LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND DISABILITY

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Submission from Professor Paul Gatenby, Director of Research, TCH, Chairman Research Strategy Committee, TCH, Sub Dean _of Research ANUMS, Chair, Research Committee, College of Medicine and Health Sciences, ANU.

Although I hold a number of positions in regard to research management this submission is not on behalf of any of the committees or organisations on whom or for whom I serve.

To aid the committee I have broadly based my submission around the report into research at TCH – A Strategic and Scientific Review of Research at The Canberra Hospital, a report by a committee chaired by Professor Lawrie W. Powell AC, commonly referred to as the "Powell Report".

Presented about 3 years ago the report represents much of the strategic direction of research at TCH and although much has been acted upon, the strengths and weaknesses identified in the report are broadly the same today.

Where we have achieved things against the report's recommendations that will be identified where not, I'll comment. I'll also discuss a number of issues not addressed in the report.

Powell based his report around the activities based on the campus of TCH and did not take a narrow legalistic view of TCH. As well as TCH, on the Garran campus are elements of ACT Mental Health, ACT Community Care, ACT Regional Cancer Services and Aged care and Rehabilitation Services.

Principle Conclusions of the Powell Report

The principle conclusions of the Powell Report still stand. I'll repeat them in full for ease of discussion.

Following the recent restructuring of The Canberra Hospital (TCH) and the creation of the ANU Medical School there are exciting opportunities for clinical research at TCH which were reflected in the staff's enthusiastic responses at interview.

The Canberra Hospital campus now represents the largest concentration of health related research in the ACT Health sector and as such it is an extremely important focus for investment with respect to research procedures and outcomes.

It is indisputable that hospitals with a strong research base attract staff with enquiring minds and a pursuit of excellence. Such staff themselves attract others with similar interests and standards. The end result is a higher quality of patient care and greater job satisfaction for all staff.

This remains quite true and will probably always remain true.

Despite the above developments, and a previous research review, health related research at The Canberra Hospital is under-developed (in quantum and quality) in comparison to other similar sized teaching hospitals in Australia. The long term consequences of not addressing this should not be under-estimated.

This sadly remains true. It is largely not due to lack of resources or diligence in recruiting, it is the state of the market and the ACT's position in it. There are many new medical schools, many in places regarded as more desirable to live in than Canberra. There is an acute shortage of clinically qualified (not just medical) academics right around the world. This remains a problem in Canberra and will do so for a decade at least. The one thing we do not have that many of our competitors do is start up endowment derived from philanthropy. Eg Clifford Craig Foundation, Launceston General Hospital, Nepean Foundation, Nepean Hospital.

Due to the substantial turnover in senior staff the potential from the recent changes has not yet been fully realised. There is, therefore, a need to develop ways and means of recruiting and retaining staff with a real interest in, and a real commitment to, clinical research

This remains true. Attention is given to research capacity or potential in recruiting senior medical staff, unfortunately for reasons I have outlined above this aim is often not currently met.

It would be expected that a teaching hospital of the size and status of The Canberra Hospital would have a stronger research strategy and that this would be embedded into the organisation as part of its core business, albeit secondary to health services delivery.

Agree. My appointment as Director of Research, my sitting on the TCH executive and my intentions to develop research governance and infrastructure at TCH is perhaps the most important decision to attempt to embed research as core business to the organisation.

The focus of research at The Canberra Hospital is primarily clinical and translational, which is appropriate. In general, basic science research should be conducted either as collaborative research or by appropriately trained clinical scientists using the wet laboratories provided.

This remains our approach.

Strategies aimed at achieving excellence in research need to be further developed in collaboration with the newly established medical school at the Australian National University (ANU), the UC and CSIRO. Indeed the co-location in the Canberra region of such powerful research organisations provides TCH with opportunities not available elsewhere in Australia.

This also remains our approach, although we would also search outside the ACT for collaborations.

Recommendations of the Powell Report

A table of progress is attached.

Additional Comments on Powell Report

1. The Frommer report is over 7 years old. Governments and senior health officials have changed. The ANU now has a medical school. Most of the recommendations not addressed in the Powell report are dated and there is limited benefit in pursuing them.

A number of the recommendations in the Powell Report raise issues of research governance. Research governance in the health sector is not generally well developed right across Australia. There is activity in most jurisdictions to tidy this up. Broadly this means clarifying the obligations of the organisation, the obligations of these carrying out research and aligning better with codes of practice, industrial agreements and the law.

A revisit and review by Powell and Basten will be arranged, but staff difficulties in the Research Office have delayed this.

Rather than comment in detail on the body of the report, I'd be happy to answer specific questions as some things have changed.

Other important factors in relation to Health and Medical Research in the ACT.

The ACT Government have, to my mind invested reasonably in line with their capacity in Health and Medical Research in the ACT. We have to face the fact that we are a small jurisdiction and there is a limit to the capacity to carry out heath and medical research because of this small size, whatever the investment. There is also a limit to the total possible investment. Research is not a democratic activity, support should be provided for excellence, not spread evenly across the organisation. Large jurisdictions have the capacity to target large funds to particular groups for spectacular outcomes. This is not a prospect for the ACT.

