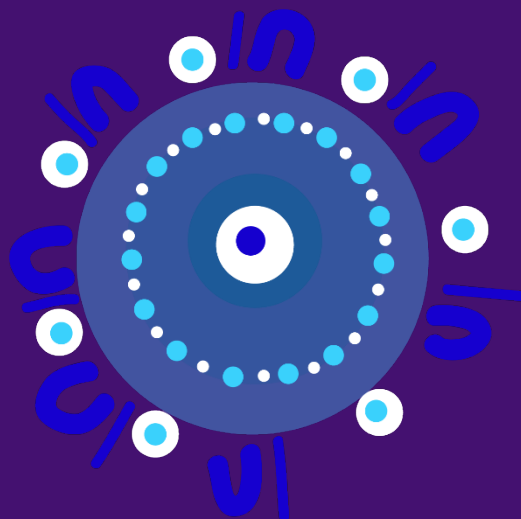


MNCLHD Research and Knowledge Translation Strategy 2025 – 2030

2025 - 2030

V1.0 April 2025



Acknowledgement of Country

Mid North Coast Local Health District (MNCLHD) acknowledges the Traditional Custodians of the lands across our District, traditional lands of the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.

We recognise their continuing connection to lands, waters and communities and we pay respect to Elders past, present and emerging. We commit to respect, protect, preserve and maintain Aboriginal and Torres Strait Islander people's culture and to conduct our business in accordance with cultural protocol and respect. We celebrate and share successes and are proud of the rich history of Aboriginal culture.

Within New South Wales (NSW) Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW. Throughout this document, the word 'Aboriginal' will be used to represent Aboriginal and Torres Strait Islander people.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

We are grateful to the Aboriginal community and local Aboriginal Community Controlled Health Organisations for their commitment to working together to improve health and wellbeing. Together, we remain determined to close gaps in health outcomes for all Aboriginal and Torres Strait Islander people.

This Strategy aligns with the MNCLHD Aboriginal Health Strategic Framework, Strategic Objective 6.1 'Research and knowledge translation focused on answering important service delivery questions'.

'We have been the subject of a lot of research in the past and it's important that researchers build connections and trust with Aboriginal communities as a critical first step to undertaking any research. It is equally important to share research outcomes with us, so we know what comes of it. The health service collects information from us every time we access services, it would be good to see how this information is used to provide better services and outcomes for Aboriginal people' - The views and voices of the Community in the development of the MNCLHD Aboriginal Health Strategic Framework 2024 - 2034.

In accordance with the MNCLHD Aboriginal Health Statement of Commitment, we commit to applying the following principles in our approach for research and knowledge translation:

Valuing Aboriginal Culture

We recognise the cultural values and traditions of Aboriginal communities. We value the unique contribution of our Aboriginal staff and all our services are culturally appropriate.

Equity in Healthcare

We recognise that sections of the Aboriginal community experience poor healthcare outcomes compared to non-Aboriginal people, and we strive to 'close the gap'.

Holistic Approaches

We acknowledge that Aboriginal Health encompasses not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of individuals, families and the community.

Real Community Engagement

The voice of Aboriginal people is at the centre of everything we do, and anything we do, we do with Aboriginal people and not to Aboriginal people. We involve Aboriginal people as early as possible in planning, designing, implementing and evaluating our services.

Genuine Partnerships

We plan, collaborate and work with our partners to meet the needs of Aboriginal communities and we ensure we complement and not duplicate services and programs. We engage as early as possible with our partners to plan and respond to the needs of our Aboriginal communities.

Strong Leadership

The District's senior leadership is committed to and prioritise 'Closing the Gap'. All our leaders model cultural competence and are committed to championing the delivery of culturally safe services and work environments for Aboriginal people.

We also ensure our research reflects the six core values identified by Aboriginal and Torres Strait Islander Peoples and articulated in the NHMRC documents: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders and Keeping research on track II.

