WAHTN

Western Australian Health Translation Network

IMPACT REPORT

2025 – 2026

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Acknowledgements

WAHTN acknowledges the Traditional Owners of Country throughout Australia and acknowledges their continuing connection to land, waters and community. We pay our respects to the people, the cultures and the Elders past and present.

General Manager's Foreword

I am pleased to present the 2025-26 Western Australian Health Translation Network Impact Report, highlighting the achievements and impact of the Western Australian Health Translation Network over the past year.

This report reflects the collective efforts of our Partner Organisations, researchers, clinicians, consumers, and collaborators who work together to ensure that research translates into meaningful improvements in healthcare, policy, and practice. During the year, we strengthened our focus on research translation through initiatives such as the WAHTN Implementation Science Platform, the WAHTN Knowledge Hub, and the continued growth of our Consumer and Community Involvement Program.

We also welcomed Professor Steve Webb as WAHTN Board Chair. His leadership has helped shape a refreshed strategic direction focused on delivering research solutions to health service challenges and maximising impact across the health system.

I would like to thank the dedicated WAHTN team, our 21 Partner Organisations, and WAHTN's many stakeholders for their continued support, collaboration, and commitment. The achievements highlighted in this report demonstrate the value of working together to improve the health and wellbeing of Western Australians, and we look forward to building on this momentum in the years ahead.

Dr Debbie Turner
General Manager
Western Australian Health Translation Network

Chair's Foreword

I am delighted to have accepted the ministerial appointment as Chair of the Western Australian Health Translation Network Board and to have the opportunity to contribute to WAHTN's important mission of improving health outcomes through research, innovation and collaboration.

WAHTN plays a vital role in bringing together researchers, clinicians, health services, consumers, government and industry partners to ensure that evidence and innovation translate into meaningful improvements in healthcare. By working closely with our partners across Western Australia and beyond, we can strengthen our collective impact and help address the health challenges facing our communities.

I am particularly excited to see WAHTN continue to build on its strong foundations, foster new collaborations, and support the translation of world-class research into better care, improved services and healthier lives for all Western Australians. The opportunities ahead are significant, and I look forward to contributing to WAHTN's ongoing success and growth.

I would like to acknowledge and thank the members of the WAHTN Board and Membership Council for their dedication, expertise and commitment. Their leadership and stewardship have been instrumental in advancing the organisation's vision and achievements.

Professor Steve Webb
Chair
Western Australian Health Translation Network

WAHTN Partners

WAHTN is grateful for the ongoing support and engagement of its 21 Partner Organisations. A representative from each Partner Organisation sits on the WAHTN Membership Council, which sets the strategic direction of the network.

Board

WAHTN would like to thank the 2025-2026 Board members, who provided oversight of operations and ensured that activities aligned with WAHTN's strategic priorities. We would also like to thank The University of Western Australia who act as the centre agent on behalf of WAHTN's 21 Partner Organisations.

Professor Steve Webb
Chair

Professor Gerard Hoyne
Representing the University sector

Mr Steve Arnott
Representing the Medical Research Institute sector

Mr Robert Toms
Representing the Public Health Care sector

Professor Desiree Silva
Representing the Private Health Care sector

Dr Stacey Waters
Representing the WA Department of Health

Dr Lauren Goldie
Representing the Centre Agent (UWA)

Professor Rhonda Marriott AM
Representing the Aboriginal and Torres Strait Islander peoples

Ms Rael Rivers
Consumer Representative

Dr Debra Turner
Ex officio

About us

The Western Australian Health Translation Network (WAHTN) is a statewide collaboration that brings together Western Australia's universities, medical research institutes, public and private health services, PathWest, and the WA Department of Health to accelerate the translation of research into better healthcare outcomes.

As a National Health and Medical Research Council (NHMRC)-accredited Research Translation Centre (RTC), and member of the Australian Health Research Alliance, WAHTN works with its Partner Organisations to strengthen collaboration across the health system.

WAHTN's role is to facilitate the translation of high-quality health and medical research into practical improvements in healthcare delivery, policy, education, and innovation. By building research capacity and capability, supporting clinician researchers, championing consumer and community involvement, and accelerating the adoption of evidence-based innovations into policy and practice, WAHTN has helped create a more connected and impactful health research ecosystem that delivers tangible benefits for the health and wellbeing of Western Australians.

Health Service Engagement Strategy

A recurring challenge across Australia's research translation landscape has been ensuring that research is aligned with the priorities of health services and successfully implemented in practice. Recognising this gap, WAHTN has developed and recently endorsed a Health Service Engagement Strategy designed to bring health services, researchers, and innovators together around shared priorities.

The strategy starts with a simple principle: health services understand their operational challenges, while researchers bring expertise in evaluating and refining solutions. By creating structured pathways for health services to identify researchable problems and co-design projects with researchers, innovators, and consumers, WAHTN will help ensure that research efforts are practical, relevant, and focused on improving healthcare delivery.

