

strategic plan 2012-2016

In the spirit of respect, Menzies School of Health Research acknowledges the people and elders of the Aboriginal and Torres Strait Islander Nations who are the Traditional Owners of the land and seas of Australia.

vision

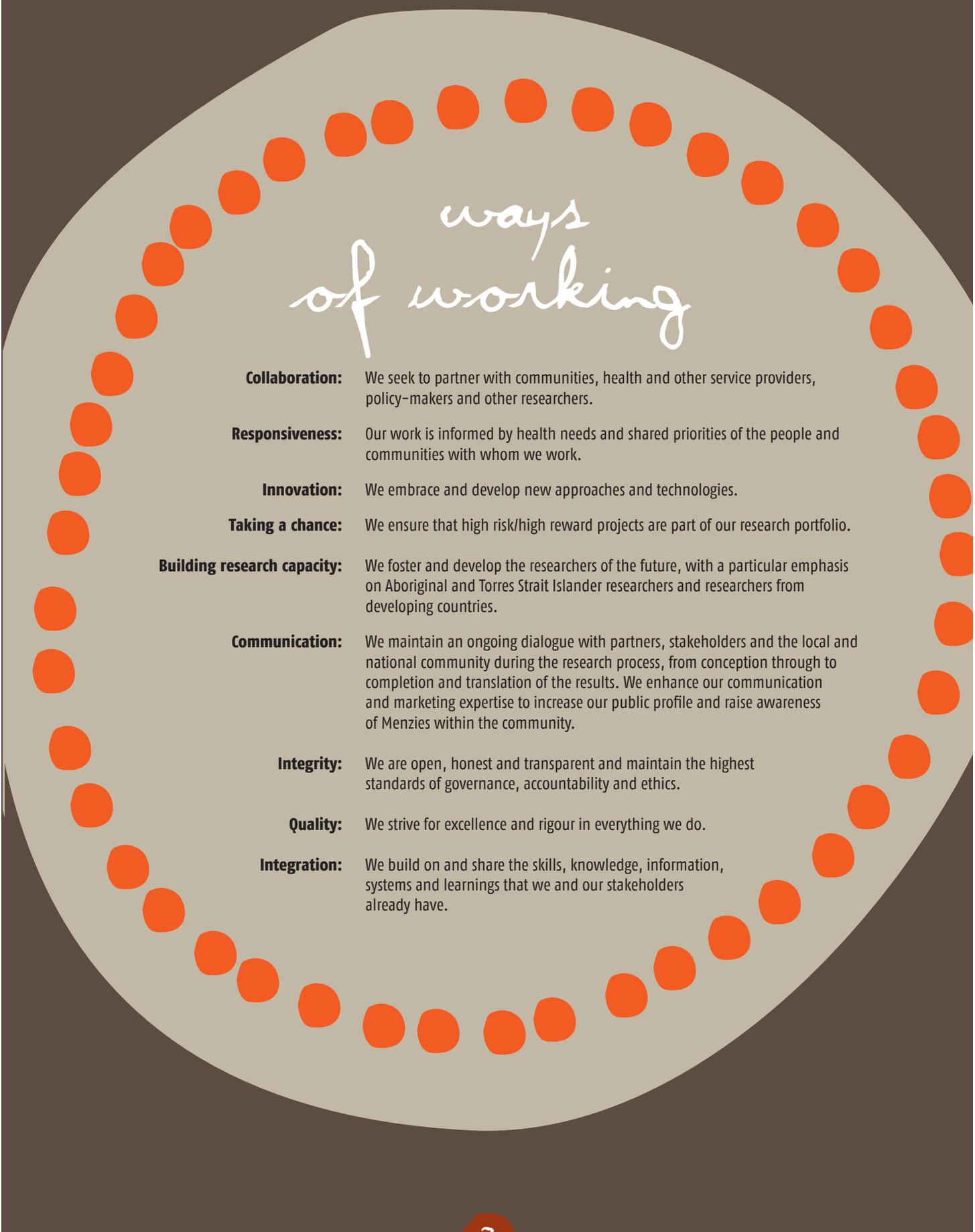
To improve health outcomes and reduce health inequity for populations in Australia and the Asia-Pacific region, particularly Aboriginal and Torres Strait Islander communities, through excellence and leadership in research, education and capacity development.

