

Building a more skilled and adaptable workforce

Interim Report Submission

September 2025



**RESEARCH
AUSTRALIA**

*Championing
Australian health
& medical research
& innovation*

Background

Research Australia, as the national alliance and peak body for health and medical research and innovation, welcomes the opportunity to respond to the Productivity Commission's (PC) *Building a more skilled and adaptable workforce* interim report, by way of a written submission.

Research Australia is deeply committed to the government's focus on productivity. We recognise health and medical research, development and innovation not merely as a contributor to productivity, but a fundamental cornerstone of Australia's productivity agenda, driving economic diversification, resilience, growth and budget sustainability. The health and medical research and innovation sector contributes to both a healthy nation, and a healthy economy.

It is well established, investing in health and medical research is budget positive and economically generative – every dollar invested in Australian health and medical research yields close to \$4 to the Australian economy¹, however, it is likely to be much more. Let's take arthritis and musculoskeletal conditions as an example - affecting 7 million Australians, accounting for 13% of disease burden; forcing over 50,000 Australia's out of the workforce (the second leading cause of early retirement) and costing the health system \$16 billion annually². In a Research Australia cost benefit analysis, the return of investment of a \$100 million, 10-year research mission dedicated to arthritis and musculoskeletal conditions, would see a return of every \$1 invested generating \$4.61 back to the Australian economy³. It would also contribute to productivity through a 2.2x reduction in burden to the health system; potential \$361million net return to the Australian economy; and support over 60 research jobs per annum⁴.

In a typical year, poor health reduces global GDP by 15 percent⁵. Better health could add \$12 trillion to global GDP in 2040, an 8 percent boost that translates into 0.4 percent faster growth every year⁶. The health and medical research, development and innovation sector is a vital component in improving the health and wellbeing of Australians and maximising the economic gains associated with doing so. Beyond immediate health benefits, the sector drives job creation, supports high-value industries, and improves workforce participation by reducing the burden of disease. Australia's economic future hinges on ensuring the health and medical research, development and innovation sector is prioritised and supported to flourish.

National prioritisation of health and medical research, development and innovation within the productivity agenda will position Australia as a leader in health outcomes, global innovation, enhance economic diversification, and respond to demographic and healthcare system pressures with evidence-driven solutions. In order to achieve cost neutral, we have to continue to invest, even modestly, in order to drive economic diversification, resilience, growth and budget.

¹ KPMG. (2018). 'Economic Impact of Medical Research in Australia'. KPMG.

² Research Australia. (2025). 'Call for an Arthritis and Musculoskeletal Medical Research Future Fund (MRFF) Mission: Recovery'. See https://researchaustralia.org/wp-content/uploads/2025/09/RA-x-AA_MRFF-Communique.pdf

³ Ibid.

⁴ Ibid.

⁵ McKinsey Global Institute. (2020). 'Prioritizing health: A prescription for prosperity'. McKinsey & Company.

⁶ Ibid.

Health and Medical Research Quick Facts

- For every \$1 invested in medical research, at least \$4 is returned to the Australian economy^{7 8}
- Chronic conditions account for around \$82 billion (or 48%) of all disease spending⁹
- Around a quarter (24%) of all Australian Research and Development (R&D) is spent on HMR¹⁰
- 2.9% of the \$252.5 billion spent on health is on HMR¹¹

The productivity potential of the health and medical research, development and innovation sector to all of the government's 5 pillar productivity agenda is extensive:

A more dynamic and resilient economy: Health and medical research, development and innovation improves population health; lowers healthcare costs; and supports economic growth by advancing disease prevention, diagnosis, and treatment through local industries and global investment.

Investing in the net zero transformation: Contributing to climate goals by reducing the healthcare system's carbon footprint, developing sustainable technologies, and informing policy on climate-related health risks, aligning climate, health and productivity agendas.

Building a skilled and adaptable workforce: A healthier population underpins a productive and innovative workforce across every sector. Specifically, expanding the health and medical research, development and innovation sector offers career pathways in emerging fields like MedTech and digital health, fostering a highly skilled domestic workforce, contributing to our knowledge economy.

Harnessing data and digital technology: Australia's ability to boost productivity is closely linked to its adoption of digital and data innovation, where the benefits of technological and digital transformation are nowhere more evident than in digitally and AI enabled healthcare system which realises the potential of health data as a critical national asset.