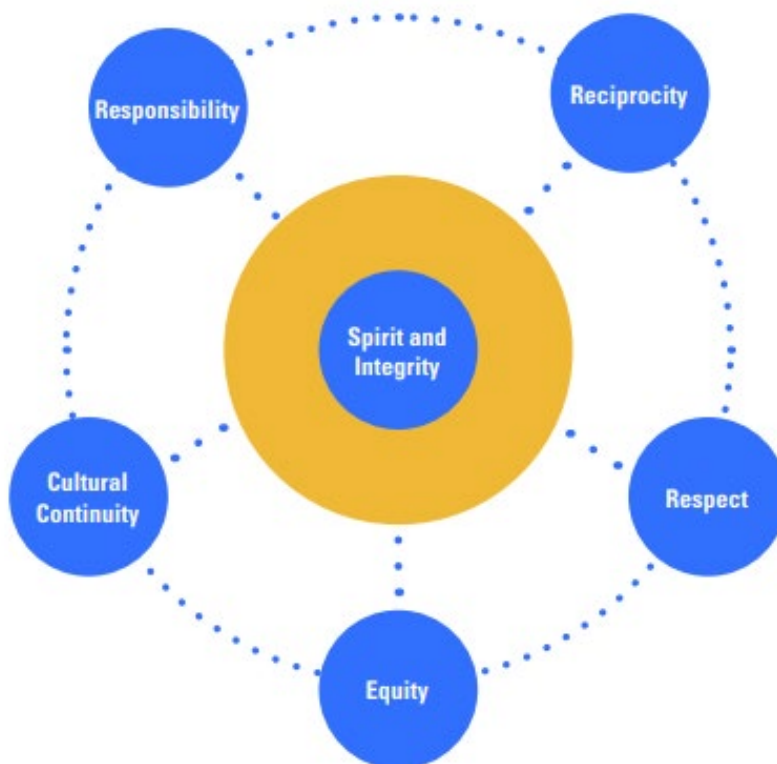


Figure 1 The six core values (Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders)

Sourced from: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018 and Keeping research on track II 2018.

MNCLHD Research and Knowledge Translation Strategy 2025 – 2030

Published by Mid North Coast Local Health District Research and Knowledge Translation Directorate

<https://mnclhd.health.nsw.gov.au/research/>

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More information

MNCLHD Research & Knowledge Translation Directorate

Morton Street, Port Macquarie NSW 2444

Telephone: (02) 6589 2123

Email: MNCLHD-Research@health.nsw.gov.au

Acknowledgements

We thank all who have contributed to the development of this Strategy.

We have consulted widely within the MNCLHD. All Governing Board Members, Senior Executive Team and staff of the MNCLHD had opportunity to review and provide feedback on the Strategy.

Consultation was also extended to our key external partners in the Aboriginal Community Controlled Health Organisation (ACCHO) sector, the University sector and Community reference groups.

We express our gratitude to all who contributed their valuable feedback towards the development of this Strategy.



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Endorsement for the Research and Knowledge Translation Strategy

Message from the MNCLHD Chief Executive and Governing Board Chair

The Mid North Coast Local Health District is strongly committed to research and knowledge translation as a key contributor to achieving our vision and purpose.

Our strategy outlines the approach we will take over the coming five years to ensure we continue to evolve our research capacity and capability. We will build on the breadth and strength of our research activity and continue to enhance the quality and impact of our research outputs.

In all aspects of research and knowledge translation, there are important opportunities to work with partner organisations, and to actively involve our team members and our community. Together, we can achieve excellence in health and medical research and knowledge translation that will improve the health of our communities and drive safe and efficient health care.



Peter Treseder AO
Governing Board Chair



Jill Wong
Chief Executive

Message from the MNCLHD Director Research & Knowledge Translation

The MNCLHD Research & Knowledge Translation Strategy outlines a comprehensive plan to drive high quality health and medical research.

The strategy articulates five key priority areas, across which we will work to deliver research impact, build capacity and capability, involve consumers, develop partnerships with purpose, and drive research excellence. We will focus on growing clinical trial activity across multiple disciplines to ensure our communities have access to the benefits of clinical trial participation. We will enhance our approach to knowledge translation and implementation, ensuring research findings translate into practice in the shortest possible timeframe. Most importantly, we will prioritise research that responds to the needs of our consumers and communities, while promoting health system improvements.



Dr Andrew Bailey

Director Research and Knowledge Translation



About the Mid North Coast Local Health District



Mid North Local Health District (MNCLHD) extends from Port Macquarie-Hastings Local Government Area (LGA) in the south to Coffs Harbour LGA in the North.

Traditional custodians of the land covered by MNCLHD are the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.

