

## **ABOUT AAMRI**



The Association of Australian Medical Research Institutes (AAMRI) is the peak body of medical research institutes in Australia.

Our 49 member organisations have 19,000 staff and research students, are internationally recognised and undertake over one-third of all government funded medical research.

Our members include 'independent' MRIs (iMRIs) as well as university- and hospital-based institutes with a central focus on health and medical research.

Our members have:

- a combined revenue exceeding \$1.65 billion per annum
- received over \$622 million in competitive grant funding in
- over 900 active clinical trials and over 100 new patents awarded per year.

Our members have a firm focus on improving health outcomes and delivering great commercial returns for the nation.

AAMRI's medical research institutes work on a broad spectrum

- chronic disease

people in Australia and worldwide.









Our members have a combined revenue exceeding \$1.65 billion per annum





















































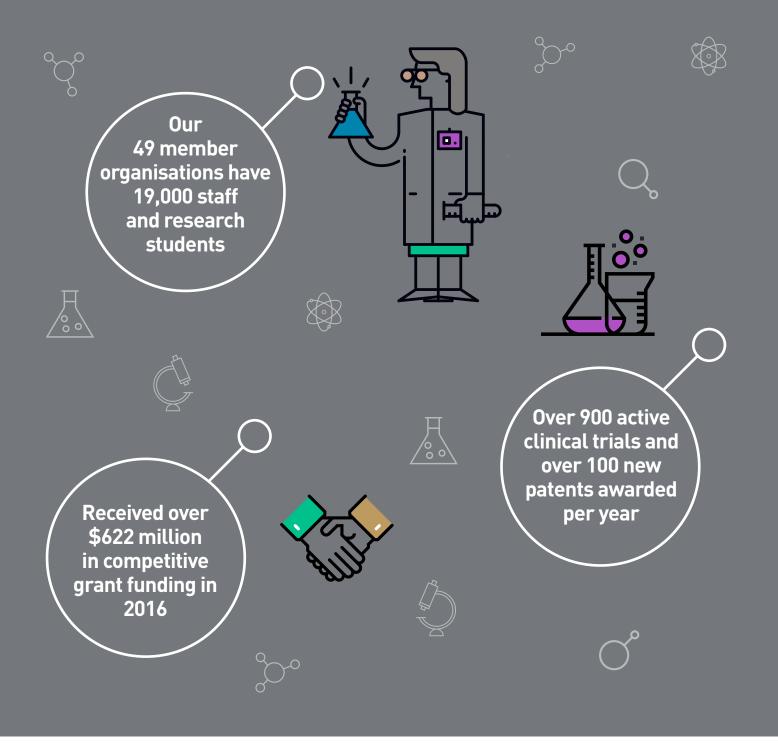








NeuRA



































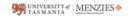
















## FROM OUR PRESIDENT



This report takes an in-depth look at our sector and shines a light on the progress that's been made since we published our first ever sector snapshot two years ago. As a sector we need to monitor, analyse and benchmark ourselves, to know what we have achieved and to identify the areas where more effort is needed. This report provides an MRI sector snapshot and focuses on four key areas: our workforce, funding the systemic costs of research, success in securing research funding and the research translation pipeline.

The report shows MRIs are delivering outstanding results, despite a challenging and competitive funding environment. We have increased success in competitive government grant schemes, our philanthropic income is up thanks to generous community support, our research is helping to improve people's lives, we are undertaking more clinical trials, and we have a renewed focus on delivering enhanced commercial returns from our research.

For the first time as a sector we have collected data on the gender balance in our workforce, and the results show that like the rest of the science and higher education sector, there is a gender imbalance within senior positions. Just like the rest of the broader science and university sector we must continue with our ongoing efforts to address this problem. We now have a baseline from which to work and we will be able to track our progress in the coming years.

As a sector we're placed well for the future and for taking advantage of the new opportunities that the Medical Research Future Fund will bring. I look forward to tracking our progress in the coming years, and I thank all of our members for making this report possible.

#### **EXECUTIVE SUMMARY**

The 2018 AAMRI Member Report is a snapshot of Australia's medical research institute (MRI) sector – the workforce, financial activity and research commercialisation and translation highlights of AAMRI's 49 member institutes in 2016 and 2017.

Australia's MRIs continue to succeed across the full spectrum of medical research and translation activities despite a challenging and competitive funding landscape.

