WAHTN

Western Australian Health Translation Network

National Health and Medical Research Council

Advanced Health Research and Translation Centres and Centres for Innovation in Regional Health

June 2019 Reporting

Australian Government

National Health and Medical Research Council

NHMRC

NHMRC accredited Advanced Health Research and Translation Centre

Contents

Background:

The Western Australian Health Translation Network (WAHTN)

https://www.wahtn.org/

The WAHTN was accredited by the National Health and Medical Research Council (NHMRC) as an Advanced Health Research Translation Centre (AHRTC) in June 2017. WAHTN is a state-wide collaboration with 20 partner organisations and membership of the Advanced Health Research Alliance (AHRA). Through this combined research, clinical, policy and community expertise the WAHTN has the capacity and capability to ensure that research is rapidly translated into tangible impacts on health care and improved quality of health practice. The vision of the WAHTN is to achieve seamless integration of research, clinical care, community health, policy, training and innovation to deliver the highest possible quality of health care for Western Australians.

The following tables capture the metrics and measures of success used by WAHTN in response to question 1-5 of this report. Having been accredited in the second tranche of centres in 2017, much of this work is in the early stages on the pathway to impact.

Table 1 - Pathway to impact and measures/metrics of success

PATHWAY TO IMPACT	1. Better Care	2. Platforms and Systems	3. Meeting Catchment Needs	4. End User Involvement	5. Workforce
Start (year)	2017	2017	2017	2017	2017
Activities	▲	▲	▲	▲	▲
Outputs	▲	▲	▲	▲	▲
Impact		▲		▲	
Scaled & sustained					
Measures/Metrics for success*	1, 2, 3, 11	3, 4, 6, 7, 10	3, 4, 5, 10	3, 4, 5, 6, 10	6, 7, 8, 9

* See Measures/Metrics details in Table 2

Table 2 - Measures/Metrics

1. Number of processes, procedures, policies, treatments or devices that have been standardised, streamlined, implemented or eliminated
2. Number of partners that have implemented a translational research outcome e.g. change in process, procedure, policy or treatment
3. Number of research projects and initiatives involving end-users
4. Number of end-user consultations or forums undertaken
5. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers or other vulnerable groups to inform research priorities and translation activities
6. Number and reach of collaborative networks that bring together academic, health service and education providers
7. Number of health professionals with research competencies and capabilities in centre partners
8. Number of clinicians involved in research (e.g. co-design, undertaking, leading)
9. Number of mentorship initiatives/activities
10. Number of process or impact evaluations completed
11. Number of project or program publications

Table 3 – Abbreviations used in this report

Acronym	**Full Title**
AHRA	Australian Health Research Alliance
AHRTC	Advanced Health Research Translation Centre
ANPC	Australian National Phenome Centre
CCHRN	Consumer and Community Health Research Network
CCI	Consumer and Community Involvement
CIRH	Centres for Innovation in Regional Health
CTDMC	Clinical Trial and Data Management Centre
DoH	Department of Health
IPCN	International Phenome Centre Network
MRFF	Medical Research Future Fund
NHMRC	National Health and Medical Research Council
RART	Rapid Applied Research Translation
RETProgram	Research Education and Training Program
WAHTN	Western Australian Health Translation Network

1. Question 1: Better Care

What health services (e.g., procedures, preventative measures, treatments or devices) has the centre developed, tested, implemented and scaled-up, or eliminated, to deliver better care for patients?

Part A: Short answer

WAHTN has undertaken several initiatives to facilitate and support research which focuses on improving health service and delivering better care. In particular, the WAHTN has funded 11 Early Career Fellowships in Translational Health Research and 12 Health Service Translational Research Projects through the MRFF Rapid Applied Research Translation (RART) Grant Rounds 2.1 & 2.2. Funded research projects cover a range of topics focusing on procedures, policies, preventative measures, treatments and devices. These programs have translational health service focus and target tangible impacts which can be measured and evaluated within a 12-24 month period with scalability to enable adoption at a state or national level.

