



Draft report on NHMRC Roundtable – integrating leadership in patient care, research and research translation, and health professional education

7 December 2009

NHMRC convened a roundtable on integrating leadership in patient care, research and research translation, and health professional education. The roundtable was opened by the Hon Mark Butler MP, Parliamentary Secretary for Health and co-chaired by Professors John Horvath and James Best.

NHMRC CEO, Professor Warwick Anderson made introductory comments to set the scene for the discussion. He argued that now was a “once-off” opportunity to address a number of problems that have proved a barrier to building a “self-improving” health system and that had arisen in recent decades. These encompassed problems in health professional education, research training, funding the indirect costs of research, translation and implementation in hospitals and health care settings and the inability to find or attract teams for these essential activities, and the lack of incentives for hospitals to support these activities. Professor Anderson also pointed to the lack of coherent governance arrangements between Universities, MRIs, and the health care authorities.

He reminded participants that the External Review of NHMRC (Zerhouni Report) argued that *‘NHMRC should lead a strategic initiative to better integrate research programs at universities and free standing research institutes with the health sector, ensuring that adequate government funds (state and Commonwealth) are made available to support patient-based research in hospitals with the goal of creating at least a few Australian centres of world class excellence in modern translational and clinical research’*. He outlined NHMRC’s support for clinical research and health services research, and emphasised that the meeting should focus on the outcomes needed, and that clear KPIs would need to be set against these outcomes.

Four key questions were raised for discussion:

1. How is the health reform agenda providing opportunities for re-shaping health and medical research in Australia?
2. What outcomes can be delivered by integrated leadership in research, education and healthcare?
3. What best-practice governance systems should be promoted to maximise integration, excellence in research and the best healthcare outcomes?
4. What incentives could be developed to achieve the best outcomes?

The Parliamentary Secretary commented on the government’s health reform agenda and the importance of research, research translation and implementation, and integration of patient care with research and with health professional education. He encouraged the translation of research into clinical patient care in a broader, faster and deeper way.

Workshop Discussion

There was strong agreement at the meeting that current government considerations of health reform provided unique opportunities to improve collaborative arrangements between universities, research institutes and the health system (including hospitals) to ensure the best and rapid interactions between education, research and healthcare, to enable appropriate translation of research into optimal patient care and to influence funding arrangements.

Similarly, there was agreement that a national systematic approach should be taken, with goals specified, and performance targets set and reported on. Government funders of health and medical research and infrastructure (Commonwealth and States and Territories) should work together to develop a strategic and effective approach to funding of research and its indirect costs.

Participants supported a concept of developing leading clinical campus and precincts as the centres, integrating patient care, research and education and training. A common view was that a model should be developed that would encourage change to the whole health system including primary care, private sector involvement (both general practitioners and private hospitals), aged care and tertiary care – importantly so that the continuum of care within the health system was addressed.

Participants wanted the benefits of such integrated leadership to become generalised i.e. research translation rolled out into regional centres and linking primary and ambulatory care, but also recognised that that such a roll out would need to be phased in stages.

Participants agreed that the current situation was far from ideal, and did not provide for a sustainable, self-improving system for the future. The vision at the meeting had the key features of:

- clinical leadership and a culture of quality, self-improvement and sustainability
- formal and informal structures
- innovation and being agents for improvements both in terms of delivery of healthcare and in workforce

It was noted that there were now successful international models of an integrated approach and that these should be considered further. However, it was recognised that the Australian health system and national federated structure meant that an Australian solution to a problem recognised internationally was needed. Whilst the roundtable considered appropriate governance of centres to be important, it was felt that governance models should not impinge either on research or the various ways of interaction between universities, research institutes and the healthcare system. Incentives were needed to realise better collaboration and integration of research with education and health care.

The NHMRC CEO noted that a proposal to better integrate the activities of precinct based University Departmental and Centres, independent Medical Research Institutes, and hospitals would build upon considerable current strengths, great Institutes,

outstanding clinicians work in these environments, and excellent Universities that were highly regarded internationally. He stated that it was not the intention to encroach on the autonomy of these institutions, but to build up their excellence, for the good of patients – better care, better trained health professionals, and faster and improved research and its translation. He said that NHMRC would re-focus its administering institution policy to promote integration and research translation, including support for indirect costs of research,

Summary

Professor Best summarised the roundtable discussions in the following way:

- a) the government's health reform agenda provided a huge opportunity to influence funding and the way health care is done
- b) the primary objective of this approach was a focus on better patient outcomes through leadership and excellence in clinical education, research, and research translation
- c) a national and systematic approach must be adopted to provide clinical leadership to the whole health system that aims to
 - a. provide leadership in clinical care, research and education
 - b. provide a continuum of, and seamless, care between preventative, primary, ambulatory, tertiary and aged care
 - c. develop networks into regional health systems to allow rapid and broad translation of research, best practice and innovation to benefit the wider community.