



Australian Government

National Health and Medical Research Council



**ANNUAL
REPORT**

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N H M R C

BUILDING
A HEALTHY
AUSTRALIA

Figure 1: NHMRC funding snapshot, 2023-24



Figure 2: NHMRC staff snapshot, 2023-24

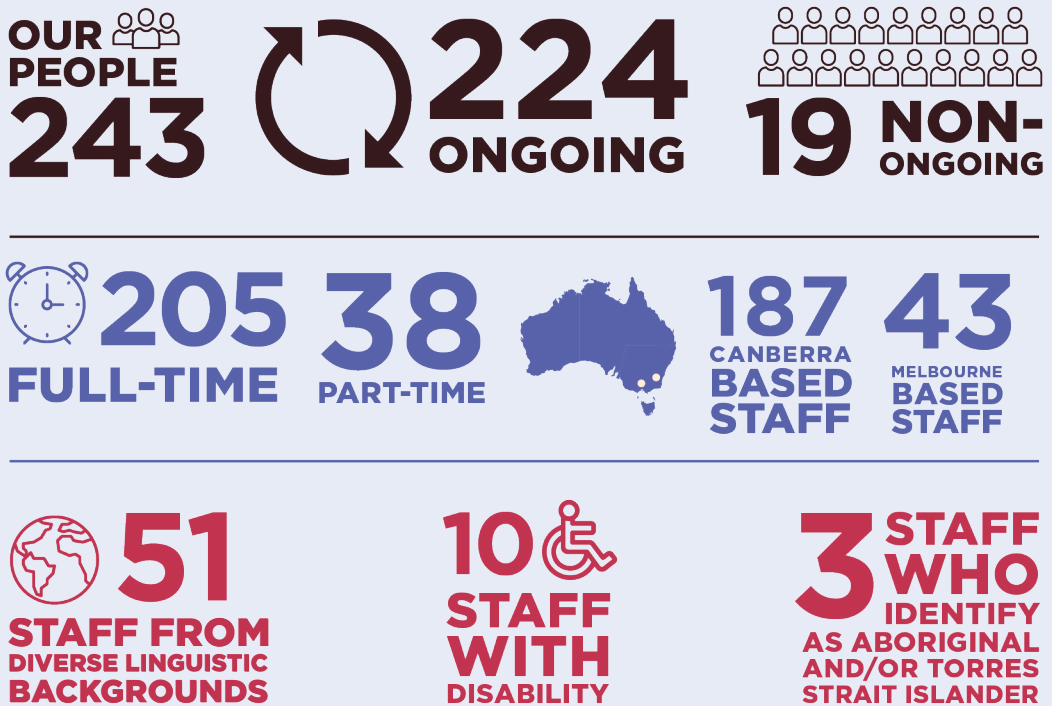


Figure 3: Research on major health issues funded by NHMRC, 2023–24

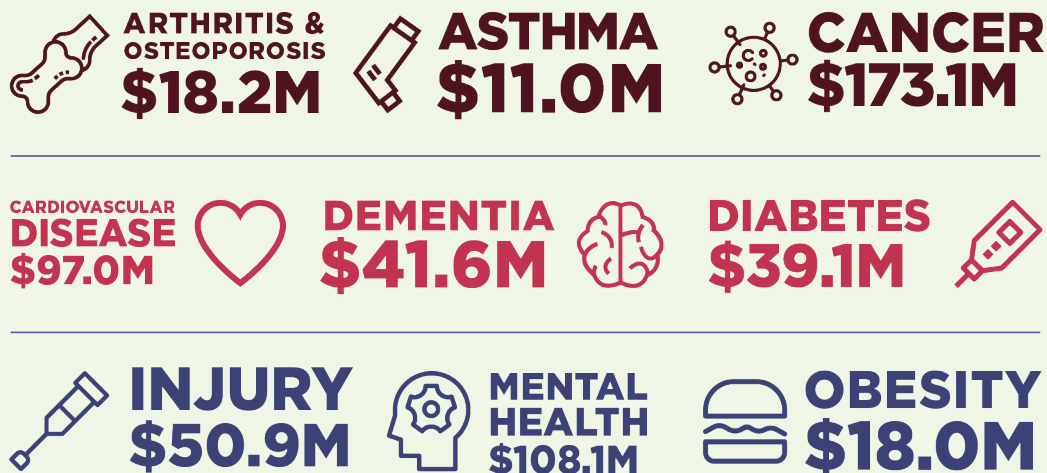


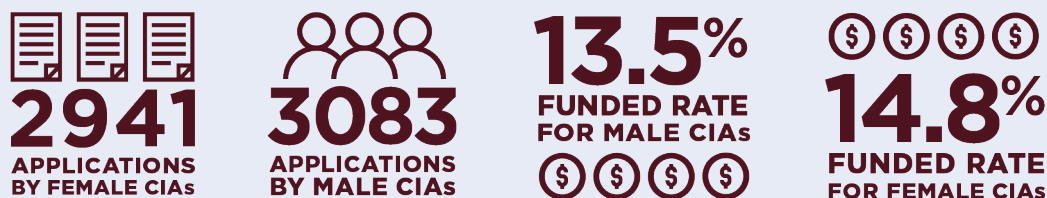
Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2023–24



MREA refers to the Medical Research Endowment Account.



Figure 5: NHMRC applications for funding by gender, 2023–24



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,

I am pleased to present to you the annual report of the National Health and Medical Research Council (NHMRC) for the 2023–24 financial year.

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

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

Throughout 2023–24, 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 have taken all reasonable measures to deal appropriately with fraud relating to NHMRC.

Yours sincerely,

Professor Steve Wesselingh
Chief Executive Officer
12 September 2024

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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 2024.

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 2024, 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 is available at www.health.gov.au/resources/publications/health-portfolio-budget-statements-budget-2023-24.

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/corporate-plan-2023-24.



Chief Executive Officer's review

First, I would like to thank the Hon Mark Butler MP for my appointment as Chief Executive Officer of the National Health and Medical Research Council (NHMRC). It is a privilege and honour to lead this agency and an opportunity and responsibility I do not take lightly.

It has been an important year for me personally since starting in August 2023 and for NHMRC staff. The agency has continued to progress and deliver on a broad range of significant activities, initiatives and policy matters while seamlessly adapting to leadership and organisational changes in the background. This is testament to the strong leadership and extraordinary contribution of the previous CEO, Professor Anne Kelso AO, who initiated and guided many of the activities in this report with the respect and increased engagement of government, the research sector and community throughout the 8 years of her leadership (2015–2023).

I also acknowledge the leadership of General Manager, Prue Torrance and the Senior Executive team in place prior to my commencement as CEO and throughout my transition last year. Their advice and support have been invaluable, and I have great confidence in them and the staff of NHMRC.

Over the year we welcomed to the Senior Executive team Dr Nicholas Johnson, who leads our Research Partnerships branch and Simon Mair, who leads our Technology and Data branch. They joined Dr Julie Glover, and Alan Singh, who head our Research Foundations and Research Quality and Advice branches, respectively.

Reflecting on NHMRC's performance against our core strategic themes - Investment, Translation and Integrity - in our *Corporate Plan 2023–24*, I observe that much of our effort has been directed to strengthening our foundations, particularly our governance framework that supports our performance, integrity, efficiency and compliance. We trialled and deployed technologies and tools to support and develop administrative and data capabilities that underpin our core operations, while in equal measure, ensuring we delivered on our legislated responsibilities, commitments and priorities in our *Corporate Plan 2023–24*. In my review, I want to highlight some of our work in several areas.

NHMRC funds the best researchers and research across the full spectrum of health and medical research from the Medical Research Endowment Account (MREA) via our highly competitive grant program and through robust expert peer review. In 2023–24 we awarded 924 new grants to a total of \$1.34 billion and made payments for active grants to a total of \$895.3 million. This investment is undertaken within a framework promoting research quality, integrity and ethics.

Most of the research NHMRC funds is investigator initiated. We also provide priority-driven research funding via Targeted Calls for Research (TCRs) that address research needs for national, state and territory, and community priorities, and international collaborative research schemes for both national and global priorities. A total of 9 grants were awarded for 2 TCRs into improving the physical health of people with a mental illness and ensuring the quality and safety of telehealth. Two further TCRs were initiated for improving infection prevention and control in residential aged care homes and commercial determinants of Aboriginal and Torres Strait Islander health.

In addition to delivering our grant program, NHMRC worked hard to deliver 30 grant opportunities to support the Australian Government Department of Health and Aged Care's investment of funds from the Medical Research Future Fund (MRFF). At year end, we were administering 1,070 grants totalling \$1.86 billion, which illustrates the significance of our role in investing funds for health and medical research. It also demonstrates the rigour and trust in our processes and the significant amount of work we deliver in a year.

We also continued important work with the department to deliver MRFF grants efficiently and effectively. We increased efforts to improve alignment and coordination with a view to streamline administrative activities, reduce the application and assessment burden on the health and medical research sector, strengthen synergies and remove duplication.

Our increased efforts respond to feedback following the national consultation on the governance and administrative arrangements for the Australian Government's funding for health and medical research through the MRFF, which concluded in July 2023. The outcomes of the consultation were published by the department in May 2024 and will inform the government's decision on any reform or alignment of the MRFF and MREA research funds.

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

We have a significant national role in the translation of evidence from research into health policy and practice through the development or endorsement of high-quality public health, environmental health and clinical practice guidelines. They are informed by the judgement of evidence by experts, and the views of consumers, community groups and other people affected by the guidelines.

This year NHMRC approved 13 guidelines and updates to guidelines developed by third parties. We continued the development or review of public and environmental health guidelines, including the review of *Australian dietary guidelines* and *Australian drinking water guidelines* that are of particular interest to the community.

We develop impact case studies to highlight how our investment in research has contributed to raising the standard of individual and public health in Australia and the pathway researchers and research partners have taken to achieve and influence positive change. Eight case studies were published this year, and we are grateful to the researchers and organisations that collaborated with us to showcase their impressive impact journeys.

We recognise that the use of generative artificial intelligence (AI) presents challenges in its application, particularly given the fast pace of developments in AI and machine learning technologies, as well as opportunities, from scientific discovery through to its application by clinicians exploring and applying it in real time for improved diagnosis and delivery of health care, and more.

NHMRC held a workshop in May 2024 that brought together experts to discuss the opportunities and risks from the use of AI in NHMRC and MRFF-funded health and medical research, and the translation of this research, in order to ensure Australia is well positioned to make the best use of AI technologies to improve human health.

There has also been interest from our international research funder counterparts in our *Policy on Use of Generative Artificial Intelligence in Grant Application and Peer Review*, and we believe we are among the first, if not the first, health and medical research funder to have released a policy on its use.

In-house this year, we trialled AI software as part of a government trial to understand whether its use can enhance some of our administrative functions.

We are proud of our progress in gender equity and efforts to support a gender-inclusive health and medical research workforce. Across all schemes in our 2023 grant program, the funded rate was higher for women than men. For the first time since the introduction of 2 special measures under the *Sex Discrimination Act 1984* – to award equal numbers of Investigator Grants to women and men in the Leadership category and to include non-binary researchers with women – women were awarded more funding than men. This is a fantastic outcome and our initiatives will continue, although we will be acutely focused on equity at the most senior Leadership levels in our Investigator Grant scheme, where a gender gap was still observed, in order to support equity at all stages of researcher careers.

Equity in funding by gender has not been our only focus.

With advice from our Principal Committee Indigenous Caucus (PCIC), a review of NHMRC's Indigenous Research Excellence Criteria (IREC) commenced in 2023.

The IREC were designed to ensure that research into Aboriginal and Torres Strait Islander health is of the highest scientific merit, likely to be beneficial, have impact and be acceptable to Aboriginal and Torres Strait Islander peoples and communities.

National consultation workshops and online forums, led by members of PCIC, took place across the country (July to September 2023) to consider how the criteria are working in practice and whether improvements are needed. The outcomes of the consultation were published and informed PCIC's advice. There was strong support for adopting an

approach whereby all NHMRC applications answer a question about how the proposed research will benefit Aboriginal and/or Torres Strait Islander health. Implementation options were considered, and plans are underway to pilot a modified IREC before broader rollout is considered. This will happen with continued advice and support of PCIC.

We have also focused on increasing the leadership of research grants by research investigators of Aboriginal and/or Torres Strait Islander descent. We and the NHMRC-funded national network of Aboriginal and Torres Strait Islander researchers - Our Collaborations in Health Research (OCHRe) - continued to work to strengthen the capacity and capability of researchers. This year, 2.3% of active grants were led by investigators of Aboriginal and/or Torres Strait Islander descent. We recognise this falls short of our 3.4% target introduced in 2022 and that much work and shared commitment by the broader research community is needed to reach, sustain and exceed this target in future years.

We have again exceeded our commitment of spending at least 5% of the MREA on Aboriginal and Torres Strait Islander research, spending 8.4% of total NHMRC expenditure.

NHMRC developed and opened a strategic grant opportunity for collaborations in health services research, aimed at stimulating health services research through collaborations of health services and research organisations, to improve health outcomes and build research and translation capacity and competitiveness of the health services sector. This opportunity is unique in that grants are smaller in scale and ensure awards for collaborations in both metropolitan areas and regional, rural and remote Australia.

The 15th edition of *10 of the Best NHMRC research projects* was published this past year with the annual Research Excellence Awards, presented by the Hon Mark Butler MP in March 2024, recognising the top-ranked applicants to our major grant schemes and their outstanding contributions to health and medical research in Australia. Minister Butler presented the prestigious Minister's medal to Dr Sean Humphrey from the Murdoch Children's Research Institute as the top-ranked medical researcher in the Emerging Leadership category in our highly competitive Investigator Grant scheme.

We have also been proud to introduce regular *Speaking of Science* webinars this year. The webinars are accessible for all to hear our nation's most outstanding researchers, high-profile individuals and scientific experts discuss topics at the core of their careers in health and medical research. Providing a platform for sharing and questioning research journeys and success is important to demonstrate diversity in research pathways and to promote the value science has for the Australian population and young and emerging researchers.

NHMRC deeply appreciates the advice and commitment of the Council and Principal Committees, PCIC and the Community and Consumer Advisory Group, which have provided sage advice across the range of activities NHMRC undertakes. We also value the advice of other working committees we establish to provide advice on particular and topic-specific activities and the many peer reviewers for the extensive role they have in identifying the best research and researchers for funding. We rely on both broad and specific advice to drive the progress and outcomes described in this report, and we thank all members for their contributions.

On 30 June 2024, the 2021–2024 triennial term came to a close for our Council and Principal Committees. Our special thanks go to Council Chair Professor Caroline Homer AO, Research Committee Chair Professor Anushka Patel (from August 2023), Australian Health Ethics Committee Chair Professor Ingrid Winship AO, Health Research Impact Committee Chair Professor Emily Banks AM, Principal Committee Indigenous Caucus Chair Professor Yvonne Cadet-James, Embryo Research Licensing Committee Chair Professor Dianne Nicol, and Consumer and Community Advisory Group Chair Ms Ainslie Cahill AM.

Looking ahead, there is work to be done, specifically on targets reported here that were not met or partially met. This includes continued work to improve the number of lead Chief Investigators of Aboriginal and Torres Strait descent on NHMRC grants and strengthening our data capabilities to ensure our data are secure, reliable, reusable and accessible.

For the coming triennium (2024–2027), our advisory structure will be stronger through joint NHMRC and MRFF advisory committees, which will facilitate improved alignment and coordination of NHMRC and MRFF funding programs and activities and provide holistic advice on the health and medical research landscape. We have strengthened and broadened the advice, particularly public health, health systems and commercialisation advice, and industry and philanthropic involvement.

This renewal in our advisory structure will put us in good stead as we enter a time of change and incredible opportunity for the health and medical research sector with the announcement by Minister Butler on 2 May 2024 of the development of a National Health and Medical Research Strategy. A national strategy will ultimately benefit the people of Australia and strengthen the research ecosystem more broadly. The strategy will build on Australia's strengths, fill any gaps, and attract researchers and investors. It will cover the entire sector and include all levels of government, industry, philanthropy, academia and consumers. This is a critical and exciting opportunity for the sector, and NHMRC is providing its full support to the department. Extensive public consultation will occur, and I urge the sector and community at large to engage.

Throughout this coming year (2024–25), NHMRC will continue to collaborate with the department to harmonise the MRFF and MREA, champion consumer involvement as we complete our review of the *Statement on consumer and community involvement in health and medical research*, provide advice on ethical issues in health and develop evidence-based health advice and guidelines, including continuing important reviews of the *Australian dietary guidelines* and *Australian drinking water guidelines*.

We are committed to maintaining an equity lens in our approach across our activities with acute awareness of disparities experienced by our Aboriginal and Torres Strait Islander peoples and the rural and remote population in Australia, while also ensuring we engage, exchange and involve communities in our pursuits for a healthier Australia.



Ms Prue Torrance, General Manager and Chief Operating Officer (left) and Professor Steve Wesseling, Chief Executive Officer (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 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*. 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.

Outcomes and programs

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 2023–24 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 2023–24*, are detailed in Table 1: NHMRC's strategic themes, functions and purposes.

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

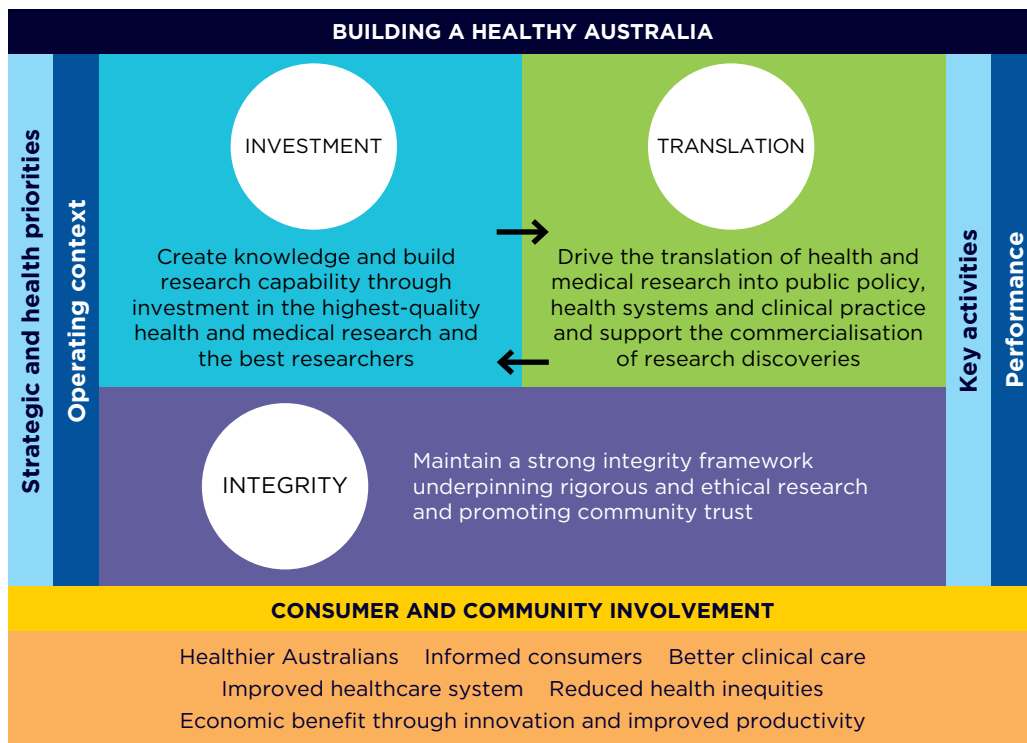
Theme	Investment	Translation	Integrity
Function	Fund high-quality health and medical research and build research capability	Support the translation of health and medical research into better health outcomes	Promote the highest standards of ethics and integrity in health and medical research
Purpose	Create 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 2023–24* 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 2023–24* 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 peoples, 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: NHMRC expenditure on research on major health issues, 2019–20 to 2023–24a2 shows NHMRC expenditure on research addressing 9 major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2019–20 to 2023–24^a

Major health issue ^b	2019–20	2020–21	2021–22	2022–23	2023–24	Total
Arthritis and osteoporosis	\$17,522,971	\$15,311,464	\$16,910,232	\$16,362,152	\$18,227,215	\$84,334,034
Asthma	\$13,409,583	\$13,728,034	\$13,396,744	\$11,898,861	\$10,964,152	\$63,397,374
Cancer	\$176,195,811	\$161,750,934	\$155,707,098	\$160,928,277	\$173,095,185	\$827,677,305
Cardiovascular disease	\$110,051,267	\$104,921,796	\$100,328,529	\$94,669,853	\$96,950,317	\$506,921,762
Dementia	\$69,771,215	\$57,715,106	\$53,776,218	\$48,709,876	\$41,597,188	\$271,569,603
Diabetes	\$45,874,167	\$43,232,571	\$42,801,615	\$40,895,605	\$39,123,832	\$211,927,790
Injury	\$51,116,530	\$48,096,047	\$48,261,972	\$49,383,091	\$50,883,893	\$247,741,533
Mental health ^c	\$107,337,360	\$102,426,830	\$102,224,902	\$104,370,739	\$108,120,885	\$524,480,716
Obesity	\$23,826,669	\$23,794,762	\$21,320,779	\$19,109,901	\$18,037,990	\$106,090,101

^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 (NPHAs), which were agreed by the Australian and state and territory governments between 1996 and 2012. The NPHAs sought to focus public attention and health policy on areas that contribute significantly to the burden of disease in Australia.

Leadership

Chief Executive Officer

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



Professor Steve Wesselingh FRACP FAHMS

Professor Wesselingh took up the position of CEO at the National Health and Medical Research Council (NHMRC) in August 2023. Professor Wesselingh brings a wealth of medical experience, clinical and research leadership as well as national and international success.

Professor Wesselingh is an infectious diseases physician and researcher in HIV, vaccine development and the impact of the microbiome on human health. He undertook his undergraduate and doctoral training at Flinders University/Flinders Medical Centre in South Australia and his postdoctoral training at Johns Hopkins University in the United States.

Until July 2023, Professor Wesselingh was the inaugural Executive Director of the South Australian Health and Medical Research Institute (SAHMRI) and the Research Director of Health Translation SA. He was also a member of NHMRC Council, Chair of the NHMRC Research Committee, and the President of the Australian Academy of Health and Medical Sciences (AAHMS).

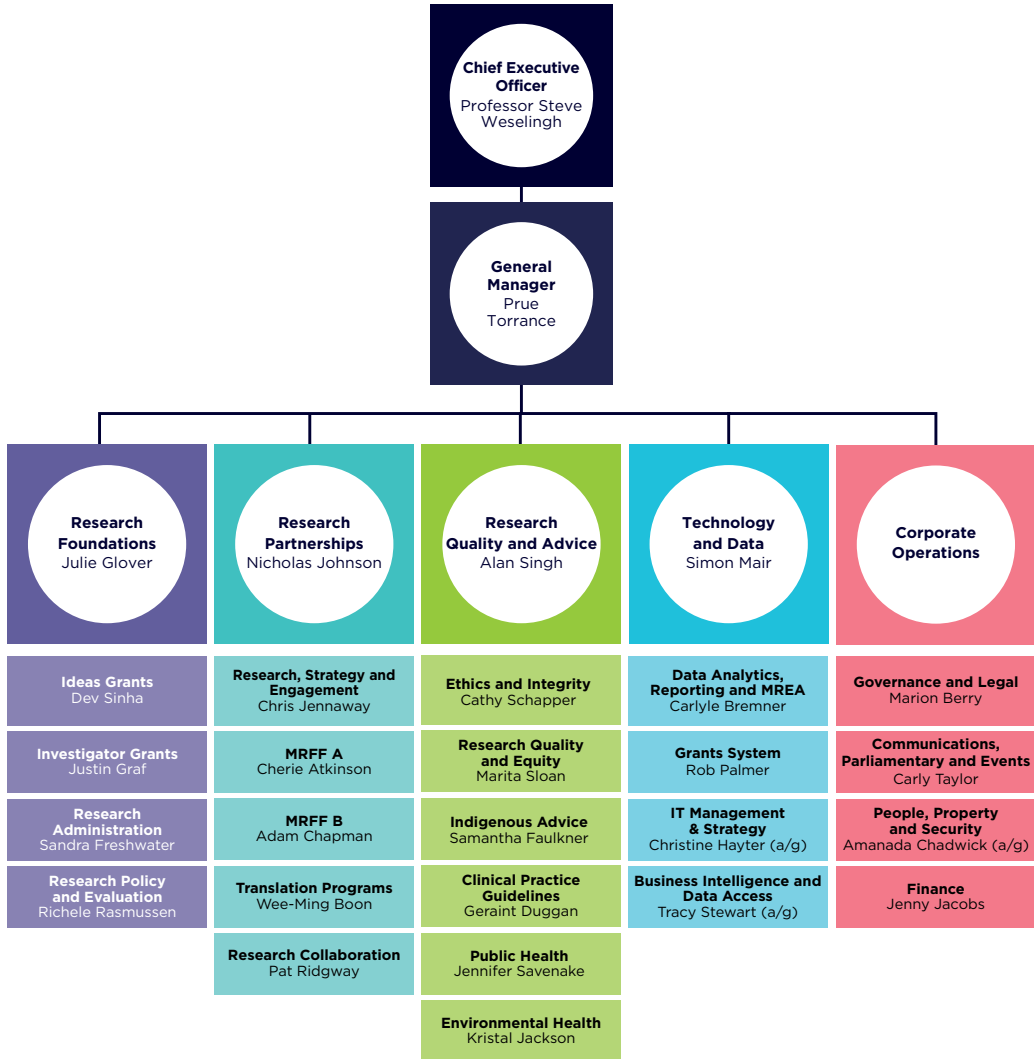
Between 2007 and 2011, he was Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, and from 2002 to 2007, he was Director of the Burnet Institute, an independent medical research institute specialising in infectious diseases, immunology and global health.