The Early Career Fellowships were awarded in December 2018 and project activities, outputs and outcomes will be conducted through 2019 across a number of clinical themes and priority areas[1]. The impact of the projects will not be realised until 2020 and beyond. The Health Service Translational Research Projects were chosen from projects nominated from the 5 WA State Health Service Providers, the WA Primary Health Alliance and our Private Hospital partners, with broader collaboration across WAHTN partner organisations. The projects are designed to deliver scalable solutions to health service problems and directly benefit patients. Project activities will commence in July 2019 and the impacts and scalability will be measurable by June 2021 onwards.

Specific qualitative and quantitative metrics will be used to measure and evaluate impact *(see Table 1&2)*. WAHTN will monitor the success of these initiatives in a number of ways, including: (1) interim project reports and mentoring programs to ensure projects are conducted on time / budget / to plan; (2) evaluation of final project reports to measure deliverables, translation and impact; (3) follow up report 12 months post-project closure to determine successful impacts and scalability.

In addition to the initiatives above, WAHTN has been instrumental in the development of the Australian National Phenome Centre, a world-class research facility to support precision medicine to facilitate improved service delivery and better health care outcomes for WA patients and the wider Australian community (see case study, Q1 Part B).

[1] *https://www.wahtn.org/state-activities/wahtn-fellowships/*

Part B: Case study

Australian National Phenome Centre (ANPC)[1,2]

The nature of medicine is moving in the direction of precision medicine, in part due to the ability to decipher big data allowing for more personalised individual treatments with additional population level benefits. The human phenotype (the outward expression of our genes in each individual) is known as phenomics. The human phenotype captures information of both human biochemistry (as in blood, urine or tissue) and the influence of the microbiome (such as our gut bacteria). This allows an offering of new insights into the changes caused by diseases or exposure to external agents such as the environment, diet or lifestyle choices. Phenomics allows for the development of personalised medical insight. Australia has been slow to embrace this new research area, which promises both advances in personalised clinical medicine as well as in epidemiologic studies of disease risk. The challenge therefore was to create an international research node dedicated to developing and delivering metabolic phenotyping services to benefit WA, Australia and the global population.

The WAHTN worked with our partner organisations along with the WA State Government and the Australian Research Council to bring together multiple funding sources and attract world class personnel with the right expertise to build the ANPC as a core platform of WAHTN, based at Murdoch University.

The ANPC is the nation's first phenome hub. It has been created to enhance large scale metabolic phenotyping research in Australia and the region; and build collaboration and training activities focused on the clinical and health sciences. It is affiliated with the International Phenome Centre Network (IPCN) and shares an interest in building a global infrastructure around harmonised research information, data, methods, and technologies. A key part of the initiative is the harmonisation of instruments between the network members, ensuring samples can be run anywhere in the world and the results will be the same. By standardising techniques the findings and subsequent benefits can be shared worldwide.

The network will enable database sharing and big data mining with other health and research institutions in Australia and in partnership with international members of the IPCN. Additionally it will:

- promote original and unique metabolic phenotyping research that is independent of the IPCN
- conduct metabolic phenotyping training for Australia and the region
- undertake regular proficiency testing as a member of the IPCN
- lead the application of metabolic phenotyping to precision or personalised medicine approaches to patient treatment and management

The ANPC is currently moving into its designated laboratory space in the Harry Perkins Institute for Medical Research, south building, located adjacent to Fiona Stanley Hospital and Murdoch University. Key staff have been employed, several cohort collaborations have already been established and phenotyping will be ready to commence as soon as the laboratory is fully operational. Metrics will be collected to measure the outcomes, reach and impact of the program.

The development of the ANPC allows Australian scientists to be part of the global research effort working to transform health and improve disease prevention, detection and treatment. Large scale metabolic phenotyping data will greatly advance precision medicine by enabling better understanding of the dynamic interactions between our genes, environments, microbiomes, diets and lifestyles across populations.

[1] https://www.wahtn.org/state-activities/australian-national-phenome-centre/

[2] https://www.murdoch.edu.au/docs/default-source/research/about-the-australian-national-phenome-centre.pdf?sfvrsn=f16d3347_8

2. Question 2: Platforms and Systems

What platforms or systems has the centre developed to support improved health services?