Alongside project development, WAHTN is fostering Communities of Practice that build expertise in areas such as clinical trials, health economics, health services research, and implementation science. These collaborations strengthen the capability of the sector to generate evidence, evaluate innovations, and support lasting improvements in patient outcomes and health system performance.

Through this approach, WAHTN is laying the foundations for a more connected research and healthcare ecosystem in Western Australia, one where research is embedded in routine care, co-designed with end users, and positioned to deliver meaningful impact for patients, health services, and the broader community.

Consumer and Community Involvement Program (CCIProgram)

The WAHTN CCIProgram has traditionally provided tailored support to Partner Organisations through formal collaboration agreements, while ensuring all 21 WAHTN Partner Organisations have access to core consumer involvement advice, guidance and resources. Over the past year, the Program has seen increasing demand from across the broader WAHTN partnership, with organisations seeking support for defined projects, pilot initiatives and organisational priorities. This reflects a growing recognition of the value of meaningful consumer and community involvement in informing health and medical research.

This expansion of support has resulted in a diverse range of collaborations with WAHTN Partners over the past year, each tailored to the needs of individual organisations and projects. One such example was working with the **WA Country Health Service (WACHS)**, to develop their research and innovation framework. The CCIProgram supported WACHS to undertake a survey of people living in rural, regional and remote communities across Western Australia, bringing them together in a Community Conversation format to identify topics relevant to these communities. These issues included; access to digital health support, management of chronic conditions, mental health challenges and support, and end of life concerns.

The CCIProgram has also worked with the Joondalup Health Campus, operated by **Ramsay Health Care**, to develop a research priority setting process which enables consumers and carers to inform mental health research priorities, utilising their lived experience of mental health challenges. Planning is underway to facilitate a full day workshop, where consumers will be brought together to identify major research themes and priorities using survey responses from the broader community as the foundation.

CCIProgram held a statewide webinar to celebrate and discuss the release of the new NHMRC and Consumers Health Forum Statement on Consumer and Community Involvement in Research in May 2026.

The Sir Charles Gairdner Osborne Park Health Care Group, part of the **North Metropolitan Health Service**, have also begun new partnership work with the CCIProgram. The CCIProgram team has supported the development of an internal Consumer Involvement Framework which will support future growth, processes and structures, enabling researchers to connect with consumers and involve them in meaningful ways. In undertaking internal analyses, and developing a roadmap, the CCIProgram have connected with consumers and carers to explore how they want to be involved in research, and what would make involvement more accessible. From this work, detailed consumer insights will be used to inform the public-facing interface for the research department of Sir Charles Gairdner Osborne Park Health Care Group.

The **Child and Adolescent Health Service** (CAHS) has entered a second year of collaboration with the CCIProgram with the CCI Scholarships initiative, following a successful pilot program. Through this work, CCIProgram has supported more than 20 researchers through a series of education masterclasses, eCourses and one-on-one support to connect researchers and their projects to consumers with relevant lived experiences. By building core knowledge and understanding of consumer involvement practices, and helping to remove early barriers, this work has strengthened the CAHS Consumer Involvement Program.

Other important collaborations include ongoing support for **Edith Cowan University's** Nutrition and Health Innovation Research Institute (NHIRI), which is building its own capacity and CCI platform for consumer involvement activities. The Institute remains at the forefront of best practice in consumer involvement, using innovative methodologies such as photovoice, which can be read about in the Project SCENIC case study, available in this report.

In addition to the work with WAHTN Partners, the CCIProgram has strengthened its guidance and support with the WA innovation sector. CCIProgram has also collaborated with AUSCelerate (formerly MTPConnect) to present at their WAGES workshops, a Future Health Research & Innovation Fund supported initiative to build WA's capability and competitiveness in national funding schemes.

The increasing demand for tailored CCI support from across the WAHTN Partners demonstrates the growing maturity of consumer and community involvement across Western Australia's health and medical research sector. By supporting organisations at different stages of their consumer involvement journey, from individual projects through to organisation-wide frameworks and capacity building, the CCIProgram continues to strengthen the capability of the WAHTN network to undertake meaningful consumer involvement.

"It is encouraging to see WA researchers and institutions continuing to 'make visible' the commitment to lived experience informing all types of research" says Deb Langridge. "We know involvement is a recognised element of best practice, high quality research and it's exciting that WA is continuing to provide great examples of meaningful and relevant research outcomes as a result of embracing lived experience voices".

Deb Langridge is Lead of the WAHTN CCIProgram, a member of the NHMRC Research Committee and NHMRC MRFF Consumer Advisory Group, and Chair of the AHRA CCI Advisory Committee.

