

International Panel Review

REPORT TO NHMRC FROM THE INTERNATIONAL PANEL - ADVANCED HEALTH RESEARCH AND TRANSLATION CENTRES

We are pleased to provide this 8-page report to the NHMRC following our assessment of submissions from centres for recognition by NHMRC as an Advanced Health Research and Translation Centre. We have provided assessments of individual submissions under separate copy.

We interviewed 8 centres in December 8 to 10, 2014 with Tony Kingdon (General Manager, NHMRC) as the independent Chair of the panel, following a short-listing process. This report provides advice to NHMRC in accordance with the three terms of reference for the panel:

- provide NHMRC with advice on the submissions and which particular centres show the leadership characteristics indicated above at an internationally competitive level
- advise NHMRC which centres show potential to achieve such characteristics, and
- advise NHMRC the actions that could be taken to further encourage development of leadership centres



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Summary

The panel commends NHMRC for this Advanced Health Research and Translation Centre initiative. The panel is impressed by how the initiative has catalysed collaboration and strategic vision well beyond what has been previously seen in Australia. This interest by the health and research sectors was evident even though it was acknowledged that funding would not accompany recognition as an Advanced Health Research and Translation Centre. The panel supports that funding was not initially offered.

The panel notes that some movement towards stronger collaboration and coordination of research and translational activities had been underway for some time, since NHMRC first initiated discussion on such centres, whereas in other cases, discussions have been more recent. This was reflected in the preparedness and cohesiveness of some of the submissions and in how advanced some centres were with their strategy and implementation eg the South Australian Centre's whole-of-State approach, and the local achievements of the Hunter New England submission. The Panel was also aware of State government initiatives such as the "hubs" approach in NSW and the support for Academic Health Science Centres in Victoria.

The panel advises NHMRC that the following centres showed leadership characteristics at an internationally competitive level (in alphabetical order):

- Alfred Health and Monash Health
- Melbourne Healthcare Partners
- South Australian Advanced Health Research and Translation Centre
- Sydney Health Partners

consistent with their terms of reference 1.

The panel advises NHMRC that the following centres showed potential to achieve the leadership characteristics at an internationally competitive level (in alphabetical order):

- Brisbane Diamantina Health Partners
- Sydney Alliance for Healthcare Research and Training,
- Western Australian Advanced Health Research and Translation Centre

consistent with their terms of reference 2. In general, the panel formed the view that (i) the collaboration aims of these were highly worthy and likely to develop at a high level of excellence but (ii) the structures and strategies were very recent and time was needed to cement and develop the partnerships and strategies.

The panel wishes to highly commend the Hunter New England Local Health District submission. We very much valued the submission's achievements and strategies within their regional area, which in some ways, were equal to those of the four recommend. The panel also recognises that the Central Australia Advanced Health Research and Translation Centre faces different, challenges in improving the health of Australian across a wide geographic area with limited resources and a particular challenge in Aboriginal health.

The panel commends both the Hunter New England Local Health District and the Central Australia Advanced Health Research and Translation Centre for their aims and strategies to

translate research in regional Australia, albeit at a different scale to major leadership centres internationally.

General observations

The panel strongly commends the efforts behind the submissions to reform and improve systems of health care and the overt real desire to act in the best interests of their communities, working to make their local health delivery more evidence-based, collaborative and seamless.

The panel notes that the submissions, in total, covered a large proportion of the Australian continent, and reflected national enthusiasm and commitment to reform health care from within the sector itself, based on research-supported evidence. In review of the submissions and during the conduct of interviews, the panel forms the view that Australia has unique aspects compared to most other international health systems, due to the need to deliver a health system across various geographies and socio-economic groups. Thus the panel takes a wider view in, and kept an open mind to, assessing submissions, recognising that they addressed unique characteristics that reflected the nature of the health system in which they operated.

The panel notes the strong buy-in by some of the local hospital network leaders who clearly articulated the benefits of the active translation of research into health care for their role. The panel notes that the models developed in centres (with respect to research collaboration, clinical service delivery, sharing of resources, community engagement) appropriately reflect the needs identified at a local level.