Part A: Short answer

Patient care is enhanced when health and medical research is embedded as part of normal health service delivery. WAHTN strives to enhance health care research and translation by working with all partners in the development of enabling and cross-cutting platforms that are effective, equitable and innovative. These platforms have been created to enhance and facilitate best practice models of research, help break down barriers to collaboration, support and educate young health researchers, and advocate for the integration of research into the WA health system. The WAHTN enabling platforms[1] include:

- Australian National Phenome Centre: created to develop and enhance large scale metabolic phenotyping research in Australia and our region (see Q1 Part B)
- Consumer and Community Health Research Network: supports consumers, community members, and researchers to work in partnership to make decisions about health research priorities, policy and practice (see Q4 Part B)
- Research Education and Training Program: an online research education and training program offering accessible, high quality researcher training and support (see Q2 Part B)
- Clinical Trials and Data Management Centre: a clinical trails and research support service sharing expertise in clinical trial study design, clinical trial conduct, data management, data-linkage, analytical techniques for clinical trial datasets, bio-repository techniques and clinical registry datasets (see Q7)
- Science on the Swan: a major annual conference which showcases and communicates the exemplary translational impact of health science research in WA.

Various collaborative networks are forming under the WAHTN umbrella in fields such as Allied Health, Medical Imaging, Biobanking, Health Economics and Biostatistics. These networks are designed to provide support and leadership; promote collaboration and inclusiveness; and ensure research informs and aligns with training, workforce and patient care.

WAHTN has initiated a number of measures to determine the success of these platforms, networks and activities in supporting improved health services (*see Table 1&2 for metrics and impact pathway*). These involve measuring the outcomes and impacts through qualitative and quantitative reports, including: (1) Satisfaction surveys; (2) Steering Committee reports; (3) Bi-annual funding body reports; (4) Annual Executive Reports from all platforms.

[1] *https://www.wahtn.org/state-activities/*

Part B: Case study

Research Education and Training Program (RETProgram)

Research in the health and medical sector is an essential component for the continual improvement of clinical practice. Quality training can directly contribute to the health and wellbeing of patients and impacts on efficiencies in healthcare delivery. The benefits of a well-trained health research workforce include a higher standard of meaningful research projects, a greater likelihood of successful completion and implementation of research, and most importantly, better health outcomes for study participants and the broader Australian health sector.

There are a variety of face to face training and education opportunities available through the WAHTN partner organisations, however it is not always possible for busy health researchers to access face to face training and source the funding to attend courses that may be offered interstate or elsewhere. The WAHTN RETProgram was established to provide accessible online research education to allow health and medical students, clinicians and scientific researchers to up-skill and maintain the knowledge of current standards and practices, thereby improving the efficiency in planning, designing, implementing and translating successful research into positive impacts on policy and practice.

Since 2015 a suite of online tailored education modules have been developed. The RETProgram currently has 9 online education and training courses, some of which contain multiple modules ranging from 1-10 hours duration. These modules are supported, where appropriate, by additional workshops, other educational resources, and key contacts in the field. The self-paced learning modules are designed to meet accreditation standards (e.g. Good Clinical Practice ICH E6 (R2) is TransCelerate approved) with completion certificates. A cyclical review is undertaken to maintain currency and relevance. A Steering Committee guides the strategic direction of the curriculum, delivery and evaluation of the program, which is designed to deliver key information about the whole research process. Content can be tailored by individual institutions or departments for use in the research indication process. It can also assist in setting expected standards and alert staff entering research to key contacts, training, and resources in the field.

Users have open access to enable training to be undertaken at a time convenient to the user. Access to modules is free for users based at WAHTN partner organisations, while external users pay a nominal charge to support the program.

Metrics are collected to measure the outcomes and significance of the program. There are currently 3,000 enrolled users from institutions across Australia with the following impacts:

- The majority of users have less than five years' professional health/medical experience which shows that the courses are enabling early to mid-career researchers to develop their research skills and capacity.
- Researchers are affiliated with 226 health and medical organisations (health services, medical research institutes and universities), 84% from WA and 16% externally.
- Participants have identified with 397 professional roles. Medicine is the majority followed by Nursing, Clinical Research, Dentistry, Laboratory Science, Pharmacy, Students, Clinical Trials, Physiotherapy and Public Health.
- RETProgram modules have recently been embedded into the curriculum of the University of Western Australia (Faculty of Medicine) Dentistry, Pharmacy, Allied Health and Medicine degrees.
- Those completing the courses have rated them an average of 4.25 out of 5.