mission

Menzies School of Health Research (Menzies) was established in 1985 as a body corporate of the Northern Territory Government under the Menzies School of Health Research Act 1985 (The MSHR Act). The MSHR Act and subsequent amendments establishes Menzies as a major partner of Charles Darwin University (CDU) and governed by its own Board. The MSHR Act provides for Menzies to carry out a number of functions, as listed below.

Menzies roles are:

1. to promote improvement in the health of all people in tropical and central Australia by establishing and developing a centre of scientific excellence in health research and education;
2. to advance knowledge in the fields of health research and health education, particularly in relation to human health, and to seek and discover the origins of diseases and ill health;
3. to use the knowledge so gained to improve methods of prevention, diagnosis and treatment of disease and ill health in both humans and animals;
4. to serve as a centre for learning and training in health research and health education;
5. to promote and encourage postgraduate research into matters relating to the functions of the School within CDU as a research school of that University or in co-operation with other medical or educational institutions; and
6. such other functions as the Board thinks fit.



ways of working

Collaboration: We seek to partner with communities, health and other service providers, policy-makers and other researchers.

Responsiveness: Our work is informed by health needs and shared priorities of the people and communities with whom we work.

Innovation: We embrace and develop new approaches and technologies.

Taking a chance: We ensure that high risk/high reward projects are part of our research portfolio.

Building research capacity: We foster and develop the researchers of the future, with a particular emphasis on Aboriginal and Torres Strait Islander researchers and researchers from developing countries.

Communication: We maintain an ongoing dialogue with partners, stakeholders and the local and national community during the research process, from conception through to completion and translation of the results. We enhance our communication and marketing expertise to increase our public profile and raise awareness of Menzies within the community.

Integrity: We are open, honest and transparent and maintain the highest standards of governance, accountability and ethics.

Quality: We strive for excellence and rigour in everything we do.

Integration: We build on and share the skills, knowledge, information, systems and learnings that we and our stakeholders already have.

introduction and context

This strategic plan covers the five years from 2012 through 2016, and follows five years of rapid growth and impressive achievement across all our research themes.

The next five years will be marked by building on our strengths in Aboriginal and Torres Strait Islander, global and tropical health research. It will be a period of consolidation and carefully targeted growth with strategic priorities to ensure that our existing research and education themes and teams are strengthened and sustainable, and we focus on developing and supporting the people who make up Menzies. We will be paying attention to excellence and seeking depth over breadth, quality over quantity.

Consolidation involves building a sustainable organisation, paying attention to our people and providing professional development and career planning for all, ensuring depth of talent and a critical mass within each team and succession planning for senior researchers. In addition, growing diverse and independent sources of funding are a priority.

In line with our increasing emphasis on collaboration, relationships with our partner organisations are becoming increasingly important.

key stakeholders

It is worth highlighting just four of a long list of our important stakeholders as being critical to our success over the next five years.

Aboriginal and Torres Strait Islander communities and their organisations.

Without the continued support of our community partners there would be no Menzies research. As we outlined in the plaque erected in honour of Menzies' 25th Anniversary to thank the Aboriginal and Torres Strait Islander communities of Australia, they are our "participants, researchers, advisors, board members and collaborators, but most of all our teachers and mentors."

The National Health and Medical Research Council (NHMRC).

The Commonwealth Government funded NHMRC is by far Menzies' biggest source of funding. Menzies will continue to value the constructive and open relationship we have with the NHMRC.

Charles Darwin University (CDU).

Menzies is a major partner of CDU. Menzies operates as the equivalent of a faculty of CDU, most of our PhD students enrol through CDU, and our higher education funding comes via CDU. We will continue to value the importance of our ties to CDU.