Delivering quality care more efficiently: The health and medical research, development and innovation sector drives improvements in healthcare delivery by embedding innovation into clinical practice, informing evidence-based policy, and supporting real-world and consumer-led research. These activities reduce health disparities, improve outcomes, and contain costs to the health system, contributing to a more efficient, sustainable and value-based healthcare system aligned with national productivity goals.

⁷ KPMG. (2018). 'Economic Impact of Medical Research in Australia'. KPMG.

⁸ Research Australia. (2025). 'Call for an Arthritis and Musculoskeletal Medical Research Future Fund (MRFF) Mission: Recovery'. See https://researchaustralia.org/wp-content/uploads/2025/09/RA-x-AA_MRFF-Communique.pdf

⁹ Australian Institute of Health and Welfare (AIHW). 'Health system spending on disease and injury in Australia 2022–23'. Accessed 4 September 2025

¹⁰ Research Australia Analysis of ABS. (2025). 'Research and Experimental Development, Businesses, Australia Dataset'. See <https://www.abs.gov.au/statistics/industry/technology-and-innovation/research-and-experimental-development-businesses-australia/2023-24>. Accessed 1 September 2025.

¹¹ AIHW. (2024). 'Health expenditure Australia 2022–23'. See <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/overview/total-health-spending>. Accessed 4 September 2025.

About Research Australia

Setup by government following a landmark review in 2000, Research Australia is the national peak body for the health and medical research and innovation sector. Our membership is drawn from the whole pipeline of health and medical research and innovation, from universities and medical research institutes to charities and patient groups, and health care providers and companies commercialising new health technologies. Our priorities include a whole of systems approach to health and medical research and innovation, smarter investment, workforce and advancing prevention. Underpinning these priorities are equitable health outcomes; collaboration; AI and digital health, data and data linkage.

Research Australia offers the following insights and recommendations, drawing upon our expertise and previous work as the collective voice of the HMR&I ecosystem, to inform the finalisation of the Productivity Commission's report. This submission also draws on a recent Research Australia Health Economics Symposium, which convened more than 100 policymakers, health economists, clinicians, researchers, consumer peak organisations and industry leaders. Held at a critical moment of national policy reform, the Symposium reached clear consensus that if we harness our research strength, apply health economics to policy making and invest in health services research, we can strengthen our health systems and build a healthier population and a more productive, competitive Australia.

Research Australia remains committed to progressing the recommendations and broader insights from our membership across the ecosystem.

Summary of Recommendations:

Elevate the Research Workforce as a Key Pillar of Productivity	- Elevate the essential role of the HMR&I sector in sustaining and increasing workforce participation in Australia through improved population health. - Systematically embed health economics across all government NPPs to ensure prevention / health-responsive budgeting.
Improve Coordination Through a National HMR&I Workforce Plan	- Work across Government portfolios to prioritise and expedite the development of a National HMR&I Workforce Plan to bolster Australia's skilled and globally competitive workforce. - Develop a monitoring and evaluation framework, including identification and addressing of data gaps. - Increase health economics and health services research in policy design and development to broaden understanding and evidence outcomes relating to investment in better health outcomes and healthcare models.
Priority Workforce 1: Early Mid-Career Researchers and	Invest in a National Early-Mid Career Research Longitudinal Survey to monitor trends, identify opportunities, and recommend positive systemic changes across HMR&I sectors for a sustainable future workforce.