Throughout his career, Professor Wesselingh has consistently worked towards integrating high-quality medical research with healthcare delivery, leading to improved health outcomes for Australia and the poorly resourced countries of the region.

Organisational structure

Figure 7 shows our organisational structure at 30 June 2024.

Figure 7: NHMRC organisational structure at 30 June 2024



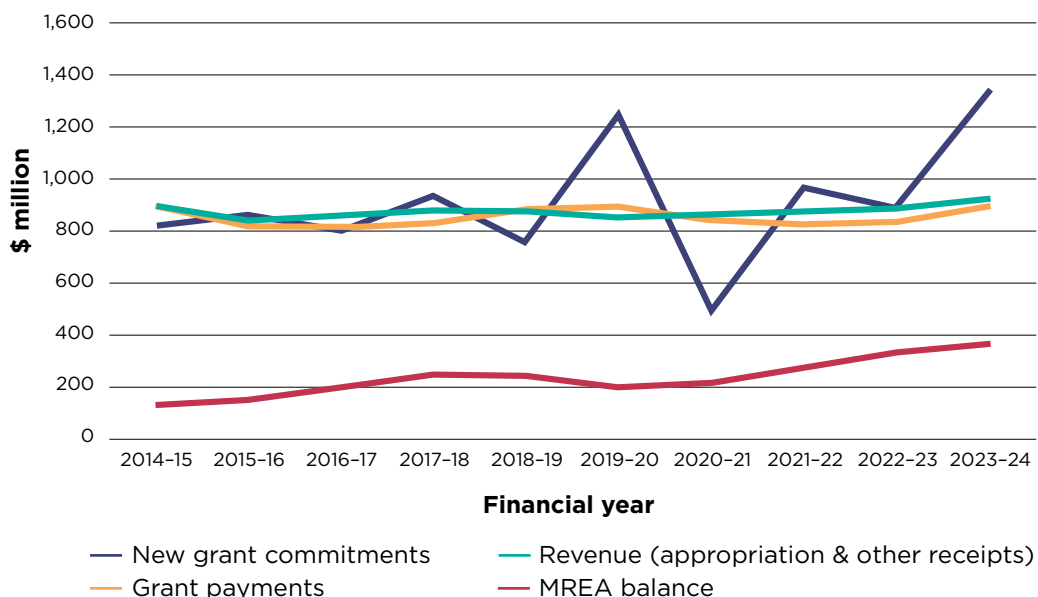
Research funding and expenditure

Medical Research Endowment Account

A total of \$1.34 billion in new grants was awarded during 2023–24 compared with \$898.1 million in 2022–23. This increase is largely the result of an additional Investigator Grant round in 2023–24 due to a change in timing of this scheme. 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 \$923.8 million in 2023–24. Grant payments for health and medical research totalled \$895.3 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). During 2023–24, NHMRC made payments to 3,301 active MREA grants totalling approximately \$4.4 billion. Figure 8: Medical Research Endowment Account, 2014–15 to 2023–24 shows the MREA financial position from 2014–15 to 2023–24.

Figure 8: Medical Research Endowment Account, 2014–15 to 2023–24



In 2023–24, NHMRC also administered \$2.4 million outside the MREA for the provision of research evidence for clinical practice and policy through the Cochrane Collaboration (\$2.2 million), dementia-related activities (\$0.1 million), and mitochondrial donation regulation (\$0.1 million).

NHMRC funding summary

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

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

The grant program comprises 4 funding streams, as detailed in Table 3: NHMRC grant program³.

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 • Targeted Calls for Research

Table 4: Summary of NHMRC’s new funding commitments, 2023–24 summarises the number and total value of new grants awarded across the NHMRC grant program in 2023–24. Further information on grants awarded during 2023–24 is available at www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds.

Table 4: Summary of NHMRC's new funding commitments, 2023-24

Funding stream	Funding scheme	New grants	Total commitments (\$)
Investigator Grants ^a	Investigator Grants (2023 application round for funding commencing in 2024)	216	379,248,223
	Investigator Grants (2024 application round for funding commencing in 2025)	230	412,812,274
Ideas Grants	Ideas Grants	232	268,386,591
Synergy Grants	Synergy Grants	10	50,000,000
Strategic and leveraging grants	Clinical Trials and Cohort Studies Grants	25	77,608,626
	Partnership Projects ^b	31	41,892,525
	Centres of Research Excellence	14	35,000,000
	IRIIS ^c	23	21,487,811
	International Collaborative Schemes ^d	17	16,166,191
	Development Grants	14	15,113,030
	Targeted Calls for Research ^e	9	10,667,169
	Postgraduate Scholarships	60	7,084,688
	Equipment Grants ^f	43	5,700,000
Total^g		924	1,341,167,128

^a Two rounds of Investigator Grants were approved in 2023-24 because of the timing of the rounds.

^b Comprises the 2022 Peer Review Cycle 3 (8 grants; \$10,521,024), 2023 Peer Review Cycle 1 (12 grants; \$15,609,596) and 2023 Peer Review Cycle 2 (11 grants; \$15,761,906).

^c IRIIS Grants are non-competitive. They are awarded to eligible institutions based on NHMRC grant payments in the previous financial year.

^d Comprises the NHMRC e-ASIA Joint Research Program (4 grants; \$2,968,124), NHMRC-EU Collaborative Research Grant Scheme (3 grants; \$1,499,139), Global Alliance for Chronic Diseases: Non-Communicable Disease Prevention in Cities (2 grants; \$2,785,469), NHMRC-NEURON Mechanisms of Resilience and Vulnerability to Environmental Challenges in Mental Health (3 grants; \$2,457,051), Joint Programming Initiative on Antimicrobial Resistance (3 grants; \$2,257,144) and NHMRC-NIHR (UK National Institute for Health and Care Research) Collaborative Research Scheme (2 grants; \$4,199,2650).

^e Comprises the Targeted Call for Research into Improving Physical Health of People with a Mental Illness (3 grants; \$5,151,470) and Targeted Call for Research into Ensuring the Quality and Safety of Telehealth (6 grants; \$5,515,699).

^f 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.

^g 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 Medical Research Future Fund (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 2024, NHMRC was administering 1,070 MRFF grants totalling \$1.859 billion.²

In 2023–24, NHMRC conducted multiple MRFF grant opportunities across 4 key themes of the MRFF program, as summarised below.³

Patients

Clinical Trials Activity Initiative

- 2023 Clinical Trials Activity Grant Opportunity
- 2023 International Clinical Trial Collaborations Grant Opportunity (Rounds 23.1 and 23.2)

Emerging Priorities and Consumer-Driven Research Initiative

- 2023 Models of Care for Sexuality & Gender Diverse People & People with Innate Variations of Sex Characteristics Grant Opportunity
- 2023 Childhood Mental Health Research Grant Opportunity
- 2023 Post-Acute Sequelae of COVID-19 Grant Opportunity (Stage 1)
- 2023 Post-Acute Sequelae of COVID-19 Grant Opportunity (Stage 2)
- 2024 Paediatric Brain Cancer Research Grant Opportunity

Researchers

Early to Mid-Career Researchers Initiative

- 2023 Early to Mid-Career Researchers Grant Opportunity
- 2024 Early to Mid-Career Researchers Grant Opportunity

Clinician Researchers Initiative

- 2023 Clinician Researchers: Applied Research in Health Grant Opportunity

Research missions

Cardiovascular Health Mission

- 2023 Cardiovascular Health Grant Opportunity
- 2024 Cardiovascular Health Grant Opportunity

Dementia, Ageing and Aged Care Mission

- 2023 Dementia, Ageing and Aged Care Grant Opportunity
- 2024 Dementia, Ageing and Aged Care Grant Opportunity

² Refers to grants that are active and paying as at 30 June 2024.

³ Refers to MRFF rounds that opened or closed in the period 1 July 2023 to 30 June 2024.

Genomics Health Futures Mission

- 2023 Genomics Health Futures Mission Grant Opportunity

Indigenous Health Research Fund

- 2023 Indigenous Health Research Grant Opportunity
- 2024 Indigenous Health Research Grant Opportunity

Million Minds Mental Health Research Mission

- 2023 Mental Health Research Grant Opportunity
- 2024 Mental Health Research Grant Opportunity

Stem Cell Therapies Mission

- 2023 Stem Cell Therapies Grant Opportunity
- 2024 Stem Cell Therapies Grant Opportunity

Traumatic Brain Injury Mission

- 2023 Traumatic Brain Injury Mission Grant Opportunity

Research translation

Preventive and Public Health Research Initiative

- 2024 Maternal Health and Healthy Lifestyles Grant Opportunity
- 2023 Optimising Screening, Diagnosis and Management of Obstructive Sleep Apnoea Grant Opportunity
- 2024 Enhancing Medical Device Surveillance Through Registries Grant Opportunity
- 2024 Survivorship Care and Collaborative Research Prioritisation Grant Opportunity

Primary Health Care Research Initiative

- 2023 Primary Health Care Research Grant Opportunity
- 2023 Multidisciplinary Models of Primary Care Grant Opportunity (Streams 1-3)
- 2023 Multidisciplinary Models of Primary Care Grant Opportunity (Stream 4)

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.





(L to R) Dr Johanna Birrell, Professor Anthony Don, Dr Sean Humphrey, Professor Sharon Lewin AO, Professor Patrick Sexton, Professor Katy Bell, Professor Roger Chung, Professor Jane Pirkis, Dr Jiayan Liao, Professor Zoe McQuilten, and Professor Alta Schutte. Absent: Associate Professor Odette Pearson, Dr Romain Ragonnet and Professor Denise Wootten.

2023 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 27 March 2024, NHMRC recognised 14 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.

2022 NHMRC David Cooper Clinical Trials and Cohort Studies Award



Professor Zoe McQuilten, Monash University

Professor Zoe McQuilten is a haematologist and the Tony Charlton Chair of Oncology, Head of the Cancer Research Program and Deputy-Director of the Transfusion Research Unit at the School of Public Health and Preventive Medicine, Monash University. Professor McQuilten leads a clinical research program, including clinical trials and registries, focused on supportive care for patients with blood diseases and improving the evidence for the use of blood products. She also holds leadership positions within the Australasian Leukaemia and Lymphoma Group, the peak national body for blood cancer clinical trials, including as Chair of the Supportive Care Working Group.

Grant title: Clonal haematopoiesis of indeterminate potential and ageing-related diseases: the ASPREE-CHIP Extension (ASPREE-CHIP-XT) Study

In otherwise healthy individuals, acquired genetic mutations that are normally associated with leukaemia and other blood cancers can be detected in the blood or bone marrow (referred to as ‘clonal haematopoiesis of indeterminate potential’). The presence of these mutations is more common with increasing age and has been associated with a number of diseases that are common in the elderly, including cardiovascular disease. This study will investigate how common this condition is and its consequences for health outcomes within a large longitudinal cohort of otherwise healthy participants aged 70 or older.

NHMRC Peter Doherty Investigator Grant Awards

Honouring Australian Nobel laureate Professor Peter Doherty AC, FRS, FMedSci, 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.

2023 NHMRC Peter Doherty Investigator Grant Award – Leadership



Professor Patrick Sexton, Monash University

Professor Patrick Sexton is the Professor of Pharmacology at the Monash Institute of Pharmaceutical Sciences and is the Director of the Australian Research Council (ARC) Centre for Cryo-electron Microscopy of Membrane Proteins. Professor Sexton is a leader in progressing our understanding of G protein-coupled receptors (GPCRs), particularly allosteric modulation and biased agonism, and applying cryo-EM to study structure and dynamics of GPCRs. He is a Clarivate Analytics highly cited researcher and an elected Fellow of the British Pharmacological Society (BPS). Professor Sexton is also the co-founder of Septerna Inc. and DACRA Tx and has been the recipient of many awards for his scientific contributions that have had major impacts on biological chemistry research.

Grant title: Structure, function and modulation of peptide hormone G protein-coupled receptors

Cell surface proteins called G protein-coupled receptors (or GPCRs) provide critical control of communication within the body to maintain optimal human health. Dysregulation of these proteins can lead to disease, but they can also be targeted to treat disease. Indeed, GPCRs are current targets of ~30% of approved drugs. GPCR function can be altered by accessory proteins but how they do this is poorly understood. This research program applies cutting-edge methodologies in structural biology, biophysics and pharmacology to address this key knowledge gap to provide new opportunities for novel drug discovery and development.

2023 NHMRC Peter Doherty Investigator Grant Award – Emerging Leadership



Dr Sean Humphrey, Murdoch Children's Research Institute

Dr Sean Humphrey leads the Functional Phosphoproteomics Laboratory at the Murdoch Children's Research Institute in Melbourne. Dr Humphrey's research uses cutting-edge mass spectrometers to create detailed molecular maps that capture how cells communicate and process information by regulating proteins. Dr Humphrey completed his PhD at the University of New South Wales before moving to Germany to undertake postdoctoral training at the Max Planck Institute of Biochemistry. Dr Humphrey's research pinpoints key molecular signals that are dysregulated in human disease, uncovering a myriad of new targets for future therapies.

Grant title: Unlocking molecular vulnerabilities in childhood brain cancers

This research program leverages recent breakthroughs in mass spectrometry technologies that enable the large-scale analysis of the functional machines of the cell – proteins. Using this technology, detailed maps of all proteins will be generated from medulloblastoma cells, the most common malignant brain cancer in children. Combining this approach with complementary methods enabling the targeted disruption of specific proteins will offer mechanistic insights into the growth and survival of these cancer cells. The knowledge generated from this research will be essential to uncover effective new therapeutic targets for medulloblastoma.

NHMRC Bernie Banton Investigator Grant Award

This award is named to honour Australian social justice campaigner Bernard Douglas Banton, AM, (1946–2007). He was the widely recognised face of the legal and political campaign to achieve compensation for the many sufferers of asbestos-related conditions, which they contracted after either working for the company James Hardie or being exposed to James Hardie Industries' products. It is awarded to the highest-ranked recipient undertaking research in mesothelioma and asbestosis in the Emerging Leadership category of Investigator Grants.

2023 NHMRC Bernie Banton Investigator Grant Award



Dr Jiayan Liao, University of Technology Sydney

Dr Jiayan Liao is a dedicated researcher specialising in the field of nanotechnology, nanomedicine and biomedical engineering, and their applications in medical diagnostics. Dr Liao's research focuses on developing innovative diagnostic tools for early cancer detection, leveraging photonics, fluorescent nanoprobe, and artificial intelligence for precise detection of single-molecule biomarkers in diseases and cancers. Dr Liao is contributing to the advancement of diagnostic methodologies and technologies, aiming for non-invasive, early detection methods to improve patient outcomes.

Grant title: Biomarker MicroRNAs Profiling for Early Cancer Detection

The research employs fluorescent nanoscopic probes for ultra-sensitive detection of oligo biomarkers, aiming for non-invasive, highly sensitive and specific early disease detection. This innovative approach utilises a nanoprobe library coupled with artificial intelligence to precisely identify single mesothelioma microRNA biomarkers. It promises earlier and more reliable cancer diagnoses that will enhance patient outcomes. The program's broader impact extends to detecting various cancers and diseases, advancing diagnostic tools, and contributing new insights in super-resolution imaging and multiplexed assay technology. The program's broader impact includes detecting a wide range of biomarkers across various cancers and diseases, advancing diagnostic tools, and contributing new knowledge in super-resolution imaging and multiplexed assay technology.

NHMRC Gustav Nossal Postgraduate Scholarship Award

This award is named to honour Sir Gustav Nossal AC, CBE, FRS, FAA, FTSE, and his pioneering work in the field of immunology. Sir Gustav is a distinguished research biologist who is noted for his contributions to the fields of antibody formation and immunological tolerance. This award is given to the highest-ranked recipient of an NHMRC Postgraduate Scholarship in the Clinical Medicine and Science research category.

2023 NHMRC Gustav Nossal Postgraduate Scholarship Award



Dr Johanna Birrell, University of Sydney

Dr Johanna Birrell is a general physician and advanced trainee in public health medicine. Dr Birrell trained in both Australia and New Zealand and has a particular interest in rural health, Indigenous health and health services research. Dr Birrell is completing her postdoctoral studies at the University of Sydney with concurrent clinical work. Her research explores geographic variation in kidney failure epidemiology and access to care across Australia and New Zealand. Dr Birrell has received awards including the Royal Australasian College of Physicians 2023 Aotearoa Trainee Research Award for Excellence in the Field of Adult Medicine and the Gerry Murphy Prize in 2022.

Grant title: Epidemiology and equity of kidney failure in Australasia

The burden of kidney failure in Australia and New Zealand is anticipated to increase dramatically over coming years. Detailed epidemiologic data are needed to ensure that under-served population groups are identified and receive additional health support. This project will evaluate geographic and socio-economic variation in the epidemiology of kidney failure across Australia and New Zealand, through a public health and health services research lens. Detailed geospatial maps of regional kidney failure rates, trends and paired health-service provision will be created to inform health-service planning and targeted public health prevention strategies.

NHMRC Elizabeth Blackburn Investigator Grant Awards

Honouring Australian Nobel laureate Professor Elizabeth Blackburn AC, FRS, FAA, FRSN, 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.

2023 NHMRC Elizabeth Blackburn Investigator Grant Award – Basic Science (Leadership)



Professor Denise Wootten, Monash University

Professor Denise Wootten is a Professor at the Monash Institute of Pharmaceutical Sciences and Monash node lead of the ARC Centre for Cryo-electron Microscopy of Membrane Proteins. Her work is focused on understanding GPCR structure and function and has contributed major fundamental insights into drug-receptor interactions, how different drugs can promote differential signalling with distinct physiological outcomes and how this information can be leveraged for novel drug development. Professor Wootten was awarded the ASCEPT J&J New Investigator Award, ASCEPT/ JPS Lecturer Award

and the Paxinos-Watson Award (Australian Neuroscience Society). She is a co-founder of DACRA Tx and adviser for Septerna Inc.

Grant title: Mechanistic understanding of biased agonism and dimerisation for co-targeting incretin receptors for metabolic diseases

Glucagon-like peptide 1 receptor and glucose-dependent insulinotropic polypeptide receptor (GLP-1R/GIPR) co-agonists are emerging as a superior therapeutic strategy for metabolic diseases (type 2 diabetes, obesity and non-alcoholic steatohepatitis), with some, but not all, co-agonists having higher clinical efficacy than ‘best in class’ GLP-1R agonists, such as Ozempic. The role of the GIPR in superior efficacy and mechanistic understanding for efficacy differences of current drugs are unknown, reflecting a lack of understanding of vital paradigms of receptor function. This program applies cutting-edge techniques in structural biology, biophysics and pharmacology and employs novel mouse models to address these knowledge gaps. This will inform the development of new and improved therapeutics for metabolic diseases.

2023 NHMRC Elizabeth Blackburn Investigator Grant Award – Clinical Medicine and Science (Leadership)



Professor Sharon Lewin AO, FAA, FRACP, FAHMS, University of Melbourne

Professor Sharon Lewin is the inaugural Director of the Doherty Institute, a joint venture of the University of Melbourne and Royal Melbourne Hospital, and Melbourne Laureate Professor of Medicine at the University of Melbourne. Her research has focused on strategies to achieve an HIV cure, enhancing clinical outcomes for people living with HIV and hepatitis B, and the identification of novel treatments for COVID-19. She is internationally known for her development of laboratory models to study HIV latency and for leading innovative early phase clinical trials aimed at reversing HIV

latency. Professor Lewin also chaired NHMRC's Health Translation Advisory Committee from 2015 to 2018. Other major awards included Melburnian of the Year (2014), the Peter Wills Medal from Research Australia (2015), Officer of the Order of Australia (2019), and Medal for Outstanding Female Researcher by the Australian Academy of Health and Medical Sciences (2022).

Grant title: Novel interventions to treat and cure acute and chronic viral infections

Better treatments are needed for virus infections. This project aims to exploit recent developments in clustered regularly interspaced short palindromic repeats (CRISPR) activation and mRNA delivery using lipid nanoparticles (LNP) as well as pro-apoptotic drugs such as venetoclax to eliminate long-lived infected cells that persist in people with HIV on antiviral treatment. This project will also explore novel approaches to reverse HIV-specific T-cell exhaustion as another pathway to a cure for HIV. Finally, it will leverage the expertise in mRNA-LNP that is developed for HIV to deliver CRISPR-Cas13, an RNA-editing enzyme, to the nasal mucosa as a novel approach to treat respiratory infections, such as SARS-CoV-2.

2023 NHMRC Elizabeth Blackburn Investigator Grant Award - Public Health (Leadership)



Professor Jane Pirkis, University of Melbourne

Professor Jane Pirkis is the Director of the Centre for Mental Health and Community Wellbeing at the University of Melbourne. With a background in public health, Professor Pirkis has worked in the area of suicide prevention for over 25 years, contributing to knowledge about which interventions are effective in preventing suicide. Professor Pirkis's work has also had a particular emphasis on media-based interventions and interventions that involve restricting access to means of suicide. Professor Pirkis has received the University of Melbourne's Marles Medal (2021), an Outstanding Academic Mentor Award through the Australian Psychological Society (2021) and the prestigious Stengel Research Award through the International Association for Suicide Prevention (2019). She is also the recipient of a Distinguished Alumni Award at the University of Tasmania (2017) and has received a Lifetime Research LIFE Award from Suicide Prevention Australia (2010).

Grant title: Strengthening the evidence base for suicide prevention

Preventing suicide is critical. We know too little about how to do this, largely because the interventions we have available to us have not been evaluated in rigorous ways. This research will use cluster randomised controlled trials, data linkage studies and interrupted time series studies that will allow us to determine whether certain interventions work and provide good value for money.

2023 NHMRC Elizabeth Blackburn Investigator Grant Award - Health Services (Leadership)



Professor Catherine (Katy) Bell, University of Sydney

Professor Katy Bell is a clinical epidemiologist and health services researcher at the Sydney School of Public Health. Professor Bell's research evaluates the clinical effectiveness of health care, with a focus on medical tests used for screening, diagnosis and monitoring chronic disease. She is an NHMRC Fellow and a member of the Medical Services Advisory Committee Evaluation Sub-committee (MSAC ESC), which critically assesses the evidence supporting applications for new listings on the Medical Benefits Scheme. The quality and impact of Professor Bell's work has been recognised by awards including a Robinson Fellowship through the University of Sydney (2023) and an Australasian Epidemiological Association Mid-Career Researcher Professional Development Prize (2022).

Grant title: Driving the transition to high value testing to benefit the health of all

Medical tests such as blood tests and imaging are done at higher rates than ever before. This can advance health if it helps people live longer or better. Unfortunately, the benefits are often small and may come with harms - false alarms, false reassurance, unnecessary

diagnoses and unnecessary treatment. Professor Bell’s vision is to transform approaches to medical testing to deliver high-value care that benefits health and does not harm, and that minimises unnecessary care and waste. Working in partnership with end users, this project will generate robust policy- and practice-relevant evidence, and drive change from current low-value testing.

NHMRC Fiona Stanley Synergy Grant Award

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

2023 NHMRC Fiona Stanley Synergy Grant Award



Professor Alta Schutte, University of New South Wales and The George Institute for Global Health

Professor Alta Schutte, Strategic Hires and Retention Pathways (SHARP) Professor and Principal Theme Lead of Cardiac, Vascular and Metabolic Medicine at the University of New South Wales and professorial fellow at The George Institute for Global Health, focuses on implementing effective, scalable interventions for global blood pressure control. Appointed Co-Chair of the National Hypertension Taskforce in 2022, she was recognised in 2023 as the leading

researcher in Vascular Medicine by *The Australian*. Notably, she received the 2022 Harriet Dustan Award from the American Heart Association and the 2023 Peter Sleight Excellence award from the World Hypertension League. Her impactful work extends to improving cardiovascular health in Australia and beyond.

Grant title: Solving Australia’s hypertension treatment problem

Australia’s 32% blood pressure control rate, notably lower than Canada’s 68%, presents a critical health challenge with stagnant improvement over a decade. Annual treatment spending of \$1.4 billion, largely from patient fees, emphasises the urgency for change. In response, Minister Butler launched the National Hypertension Taskforce. This Synergy program urges multidisciplinary collaboration involving consumers, economists and healthcare specialists. The program, guided by consumer acceptability, value for money and scalability, introduces high-potential interventions. Diverse disciplines will tackle hypertension obstacles, seeking improved health and economic outcomes to counter high blood pressure’s yearly toll of 25,000 premature deaths and \$90 billion lost productivity.

NHMRC Sandra Eades Investigator Grant Award

Honouring Professor Sandra Eades AO, FASSA, FAHMS, FTSE, 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.

2023 NHMRC Sandra Eades Investigator Grant Award - Emerging Leadership



Associate Professor Odette Pearson, South Australian Health and Medical Research Institute

Associate Professor Odette Pearson is of Eastern Yalanji and Torres Strait Islander descent and co-leads the Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute. Her research focus is improving chronic disease and ageing outcomes of Aboriginal and Torres Strait Islander peoples through policy and guideline development and implementing and evaluating real-world health and social interventions. Aboriginal leadership, governance and community and cross-sector partnerships are foundations of her research. Associate Professor Pearson has received

the Lowitja Institute Pat Anderson Aboriginal and Torres Strait Islander Research Award (2023), UniSA Alumni Award for Research in Aboriginal Health (2022) and the SAHMRI Diane Ranck Leadership Award (2022).