Northern Territory Government (NTG).

As the sole medical research institute headquartered in the Northern Territory, Menzies has a privileged relationship with the NTG. The NTG has provided an untied grant to Menzies every year since its inception. Over the last five years we have broadened our collaborations beyond the Department of Health to include several other departments. We will continue as a trusted and valued, but independent, collaborator with the NTG.

external environment

A number of factors lie ahead in the research landscape in which Menzies operates, and two are of particular importance:

- **There is a need to be innovative in developing the research workforce of the future.** Australia faces challenges in attracting new talent to health research, and these challenges are magnified in the settings where Menzies operates.
- **There is growing interest in Australia's north as a strategic priority.** Northern Australia provides access to our Asia Pacific neighbours for trade and aid, and access to underutilised resources for the benefit of the rest of the country. Menzies has developed its Global Health research agenda substantially, with notable progress in our work in Indonesia, Malaysia, Vietnam and the Pacific. But it is our expanding collaborations with Timor Leste, one of the world's newest countries, that will be of particular importance over the next five years.

opportunities and challenges

- Despite growing demand, competitive grant funding for health and medical research is not increasing in real terms.
- The number of medical researchers competing for a static pool of competitive research funds is increasing.
- The number of medical research institutions working in Aboriginal and Torres Strait Islander health is growing.
- Menzies' location in Darwin has advantages in terms of access to Northern Australia and the Asia Pacific region and our beneficial relationship with the Northern Territory Government; but it also has drawbacks around attracting and retaining skilled staff and having access to donors to boost our reserves of untied funds.
- The general economic uncertainty and instability of recent times is resulting in a difficult philanthropic environment.
- The health service delivery environment is becoming increasingly complicated particularly the interaction between the Commonwealth and State and Territory jurisdictions, for example the creation of Medical Locals.
- There are signs of research fatigue in some Northern Territory remote communities and health clinics.
- The continuing focus by the Australian Government on remote communities – begun with the Northern Territory Emergency Response – provides opportunities and challenges for organisations working with Aboriginal communities.
- The challenge of paying for our research workforce continues, with the numbers of people seeking support from Government competitive people support funds increasing faster than the funding is growing.
- NHMRC and other grant funding bodies are increasing demands for collaboration and research translation – which Menzies supports. This results in a more multidisciplinary and diverse research workforce, and greater emphasis on mixed methods.
- NHMRC and other grant funding bodies are increasing their focus on risk management and accountability.
- The face of biomedical research is changing radically with the genomics revolution. This is resulting in changes to the nature of the biomedical research workforce, with an increasing need for higher level mathematical skills for data analysis.

Based on all these considerations, Menzies will focus on the following eight strategic priorities for the next five years.

Strategic priorities

1. Excellence in community based research

Menzies will develop new methodologies and extend its partnerships to position itself as the leader in community-based health and wellbeing research.

2. Creating the workforce of the future

Menzies will support, develop and provide career pathways for its staff, and for the researchers of the future.

3. Building on our strengths in postgraduate education and research training

Menzies will build on its existing strengths in postgraduate education and higher degree research training.

4. Increasing and diversifying funding

Menzies will enhance its public profile with the aim of diversifying its funding base and increasing the proportion of Menzies' income which is not restricted to specific projects.

5. Enhancing the work environment

Menzies will further enhance a work environment (physical, systemic and social) that sustains high morale; increases productivity, efficiency and quality; enhances staff supervision, recruitment and retention; and operates to the highest standards of governance, management and accountability.

6. Translating research into action

Menzies will excel in translating research outcomes into policy and practice.

7. Working with health care providers

Menzies will better integrate our research with service providers and their priorities.

8. Making better use of our laboratories

Menzies will increase its capacity in laboratory research, with a continuing focus on infectious diseases and immunology, including applying emerging biomedical research technologies to its research projects.