Academics (EMCR / EMCAs)	• Governments, funders, and research organisations should jointly commit to measures to increase EMCR job security by reducing reliance on casual and short-term employment, changing the mix of funding to support more permanent research positions. • Create centrally funded national programs for professional development available to all EMCRs. These could provide professional development opportunities at low or no cost, including subsidised travel costs and living expenses, and/or provide stipends for longer courses. • Increase the funding provided for researcher salaries in the Professional Support Packages (PSP) to levels that reflect competitive remuneration in the sector. • Commit to a policy framework that recognizes the significance of supporting EMCRs for the sustainability of the research workforce, potentially using models like the UK's Research Development Concordat to ensure commitment to career development and progression. • Better recognise the contributions of EMCRs in grant applications, ensuring that grant money contributes to their salary if successful.
Priority Workforce 2: Clinician Researchers	• The Australian Government should prioritize the development of a National Clinician Researcher Workforce Strategy that integrates clinical practice and research training. • Integrated research and clinical training programs should be widely available across Australia. • Progress a new, streamlined funding scheme to support clinician researchers with two streams - existing clinician researchers with a PhD and clinicians commencing or undertaking a PhD.
Priority Workforce 3: Lived Experience Researchers	• Bolster the role of lived experience researchers in future service design and delivery across policy domains.
Address Workforce Maldistribution in Priority Populations; Including First Nations; Women and Gender Diverse; People with Disability; and RRRvR Communities	• Develop / identify / implement models to increase RRRvR EMCRs and clinician researcher workforce. • Develop / implement systematically planned, and resourced place based / region-wide research training models for health service workforce. • MRFF and NHMRC grants to establish long (>5 y), fixed-term Chair of Rural Research positions based in RRRvR locations, that are site rather than project specific. • Australian Department of Health, Disability and Aged Care to provide for additional Rural Health Medical Training (RHMT) funds specifically for RRRvR led research.

Address Gender Inequities	• <i>Implement targeted mentoring, leadership programs, and inclusive policies to tackle the underrepresentation of women in senior leadership positions.</i> • <i>Regularly scan for key issues and trends, engage with policy frameworks and institutions to identify opportunities and systemic changes, and recommend positive systemic changes for a sustainable future workforce through longitudinal surveys and data collection.</i>
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Introduction

The Productivity Commission's *Building a more skilled and adaptable workforce* interim report presents timely and valuable recommendations to enhance educational pathways, refine occupational entry regulations, and promote flexibility in workforce development that have clear merit for strengthening Australia's adaptability to emerging economic demands. However, it is vital that the final report explicitly recognises health and medical research and innovation not only as a pivotal contributor to workforce participation through improved population health, but also as a foundational sector in its own right – one that cultivates a highly skilled workforce. Research Australia therefore submit a range of measures and focus areas to elevate the sector and ensure it has the capacity and capability to generate a future-ready workforce equipped to address Australia's productivity challenges.

Elevate the Research Workforce as a Key Pillar of Productivity

Labour force participation and absenteeism are issues of primary interest when it comes to improving productivity in Australia. Labour force participation is intrinsically linked to the burden of chronic disease, which is a significant inhibitor to large swathes of the Australian population participating in the workforce. People with chronic disease are 60% more likely to not participate in the labour force, are less likely to be employed full-time, and more likely to be unemployed, than those without chronic disease¹².

If action were taken to address the wider determinants of health, then it is estimated that 170,000 extra Australians could enter the workforce, generating \$8 billion in extra earnings, annual savings of \$4 billion in welfare support payments, and 60,000 fewer people would need to be admitted to hospital annually resulting in savings of \$2.3 billion in hospital expenditure¹³. Health and medical research and innovation plays a vital role in addressing the challenges of labour participation by advancing knowledge and products for disease prevention, diagnosis, and treatment. By reducing the burden of disease, innovative research lowers barriers to stable employment, decreases workplace absenteeism, alleviates reliance on unpaid carers, and ultimately reduces healthcare costs. A healthier population is a more engaged and productive

¹² Australian Institute of Health and Welfare (AIHW). (2009). 'Chronic disease and participation in work' Australian Government.

¹³ Brown L, Thurecht L, and Nepal B. (2012). 'The cost of inaction on the social determinants of health'. National Centre for Social and Economic Modelling, University of Canberra.

workforce, and the Productivity Commission must recognise and elevate the HMR&I sector as a critical asset in enabling workforce activity in Australia.

Recommendation:

- *Elevate the essential role of the HMR&I sector in sustaining and increasing workforce participation in Australia through improved population health.*
- *Systematically embed health economics across all government NPPs to ensure prevention / health-responsive budgeting.*

Improve Coordination Through a National HMR Workforce Plan

Australia needs to attract, develop and retain a health and medical research and innovation workforce suitable for Australia's future productivity needs. Current data on the health and medical research workforce is fragmented and incomplete, limiting our ability to accurately assess capacity, skills gaps, and future needs. Much of the information is spread across institutions, disciplines, and funding bodies, with little consistency in definitions or reporting. The 2024 Health and Medical Research Workforce Audit provides an important snapshot, but it is constrained by gaps in coverage and an inability to capture the full diversity of research roles, career pathways, and emerging fields such as clinician researchers. As a result, policymakers and funders lack the comprehensive, longitudinal evidence needed to guide workforce planning and investment. As the audit states, "without consistent, regular, and comprehensive data collection by responsible government agencies or peak bodies, any analysis will be limited to available disparate sources"¹⁴