Grant title: Advancing health equity of the Aboriginal and Torres Strait Islander population

Health equity is fundamental to achieving good health. Aboriginal and Torres Strait Islander peoples continue to be the recipients of differences in health, which are unnecessary, unfair, unjust and avoidable across health and the social determinants of health. Using essential drivers of equity (namely, Indigenous leadership and governance, measurement and monitoring, intervention and capacity development), this program of research will establish and scale information and monitoring systems to generate new knowledge to benefit Aboriginal and Torres Strait Islander communities, clients, workforces and services in the areas of Indigenous data governance, diabetes care and healthy ageing.

NHMRC Frank Fenner Investigator Grant Award

Honouring the achievements of Professor Frank Fenner AC, CMG, MBE, FRS, FAA, 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.

2023 NHMRC Frank Fenner Investigator Grant Award – Emerging Leadership



Dr Romain Ragonnet, Monash University

Dr Romain Ragonnet is a Senior Research Fellow in the Epidemiological Modelling Unit at Monash University. Dr Ragonnet specialises in the mathematical modelling of tuberculosis (TB) and COVID-19, and his notable contributions include the first-ever quantification of TB mortality and self-recovery rates. Dr Ragonnet has advised various governments of lower-middle-income countries in the Asia-Pacific region to assist the local control of TB and COVID-19. He also initiated and led multiple

cross-disciplinary collaborations, creating a strong network of world-leading experts that spans mathematics, medical ethics, biostatistics, economics and clinical trials.

Grant title: Designing adaptive strategies to drive tuberculosis towards elimination

TB remains a major infectious killer, and 25% of the global population are estimated to have latent TB infection. While preventive treatment is recognised as a critical tool for effective TB control, its optimal implementation remains uncertain. Improved detection through active case finding (ACF) is also known to be effective to reduce TB burden. This project will use modelling to identify the best strategies combining preventive treatment and ACF in high-TB-burden countries.

NHMRC Marshall and Warren Awards

Honouring Australian Nobel laureates Professor Barry Marshall AC, FRACP, FRS, FAA 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.

2023 NHMRC Marshall and Warren Ideas Grant Award



Professor Anthony Don, University of Sydney

Professor Anthony Don is Professor of Medical Biochemistry in the School of Medical Sciences at the University of Sydney. His team develops and applies advanced mass spectrometry methods to investigate how alterations to brain lipid metabolism with ageing lead to dementia, to develop neuroprotective therapeutics, and to discover new biomarkers for demyelinating diseases. His research has uncovered deficits in lipid metabolism that destabilise myelin in the course of normal ageing and early in Alzheimer's disease pathogenesis. He also developed and coordinates the popular masters-level unit of study Advances in Disease Diagnosis and Treatment.

Grant title: A new paradigm for how APOE genotype affects brain lipid homeostasis and dementia risk

Treatments for Alzheimer's disease (AD) have a very limited effect, and a much stronger understanding of how and why the disease develops is needed to develop effective therapies. This project will determine how the apolipoprotein E (*APOE*) gene variants affect risk for AD. Specifically, the research will elucidate the normal function of *APOE* in regulating lipid membranes that control neurological function and determine how this function is affected by *APOE* gene variants. This will inform clinical trials aimed at correcting brain lipid metabolism to treat AD.

2023 NHMRC Marshall and Warren Innovation Award



Professor Roger Chung, Macquarie University

Professor Roger Chung is the Professor of Neurobiology and Neurochemistry, and Deputy Dean (Research and Innovation) in the Faculty of Medicine, Health and Human Sciences, at Macquarie University. Professor Chung's research employs a multidisciplinary approach to understanding the biochemical, molecular and cellular mechanisms that underpin how neurons respond to injury or neurodegenerative disease, and how non-neuronal cells (glia) are involved in modulating this process. Professor Chung is the co-founder and Chief Scientific Officer of CelosiaTX and also leads the Neurochemistry and Molecular Therapeutics Group within the Macquarie University Centre for Motor Neuron Disease (MND) Research.

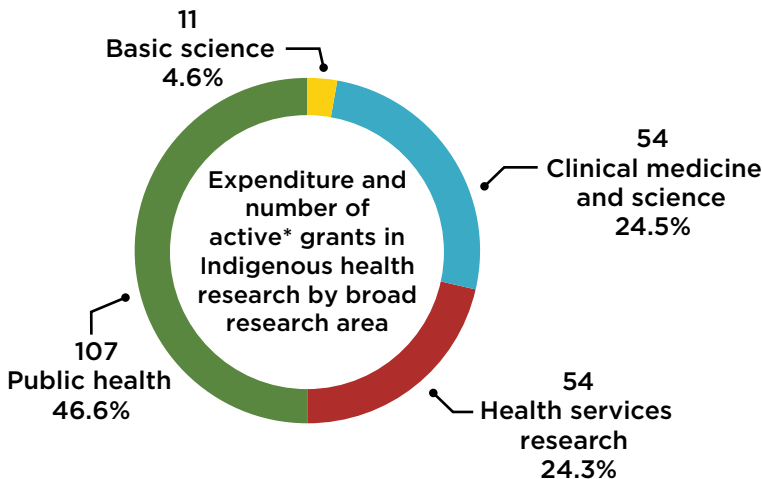
Grant title: Developing novel gene expression control mechanisms for Amyotrophic Lateral Sclerosis gene therapies

Gene therapies represent an exciting therapeutic opportunity for the treatment of MND, involving the delivery of a therapeutic gene to the target cell (such as the motor neuron). This project will develop a novel technology for precise control of therapeutic gene expression, which could potentially be incorporated into any gene therapy being developed for MND.

2023 NHMRC Aboriginal and Torres Strait Islander Report Card of Achievements

This report card details 2023 achievements against the 2021-2024 Action Plan for *Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research*. 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.



PUBLIC HEALTH and **HEALTH SERVICES** were the **top fields of research** in Aboriginal and Torres Strait Islander health receiving **\$31,858,284** in funding.



226
Active grants* in Indigenous health



\$68,980,572
Spent on Indigenous health research



8.1%
Of the MREA spent on Indigenous health

*All grants being paid in 2023

Strengthening Capacity

NHMRC is committed to building and strengthening capacity of Indigenous researchers. In 2023:



78
Active NHMRC grants* led by Indigenous researchers

*All grants being paid in 2023



192
Indigenous researchers on active grants funded by NHMRC*



2%
Of grants awarded in 2023 led by CIAs who identify as being of Aboriginal and/or Torres Strait Islander descent



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.

National Consultation - Indigenous Research Excellence Criteria

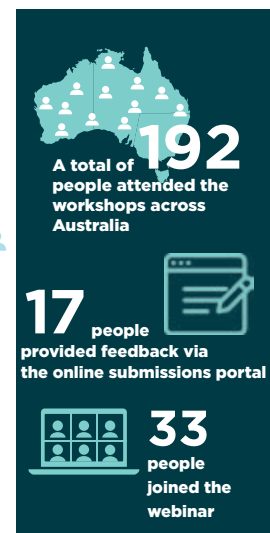
Our biggest activity for 2023 was the national consultation to review the Indigenous Research Excellence Criteria (IREC). The IREC were designed to ensure that research into Aboriginal and Torres Strait Islander health is of the highest scientific merit, likely to be beneficial and have impact and is acceptable to Aboriginal and Torres Strait Islander peoples and communities.

A report of the consultation can be found on the [NHMRC website](#).

The Office of the NHMRC are now working with the PCIC on an implementation plan.

Targeted Call for Research (TCR): Commercial determinants of Aboriginal and Torres Strait Islander health

This TCR aims to encourage innovative, novel research in the emerging area of commercial determinants of health for Aboriginal and Torres Strait Islander people. Applications closed in late 2023, with successful grant recipients to be announced in late 2024.



- ✓ Criteria are still relevant, but need to be refreshed with current terminology
- 👥 Time to raise expectations: e.g., community leadership/governance vs community engagement
- 🔗 Concepts that could be included: Indigenous knowledges, data sovereignty, translation, impact
- 📄 Accountability - did people do what they said in their application?
- 👉 The 20% threshold is confusing, and concern about potential to game it - but it's not clear what's better
- 👥 Resources to train and support IREC assessors and panel members
- ❓ Seeking greater consistency in how IREC report is applied in scoring
- 🗣️ A question for every funding application: how will this project benefit Aboriginal and Torres Strait Islander health?

2022 NHMRC Sandra Eades Investigator Grant Award



Dr Graham Gee was the recipient of the 2022 NHMRC Sandra Eades Investigator Grant Award. A clinical psychologist, his research focuses on using Indigenous research methodologies and Aboriginal and Torres Strait Islander perspectives to support healing and recovery needs of survivors and develop early intervention practices.

This annual NHMRC 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.

Our Collaborations in Health Research (OCHRe) Network

The collective vision of the NHMRC-funded First Nations Research Network, Our Collaborations in Health Research (OCHRe), is the establishment of a culturally secure and inclusive network of Indigenous researchers. OCHRe supports the interface of culture, science and health research that translates to improvements in the health and wellbeing of Indigenous Peoples.

OCHRe activities in 2023 included the appointment of a National Manager and establishment of their governance structure. There are now over 250 members who are engaged through regular newsletters and webinars. An online workshop focussed on building the capability of Aboriginal and Torres Strait Islander health researchers was delivered in November and included a presentation from NHMRC on 'How to write a good NHMRC grant.'





Gender Equity 2023 Report Card

This report card focuses on the achievements made in 2023 against the [Gender equity strategy 2022-2025](#). NHMRC continues its work to progress actions in the priority areas and achieve the strategy's objectives.



Key actions in 2023

Provided option to identify as non-binary or to specify a different term in the gender field of researcher profiles to align with the [ABS 2020 Standard](#)



Implemented new special measures under the *Sex Discrimination Act 1984* to award women and non-binary researchers an equal number of grants as men researchers in the Leadership category of the Investigator Grants scheme

2023 NHMRC grant program overall for **women** (CIA):



47%
Applications received



49%
Grants awarded



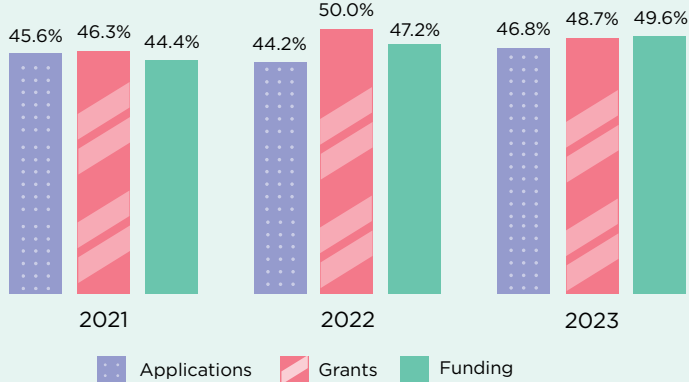
50%
Funding awarded



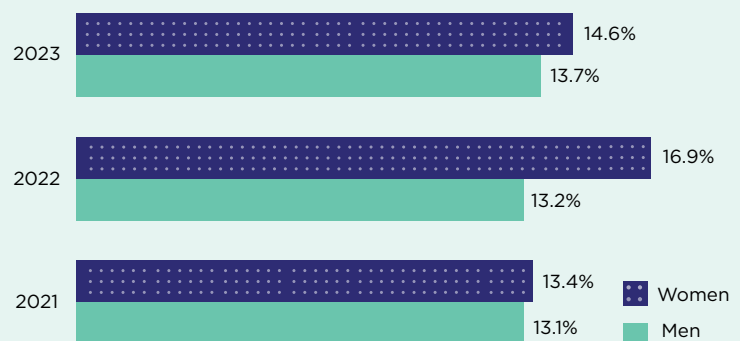
14.6%
Funded rate
(13.7% for men)

TRENDS OVER TIME - NHMRC GRANT PROGRAM

Proportion - Women (CIA)



Funded rate (CIA)

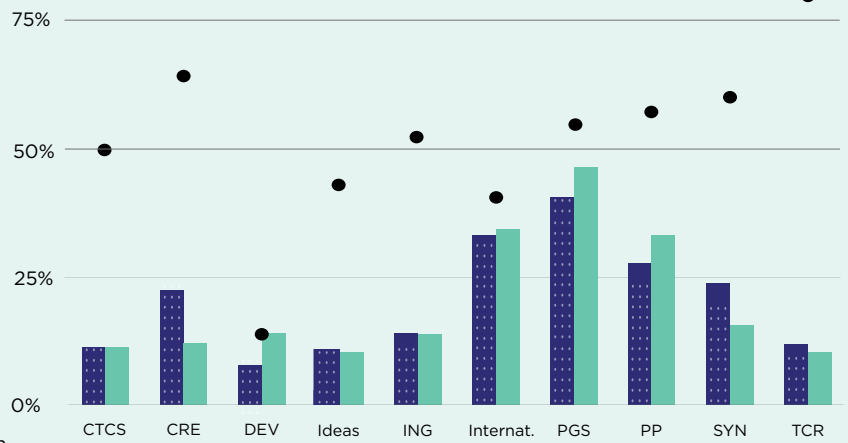


SCHEMES

The funded rate was equal or higher for women than men (CIA) in many schemes. The share of grants awarded to women was less than half for:

- Development Grants (14%)
- International Collaborations (41%)
- Ideas Grants (43%)

■ Funded rate - Women
■ Funded rate - Men
● Proportion of grants - Women



Note: CIA = Chief Investigator A (lead researcher), CTCS = Clinical Trials and Cohort Studies, CRE = Centres of Research Excellence, DEV = Development Grants, Ideas = Ideas Grants, ING = Investigator Grants, Internat. = International Collaborations, PGS = Postgraduate Scholarships, PP = Partnership Projects, SYN = Synergy Grants, TCR = Targeted Calls for Research

The **Elizabeth Blackburn Investigator Grant Awards** promote and foster the career development of women in the Leadership category across the 4 broad research areas.



Professor Denise Wootten
Basic Science
Mechanistic understanding of incretin receptors for metabolic diseases



Professor Jane Pirkis
Public Health
Strengthening the evidence base for suicide prevention



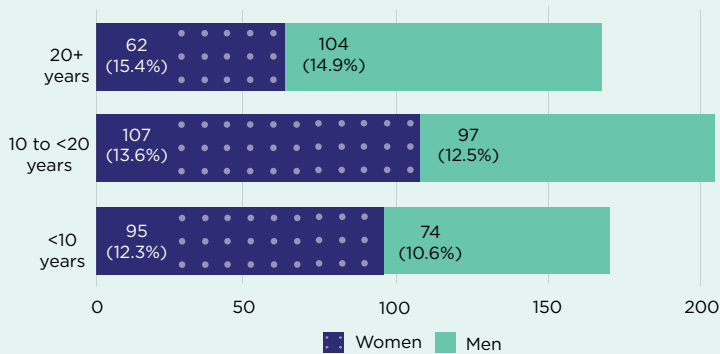
Professor Sharon Lewin AO
Clinical Medicine and Science
Novel interventions to treat and cure acute and chronic viral infections



Professor Catherine Bell
Health Services
Driving the transition to high-value testing to benefit the health of all

CAREER STAGE - YEARS POST-PHD

Number of grants (funded rate)

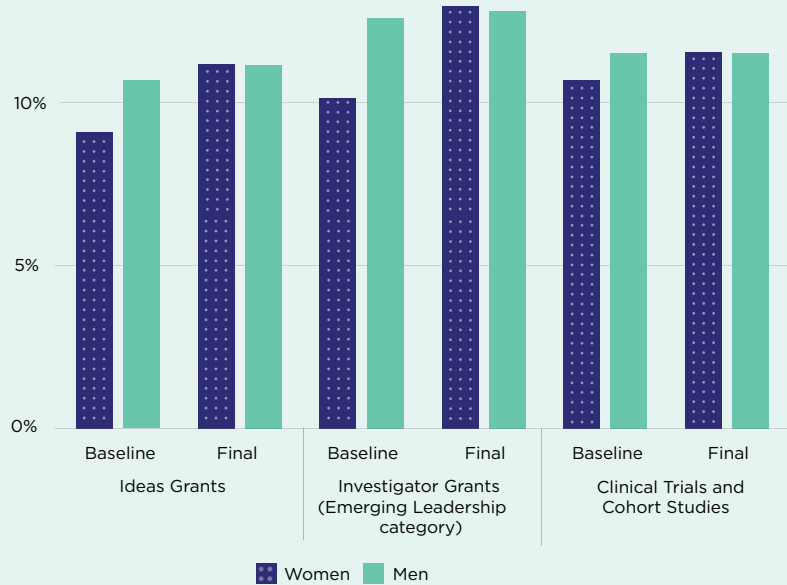


Note: Funded CIAs with a PhD not complete or awarded are not shown.

STRUCTURAL PRIORITY FUNDING

In 2023, the awarding of [structural priority funding](#) to additional high-quality applications led by women equalised the funded rates between men and women (CIA) in several schemes*.

Funded rate



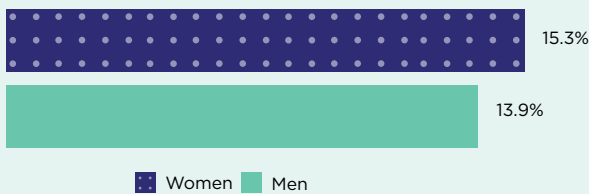
*Structural priority funding was only used in the Emerging Leadership category of the Investigator Grant scheme. 'Final' funded rate includes structural priority funding.

ALL CHIEF INVESTIGATORS



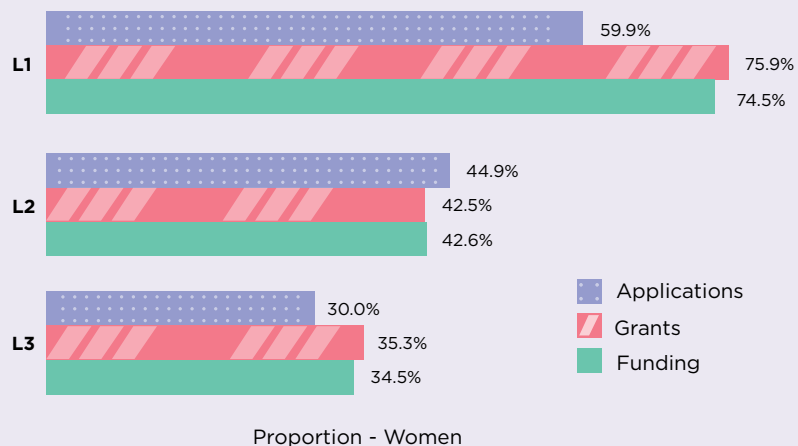
47%
CIs on grants were women

Funded rate



IMPACT OF SPECIAL MEASURES ON INVESTIGATOR GRANT LEADERSHIP CATEGORY

- Near-equal numbers of grants were awarded to women (51) and men (49)
- For the first time, women received more funding than men
- There was an increase in the proportion of women applicants:
 - More women than men applied at Leadership Level 1 (L1)
 - A record high 30% of Leadership Level 3 (L3) applicants were women



Proportion - Women

Data notes: Gender identifiers in Sapphire align with the ABS 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. The Standard recommends that reporting categories be aggregated in case of low numbers to avoid disclosure of private information. NHMRC reports gender using the following categories: Woman, Man and Other. The Other category comprises applicants who selected a gender of 'not stated', 'prefer not to answer', 'non-binary' or 'I use a different name' if the gender field was not completed. The Other category is not shown in this Report Card due to low numbers.



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 2023–24 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

12 September 2024

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. We aim to ensure our data are secure, reliable, accessible and reusable. Targets in these areas are included under the theme of capability (see Table 6).

Our purpose is set out in our *Corporate Plan 2023–24* and shown in Table 5: NHMRC's strategic themes, functions and purposes.

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 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: Summary of results, 2023-24 summarises our performance against the targets outlined in our *Corporate Plan 2023-24* and Portfolio Budget Statements (PBS) for 2023-24.

Table 6: Summary of results, 2023-24

INVESTMENT		
Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers.		Result
Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory and community priorities.		
Target 1A	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 1B	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 2	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 3	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

continued

Table 6 continued

Capacity and capability are built and strengthened by supporting Aboriginal and Torres Strait Islander health researchers.		
Target 4A	3.4% of NHMRC's annual grants awarded to lead chief investigators of Aboriginal and Torres Strait Islander descent.	Not met
Target 4B	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 5	Gender inequities in NHMRC funding outcomes are reduced.	Met
TRANSLATION		
Drive the translation of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries.		Result
Support an Australian health system that is research-led, evidence-based, efficient and sustainable.		
Target 6	Develop and/or approve public and environmental health and clinical practice guidelines.	Met
Report on the impact of the research funded by NHMRC.		
Target 7	Five 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 8	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> (the Code).	Substantially met
Research involving human embryos is conducted ethically and legally, in accordance with appropriate licence conditions.		
Target 9	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
Digitalisation supports the effective and efficient delivery of NHMRC activity.		
Target 10	Digitalisation reduces administrative burden and improves data quality.	Partially met
Robust data governance and management ensure data under NHMRC custodianship are secure, reliable, reusable and accessible.		
Target 11	Data under NHMRC custodianship is secure, reliable, accessible and reusable by NHMRC, the Australian Government and other relevant data consumers.	Partially met

Investment

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

Activities | Investment

NHMRC's Corporate Plan 2023-24 outlines our key activities.

Our priority activities for 2023-24 were to:

- contribute to the nation's strategy for health and medical research, including working with the Department of Health and Aged Care to enhance coordination of investments through the NHMRC grant program and the MRFF
- establish baseline data and an evaluation strategy to measure the impact of *NHMRC Gender equity strategy 2022-2025*
- promote consideration of sex and gender in health and medical research, especially for NHMRC- and MRFF-funded research activities
- measure the impact of new special measures to address systemic disadvantage faced by women and non-binary applicants to the Investigator Grant scheme
- continue to optimise grant application and assessment processes, including improving the quality, efficiency and effectiveness of peer review processes and peer reviewer training
- promote, communicate and measure the impact of NHMRC-funded research.

During the period covered by the *Corporate Plan 2023-24*, 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
- work with the Department of Health and Aged Care to deliver the MRFF effectively and efficiently, leveraging NHMRC's grant processes and capability to achieve program outcomes and complement NHMRC funding schemes
- 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 1A: 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 <i>Corporate Plan 2023-24</i> and 2023-24 PBS
Methodology	Quantitative assessment and analysis of the distribution of grant expenditure and new grants awarded in the financial year. The analysis may be supplemented by selected qualitative cases studies and/or researcher profiles of top grants awarded
Result	Met

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

All NHMRC's grant schemes are highly competitive. NHMRC grants are awarded following critical assessment by independent peer reviewers. This rigorous process supports the exceptional quality of the research NHMRC funds across the full spectrum of health and medical research areas, including basic science research, clinical medicine research, public health research and health services research. NHMRC's grant expenditure across these research areas for 2023-24 is reported in Table 7: NHMRC expenditure by broad research area, 2019-20 to 2023-24.

Table 7: NHMRC expenditure by broad research area, 2019-20 to 2023-24

Broad research area	2019-20 (\$)	2020-21 (\$)	2021-22 (\$)	2022-23 (\$)	2023-24 (\$)
Basic science research	363,312,278	339,695,034	316,257,135	314,607,017	344,847,632
Clinical medicine and science research	307,393,276	278,633,965	281,283,952	287,308,495	296,041,431
Public health research	130,206,801	125,546,889	130,383,524	132,651,513	143,211,278
Health services research	59,633,121	69,243,706	72,700,237	77,696,381	82,733,686
Other ^a	40,891,500	37,288,407	32,686,577	30,087,369	28,481,973
Total^b	901,436,976	850,408,000	833,311,425	842,350,774	895,316,000

^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, 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 honoured in 2023-24.

Additionally, 36 research case studies and researcher profiles were posted to the InFocus section of NHMRC's website in 2023-24 at www.nhmrc.gov.au/about-us/infocus. These articles highlight the diversity of NHMRC-supported research and researchers in Australia.

Target 1B: Targeted and priority-driven research funding calls are initiated that address areas of unmet need.

Source	NHMRC <i>Corporate Plan 2023-24</i>
Methodology	Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified
Result	Met

The Targeted Calls for Research (TCR) scheme addresses national, state and territory, and community priorities. In 2023-24, topics for the TCRs were proposed from the Commonwealth, States and Territories Joint (CSTJ) TCR Working Committee, the Community Research Priorities Portal and NHMRC's Principal Committee Indigenous Caucus.

In 2023-24, a total of \$10.7 million was awarded for the following TCRs:

- Improving physical health of people with a mental illness: a total of \$5.2 million was awarded for research to develop effective strategies and interventions to improve the physical health of people with a severe or persistent mental illness. This TCR was identified as a priority by the CSTJ TCR Working Committee. The research will assist in the development of effective tools to guide and train providers to better manage coexisting mental and physical health conditions, reduce risk factors and avoidable hospitalisations, and improve the health and life expectancy of people living with mental illness.
- Ensuring the quality and safety of telehealth: a total of \$5.5 million was awarded to stimulate research to identify and understand factors that influence which populations, health conditions and interactions can be effectively managed by telehealth services and to develop tools and supports that assist health-service providers to select the most appropriate telehealth services and modalities. This research will develop an evidence base that can inform future health policy on the appropriateness of telehealth modalities in delivering health care. Research in this area was identified as a high priority through the CSTJ TCR Working Committee.