1. excellence in community based research

Menzies will develop new methodologies and extend its partnerships to position itself as the leader in community-based health and wellbeing research.

Menzies seeks to be the leading medical and health research organisation undertaking health research at community level, with a particular focus on Aboriginal and Torres Strait Islander communities and those in developing countries in which we work.

We are committed to consult and partner with communities and other stakeholders. This requires training and developing community-relevant researchers (broadly defined, and including both Aboriginal and Torres Strait Islander and other communities), and using existing and new methodologies that allow the highest quality collaborative research to be conducted in an acceptable and practical manner.

Collaborative approaches increase the probability of research success and research translation, and are an integral part of a quality research methodology. Current standards for community-based research require continuous two-way communication and frequent consultation and feedback.

Culturally appropriate communication is essential for working with Aboriginal and Torres Strait Islander communities and those in developing countries not only as a mark of respect but as essential means for improving the implementation, outputs and uptake of research and practice. Good community-based research requires building positive, long term relationships; ensuring research is based on local needs; and frequent feedback. All of this requires careful planning, training, and dedicated resources.

At the same time Timor Leste, one of the world's poorest and newest countries and our nearest neighbour, is emerging as a strategic priority for Australia; and with its massive health and medical research needs Timor Leste communities are becoming an increasingly significant area of work for Menzies.

Strategies include setting standards, systems and structures ensuring consultation and coordination and high quality community based research. The keys are a good balance between investigator-driven and community-driven research; and systems to enable Menzies to take a community-by-community rather than project-by-project approach.

Key Measures by 2016

- A programmatic approach to working with Aboriginal and Torres Strait Islander communities that has more cohesion than the current project-by-project approach.
- A comprehensive set of guidelines for working with communities.
- Cultural awareness training available to all Menzies staff.
- Regular joint planning with key partner communities, particularly Aboriginal and Torres Strait Islander bodies and other organisations.
- A coherent and sustainable program of work in Timor Leste, including establishment of a field presence.

2. *creating the workforce of the future*

Menzies will support, develop and provide career pathways for its staff, and for the researchers of the future.

Building a sustainable organisation requires us to pay attention to the career planning and professional development of our current staff, to leadership development for our current and emerging leaders, and to ensuring depth of talent to support succession planning for senior researchers and corporate managers.

The location of Menzies' headquarters in Darwin means that we share the common Darwin characteristic of a highly transient workforce, particularly young workers in the early parts of their careers. We run the risk of relying too heavily on a small number of senior staff, and of inappropriately promoting people into supervisory and leadership roles.

It is common knowledge that the most stable workforce is sourced locally. Menzies therefore needs strategies to attract and retain Aboriginal staff (Aboriginal people, comprising 30% of the Territory population, are generally less transient than others in the population), and to encourage bright Territorians to remain in, or return to, Darwin.

Menzies' expanding range of national and global projects necessitates the recruitment and placement of staff in regional and overseas offices. A professional development plan for our staff should also include our staff outside the Northern Territory and overseas. We should also maximise the opportunities that these locations offer us to recruit new partnerships, funding sources and staff and students to benefit the whole organisation, including some who may be interested in relocating to our Northern Territory offices.

At the same time because of our aspirations to leadership in community-relevant research – particularly in partnership with Aboriginal and Torres Strait Islander communities – establishing a critical mass of Aboriginal and Torres Strait Islander researchers is fundamental. Many Aboriginal and

Torres Strait Islanders do not have the levels of formal education that make them ready to enrol in higher degrees, and systematic career pathways of a different kind are required.

Remaining the employer of choice for our highly transient and talented workforce requires a work environment that encourages good communication and collaboration and breaks down workplace silos; supports positive team dynamics, effectiveness and cohesiveness; provides professional development opportunities; ensures excellent standards of supervision; provides opportunities for challenging, stimulating work and supports staff in their career paths.

Strategies include professional development, organisational development, training, mentoring, succession planning, implementation of the Aboriginal and Torres Strait Islander Employment Strategy, and youth engagement.