The CCIProgram Team delivering a Consumer and Community Involvement Masterclass.

Case Studies

The following impact stories are exemplars of how consumer and community involvement can have a beneficial impact on research processes and outcomes.

PROJECT SCENIC

Dr Mary Kennedy, Nutrition and Health Innovation Research Institute (NHIRI)

For many people undergoing cancer treatment, exercise is recommended by healthcare professionals to improve recovery, wellbeing, and quality of life. For consumers in a recent Photovoice-informed Micro Community Conversation facilitated by CCIProgram, accessing exercise support often felt like navigating an unfamiliar road without directions.

The Photovoice project is a key part of Dr Mary Kennedy's broader research around Standardising Care for Exercise and Nutrition in Cancer (SCENIC). Dr Mary Kennedy, from ECU's Nutrition and Health Innovation Research Institute (NHIRI), and the Project SCENIC Team are developing and implementing an exercise and nutrition referral pathway for Southwest Western Australia and sought out the WAHTN CCIProgram to facilitate a Micro Community Conversation which would inform the 'how' of their implementation research.

> "It feels like Russian roulette. Who gets the right information?"
>
> **SCENIC Consumer**

Through photographs, interviews, and facilitated discussion, six women from metropolitan and regional Western Australia shared their experiences of trying to stay active during and after cancer treatment. Their stories identified common barriers including fatigue, competing life demands, limited local services, and uncertainty about what exercise was safe or appropriate. Consumers described cancer care as being highly focused on medication, scans, and appointments, while exercise was rarely discussed as a routine part of treatment. As one consumer reflected, "It feels like Russian roulette. Who gets the right information?".

Through guided conversation and shared reflection, consumers discovered that the challenges they faced were not personal failures, but symptoms of a system that places the burden of finding information and support on people at a time of vulnerability. "Once you say it out loud together, you realise it's the system, not us," one consumer said.

The Photovoice approach allowed consumers to express complex emotions and experiences, through photos, that are often difficult to capture through traditional research methods, enabling deeper understanding for the SCENIC team. Images of stairs, traffic lights, and road signs became common symbols of perseverance, uncertainty, and the search for guidance.

A consumer photo for the Photovoice project, demonstrating their experience; "Not all outcomes happen equally, even with the same treatment. Barriers like fatigue, pain, limited support, lack of knowledge and access to care can shape who is able to exercise, and who is left behind."

As a result, consumers were able to reaffirm the need for exercise to be embedded in cancer care, with consistent information, clear referral pathways, and equitable access regardless of location or circumstance.

By creating a platform where lived experience could be shared, validated, and translated into actionable insights, CCIProgram helped ensure community voices will directly inform future research and improvements to cancer care in Western Australia.

PROMPT–RC

Associate Professor Amy Page, The University of Western Australia

The WAHTN CCIProgram began their involvement with the PROMPT project through facilitating a Community Conversation focused on improving consumer-centred medication management.

CCIProgram's Community Conversation, My Medications: Improving Consumer-Centred Medication Management, attracted strong interest from community members, and was used to inform the Medical Research Future Fund grant application that led to the Pharmacist Review to Optimise Medicines in Residential Aged Care (PROMPT-RC) project [1].

Community Conversation attendees took part in a 'dotmocracy' to rank the top thoughts and ideas shared according to what mattered most.

Community Conversation attendees discussed concerns about medications, resources that support medication management, and opportunities for technology to assist. A consistent message emerged: consumers wanted clear, accessible medicine information, greater involvement in decisions about their care, and support to have meaningful conversations with healthcare professionals.

The PROMPT-RC project is part of a larger research study, led by Associate Professor Amy Page from The University of Western Australia's Centre for Optimisation of Medicines, responding to recommendations from the Royal Commission into Aged Care Quality and Safety to improve medication management through the embedding of pharmacists into residential aged care facilities.

> "Consumer and community involvement influenced project processes more than the research questions."
>
> **Associate Professor Amy Page**

The success of consumer involvement in PROMPT-RC, led to COM-PROMPT (Community PROMPT) which aims to further address barriers to shared decision-making and expand consumer involvement in optimising medicine regimens to align with their priorities and treatment goals.

To ensure consumer voices remained central to the research project, CCIProgram worked with the research team to establish the PROMPT RC Consumer Advisory Group (CAG) to provide advice on project priorities.

Reflecting on the process, A/Prof Page noted that, "Consumer and community involvement influenced project processes more than the research questions."

The learnings from the Community Conversations and CAGs have continued to guide and inform all phases of the PROMPT project, including building the teams capacity and informing the development of clinical practice guidelines for de-prescribing in older people[2].

This case study demonstrates the lasting impact of meaningful consumer involvement. What started as a Community Conversation progressed into multiple funded projects, ongoing Consumer Advisory Groups, guideline development activities, and contributions to policy and practice. Through the support of the WAHTN CCIProgram, consumers became active partners in shaping research that is relevant, practical, and responsive to community needs, creating lasting improvements in medicine-related decision-making and health outcomes.