This report is divided up into four main sections, highlighting the strengths, challenges and trajectory of our members and the Australian medical research sector:

Our workforce: Systemic costs Funding success: **Translation** medical research of research: growing our sector pipeline: continued addressing the continues to create with diversity of engagement in research new jobs increasing gap income commercialisation The AAMRI member • The funding rate for the Total revenue for the • 70% of AAMRI's workforce has grown systemic costs of independent MRI sector members are involved about 20% in two years. has grown by 17% in two in active clinical trials, research (i.e. indirect costs) has years – four times the totalling more than 900 We now have over 19,000 growth of the previous decreased in the last trials. staff and students two vears. two years. including 11,000 AAMRI member researchers. The rate at which costs Nearly 60% of total institutes have are incurred remained income is now from also maintained For the first time this steady at 54 cents for non-government their commitment year's report includes a every dollar spent on sources, with the biggest to translation of study of the gender research. increases research by increasing balance in the MRI in philanthropy and engagement in the Although the rate has workforce. commercial revenue. commercialisation stayed steady, the pipeline. The main finding was MRIs had an impressive funding gap has grown that it is a majority success rate for NHMRC to 58% of systemic AAMRI members had female workforce but Project Grants which research costs incurred. 125 patents awarded in that men are in the were 6% above the 2016. majority of senior MRIs had to find nearly national success rate in positions. \$250m to cover the gap MRIs spun-out twice both 2016 and 2017. so they could continue the number of new Achieving gender equity Funding from nonessential activities like companies in 2016, is an issue at the government competitive data management and compared to 2014 and forefront for our schemes has doubled in IT. business 2015 combined. member MRIs who have two years. development and already been working to MRIs generated \$91m commercialisation. improve in this area. in commercial revenue. underpinned by medical research.

## **OUR WORKFORCE IN 2017**

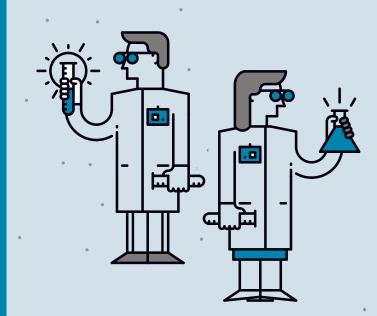
Medical research institutes (MRIs) are dynamic and diverse workplaces. Alongside research staff and students are professional and support staff with diverse skill sets and backgrounds in areas such as business development and commercialisation, IT and data-driven industries, human resources and finance.

#### **KEY FINDINGS**

- 19,000 staff and students at 48 institutes, including 10,825 researchers.
- Over 13,000 staff and students were based at 38 independent MRIs.
- Independent MRIs vary in size from 12 to 1000 FTE, with more than 68% of the AAMRI workforce at large independent MRIs.
- For the first time, AAMRI has conducted a study of gender balance among MRI staff at different seniority levels.

  AAMRI member institutes have a workforce of more than 60% women, but 60% of senior positions are held by men.

  This mirrors similar gender imbalances in the broader scientific and higher education sector.



AAMRI member institutes have a workforce of more than 60% women, but 60% of senior positions are held by men.

Recognising and identifying the gender imbalance is the first step and MRIs are currently taking action to address this issue through different means.

#### Independent MRIs vary in size from 12 staff and students to more than 1000 (FTE)

Irrespective of the independent MRI size, about 60% of their workforce are researchers.



AAMRI's workforce in a snapshot, 2015-2017:

AAMRI MEMBER INSTITUTES HAVE 19,000 STAFF AND STUDENTS, INCLUDING OVER 10,800 RESEARCHERS<sup>1</sup>.

THE TOTAL WORKFORCE HEADCOUNT HAS INCREASED BY 21% IN TWO YEARS FROM 2015–2017.

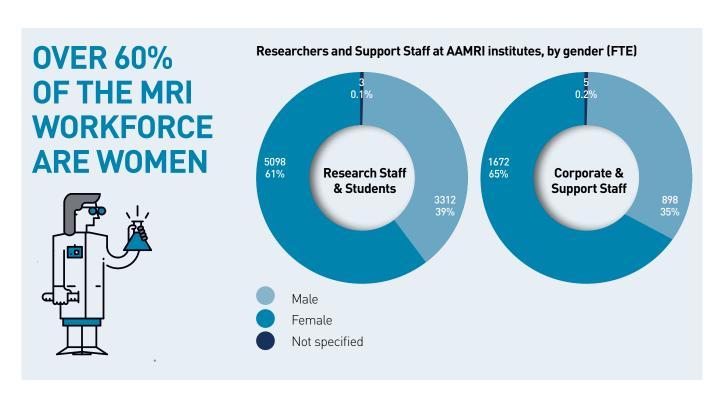
TOTAL AAMRI MEMBER FULL TIME EQUIVALENTS (FTE) HAVE INCREASED BY 34% IN TWO YEARS FROM 2015-2017.