The RETProgram will continue to expand and offer additional content areas, including the potential development of content specific modules to organisations and populations (e.g. allied health, consumers, paediatrics, respiratory and indigenous health). The long term impact and reach of RETProgram training on workforce capacity and capability will continued to be measured.

[1] https://www.wahtn.org/state-activities/research-education-training-program/
[2] https://retprogram.org/

3. Question 3: Meeting Catchment Needs

How is the centre meeting the needs of its population, including vulnerable groups?

Part A: Short answer

WAHTN is a *state-wide* health translation network that brings together WA's major public and private hospitals, medical research institutes, universities, the Department of Health, and consumers and community. This depth and breadth of collaboration provides WAHTN the mandate to represent the WA research community as a peak body, to embrace and accelerate health and medical research translation in a unified, meaningful and sustainable way. Through our structure and processes, WAHTN ensures organisations that advocate for the population of WA, including vulnerable groups, are consulted in the strategic direction and governance of the WAHTN. This provides a genuine opportunity to collaboratively set research priorities and translate research findings and discoveries.

The Aboriginal Health Council of WA is an Associate partner of the WAHTN and there is Aboriginal and Torres Strait Islander representation on both the WAHTN Executive Board and Management Committee. The Health Consumers' Council WA (HCCWA) is an Associate partner of the WAHTN and has representation on the WAHTN Executive Board.

Further to the involvement of the HCCWA, WAHTN has the ongoing exemplary work of the Consumer and Community Health Research Network which supports the 'community voice' in health and medical research (see Q4 Part B). WAHTN also co-leads two AHRA National System Level Initiatives, Consumer and Community Involvement[2] (CCI) and Wound Care which, as national projects, have reach and participation across the 9 AHRA centres and their member organisations.

WAHTN has recently funded several projects (see Q1 Part A) that are targeted at improving the health care of vulnerable groups including: children with autism, developmental delay and cerebral palsy; Aboriginal health; end of life and cancer populations; and the ageing community with heart failure and chronic diseases[1]. In addition WAHTN will award three 12-18 month fellowships in the areas of Antimicrobial Resistance; Indigenous Health; and Wound Care, commencing January 2020.

Through its national and state initiatives, many activities towards 'meeting catchment needs' are underway with some outcomes already measureable *(see Table 1&2 for metrics)*. WAHTN will monitor the success of these initiatives in a number of ways, including: (1) platform satisfaction surveys; (2) forums and workshops; (3) annual reports; (4) AHRA CCI and Wound Care reports.

[1] *https://www.wahtn.org/state-activities/wahtn-fellowships/*
[2] *https://www.wahtn.org/wp-content/uploads/2019/03/AHRA-CCI_Final-Report_Full_Dec2018.pdf*

Part B: Case study

Wound Care

The current health and economic burden of chronic wounds arising from diabetic complications and other comorbidities is a serious public health issue, affecting 400,000 hospital and residential-care patients and incurring $3 billion of treatment costs nationally. This health burden is likely to escalate significantly as Australians become older and with the projected increase in diabetes incidence. The need to urgently address the wound care challenges is widely acknowledged and the Minister for Health has requested AHRA target some of is MRFF funds to wounds management research. AHRA have agreed to undertake this project as a national system level initiative for a time limited period.

Wound care is an area of research strength in WA and resonates with the WAHTN membership. The WAHTN is co-leading the Wound Care initiative with Brisbane Diamantina Health Partners. This national program aims to address the challenges in the wound care area at systemic, policy and practice levels. This will involve undertaking a number of strategic projects to establish the foundations for the implementation of a national, integrated approach to wound care management based on agreed best practice, which will then be embedded in the Australian health system. As such, this project will lead to better wound-management, based on evidence-based research, improve patient outcomes and lower the health cost burden.

Through a national collaboration involving AHRA, the Australian Department of Health (DoH) and relevant consumer groups, the WAHTN and AHRA members plan to address wound care issues using an integrated approach that draws from and builds on the considerable work already undertaken in this area. The initiative will deliver an agreed approach that is: consistent across the health care system; aligned to agreed best practice and standards; underpinned by evidence-based cost efficiencies; and addresses the need for reimbursement for wound care products. This will be achieved through five key projects:

(1) Evidence-based Costings and Savings: the cost of wound care in a diverse range of settings including, hospitals, aged care facilities, clinics, general practices and community medical services (including those for Aboriginal and Torres Strait Islander people) will be measured to establish an accurate baseline representation of wound care cost. The deliverables will include realistic, evidence-based costings that reflect the different wound care settings and an independent assessment of achievable economic benefits.