PROMPT-RC and COM-PROMPT have received support through the MRFF, the FHRI Fund, and an MRFF Early to Mid-Career Researcher Grant awarded in 2025 to continue the work through the PROMPT Intervention.

References

[1] https://doi.org/10.1136/bmjopen-2024-097345

[2] https://doi.org/10.5694/mja2.70174

Research Education and Training Program (RETProgram)

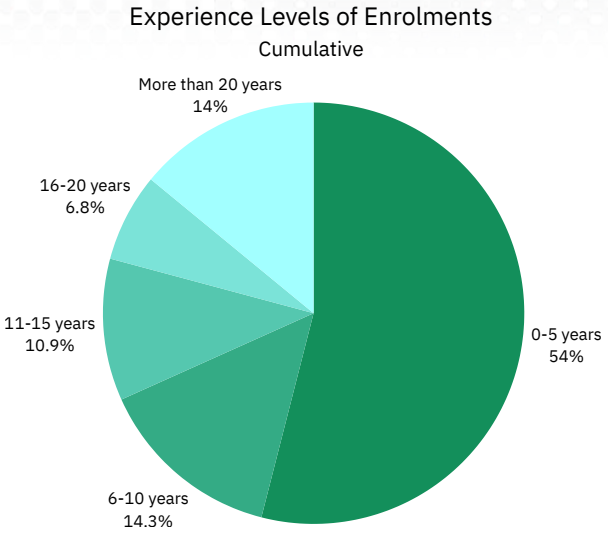
The WAHTN Research Education and Training Program (RETProgram) was established in 2015, with support from the WA Department of Health. Now in its eleventh year, the RETProgram is a key pillar of WAHTN and the broader health education sector of WA. The RETProgram has 16 active online courses, comprised of modules that cover basic to advanced research training topics, that have been undertaken by over 15,000 individual participants since the start of the RETProgram.

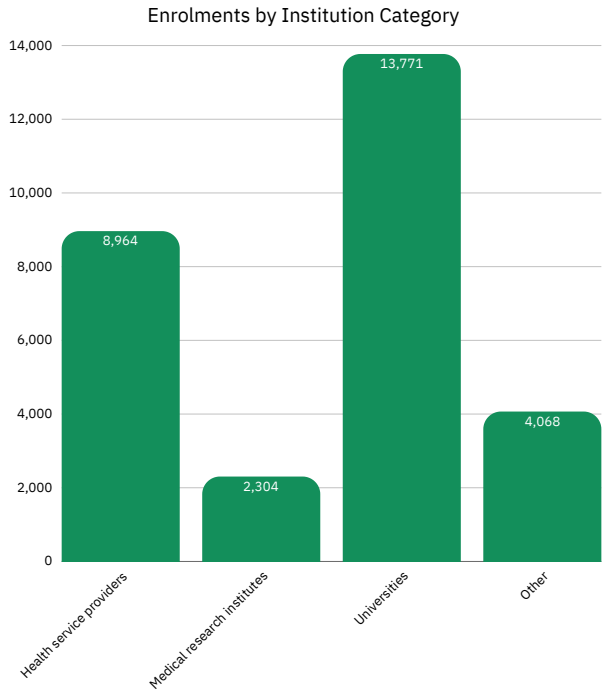
The flagship RETProgram Good Clinical Practice (GCP) courses were updated in 2025 to reflect current international and national guidelines. The update aligns with the latest principles outlined in the ICH E6(R3) GCP Guideline and incorporates updates from the National Statement 2025. The presentation and design of the courses were also improved to enhance the learner experience. Voice-over narration was added across the modules, and realistic scenario quizzes were introduced to help learners assess their understanding and apply GCP principles in practical situations.

Following the release of the updated GCP courses in August 2025, the GCP course participation rate has almost doubled, with 2,241 enrolled participants for the 2025-26 financial year compared with the previous year's enrolments of 1,534. The new course maintains a participant satisfaction rating of 4.24 out of 5, with feedback being continuously integrated.

