of the entity's audit committee	Mandatory	75
17AG(2A)(b)	Part 4	Name of each member of the entity's audit committee	Mandatory	75
17AG(2A)(c)	Part 4	The qualifications, knowledge, skills or experience of each member of the entity's audit committee	Mandatory	75
17AG(2A)(d)	Part 4	Information about the attendance of each member of the entity's audit committee at committee meetings	Mandatory	75
17AG(2A)(e)	Part 4	Remuneration of each member of the entity's audit committee	Mandatory	75
<i>External scrutiny</i>				
17AG(3)	Part 4	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	73-74
17AG(3)(a)	n/a	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	n/a
17AG(3)(b)	n/a	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	n/a
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period	If applicable, mandatory	n/a
<i>Management of human resources</i>				
17AG(4)(a)	Part 5	Assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	90-98

PGPA Rule reference	Part of report	Description	Requirement	Location
17AG(4)(aa)	Part 5	<p>Statistics on the entity's employees on an ongoing and nonongoing basis, including statistics on:</p> <ul style="list-style-type: none"> (a) fulltime employees (b) parttime employees (c) gender (d) staff location 	Mandatory	90-91, 147-152
17AG(4)(b)	Part 5	<p>Statistics on the entity's APS employees on an ongoing and nonongoing basis; including statistics on:</p> <ul style="list-style-type: none"> • staffing classification level • fulltime employees • parttime employees • gender • staff location • employees who identify as Indigenous 	Mandatory	90-91, 147-152
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 Public Service Act 1999	Mandatory	95, 153
17AG(4)(c)(i)	Part 5	Information on the number of SES and nonSES employees covered by agreements etc identified in paragraph 17AG(4)(c)	Mandatory	95,153
17AG(4)(c)(ii)	Part 5	Salary ranges available for APS employees by classification level	Mandatory	97
17AG(4)(c)(iii)	Part 5	Description of nonsalary benefits provided to employees	Mandatory	97
17AG(4)(d)(i)	Part 5	Information on the number of employees at each classification level who received performance pay	If applicable, mandatory	97
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

PGPA Rule reference	Part of report	Description	Requirement	Location
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments	If applicable, mandatory	n/a
Assets management				
17AG(5)	Part 4	Assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory	84
Purchasing				
17AG(6)	Part 4	Assessment of entity performance against the Commonwealth Procurement Rules	Mandatory	81-83
Reportable consultancy contracts				
17AG(7)(a)	Part 4	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	82
17AG(7)(b)	Part 4	Statement that '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].'	Mandatory	82
17AG(7)(c)	Part 4	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	82

PGPA Rule reference	Part of report	Description	Requirement	Location
17AG(7)(d)	Part 4	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	82
Reportable non-consultancy contracts				
17AG(7A)(a)	Part 4	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	83
17AG(7A)(b)	Part 4	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	82
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	83

PGPA Rule reference	Part of report	Description	Requirement	Location
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 AuditorGeneral 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	82
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	84
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	84
17AG(10)(b)	Part 4	Outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	84

PGPA Rule reference	Part of report	Description	Requirement	Location
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	84
Financial statements				
17AD(e)	Part 6	Annual financial statements in accordance with subsection 43(4) of the Act	Mandatory	111-144
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	95-97
17AD(f) Other mandatory information				
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that '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.'	If applicable, mandatory	84
17AH(1)(a)(ii)	Part 4	If the entity did not conduct advertising campaigns, a statement to that effect	If applicable, mandatory	84
17AH(1)(b)	Part 1	A statement that 'Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website].'	If applicable, mandatory	10

PGPA Rule reference	Part of report	Description	Requirement	Location
17AH(1)(c)	Part 5	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	94
17AH(1)(d)	Part 4	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found	Mandatory	78
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	2, 46, 52, 54, 57-58, 60, 69, 74, 84-87

n/a = not applicable

Appendix 4: 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
CI	Chief Investigator
CIA	Chief Investigator A
COPD	chronic obstructive pulmonary disease
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>
GGG	General Government Sector
GST	Goods and Services Tax
HAV	hepatitis A virus
HBV	hepatitis B virus
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRIC	Health Research Impact Committee
IRIISS	Independent Research Institutes Infrastructure Support Scheme
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
NT	Northern Territory
OAIC	Office of the Australian Information Commissioner
OAM	Order of Australia Medal
OCHRe	Our Collaborations in Health Research
OPA	Official Public Account
PBS	Portfolio Budget Statements
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
RGMS	Research Grants Management System
RIHE Act	<i>Research Involving Human Embryos Act 2002</i>
Qld	Queensland
SA	South Australia
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SES	Senior Executive Service
Tas	Tasmania
TB	tuberculosis
Vic	Victoria
WA	Western Australia
WEHI	Walter and Eliza Hall Institute of Medical Research
WIP	Work in Progress

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