MNCLHD has an estimated population of more than 227,000 people in 2021, with 19% of residents over the age of 70 compared to 12% for New South Wales (NSW). The MNCLHD total population is expected to grow by 12% or 28,164 between 2021 and 2041. MNCLHD has the highest projected annual rate of growth (0.8%) of all the rural LHDs in NSW over this period. The highest population is within the 25 to 64 age group, though greatest growth is within the 65+ age group.

Table 1 MNCLHD population projections by age group, 2016 to 2036 Source: NSW DPE Population Projections, 2022

Age Group	2016	2021	2026	2031	2036	2021-2031	2021-2036
0 to 4 years	11,930	11,654	11,736	11,854	11,957	1.7%	2.6%
5 to 15 years	29,441	31,211	30,738	69,099	69,606	-18%	-2.0%
16 to 44 years	63,732	64,821	67,515	74,744	75,835	6.6%	7.4%
45 to 69 years	76,037	77,149	75,564	30,639	30,574	-3.1%	-1.7%
70 to 84 years	28,693	35,088	40,609	45,456	47,441	29.6%	35.2%
85 years and over	6,929	7,453	8,715	11,012	14,295	47.7%	91.8%
Total	216,762	227,375	234,877	242,804	249,708	6.8%	9.8%

In comparison to the population of NSW, the MNCLHD primary catchment population has a higher proportion of Aboriginal and/or Torres Strait Islander people (6.7% of Primary Catchment vs. 3.5% of NSW, 2020).

An estimated 11 per cent of residents were born overseas. Coffs Harbour has a growing number of refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leonean, Ethiopian, Eritrean and Somalian. Small numbers of migrants also reside in Laurieton, Wauchope and Port Macquarie.

The main health issues facing the MNCLHD population are mental health and the burden of chronic illness such as cardiac, pulmonary, diabetes, renal disease and dementia.

We provide a broad range of public health services to our community through seven public hospitals, and twelve community health centres. These services include the Mid North Coast Cancer Institute and Mid North Coast Brain Injury Service.

Our workplaces strive to make continuous improvement to workplace culture, embodying NSW Health's CORE values of Collaboration, Openness, Respect and Empowerment.



Our Research Environment

We aim to create a culture where research and evidence is valued and underpins our key decisions and actions. We strive to create an operating environment that supports effort across the research continuum and make sure the knowledge we gain from research is reflected in our health service delivery.

The MNCLHD is active in fostering our extensive research partnerships and will always advocate for greater investment in rural and regional health research.

Our Research Collaborations

MNCLHD partners with many organisations on different aspects of research and knowledge translation. Key partners include the tertiary institutions that have an active presence in our region as noted below:

Charles Sturt University (CSU) has a campus in Port Macquarie and a focus on health research with communities and industry so that the people of our regions can grow and flourish. Prioritising inclusive and culturally safe approaches, CSU lead and collaborate in place-based research with global reach and impact. Building research capacity with the MNCLHD enables translation and scaling of health care innovations.

Southern Cross University (SCU) has a campus in Coffs Harbour and is a dynamic University with a vibrant and innovative research program that focuses on issues that are both regionally relevant and globally significant. Areas of current collaboration with the MNCLHD include mental health, mental health nursing, midwifery, health equity and health workforce development.

University of New South Wales (UNSW) offers the full medical school program (years 1 – 6) in Port Macquarie with Rural Clinical Schools (RCS) in both Coffs Harbour and Port Macquarie (years 4 – 6). The Coffs Harbour RCS is co-located within the Coffs Harbour Health Campus while Port Macquarie campus is within 200m of Port Macquarie Base Hospital. The UNSW medical program provides medical students and junior doctors the opportunity to obtain regional medical training whilst developing a sustainable medical workforce that meets the needs of regional and rural Australia. In addition to general health service research, the MNCLHD Mental Health and Alcohol and Other Drugs Directorate is an active research partner with the National Drug and Alcohol Research Centre (NDARC), a part of UNSW.

University of Newcastle (UON) has a presence in Port Macquarie at the Shared Health Research & Education Centre and works alongside industry and community partners to make a difference in Australia and around the world. By involving students in the search for new knowledge, they are given opportunities to be part of solutions to the world's greatest challenges. The MNCLHD is an active research partner across a number of Population Health and research capacity building programs with UON.