(2) Efficient Mechanism for Assessing Compliance with Best Practice: an agreed determination will be made on best practice standards in wound care; mechanisms for recording and reporting compliance with agreed best practice standards; and mechanisms for managing non-compliance.

(3) Collaborative Research Planning and Development: a 5-year coordinated program of research and development will be prepared, aimed at continuous improvement in wound care and focused on evidence-based need as agreed by researchers, consumers and clinicians. The research will include increasing our understanding of wounds; improving wound care; ensuring would care best practice remains at the cutting edge; trialing new approaches; and best practice management of chronic wounds in the primary sector.

(4) Coordinated Education and Training to Ensure National Consistency and Promote Agreed Best Practice: a national wound care Training Framework will be developed that aligns with best practice; is accessible; caters to diverse settings; and is supported by an appropriate accreditation framework for tertiary and non-tertiary training in wound care.

(5) Reimbursement Model: AHRA, together with Wounds Australia and the State and Commonwealth Departments of Health will work together to develop a reimbursement model, drawing on the outcomes of strategies 1 – 4, premised on evidenced costings and agreed best practice.

In addition to a Project Officer and administrative support to the Wound Care project, the WAHTN will be offering a Wound Care Fellowship in 2020, which will contribute to work in this area.

This project is in the early activity stages and is gaining momentum with AHRA centres currently nominating which of the 5 projects they would like to be involved in. The outputs, outcomes, long term impacts and reach of these initiatives will be measured through ongoing reporting to WAHTN, AHRA and the DOH. This program has the ability to improve wound care practices, establish best practice standards and significantly impact the cost of wound care across Australia.

4. Question 4: End User Involvement

How are end-users, particularly consumers and clinicians, setting research directions or otherwise actively involved in closing the loop between clinical practice and research?

Part A: Short answer

The precursor to the Consumer and Community Health Research Network (CCHRN) was established in 1998 and became a WAHTN enabling platform in 2016 as a direct response to the increasing awareness that consumers and community members provide a valuable contribution to health research when they are involved across multiple stages of research from design to implementation.

Through CCHRN, there has been a sustained program of building capacity and supporting researchers, consumers and community members to work in partnership to shape decisions about research priorities, policy and practice (see Q4 Part B). WA is recognised nationally and internationally as having a best practice model for supporting the ‘community voice’ in health and medical research. Recognition of CCHRN’s experience and stature in this field has allowed the WAHTN to take a leading role in the AHRA national initiative to develop a coordinated approach to strengthening consumer and community involvement (CCI) in health and medical research across Australia. Following an environmental scan, national survey and workshop, the 2018 Consumer and Community Involvement in Health and Medical Research Report outlined the vision, values, principles and recommendations for AHRA members to progress consumer and community involvement over the next 12-24 months. These activities are due to commence shortly with AHRA centres currently nominating which of 4 projects that would like to be involved with.

WAHTN ensures that all funded projects administered through WAHTN involve consumers and community and have this embedded in the application and reporting processes. Mandating these processes facilitates health service clinicians to work together with consumers to identify clinical practice issues. These go on to form the basis of meaningful research, from which the findings can be translated into improved practice outcomes.

Through its state and national activities, many outputs have already been realised with positive outcomes. The WAHTN has initiated the following measures, *against the metrics listed in Table 1&2*, to determine the success of the CCHRN, AHRA CCI project and other WAHTN initiatives in ensuring end-users have an impact on research directions. These involve measuring outcomes and impacts through qualitative and quantitative reports including: (1) the AHRA Consumer and Community Involvement in Health and Medical Research Australia-wide Audit 2018; (2) Participant surveys; (3) CCHRN Community Consultation reports; (4) Bi-annual CCHRN reports against funding agreement; (5) Annual CCHRN report to WAHTN Executive; (6) AHRA CCI project reports; (7) WAHTN project reports.