A further 2 TCRs were initiated in 2023–24, and funding is due to be awarded in the second half of 2024. These TCRs are:

- Improving infection prevention and control (IPC) in residential aged care homes aimed to inform evidence-based interventions for IPC programs that meet the varying needs of public and private residential aged care homes. This TCR topic was submitted through NHMRC’s community research priorities portal.
- Commercial determinants of Aboriginal and Torres Strait Islander health was proposed through NHMRC’s Principal Committee Indigenous Caucus and aimed to encourage innovative, groundbreaking research on the commercial determinants of health and how it compounds with social, cultural and economic factors to positively or negatively influence health outcomes for Aboriginal and Torres Strait Islander peoples.

Further information on TCR outcomes and current open calls is available at www.nhmrc.gov.au/funding/targeted-calls-research.

NHMRC participates in a range of international collaborative research schemes.

In 2023–24, NHMRC funding for research in national and global priority areas included:

- \$2.3 million for Australian participation in antimicrobial resistance diagnostics and surveillance research through the Joint Programming Initiative on Antimicrobial Resistance
- \$3 million for Australian participation in research into climate change and health in the East Asian region through the e-ASIA Joint Research Program
- \$2.5 million for Australian participation and collaboration in transnational research projects on mechanisms of resilience and vulnerability to environmental challenges in mental health through the Network of European Funding for Neuroscience Research (NEURON)
- \$4.2 million for Australian participation in international collaborative research about the clinical and cost-effectiveness and broader impact of healthcare treatments and tests through the United Kingdom’s National Institute for Health and Care Research (NIHR) Collaborative Research – Health Technology Assessment Programme
- \$1.5 million for Australian participation in leading international collaborative research under Horizon Europe
- \$2.8 million for the Global Alliance for Chronic Diseases to focus on implementation research proposals with the potential to equip policymakers and practitioners with evidence-based strategies for reducing the risk factors for non-communicable diseases in cities in disadvantaged populations globally.

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

Source	NHMRC <i>Corporate Plan 2023–24</i>
Methodology	Quantitative and qualitative analysis of the peer review process, including level of suitability matching of peer reviewers to applications, feedback from reviewers and measurement of time spent on peer review (by individual reviewers and total time)
Result	Met

Suitability matching of peer reviewers to applications

NHMRC continues to achieve better suitability matching of peer reviewers to applications by using an application-centric approach for several schemes rather than the panel-based approach used in 2019.

Each year, peer reviewers are surveyed on their level of agreement on whether the applications assigned to them matched their area of expertise.

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 2023, this increased to 81% for both the Ideas Grant and Investigator Grant schemes when application-centric suitability matching was used.

In 2023, 2,182 Ideas Grant scheme applications were allocated to 5 peer reviewers each. Of these, 96.5% were allocated to reviewers who declared the highest ('Yes') and the second highest ('Moderate') level of suitability.

In 2023, 1,508 Investigator Grant scheme applications were allocated to 5 peer reviewers each. Of these, 100% were allocated to reviewers who declared the highest ('Yes') and the second highest ('Moderate') level of suitability.

Peer review burden

In 2023, the majority of Ideas Grant peer reviewers reported taking an average of 3.5 hours to assess each application assigned to them. This remained lower than 2019 (when panels meetings were used), where reviewers spent an average of 6 hours per application. The number of applications assigned to each peer reviewer has also decreased over time. The maximum workload for Ideas Grant reviewers was 30 applications in 2020, 25 applications in 2021 and 2022, and decreased to 15 in 2023.

In 2019, 66.1% of Investigator Grant peer reviewers reported taking 2 hours or less to assess each application assigned to them. In 2023, this figure was 54.9%. The average number of applications assigned to each peer reviewer has reduced from over 31 in 2019 to 13 in 2023 (range of 10 to 25 applications per peer reviewer).

Improvements in the 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, with 6 weeks of panel meetings as part of the process. In 2020, this had reduced to 23 weeks. However, 2022 and 2023 saw longer timeframes – 34 and 26 weeks, respectively – as NHMRC introduced additional steps to increase the quality and transparency of independent peer review, including outlier checks and provision of qualitative comments to applicants. In 2022 and 2023, a further step – sharing comments among peer reviewers who assessed the same application – was introduced, extending the peer review timeline for this scheme.

In 2019, the time between the close of the Investigator Grant scheme and the release of outcomes (under embargo) was 26 weeks. In 2023, it was 23 weeks.

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

Target 3: More than 5% of NHMRC’s annual budget is expended/awarded on research to improve health outcomes for Aboriginal and Torres Strait Islander people.

Source	NHMRC <i>Corporate Plan 2023–24</i> and 2023–24 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 2023–24, 8.4% of NHMRC’s Medical Research Endowment Account (MREA) was expended on Aboriginal and Torres Strait Islander health research (as a percentage of all MREA expenditure).

In the same period, 8.1% of new grant funding awarded was for research to improve health outcomes for Aboriginal and Torres Strait Islander people.

Capacity and capability are built and strengthened by supporting Aboriginal and Torres Strait Islander researchers

Target 4A: 3.4% of NHMRC’s annual grants awarded to lead chief investigators of Aboriginal and Torres Strait Islander descent.

Source	NHMRC <i>Corporate Plan 2023–24</i>
Methodology	Quantitative assessment of the percentage of new grants awarded in the financial year to lead chief investigators of Aboriginal and/or Torres Strait Islander descent
Result	Not met

In 2023–24, 2.3% of NHMRC’s annual grants were awarded to lead chief investigators of Aboriginal and Torres Strait Islander descent. This is the first time NHMRC has reported against the 3.4% target, which was adopted in 2022 as a stretch goal for the organisation. NHMRC will work with its advisory group of Aboriginal and Torres Strait Islander health researchers on ways to promote awareness of, and ultimately meet, the target in future years.

Target 4B: Report on the number of Aboriginal and Torres Strait Islander chief investigators.

Source	NHMRC Corporate Plan 2023-24
Methodology	Quantitative assessment of the number of new grants awarded in the financial year to lead chief investigators of Aboriginal and/or Torres Strait Islander descent NHMRC will also continue to report on the number of investigators of Aboriginal and/or Torres Strait Islander descent currently funded (active grants) across all NHMRC schemes
Result	Met

Table 8: Number of Indigenous Chief Investigators (CIs) on NHMRC grant applications, 2020-21 to 2023-24

Measure	2020 -21	2021 -22	2022 -23	2023 -24
Number of unique CIs who self-identified as Indigenous (all applications)	144	125	112	98
Number of unique CIs who self-identified as Indigenous (funded applications)	79	59	48	60
Number of unique CIs who self-identified as Indigenous (funded applications) <u>and</u> who are involved in Indigenous research ^a	-	-	42	48
Percentage of CIs who self-identified as Indigenous awarded NHMRC funding in a financial year	54.9%	47.2%	42.9%	61.2%
Number of applications with at least one CI who self-identified as Indigenous (all applications)	97	111	96	93
Number of funded grants with at least one CI who self-identified as Indigenous (funded applications)	30	39	31	44
Funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in financial year	30.9%	35.1%	32.3%	47.3%

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

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

Target 5: Gender inequities in NHMRC funding outcomes are reduced.

Source	NHMRC Corporate Plan 2023-24
Methodology	Quantitative assessment of the number of grants. Amount of funding awarded to, and funded rates for, men and women. Whether measures such as structural priority funding have been applied to reduce gender disparities, and, if so, what the impact was. The assessment covers all NHMRC grant schemes (collectively) and key schemes (Investigator, Ideas and Synergy Grants) separately and considers gender equity in grant 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 in 2023, the funded rate (grants as a proportion of applications) was higher for women (14.6%) than men (13.7%). Women were awarded 302 grants totalling \$436.9 million, while men were awarded 314 grants totalling \$434.5 million. In addition, \$9.7 million was awarded to 4 Chief Investigator A (CIA) applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' in their Sapphire profile or who did not complete the gender field (null). This cohort had a funded rate of 5.9% (these applicants are represented as 'Other CIA' in Table 9: Number of grants and funding awarded by Chief Investigator A (CIA) gender, 2023 and Table 10).

In 2023, structural priority funding was applied in the Investigator Grant (Emerging Leadership category only), Ideas Grant and Clinical Trials and Cohort Studies schemes. Structural priority funding was introduced as a special measure 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. Structural priority funding is also applied to fund grants led by Aboriginal and Torres Strait Islander health researchers or for research to improve health outcomes for Aboriginal and Torres Strait Islander people and communities. 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 2023 Investigator Grant round, the use of structural priority funding in the Emerging Leadership category increased women's overall funded rate from 10.2% to 13.1%. Only a small amount of structural priority funding was required at the Emerging Leadership Level 2 to achieve near-equal funded rates by gender, while more was needed at Emerging Leadership Level 1. For the 2023 Ideas Grant round, the gap in funded rates between men and women of 1.5 percentage points was removed following the application of structural priority funding (Table 10).

2023 was the first year that the new special measures under the *Sex Discrimination Act 1984* were introduced in the Investigator Grant scheme to address systemic disadvantage faced by women and non-binary applicants. These measures extend targets to award an equal number of grants to women and men across the senior Leadership levels of the scheme and include non-binary researchers alongside women in the gender equity interventions.

Combined, these measures seek to address gender disparities by maintaining a strong pipeline of women in the early and mid-career stages and ensuring that women continue to be funded at later stages in their careers, thus making it appealing to recruit, retain and support women so that they achieve the level of success that makes future interventions unnecessary.

Application of these measures to the 2023 Investigator Grant scheme led to near-equal numbers of grants being awarded to women (51) and men (49) at the Leadership levels and near-equal funded rates by gender at the Emerging Leadership levels. As a result, 2023 was the first year since the launch of the scheme in 2019 where overall more funding (\$8 million) was awarded to women than men. However, the gender gap at the most senior levels (Leadership levels 2 and 3) was still apparent, in both the number of applications and grants awarded (see Table 11). The effectiveness of these interventions in promoting gender equity through NHMRC's largest scheme will continue to be closely monitored in future Investigator Grant rounds.

Table 9: Number of grants and funding awarded by Chief Investigator A (CIA) gender, 2023

Scheme	Impact of structural priority funding ^a	Number of grants awarded / funding awarded		
		Female CIA	Male CIA	Other CIA ^b
Investigator Grants^c	Baseline	97 / \$174,574,670	99 / \$179,901,711	3 / \$8,422,029
	Final	113 / \$189,438,293	100 / \$181,387,901	3 / \$8,422,029
Ideas Grants	Baseline	81 / \$97,326,633	126 / \$140,353,645	1 / \$1,228,060
	Final	100 / \$119,801,960	131 / \$147,356,571	1 / \$1,228,060
Synergy Grants^d	Baseline	6 / \$30,000,000	4 / \$20,000,000	0 / \$0
	Final	6 / \$30,000,000	4 / \$20,000,000	0 / \$0
Clinical Trials and Cohort Studies Grants^e	Baseline	13 / \$34,158,313	14 / \$34,050,850	0 / \$0
	Final	14 / \$38,846,199	14 / \$34,050,850	0 / \$0
All other schemes (combined)^f	Baseline	69 / \$58,825,522	65 / \$51,718,621	0 / \$0
	Final	69 / \$58,825,522	65 / \$51,718,621	0 / \$0
Grand total^g	Baseline	266 / \$394,885,138	308 / \$426,024,828	4 / \$9,650,089
	Final	302 / \$436,911,973	314 / \$434,513,944	4 / \$9,650,089

Notes are available after Table 10: Funded rate by Chief Investigator A (CIA) gender, 2023.

Table 10: Funded rate by Chief Investigator A (CIA) gender, 2023

Scheme	Impact of structural priority funding ^a	2023 funded rate (%)		
		Female CIA	Male CIA	Other CIA ^b
Investigator Grants^c	Baseline	12.5	13.9	17.6
	Final	14.5	14.0	17.6
Ideas Grants	Baseline	9.2	10.7	2.6
	Final	11.3	11.2	2.6
Synergy Grants^d	Baseline	24.0	16.0	n/a
	Final	24.0	16.0	n/a
Clinical Trials and Cohort Studies Grants^e	Baseline	10.8	11.6	n/a
	Final	11.7	11.6	n/a
All other schemes (combined)^f	Baseline	25.9	25.2	0.0
	Final	25.9	25.2	0.0
Grand total^g	Baseline	12.8	13.4	5.9
	Final	14.6	13.7	5.9

The following footnotes apply to Table 9: Number of grants and funding awarded by Chief Investigator A (CIA) gender, 2023 and Table 10: Funded rate by Chief Investigator A (CIA) gender, 2023.

^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 2023, structural priority funding was applied to support Aboriginal and Torres Strait Islander researchers (as CIA), female researchers (as CIA) and Aboriginal and Torres Strait Islander health research.

^b 'Other CIA' combines applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' in their Sapphire profile or who did not complete the gender field (null).

^c From 2023, structural priority funding was only applied in the Emerging Leadership category of Investigator Grants.

^d No structural priority funding was applied to the 2023 Synergy Grant round.

^e The 2022 Clinical Trials and Cohort Studies Grants round for funding commencing in 2023.

^f 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.

^g In 2023, structural priority funding was applied in Investigator Grants (Emerging Leadership category only), Ideas Grants, and Clinical Trials and Cohort Studies Grants.

Table 11: Number of applications and grants awarded in the Leadership category of Investigator Grants by gender^a and level, 2019–2023

Level	Year	Female CIA / Woman		Male CIA / Man	
		Applications	Grants awarded	Applications	Grants awarded
Leadership Level 3 (L3)	2019	17	5	75	37
	2020	19	8	73	37
	2021	32	13	120	38
	2022	36	15	113	26
	2023	39	12	89	20
Leadership Level 2 (L2)	2019	60	13	134	27
	2020	53	12	115	16
	2021	91	12	134	16
	2022	79	21	135	17
	2023	102	17	121	22
Leadership Level 1 (L1)	2019	194	15	284	20
	2020	188	22	270	20
	2021	155	10	175	19
	2022	127	15	137	12
	2023	166	22	107	7
Grand total	2019	271	33	493	84
	2020	260	42	458	73
	2021	278	35	429	73
	2022	242	51	385	55
	2023	307	51	317	49

^a The 'Other CIA' category, which combines applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' in their Sapphire profile or who did not complete the gender field (null), is not included in this table. The full dataset is available in the Investigator Grants Outcomes data tables at www.nhmrc.gov.au/funding/data-research/outcomes.

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 2023-24 outlines our key activities.

Our priority activities for 2023-24 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, health professionals and the Australian community
- drive translation of health and medical research in accordance with the *NHMRC Research translation strategy 2022-2025* to encourage partnerships between researchers and end users, capacity and capability-building in translation, and the use of high-quality research evidence for the community's benefit.

During the period covered by the *Corporate Plan 2023-24*, 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
- promote open access to publications and data from NHMRC-funded 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 update 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 6: Develop and/or approve public and environmental health and clinical practice guidelines.

Source	NHMRC <i>Corporate Plan 2023-24</i> and 2023-24 PBS
Methodology	Qualitative assessment of NHMRC's role in developing, updating and/or approving guidelines that are timely, are 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 2023-24, NHMRC approved the following guidelines and updates to 'living' guidelines developed by third parties:

- *National guideline for the assessment and diagnosis of autism in Australia 2023*
- *Australian evidence-based clinical guidelines for diabetes* (living guidelines)
- *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer*
- *Guideline for the assessment and management of polycystic ovary syndrome 2023*
- *Australian living guideline for the management of juvenile idiopathic arthritis* (living guideline)
- *Australian immunisation handbook* - 'Human papillomavirus' chapter
- *An Australian living guideline for the pharmaceutical management of inflammatory arthritis v3.0* (living guideline)
- *Australian guidelines for clinical care of people with COVID-19* (living guidelines)
- *Guideline for the management of hypertensive disorders of pregnancy*
- *Care around stillbirth and neonatal death clinical practice guideline*
- *Clinical guidelines for stroke management* (new and updated topics 2023) (living guidelines)
- *Australian clinical guideline for physical rehabilitation and mobilisation in adult intensive care units*
- *Clinical practice guidelines for the appropriate management of psychotropic medications in people living with dementia in residential aged care.*

In 2023-24, NHMRC approved the following public and environmental health guidelines:

- *Australian drinking water guidelines* - consequential edits resulting from publication of microbial health-based targets.

In 2023–24, NHMRC continued development or review of the following public and environmental health guidelines:

- 2013 *Australian dietary guidelines*
- evidence evaluations of 16 natural therapies excluded from private health insurance rebates on 1 April 2019
- Nutrient Reference Values (NRVs) for Australia and New Zealand – priority rolling review 2006 NRVs (sodium, iodine and selenium)
- *Australian drinking water guidelines* – public health advice for lead substitutes in plumbing products
- *Australian drinking water guidelines* – review of existing PFAS guideline values
- *Guidelines for managing risks in recreational water*
- *Staying healthy: preventing infectious diseases in early childhood education and care services* (6th edition).

Report on the impact of the research funded by NHMRC

Target 7: Five case studies (per year) are developed that demonstrate the impact of health and medical research funding.

Source	NHMRC <i>Corporate Plan 2023-24</i>
Methodology	Qualitative and in-depth assessment of the impact of NHMRC-funded research using a case study approach. Count of number of impact studies published in the financial year
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 2023–24, 8 impact case studies were published; extracts from these are highlighted in this annual report. As of 30 June 2024, there were 46 case studies available on the NHMRC website covering diverse health areas and demonstrating the complexities of pathways to impact and the importance of sustained investment in research.

Integrity

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

Activities | Integrity

NHMRC's *Corporate Plan 2023-24* outlines our key activities.

Our priority activities for 2023-24 were to:

- support the Embryo Research Licensing Committee as it regulates the licensing of research, training and a clinical trial of mitochondrial donation in Australia
- promote 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 2023-24*, 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
- respond to an evaluation of the Australian Research Integrity Committee
- promote best practice in research governance and ethics review processes
- administer the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002* (PCHR Act), as amended by the *Mitochondrial Donation Law reform (Maeve's Law) Act 2022*, through the work of the Embryo Research Licensing Committee.

Analysis of performance | Integrity

Research is conducted responsibly, ethically and with integrity in Australia

Target 8: Research integrity matters are managed appropriately by Administering Institutions in line with the requirements of the Code.

Source	NHMRC <i>Corporate Plan 2023-24</i> and 2023-24 PBS
Methodology	Quantitative assessment using NHMRC's annual survey of Administering Institutions (Institutional Annual Compliance Report) to ensure that the Code and its supporting guides have been implemented in institutional processes Qualitative analysis of Australian Research Integrity Committee reviews of the processes used by Administering Institutions to conduct integrity investigations in line with the requirements of the Code
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, managing data and information on 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 to ensure the highest standards of research integrity and promotes community trust. Implementation is assessed annually through the Institutional Annual Compliance Report (IACR).

- Results of the 2023 IACR demonstrated that 98% of institutions that administered NHMRC funds during the 2023 calendar year have implemented the Code. Implementation of the guides is also well progressed, with 95% of institutions reporting that they have implemented the *Guide to managing and investigating potential breaches of the Australian code for the responsible conduct of research* (Investigation Guide).

In 2023-24, 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.

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

Target 9: Compliance with regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports.

Source	NHMRC Corporate Plan 2023–24
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). These Acts regulate the use of excess human embryos in research, including mitochondrial donation research, and prohibit certain practices, such as human cloning for reproduction.

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 2023–24, 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 2 onsite licence inspections 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 is available in ERLC's biannual reports to the Parliament of Australia on the NHMRC website: www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament.

Capability

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

Activities | Capability

NHMRC’s Corporate Plan 2023–24 outlines our key activities.

Our priority activities for 2023–24 were to:

- continue to build a positive work culture that helps our people to perform, grow, lead and inspire
- foster operational resilience enabled by a safe, supportive, agile and technologically equipped work environment
- deploy technologies to support the efficient and effective delivery of NHMRC operations, including optimising business processes and recordkeeping, leveraging digitalisation to reduce administrative burden
- as a data custodian, strengthen data governance, manage agency data as an asset and support data accessibility, reuse and transparency
- refine our grant management system (Sapphire) to improve the efficiency and effectiveness of grant application, peer assessment and post-award management and reduce the burden on health and medical researchers.

Analysis of performance | Capability

Digitalisation supports the effective and efficient delivery of NHMRC activity

Target 10: Digitalisation reduces administrative burden and improves data quality.

Source	NHMRC Corporate Plan 2023–24
Methodology	Qualitative analysis of the progressive refinement of processes through improving the efficiency of data entry and collection. In addition, resource intensive business process steps are automated through integration with available digital platforms across NHMRC’s grant lifecycle
Result	Partially met

Throughout 2023–24, NHMRC introduced Microsoft 365 and cloud technologies that will provide the tools and technologies to uplift high-volume corporate business processes in future years. Data is being collected to quantify the number of processes that will be targeted for digital transformation in 2024–25. In addition, NHMRC participated in the Copilot for Microsoft trial for APS agencies, coordinated by the Digital Technology Agency, to explore ways to reduce administrative burden.

NHMRC has continued to automate business processes in the grant lifecycle. To date, 112 workflows have been digitised in the grant management platform covering application creation, submission, approval and payment. These workflows are executed multiple times each day to control the administrative burden within grant management teams.

Robust data governance and management ensure data under NHMRC custodianship are secure, reliable, reusable and accessible

Target 11: Data under NHMRC custodianship are secure, reliable, accessible and reusable by NHMRC, the Australian Government and other relevant data consumers.

Source	NHMRC <i>Corporate Plan 2023-24</i>
Methodology	Qualitative methods to demonstrate that data under NHMRC's custodianship is managed in accordance with the <i>Data Availability and Transparency Act 2022</i>
Result	Partially met

The *Data Availability and Transparency Act 2022* (the DAT Act) outlines the approach to authorise and regulate access to Australian Government data. The DAT Act authorises public sector data custodians to share data with accredited users in accordance with specific authorisations, purposes, principles and agreements.

In April 2024, NHMRC completed work with the Office of the National Data Commissioner to complete a data asset inventory. In June 2024, NHMRC completed a data maturity assessment that indicated the organisation is at the Initial/Ad hoc level.

NHMRC is managing data in accordance with the Act and is committed to publishing its data assets and improving its data management maturity. This work has not progressed as far as planned due to financial constraints.

Throughout the year, NHMRC routinely published data and information regarding new grants awarded on the NHMRC website and Grant Connect.

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 third year of the 2021-2024 triennium, which commenced on 1 July 2021 and finished on 30 June 2024.

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
 - the 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 Commonwealth, 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

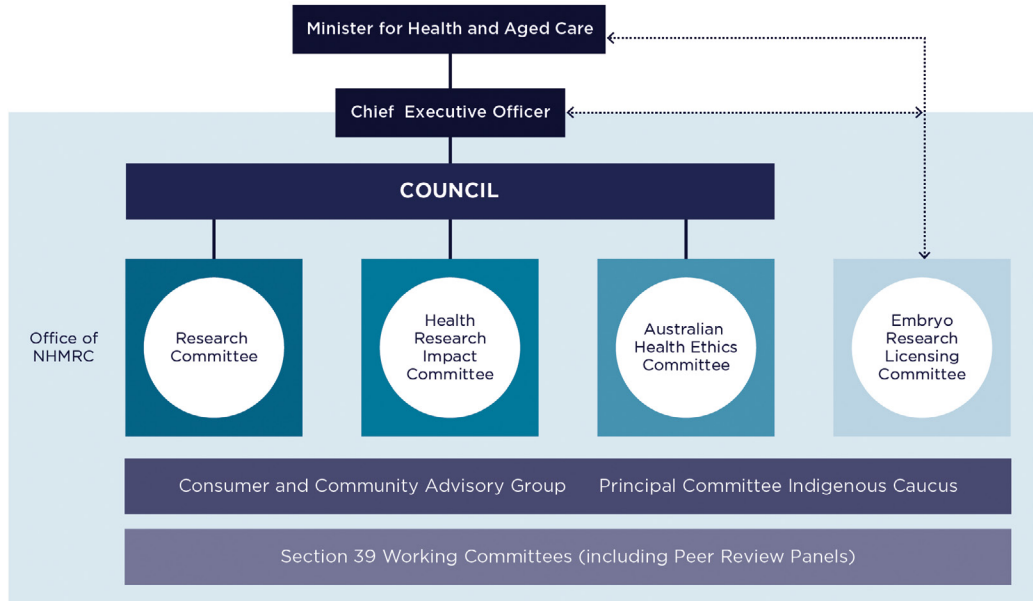
NHMRC operates within a strong governance framework that supports effective performance, integrity, efficiency and compliance with our legislated responsibilities under the NHMRC Act and the PGPA Act, as well as other relevant legislation.

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.

The CEO is supported in fulfilling the legislative functions under the NHMRC Act by the expert and independent advice of NHMRC Council, Principal Committees and other working committees. Through Council and its committees, researchers, healthcare professionals and consumers contribute to the work of NHMRC and provide a bridge to the community and the research and health sectors. They also help guide NHMRC's strategy for health and medical research.

