

Learnings from the Association of Australian Medical Research Institutes Deliberative Panel

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This paper draws lessons from newDemocracy's experiences operating various citizens' juries in Australia including, the Association of Australia Medical Research Institutes' Deliberative Panel.

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Learnings from the AAMRI Deliberative Panel

What is the question?

What lessons can be learned from the Association of Australian Medical Research Institutes' Deliberative Panel and Sex and Gender in Health and Medical Research?

Background

In May 2023, the Association of Australia Medical Research Institutes (AAMRI) hosted a deliberative panel made up of 30 randomly selected people drawn from medical research institute staff and researchers from across the country and stratified to match the medical research institute workforce in Australia by gender, seniority, job type and institute type.

Over the course of three full-day meetings in Sydney, the panel learnt about and deliberated on the question: *What should AAMRI do to support the improved use of sex and gender in research practices and decision-making?*

To gain familiarity with the breadth of the subject they were supplied background reading material, they heard from a range of topic experts and also advocates with lived experience, some of whom they nominated as speakers. Upon this platform of knowledge they worked together to develop recommendations for AAMRI.

[You can read their recommendation report here.](#)

What lessons can be learned from this project?

1. Governance structure.

The project was jointly convened by AAMRI and the Sex and Gender Health Policy research project, led by the Australian Human Rights Institute at UNSW Sydney and The George Institute for Global Health. This initiative was supported by philanthropic funding for three-years.

The cooperation was described by the research project [team as follows](#):

“The [research] project has partnered with the Australian Association of Medical Research Institutes (AAMRI) the peak body for over 50 medical research centres across the country, to develop their overarching sex and gender medical research [policy](#). This has involved a three-stage co-design process which our team have taken the lead in organising with external consultants. The CEO of AAMRI is [committed](#) to drive change, which will be transformative for the medical research ecosystem in Australia.”

This partnership was formed between a traditional “client” organisation: AAMRI and a separate sponsoring organisation: the Sex and Gender Health Policy research project. That relationship differed from normal structures where a government “client” would be the sponsoring organisation as well.

This worked well. The organisations had a mutual goal to improve research practices in Australia by introducing considerations of sex and gender. Both partners represented the broad interests of researchers and healthcare recipients in Australia.

Neither organisation had any experience with deliberation, yet they quickly bought into the process. They respected and trusted the advice of The newDemocracy Foundation and independent facilitation consultant [Gauge Consulting](#).

This was crucial because there is potential in a separated “sponsor” and “client” project to have conflicting expectations of desired outcomes and governance processes. None of this occurred with this project.

newDemocracy outlined the best practice approach early on to both organisers who were fully engaged in discussions about deliberative processes, asking critical questions and accepting advice based on evidence. All organisers learnt a great deal about deliberative democracy and committed wholeheartedly to following that advice. This led to a successful project.

2. Recruitment challenges

The “jurisdiction” for this project was the Association of Australian Medical Research Institutes. This meant that the constituents were effectively the 20,000+ researchers and staff employed at the various medical research institutes (MRIs) across the country.

The recruitment methodology is outlined here:

- To balance budget and facilitation constraints, we opted for a panel of 30 members.
- Stratification criteria were chosen to capture the diversity in staff and MRIs. They were:
 - o Gender (Man/Woman/Non-binary)
 - o Workplace seniority (Early-career/Mid-level/Senior)
 - o Workplace role (Staff/Researcher)
 - o MRI-type (Independent/University/Other)
- A call for EOIs was sent to MRI Directors and CEOs. They were asked to nominate up to 10 staff members for entry to the EOI pool from which the final 30 members would be drawn. They were also asked to nominate a diverse mix to facilitate meeting stratification goals.

This approach faced one major challenge: not all MRIs submitted nominees, and some submitted the maximum amount. This resulted in some MRIs being overrepresented in the final panel as they submitted a full suite of nominees to cover all stratification criteria. Fortunately, this did not negatively impact the process beyond the lack of touch points to MRIs not directly included. Panel members were able to quickly don their representative hats and work as representatives of the wider MRI sector rather than for themselves or their institutes.

To remedy this in the future, we would seek to leverage other channels to reach association members and notify them of the opportunity. We might also explore snowball recruitment within the industry. Initiating the recruitment process well in advance of the workshops (at least 2 months ahead) would also have been expected to draw in a wider selection and offer a greater opportunity to follow up the solicitation process.

3. Challenges to diversity in small population recruitment

AAMRI represents roughly 20,600 staff members across 58 MRIs in Australia. This is a small population from which to draw a sample and has some obvious skews.

This was most clearly demonstrated in early sociometric exercises that showed most of the room as “analytical”. While we’ve observed this to sometimes be the case in standard assemblies that draw from the whole population – where on occasion as many as 40% of the participants in the room might self-identify as “analytical” in a sociometric exercise with four quadrants – in this instance, a clear majority of the room aligned with this parameter.

This meant that the panel engaged with information provision differently – tending to seek more and more information (sometimes out of the scope of the issue).

When it came to report writing, the development of concise recommendations was challenged by a tendency of the panel to be overly prescriptive as they attempted to capture all nuances across the topics. This was attended to by interactive exchange over the document as it matured.

4. Time pressures

The panel ran for three sessions (two in person, one online) spread over five weeks. This was a tight timeframe that benefitted from the latent familiarity with the problem (everyone was a staff member of an MRI and so had quite a bit of background knowledge). Without this familiarity, the process would not have been able to bring panel members up to speed and provide them with enough time to deliberate on recommendations.

The panel also benefitted from AAMRI’s lack of a Sex and Gender policy. This meant that there was a lot of “low-hanging fruit” that the panel could draw on from experiences overseas. As a result, the deliberation phase was more of a negotiation of resource realism than competing trade-offs.

Another panel may not benefit from such streamlining effects so **we would not recommend reducing deliberation hours below 40** (there were only 20 hours of deliberation with this panel).

What is still unknown or untested?

Like many deliberative processes, raising awareness of the project was challenging. More work could be done to test the receptivity of the broader AAMRI membership to the work of this panel. One of the key recruitment challenges was raising awareness of the panel’s mission and so the impact of its outcomes will largely lay in their ability to work without high levels of wider association awareness of the outcomes.

Finally...

It was a pleasure working with a group of organisers who were committed to learning about new consultative methods. They originally approached us seeking out a ‘co-design’ process and intuitively took to deliberation – even routine direction to “trust the process” was hardly required.

While the project faced some challenges including recruiting sufficient expressions of interest, drawing upon a small population sample, and would have benefitted from more time, it managed to succeed due to the skew in participants (subject matter related to their

workplace). As a result of the project's success, AAMRI is now implementing its recommendations with the support of panel members in the form of a sex and gender health policy working group.