In addition, the MNCLHD is a founding member of **NSW Regional Health partners (NSWRHP)**, a National Health and Medical Research Council (NHMRC) accredited Research Translation Centre (Regional, Rural, Remote), with a focus on improving the lives of people living in rural and regional NSW. NSWRHP actively support new ways of working by fostering connections among researchers, clinicians and health service managers to cultivate strong and genuine partnerships between the healthcare and academic sectors. Leveraging diverse skills, expertise and scale, the aim is to address the real health and health service needs faced by those living in regional and rural NSW.

Strategic Context

MNCLHD works closely with the Office for Health and Medical Research (OHMR) and the Agency for Clinical Innovation within the NSW Health Division of Clinical Innovation and Research. Established following the *NSW Health & Medical Research Review's*¹ recommendations, OHMR is tasked with developing, delivering, and monitoring the *NSW Health Research and Innovation Strategy 2025 – 2030*. The MNCLHD Research & Knowledge Translation strategy aligns with both the NSW Health and Medical Research Plan and Priority 6 of the *NSW Regional Health Strategic Plan 2022 – 2032*. OHMR supports for research across the state through a policy framework, funding opportunities such as the Translational Research Grant Scheme and Commercialisation Training Program, and by facilitating clinical trials. Additionally, OHMR collaborates with pillar organisations, local health districts, primary care providers and the non-government sector.

The MNCLHD Governing Board and Chief Executive establish the overarching strategic directions for research and knowledge translation for MNCLHD, and these priorities are reflected in the *MNCLHD Strategic Plan 2022-2032*.

The Research & Knowledge Translation Directorate (R&KTD) leads the implementation of strategic priorities and fosters a supportive environment for research and knowledge translation activities. A key aspect of this strategy is cultivating a robust clinical trial culture. To support this goal, the MNCLHD Clinical Trial Strategy 2025 – 2030 has been developed, aligning with the district's strategic objectives.

The Director Research & Knowledge Translation has overarching strategic responsibility for implementing the MNCLHD Research Strategy. The Research Directorate provides support to MNCLHD team members, universities and other external organisations in research development, guidance and site governance. Within the MNCLHD, R&KTD is responsible for research matters relating to:

- Strategy - key priority areas to deliver research impact, build capacity and capability, involve consumers, develop partnerships with purpose, and drive research excellence
- Operations – ensures the people, tools and processes are available to develop and conduct research
- Development – capacity and capability building programs to upskill our workforce to participate in research activities, and
- Governance – ensuring the principles, requirements and standards of research and research approvals are upheld

¹ NSW Health and Medical Research Strategic Review 31 October 2011 (<https://www.medicalresearch.nsw.gov.au/app/uploads/2018/07/strategic-review-discuss-paper-2012.pdf>)