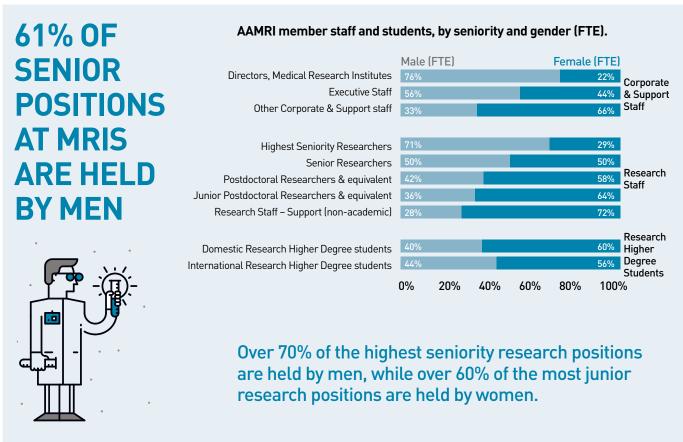
71% OF THE AAMRI WORKFORCE ARE STAFF AND STUDENTS AT INDEPENDENT MRIs.

IN TWO YEARS (2015 – 2017), THE INDEPENDENT MRI WORKFORCE HAS INCREASED BY 8.2% BY FTE.

<sup>1 &</sup>quot;Researchers" includes Research Staff and Research Higher Degree Students, which is likely to be a conservative estimate as this total excludes any staff or students in the categories "International staff, International students, Other Staff and Other Students" who are researchers.

### **OUR WORKFORCE IN 2017**





Achieving gender equity is an issue at the forefront for our member MRIs who have already been working to improve in this area, implementing a variety of strategies to support women in the MRI sector.

# HOW MRIS ARE FUNDING THE FULL COST OF RESEARCH

Medical research institutes (MRIs) conduct research in a broad range of health areas, funded by income from a variety of different sources.

MRI income must be able to cover the full costs of conducting medical research, which includes both:

- **the direct costs of research** research staff salaries and costs of consumables used in experiments, and
- the systemic costs of research associated with the operations of the
  institute (indirect research costs electricity, laboratory equipment,
  research facilities and services, research governance, administration and
  support services, etc).

The systemic costs of research (or indirect costs of research) represent a substantial expense incurred by MRIs in providing the support services and facilities necessary to carry out research activities. These costs are normally not covered by research grants, which are only permitted to be used to directly fund research activities.

FOR EVERY DOLLAR SPENT ON RESEARCH, A FURTHER 54 CENTS ARE NEEDED FOR THE SYSTEMIC COSTS OF RESEARCH.



#### **Research Costs**

\$1

Laboratory costs directly associated with research projects, eq



Laboratory consumables & reagents



Research staff



Specified equipment associated with research projects



Travel associated with grants and fellowships

# Systemic Costs of Research

\$0.54

Costs of staff, services and items that support research activities, eq



Equipment purchase/ hire & maintenance



Support staff (admin, finance, IT, business development, core facilities)



Computing, data storage



Laboratory overheads (electricity, gas etc)

### HOW WE ARE FUNDING THE FULL COST OF RESEARCH

#### MRI FUNDING FOR THE SYSTEMIC COSTS OF RESEARCH

MRIs receive only partial funding for the systemic costs of research through a variety of schemes including from the NHMRC and from state governments, however, these schemes do not cover the full costs of doing research. Therefore, other funding sources such as philanthropy are used to subsidise the systemic costs of research.

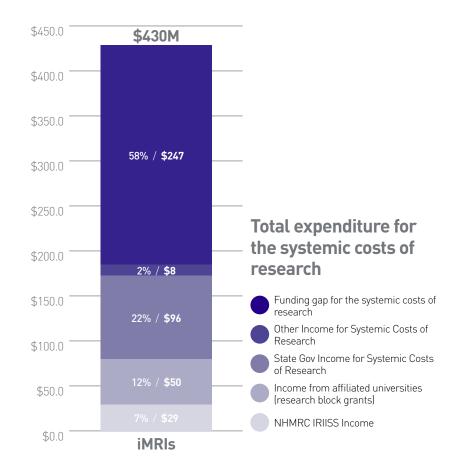
The funding gap for systemic costs of research puts MRIs under increasing strain to meet basic operational costs such as electricity and for corporate support services. The use of alternative funding sources to cover the systemic costs of research is not an attractive investment proposition for donors, philanthropists and industry.