To address this, the sector needs a comprehensive National Health and Medical Research Workforce Plan and data. Research Australia welcomes and acknowledges the enabling initiative included in the Draft National Health and Medical Research Strategy to develop an Australian HMR Workforce Plan. We implore the Productivity Commission to work across Government portfolios to prioritise and expedite the development of the Workforce Plan, recognising that Australia's HMR workforce is a critical asset to our global competitiveness, and an essential driver of a highly skilled domestic workforce.

Recommendation:

- *Work across Government portfolios to prioritise and expedite the development of a National HMR Workforce Plan to bolster Australia's skilled and globally competitive workforce. The plan should:*
 - *Address the whole pipeline of skills required from initial discovery through to innovation, including translation, entrepreneurship, product development, commercialisation and manufacturing.*
 - *Support a highly skilled and sustainable research workforce with circular mobility between academia, industry and other sectors across the pipeline.*
 - *Align with changes required in our K-12 education curriculum and national plans to increase the development of skills needed for our future needs.*

¹⁴ Department of Health, Disability and Ageing. (2024). 'The Australian Health and Medical Research Workforce Audit'. Mandala. Pg 9.

- *Be aligned with key measures across other workforce strategies.*
- *Ensure universities (and other institutions across the ecosystem) are equipped to train the next generation of researchers.*
- *Retain Australian researchers and attract the world's best talent.*
- *Prioritise marginalised workforces.*
- *Develop a monitoring and evaluation framework, including identification and addressing of data gaps.*
- *Increase health economics and health services research in policy design and development to broaden understanding and evidence outcomes relating to investment in better health outcomes and healthcare models.*

Supporting a Highly Skilled Domestic Workforce

As well as enabling workforce participation across the economy by reducing the disease burden, Australia's HMR&I sector is also essential for generating high-value career pathways, particularly in burgeoning fields like MedTech and digital health, and for cultivating a highly skilled domestic workforce. The sector is pivotal for job creation, supporting advanced industries, and developing transferable skills (such as analytical thinking, critical thinking, and problem-solving) that benefit the broader Australian economy. Specific supports for the health and medical research workforce to flourish is of critical importance, especially given the exponential growth in technology, precision medicine, and the demand for research driven by an ageing population and rising disease burden.

Research Australia propose measures below to strengthen the existing workforce, including interventions to improve coordination, address current gender and geographical imbalances, and support priority workforces – specifically clinician-researchers, early-to-mid career researchers (EMCRs), and lived-experience researchers. By progressing these key reforms, Australia will benefit from a highly skilled, innovative and globally competitive workforce.

Priority Workforce 1: Early Mid-Career Researchers (EMCR)

Early and Mid-Career Researchers (EMCRs) are typically defined as those up to 6 years post-PhD (Early Career Researchers) and in the subsequent 10 years (Mid-Career Researchers). Australia's health and medical research sector faces significant challenges in supporting and retaining this critical workforce segment. Research Australia have highlighted work-life balance and stress, career development and support, and issues with workplace culture amongst some of the significant challenges facing the EMCR workforce. Previous Research Australia analysis found that EMCRs often accept more junior roles, are underpaid relative to their qualifications, work part-time hours but longer hours, and put in unpaid overtime. Furthermore, EMCRs report high levels of poor mental health and bullying in the workplace.

Research Australia, through its EMCR Working Group and various submissions, has consistently highlighted the need for systemic changes to support EMCRs and the broader HMR&I workforce.

Research Australia implore the Productivity Commission to progress with the key actions listed below to bolster the EMCR workforce, so it is future-ready for Australia's productivity needs.