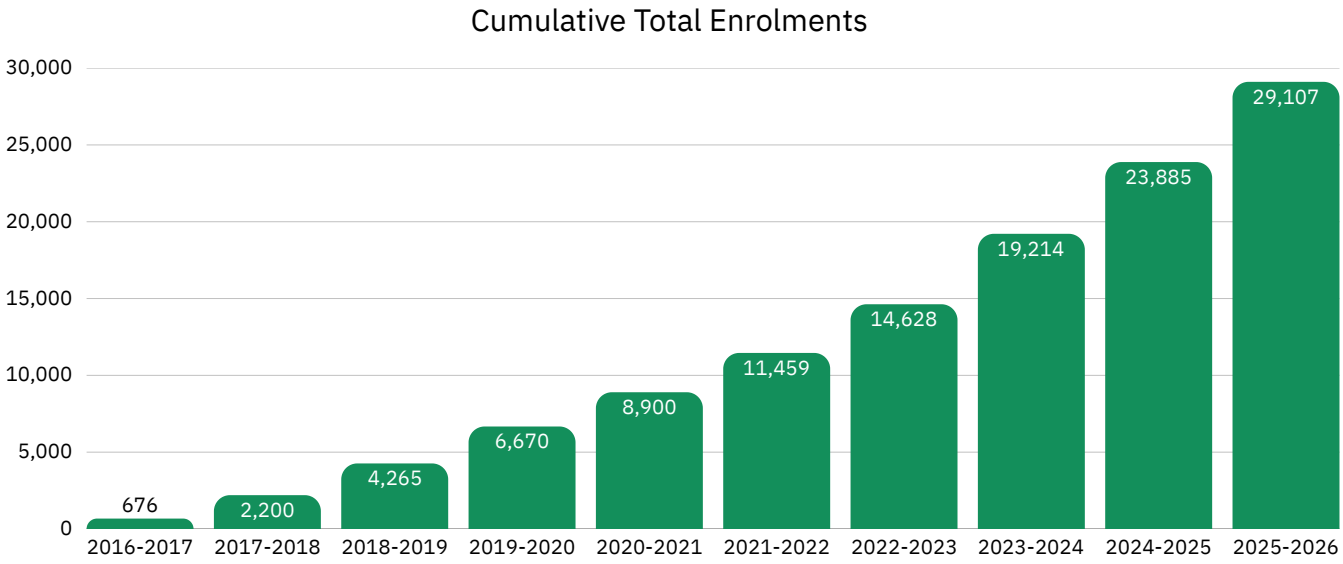
The updated Good Clinical Practice (GCP) is available as both a four hour, comprehensive course, or as a shorter 'refresher', which can be completed in two hours.

Across all RETProgram courses there were 5,222 new enrolments from 180 health and medical institutions in the 2025-26 financial year, the highest number of enrolments in a single year so far. The lifetime cumulative enrolments in courses by the end of the 2025-26 financial year was 29,107, from 15,613 individual participants.





Acquisition of new participants is primarily through educational institutes, with almost 4,000 participants describing their discipline as ‘student’, and within 0-5 years of experience. Scientific researchers and medical professionals represent the next largest user group. WAHTN Partners overwhelmingly make up the participant institution origin, with 80% having described themselves as from a WAHTN Partner Organisation.



The Knowledge Hub

Western Australia has a strong but highly fragmented health research training landscape. Courses, workshops, guidelines and events are scattered across multiple organisations, requiring researchers to rely on mailing lists, ad hoc networks and individual websites. This results in duplication, gaps, low visibility and inefficient use of time and resources.

To address this fragmentation, WAHTN has developed The WAHTN Knowledge Hub, which provides a coordinated, statewide solution: a single online gateway that consolidates research training opportunities, guidelines and events from all WAHTN Partner Organisations. The Hub features resource submission and suggestion pathways, strong search and filtering tools, and human-led content supported by light touch AI enhancements. It streamlines discovery, exposes capability gaps and enables evidence-informed planning.

The Knowledge Hub is a secure, scalable web platform with capabilities designed to support quick and easy resource finding. The ability to discover and search for courses, workshops, digital materials, guidelines and events is supported by an AI-assisted, natural language search feature. Dynamic filtering to narrow down resources further supports the search process.

The Knowledge Hub offers a personalised user experience through a secure login system. Registered users can access their search history, view saved searches, bookmark resources, and track previously accessed resources. They can also receive weekly notifications when new resources are added that match their saved search criteria.

Registered users can access an interactive calendar that makes planning for events and training straightforward. Filtering options, including delivery mode and location, help users identify relevant opportunities and plan their attendance more effectively.

Finally, The Knowledge Hub includes support for contributors, enabling both a suggestion system for content, and a form to upload existing resources to add to the Hub. Site manager approval is required for all resource contributions, maintaining quality and accuracy. A dashboard is available for administrative support, enabling the identification of unmet demand, popular topics, search behaviour and areas of research to address capability gaps.

You can explore The Knowledge Hub and its capabilities here.