#### **KEY FINDINGS**

- Independent MRIs had to cover a \$247M funding gap in 2016 as they received only 42% of the funding needed to cover the full systemic costs of research.
- For every dollar spent on research, independent MRIs receive 23 cents of funding to cover the systemic costs of research (total from all sources), leaving a 31 cent per dollar shortfall. Federal Government funding provides about 20% of what is needed to cover the total systemic costs of research.
- The large funding gap for the systemic costs of research jeopardises the ability of MRIs to support essential services such as research services, commercialisation and IT, and data management.

Independent MRIs had a \$247M funding gap for the systemic costs associated with medical research in 2016, representing 58% of the total cost incurred.

Expenditure and funding for independent MRI systemic costs of research (systemic costs) in 2016 (\$ millions).



Independent MRIs had a funding shortfall of 31 cents (per research dollar) for the systemic costs of research in 2016.

Federal Government support for the systemic costs of research is one fifth of the rate required.

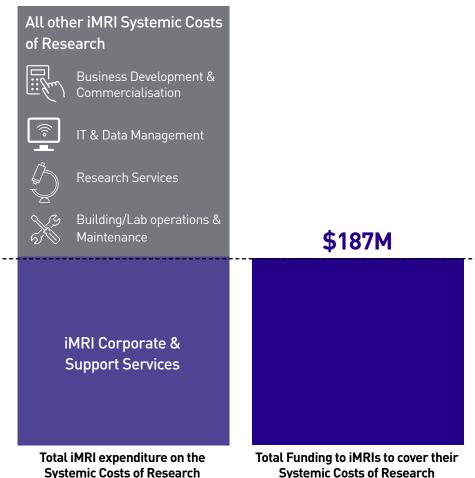
Funding rates for independent MRI systemic costs of research per dollar of research expenditure in 2016.



Independent MRIs had to find an additional \$247M to fund essential research support activities such as research services, commercialisation and IT & data management.

Comparison of Independent MRI income and expenditure for the systemic costs of research (\$ millions).

#### \$430M

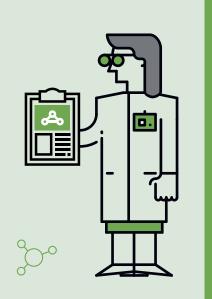


# **OUR MEMBERS' REVENUE AND EXPENDITURE**

MRI revenue comes from a range of sources, including federal and state governments, trusts and foundations, bequests and donations, fundraising, and industry. Depending on the source, revenue may be associated with certain conditions that can restrict how it is spent.

As registered charities, MRIs attract substantial philanthropic investment into the sector. This extra stream of funding is a vital component of MRIs' revenue as it provides additional (often more discretionary) funding, for example, for blue-sky research projects that are often not successful in obtaining funding from government grant schemes.

MRIs also attract commercial income which can then be used to support research. Commercial income is generated by MRIs through collaboration with industry on research projects, income from commercialisation of their research intellectual property (IP) and a small amount through other activities such as fee-for-service research or clinical facilities. As MRIs are charities, all commercial income is directed back into the institutes to support health and medical research.



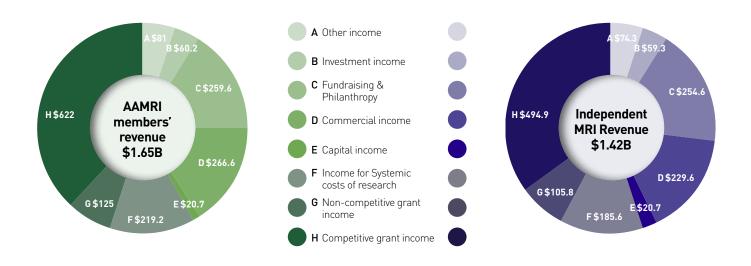
#### **KEY FINDINGS**

- MRIs had 17% growth in revenue over the last two years
- Biggest revenue increases were from commercial and philanthropic sources
- Funding has slowed for systemic costs of research
- Medical research expertise and successes underpin MRI commercial revenue
- Only 40% of MRI revenue is from Australian Federal and State government.
- AAMRI institutes had an annual turnover of \$1.62B

#### Australia's independent MRI sector received \$1.42B in revenue in 2016.

AAMRI member institutes received \$1.65B in revenue.

Total revenue of AAMRI member institutes (and independent MRIs only) in 2016, by funding source (\$ millions).



#### Independent MRI revenue increased by 17% (\$207M) in two years (2014–2016).

This increase is four times the growth in independent MRI revenue compared to the previous two year period [2012 to 2014].