NHMRC's key advisory bodies under the NHMRC Act, as shown in Figure 9: Advisory structure under the NHMRC Act, are the Council, the Principal Committees and selected working committees. NHMRC Council and Principal Committees are appointed every 3 years, the current triennium having ended on 30 June 2024.

Figure 9: Advisory structure under the NHMRC Act



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.

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 2023-24 are listed in Table 12: NHMRC Council Members, 2023-24.

Table 12: NHMRC Council Members, 2023-24

Name	Position Area of expertise as defined under the NHMRC Act
Professor Caroline Homer AO	Chair
Professor Steve Wesselingh	Chair, Research Committee Member with expertise in public health research and medical research issues (until July 2023)
Professor Anushka Patel	Chair, Research Committee Member with expertise in clinical medicine/science (from August 2023)
Professor Ingrid Winship AO	Chair, Australian Health Ethics Committee Member with expertise in ethics relating to research involving humans
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 the health needs of Aboriginal and Torres Strait Islander people
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 AM	Member with expertise in basic medical research
Dr Christine Connors OAM	Chief Health Officer, Northern Territory (until June 2024)

Name	Position
Area of expertise as defined under the NHMRC Act	
Dr Jeremy Chin	Chief Health Officer, Northern Territory (from June 2024)
Professor Paul Kelly	Commonwealth Chief Medical Officer
Professor Dinesh Arya	Chief Medical Officer, Tasmania
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
Professor Brett Sutton	Chief Health Officer, Victoria (until July 2023)
Dr Clare Looker	Chief Health Officer, Victoria (from July 2023)
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

Meetings

The Council held 4 sessions in 2023–24. 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 229th session, in July 2023, the Council considered:

- the annual report of the Embryo Research Licensing Committee
- Targeted Calls for Research prioritisation areas for 2024
- a communication strategy for the Peer Review Analysis Committee report
- alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account
- progress on the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
- new and updated recommendations in, or amendments to:
 - *Staying healthy: preventing infectious diseases in early childhood education and care services* (6th edition)
 - *International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2023*
 - *Clinical practice guidelines for the prevention, early detection, and management of colorectal cancer population screening.*

At its 230th session, in November 2023, the Council considered:

- the outcome from the health priorities working groups
- the *Statement on the forced swim test in rodent models* and the *Statement on smoke inhalation procedures in rodent models*
- public consultation on the *Ethical guidelines for cell, tissue and organ donation and transplantation*
- new and updated recommendations in, or amendments to:
 - *Australian drinking water guidelines*
 - *Australian clinical guidelines for health professionals managing people with whiplash-associated disorders*, 4th edition
 - *National guideline for the assessment and diagnosis of autism in Australia* (2023)
 - *Clinical practice guideline for care around stillbirth and neonatal death*
 - *Guideline for the management of hypertensive disorders of pregnancy*
 - *Australian clinical guideline for physical rehabilitation and mobilisation in adult intensive care units*.

At its 231st session, in March 2024, the Council considered:

- NHMRC's proposed strategic and health priorities for 2024–2027
- outcomes of NHMRC's grant funding in 2023
- a one-off grant opportunity in health services research
- the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
- new and updated recommendations in, or amendments to:
 - *Australian physical activity clinical practice guideline for people with moderate to severe traumatic brain injury*
 - *Australian evidence-based guideline for unexplained infertility*
 - *Guideline for growth, health and developmental follow-up in children born very preterm*
 - *Staying healthy: preventing infectious diseases in early childhood education and care services* (6th edition)
 - *Australian drinking water guidelines*
 - *Australian pregnancy care guidelines*
- issues affecting Australia's research integrity framework.

At its 232nd session, in June 2024, the Council considered:

- Targeted Calls for Research priority topics and funding allocations for 2024
- the proposal to streamline funding recommendations
- the *National statement on ethical conduct in human research 2023*
- the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research* and sex and/or gender bias in health care
- the review of the *Statement on consumer and community involvement in health and medical research*

- new and updated recommendations in, or amendments to:
 - *Australian pregnancy care guidelines*
 - *Australian drinking water guidelines*
 - *Staying healthy: preventing infectious diseases in early childhood education and care services* (6th edition).
- the NHMRC *Corporate Plan 2024-25*
- the *MRFF Monitoring, evaluation and learning strategy 2020-21 to 2023-24*
- innovations for Investigator and Ideas Grants schemes peer review process
- NHMRC impact case studies for 2023-24
- the harmonisation of the Medical Research Future Fund and Medical Research Endowment Account, including new advisory committee structures for the next triennium.

Principal Committees

During the 2021-2024 triennium, 3 Principal Committees that report to the Council of NHMRC were 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 it is established under the *Research Involving Human Embryos Act 2002* (RIHE Act) and operates under different arrangements from those governing the other Principal Committees.

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 2023–24, the Research Committee met 3 times and provided advice on:

- MREA budget and expenditure allocations, and funding recommendations for various NHMRC grant program schemes
- mechanisms to strengthen NHMRC’s peer review policies and processes
- priorities for 2023–24 Targeted Calls for Research
- implementation of NHMRC’s 2021–2027 strategic and health priorities
- review of the Indigenous Research Excellence Criteria
- the development of the:
 - *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
 - *Good institutional practice guide*
 - statements on the forced swim test in rodents and smoke inhalations procedures in rodents
- updates to the NHMRC *Direct research costs guidelines*
- the review of the *Statement on consumer and community involvement in health and medical research*
- the harmonisation of the Medical Research Future Fund and Medical Research Endowment Account, including new advisory committee structures for the next triennium
- the use of artificial intelligence in health and medical research.

Membership

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 Anushka Patel (Chair)	Professor Frances Kay-Lambkin
Professor Adrian Barnett	Professor Sarah Larkins
Professor Tony Capon	Professor Fabienne Mackay
Professor Raymond Chan	Professor James McCluskey AO
Dr Yee Lian Chew	Professor David Preen
Ms Christine Gunson	Professor Yvette Roe
Professor Glenda Halliday	Associate Professor Joshua Vogel
Professor Doug Hilton AO	

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 2023–24, AHEC met 3 times and provided advice on:

- the rolling review of the *National statement on ethical conduct in human research 2023*, with a focus on Chapter 2.1 (Risk and benefit), Chapter 4 (Ethical considerations specific to participants) and Chapter 5 (Research governance and ethics review)
- the review and consolidation of the *Ethical guidelines for cell, tissue and organ donation and transplantation*, in partnership with the Organ and Tissue Authority
- development of the website communication piece ‘Emerging technologies and ethics in human health’, in partnership with the Consumer and Community Advisory Group
- planning and preliminary development of materials to assist the Human Research Ethics Committees with reviewing research involving artificial intelligence and machine learning
- the review of the *Privacy Act 1988* research guidelines
- developing a workshop to address the use of artificial intelligence in health and medical research
- developing a guide to provide information on the requirements for registration of Human Research Ethics Committees with NHMRC
- AHEC’s role in delivering NHMRC’s 2024–2027 strategic and health priorities.

Membership

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)	Mrs Lillian Leigh
Associate Professor Stephen Adelstein	Dr Alexandra Markwell
Associate Professor Marie-Liesse Asselin-Labat	Professor Eleanor Milligan
Professor Emerita Mary Chiarella AM	Professor Ainsley Newson
Associate Professor Alwin Chong	Professor Emeritus Peter O’Leary
Dr David Kirchhoffer	Professor David Preen
Professor Emma Kowal	Associate Professor Bernadette Richards
Professor Jackie Leach Scully	

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 2023-24 HRIC met twice, providing advice on:

- the evaluation of Research Impact Track Record Assessment
- the establishment of a working group on score descriptors and research impact
- impact case studies, including a meta-analysis of past case studies
- the use of artificial intelligence in health and medical research
- recent MRFF evaluations, performance indicators and opportunities for engagement with MRFF
- guidance on the education and training of researchers about good research practices
- a one-off grant opportunity in health services research
- outcomes of NHMRC's grant funding in 2023
- NHMRC strategic and health priorities 2024-2027.

Membership

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
Dr Simon Deeming	Professor Julie Leask AO
Professor Gail Garvey AM	Dr Shalin Naik
Professor Billie Giles-Corti	Ms Yvonne Parnell
Professor Paul Glasziou AO	Professor Anushka Patel
Professor Julian Grant	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, including mitochondrial donation research, 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 non-compliance.

In 2023–24, ERLC held 3 meetings and 6 out-of-session workshops. It approved 5 licence variations.

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 2023 to 31 August 2023 was tabled on 7 December 2022.
- The report for 1 September 2023 to 28 February 2024 was tabled on 20 June 2023.

All reports are available on the NHMRC website.

Membership

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 2023–24 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 2023–24, PCIC met 3 times, providing advice on:

- the Indigenous Research Excellence Criteria Review report and implementation
- priority areas of Aboriginal and Torres Strait Islander health for Targeted Calls for Research (TCR)
- NHMRC's *Road map 3, Action plan 2021–2024* and report cards for 2022 and 2023
- Aboriginal and Torres Strait Islander identification and evidence of heritage
- cultural safety in research organisations
- more effective consultation for guidelines on drinking water and recreational water
- *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
- reporting on First Nations research for the Medical Research Future Fund (MRFF)
- education and training of researchers about good research practices
- NHMRC's strategic and health priorities for 2024–2027
- revision of Section 4 of the *National statement on ethical conduct in human research 2023*
- review of the 2016 *Statement on consumer and community involvement in health and medical research*.

Membership

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)	Associate Professor Kalinda Griffiths
Professor Catherine Chamberlain	Professor Yvette Roe
Associate Professor Alwin Chong	Dr Sean Taylor
Professor Gail Garvey AM	Professor Maree Toombs

Consumer and Community Advisory Group

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

In 2023–24, CCAG met 4 times, providing advice on:

- review of the *Statement on consumer and community Involvement in health and medical research*
- research impact from a consumer and community perspective
- *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*
- *Direct research costs guidelines*
- education and training of researchers about good research practices
- NHMRC’s strategic and health priorities for 2024–2027
- consumer involvement in peer review
- consumer consultation during the development and review of new evidence reviews commissioned as part of the revision of the *2013 Australian dietary guidelines*.

Membership

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)

Mr Andrew Mosley

Professor Afaf Girgis AM

Associate Professor Monica Moran

Ms Christine Gunson

Adjunct Professor Darryl O’Donnell

Dr Yvonne Ho AM

Ms Yvonne Parnell

Mr Harry Iles-Mann

Dr Sanchia Shibasaki (to 4 February 2023)

Mrs Lillian Leigh

Dr Sean Taylor

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 Medical Research Future Fund.

The General Manager 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

No new requests for reviews of freedom of information (FOI) decisions were notified to NHMRC by the OAIC in 2023-24.

As at 30 June 2024, there were 4 active reviews relating to NHMRC FOI access requests under consideration by the Information Commissioner. These 4 reviews were notified by the OAIC during previous financial years. 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.

On 4 August 2023, the Commonwealth Ombudsman issued a public statement noting that the investigation had been finalised. No adverse findings were made about the Review or NHMRC: https://www.ombudsman.gov.au/__data/assets/pdf_file/0008/300014/NHMRC-2023-Statement.pdf

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 a designated entity in an ANAO performance audit on fraud conducted in 2023–24. The findings of this audit are yet to be released.

The ANAO prepared 2023–24 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 2023–24.
- 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 2023–24.

Reports by parliamentary committees

NHMRC made direct contributions, or contributed to portfolio submissions, to the following parliamentary inquiries, and other independent inquiries, in 2023–24:

The following parliamentary inquiries reported in 2023–24 and made recommendations relevant to areas of NHMRC activity:

- Senate Standing Committee on Community Affairs, [Inquiry into concussions and repeated head trauma in contact sports](#) (September 2023)
- Senate Standing Committee on Committee Affairs, [Inquiry into assessment and support services for people with ADHD](#) (November 2023)
- The House of Representatives Standing Committee on Agriculture, [Inquiry into food security in Australia](#) (November 2023)
- Senate Standing Committee on Community Affairs, [Inquiry into equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer](#) (May 2024)
- The House of Representatives Standing Committee on Health, Aged Care and Sport, [Inquiry into diabetes](#) (June 2024).

During 2023–24, the Australian Government responded to the following parliamentary inquiries, which had made recommendations relevant to areas of NHMRC activity:

- The House of Representatives Standing Committee on Health, Aged Care and Sport, [Inquiry into sleep health awareness in Australia](#) (April 2023) – government response was released on 2 August 2023
- The House of Representatives Standing Committee on Health, Aged Care and Sport, [Inquiry into allergies and anaphylaxis](#) (May 2020) – government response was released on 18 October 2023

- The House of Representatives Standing Committee on Health, Aged Care and Sport, [Inquiry into approval processes for new drugs and novel medical technologies in Australia](#) (November 2021) – government response was released on 30 November 2023
- The House of Representatives Standing Committee on Health, Aged Care and Sport, [Inquiry into long COVID and repeated COVID infections](#) (September 2022) – government response was released on 26 February 2024
- The Senate Standing Committee on Finance and Administration, [Lessons to be learned in relation to the Australian bushfire season 2019-20](#) (December 2021) – government response was released on 6 May 2024.

Compliance and assurance

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

Audit

The NHMRC Audit and Risk Committee, established in accordance with the PGPA Act, provides independent 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 www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee.

Table 13: NHMRC Audit and Risk Committee, 2023–24 lists NHMRC Audit and Risk Committee members, together with their qualifications, knowledge, skills or experience, meeting attendance and remuneration in 2023–24.

Table 13: NHMRC Audit and Risk Committee, 2023–24

Name	Qualifications, knowledge, skills or experience	Number of meetings attended / total number of meetings	Total annual remuneration (GST inclusive)	Additional information
Mr Geoff Knuckey FCA	Independent accounting professional experience, Chartered Accountant and Graduate of the Australian Institute of Company Directors (GAICD)	4/4	\$8,000	Independent Chair
Professor Matthew Gillespie AM	Skills and experience in the entity's business and operating context, including knowledge of the health and medical research sector	1/1	\$1,530 ^a	Member until 31 August 2023
Professor Anthony Lawler GAICD	Skills and experience in the entity's business and operating context, including relevant knowledge of healthcare policy and regulation. Member with relevant knowledge of performance reporting and knowledge of systems of internal control and risk oversight and management; GAICD	3/4	\$0 ^b	Member, full year
Professor Eleanor Milligan	Skills and experience in the entity's business and operating context, including knowledge of healthcare ethics, organisational culture and governance; GAICD	4/4	\$6,120 ^a	Member, full year
Ms Fran Raymond FCA FAICD, MBA	Relevant knowledge of financial and performance reporting, including accounting and audit standards, Chartered Accountant and GAICD	4/4	\$6,120 ^a	Member, full year

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

^b Member declined payment for services rendered as a member of the Audit and Risk Committee.

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 by contracting and supervising 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.

In 2023-24, the following internal audit work was conducted:

- a gap analysis of an external evaluation of controls on the Sapphire ICT system, to confirm the focus of future audit activities
- an audit that reviewed usage and controls associated with the payment of grants from the MREA.

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 2023-24 reporting year.

Risk management

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 advises the CEO on the efficacy of the agency's risk management activities and supports identification of matters that could present an unacceptable risk for the agency.

The Risk Management Policy and Framework accords with current international risk management standards and the requirements of the PGPA Act. It considers controls and treatments to mitigate both emerging and shared risks within NHMRC's strategic and operating environment. It is underpinned by a dynamic Enterprise Risk Register that forms part of the agency's internal controls. The Enterprise Risk Register is reviewed regularly by the Executive Board to support strategic decision-making and ongoing risk detection, control and mitigation. It is also considered by the Audit and Risk Committee, which reviews and advises on the Enterprise Risk Register on a biannual basis to provide an additional layer of oversight of effective risk management.

Fraud and corruption control

Officers of NHMRC act with integrity and fairness and uphold the values of the Australian Public Service (APS) in all matters. The *NHMRC Fraud and Corruption Control Framework 2023-2025* and associated fraud and corruption control plan were developed in accordance with the *Commonwealth Fraud Control Framework 2017*, under the PGPA Act, the Australian Standard AS 8001:2021 (Fraud and corruption control) and the requirements of the *National Anti-Corruption Commission Act 2022*.

In accordance with section 10 of the PGPA Act, NHMRC's fraud and corruption control environment is built around taking all reasonable measures to prevent, detect and respond to fraud and corruption. Our fraud and corruption controls include post-award compliance monitoring, data-mining analysis, post-transaction reviews, and internal and external audits. NHMRC systematically reviews its internal processes and control systems to identify gaps and strengthen internal controls. In 2023-24, NHMRC added a fraud-reporting mechanism that easily allows reports of incidents of suspected fraud or corruption to be made anonymously.

NHMRC's funding agreements with Administering Institutions require their financial management to be in accordance with NHMRC policy and holds Administering Institutions responsible for misuse of grants funds. Additionally, members of the public, peer reviewers and other stakeholders also sometimes raise concerns with NHMRC about research integrity matters or make allegations of research misconduct. Some breaches may include behaviours that are potential fraud or corruption (for example, data falsification, misuse of grant funds or provision of false or misleading information to NHMRC). If this occurs, it is considered under the *NHMRC Fraud and Corruption Control Framework*.

To help meet fraud and corruption control obligations, the CEO has named the Director of Governance and Legal as NHMRC's Fraud and Corruption Control Officer. Fraud and corruption allegations are referred to the Fraud and Corruption Control Officer, who maintains an incident register and undertakes a preliminary assessment of potentially fraudulent or corrupt behaviour to determine the appropriate response.

In 2023-24, NHMRC considered 9 allegations or suspicions of fraud and/or corruption and took appropriate action in responding, including recovering funds.

NHMRC will report fraud data for 2023-24 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 2023-24, 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 14: NHMRC FOI requests and reviews, 2023-24 summarises the FOI requests and reviews in 2023-24.

Table 14: NHMRC FOI requests and reviews, 2023-24

Access applications	Number
Requests active at 1 July 2023	1
Requests received	34
Requests finalised by NHMRC or withdrawn by applicant	34
Requests transferred in whole to another agency	0
Requests active at 30 June 2024	1
Internal reviews of NHMRC FOI decisions	
Matters on hand at 1 July 2023	0
Requests received	1
Requests finalised	1
Matters on hand at 30 June 2024	0
OAIC reviews	
Matters on hand at 1 July 2023	4
Requests received	0
Requests finalised by OAIC	0
Matters on hand at 30 June 2024	4
FOI Administrative Appeals Tribunal matters	
Matters on hand at 30 June 2024	0

Child Safety Statement 2023-24

Our commitment

NHMRC is committed to implementing the National Principles for Child Safe Organisations and the Commonwealth Child Safe Framework (CCSF).

Interaction with children

NHMRC staff and contractors do not engage in child-related work as part of their standard duties. NHMRC funds third parties to undertake health and medical research, some of which involves children. NHMRC-funded research is conducted by universities, medical research institutes, hospitals and a range of other approved Administering Institutions.

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

In addition, all NHMRC-funded researchers are required to be aware of, and conform to, the requirements of the *National statement on ethical conduct in human research 2023*, 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 2023-24. Activities to support this compliance included:

- reviewing the NHMRC Child Safety Policy to ensure it remained fit for purpose
- mandating staff training on obligations under the CCSF, including in the staff induction process
- adding questions about awareness of, and adherence to, child safety requirements in the 2023 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
- non-compliance by a funded third party with its child safety obligations.

NHMRC mitigated these risks in 2023-24 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

- Emeritus Professor Michael Brooks (Chair from April 2024; member from August 2023)
- Ms Patricia Kelly PSM (former Chair; term ended 31 March 2024)
- Ms Julie Hamblin (Deputy Chair until February 2023; member until 30 September 2023)
- Emeritus Professor Alan Lawson (Deputy Chair from March 2023)
- Professor Margaret Otlowski (Deputy Chair from April 2024)
- Mr Michael Chilcott
- Emeritus Professor John Finlay-Jones
- Professor Gerald Holtmann (from August 2023)
- Dr Jane Jacobs (from August 2023)
- Emeritus Professor Robyn Owens (from August 2023)
- Emeritus Professor Alan Pettigrew (from August 2023)
- Emeritus Professor Janice Reid AC.

All current members are appointed until 31 July 2026.

Activities

The information here relates to matters considered by ARIC on behalf of NHMRC during 2023–24. ARIC reports separately to the ARC on matters that relate to ARC funding.

In 2023–24, ARIC received 3 requests for review on new matters: one request was accepted for review, one was declined and one is still under consideration. ARIC also continued 3 reviews that began in 2021–22 and 2022–23, 2 of which were finalised in 2023–24.

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

Procurement and purchasing activities are undertaken in accordance with the Commonwealth Financial Framework, specifically the Commonwealth Procurement Rules (CPRs), which are supported by NHMRC's Accountable Authority Instructions and related policy and guidance. Our purchasing processes focus on the core principle of value for money.

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.tenders.gov.au.

Consultancy contracts

Where specialist skills are required that are not available in-house, or when independent research, review or assessment is required, NHMRC engages consultants in accordance with the PGPA Act and related rules, including the CPRs.

Typical reasons for engaging consultancy services include the requirement for specialist expertise or professional skills and independent research, review or assessment. When a consultant is engaged, the selection processes involve an open tender (including the use of an existing Australian Government panel arrangement) or limited tender.

Expenditure on reportable consultancy contracts

During the reporting period 1 July 2023 to 30 June 2024, 6 new reportable consultancy contracts were entered into involving total actual expenditure of \$0.07 million. In addition, 3 ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$0.38 million.

Table 15: Reportable consultancy contracts, 2023-24

Reportable consultancy contracts	Number of contracts	Actual expenditure, including GST (\$)
New contracts entered during the reporting period	6	73,708
Continuing contracts entered into during a previous reporting period	3	379,658
Total	9	453,365

Table 16: Organisations receiving the 5 largest shares of reportable consultancy contract expenditure, 2023-24

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%)
Orima Research Pty Ltd	77 076 347 914	218,047	48%
National Ageing Research Institute	71 154 866 047	107,116	24%
SLR Consulting Australia Pty Ltd	29 001 584 612	54,494	12%
McGrathNicol	34 824 776 937	23,390	5%
Holding Redlich	15 364 527 724	22,220	5%
Total		425,267	94%

Non-consultancy contracts

During the reporting period 1 July 2023 to 30 June 2024, 33 new reportable non-consultancy contracts were entered into involving total actual expenditure of \$4.25 million. In addition, 87 ongoing reportable non-consultancy contracts were active during the period, involving total actual expenditure of \$15.30 million.

Table 17: Reportable non-consultancy contracts, 2023-24

Reportable non-consultancy contracts	Number of contracts	Expenditure, including GST (\$)
New contracts entered into during the reporting period	33	4,247,620
Continuing contracts entered into during a previous reporting period	87	15,289,739
Total	120	19,537,359

Table 18: Organisations receiving the 5 largest shares of reportable non-consultancy contract expenditure, 2023-24

Supplier	Supplier ABN	Expenditure, including GST (\$)	Proportion of total spend (%)
Evolve FM Pty Limited (PO Trust)	52 605 472 580	3,473,731	18%
Digital 61 Pty Limited	42 620 189 862	3,237,711	17%
F1 Solutions Pty Limited	62 072 832 878	2,615,663	13%
Semantic Sciences Research Pty Limited	80 132 254 089	1,605,017	8%
Hays Specialist Recruitment (Australia)	47 001 407 281	1,509,677	8%
Total		12,441,799	64

Procurement initiatives to support small business

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

By using the Commonwealth Contracting Suite for low-risk procurements valued at under \$200,000 and electronic systems to facilitate on-time payment, NHMRC is supporting small business.

NHMRC 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 at www.treasury.gov.au/publication/p2023-372139.

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 NHMRC's asset management framework includes an asset register that records all assets held. The annual stocktake keeps records up to date, and each year assets are assessed for impairment. Our assets comprise office fit-out, furniture, equipment and systems.

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 2023–24.

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 2023 to 30 June 2024.

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 2023-24, 3 matters were referred to me for consideration. One matter did not relate to a reviewable action and so it was not in my remit to review. The other two I accepted as complaints.

In the first investigation, I concluded that 2 peer reviewers had taken an irrelevant consideration into account and that one peer reviewer had also failed to take into account a relevant consideration in assessing 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.

One complaint remains under consideration and will be finalised in 2024-25.



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 of, 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 (EEGO) 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

Table 19 shows emissions from NHMRC's operations for 2023-24. There are 2 best-practice methods for calculating emissions from electricity consumption. The location-based method (Table 19 and Table 20) reflects the emissions intensity of the grid(s) where electricity was consumed. The market-based method (Table 20) takes into account the electricity that was purchased, and therefore reflects activities such as the voluntary purchase of renewable electricity.

Table 19: Emissions 2023-24 (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

Note: the table above presents emissions related to electricity usage using the location-based accounting method. CO₂-e = Carbon Dioxide Equivalent.

* indicates emission sources collected for the first time in 2023-24. The quality of data is expected to improve over time as emissions reporting matures.

† indicates optional emission source for 2023-24 emissions reporting.

Table 20: Electricity Greenhouse Gas Emissions 2023-24

Emissions source	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e	Percentage of electricity use
Electricity (Location Based Approach)	190.231	15.258	205.489	100.00%
Market-based electricity emissions	45.473	5.614	51.087	20.59%
Total renewable electricity	-	-	-	79.41%
<i>Mandatory renewables¹</i>	-	-	-	18.72%
<i>Voluntary renewables²</i>	-	-	-	60.69%

Note: the table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = Carbon Dioxide Equivalent.