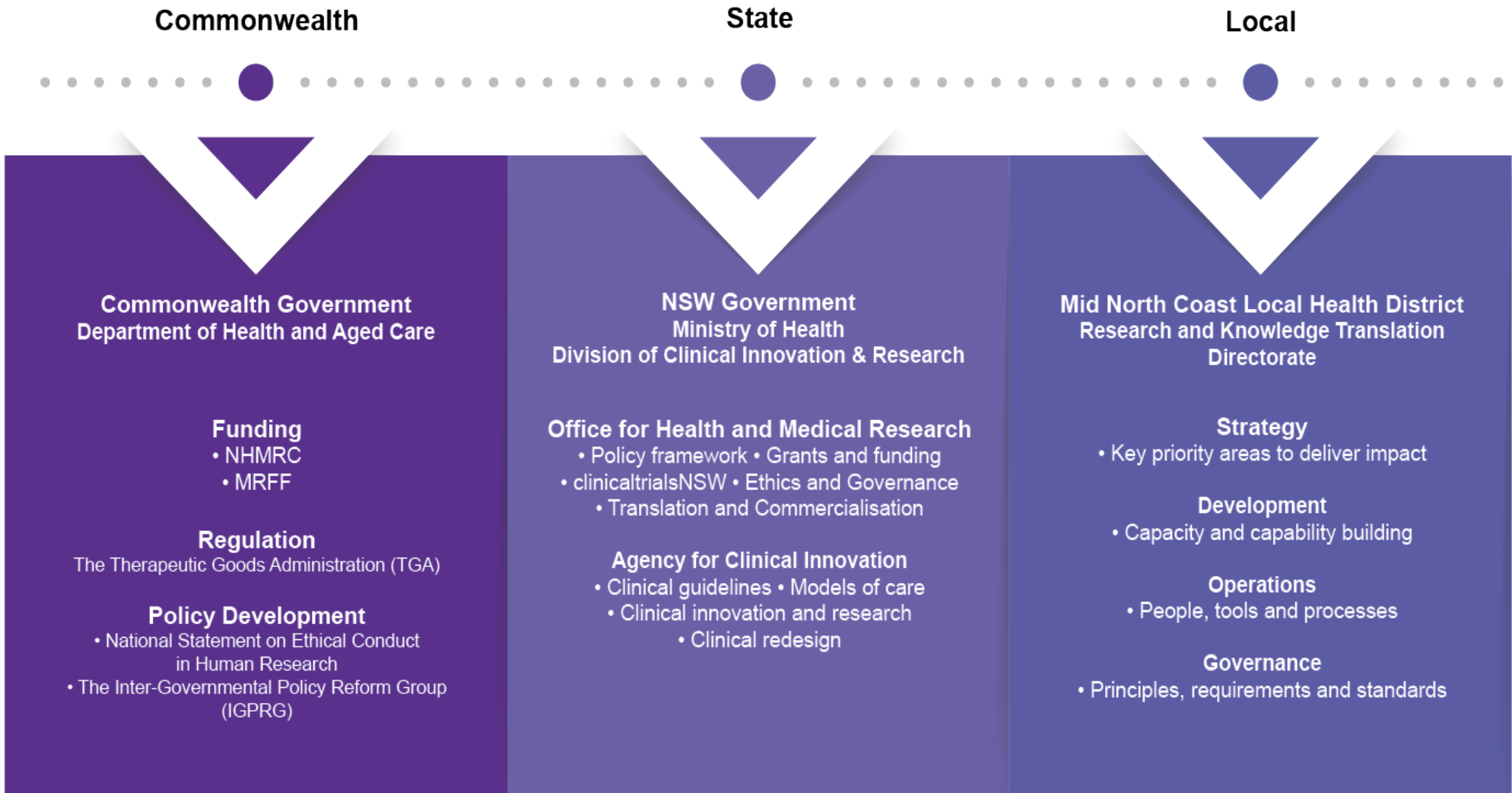


Figure 2 Strategic context of research in Australia

MNCLHD Research and Knowledge Translation Strategy 2025-2030

Overview

This Research Strategy contributes to the achievement of the MNCLHD's vision, purpose and strategic objectives.



Figure 3 Strategic alignment of the Research & Knowledge Translation Strategy

Key Principles

Research & Knowledge Translation across the MNCLHD will be guided by key principles:

Integrity



We have robust research governance and always conduct research according to the [Australian Code for the Responsible Conduct of Research](#) and the [Aboriginal Health and Medical Research Council Key Principles](#). Research findings are communicated in ways that promote confidence and trust in the integrity of our research.

Excellence



We strive for the highest quality in all our research endeavours. We adopt best practice in research methods and techniques and apply our learnings and insights to improve processes in our services as part of our commitment to research excellence.

Relevance



Our research seeks to find the best answers on how to improve health and health care and is guided by and relevant to the needs and priorities of Mid North Coast communities and our services. We prioritise research that can be applied in real life and adds value to the work we do by filling knowledge gaps.

Inclusiveness



Our research is planned, undertaken and communicated with deep respect for our diverse community, patients and workforce. We encourage consumers and community members to engage, collaborate and be partners in research. We strive for cultural safety in our research endeavours.

Collaboration



Our research is based on meaningful collaboration – we build the right partnerships so our research has the greatest chance of achieving impact and community benefit.

Key Priorities

Our strategy is defined by five key priority areas, and within each priority we outline the key actions that will drive the realisation of these priorities.



Priority 1: Facilitates research that drives positive impacts and outcomes



Priority 2: Building research literacy, capability and capacity



Priority 3: Involving consumers and the community in research



Priority 4: Developing meaningful partnerships and collaborations



Priority 5: Champion leadership for excellence in research and knowledge translation



Priority 1: Facilitates research that drives positive impacts and outcomes

Why this is important

To ensure our research activity generates continuous, demonstrable and sustainable improvements to the quality, accessibility, efficiency and effectiveness of healthcare practices and services that improve people's health and wellbeing.