Total revenue for AAMRI member institutes in 2012, 2014 and 2016.

	iMRIs			All AAMRI members		
Year	# MRIs	Revenue	Trend (%)	# MRIs	Revenue	Trend (%)
2012	37	\$1.17B	-	40	\$1.21B	-
2014	36	\$1.22B	4%	40	\$1.32B	8%
2016	36	\$1.42B	17%	43	\$1.65B	25%

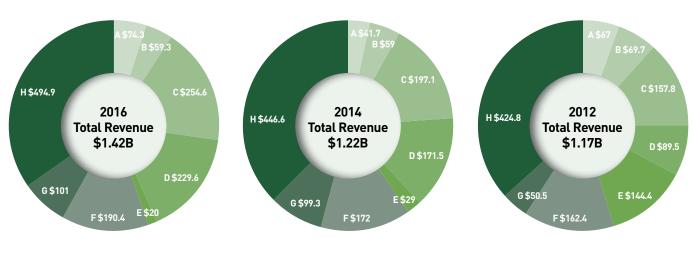
# THE GREATEST INCREASES IN INDEPENDENT MRI REVENUE WERE COMMERCIAL INCOME AND PHILANTHROPY.

## **OUR MEMBERS' REVENUE AND EXPENDITURE**

Independent MRIs received 34% more commercial income and 29% more philanthropy in 2016 compared to 2014.

Income for systemic costs of research increased by 11% in the last two years, well below the growth in total revenue of 17% for the same period.

Comparison of total independent MRI revenue in 2012, 2014 and 2016, by funding source (\$ millions).



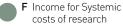


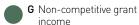








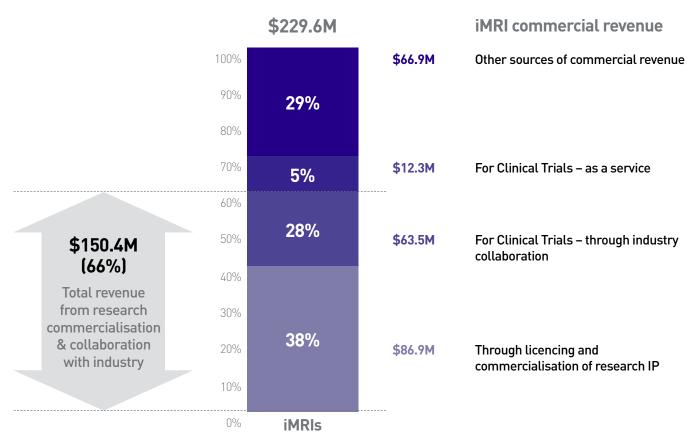




# THE MAJORITY (66%) OF INDEPENDENT MRI COMMERCIAL REVENUE IS FROM COLLABORATION WITH INDUSTRY AND COMMERCIALISING RESEARCH DISCOVERIES.





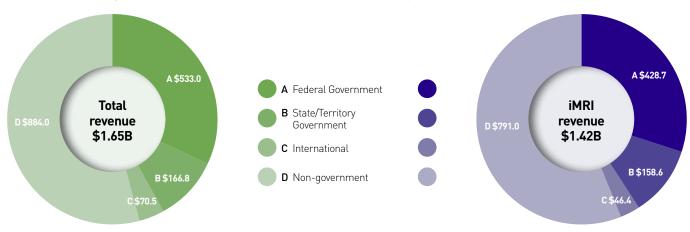


### **OUR MEMBERS' REVENUE AND EXPENDITURE**

#### Nearly 60% of MRI revenue is from non-government sources.

Independent MRIs have increased their income from non-government sources by 30% since 2014, representing an additional \$240M from non-government sources (\$181M for independent MRIs).

Total revenue from government sources for all AAMRI members and independent MRIs in 2016, by source (\$ millions).



Over 70% of independent MRI non-government revenue was from three major sources: fundraising & philanthropy, commercial income and non-government competitive research grants.

Expenditure for Australia's independent MRI sector was \$1.37B in 2016, an increase of 14% compared to 2014.

Expenditure for all AAMRI members in 2016 was \$1.62B.

Total expenditure in 2016, by activity (\$ millions).



#### **AAMRI Members' Competitive Grant Funding**

Research activities at MRIs are often funded from research grants, which are primarily awarded through competitive schemes.

#### Over one third of total revenue for independent MRIs comes from competitive grants.

Competitive grant schemes are funded by several sources including:

- large Federal government schemes such as National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) grant programs
- smaller schemes such as grants on the Australian Competitive Grants Register (ACGR), state government schemes, grants from philanthropic sources such as trusts and foundations and international funding schemes e.g philanthropic organisations like the Bill and Melinda Gates Foundation or Wellcome Trust.

The majority of competitive funding for independent MRIs is from NHMRC schemes. Independent MRIs receive funds for ARC projects through collaborations between researchers at MRIs and universities, as researchers at independent MRIs are currently not eligible to apply for ARC grants directly.