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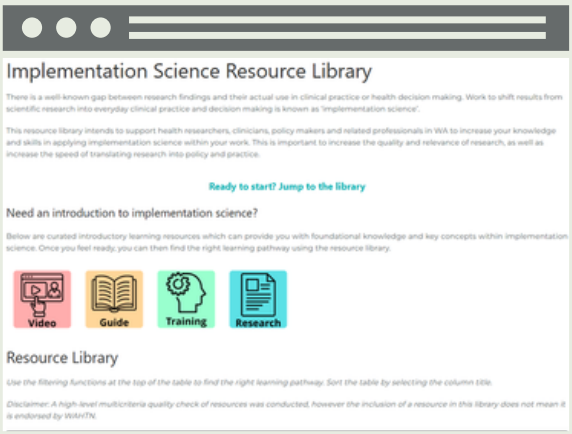
Implementation Science Platform

In early 2026, WAHTN launched its Implementation Science Platform, with the goal of providing foundational expertise, tools and training to help researchers, clinicians, clinician researchers, policy makers and related professionals navigate the practical challenges of putting research into practice.



The platform launched with the Implementation Science Resource Library, a dedicated and searchable collection of curated implementation science resources that is freely accessible through the WAHTN website. The library includes guides, tutorials, workshops and networks designed to support capability building and advance the practice and application of implementation science. The resource library was developed by the Edith Cowan University Implementation Café team, which is comprised of Dr Mary Kennedy and Dr Lauren Fortington (Nutrition and Health Innovation Research Institute) and Professor Sara Bayes (School of Nursing and Midwifery), with support from Dr Amy Vassallo and Georgia White.

In 2025 WAHTN partnered with the Implementation Café, a Nutrition and Health Innovation Research Institute (Edith Cowan University) initiative. Led by Dr Mary Kennedy and Dr Lauren Fortington (Nutrition & Health Innovation Research Institute) and Professor Sara Bayes (School of Nursing and Midwifery), the Implementation Café aims to strengthen WA's implementation science and translation capacity to meet the needs of WA researchers and clinicians, through workshops, monthly Lunch & Learn sessions, and development of online resources.

THE IMPLEMENTATION CAFÉ
brewing ideas for research impact

Upcoming platform initiatives include an Implementation Science Symposium in late 2026, which will bring together implementation science exemplars and case studies, alongside networking opportunities and a workshop. An implementation science Community of Practice is also being developed.

The development of the WAHTN Implementation Science Platform and its activities were supported through funding from the NHMRC Supporting Research Translation Centres grant.

Clinical Trials Enabling Platform (CTEP - WA)

The WAHTN Clinical Trials Enabling Platform of Western Australia (CTEP-WA) is led by John Curtin Distinguished Professor Chris Reid. CTEP-WA provides methodological support to investigators across WA regardless of institution or discipline, across the full trial lifecycle, from trial design and methodology through to clinical trial conduct and coordination, data management and linkage, biostatistical support, and auditing and monitoring services. CTEP-WA works closely with a range of WA health and research sector organisations with the shared goal of a thriving and connected clinical trials ecosystem across the state.

The CTEP-WA Team

Dr Jacquita Affandi led the clinical trials team and provided academic oversight for investigator-led trials. Dr Matthew McDonald coordinates work associated with CTEP-WA's training, resources, and capacity-building program.

Dr Jacquita Affandi

Dr Matthew McDonald

Dr Jun Chih and Dr Sharmani Bernard lead biostatistics and data linkage work respectively; Christine Robins supports monitoring and auditing; and John Barrett leads REDCap administration and software architecture.

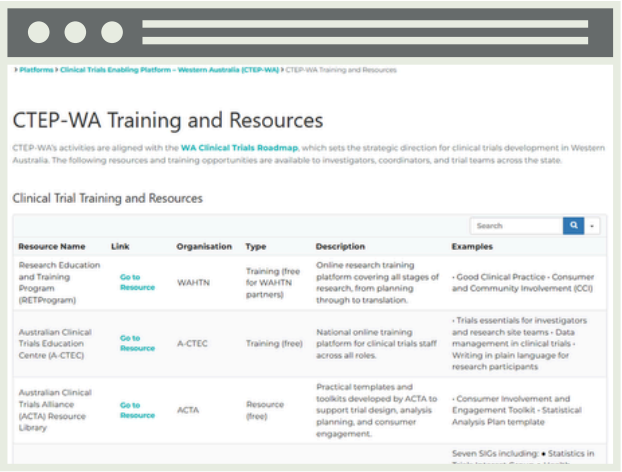
Clinical Trials Course

A highlight of the year was the delivery of a two-day face-to-face Clinical Trials Course in March 2026 delivered in partnership with the Stroke Trials Centre of Research Excellence (University of Sydney). The course attracted over 50 delegates including WA clinicians, academics, and consumers. Content covering core aspects of trial design, methodology and conduct was well received by participants.

