



To the Australian Research Council (ARC), Australian Bureau of Statistics (ABS), New Zealand Ministry of Business, Innovation and Employment (MBIE) and Stats NZ;

**Re: The ANZSRC Review Consultation Draft**

The Australasian Injury Prevention Network (AIPN) would like to acknowledge the efforts being made to review the Australian and New Zealand Standard Research Classification (ANZSRC) codes, and the opportunity to comment on the consultation draft.

The AIPN is the peak advocacy body for injury prevention and safety promotion in Australia and New Zealand. Injury is a major contributor to mortality, morbidity, and permanent disability in both Australia and New Zealand. On average 12,647 people die from injury in Australia each year (48/100,000)<sup>1</sup>, and 1,915 in New Zealand (41.6/100,000 people)<sup>2</sup>. In both countries, most injuries requiring hospitalisation are the result of falls and transport incidents, while most deaths from injuries occur as a result of falls and suicide. The costs associated with injury in Australia and New Zealand are excessive. For example, the total annual disease expenditure for injuries is estimated at \$8.9 billion AUD<sup>3</sup> and the total social cost of motor vehicle injury crashes in New Zealand is estimated at \$4.8 billion NZD (June 2018 prices)<sup>4</sup>. The estimated cost to the Australian economy of deaths and injuries from unsafe consumer products is at least AUD\$5 billion per year.<sup>5</sup>

Injury prevention research is essential for the identification of emerging trends in injury, estimating the burden of injury, understanding the detailed mechanisms of injury, developing and evaluating interventions to reduce the morbidity and mortality associated with injury, monitoring the effectiveness of these interventions, evaluating trauma care and trauma systems, measuring trauma outcomes, and supporting efforts to reduce inequities in relation to injury incidence and outcomes. Injury research covers the spectrum from unintentional ('accidents') to intentional injury (assault, self-harm etc.), and includes injury associated with treatment ('medical misadventure').

As it currently stands, injury is virtually absent in the current ANZSRC Fields of Research (FoRs) codes. We welcome the addition of some new codes that are indirectly associated with injury prevention research such as *Epidemiology* (2402), *Health Services and Systems* (2403), and *Public Health* (2407). Two new specifically relevant codes *Patient Safety* (240506) and *Sports Injury Prevention* (240804) have been added although we would argue that the former is not solely the domain of nursing but more commonly a multi-disciplinary approach and a 'health systems' issue. Similarly, 'injury prevention' it is not only relevant for sports injury but for all

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<sup>1</sup> <https://www.aihw.gov.au/reports/injury/trends-injury-deaths-1999-00-to-2014-15/contents/table-of-contents>

<sup>2</sup> <https://psm-dm.otago.ac.nz/nigs/>.

<sup>3</sup> <https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-australia/contents/summary>

<sup>4</sup> <https://www.transport.govt.nz/assets/Import/Uploads/Research/Documents/b67f729bf5/Social-cost-of-road-crashes-and-injuries-2018-update.pdf>

<sup>5</sup> [https://consult.treasury.gov.au/market-and-competition-policy-division-internal/main-consultation/supporting\\_documents/CRISConsumerProductSafetySystem.pdf](https://consult.treasury.gov.au/market-and-competition-policy-division-internal/main-consultation/supporting_documents/CRISConsumerProductSafetySystem.pdf)

mechanisms of injury. We would therefore recommend the introduction of two new FoR in the *Public Health* domain of *Health Sciences*. The first titled *Injury Prevention*, this category could capture research directly relating to external cause ‘accidents’, injuries and physical trauma including the management and prevention of them. This is consistent with UK Health Research Council Health Research Classification System.<sup>6</sup> The second titled *Road Safety* given the global burden of road traffic injuries.

In addition to the feedback provided above, we have made some additional suggestions (all of which are captured in our feedback in the Excel document) and include:

- Health Sciences (24):
  - Expanding ‘Disease Surveillance’ (*Epidemiology* Domain) to be ‘Disease and Injury Surveillance’
  - Adding a new FoR in the *Epidemiology* Domain: ‘Injury Epidemiology’
  - Adding a new FoR in the *Health Services and Systems* Domain: ‘Trauma Systems’
- Biomedical and Clinical Science (11):
  - Adding a new FoR in the *Clinical Sciences* Domain: ‘Trauma Care’

We appreciate the opportunity to provide feedback on this revision.

Yours sincerely,

Associate Professor Bridget Kool and Dr Ben Beck

On behalf of the AIPN Executive Committee and Members

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<sup>6</sup> <https://hrcsonline.net/health-categories/>