Recommendations:

- *Invest in a National Early-Mid Career Research Longitudinal Survey to monitor trends, identify opportunities, and recommend positive systemic changes across HMR&I sectors for a sustainable future workforce.*
- *Governments, funders, and research organisations should jointly commit to measures to increase EMCR job security by reducing reliance on casual and short-term employment, changing the mix of funding to support more permanent research positions.*
- *Create centrally funded national programs for professional development available to all EMCRs. These could provide professional development opportunities at low or no cost, including subsidised travel costs and living expenses, and/or provide stipends for longer courses.*
- *Increase the funding provided for researcher salaries in the Professional Support Packages (PSP) to levels that reflect competitive remuneration in the sector.*
- *Commit to a policy framework that recognizes the significance of supporting EMCRs for the sustainability of the research workforce, potentially using models like the UK's Research Development Concordat to ensure commitment to career development and progression.*
- *Better recognise the contributions of EMCRs in grant applications, ensuring that grant money contributes to their salary if successful.*

Priority Workforce 2: Clinician Researchers

Clinician researchers are trained health practitioners across fields such as medicine, nursing, midwifery, or allied health, who also engage in research. They play a critical role in bridging the gap between scientific knowledge and healthcare delivery, ensuring research addresses real-world problems, and accelerating the adoption of new evidence into practice. This is important, as when healthcare providers are research active, processes of care and patient outcomes become enriched and improved¹⁵.

Research Australia have previously reported significant challenges within the clinician researcher workforce, and while there are no reliable statistics, the consensus is that the number of clinician researchers is declining. Working and training in both clinical and research roles has been reported to be extraordinarily challenging due to enormous time demands. Other issues include funding and remuneration, job insecurity and a lack of managed career pathways (which have been largely ad hoc with no national framework for training and support), as well as workplace culture. Through our previous advocacy work, Research Australia have recommended key actions to mitigate the current unacceptable managed decline of the clinician researcher workforce. The Productivity Commission must prioritise clinician

¹⁵ Boaz, A., Goodenough, B., Hanney, S. et al. (2024). 'If health organisations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews'. Health Res Policy Sys 22, 113.

researchers as a priority workforce and essential component to addressing real-world problems and accelerating evidence-based practice.

Recommendations:

- *The Australian Government should prioritize the development of a National Clinician Researcher Workforce Strategy that integrates clinical practice and research training.*
- *Integrated research and clinical training programs should be widely available across Australia.*
- *Progress a new, streamlined funding scheme to support clinician researchers with two streams - existing clinician researchers with a PhD and clinicians commencing or undertaking a PhD¹⁶.*

Priority Workforce 3: Lived Experience Researchers

Lived experience researchers use their personal knowledge and expertise to inform the strategic direction, governance, design and delivery of research. They are most prominent in mental health research, in addressing research questions related to the delivery of care and service design. Almost half of all Australians will experience mental ill-health in their lifetime¹⁷, with too many people experience preventable physical and mental distress, disruptions in education and employment, relationship breakdown, stigma, and loss of life satisfaction and opportunities¹⁸. Untreated mental ill-health is also costing the Australian economy up to \$220 billion each year, which represents a significant drain on the nation's productivity¹⁹. Embedding the unique skillset of lived experience researchers across the workforce and policy domains will help develop effective care and service design and address some of Australia's biggest productivity challenges, including mental health.

Recommendation:

- *Bolster the role of lived experience researchers in future service design and delivery across policy domains.*

Address Workforce Maldistribution in Priority Populations: Including in RRRvR Communities; Women and gender diverse people; people with disability; and First Nations people

¹⁶ Research Australia Clinician Researcher Fellowship Proposal: All applicants who meet the selection criteria go into a lottery from which a certain number of five-year fellowships are awarded. The fellowships would fund 2-3 days per week of research of the applicant's choice. It could be solo research, research as part of a team or as leader of a team. Beyond assessing eligibility, there would be no other need to further evaluate applications. No peer review would be required. For further information contact policy@researchaustralia.org.

¹⁷ Productivity Commission. (2020). Mental Health. Productivity Commission Inquiry Report, No 95. Pg 9.

¹⁸ Productivity Commission. (2020). Mental Health. Productivity Commission Inquiry Report, No 95. Pg 2.

¹⁹ Ibid.

Specific workforce approaches need to be activated across the different priority populations to ensure diversity and equity is addressed. The following offer some examples of targeted approaches.

Regional, Rural, Remote and Very Remote

Health workforce recruitment and retention disparities between Regional, Rural, Remote and Very Remote (RRRvR) and metropolitan areas are well established. While 27% of Australians live in RRRvR areas (with 26% of all workers based there), only 13% of the health and medical research (HMR) workforce resides outside cities²⁰. Furthermore, the 2024 Australian HMR Workforce Audit found regional researchers frequently face limited access to training and funding compared to metropolitan peers²¹.