¹ Mandatory renewables are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage.

² Voluntary renewables reflect the eligible carbon credit units surrendered by the entity. This may include purchased large-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only).

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.

Part 5: People management

This section presents information on workplace culture, managing and developing employees, employee statistics, workplace agreements and remuneration and work health and safety.



Workplace culture

NHMRC's results from the APS Employee Census 2023 continued to demonstrate an overall positive workplace culture. Seventy-four per cent of NHMRC employees (including eligible labour hire contractors) completed the APS Census in 2023 over the period 8 May to 9 June 2023.

NHMRC remains above the APS average across all 6 performance indices, although our results declined slightly across all 6 indices since the previous year:

- employee engagement – 76% positive (3 percentage points lower than in 2002 and 3 percentage points higher than the APS average)
- communication – 69% positive (3 percentage points lower than in 2002 and 1 percentage point above the APS average)
- enabling innovation – 66% positive (2 percentage points lower than in 2002 and 1 percentage point above the APS average)
- Senior Executive Service (SES) manager – Leadership – 70% positive (4 percentage points lower than in 2002 and 2 percentage points higher than the APS average)
- immediate supervisor – 78% positive (3 percentage points lower than in 2002 and 2 percentage points higher than the APS average)
- wellbeing policies and support – 70% positive (5 percentage points lower than in 2002 and 2 percentage points higher than the APS average).

Employee engagement refers to the extent to which our staff are motivated, inspired and enabled to achieve our outcomes. The survey consistently shows that our staff take pride in their work and believe in the purpose and objectives of NHMRC. In 2023, 86% of respondents said they are proud to work in NHMRC and 79% would recommend NHMRC as a good place to work. Both results are 11 percentage points above the APS average.

NHMRC employees are less positive about internal communication (51% positive) and change management (40% positive). Technology is perceived to be the largest barrier to optimal performance, and some employees are worried that they do not have the tools and resources to perform well.

NHMRC heard and responded to employee feedback and released our APS Census 2023 Action Plan on 30 October 2024. The plan included the following goals in 3 target areas:

- *Internal communications*: Implement and embed an internal communications function that enables and enhances communication and engagement across all levels of NHMRC
- *Reducing the technology barrier*: Explore and implement innovative work practices and technology solutions to enhance and support performance, and encourage the exploration of advanced solutions to NHMRC business operations
- *Inclusive workplace culture and wellbeing*: Foster and further enhance our respectful workplace culture, with supporting frameworks and wellbeing initiatives, where staff actively participate in consultation and change.

Actions under these goals were fully implemented or substantially in progress as at 30 June 2024.

Diversity and inclusion

We continue to build and sustain a culture of inclusion and diversity, as reflected in the 2023 APS Employee Census results. The survey showed that 86% of NHMRC respondents agree that NHMRC supports and actively promotes an inclusive workplace culture; this is 7 percentage points higher than the APS overall and 11 percentage points above the average for similar-sized agencies.

NHMRC's range of diversity and inclusion activities collectively aim to:

- recognise, foster and celebrate the diversity of our employees
- help employees to balance their work, family and other caring responsibilities
- comply with all relevant anti-discrimination 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.

NHMRC's Innovate Reconciliation Action Plan (RAP) sets out NHMRC's strategy to achieve our vision for reconciliation. RAP achievements for 2023–24 included the following:

- Melbourne staff attended a First Nations business trade fair.
- a staff member completed online First Step training.
- a Strategic Leadership Forum brought together the NHMRC leadership cohort to focus on achieving our RAP, with guest speakers from Supply Nation and Reconciliation Australia.
- Canberra staff attended the 2024 Sorry Day Bridge Walk with the Canberra community.
- Indigenous Speaker Series with leading Aboriginal researchers, an Aboriginal editor and contributors to *Growing Up Torres Strait Islander in Australia*.
- we held a Speaking of Science seminar with Professor Maree Toombs.

The NHMRC Inclusion Network continues to actively support and promote a workplace culture that is inclusive, accessible and flexible, where discrimination is not tolerated, and where people feel welcome, respected, supported and appreciated.

During 2023–24, the Inclusion Network developed and released an LGBTQIA+ Action Plan, which aims to support staff to be their full and authentic selves at work within a strengthened workplace culture that seeks to improve awareness, understanding and acceptance.

A number of other inclusion initiatives were implemented, including:

- producing an LGBTQIA+ Allyship Guide
- providing information to encourage the voluntary sharing of preferred pronouns
- sharing information about using inclusive language across all agency communications
- holding a Speaking of Science seminar 'Inspire inclusion' on International Women's Day.

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 Persons with Disabilities
- Neurodiversity Week
- International Day for the Elimination of Racial Discrimination
- Harmony Week
- Carer's Week
- International Day of Families
- International Women's Day
- 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.

Managing and developing employees

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 and to plan for future career opportunities.

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.

Learning and development

We continued to focus on flexible learning and development based on priorities, with an emphasis on shared responsibility for learning and transfer of learning in the workplace.

We apply the 70/20/10 model of learning,⁴ which 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 and APS Academy platforms
- support for membership of professional associations
- external training and conferences
- access to study assistance
- secondment opportunities, including placements within other APS agencies.

Our 2023 APS Employee Census results show that 86% 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.

Employee statistics

At 30 June 2024, we employed 243 APS staff, primarily based in our Canberra and Melbourne office locations. Table 21: NHMRC workforce, 2020-21 to 2023-24 summarises workforce demographics from 2020-21 to 2023-24.

The staff turnover rate in 2023-24 was 19%, a slight decrease from 22% in 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.

⁴ The 70/20/10 learning model was developed by Morgan McCall, Robert W Eichinger and Michael M Lombardo at the Centre for Creative Leadership.

Table 21: NHMRC workforce, 2020-21 to 2023-24

	2020-21	2021-22	2022-23	2023-24
Staff employed on an ongoing basis	204	202	199	224
Staff employed on a non-ongoing basis	9	19	34	19
Staff employed on a casual basis	0	0	0	0
Staff employed full-time	180	177	199	205
Staff employed part-time	33	44	34	38
Staff based in Canberra office	203	197	205	187
Staff based in Melbourne office	10	24	28	43
Staff based at other locations ^a	N/A	N/A	N/A	14
Women	148	154	165	167
Men	65	67	68	76
Non-binary/Different term/Prefer not to say ^b	0	0	0	1
Staff who identify as being of Aboriginal or Torres Strait Islander descent	7	8	6	3
People from diverse linguistic backgrounds	38	37	40	51
People with disability	8	11	8	10

^a Improved reporting capability from 2023-24 has enabled NHMRC to report location, including where staff work flexibly from a location other than an NHMRC office - full details are available in Appendix 2.

^b 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Workplace agreements

As at 30 June 2024, 237 employees were covered by the NHMRC Enterprise Agreement 2024-2027 and 6 SES employment agreements (common-law contracts) were in place. Types of arrangements and salary ranges are detailed in and Table 23, respectively.

APS service-wide and agency-led bargaining began in February 2023. Following completion of negotiations, the proposed enterprise agreement was provided to eligible employees for consideration. In February 2024, 85% of eligible employees voted on the proposed agreement, providing a 97% 'yes' vote. The NHMRC Enterprise Agreement 2024-2027 was approved by the Fair Work Commission and came into effect on 28 March 2024.

NHMRC's Staff Consultative Forum, which is made up of staff, union and management representatives, enables prompt consultation on issues such as workplace change, employment conditions and policies. To ensure staff and staff representatives were able to independently engage in APS-wide enterprise bargaining, the Staff Consultative Forum was stood down for the duration of negotiations. The Staff Consultative Forum was re-established in May 2024, commencing discussions for the implementation of frameworks and employment policies to support the operation of the NHMRC Enterprise Agreement 2024-2027.

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 (). 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 2023
- *Public Service Act 1999*
- Australian Public Service Enterprise Award 2015.

Table 22: Employment arrangements of SES and non-SES employees, 30 June 2024

Type of employment arrangement	Number of SES	Number of non-SES	Total
NHMRC Enterprise Agreement ^a	-	237	237
Individual flexibility arrangements ^b	-	7	^b
Common-law contracts	6	-	6
Total	6	237	243

^a NHMRC Enterprise Agreement 2024-2027 commenced on 28 March 2024. The previous agreement was for the period 2016-2019 extended by 2 CEO determinations, issued in 2020 and February 2023, respectively.

^b Individual flexibility arrangements (IFAs) are included in the NHMRC Enterprise Agreement total.

Table 23: NHMRC salary ranges, 30 June 2024

Classification	Minimum salary (\$)	Maximum salary (\$)
SES 2	242,780	300,584
SES 1	187,287	231,219
EL 2	134,855	159,661
EL 1	113,355	128,959
APS 6	91,980	103,765
APS 5	83,378	88,002
APS 4	76,658	80,995
APS 3	67,661	74,995
APS 2	58,550	63,891
APS 1	52,000	56,260

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. SES base salaries (Non-salary benefits) are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2023
- performance and conduct of the employee
- SES Work Level Standards
- SES Integrated Leadership System profiles
- SES Performance Framework
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

Non-salary benefits

Non-salary benefits available to NHMRC employees in 2023-24 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 arrangements, 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.

Executive remuneration

Further information on the remuneration of key management personnel and other senior executives is provided in Table 24: Remuneration for key management personnel, 2023–24 and Table 25. There were 2 key management personnel in 2023–24, compared to 6 in 2022–23. This reflects changes to the NHMRC's corporate governance structure.

Table 24: Remuneration for key management personnel, 2023–24

Name	Position title	Term	Short-term benefits (\$)			Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
			Base salary ^a	Bonuses	Other benefits and allowances ^b		Long service leave ^c	Other long-term benefits		
Professor Steven Wessellingh	Chief Executive Officer	10 months	427,944	-	4,138	36,370	5,669	-	-	474,121
Prue Torrance	General Manager and Chief Operating Officer	Full year	255,957	-	31,880	33,115	9,160	-	-	330,112
Total			683,901	-	36,018	69,485	14,829	-	-	804,233

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

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

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

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

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

Table 25: Remuneration for senior executives, 2023–24

Total remuneration bands	Number of SES	Short-term benefits (\$)			Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
		Average base salary ^a	Average bonuses	Average other benefits and allowances ^b		Average long service leave ^d	Average other long-term benefits		
\$0–\$220,000	2	101,078	-	20,512	28,303	5,921	-	155,814	
\$220,001–\$245,000	1	155,921	-	26,183	26,472	7,261	-	215,836	
\$245,001–\$270,000	-	-	-	-	-	-	-	-	
\$295,001–\$320,000	2	209,273	-	29,886	41,577	8,226	-	288,963	
\$320,001–\$345,000	-	-	-	-	-	-	-	-	

^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.

Work health and safety

NHMRC maintains a strong commitment and dedication to supporting and promoting the health, safety and wellbeing of our employees, visitors and stakeholders, with 71% of NHMRC respondents reporting that the agency cares about their health and wellbeing (10 percentage points above the APS average) and 88% indicating that their supervisor cares about their health and wellbeing.

In 2023-24, NHMRC:

- held quarterly meetings of the Health and Safety Committee, bringing 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
- 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 8 Commonwealth agencies 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 through LearnHub
- conducted training for all Workplace Responsibility Officers, including Mental Health First Aid Officers
- conducted mental health and wellbeing virtual sessions as part of National Safe Work Month in October 2023
- promoted and provided staff access to flexible ways of working, consistent with our Flexible Working Arrangements Policy
- monitored and reviewed risk management strategies for face-to-face events and meetings, in transitioning to a post-COVID work environment
- promoted a healthy lifestyle through free influenza vaccinations, flexible working arrangements and financial reimbursements for eyesight testing.

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 2023–24.

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 2023–24.

We are dedicated to implementing early intervention strategies for injured employees, for both compensable and non-compensable injuries. Our workers compensation premium for 2023–24 was 1.31% of payroll costs (Table 26: NHMRC premium rate (% of payroll costs) compared with the Commonwealth scheme average²⁶).

Table 26: NHMRC premium rate (% of payroll costs) compared with the Commonwealth scheme average

	2020-21	2021-22	2022--23	2023-24
NHMRC	1.22%	1.14%	1.44%	1.31%
Commonwealth scheme average	0.85%	0.80%	0.84%	0.84%

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-and-carers-disability-strategy-resources-supporting-people-with-disability/final-progress-report-2017-2021-standard-summary-and-easy-read.

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/initiatives-and-programs/workforce-information/research-analysis-and-publications/state-service.

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, these case studies show that the creation of knowledge is vital and that many other activities are also necessary to generate impact.

The below case studies are those that have been developed and published in 2023–24.

Airborne pollen and respiratory allergies

Grass pollen exposure is a major trigger of seasonal allergic rhinitis (hayfever) in Australia and is linked to increased hospital emergency department visits and admissions for asthma.

NHMRC-funded researchers have improved the monitoring of airborne pollen and public access to information on local pollen levels, helping reduce the health and socio-economic burden of pollen-related allergic respiratory diseases. NHMRC provided grants to Professor Fay Johnston, who established the AirRater app in 2015 to monitor pollen count and air quality to support people in managing allergies. In 2016, NHMRC supported the development of a standardised national pollen-monitoring network through the AusPollen partnership.

The AusPollen team played a critical role during the 2016 Melbourne epidemic thunderstorm asthma event and its recovery phase. This was the biggest thunderstorm asthma event on record, and it resulted in an unprecedented number of ambulance calls and a 49% increase in presentations to public emergency departments. The AusPollen team investigated factors associated with thunderstorm asthma to inform an emergency



management plan to improve future preparedness and response arrangements. Their research was awarded the European Academy for Allergy and Clinical Immunology Prize in 2016 and informed forecast system development for the Bureau of Meteorology Victorian Thunderstorm Asthma Pollen Surveillance project.

The pollen monitoring established by the AusPollen partnership now provides clinicians and respiratory allergy patients across Australia with accurate, up-to-date, standardised, and localised information and forecasts on pollen levels. Access to pollen information via pollen apps and websites increased from fewer than 1,000 users in 2012 to over 2 million in 2020.

Health and the built environment

Cities are powerhouses of the economy – they provide access to employment, opportunities and resources. Poorly planned cities can foster unhealthy and unsustainable lifestyles by exposing residents to environmental stressors such as pollution (air, noise, light) and motor vehicle traffic. Urban development guided by specific and measurable policies can positively influence city productivity, housing for increasing populations, human and ecosystem health, and efforts to mitigate climate change.

Since 1999, NHMRC has funded several researchers to investigate the relationship between urban planning, physical activity and other aspects of health. NHMRC also supported the establishment of the Centre for the Built Environment and Health (CBEH), the NHMRC Centre of Research Excellence (CRE) in Healthy Liveable Communities (HLC) and The Australian Prevention Partnership Centre (TAPPC) in the past decade.

The work done by NHMRC-funded researchers has furthered knowledge about how urban environments can be designed to positively affect health and informed public policy both domestically and internationally. For example, the Creating Liveable Cities in Australia study, partly funded by TAPPC and the CRE, established the first baseline measure of liveability in Australia's state and territory capitals. The Australian Urban Observatory (AUO), with support from TAPPC and the CRE, was established in 2020, to make

health-related, policy-relevant liveability indicators available to policymakers, practitioners and researchers. They led the Global Healthy and Sustainable City-Indicators Collaboration to produce scorecards and reports for 25 international cities, measuring their health-related policy and spatial indicators. They have since launched the 1000 Cities Challenge to upscale the benchmarking and monitoring of cities.

Treating chronic childhood cough

Chronic cough is a common problem in children that impairs the quality of life of both children and their parents. A team of NHMRC-funded researchers at the Queensland University of Technology (QUT) and Menzies School of Health Research in the Northern Territory (Menzies) became the first to recognise and describe protracted bacterial bronchitis (PBB). PBB is now known to be the most common cause of chronic cough in children, and it leads to poor future lung health outcomes, such as bronchiectasis, if untreated.

Microbiological studies conducted by the QUT/Menzies team led to the first descriptions of biofilms in PBB and diagnostic criteria for infection. Their subsequent research into First Nations children hospitalised for acute respiratory infection led to the now internationally accepted paradigm linking the presence of chronic cough to future bronchiectasis. Bronchiectasis occurs when the lungs' airways are damaged and enlarged, making them prone to infection and causing breathing difficulties.

The discovery of PBB and its association with bronchiectasis has changed international approaches to paediatric chronic cough management. This led to improved quality of life and clinical outcomes in both urban and First Nations settings, including resolution of chronic cough, prevention and reversal of bronchiectasis, improved lung function, and reduced use of unnecessary medications. In Australia, these changes are expected to reduce costs by \$161 million from 2012 to 2041.

PBB was recognised as a disease by the World Health Organization (WHO) in 2022 and is now incorporated into all current major chronic cough guidelines and the European Respiratory Society (ERS) curriculum.



Phage typing and infection control

During the mid-20th century, antibiotic resistant *Staphylococcus aureus* (also called golden staph) was causing serious illness and death in hospitals worldwide. While antibiotics started to become broadly available in 1945, existing strains of *Staphylococcus aureus* quickly evolved into new resistant strains that caused outbreaks. *Staphylococcus aureus* infections can cause mild symptoms, such as 'sticky eye' and skin lesions, and more serious ones such as pneumonia and septicaemia (blood poisoning).

Dr Phyllis Rountree and the Royal Prince Alfred Hospital (RPA) pathology team (funded by NHMRC from 1947 to 1967) played a key role in uncovering knowledge on how to identify strains of golden staph and control its spread. To do this they used a technique called 'phage typing', which involves using viruses that infect and replicate in bacteria (bacteriophages) to identify those bacteria. Using this technique, the RPA team discovered a cycle of infection in hospitals: workers carried staph on their bodies and were spreading it between wards, contaminating the air and hospital surfaces such as clothing and blankets.



In 1956, an NHMRC committee led by Rountree published a report titled *System of control of staphylococcal infections in maternity hospitals*. This document was the first national hospital infection control guideline produced in Australia, and it provided detailed hygiene instructions to prevent or reduce staph infection, including for cleaning operating theatres and hospital linen. These infection control measures halted the golden staph epidemic in hospitals. The NHMRC Council recommended the establishment of infection control committees and infection control officers in hospitals, and Australian hospitals became world leaders in infection control.

Discovering Ross River virus

Australia is home to many arboviruses that can infect humans. Arboviruses (arthropod-borne viruses) are viruses spread by insects and arachnids – some arboviruses cause seasonal illness, others cause epidemics and some can even cause death. In 1947, faced with the challenge of understanding and responding to known and unknown tropical diseases, the Queensland Government established the Queensland Institute of Medical Research (QIMR) with arboviral research as a focus.

In the early 1950s, epidemic illnesses of a disease causing polyarthritis occurred in New South Wales, Queensland and the Northern Territory. In 1959, QIMR researchers isolated a

virus from mosquitoes collected beside the Ross River in Queensland and named it the Ross River virus (RRV). The researchers identified rises in the levels of antibodies against this virus in patients who had recently developed polyarthritis and also recovered RRV from the blood of polyarthritis patients, confirming that RRV caused the disease. In 1991, using purified and inactivated RRV provided by QIMR, Australian biotechnology company Panbio Ltd produced a commercial kit to detect RRV antibodies.



The widespread availability of the RRV kit led to significant increases in the number of RRV cases diagnosed in Australia each year, which provided new knowledge about the epidemiology of RRV infection and guided mosquito and virus control programs. The research by QIMR researchers has helped to enable comprehensive and reliable diagnosis of human arboviral diseases, promote appropriate care of patients and reduce treatment costs.

Rhesus immunisation in Australia

Haemolytic disease of the fetus and newborn (HDFN) occurs during pregnancy when a woman's immune system produces antibodies that attack the fetus's red blood cells (RBCs). Once a major cause of infant mortality, HDFN is almost non-existent in Australia today due to Rhesus disease (RhD) immunoglobulin treatment, routine antenatal screening and appropriate management of mother and baby.

The Rhesus antigen is a protein found on the surface of RBCs that determines a person's RhD blood group. Rh incompatibility occurs during pregnancy when a pregnant woman with RhD-negative blood is exposed to RhD-positive blood of the fetus. This can cause the woman's immune system to attack the fetus's RBCs, leading to serious consequences for the child.

Dr Vera Krieger was an NHMRC-funded clinical biochemist who contributed to the understanding of HDFN in Australia. She began investigating the Rh factor and its connection to poor pregnancy outcomes in 1941, establishing Australia's first antenatal Rh antibody-testing clinic at The Royal Women's Hospital. The test was expanded to all gynaecological patients by the mid-1940s. From 1966 to 1968, Krieger and colleagues oversaw the Australian component of international clinical trials of the RhD immunoglobulin treatment, concluding that this was an effective prophylaxis against HDFN and could reduce blood type-incompatibility diseases.

In 1967, Australia became the first country to implement an RhD program to collect plasma from RhD-negative donors and manufacture RhD immunoglobulin. In 1969, Australia offered free treatment to all pregnant RhD-negative women at risk of HDFN. NHMRC developed its first guidelines for the use of RhD immunoglobulin in obstetrics in 1995, and they have been reviewed and managed by the National Blood Authority (NBA) since 2003.

Rotavirus: discovery and vaccines

Rotavirus is the most common cause of severe gastroenteritis in children worldwide and was a major cause of infant death in Australia during the 20th century. Gastroenteritis is an illness triggered by infection and inflammation of the digestive system. It causes symptoms such as severe diarrhoea, which can be lethal in infants.

NHMRC-funded researchers at The Royal Children's Hospital (RCH) and the University of Melbourne were the first to identify rotavirus as the infectious agent of acute diarrhoea and that the upper intestine was the site of infection in 1973. In 1974, they published a method for locating rotavirus particles in patient stool samples, enabling laboratories worldwide to test for the presence of rotavirus in their own patients.

Along with researchers at the Murdoch Children's Research Institute, the team also made significant contributions to the development of rotavirus vaccines, leading to significant decreases in mortality and hospitalisation for infants. In 1983, a team of RCH researchers announced that infants infected with rotavirus as newborns were protected from severe symptoms of diarrhoea on reinfection. This finding provided strong evidence that a rotavirus vaccine would be effective. From July 2007, rotavirus vaccines were incorporated into Australia's National Immunisation Program for all Australian infants.

The discovery of rotavirus and the vaccine development are among the most important contributions made by medical research to global human health. Worldwide, rotavirus vaccination has led to a significant and sustained reduction in the proportion of hospital admissions for acute gastroenteritis due to rotavirus among children younger than 5 years. The rotavirus vaccine was so effective at reducing hospitalisations that gastroenteritis wards in Australian hospitals were able to close.



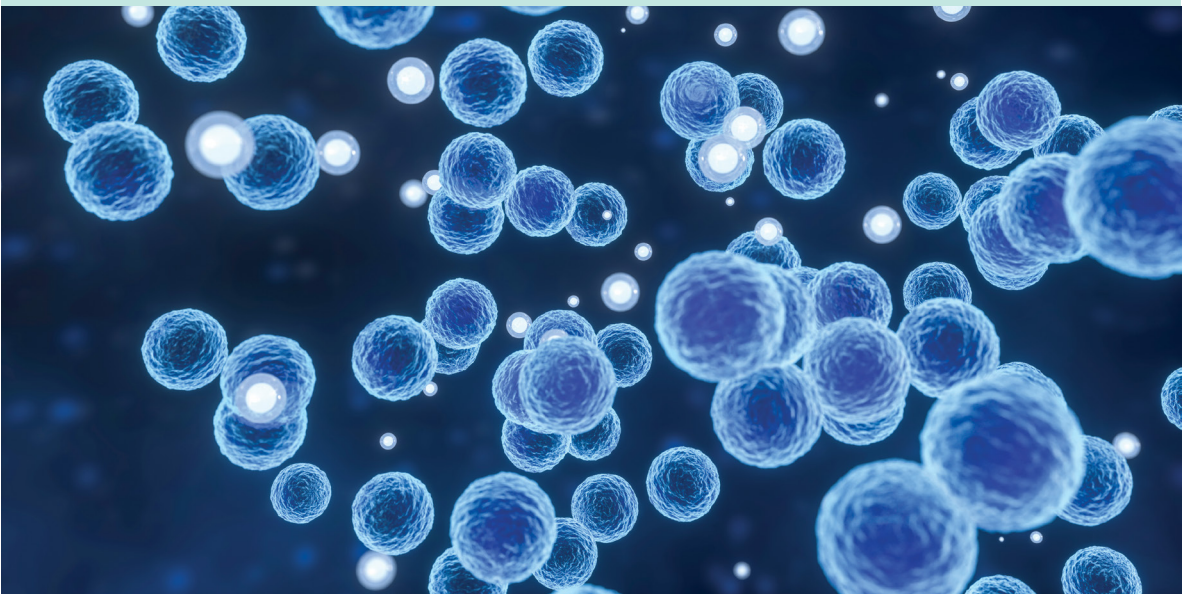
Improving outcomes in childhood leukaemia

Leukaemia is the most diagnosed cancer in children and accounts for the second-largest number of deaths among children in Australia. NHMRC-funded researchers at the Children's Cancer Institute (CCI), in collaboration with researchers at Flinders University and in European laboratories, developed a highly accurate and sensitive technique known as minimal residual disease (MRD) testing. This technique enables doctors to improve anti-cancer treatment for children with the most common type of leukaemia.