#### **KEY FINDINGS**

- MRI success rate for NHMRC Project Grants is 6% above the national success rate.
- 46% of NHMRC competitive grant funding went to MRIs and 38% of NHMRC competitive grant funding went to independent MRIs.
- Half the total NHMRC Project Grant funding went to MRIs in 2016. 57% of NHMRC Program Grant Funding went to MRIs in 2016.
- Independent MRIs have increased their competitive grant funding by 11% in two years.

AAMRI member institutes had a success rate for NHMRC Project grants of 23.0% in 2017, over 6% higher than the national success rate of 16.4%.

AAMRI members received 46% (\$362M) of the total NHMRC expenditure for 2016.

AAMRI members received \$362M (58%) in NHMRC competitive funding, \$22.5M (4%) in ARC funding and \$234.5M (38%) in other competitive funding from Australian and International schemes in 2016.

Independent MRIs received 38% (\$296M) of the total NHMRC expenditure for 2016.

Independent MRIs received \$296M (60%) in NHMRC competitive funding, \$12.1M (2%) in ARC funding and \$184M (37%) in other competitive funding from Australian and International schemes in 2016.

# FROM BENCH TO BEDSIDE: RESEARCH TRANSLATION

#### The research commercialisation pipeline

MRIs engage in commercialisation activities to translate their medical research discoveries into products, treatments and devices delivering both economic and health benefits.

As MRIs are charities and their core business is medical research, they are generally engaged early in the pipeline through:

- Protecting their intellectual property (IP): medical research discoveries made by researchers at the institute
- Licencing their patented technology, platform or product to commercial entities who can progress towards the marketplace
- Spinning out biotech companies based on medical research discoveries, platform technologies, treatments and devices developed at the institute.

#### Funding commercialisation activities

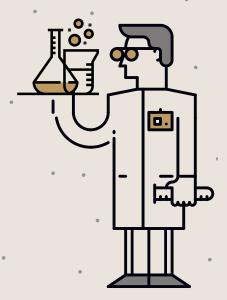
Like most systemic costs of research at MRIs, commercialisation activities are funded from a variety of sources. There are several government competitive schemes such as NHMRC Development and ARC Linkage Grants that support research commercialisation activities very early in the pipeline. As with research grants, there are restrictions on how the funds can be spent.

Other funding for commercialisation activities at MRIs comes from discretionary institute revenue such as commercial income generated by the institute through licencing, royalties and other returns from research IP at the institute.

#### Clinical trials

MRIs are involved in clinical trials in a variety of health areas and they are financially supported through government organisations such as the NHMRC, or through industry via collaboration or contracted research.

Clinical trials are one aspect of medical research that has received increased attention in recent years. Clinical trials play an integral role in the translation of health and medical research into health outcomes. Findings from clinical trials generate an evidence base for progressing discoveries through a commercialisation pathway, or guiding health policies and practices.



#### **KEY FINDINGS**

AAMRI member institutes were engaged in key stages of the research innovation and commercialisation pipeline in 2016.

KNOWLEDGE CREATION	17	institutes were awarded grants to advance commercialisation of their research discoveries
PROTECTING INTELLECTUAL PROPERTY	82	provisional patents filed
	125	national phase patents filed
<b>É</b>	125	patents awarded
TECHNOLOGY TRANSFER	13	new spin-out companies from 11 institutes
	269	active licences, options and assignments
ENGAGING INDUSTRY	413	clinical trials established through research-industry collaborations with \$64M in commercial funding
-8900-	19	institutes had significant commercial deals with industry
COMMERCIAL VALUE AND RETURNS	\$31m	generated from licences, options and assignments from 21 institutes
	<b>\$91m</b>	commercial income from research intellectual property

#### FROM BENCH TO BEDSIDE: RESEARCH TRANSLATION

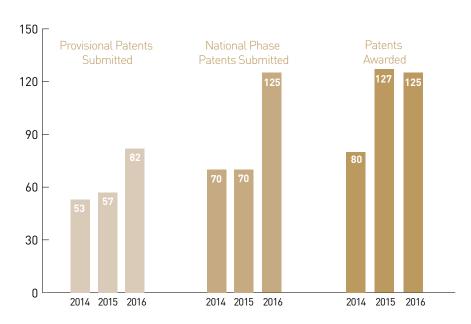
# AAMRI member institutes had 125 patents awarded in 2016.

There was a large increase in patents filed from 2015 to 2016: 44% increase in provisional patents, and a 78% increase in national phase patents.





#### AAMRI member patents submitted and awarded in 2014, 2015 and 2016.



AAMRI members had 102 active licences, options and assignments in 2016 that generated \$31M in commercial revenue.

Half of AAMRI's member institutes reported revenue from licences, options and assignments in 2016.