The panel observes that some of the defining, international – standard, characteristics identified in submissions include:

Leadership in outstanding research- and evidence-based clinical care, including for the most difficult clinical conditions

- Effective research coupling of clinicians and health professionals with biomedical scientists and other researchers to accelerate development and effective translation
- Working on aligning medical records and data management across partners, to the extent possible

Excellence in innovative biomedical, clinical, public health and health services research

- Strong, broad, and where appropriate themes-focussed research base, exemplified by outstanding curricula vitae in the proposals.
- Extensive data management capability and infrastructure and intentions to develop this further

Programs and activities to accelerate research findings into healthcare and ways of bringing health care problems to the researchers

- A demonstrated culture of embedding research into health services and clinical practice
- Working with the diverse Australian communities they serve

- Identified research translation strategies
- Outreach into, and collaboration with, the primary care sector and private hospitals, and community and NGO health sectors
- Significant community and patient involvement in the setting of research priorities
- Intentions to reduce variations and inequities in healthcare delivery

Research-infused education and training

- Evident, and some novel, pathways for training
- Programs that encouraged research training for health professionals, including mentoring and time-off support for research

Health professional leaders who ensure that research knowledge is translated into policies and practices locally, nationally and internationally

- A critical mass of clinician / scientists across health and allied health professions that played important leadership roles in strong research programs and the translation of research efforts

Strong collaboration amongst the research, translation, patient care and education programs

- The commitment and active involvement of CEOs of health services
- State government support and commitment from Ministers and Director Generals
- A demonstrable record of collaboration with strong collaborative governance structures
- A sharing of resources for research and access to patients, registries and databases
- International linkages to inform centres of frontiers and cutting edge methodologies
- External benchmarking

In terms of the presentation of submissions and the interview process, the panel notes that

- The six NHMRC selection criteria were appropriate and helped guide the panel views, noting that excellence at a regional or national, rather than an international level, was often evident either in individual domains or across an application.
- A telling point was the selection of the 20 leaders selected and their track records
- The better interview teams reflected strengths across the six criteria, particularly the research and health delivery sectors; and the ‘team’ approach was evident and demonstrable
- The recent changes in the organisation of primary care were evident, mentioned by many submissions and this is an area for improvements when the new primary health networks are in place.
- NHMRC would provide individual feedback for each of the submissions.

Advice on further actions that could be taken¹

In considering the submissions, the panel was aware of

- the challenges of the spread of the Australian population and the vastness of the Australian continent and islands
- the current changing landscape of the governance of primary health care
- the current state of implementation of a personalised e-health record and that issues around e-health were not settled
- the dominance of NHMRC in funding Australian health and medical research, the absence of alternate major funders, and the fragmentation of funding in such areas as cancer research

The panel advises NHMRC, with respect to development of Advanced Health Research and Translation Centres in general,

- to continue to support the development of AHRTCs, adjusting policy on the basis of the findings and advice of the panel, and the lessons learned over the next years
- to conduct another round of AHRTCs in 5 years' time
- to urge health authorities to provide funding support to maximise the benefits of research to patients
- to encourage further national discussion on the appropriate linkage of government-held data across State, Territory and Commonwealth jurisdictions to enable data-rich research to be undertaken
- to encourage further national discussion on how various centres of evidence-based healthcare and training could learn about good and best practice from each other
- to actively monitor the development and progress of centres internationally including funding models in order to guide government policy, noting that development of international centres was changing rapidly, with larger centres with increased collaboration being established
- to incorporate linkage of the primary healthcare sector into future development of AHRTCs
- to consider how to encourage quality and exemplar centres, particularly at a regional level and how to advocate leadership in healthcare through such centres

The panel advises NHMRC, with respect to the centres that receive recognition,

- that designation of these centres should be for 5 years duration with no automatic extensions
- that funding be provided to further gain benefit, for such activities as “buying out time” for clinicians for research, catalyse Centres' translational activities and build LHN / PHN research and translation. The aim should be to keep the leadership roles of the AHRTCs at the international level, to help ensure that Australian health care

¹ Consistent with the Panel's third term of reference

benefits efficiently from international developments in translation. All the submissions would benefit from such. We suggest that this should be relatively modest support at least initially, so that the Centres are encouraged to invest internal resources in the Centre, and continue to look for efficiencies and sharing of costs within the entities of the Centres.

- that Centres should propose transparent performance indicators to be taken into account in future assessment of achievements