Part B: Case study

Consumer and Community Health Research Network (CCHRN)[1,2]

The CCHRN was established to increase the community voice in research and to work with researchers and organisations to address the barriers to consumer and community involvement (CCI) in health and medical research. Governments, funding bodies and research organisations across the world are increasingly recognising the importance of including the 'lived experiences', values and priorities of consumers and community members into research policies and practice. This supports the aim of increasing translation of research evidence to improve health outcomes. Consumer involvement embedded throughout the research process is now a key requirement of applications being submitted to the NHMRC, MRFF and other major funding bodies. WA is well placed to continue its leading role in this space as the CCHRN has established itself alongside major international bodies in the UK, USA and Canada as one of the foremost organisations leading the CCI agenda globally.

The CCHRN's activities are guided by a program of work which has six core components: advocacy and advice; building the evidence; community and stakeholder interaction; governance and services; methods of involvement; and teaching and training. The activities are undertaken by two teams; the Consumer Advocate team and a Development team.

Consumer Advocates work directly with WAHTN partners to link researchers and their initiatives to those with lived experience and community members. The CCHRN Advocacy Program has become an extremely useful, sought after, and essential part of the WA research environment. The program continues to see ongoing support and opportunities for growth with current WAHTN partners, together with new and emerging partnerships.

The Development team works to build the capacity of WAHTN partners and community through the provision of: training and workshop programs; resource development and updates; a website platform; a consumer matching service which draw from a large consumer membership; and connecting community with opportunities to 'capture their voices' in the health and wellbeing sector.

Metrics are collected to measure the outcomes and significance of the platform. The CCHRN has over 2250 members and since 2009 has facilitated 118 training workshops, with 2092 participants, designed to increase consumers and community involvement in research. The success of the CCHRN's 2016-2019 strategic framework is demonstrated by the increased uptake of its services and activities in the first two years, including:

- Partner organisations jointly funding 10 Consumer Advocates positions in their organisations.
- Providing 16 partner organisations with ongoing support or services.
- Conducting 40 training workshops.
- Hosting and facilitating 35 events with 512 attendees.
- Supporting 245 grant applications and 460 projects.
- Attending 1320 meetings
- Extending its reach into the community through increased presence on a number of social media platforms including Facebook, Twitter and Instagram.

The CCHRN will continue to provide opportunities for consumers and community members to be involved in health research across WA, promote the community voice through their services, resources, events and training programs and promote the adoption of CCI as standard practice through the health research process across Australia. The outputs, outcomes, long term impacts and reach of these initiatives will be measured through ongoing reporting to the WAHTN Executive and AHRA.

[1] *https://www.wahtn.org/state-activities/consumer-community-health-research-network/*
[2] *https://www.involvingpeopleinresearch.org.au/*

5. Question 5: Workforce

How is the centre building workforce capacity and capabilities in research and translation to ensure health professionals have access to evidence-based education and training and are contributing to health research?

Short answer

The WAHTN has been building workforce capacity and capabilities in research translation through its enabling platforms, Fellowship projects, Health Service projects, and through ad hoc initiatives such as the distinguished visiting lecturer program. A key focus for WAHTN is researcher education and training, as the benefits of a well-trained health research workforce include a higher standard of meaningful research projects, attraction and retention of high quality clinical researchers, and a greater likelihood of implementation of research into evidence-based changes in health care. Several of the WAHTN key enabling platforms are designed to support WA research through building workforce capacity and capabilities in research and translation. In particular: the RETProgram (see Q2 Part B), the Clinical Trials and Data Management Centre (see Q7) and the CCHRN (see Q4 Parts A&B) provide direct researcher education and training; whilst the Fellowships program supports health professionals to advance their career in research, and the MRFF RART funded Health Service projects support major collaborative research teams across the WA health and medical research sector.

In addition to these initiatives, the WAHTN is in the process of establishing two new platforms to increase workforce capacity and capability in the fields of biostatistics and health economics. These fields are vital to high quality translational research and are areas of critical workforce shortage in WA and across Australia. The new platforms will provide biostatical or health economic advice and training to researchers by utilising junior staff supported by a senior staff supervisor/mentor. Along with providing researchers with much needed support, this program will upskill junior statisticians and health economists, building knowledge, providing them with direct mentoring, and expanding carer pathways in order to ensure an ongoing sustainable workforce.