> "It was a brilliant course - you cannot get training at that level anywhere else. World class researchers were incredibly generous in sharing their knowledge and experience. I just wished more of my colleagues could have attended. The networking was well organised."
>
> **Katarina, Consumer Clinical Trials Course Participant**

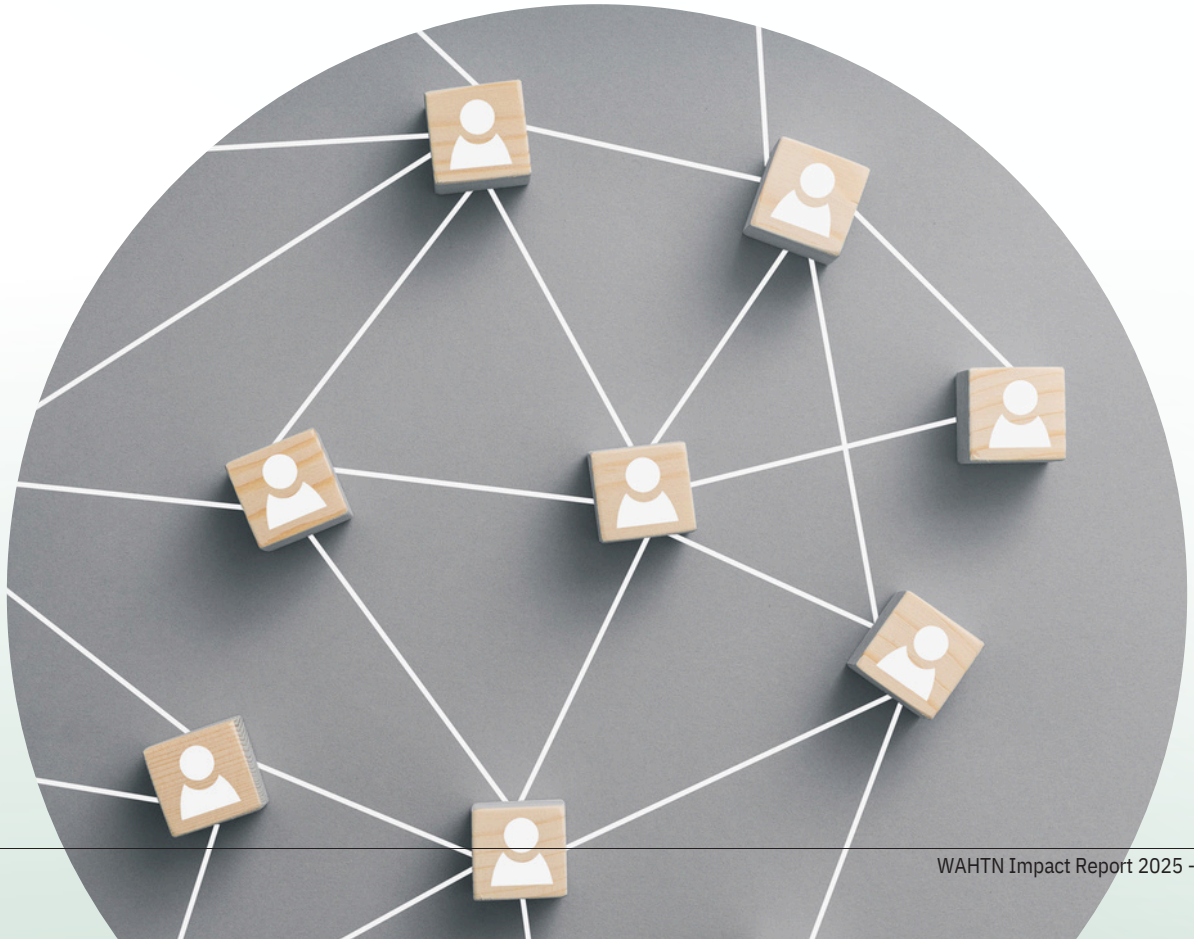
Capacity Building in WA

A dedicated CTEP-WA resources section has also been developed for the WAHTN website, giving investigators ready access to toolkits and signposting for trial design and conduct. The team are also developing a clinical trial coordinator onboarding module, to be hosted on the WAHTN RETProgram training platform, addressing a recognised gap in accessible onboarding resources for new coordinators in WA.



CTEP-WA and WAHTN have developed a regular Clinical Trials Forum as an initial step toward building a community of practice for clinical trial investigators in WA. The forum provides structured peer review of proposed trial designs before grant submission, with a focus on validity, feasibility, and capacity for impact. It supports investigators to strengthen their proposals and build methodological expertise across the WA trials community. The first Clinical Trials Forum will be delivered in late 2026.

CTEP-WA is also actively engaging with national and international clinical trials networks, to develop opportunities for knowledge exchange, collaboration, and capacity building to support the WA clinical trials community.



Allied Health

Since 2020, the Chief Allied Health Office (CAHO) within WA Department of Health has partnered with WAHTN to build Western Australia's allied health research capacity through the Enabling Allied Health Research Capacity Grants Program. Between 2020 and 2025, the Program provided almost $1 million in grant funding to support allied health clinicians across WA Health. In 2025, the Program funded 10 projects from across nine allied health professions, demonstrating its broad reach and impact across the allied health workforce.