To address this, holistic, whole-of-pipeline RRRvR workforce models are needed. These should prioritise Early to Mid-Career Researchers (EMCRs), clinician researchers, and leadership roles that build sustainable rural research hubs. Such positions should be treated as core research infrastructure, not tied solely to individual projects. Beyond traditional pathways, strengthening the research capacity of the existing health workforce is critical for translating evidence into practice and advancing health equity. This requires systematically planned, region-wide research training models that are well resourced and place-based²². Without such an approach, RRRvR areas risk losing clinician engagement in research and inhibitors to attracting and retaining EMCRs and other researchers.

Recommendations:

- *Develop / identify / implement models to increase RRRvR EMCRs and clinician researcher workforce.*
- *Develop / implement systematically planned, and resourced place based / region-wide research training models for health service workforce.*
- *MRFF and NHMRC grants to establish long (>5 y), fixed-term Chair of Rural Research positions based in RRRvR locations, that are site rather than project specific.*
- *Australian Department of Health, Disability and Aged Care to provide for additional Rural Health Medical Training (RHMT) funds specifically for RRRvR led research.*

Address Gender Inequities

Despite making up 52% of the health and medical research (HMR) workforce, women remain underrepresented in senior positions, holding only 25% of top roles and facing pay disparities at higher remuneration levels²³. Furthermore, career interruptions disproportionately affect

²⁰ Department of Health, Disability and Ageing. (2024). The Australian Health and Medical Research Workforce Audit. Australian Government. <https://www.health.gov.au/sites/default/files/2024-11/the-australian-health-and-medical-research-workforce-audit.pdf> Accessed 25 June 2025.

²¹ Ibid.

²² Quilliam et al. (2023). 'Design and implementation characteristics of research training for rural health professionals: a qualitative descriptive study'. BMC Medical Education 23:200.

²³ Department of Health, Disability and Ageing. (2024). 'The Australian Health and Medical Research Workforce Audit'. Mandala.

women (55% vs 27% of men), with parental leave accounting for 76% of these breaks which can hinder early career progression²⁴. Caring responsibilities and out-of-hours commitments further disadvantage women, particularly Early and Mid-Career Researchers (EMCRs)²⁵.

Men are also significantly more likely to hold senior roles on research grants, serving as Lead or Chief Investigators in 79% of cases²⁶. According to previous Research Australia analysis, added challenges such as job insecurity from fixed-term contracts and higher attrition due to unstable funding further exacerbate inequities, especially in health services research where women are overrepresented. Organisations that embrace gender diversity and inclusion see tangible benefits, from increased innovation and productivity to improved employee satisfaction and financial success²⁷. Research Australia propose the following recommendations to ensure these benefits can be realised to further support the development of a highly skilled health and medical research and innovation workforce in Australia.

Recommendations:

- *Implement targeted mentoring, leadership programs, and inclusive policies to tackle the underrepresentation of women in senior leadership positions.*
- *Regularly scan for key issues and trends, engage with policy frameworks and institutions to identify opportunities and systemic changes, and recommend positive systemic changes for a sustainable future workforce through longitudinal surveys and data collection.*

Conclusion

The Productivity Commission must recognise the indispensable role of the health and medical research and innovation sector in both underpinning and developing a highly skilled and adaptable workforce. Research Australia calls on the PC to elevate the sector in their final report as a critical asset in enabling workforce activity across Australia and progress the raft of measures proposed to strengthen the existing and emerging HMR&I workforce. By progressing these key reforms, Australia will benefit from a highly skilled, innovative and globally competitive workforce which can harness the exponential growth in technology and medicine, and the demand for research driven by an ageing population and rising disease burden.

Research Australia looks forward to further engagement with the Productivity Commission and the Australian Government to ensure that HMR&I is recognised and leveraged to its full potential in building Australia's healthy and prosperous future.

²⁴ Ibid.

²⁵ Research Australia. (2024). 'Clinician Researchers: Research Activating the Australian Health System'. Research Australia.

²⁶ Department of Health, Disability and Ageing. (2024). 'The Australian Health and Medical Research Workforce Audit'. Mandala.

²⁷ See <https://unglobalcompact.org/compactjournal/promoting-equity-workplace-building-stronger-workforce-all>

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Warm regards,



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