What success looks like

- Transition to a Learning Health System to integrate research and evaluation into LHD activities (including policy development and service delivery) to be continuously studied, learned from and improved
- We prioritise, support and commission research that benefits the health and wellbeing of the Mid North Coast community
- We focus on what matters to improve the quality, accessibility, and effectiveness of services
- We ensure research findings are communicated in ways that encourage and inform improvement and evidence-based practice
- We ensure knowledge gained from research is translated into practice and policy

Strategic action areas

1. Continued widespread use of MNCLHD-developed research screening tools to ensure the needs of the Mid North Coast community and our Health Services are considered in the design and development of research programs
2. Provide training to improve the skills and capacity of MNCLHD staff in translating research findings into practice
3. Communicate and disseminate research findings – for example encourage and support internal dissemination of research findings and the publication in peer-reviewed journals and presentation of findings at scientific conferences
4. Continue and build new collaborations with relevant partners to bring an independent evidence-based perspective to health systems evaluation for health economic analysis
5. Intensive engagement in the development of the *Rural, Regional and Remote Clinical Trial Enabling Program* (R3CTEP) to deliver increased and more equitable access to clinical trials for patients in rural, regional, and remote (R3) areas
6. Engage with NSW Regional Health Partners (NSWRHP) to identify, develop, and deliver research programs that respond to local needs through its grant programs



Priority 2: Building research literacy, capability and capacity

Why this is important

The healthcare environment is constantly evolving. It is important we stay up to date with new developments and contribute to the evidence base through by leading research and knowledge translation. To do this, we need to invest time and resources to increase our overall research capability and capacity.

It is essential we develop the knowledge and research skills of our workforce and create a learning environment that enables involvement in, and use of research and evidence.

The next generation of researchers and research leaders are already upon us. We need to help them fulfil their interests, careers, and capability and leverage research as a recruitment and retention strategy.

What success looks like

- MNCLHD is recognised as an organisation where engagement in research is valued and supported
- We embrace diversity, inclusion, and equity in our research activities and workforce
- We encourage involvement in research and translation and build the knowledge, skills, and confidence of our researchers
- Our staff have the skills and confidence to conduct and lead high quality research projects and to develop successful grant applications for future research initiatives
- We nurture existing and enable the growth of new research leaders across the District

MNCLHD Support for Research Capacity Building

The Mid North Coast Local Health District (MNCLHD) actively encourages staff to enrol in the Health Education and Training Institute (HETI) Rural Research Capacity Building Program. This initiative equips novice clinical researchers with essential training, mentorship, and funded backfill to explore and address locally significant health issues.

Since its inception in 2006, 43 MNCLHD staff members have participated in the program, with 18.6% (eight individuals) progressing to pursue or complete Higher Degrees by Research – demonstrating the program’s impact on building long-term research capacity within the region.

Strategic action areas

1. Support staff to undertake or build on research education, skills and knowledge translation – example Intensive engagement with the *Translational Cancer Research Capacity Building Grant*
2. Promote and provide a consolidated approach to research education and training, including peer networks with research leaders – example the Rural Research Collaborative Learning Network (RR-CLaN) is a rural-led initiative that aims to provide high-quality research education and training to healthcare staff working in rural, regional and remote areas of NSW and Queensland.
3. Drive and support the use of tools used to manage research activities and data i.e., Research Ethics and Governance Information System (REGIS), Clinical Trial Management System (CTMS), Research Electronic Data Capture (REDCap), National Clinical Trials Governance Framework (NCTGF)
4. Develop a program to support and enable MNCLHD staff to undertake Research Higher Degrees
5. Build local capacity for clinical trial activity by driving the implementation of the Northern Cluster Clinical Trial Support Unit as part of the R3CTEP
6. Engagement with MNCLHD Aboriginal Leadership Collective and MNCLHD Aboriginal Staff Forum to better understand and develop strategies to address Aboriginal Health research priorities, challenges and opportunities
7. Develop and implement a MNCLHD framework for Aboriginal Health Research and Knowledge Dissemination
8. Promote the participation and representation of Aboriginal people in research
9. Encourage the inclusion and consideration of culturally and linguistically diverse (CALD) people in research



Priority 3: Involving consumers and the community in research

Why this is important

Innovation is informed by the needs of consumers and the knowledge of our clinicians. Meaningful partnerships with our consumers, clinicians and researchers, ensures our research is focused on addressing the issues that matter the most to our consumers and has the most impact to achieve better health outcomes.