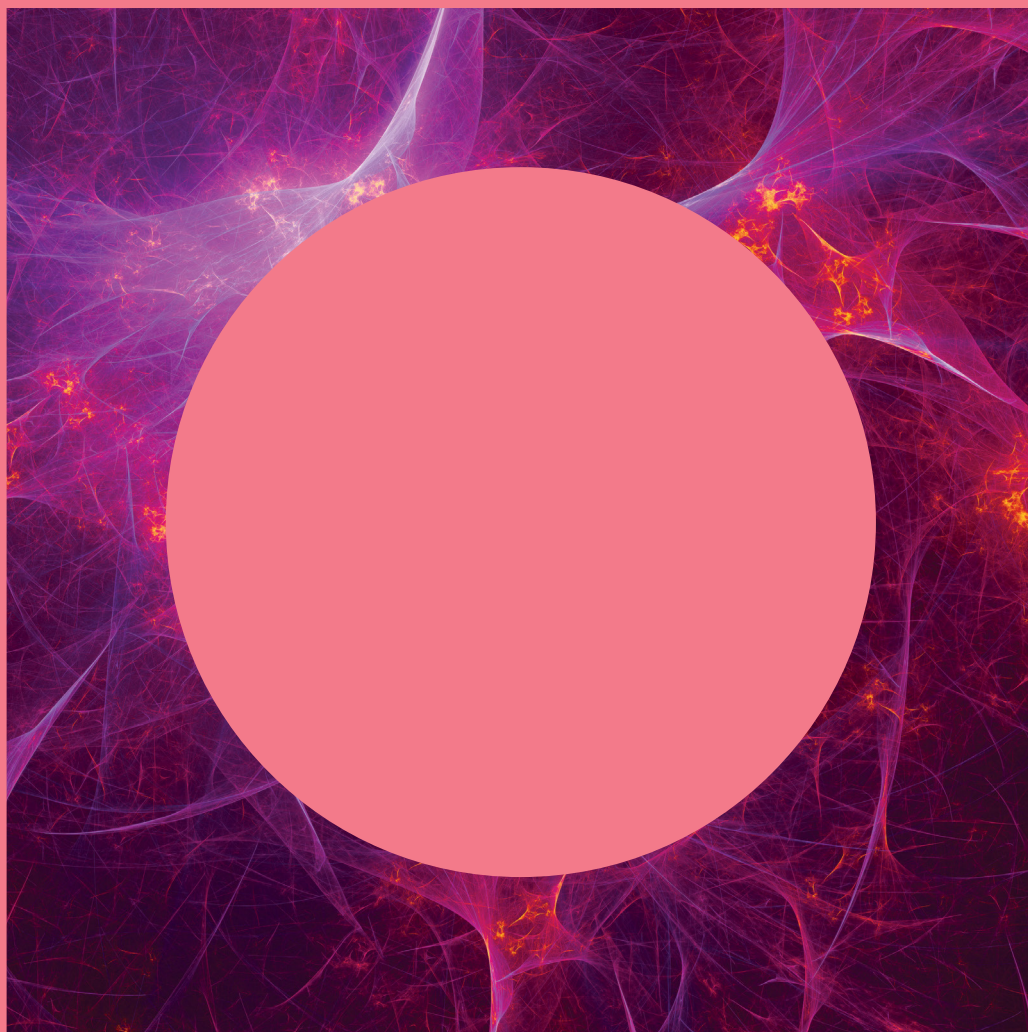
Leukaemia is a cancer of the white blood cells that develops in the bone marrow. Acute lymphoblastic leukaemia (ALL) is the most common form of leukaemia in children. Although almost all children with ALL initially respond well to chemotherapy and enter remission, one in 6 children later relapse when treatment fails to eliminate all cancerous cells. MRD is the name given to the small number of surviving cancer cells after treatment that can cause relapse.

The MRD test can detect a single cancer cell among close to a million healthy cells, allowing clinicians to assess a patient's risk of relapse and tailor treatments to best eliminate remaining cancer cells. Clinical trials testing the MRD approach showed it significantly improves outcomes in children with high-risk ALL, effectively doubling the survival rate from 35% up to 70%.

The use of MRD testing to guide treatment decisions for children with ALL has now been the 'standard of care' in Australia for over a decade. MRD testing is now listed on the Medicare Benefits Schedule. MRD testing leads to shorter hospital stays and has important flow-on benefits for the patient, their family and the national health system.



Part 6: Financial performance



Financial performance summary

Our operations are funded through annual departmental appropriations with supplementation for services provided to other entities, primarily the Department of Health and Aged Care in respect of the Medical Research Future Fund (MRFF) grant program.

Overview of Departmental financial performance

We recorded an operating surplus of \$2.4 million for the year ended 30 June 2024. Excluding depreciation and amortisation, and including lease payments, the operating result attributable to NHMRC was a surplus of \$5.3 million.

We managed our financial performance and position appropriately throughout the year, with variances to budget outlined in note 8.2 to the financial statements.

We work closely with the Department of Finance and the Department of Health and Aged Care, our portfolio agency, in relation to our current and future resourcing needs.

Expense impacts

Excluding depreciation and amortisation and including lease payments, total operating expenses remained steady at \$54.1 million (2022–23 \$54 million). During the financial year, our activities were supplemented by a small annual appropriation in June (see Revenue impacts below). A reduction in the number of contractors and tightened fiscal restraint encouraged during the period, ensured our core activities were delivered.

Revenue impacts

Departmental revenue of \$60.4 million includes annual appropriation revenue of \$46.4 million (2022–23 \$36.3 million) and funding received from the Department of Health and Aged Care for the administration of the Medical Research Future Fund (MRFF) grant program and other services of \$14.0 million (2022–23 \$14.5 million).

Financial position

As at 30 June 2024, an improvement of our net worth position was realised with reported net assets of \$17.0 million (2022–23 \$14.4 million). This comprises assets of \$41.8 million (2022–23 \$44.2 million) and liabilities of \$24.8 million (2022–23 \$29.8 million).

This improvement in net worth is primarily due to the surplus achieved in the year.

Agency resource statement

Table 27: NHMRC Resource Statement

This table provides the total resourcing available by funding type and the total payments made in cash terms. The balance remaining for ordinary annual services is held for liabilities, predominately employee leave entitlements. The Special Account balance is held for the purpose of paying grants which meet the purpose of the Medical Research Endowment Account (MREA).

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	Actual available appropriation for 2023-24	Payments made 2023-24	Balance remaining 2023-24
	\$'000	\$'000	\$'000
ORDINARY ANNUAL SERVICES	(a)	(b)	(a) - (b)
Ordinary annual services ¹	60,441	55,445	4,996
Prior year appropriations available	1,240	1,240	0
Departmental total	61,681	56,685	4,996
Ordinary annual services	923,780	923,780	0
Administered total	923,780	923,780	0
OTHER SERVICES			
Equity injections	185	185	0
Total available annual appropriations and payments	(A) 985,646	980,650	4,996
SPECIAL ACCOUNT - MREA			
Opening balance	329,746		
Plus Administered annual appropriation and other receipts credited to the Special Account	929,086		
Less Payments made		892,422	
Closing balance	(B) 1,258,832	892,422	366,410
Total resourcing and payments A+B	2,244,478	1,873,072	
Less appropriations drawn from annual appropriations and credited to special account	929,086	892,422	
Total net resourcing and payments	1,315,392	980,650	371,406

¹ Appropriation Act (No.1 and No.5) 2023-24. This may also include 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.

National Health and Medical Research Council

Financial Statements
for the period ended 30 June 2024

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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 2024:

- (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 2024 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 2024 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 material accounting policy information 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 their 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.

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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
30 August 2024

**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 2024 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
Chief Executive Officer

30 August 2024

Signed.....

Jennifer Jacobs FCPA
Chief Financial Officer

30 August 2024

National Health and Medical Research Council
Statement of Comprehensive Income
for the year ended 30 June 2024

		2024	2023	Original Budget
	Notes	\$'000	\$'000	\$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	29,414	27,485	27,456
Suppliers	1.1B	20,417	22,726	24,004
Depreciation and amortisation	3.2A	5,822	7,414	5,580
Finance costs		153	183	149
Write-down and impairment of other assets		1,182	237	-
Total expenses		56,988	58,045	57,189
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	12,845	14,596	16,668
Total own-source revenue		12,845	14,596	16,668
Gains				
Resources received free of charge		100	100	108
Total gains		100	100	108
Total own-source income		12,945	14,696	16,776
Net cost of services		(44,043)	(43,349)	(40,413)
Revenue from Government		46,414	36,309	37,414
Total Revenue from Government		46,414	36,309	37,414
Surplus / (Deficit) attributable to the Australian Government		2,371	(7,040)	(2,999)
Total comprehensive income / (loss)		2,371	(7,040)	(2,999)

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

National Health and Medical Research Council
Statement of Financial Position
for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents		1,705	349	664
Trade and other receivables	3.1A	4,373	617	3,366
Total financial assets		6,078	966	4,030
Non-Financial Assets				
Buildings	3.2A	10,867	13,476	10,827
Plant and equipment	3.2A	2,556	2,448	1,857
Intangibles	3.2A	21,395	25,074	19,080
Inventories		-	54	94
Prepayments		863	2,137	2,209
Total non-financial assets		35,681	43,189	34,067
Total assets		41,759	44,155	38,097
LIABILITIES				
Payables				
Trade creditors and accruals		1,583	4,415	2,161
Other	3.3A	3,598	3,015	2,885
Total payables		5,181	7,430	5,046
Interest bearing liabilities				
Leases	3.4A	11,915	14,805	12,280
Total interest bearing liabilities		11,915	14,805	12,280
Provisions				
Employee provisions	6.1A	7,744	7,557	7,699
Total provisions		7,744	7,557	7,699
Total liabilities		24,840	29,792	25,025
Net assets		16,919	14,363	13,072
EQUITY				
Contributed equity		17,386	17,201	17,386
Asset revaluation reserve		1,367	1,367	1,367
Retained earnings		(1,834)	(4,205)	(5,681)
Total equity		16,919	14,363	13,072

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

National Health and Medical Research Council

Statement of Change in Equity

for the year ended 30 June 2024

	2024 \$'000	2023 \$'000	Original Budget \$'000
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	17,201	17,022	17,201
Adjusted opening balance	17,201	17,022	17,201
Transactions with owners			
Contributions by owners			
Departmental capital budget	185	179	185
Total transactions with owners	185	179	185
Closing balance as at 30 June	17,386	17,201	17,386
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	(4,205)	2,835	(2,682)
Adjusted opening balance	(4,205)	2,835	(2,682)
Comprehensive income			
Surplus / (Deficit) for the period	2,371	(7,040)	(2,999)
Total comprehensive income	2,371	(7,040)	(2,999)
Closing balance as at 30 June	(1,834)	(4,205)	(5,681)
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	14,363	21,224	15,886
Adjusted opening balance	14,363	21,224	15,886
Comprehensive income			
Surplus / (Deficit) for the period	2,371	(7,040)	(2,999)
Total comprehensive income	2,371	(7,040)	(2,999)
Transactions with owners			
Contributions by owners			
Departmental capital budget	185	179	185
Total transactions with owners	185	179	185
Closing balance as at 30 June	16,919	14,363	13,072

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 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
OPERATING ACTIVITIES				
Cash received				
Rendering of services		13,367	14,522	16,668
Appropriations		56,800	54,638	37,414
GST received		2,155	2,450	-
Other s74 receipts		660	-	-
Total cash received		72,982	71,610	54,082
Cash used				
Employees		(30,053)	(27,244)	(27,456)
Suppliers		(23,864)	(22,941)	(23,896)
Interest payments on lease liabilities		(153)	(183)	(149)
Section 74 receipts transferred to OPA		(14,027)	(15,028)	-
Total cash used		(68,097)	(65,396)	(51,501)
Net cash from operating activities		4,885	6,214	2,581
INVESTING ACTIVITIES				
Cash used				
Purchase of non-financial assets	3.2A	(782)	(299)	(185)
Purchase of intangibles	3.2A	(42)	(3,888)	-
Total cash used		(824)	(4,187)	(185)
Net cash used by investing activities		(824)	(4,187)	(185)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		185	179	185
Total cash received		185	179	185
Cash used				
Principal payments of lease liabilities		(2,890)	(2,521)	(2,581)
Total cash used		(2,890)	(2,521)	(2,581)
Net cash from financing activities		(2,705)	(2,342)	(2,396)
Net (decrease) in cash held		1,356	(315)	-
Cash and cash equivalents at the beginning of the reporting period		349	664	664
Cash and cash equivalents at the end of the reporting period		1,705	349	664

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

National Health and Medical Research Council
Administered Schedule of Comprehensive Income
for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
NET COST OF SERVICES				
Expenses				
Grants - Medical Research (MREA)	2.1A	891,931	832,372	945,880
Grants - Boosting Dementia Research	2.1B	3,385	9,978	-
Other expenses incurred in the provision of grants	2.1C	2,367	2,757	13,128
Total expenses		897,683	845,107	959,008
Income				
Revenue				
Non-taxation revenue				
Revenue from contracts with customers		9,576	8,541	5,000
Other revenue	2.2A	7,407	5,440	5,000
Total non-taxation revenue		16,983	13,981	10,000
Total revenue		16,983	13,981	10,000
Total income		16,983	13,981	10,000
Net cost of services		(880,700)	(831,126)	(949,008)

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

National Health and Medical Research Council
Administered Schedule of Assets and Liabilities
as at 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
ASSETS				
Financial Assets				
Cash and cash equivalents		366,410	329,746	238,625
Trade and other receivables		5,386	1,045	1,209
Prepayments		-	705	-
Total financial assets		371,796	331,496	239,834
Total assets administered on behalf of Government		371,796	331,496	239,834
LIABILITIES				
Payables				
Grants Payable - Medical Research (MREA)	4.1A	8,296	5,401	7,596
GST payable		294	205	205
Other payables		2,163	7,927	11,606
Total payables		10,753	13,533	19,407
Total liabilities administered on behalf of government		10,753	13,533	19,407
Net assets		361,043	317,963	220,427

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

National Health and Medical Research Council
Administered Reconciliation Schedule
for the year ended 30 June 2024

	2024	2023
	\$'000	\$'000
Opening assets less liabilities as at 1 July	317,963	256,040
Net contribution by services		
Income	16,983	13,981
Expenses		
Payments to Corporate Commonwealth entities	(19,260)	(14,349)
Payments to entities other than Corporate Commonwealth entities	(878,423)	(830,758)
Transfers from the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to entities other than Corporate Commonwealth entities	923,780	893,049
Closing assets less liabilities as at 30 June	361,043	317,963

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 2024

	2024 \$'000	2023 \$'000
OPERATING ACTIVITIES		
Cash received		
Rendering of services	3,814	4,877
Other revenue	3,246	5,671
GST received	12,827	12,089
Total cash received	19,887	22,637
Cash used		
Grants - Medical Research (MREA)	889,037	834,567
Grants - Boosting Dementia Research	3,385	9,978
Other expenses incurred in the provision of grants	1,664	3,477
GST paid	12,917	12,156
Total cash used	907,003	860,178
Net cash used by operating activities	(887,116)	(837,541)
Cash and cash equivalents at the beginning of the reporting period	329,746	274,238
Cash from Official Public Account		
Appropriations	923,780	893,049
Total cash from official public account	923,780	893,049
Cash and cash equivalents at the end of the reporting period	366,410	329,746
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:

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

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

Where changes are made to the presentation or classification of items in the financial statements, the comparative amounts have been reclassified for consistency and comparability between financial years.

New Accounting Standards

Adoption of New Australian Accounting Standard Requirements

One amending standard (AASB 2022-10) was adopted earlier than the application date as stated in the standard. This amending standard has been adopted for the 2023-24 reporting period.

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions, and adjustment to financial statements
AASB 2022-10 <i>Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-For-Profit Public Sector Entities</i> (AASB 2022-10)	AASB 2022-10 amends AASB 13 <i>Fair Value Measurement</i> for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows. This standard also adds implementation advice and relevant illustrative examples for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.

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

	2024	2023
	\$'000	\$'000
Note 1.1A: Employee Benefits		
Wages and salaries	21,333	19,691
Superannuation		
Defined contribution plans	3,032	2,804
Defined benefit plans	939	1,036
Leave and other entitlements	4,005	3,847
Separation and redundancies	105	107
Total employee benefits	29,414	27,485

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

Committees	1,773	1,970
Contractors and consultants	7,839	8,359
IT services	8,830	9,747
Property services	579	577
Other	1,019	1,651
Total goods and services supplied or rendered	20,040	22,304

Goods supplied	280	117
Services rendered	19,760	22,187
Total goods and services supplied or rendered	20,040	22,304

Other suppliers

Act of grace payments	-	32
Workers compensation expenses	377	390
Total other suppliers	377	422
Total suppliers	20,417	22,726

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

	2024 \$'000	2023 \$'000
Note 1.2A: Revenue from contracts with customers		
Revenue from contracts with customers	12,845	14,596
Total revenue from contracts with customers	12,845	14,596
<i>Disaggregation of revenue from contracts with customers</i>		
Major product / service line:		
Grant administration	10,993	13,351
Translation services	1,852	1,245
	12,845	14,596
Type of customer:		
Australian Government entities (related parties)	12,845	14,596
	12,845	14,596
Timing of transfer of goods and services:		
Over time	141	233
Point in time	12,704	14,363
	12,845	14,596

Accounting Policy**Own-Source Revenue****Revenue from contracts with customers**

NHMRC has signed agreements through Memorandums of Understanding (MOU) to administer programs for the Medical Research Future Fund (MRFF) on behalf of the Department of Health and Aged Care and to provide grant administration and corporate services to third parties. These arrangements are underpinned by enforceable agreements that are sufficiently specific to allow NHRMC to determine when the obligations are satisfied in return for consideration.

Revenue is recognised over time as costs are incurred (where the NHMRC is entitled to recover the costs) or point in time on completion of services depending on the nature of the services being provided. A contract liability for unearned revenue is recorded for obligations under contracts for which payment has been received in advance.

Contract liabilities unwind as 'revenue from contracts with customers' upon satisfaction of the performance obligations under the terms of the contract. NHMRC reports contract liabilities in Note 3.3A.

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.

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.

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. Financial statement audit services are provided to NHMRC by KPMG on behalf of the ANAO.

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

	2024 \$'000	2023 \$'000
Note 2.1A: Grants - Medical Research (MREA)		
Public sector		
Australian Government Entities	19,260	14,349
State and Territory Governments	723,202	677,875
Private sector		
Medical Research Institutes	147,681	137,846
Private Universities	1,788	2,302
Total grants - Medical Research (MREA)	891,931	832,372
Note 2.1B: Grants - Boosting Dementia Research		
Public sector		
State and Territory Governments	3,385	9,978
Total grants - Boosting Dementia Research	3,385	9,978
Note 2.1C: Other Expenses Incurred in the Provision of Grants		
Goods and services supplied or rendered		
Funding agreements	1,464	1,855
Subscriptions	705	678
Consultants	97	122
Other	101	102
Total goods and services supplied or rendered	2,367	2,757

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

	2024 \$'000	2023 \$'000
Note 2.2A: Other Revenue		
Third party contributions	49	416
Grant recoveries	7,358	5,024
Total other revenue	7,407	5,440

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

	2024	2023
	\$'000	\$'000
Note 3.1A: Trade and Other Receivables		
Receivables from contracts from customers	633	294
Goods and services - related entities	-	6
Appropriations receivable - existing programs	3,641	-
GST receivable from the Australian Taxation Office	99	317
Total trade and other receivables	4,373	617

No indicators of impairment were found for trade and other receivables in 2024 (2023: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 ¹ \$'000	Plant and Equipment ¹ \$'000	Computer software internally developed \$'000	Computer software purchased \$'000	Total \$'000
As at 1 July 2023					
Gross book value	23,431	5,269	38,000	771	67,471
Accumulated depreciation, amortisation and impairment	(9,955)	(2,821)	(12,926)	(771)	(26,473)
Total as at 1 July 2023	13,476	2,448	25,074	-	40,998
Additions					
By purchase or internally developed	-	782	42	-	824
Impairments recognised in net cost of services	-	-	(757)	-	(757)
Depreciation and amortisation	-	(604)	(2,539)	-	(3,143)
Depreciation on right-of-use assets	(2,609)	(70)	-	-	(2,679)
Disposals	-	-	(425)	-	(425)
Total as at 30 June 2024	10,867	2,556	21,395	-	34,818
Total as at 30 June 2024 represented by					
Gross book value	23,431	6,051	36,038	-	65,520
Accumulated depreciation, impairment, and amortisation	(12,564)	(3,495)	(14,643)	-	(30,702)
Total as at 30 June 2024	10,867	2,556	21,395	-	34,818
Carrying amount of right-of-use assets	10,867	6	-	-	10,873

¹Right-of-use assets are included in these asset classes and are carried at cost under AASB 16.

Contractual commitments for the acquisition of property, plant, equipment and intangible assets

Capital commitments relate to contractual payments for new assets and assets under construction. Commitments are GST exclusive.

	2024 \$'000	2023 \$'000
Contractual commitments for the acquisition of plant and equipment and intangible assets are payable as follows:		
Within 1 year	129	571
Between 1 to 5 years	188	-
Total plant and equipment and intangible assets commitments	317	571

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 and fair value measurement

Fair values of each sub-class of assets of property, plant and equipment 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.

Recurring and non-recurring fair value measurements – valuation process

Public Private Property (PPP), a professional valuer, conducted 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.

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.

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.

Depreciation and amortisation

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	2024	2023
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 2024. 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.

Derecognition

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 (2023: two to ten years).

All software assets were assessed for indicators of impairment as at 30 June 2024.

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

	2024	2023
	\$'000	\$'000
Note 3.3A: Other Payables		
Salaries and wages	840	758
Superannuation	111	102
Contract liabilities from contracts with customers	2,495	1,813
Other	152	342
Total other payables	3,598	3,015

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

	2024	2023
	\$'000	\$'000
Note 3.4A: Leases		
Lease Liabilities		
Buildings	11,909	14,724
Plant and equipment	6	81
Total leases	11,915	14,805

Total cash outflow for leases for the year ended 30 June 2024 was \$2.9 million (2023: \$2.7 million).

Maturity analysis - contractual undiscounted cash flows

Within 1 year	2,771	2,800
Between 1 to 5 years	9,692	11,230
More than 5 years	-	1,233
Total leases	12,463	15,263

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 NHMRC'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

	2024 \$'000	2023 \$'000
Note 4.1A: Grants Payable - Medical Research (MREA)		
Public sector		
State and Territory Governments	8,059	5,272
Private Sector		
Medical Research Institutes	237	129
Total grants payable - Medical Research (MREA)	8,296	5,401

Settlement is made according to the terms and conditions of each grant. This was usually within 30 days of grant recipients meeting their performance or eligibility criteria.

5. Funding

5.1 Appropriations

Note 5.1A: Annual Appropriations ('Recoverable GST exclusive')

Annual appropriations for 2024

	Annual Appropriation ¹ \$'000	Adjustments to appropriation ² \$'000	Total appropriation \$'000	Appropriation applied in 2024 (current and prior years) \$'000	Variance ³ \$'000
Departmental					
Ordinary annual services	46,414	14,027	60,441	(55,445)	4,996
Capital Budget ⁴	185	-	185	(185)	-
Total departmental	46,599	14,027	60,626	(55,630)	4,996
Administered					
Ordinary annual services	923,780	-	923,780	(923,780)	-
Administered items	923,780	-	923,780	(923,780)	-
Total administered					

1. In 2023-24, there were no amounts 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 2023-24 administered appropriations.

2. PGPA Act section 74 receipts.

3. In 2023-24, the variance between appropriation provided and applied is largely due to prior year retained funding to contribute to the acquisition of non-financial assets.

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 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 \$891,000 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.

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')**

	2024 \$'000	2023 \$'000
Departmental		
Appropriation Act (No. 1) 2023-24	3,641	-
Appropriation Act (No. 1) 2022-23 ¹	891	891
Cash	1,705	349
Total departmental	<u>6,237</u>	<u>1,240</u>

¹In 2022-23, amounts totalling \$891,000 were 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	
	2024 \$'000	2023 \$'000
Balance brought forward from previous period	329,746	274,238
Increases:		
Appropriation credited to special account	929,086	900,053
Total increases	<u>929,086</u>	<u>900,053</u>
Available for payments	<u>1,258,832</u>	<u>1,174,291</u>
Decreases		
Payments made	892,422	844,545
Total decreases	<u>892,422</u>	<u>844,545</u>
Total balance carried to the next period	<u>366,410</u>	<u>329,746</u>
Balance represented by:		
Cash held in entity bank accounts	-	2
Cash held in the Official Public Account	366,410	329,744
Total balance carried to the next period	<u>366,410</u>	<u>329,746</u>

¹Appropriation: *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 (*National Health and Medical Research Council Act 1992*; section 51):

- 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

	2024	2023
	\$'000	\$'000
Note 6.1A: Employee Provisions		
Leave	<u>7,744</u>	<u>7,557</u>
Total employee provisions	<u>7,744</u>	<u>7,557</u>

Accounting Policy

Employee benefits

Liabilities for 'short-term employee benefits' and termination benefits expected within 12 months of the end of the reporting period are measured at their nominal amounts.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of 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 2024. 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 Office and the General Manager (2023: included Executive Directors).

Key management personnel remuneration is reported in the table below:

	2024 \$'000	2023 \$'000
Short-term employee benefits	720	1,614
Post-employment benefits	69	250
Other long-term employee benefits	15	58
Total key management personnel remuneration expenses¹	804	1,922

The total number of key management personnel that is included in the above table is two (2023: 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 and General Manager.