In 2025, the Enabling Allied Health Research Capacity Grants Program, administered by WAHTN, introduced a new funding stream, the Allied Health Advanced Practice Capacity Building Grants, supporting the development and evaluation of new allied health advanced practice models of care through research or quality improvement activities.

The Enabling Allied Health Research Capacity Grants allocated to WA Country Health Service (WACHS) also directly contribute to the WACHS Allied Health Novice Researcher Fellowships Program. The Fellowship Program supports WACHS allied health professionals working in clinical settings gain research skills while undertaking a health service endorsed research project. Representing a range of disciplines, recipients of the 12-month fellowship are supported by WACHS Research and Innovation with mentors provided by the Curtin University School of Allied Health.

McCusker Centre for Citizenship

In November 2025, WAHTN established a new Strategic Partnership with the McCusker Centre for Citizenship.

The McCusker Centre for Citizenship's award-winning internship program partners with more than 650 not-for-profit, community, government, and non-government organisations to deliver a structured, high-quality experience for UWA students. To date, almost 5,800 students have contributed over 605,000 hours to community-benefiting projects through the program, with 98% of both students and supervisors indicating they would recommend it to others.

As a Strategic Partner, WAHTN takes on interns through the Centre's program and promotes the program across its network. A number of WAHTN Partners are already involved in the program as hosts, including the WA Department of Health, Harry Perkins Institute of Medical Research, Lions Eye Institute, Perron Institute, and The Kids Research Institute Australia.

WAHTN is delighted to have worked with the following three exceptional interns in Semester 1 of 2026, and look forward to providing further opportunities for McCusker Centre for Citizenship students.

Shanelle Houpapa, Master of Strategic Communication student, worked with the WAHTN CCIProgram team to capture the impact that CCI has on research priorities, processes and goals. The CCI impact stories featured in this report are part of her work.

Ismael Mastropasqua, Bachelor of Science student, Majoring in Biochemistry and Pathology, worked with the WAHTN Communications and Engagement Coordinator to contribute to the WAHTN RETProgram Impact reporting and supported the design and creation of this Impact Report.

Nevin Blessingh, Bachelor of Science student, Majoring in Biochemistry and Pathology, worked with the CCIProgram team to develop a survey to facilitate feedback, and identify opportunities for development of CCI work, services and training.

Australian Health Research Alliance (AHRA)

WAHTN is a proud member of the Australian Health Research Alliance (AHRA), which is comprised of the 12 NHMRC-accredited Research Translation Centres and 2 emerging Research Translation Centres, and facilitates the integration of healthcare, research and professional education to deliver better health outcomes across Australia.

Throughout 2025, AHRA engaged with Ms Rosemary Huxtable AO PSM, Chair of the National Health and Medical Research Strategy, to provide input to the development of the National Health and Medical Research Strategy. AHRA advocated for investment in key platforms to support research translation, including a clinical research workforce embedded within health systems, improved universal, timely and secure data access, and national platforms that enable streamlined and consistent research processes.

AHRA also strongly emphasised the need for investment in research infrastructure to build capacity and quality in proportion to need across priority populations, particularly for Aboriginal and Torres Strait Islander communities. The AHRA Regional, Rural and Remote (RRR) Subcommittee met separately with Ms Huxtable to highlight the specific challenges of conducting research in RRR settings, underscoring the importance of place-based, co-designed and Aboriginal-led approaches to addressing Indigenous health priorities.

The National Health and Medical Research Strategy has now been released, with AHRA featured as a case study under Focus Area 3.1 (Translation into health systems policy and practice). We also welcome the inclusion of WAHTN's CCIProgram as an exemplar, highlighted under Focus Area 3.3 (Consumers and communities as research collaborators).

This past year AHRA has been active in advancing CCI initiatives, launching the Health Research Hub, an online resource providing guidance and training on CCI in research, and supporting the recently released NHMRC Statement on Consumer and Community Involvement in Health and Medical Research. WAHTN has informed much of this work through CCIProgram Lead, Ms Debra Langridge, who chairs the AHRA CCI Advisory Committee, and is a member of the NHMRC Research Committee.

AHRA also provided feedback to NHMRC to inform its Research Translation Strategy 2026-2030, which was released in July. AHRA and WAHTN welcome the release, and NHMRC's commitment to strengthening research translation. AHRA Chair, Prof Carol Hodgson, said the strategy provides a strong national framework to accelerate the translation of research into improved health outcomes, stronger health systems and greater benefit for Australian communities. The Strategy recognises Research Translation Centres as critical drivers of research translation and impact, particularly through fostering partnerships between research and health services and strengthening research translation capabilities.

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