We will encourage and support our consumers and community to be involved as genuine partners in research and use the evidence from research to inform how we work. This approach will lead to more inclusive, effective, and ethically sound research outcomes.

What success looks like

- We have a research culture where community and consumer involvement in research is valued and understood
- We involve our community and those with the lived experience in the co-design, implementation, evaluation and translation of research
- We support and initiate culturally competent research that is co-designed with our Aboriginal communities and consumers
- We champion inclusive research initiatives that are co-designed with our CALD communities and consumers
- Our researchers demonstrate competence, training and capacity in effective consumer and community involvement in research

Strategic Action Areas

1. Develop and implement strategies to enhance consumer participation and experience in Clinical Trials
2. Ensure the MNCLHD Research Screening Tools emphasise the significance of incorporating consumer perspectives in research
3. Ensure research teams are representative of the diversity of the populations they are studying with specific attention to the inclusion of Aboriginal people into the team
4. Enable researchers with the skills, knowledge, and resources they need to effectively engage consumers and community members in the research process
5. Develop and implement strategies to promote MNCLHD research achievements in our community
6. Support and assess the consumer experience of research involvement
7. Encourage research teams to integrate consumers with lived experience to foster a collaborative environment where their insights directly shape the research process and outcomes.
8. Revise the *MNCLHD Consumer and Community Involvement in Research Framework*



Priority 4: Developing meaningful partnerships and collaborations

Why this is important

Collaborative research is important for addressing complex health needs that are linked to the social, environmental and economic determinants of health.

Partnerships that bring together research talent, creativity and expertise to stimulate local research and provide access to national and international research is fundamental to achieving success.

Improving the health and wellbeing for our Aboriginal communities is a priority for our district and will should be driven by community to ensure culturally appropriate practices are embedded in our research endeavours.

Collaboration Between MNCLHD and NNSWLHD

The Mid North Coast Local Health District (MNCLHD) collaborates closely with the Northern NSW Local Health District (NNSWLHD) through several shared services. These include the North Coast Public and Population Health Unit, hosted by MNCLHD, and the North Coast NSW Human Research Ethics Committee (NCNSW HREC), hosted by NNSWLHD.

To support this partnership, the Research Offices of both LHDs work to align their processes and actively promote research that spans both districts, fostering a coordinated and regionally integrated research environment.

What success looks like

- We have research partnerships with purpose that help us to address the needs in our communities and health services
- We work with our partners to optimise MNCLHD competitiveness for external grant applications
- We are recognised as a Local Health District research partner of choice
- We deliver culturally competent research that is done in collaboration with our Aboriginal and culturally and linguistically diverse health partners
- We promote innovation and teamwork to drive high quality, high impact health services research
- Our research partnerships contribute to recruitment and retention strategy for highly skilled clinician/researchers
- We work with our partner universities to encourage and support higher degrees in research and support the next generation of clinician-researchers

Strategic Action Areas

1. Continue to develop multi-disciplinary research partnerships and collaborations within and across MNCLHD departments and services
2. Enhance collaborative research efforts with healthcare providers, Local Health Districts (LHDs), and rural health research partners, including the NSW Regional Health Partners (NSWRHP).
3. Enhance partnerships with key external academic partners and medical research institutes, including but not limited to universities within the MNCLHD footprint and the Hunter Medical Research Institute
4. Engage with our university partners to support student research, quality activity projects and funding opportunities
5. Engage with MNCLHD Aboriginal Leadership Collective, Aboriginal Medical Services and MNCLHD Aboriginal Staff Forum to better understand Aboriginal Health research priorities
6. Work with our partner universities to develop a program to support and enable MNCLHD staff to undertake Research Higher Degrees



Priority 5: Champion leadership for excellence in research and knowledge translation

Why this is important

The MNCLHD is committed to building a culture that values research excellence and can drive meaningful change to ensure our community receives the best possible care.

It is critical we take a leading role in creating, communicating and applying new knowledge and research that improves outcomes for our communities.