The success of the established and new initiatives will be measured by *metrics summarised in Table 1&2* and utilising information gleaned from: (1) WAHTN platform satisfaction survey; (2) Annual Platform Reports to WAHTN Executive; (3) WAHTN Annual Report; (4) Uptake of the new Biostatistician and Health Economist platform services.

6. Question 6: Partner Contribution

How are the partners of the centre contributing to its operation?

Short answer

The WAHTN is a collaboration of 20 state-wide contributing partner organisations[1] which include WA's major public hospitals, the state run pathology service, the WA Department of Health, six medical research institutes, five universities and two private hospitals. Partners provide financial and in-kind support (including a centre agent role for financial, legal, human resources and office support services) through an unincorporated joint venture agreement. The 20 Partners members and a further 8 Associate members contribute to the governance of the WAHTN through representative membership on the Executive Board and Management Committee. They also contribute to membership of enabling platform Steering Committees, ad hoc working groups and provide expert representation for WAHTN on AHRA sub- committees.

Through representation on the Executive Board and Management Committee[2], the partners are involved in setting the strategic direction and research priorities of WAHTN and have oversight of its operations. In addition to annual membership fees, the majority of partner organisations have provided additional financial sponsorship and in-kind FTE to organise and participate in the annual Science on the Swan conference. The WAHTN partners have further contributed to WAHTN activities by being involved in review panels for fellowship and grant programs, contributing to mentoring initiatives for Early Career Fellows, and partnering on grant initiatives through provision of matched funding.

Partner involvement is instrumental to the success of the WAHTN enabling platforms through cash and in-kind contributions such as partnering with CCHRN in the Consumer Advocate Program; providing contributors to write and review modules for the RETProgram; providing subject expertise in areas such as Allied Health, Imaging, Biostatistics, Health Economics, Clinical Trials, Biobanking and Cardiology on our network and platform committees; and participation in working groups and round tables facilitated by the WAHTN. Most recently the WAHTN partners have come together to help workshop and guide the development of the WAHTN strategic plan, which is currently under review.

[1] *https://www.wahtn.org/about-us/our-partners/*
[2] *https://www.wahtn.org/about-us/governance/*

7. Question 7: Clinical Trials

Have you improved processes (e.g. ethics and/or governance arrangements) so that your patients can access clinical trials more easily and/or sooner?

Short answer

The Clinical Trial and Data Management Centre[1] (CTDMC) is a WAHTN enabling platform that commenced in 2018 with funding from the WA Department of Health. The CTDMC aims to enhance clinical trials and related data management in WA by bringing clinical trialists and data management expertise together to increase skill in sponsoring, administering and governing clinical trials, thereby enabling WA to participate as equal partner in large scale clinical trials, and national and international trials networks. The WAHTN-wide entity shares expertise in clinical trial study design (including novel designs), clinical trial conduct, data management, data-linkage, analytical techniques for clinical trial datasets, bio-repository techniques and clinical registry datasets.

In 2018, the CTDMC consulted with WAHTN partners to identify areas where processes could be improved in the conduct of clinical trials in WA, these included: biostatistical support; improved training in ethics and governance processes, electronic data capture options, and resources available to junior researchers. The CTDMC is addressing these issues by:

- Developing a biostatistical support model for researchers in WA (see Q5).
- Providing workshops and on-site training in clinical trials, ethics and governance processes, data management and data capture platforms (including REDCap software training).
- Working with CCHRN and RETProgram to ensure consumer engagement and Good Clinical Practice is embedded in the conduct of all clinical trials.
- Facilitating Clinical Trial Forums for senior clinical trialists to share their knowledge of active trials and facilitate networking for junior trialists.
- Establishing databases for clinical trials and registries (e.g. cardiac registry).
- Assisting researchers in the submission of grants to NHMRC.

Future activities will target a one-stop WA clinical research website and the development of a network for data managers in WA.

In addition to the CTDMC activities, the WAHTN participates in a WA ethics and governance forum to support standardisation; is a member of CT:IQ; has contributed to the National Clinical Trials Governance Framework; is working with government and stakeholders to improve data access and data linkage; and is advocating for change to the Guardianship and Administration Act 1990 (WA) to enable substitute decision maker consent in medical research for incapacitated patients.

[1] *https://www.wahtn.org/state-activities/clinical-trials-data-centre/*