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. These transactions have not been separately disclosed in this note. Giving consideration to relationships with related entities, and transactions entered into during the reporting period, the NHMRC has determined that there are no related party transactions that require separate disclosure (2023: Nil).

7. Managing Uncertainties

7.1 Financial Instruments

	2024 \$'000	2023 \$'000
Note 7.1A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	1,705	349
Trade receivables	<u>633</u>	<u>294</u>
Total financial assets at amortised cost	<u>2,338</u>	<u>643</u>
Total financial assets	<u>2,338</u>	<u>643</u>
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	<u>1,583</u>	<u>4,415</u>
Total financial liabilities measured at amortised cost	<u>1,583</u>	<u>4,415</u>
Total financial liabilities	<u>1,583</u>	<u>4,415</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 2024 (2023: 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.

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).

7.2 Administered – Financial Instruments

	2024 \$'000	2023 \$'000
Note 7.2A: Categories of Financial Instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	366,410	329,746
Goods and services receivable	5,386	1,045
Total financial assets at amortised cost	371,796	330,791
Total financial assets	371,796	330,791
Financial Liabilities		
Financial liabilities measured at amortised cost		
Grants payable	8,296	5,401
Total financial liabilities measured at amortised cost	8,296	5,401
Total financial liabilities	8,296	5,401

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 2024 (2023: Nil).

8. Other Information

8.1 Current/Non-Current Distinction For Assets and Liabilities

	2024	2023
	\$'000	\$'000
Note 8.1A: Current/Non-Current Distinction for Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	1,705	349
Trade and other receivables	4,373	617
Inventories	-	54
Prepayments	858	2,123
Total No more than 12 months	6,936	3,143
More than 12 months		
Buildings	10,867	13,476
Plant and equipment	2,556	2,448
Computer software	21,395	25,074
Prepayments	5	14
Total More than 12 months	34,823	41,012
Total assets	41,759	44,155
Liabilities expected to be settled in:		
No more than 12 months		
Trade creditors and accruals	1,583	4,415
Other payables	3,598	3,015
Leases	2,771	2,648
Employee provisions	2,443	2,414
Total No more than 12 months	10,395	12,492
More than 12 months		
Leases	9,144	12,157
Employee provisions	5,301	5,143
Total more than 12 months	14,445	17,300
Total liabilities	24,840	29,792

	2024	2023
	\$'000	\$'000
Note 8.1B: Administered - Current/Non-Current Distinction For Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	366,410	329,746
Trade and other receivables	5,386	1,045
Prepayments	-	705
Total no more than 12 months	371,796	331,496
Total more than 12 months	-	-
Total assets	371,796	331,496
Liabilities expected to be settled in:		
No more than 12 months		
Grants payable	8,296	5,401
GST payable	294	205
Other payables	2,163	7,927
Total no more than 12 months	10,753	13,533
Total more than 12 months	-	-
Total liabilities	10,753	13,533

8.2 Budget Variance Commentary

The comparison of the unaudited original budget as presented in the 2023-24 Portfolio Budget Statements to the 2023-24 final outcome results is included in the Statement of comprehensive income, the Statement of financial position, Statement of changes in equity and the Cash flow statement. Major variances detailed below are in relation to the management of resources, to ensure the performance of NHMRC in achieving its objectives during the course of the year.

Major variances - Departmental

Employees and suppliers

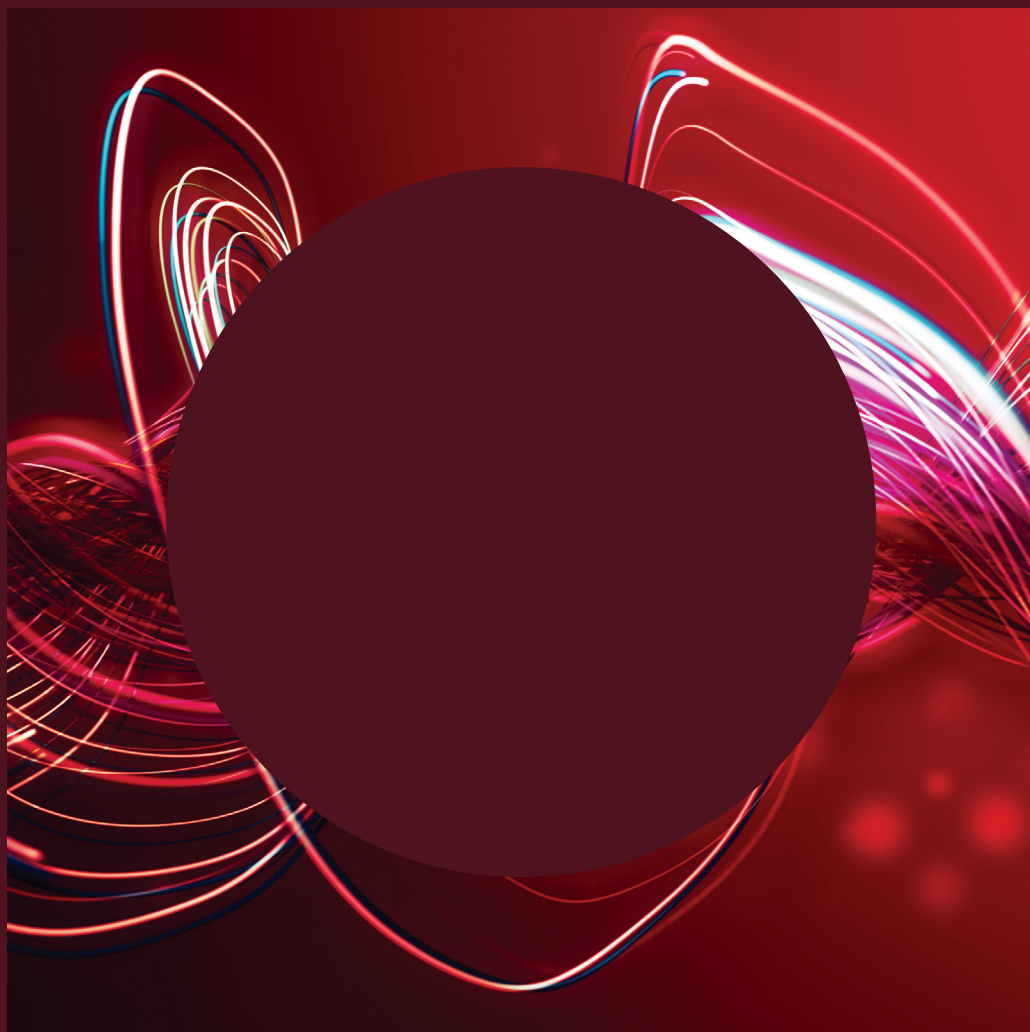
Increasing our employees, whilst reducing reliance on contract labour hire, the NHMRC delivered its functions including funding high-quality health and medical research, building research capability, supporting translation of health and medical research into better health outcomes, and promoting the highest standards of ethics and integrity in health and medical research.

Major variances – Administered

Grants

The annual report provides further detail on outcomes from our grant funding programs during the financial year.

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 2023–24 are detailed in Table 28: Public consultations, 2023–24²⁸.

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 28: Public consultations, 2023–24

Public consultation	Opening date	Closing date
Review of the Indigenous Research Excellence Criteria	30 June 2023	30 September 2023
<i>National statement on ethical conduct in human research 2023 Section 4</i> (and associated content) ^a	20 July 2023	15 September 2023
<i>Staying healthy: preventing infectious diseases in early childhood education and care services</i> (6th edition) ^a	6 September 2023	15 October 2023
<i>Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research</i>	6 November 2023	15 December 2024
Review of the <i>Statement on consumer and community involvement in health and medical research</i>	19 March 2024	16 June 2024
<i>Ethical guidelines on cell, tissue and organ donation and transplantation</i>	15 January 2024	15 March 2024
<i>Good institutional practice guide</i>	16 May 2024	10 July 2024

^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 29: Public Service Act – ongoing employees by gender^a and state or territory,^b 2022-23 and 2023-24

	2022-23				2023-24			
	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
NSW	-	-	-	-	-	5	-	5
Qld	-	-	-	-	2	4	-	6
SA	-	-	-	-	-	1	-	1
Tas	-	-	-	-	1	-	-	1
Vic	4	21	-	25	11	27	1	39
WA	-	-	-	-	-	-	-	-
ACT	56	118	-	174	55	117	-	172
NT	-	-	-	-	-	-	-	-
External territories	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-
Total	60	139	-	199	69	154	1	224

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) due to system limitations.

^b Improved reporting capability from 2023-24 has enabled NHMRC to report work location, including where staff work flexibly from a location other than an NHMRC office.

Table 30: Public Service Act – all non-ongoing employees by gender^a and state or territory,^b 2022-23 and 2023-24

	2022-23				2023-24			
	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
NSW	-	-	-	-	-	-	-	-
Qld	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-
Vic	-	3	-	3	1	3	-	4
WA	-	-	-	-	-	-	-	-
ACT	8	23	-	31	5	10	-	15
NT	-	-	-	-	-	-	-	-
External territories	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-
Total	8	26	-	34	6	13	-	19

^a Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) due to system limitations.

^b Improved reporting capability from 2023-24 has enabled NHMRC to report work location, including where staff work flexibly from a location other than an NHMRC office.

Table 31: Public Service Act – all ongoing employees by gender^a and classification, 2022-23 and 2023-24

	2022-23				2023-24			
	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	-	-	-	-	-	-	-	-
SES 2	-	1	-	1	-	1	-	1
SES 1	2	2	-	4	4	1	-	5
EL 2	11	11	-	22	7	14	-	21
EL 1	25	43	-	68	32	50	-	82
APS 6	14	49	-	63	16	52	-	68
APS 5	4	26	-	30	7	25	1	33
APS 4	3	7	-	10	3	11	-	14
APS 3	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Total	60	139	-	199	69	154	1	224

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) due to system limitations.

Table 32: Public Service Act - all non-ongoing employees by gender^a and classification, 2022-23 and 2023-24

	2022-23				2023-24			
	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-
EL 2	-	-	-	-	-	-	-	-
EL 1	1	4	-	5	1	4	-	5
APS 6	-	6	-	6	2	2	-	4
APS 5	2	10	-	12	1	3	-	4
APS 4	4	3	-	7	1	3	-	4
APS 3	1	2	-	3	1	1	-	2
APS 2	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Total	8	25	-	33	6	13	-	19

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) due to system limitations.

Table 33: Public Service Act – employees by full-time and part-time status, 2022-23 and 2023-24

	2022-23						2023-24								
	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	-	-	-	-	-	1
SES 1	3	-	3	-	-	3	3	5	5	-	-	-	-	-	5
EL 2	22	-	22	-	-	22	21	-	21	-	-	-	-	-	21
EL 1	61	9	70	3	2	75	68	14	82	2	3	5	5	87	
APS 6	48	15	63	5	1	69	55	13	68	4	-	4	-	72	
APS 5	25	5	30	12	-	42	29	4	33	4	-	4	-	37	
APS 4	9	1	10	6	1	17	11	3	14	3	1	4	1	18	
APS 3	-	-	-	3	-	3	-	-	-	2	-	2	-	2	
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	169	30	199	29	4	33	190	34	224	15	4	19	19	243	

Table 34: Public Service Act – employment type by location^a 2022-23 and 2023-24

	2022-23			2023-24		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
NSW	-	-	-	5	-	5
Qld	-	-	-	6	-	6
SA	-	-	-	1	-	1
Tas	-	-	-	1	-	1
Vic	25	3	28	39	4	43
WA	-	-	-	-	-	-
ACT	174	30	204	172	15	187
NT	-	-	-	-	-	-
External territories	-	-	-	-	-	-
Overseas	-	-	-	-	-	-
Total	199	33	232	223	19	243

^a Improved reporting capability from 2023-24 has enabled NHMRC to report work location, including where staff work flexibly from a location other than an NHMRC office.

Table 35: Public Service Act – Indigenous employment by engagement type, 2022-23 and 2023-24

	2022-23	2023-24
Ongoing	3	2
Non-ongoing	3	1
Total	6	3

Table 36: Public Service Act – employment arrangements, 2022-23 and 2023-24

	2022-23			2023-24		
	SES	Non-SES	Total	SES	Non-SES	Total
Common-law Agreement	5	-	5	6	-	6
Enterprise Agreement	-	227	227	-	237	237
Total	5	227	232	6	237	243

Table 37: Public Service Act - employment salary ranges by classification level (minimum and maximum), 2022-23 and 2023-24

	2022-23		2023-24	
	Minimum salary (\$)	Maximum salary (\$)	Minimum salary (\$)	Maximum salary (\$)
SES 3	-	-	-	-
SES 2	233,442	289,023	242,780	300,584
SES 1	180,084	222,326	187,287	231,219
EL 2	129,668	153,520	134,855	159,661
EL 1	108,995	123,999	113,355	128,959
APS 6	88,442	99,774	91,980	103,765
APS 5	80,171	84,617	83,378	88,002
APS 4	73,710	77,880	76,658	80,995
APS 3	65,059	72,111	67,661	74,995
APS 2	56,298	61,434	58,550	63,891
APS 1	48,168	54,096	52,000	56,260
Other	-	-	-	-
Total (range)	48,168	289,023	52,000	300,584

Table 38: Public Service Act – performance pay by classification level, 2022-23 and 2023-24

	2022-23					2023-24				
	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	-	-	-	-	0	-	-	-	-
SES 2	0	-	-	-	-	0	-	-	-	-
SES 1	0	-	-	-	-	0	-	-	-	-
EL 2	0	-	-	-	-	0	-	-	-	-
EL 1	0	-	-	-	-	0	-	-	-	-
APS 6	0	-	-	-	-	0	-	-	-	-
APS 5	0	-	-	-	-	0	-	-	-	-
APS 4	0	-	-	-	-	0	-	-	-	-
APS 3	0	-	-	-	-	0	-	-	-	-
APS 2	0	-	-	-	-	0	-	-	-	-
APS 1	0	-	-	-	-	0	-	-	-	-
Other	0	-	-	-	-	0	-	-	-	-

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	
17AD(h)	Aids to access			
17AJ(a)	Contents	Table of contents (print only)	Mandatory	
17AJ(b)	Appendices	Alphabetical index (print only)	Mandatory	
17AJ(c)	Appendices	Glossary of abbreviations and acronyms	Mandatory	
17AJ(d)	Appendices	List of requirements	Mandatory	
17AJ(e)	Publication details	Details of contact officer	Mandatory	
17AJ(f)	Cover	Entity's website address	Mandatory	
17AJ(g)	Publication details	Electronic address of report	Mandatory	
17AD(a)	Review by accountable authority			
17AD(a)	Chief Executive Officer's review	Review by the accountable authority of the entity	Mandatory	
17AD(b)	Overview of the entity			
17AE(1)(a)(i)	Part 1	Description of the role and functions of the entity	Mandatory	
17AE(1)(a)(ii)	Part 1	Description of the organisational structure of the entity	Mandatory	
17AE(1)(a)(iii)	Part 1	Description of the outcomes and programmes administered by the entity	Mandatory	
17AE(1)(a)(iv)	Part 1	Description of the purposes of the entity as included in corporate plan	Mandatory	
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority	Mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority	Mandatory	
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	
17AE(1)(b)	Part 1	Outline of the structure of the portfolio of the entity	Portfolio departments, mandatory	
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	
17AD(c)	Report on the performance of the entity			
	Annual performance statements			
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	
17AD(c)(ii)	Report on financial performance			
17AF(1)(a)	Part 6	Discussion and analysis of the entity's financial performance	Mandatory	
17AF(1)(b)	Part 6	Table summarising the total resources and total payments of the entity	Mandatory	
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	

PGPA Rule reference	Part of report	Description	Requirement	Location
17AD(d)	Management and accountability			
Corporate governance				
17AG(2)(a)	Part 4	Information on compliance with section 10 (fraud systems)	Mandatory	
17AG(2)(b)(i)	Letter of transmittal	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	
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	
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	
17AG(2)(c)	Part 4	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	
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	
Audit committee				
17AG(2A)(a)	Part 4	Direct electronic address of the charter determining the functions of the entity's audit committee	Mandatory	
17AG(2A)(b)	Part 4	Name of each member of the entity's audit committee	Mandatory	
17AG(2A)(c)	Part 4	The qualifications, knowledge, skills or experience of each member of the entity's audit committee	Mandatory	
17AG(2A)(d)	Part 4	Information about the attendance of each member of the entity's audit committee at committee meetings	Mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
17AG(2A)(e)	Part 4	Remuneration of each member of the entity's audit committee	Mandatory	
External scrutiny				
17AG(3)	Part 4	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	
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	
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	
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period	If applicable, mandatory	
Management of human resources				
17AG(4)(a)	Part 5	Assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	
17AG(4)(aa)	Part 5	Statistics on the entity's employees on an ongoing and non-ongoing basis, including statistics on: (a) full-time employees (b) part-time employees (c) gender (d) staff location	Mandatory	
17AG(4)(b)	Part 5	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including statistics on: staffing classification level full-time employees part-time employees gender staff location employees who identify as Indigenous	Mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
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	
17AG(4)(c)(i)	Part 5	Information on the number of SES and non-SES employees covered by agreements etc. identified in paragraph 17AG(4)(c)	Mandatory	
17AG(4)(c)(ii)	Part 5	Salary ranges available for APS employees by classification level	Mandatory	
17AG(4)(c)(iii)	Part 5	Description of non-salary benefits provided to employees	Mandatory	
17AG(4)(d)(i)	Part 5	Information on the number of employees at each classification level who received performance pay	If applicable, mandatory	
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level	If applicable, mandatory	
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	
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments	If applicable, mandatory	
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	
Purchasing				
17AG(6)	Part 4	Assessment of entity performance against the Commonwealth Procurement Rules	Mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
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	
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	
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	
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	

PGPA Rule reference	Part of report	Description	Requirement	Location
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	
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	
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	
Australian National Audit Office access clauses				
17AG(8)	Part 4	If an entity entered into a contract with a value of more than \$10,000 (inclusive of GST) and the contract did not provide the Auditor General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract	If applicable, mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
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	
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	
17AG(10)(b)	Part 4	Outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	
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	
Financial statements				
17AD(e)	Part 6	Annual financial statements in accordance with subsection 43(4) of the Act	Mandatory	

PGPA Rule reference	Part of report	Description	Requirement	Location
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	
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	
17AH(1)(a)(ii)	Part 4	If the entity did not conduct advertising campaigns, a statement to that effect	If applicable, mandatory	
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	
17AH(1)(c)	Part 5	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	
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	
17AH(1)(e)	n/a	Correction of material errors in previous annual report	If applicable, mandatory	
17AH(2)	Part 4	Information required by other legislation	Mandatory	

n/a = not applicable

Appendix 4: Abbreviations and acronyms

AAHMS	Australian Academy of Health and Medical Sciences
ABN	Australian Business Number
AC	Companion of the Order of Australia
ACF	active case finding
ACT	Australian Capital Territory
AD	Alzheimer's disease
ADHD	attention deficit hyperactivity disorder
AHEC	Australian Health Ethics Committee
AI	artificial intelligence
AIDS	acquired immunodeficiency syndrome
ALL	acute lymphoblastic leukaemia
AM	Member of the Order of Australia
ANAO	Australian National Audit Office
AO	Officer of the Order of Australia
APOE	apolipoprotein E
APS	Australian public service
ARC	Australian Research Council
ARIC	Australian Research Integrity Committee
AUO	Australian Urban Observatory
BPS	British Pharmacological Society
CBEH	Centre for the Built Environment and Health
CCAG	Consumer and Community Advisory Group
CCI	Children's Cancer Institute
CCSF	Commonwealth Child Safe Framework
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CI	Chief Investigator
CIA	Chief Investigator A
COVID-19	coronavirus disease
CPRs	Commonwealth Procurement Rules
CRE	Centre of Research Excellence
CRISPR	clustered regularly interspaced short palindromic repeats
CSC	Conspicuous Service Cross
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CTCS	Clinical Trials and Cohort Studies
DAT Act	<i>Data Availability and Transparency Act 2022</i>
DEV	Development Grant

EEGO	Energy efficiency in government operations
EL	Executive Level
ERLC	Embryo Research Licensing Committee
ERS	European Respiratory Society
FAA	Fellow of the Australian Academy of Science
FAHMS	Fellow of the Australian Academy of Health and Medical Sciences
FCA	Fellow of the Chartered Accountants Australia and New Zealand
FCPA	Fellow of CPA Australia
FOI Act	<i>Freedom of Information Act 1982</i>
FOI	freedom of information
FRACP	Fellow of the Royal Australasian College of Physicians
GAICD	Graduate of the Australian Institute of Company Directors
GIPR	glucose-dependent insulinotropic polypeptide receptor
GPCR	G protein-coupled receptors
HDFN	haemolytic disease of the fetus and newborn
HIV	human immunodeficiency virus
HLC	Healthy Liveable Communities
HRIC	Health Research Impact Committee
IACR	Institutional Annual Compliance Report
ICT	information and communication technology
IFA	individual flexibility arrangement
ING	Investigator Grant
IPC	infection prevention and control
IREC	Indigenous Research Excellence Criteria
IRIIS	Independent Research Institutes Infrastructure Support Scheme
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex, asexual and other sexually or gender diverse people
LNP	lipid nanoparticles
MBA	Master of Business Administration
MND	motor neuron disease
MP	Member of Parliament
MRD	minimal residual disease
MREA	Medical Research Endowment Account
MRFF	Medical Research Future Fund
NABERS	National Australian Built Environment Rating System
NAIDOC	National Aborigines and Islanders Day Observance Committee
NBA	National Blood Authority
NHMRC Act	<i>National Health and Medical Research Council Act 1992</i>
NHMRC	National Health and Medical Research Council
NIHR	National Institute for Health and Care Research
NSW	New South Wales

NT	Northern Territory
OAIC	Office of the Australian Information Commissioner
OAM	Medal of the Order of Australia
OCHRe	Our Collaborations in Health Research
PBB	protracted bacterial bronchitis
PBS	Portfolio Budget Statements
PCIC	Principal Committee Indigenous Caucus
PFAS	per-fluoroalkyl and poly-fluoroalkyl substances
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PGS	postgraduate scholarship
PHCR Act	<i>Prohibition of Human Cloning for Reproduction Act 2002</i>
PhD	Doctor of Philosophy
PP	Partnership Project
PSM	Public Service Medal
QIMR	Queensland Institute of Medical Research
Qld	Queensland
QUT	Queensland University of Technology
RAP	Reconciliation Action Plan
RBC	red blood cell
RCH	Royal Children's Hospital
RGMS	Research Grants Management System
RIHE Act	<i>Research Involving Human Embryos Act 2002</i>
RPA	Royal Prince Alfred
RRV	Ross River virus
SA	South Australia
SAHMRI	South Australian Health and Medical Research Institute
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SES	Senior Executive Service
SMEs	small and medium enterprises
SYN	Synergy grant
TAPPC	The Australian Prevention Partnership Centre
Tas	Tasmania
TB	tuberculosis
TCR	Targeted Call for Research
Vic	Victoria
WA	Western Australia
WEHI	Walter and Eliza Hall Institute of Medical Research
WHO	World Health Organization
WHS	Work Health and Safety

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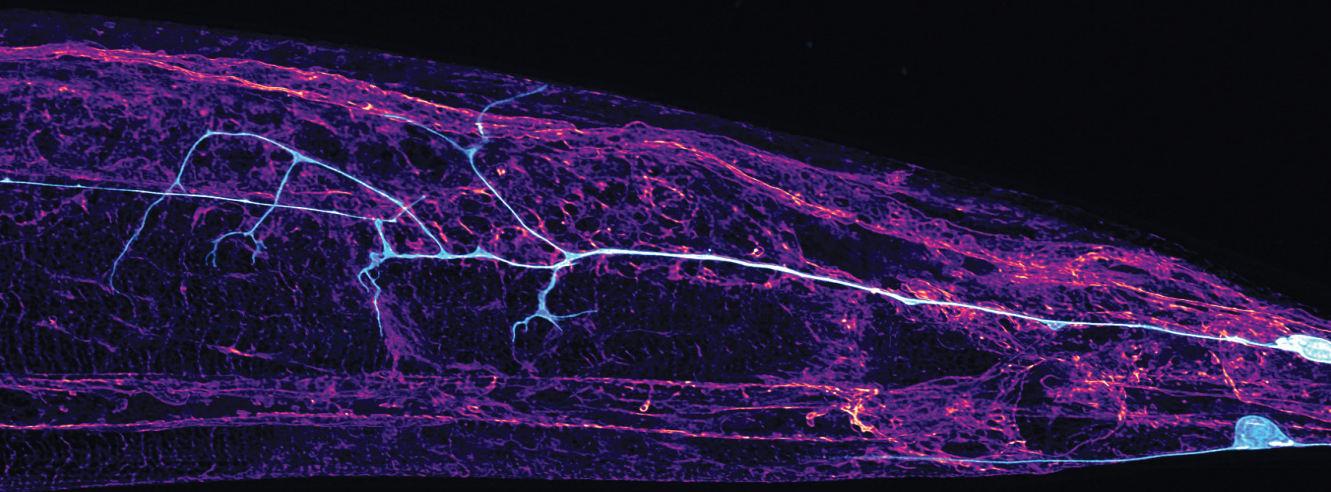
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