We need to be champions for rural and regional research to influence state and national initiatives that optimise benefits for the MNCLHD community and its staff.

What Success Looks Like

- We are recognised as leaders in supporting high quality research, and developing research programs of national and international reputation
- Our healthcare professionals are supported to pursue their research interests and celebrated for their achievements
- We nurture existing and emerging research leaders across the LHD
- We are a strong champion for rural and regional health services and influence state-wide initiatives

Strategic Action Areas

1. Implement strategies to attract and retain research leaders to work with the MNCLHD
2. Establish research networks within the MNCLHD to foster collaboration, resource sharing, skill development, problem-solving and increased visibility
3. Develop approaches to monitor adherence to research regulatory requirements, policies relating to ethics and research governance and accepted standards such as Good Clinical Practice (GCP)
4. Active representation of MNCLHD on relevant state-wide committees to provide local leadership and influence to ensure rural and regional research is prioritised within any emerging NSW Ministry of Health and Medical Research Plans and policies
5. Collaborate with the Rural Health Research Foundation to support innovative research through dedicated philanthropic funding



Implementation, Monitoring and Reporting

The MNCLHD Research & Knowledge Translation Research Strategy 2025–2030 outlines the key research directions and priorities for the Mid North Coast Local Health District (MNCLHD) over the next five years. Successful implementation of this strategy will necessitate collaboration across all levels of the Local Health District (LHD), including its partners and the broader Mid North Coast community. To ensure effective execution and oversight, a dedicated Research and Knowledge Translation operational plan will be developed. This plan will include specific objectives, timelines, resource allocations, performance metrics, and detailed action steps. It will outline the roles and responsibilities of team members, establish clear communication channels, and set benchmarks for monitoring progress and evaluating outcomes.

Governance, accountability, and responsibility will be integral to this strategy. A governance framework will be established to oversee the strategy's implementation, ensuring that all activities align with the defined objectives and priorities. Accountability will be maintained through regular reporting to the Executive Leadership Team and the Governing Board. These reports will include detailed progress updates, performance metrics, and any challenges encountered, allowing the Executive Leadership Team to review progress, provide strategic direction, and make informed decisions. Where necessary, meetings will be scheduled to discuss the status of the strategy, ensuring continuous oversight and timely interventions when necessary.

Responsibility for various aspects of the strategy will be clearly assigned to specific individuals and teams, ensuring that everyone involved understands their roles and contributions. Additionally, the community and partners will be kept informed through the Annual Research Report, ensuring transparency and engagement with all stakeholders, fostering a collaborative environment and maintaining trust.

Appendix

Appendix 1: List of Abbreviations

Acronym	Description
ACCHO	Aboriginal Community Controlled Health Organisation
CALD	Culturally and Linguistically Diverse
CSU	Charles Sturt University
CTMS	Clinical Trial Management System
GCP	Good Clinical Practice
HETI	Health Education and Training Institute
HMRI	Hunter Medical Research Institute
LGA	Local Government Area
MNCLHD	Mid North Coast Local Health District
MRFF	Medical Research Futures Fund
NCNSW HREC	North Coast New South Wales Human Research Ethics Committee
NCTGF	National Clinical Trial Governance Framework
NDARC	National Drug and Alcohol Research Centre
NHMRC	National Health and Medical Research Council
NNSWLHD	Northern New South Wales Local Health District
NSW	New South Wales
NSWRHP	NSW Regional Health Partners
OHMR	Office for Health and Medical Research
R3CTEP	Rural, Regional and Remote Clinical Trial Enabling Program
R3CTSU	Rural, Regional and Remote Clinical Trial Support Unit
REDCap	Research Electronic Data Capture
REGIS	Research Ethics and Governance Information System
R&KTD	Research and Knowledge Translation Directorate
RCS	Rural Clinical School
RR-CLaN	Rural Research Collaborative Learning Network
SCU	Southern Cross University
UNSW	University of New South Wales
UON	University of Newcastle

Mid North Coast Local Health District

Morton Street
Port Macquarie NSW 2444

Office hours:
Monday to Friday
8:00am – 4:30pm

T: 02 6589 2123
E: MNCLHD-Research@health.nsw.gov.au
W: <https://mnclhd.health.nsw.gov.au/research/>