Key Measures by 2016

- Aboriginal and Torres Strait Islander staff and students: 3 PhD graduates, 4 PhD students, 3 Masters by Research students, 3 Project Managers and 3 Project Coordinators.
- A career path available for Aboriginal and Torres Strait Islander and community-based researchers and assistants.
- Successful work experience and summer vacation work programmes in place.
- A leadership development programme in place.

3. building on our strengths in postgraduate education and research training

Menzies will build on its existing strengths in postgraduate education and higher degree research training.

Menzies will continue to work through Charles Darwin University to build its reputation as a preferred post graduate education provider in public health, and place of excellence in higher degree research training. This strategic priority, together with those of Creating the Workforce of the Future, Increasing and Diversifying Funding, and Enhancing the Work Environment, contribute to the overall goal of sustaining the research workforce.

Strategies include continuous improvement in teaching and supervision, promotion to broader audiences including internationally, and creating the necessary physical infrastructure in the new buildings.

Key Measures by 2016

- Increase the post graduate coursework Equivalent Full-Time Student Load (EFTSL) by 10%.
- Increase the Higher Degree Research Full-Time Equivalent (FTE) by 15%.
- Educational pathways to support a career in research with a number of entry points spanning Vocational Education and Training to Higher Education.
- Four new research scholarships offered to both Australian and Asia-Pacific applicants.

Key Measures by 2016

- Fundraising income of \$675,000 in 2012 and increasing by 10% annually in subsequent years (figures to be confirmed after preparation of Menzies' Fundraising Strategy in 2012).
- Increased income from consultancies, contract research, licensing agreements and major resource companies by an average of 20% each year.
- Untied reserves of \$20 million.
- Increase Menzies database to 15,000 contacts (from 2,300 in 2011)
- A minimum of 15% of Menzies' investment in new research projects from its own funds to be on high risk/high reward projects not suitable for funding from competitive grants.

4. increasing and diversifying funding

Menzies will enhance its public profile with the aim of diversifying its funding base and increasing the proportion of Menzies' income which is not restricted to specific projects.

Menzies obtains the majority of its funding from competitive research grants, in particular the Australian Government's premier medical and health research funding body, the National Health and Medical Research Council (NHMRC). At this time NHMRC grants do not cover the full costs, particularly the indirect costs, of research, so as Menzies is more and more successful in obtaining competitive grants, so the funding shortfall increases.

We also receive a generous annual grant from the Northern Territory Government and have done so since our inception; but this, also, is insufficient to cover the indirect costs of research.

In addition untied funding is needed to fund elements of this strategic plan that cannot always be funded from competitive research grants such as the additional costs of community-based research, developing and maintaining strategic partnerships, high risk/high reward projects, some elements of translating research into action, and education and training. In particular sustaining the research workforce requires us to be able to fund Creating the Workforce of the Future, Building on our Strengths in Postgraduate Education and Research Training and the related Enhancing the Work Environment.

As we grow, the Northern Territory is too small to provide a sufficient source of philanthropy, and we will therefore build on the 2007-2011 Strategic Plan goal to "increase the amounts, and diversify the sources of income to support organisational growth and development" by developing our brand awareness, and expanding our fundraising, communication and marketing activities nationally.

Strategies include investing in a fundraising strategy including bequests, improving brand identity, and proactive business development activities including consultancies, building alliances with business, and capitalising on intellectual property.

5. *enhancing the work environment*

Menzies will further enhance a work environment (physical, systemic and social) which sustains high morale; increases productivity, efficiency and quality; enhances staff supervision, recruitment and retention; and operates to the highest standards of governance, management and accountability.