Victoria, Queensland and more recently WA do this. The most notable failure is NSW whose health and medical research performance falls well short of Victoria and short of Queensland if adjusted for population. Victoria's Department of Human Services openly espouses the philosophy of spending money to leverage Commonwealth and industry money. They are successful. The ACT Government could consider this, but would have to target very specific areas to be able to compete.

While the ACT Government's investment has been quite reasonable, this is no particular guarantee that this will continue. There has been no recent reference to teaching/training or research in the Australian Healthcare Agreements(AHCA). Following the revitalisation of Health and Medical Research in the U.K -NHS that flowed from "ring fencing" or quarantining the money the health service invested in research there have been moves to encourage the Commonwealth Minister through the AHCA to insist on this occurring in Australian jurisdictions. The other change to UK NHS funding has been to make it partly competitive – the good get more and better, the poor less and presumably weaker. This would not be an issue within the ACT, but could be if we had to compete with eg Parkville strip in Melbourne then we could be at a disadvantage.

The Committee might like to inform themselves of the changes in the NHS as examples of reform.

A review of U.K Health Research Funding
Sir David Cooksey
December 2006
(on website: www.treasury.gov.uk)

Best Research for Best Health
Dr Sally Davies
(on NHS website)

POWELL REPORT RECOMMENDATIONS

RECOMMENDATION	PROGRESS – March 2008
Establishment of a Research Foundation	**No recent progress.** Although a planning committee was formed to set-up the Research Foundation in 2006, little progress has been made. There is little co-ordinated effort directed to identifying and securing patrons for large donations.
Additional resources to Research Office	**Good progress.** The Research Office Provides administrative and technical support for hospital-based researchers. Administrative support (for general coordination of research activities such as administrative support for grant applications, biannual hospital research report, human resource management, etc) has been recently extended with the appointment of a 1-FTE administrative research manager and two 0.5-FTE ASO3 staff. The hospital is in the process of recruiting a Laboratory Manager and a TO2/3.
Establishment of TCH Research Strategy Committee	**Completed.** The Research Strategy committee is chaired by the newly appointed Director of Research at TCH, and has 2 main functions: 1) to provide advice to the General Manager of TCH regarding research conducted within the hospital with specific focus on matters such as regulatory/compliance issues, research asset management, etc. 2) to advise the General Manager regarding allocation of funds from various sources such as the Private Practice Trust Fund and the proposed Research Foundation. Cross-representation, as suggested by Powell, has been achieved as committee members include staff from Canberra Hospital, ANU, UC, and Population Health.
Creation of overarching structure – virtual institute	**In progress.** The concept of the virtual institute can now be explored by the newly appointed Director of Research at TCH.
Strengthened centralised Clinical Trials Unit	**Good progress** – A unit Director was appointed in 2007. The

	hospital has provided support for the unit to expand in order to provide a centralised support for clinical researchers, There have been numerous subsequent appointments to the unit, including nurse co-ordinators, paramedical staff (dieticians, sonographers) and administrative staff. The unit has relocated to a larger (5 clinic rooms) and more central location in the outpatients department. Collocation of administrative and clinical staff (3.5-FTE nurse coordinators) is likely to substantially increase the efficiency of the unit. The number of trials conducted through the Clinical Trials Unit has increased substantially and an increasing number of subspecialties are conducting their clinical trial using the Clinical Trials Unit (Endocrinology, Neurology, Gastroenterology, Trauma and Orthopaedics, Cardiology, Paediatrics, Geriatrics, Thoracic Medicine, Infectious Diseases).
Streamlining of ethical approvals	**Little progress.** As yet, the process for Ethics Committee approval has not been streamlined adequately. ANU has agreed to expedite the review process for applications that have been reviewed and approved by the ACT Human Research Ethics Committee.
Joint selection committees for new clinical staff with emphasis on research and expected research track record for senior appointees plus start up funding provided	**Completed.** The hospital has supported the adoption of this policy, and a large number of staff specialists with academic positions at ANU have been appointed over the last 2 years through the new Medical Appointments and Training Unit.
All research being conducted at TCH to be notified to Research Office	**Moderate progress.** All surveys conducted in the hospital for research purposes are submitted to Survey Resource Group. This group is provided administrative support by the Research Office and all surveys are registered by the Office. The appointment of additional administrative support in the Research Office will greatly facilitate the ability to keep an updated database of research activities in the hospital. Better communication with the Ethics Committee regarding approved studies will facilitate this process.

Negotiation with ANUMS re indemnity insurance for TCH based staff employed by ANU and students	**Moderate progress.** ACTIA also consulted on indemnity issue related to investigator-initiated trials. Advice received but the processes need to be formalised and streamlined.
Establishment of a Centre for Clinical Research	**Moderate progress**. The College of Medicine and Health Sciences(ANU) has endorsed this proposal and conversations involving the Director of the John Curtin School for Medical Research, The Director of Research at TCH and the Government have commenced.
Research Reports every two years	**Good progress** – The lack of resources in the Research Office has resulted in the delayed publication of the 2004-2006 report. Once of the expectations of the newly appointed administrative support staff in the Research Office is the timely release of the biannual report.
Intellectual Property	**In progress.** Discussions with Dr Ron Murnaim (UC Research Degrees Office) – UC have started the process of revising their 1995 IP Policy, plus developing guidelines for the application of the Policy, which may include arrangements with organisations such as ACT Health. As yet no separate negotiations re IP between UC and ACT Health