# spin-out companies

were established from discoveries and technologies developed at 11 medical research institutes

#### These companies are developing:

New medical devices for improving vision and better ways to administer treatments to children New diagnostics
using precision
medicine to better
tailor treatments to
patients for cancer,
rare diseases
and hereditary
conditions

New treatments
based on cell
technologies, new
drugs targeting
hard-to-treat
cancers and new
regenerative
medicine
technologies.

# Significant commercial deals were secured by

# 19 institutes

# involving one or more industry partners

Deals between MRIs and commercial partners help to strengthen research-industry relationships and collaboration

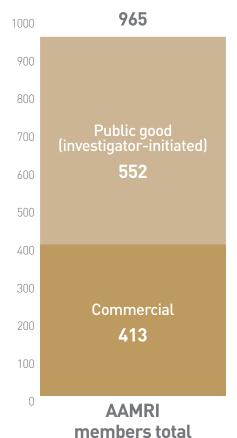
# 70% of AAMRI's member institutes were engaged in active clinical trials in 2016.

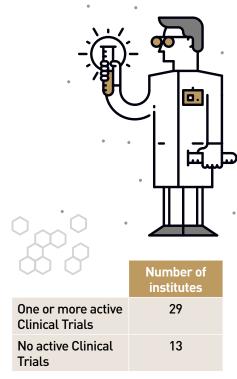
Most of these institutes were engaged in both public good (investigator-initiated) trials and commercial clinical trials.

#### MRI commercial deals in 2016 include:

- Licencing of intellectual property generated from MRI research
- Investments for studies to provide evidence supporting roll out of a Meningococcal B vaccine on the Pharmaceutical Benefits Scheme
- Investments to help deliver systems that will provide mental health screening and treatment in general practice
- Investment to progress new treatments to clinical trials
- Securing membership to industry consortia to conduct immuno-oncology research and clinical trials

#### Active clinical trials at AAMRI member institutes in 2016.





#### **APPENDIX 1: EXPLANATORY NOTES**

This report is based on information collected from AAMRI members in November 2017 to March 2018. Full data sets were received from 42 of 48 AAMRI members in 2016-2017 (35 of 38 independent MRIs), and partial data sets were provided by the remaining six institutes (three independent MRIs). A list of AAMRI members that contributed data is provided in Appendix 2, page 24.

Workforce data in this report refers to staff and students at AAMRI institutes as at 1 July, 2017.

Financial data collected by AAMRI was supplemented by information from publicly available MRI annual financial reports in several cases. In cases where data from an MRI required for analysis was unavailable, incomplete, or in some cases causing a misrepresentation of the group, the MRI was omitted from that particular analysis where indicated. This may have resulted in minor discrepancies throughout the report, depending on whether MRIs were omitted from one or other analysis.

Financial and research translation data refer to either the calendar year of 2016, or the financial year 2016-2017 for those MRIs that have a standard financial reporting period. NHMRC grant funding data refers to total grant funding received for financial reporting period by the organisations *performing* the research, rather than the organisation *administering* the NHMRC grant. Publicly available data for NHMRC expenditure by sector indicates only the administering organisations and underrepresents the expenditure for grants to the MRI sector.

Workforce and financial data is presented for either all available AAMRI members or specifically for the independent MRI sector, as indicated throughout the report.

Commercialisation data collected by AAMRI refers to 2016 or 2016–2017 depending on the financial year of the individual institute.

Rounding of figures may have resulted in minor inconsistencies in totals.