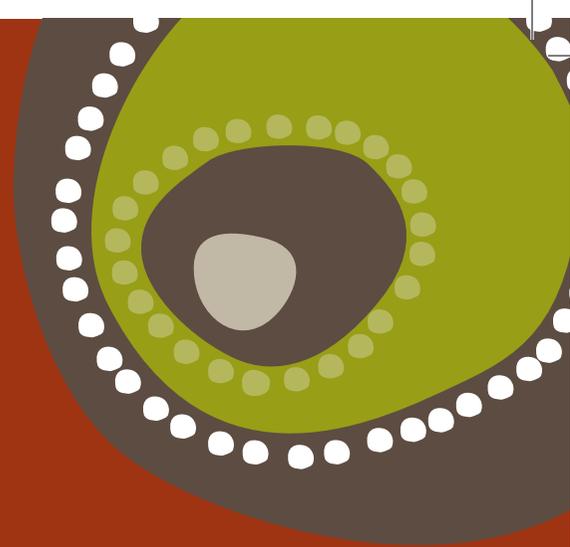
Menzies seeks to be the employer of choice in the medical and health research field. We are fortunate to have a team of extremely high quality, talented and dedicated staff, who require excellent social and physical working conditions; efficient and effective systems and processes; and research support that ensures skills are passed on and the highest research quality standards are met. And these requirements are linked to those of Creating the Workforce of the Future, Building on our Strengths in Postgraduate Education and Research Training, and Increasing and Diversifying Funding. At the same time there are increasing challenges managing multiple work sites in Australia and overseas.

Menzies is part of the way through a major building programme that will result in a new building on the Charles Darwin University campus and a new building as well as refurbished space on the Royal Darwin Hospital campus. The new buildings will accommodate our preferred ultimate staffing level of 400-450 staff, facilitate communication and sharing of ideas between research groups, and be inviting for visitors and students.

Coupled with an effective physical workplace are a range of proactive human resource, research quality assurance and operational strategies that:

- value teamwork, information sharing and breaking down research and administrative silos.
- provide high levels of support for leaders, managers, supervisors and staff.
- expect and support consistent and consistently high quality research standards.
- provide processes that standardise, coordinate and streamline corporate and shared services.
- systematise the policies and processes in multiple offices around Australia and overseas.

Menzies prizes the analytical support it can provide for its researchers. However our remote location has proven to be a barrier to the recruitment of high level biostatistical and epidemiological support, and a sustainable solution needs to be established.



Strategies include completing the new buildings, better integrating interstate and overseas offices into systems and procedures, completing internal corporate manuals, improving internal and external communication, investing in operational research standards.

Key Measures by 2016

- Completed buildings with high levels of user satisfaction.
- Completed and well-used manuals for corporate and shared processes and services including interstate and international services, offices and staff.
- Centralised research support including research administration, data entry, storage and management, data analysis (including biostatistics and epidemiology), and knowledge transfer.

Key Measures by 2016

- A system for measuring and collecting information on Menzies' knowledge translation outcomes.
- A professional development framework for research translation.
- Website reviewed and revised to maximise its value as a tool for knowledge translation.

6. *translating research into action*

Menzies will excel in translating research outcomes into policy and practice.

Knowledge translation ensures that research is relevant, useful, and will be taken up by end users. Successful knowledge translation requires a constant dialogue between research producers and a range of research users, from agenda-setting to implementation into policy and practice. This ensures that the right research questions are being asked, and that research results are communicated in a way that is meaningful and accessible to decision makers, practitioners and consumers.

Strategies include continuous dialogue with policy makers, integrating research translation into research design, actively seeking ways to translate research into policy, better use of Menzies' website and promulgating research results.

7. *working with health care providers*

Menzies will better integrate our research with service providers and their priorities.

The scope of Menzies' research includes both population health research, and research involving individual human subjects in health and illness conducted in order to inform clinical practice (referred to as 'clinical research' for the purpose of this document). We now seek to build on our strengths in clinical research by working more closely with service providers in hospitals and the primary health care system, including Aboriginal Community Controlled Health Organisations, and by looking at the epidemiology and social determinants of clinical health problems.