# APPENDIX 2: AAMRI MEMBERS INCLUDED IN THIS REPORT

#### AAMRI members in 2016 and 2017 that contributed data for analyses in this report<sup>2</sup>.

Organisation	MRI type	State
ANZAC Research Institute	iMRI	NSW
Black Dog Institute	iMRI	NSW
Baker Heart and Diabetes Institute	iMRI	VIC
Bionics Institute	iMRI	VIC
Brien Holden Vision Institute	iMRI	NSW
Centenary Institute of Cancer Medicine and Cell Biology	iMRI	NSW
Centre for Eye Research Australia	iMRI	VIC
Children's Cancer Institute	iMRI	NSW
Children's Medical Research Institute	iMRI	NSW
Garvan Institute of Medical Research	iMRI	NSW
Harry Perkins Institute of Medical Research	iMRI	WA
The Heart Research Institute	iMRI	NSW
Hudson Institute of Medical Research	iMRI	VIC
Hunter Medical Research Institute	iMRI	NSW
Institute for Breathing and Sleep	iMRI	VIC
Lions Eye Institute*	iMRI	WA
Macfarlane Burnet Institute for Medical Research and Public Health	iMRI	VIC
Mater Medical Research Institute	iMRI	QLD
Melanoma Institute Australia	iMRI	NSW
Menzies School of Health Research**	iMRI	NT
Murdoch Children's Research Institute	iMRI	VIC
National Ageing Research Institute	iMRI	VIC
Neuroscience Research Australia	iMRI	NSW
Olivia Newton-John Cancer Research Institute	iMRI	VIC
Orygen, The National Centre of Excellence in Youth Mental Health	iMRI	VIC
Peter MacCallum Cancer Centre	iMRI <sup>3</sup>	VIC
Queensland Institute of Medical Research (QIMR Berghofer)	iMRI	QLD
Queensland Eye Institute	iMRI	QLD
South Australian Health and Medical Research Institute	iMRI	SA
St Vincent's Institute of Medical Research	iMRI	VIC
Telethon Kids Institute	iMRI	WA
The Florey Institute of Neuroscience & Mental Health	iMRI	VIC
The George Institute for Global Health	iMRI	NSW
Wesley Medical Research*	iMRI	QLD
Victor Chang Cardiac Research Institute	iMRI	NSW
Walter & Eliza Hall Institute of Medical Research	iMRI	VIC
The Westmead Institute for Medical Research	iMRI	NSW
Woolcock Institute of Medical Research	iMRI	NSW
Australian Regenerative Medicine Institute*	University-based	VIC
Centre for Cancer Biology	Joint Venture	SA
Hanson Institute (SA Pathology)*	Hospital-based	SA
John Curtin School of Research	University-based	ACT
Kirby Institute	University-based	NSW
Kolling Institute of Medical Research*	Hospital-based	NSW
Menzies Research Institute Tasmania	University-based	TAS
Monash Biomedicine Discovery Institute	University-based	VIC
Robinson Research Institute	University-based	SA
Translational Research Institute	Hub	QLD

<sup>\*</sup>workforce data only (excluding gender workforce data). \*\*all except translation data

<sup>2</sup> Some members did not contribute financial data and are therefore not represented in the Financial analysis in this report.

<sup>3</sup> Peter MacCallum Cancer Centre is a hospital but has been included as an iMRI for the purposes of this report.

# **APPENDIX 3: GLOSSARY**

AAMRI	Association of Australian Medical Research Institutes – The peak body for medical research institutes in Australia			
Australian Bureau of Statistics (ABS)	The national statistical agency, providing summaries of statistics for spending in research and development in different sectors.			
Australian Competitive Grant Register (ACGR)	A list of schemes that provide competitive research grants compiled by the Federal Government.			
Australian Research Council (ARC)	The Federal Government agency responsible for managing the National Competitive Grants Program, for research across all fields except health and medical research.			
Competitive grant funding (Peer-reviewed funding)	Refers to grants awarded on a competitive basis (by peer review) for the direct funding of research projects.			
Cooperative Research Centre (CRC)	Industry-led collaborations between industry, researchers and the community – a model linking researchers with industry to focus on research and development towards use and commercialisation.			
Centres of Research Excellence (CRE)	NHMRC scheme providing support for teams of researchers to pursue collaboration research and develop capacity in clinical, population health and health services research.			
Independent medical research institute (independent MRI)	A medical research institute that is an independent legal entity, with its own governing body; while independent MRIs are independent, some administer grants through an affiliated university.			
Independent Research Institute Infrastructure Support Scheme (IRIISS)	An NHMRC-funded scheme that partially covers the infrastructure support costs incurred by research funded by NHMRC grants.			
Joint Research Engagement Scheme (JRE)	A Department of Education grant provided to universities based on success in research and research training of students.			
Medical research institute (MRI)	An institute whose core purpose is to undertake health and medical research and translate findings into new health products, techniques, treatments and policies. An MRI may be independent (i.e. an independent MRI), university-based or part of a hospital or health services provider.			
National Health and Medical Research Council (NHMRC)	The Federal Government agency responsible for providing grants for health and medical research.			
Philanthropy	Income generated from fundraising, bequests, donations and gifts, used for direct research or for infrastructure support costs. (This term does not include competitive grants from Trusts and Foundations.			
Research Block Grants (RBGs)	Federal Government schemes from the Department of Education that provide financial support to universities for systemic costs of research (indirect costs), awarded based on the criteria of research output. In 2017, two new RBG programs – Research Support Program (RSP) and Research Training Program (RTP) – replaced six RBG schemes (Australian Postgraduate Awards, International Postgraduate Research Scholarships, Research Training Scheme, Joint Research Engagement, Research Infrastructure Block Grants, Sustainable Research Excellence).			
Research Support Program (RSP)	See Research Block Grants			





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