At the same time we recognise that health service providers in the Northern Territory (NT) and elsewhere in the Asia-Pacific region experience their own challenges. For example the NT has a small and itinerant population, and NT health service providers can experience problems recruiting (often from interstate) and retaining high quality clinical staff. Primary health care systems in remote areas can be stretched by the large acute health care workload, leaving them inadequately resourced to deal with chronic and preventative health. Globally, health systems are often poorly resourced, with limited opportunities for capacity and professional development. In Timor Leste these problems are compounded by the difficulties experienced by a new country establishing governance and accountability frameworks.

The translation of our clinical research findings into policy and practice can best be achieved by working more closely with and recognising the needs of service providers. For example joint appointments between Menzies and health service providers, who have protected research time but work in clinical settings, would have the twin benefits of helping to attract and retain high quality (especially interstate) clinicians and help stabilise a small and itinerant health workforce and also assist with the translation of research into policy and practice. Another example is recognising the burden on small organisations that can result from multiple research projects, and finding ways to minimise the impact and to otherwise provide support.

Better integration of research and service provision can also be assisted through direct involvement by Menzies in service provision and consultancy work which directly implements our research findings.

At the same time we can assist with building the health service provision workforce of the future through formal education programmes.

Strategies include joint appointments, joint setting of research priorities, continuing to partner with the Northern Territory Government on evaluations etc, increasing data linkage projects and improved operational research systems especially for clinical trials.

Key measures by 2016

- Four joint appointments between Menzies and local health service providers including the Royal Darwin Hospital.
- An established Academic Campus at Royal Darwin Hospital.
- A research and evaluation quality assurance system.

8. *making better use of our laboratories*

Menzies will increase its capacity in laboratory research, with a continuing focus on infectious diseases, including applying emerging biomedical research technologies to its research projects.

Menzies' strength in laboratory research has been its cross disciplinary approach, linking laboratory science with our clinical research and focusing on clearly defined clinical phenotypes of locally and regionally important diseases. We will continue this approach and focus on capturing the great promise of emerging technologies in the biomedical sciences.

The global biomedical research enterprise is in the process of being transformed by techniques such as "next generation" high throughput DNA sequencing, bioinformatics and mass spectrometry. By acquiring the capacity to apply such methods to research projects we are in a position, where consent has been received, to add great value to our large and well curated collection of biological samples and microbial isolates.

One of our most important and valuable assets is our large collection of clinical samples and microbial isolates from two decades of research. The application of next generation DNA sequencing methods to microbial genomics and metagenomics will greatly increase the potential value of Menzies' collection of biological material, as much of this material could be re-analysed to greater depth, and can also be used with samples taken prospectively.

Similarly there has been rapid progress in technology for biochemical analyses. We seek to maintain and enhance our capacity in this area, with a focus on flow cytometry, mass spectrometry, and liquid phase biochemical separations. This will enable us to continue at the forefront of the study of host response to infectious and parasitic disease.

In addition, in many of the populations with which we work, application of more traditional research methodologies are equally important, and we will seek to ensure that we continue to use our laboratories to add value to our clinical, epidemiological and public health studies in Australia and internationally.

Strategies include developing skills and infrastructure to support next generation sequencing projects; maintaining and or enhancing capacity in flow cytometry, small molecule biochemical analyses and established technologies; enhancing the necessary collaborations; and continuing to value the links between clinical and laboratory researchers and research.

Key Measures by 2016

- An analytical and computational pipeline that can reveal all the genes of all the micro-organisms in clinical samples. This will have been applied to both prospective and retrospective projects where appropriate consents are in place.
- An analytical and computational pipeline that will allow whole genome-based inference of infectious disease transmission at very small scales of time and space.
- Analytical and computational pipelines for the determination of host response at the transcriptional, small molecule, and cellular levels.
- An integrated facility for small molecule biochemical analyses based upon high performance liquid chromatography, and mass spectrometry.
- A systematic capital equipment programme for early planning and funding the purchase of new and replacement equipment.



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discovery for a healthy tomorrow