Australian Government

National Health and Medical Research Council

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

A report to NHMRC from the International Review Panel

February 2017

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1. Introduction

To have a first class health system it is essential that Australia has centres led by health service providers where there is excellence in research and the generation of new knowledge, where there is a high level of ambition to bring the gains of this knowledge to patient care, and where doctors and other professionals in training benefit from this environment.

NHMRC has two initiatives that recognise health service led centres of collaboration in health and medical research, the provision of research-based and evidence-based health care and the training of health professionals: the Advanced Health Research and Translation Centre (AHRTC) and Centres for Innovation in Regional Health (CIRH) initiatives. Both types of Centre are led by health care partners (e.g. hospitals, primary and community health care) with a track record of drawing on research and evidence to improve services, and of bringing health issues to the attention of researchers. The Centres are characterised by close collaboration between these health care providers, universities and medical research institutes, with a shared ambition to move towards a self-improving health system.

NHMRC's AHRTC initiative promotes leadership in research and evidence-based clinical care, accelerates translation of research findings into health care and encourages research-infused education and training, at international levels of excellence. AHRTCs are characterised by scale, scope and excellence. Each AHRTC's research activities span biomedical science, clinical medicine, public health and health services, whilst translational activities can encompass public health, hospitals, and primary and community health care. The Centres have strong collaborations with the communities they serve, with consumer engagement and involvement a key success factor.

NHMRC's CIRH initiative promotes leadership in health research and translation of direct relevance and benefit to regional and remote areas of Australia, and in research-based and evidence-based training of doctors, nurses and other health professionals. CIRHs demonstrate excellence in research-based and evidence-based health care that directly addresses the particular health needs of the populations they serve. Australia faces challenges due to population spread over a large geographic area and the health disparities between metropolitan, regional and remote communities. CIRHs ensure that research and evidence are available to support excellent, innovative approaches to regional and remote health care delivery, workforce capacity, planning and policy.

NHMRC's AHRTC and CIRH initiatives provide recognition, not funding, and form part of an international trend towards the formation of academic health science centres to boost health system performance.

2. Assessment

On 16 September 2016 NHMRC opened calls for submissions from groups seeking AHRTC or CIRH recognition. Four submissions seeking AHRTC recognition and six submissions seeking CIRH recognition were received prior to the closing date, 6 December 2016. NHMRC convened a panel of international and Australian experts to assess submissions and report against the following terms of reference:

1. provide advice on the submissions from groups seeking recognition as an AHRTC or CIRH, and which particular Centres show the required leadership characteristics at an internationally competitive level
2. advise NHMRC which Centres show potential to achieve such characteristics
3. advise NHMRC on the actions that could be taken to encourage development of leadership centres.

This report summarises the advice to NHMRC of the International Review Panel (the Panel) in accordance with the terms of reference. The Panel's assessments of individual submissions are not provided in this report.

International Review Panel

Mr Alan Singh Executive Director, Research Policy and Translation Branch, NHMRC.
Dr Edward Brown Founder and Chief Executive Officer of the Ontario Telemedicine Network.
Ms Rebecca Davies Ms Davies is a board member of Juvenile Diabetes Research Fund Australia, chairs its research committee and formerly sat on the International Board. She is President of the Heart Foundation (NSW) and serves on its national board, and on the boards of other organisations in the health sector, including public and private hospitals, aged care and community care. Ms Davies is a member of the NHMRC's Australian Health Ethics Committee, Health Innovation Advisory Committee and the Community and Consumer Advisory Group, and is a previous member of Research Committee.
Professor Malcolm King Professor, Faculty of Health Sciences, Simon Fraser University, Canada. Formerly the Scientific Director, Canadian Institutes of Health Research Institute of Aboriginal People's Health.
Professor Martin Schechter OBC Professor and founding director of the School of Population and Public Health in the Faculty of Medicine at the University of British Columbia. He is currently the Chief Scientific Officer of the Michael Smith Foundation for Health Research.
Professor Tom Walley CBE Professor of Clinical Pharmacology at Liverpool University since 1994 and Consultant Physician at the Royal Liverpool University Hospital. Director of the UK National Institute for Health Research Health Technology Assessment program and Director of Evaluation, Trials and Studies.
Professor Judith Whitworth AC (participated in the short-listing of submissions) Member of Council of Charles Darwin University. Former director of the John Curtin School of Medical Research at the Australian National University. Professor Whitworth has chaired the NHMRC Medical Research Committee and is a Past President of the Australian Society for Medical Research, and the High Blood Pressure Research Council of Australia as well as an Honorary Life Member of the Australian and

New Zealand Society of Nephrology. Previous appointments include Commonwealth Chief Medical Officer of Australia, Chair of the WHO Global Advisory Committee on Health Research, and Professor of Medicine at St George Hospital, UNSW.

Declaration and management of interests

The *National Health and Medical Research Council Act 1992* and the *Public Governance, Performance and Accountability Rule* require panel members to declare personal interests relating to the AHRTC and CIRH initiative and submissions. Instances of the following categories of interest were declared by members:

- membership of a governing Board or Council of a partner in a submission
- holding an honorary professorial appointment at a university named in a submission
- having previously provided unrelated consulting advice to a state government (a submission having been received from a health care provider operating in that jurisdiction)
- prior work or social relationship with a member of the leadership team or Health Professional Leader named in a submission
- a member of the leadership team in a submission holding an adjunct appointment at a university where a panel member holds an appointment
- receiving, during the review process, an invitation to participate in a voluntary advisory group to a sub-unit within a university named in a submission, with the role to commence in the second quarter of 2017.

All declared interests were discussed in-session by panel members without an interest in the relevant matter. Consistent with the *Public Governance, Performance and Accountability Rule*, members without an interest in the relevant matter decided whether the declaration constituted a material personal interest, and whether the member making the declaration would participate in assessment of the relevant submission. In summary, one panel member was excluded from the consideration of one AHRTC submission, and two panel members were excluded from consideration of one CIRH submission (not the same submission).

3. Recommendations

On 18 January 2017, the Panel met by teleconference to assess AHRTC and CIRH submissions. Three AHRTC submissions and four CIRH submissions were shortlisted for interview. On 14-16 February 2017 the Panel interviewed representatives of short-listed groups.

At the conclusion of interviews, the Panel finalised its assessment and, consistent with its first term of reference, provided the following advice to the NHMRC CEO:

1) three Centres had demonstrated considerable strengths against the recognition criteria applicable to AHRTCs and were recommended for recognition as an AHRTC (in alphabetical order):
    - Brisbane Diamantina Health Partners
    - Sydney Partnership for Health Education Research and Enterprise (SPHERE)
    - Western Australian Health Translation Network.
2) the following two Centres had demonstrated considerable strengths against the recognition criteria applicable to CIRHs and were recommended for recognition as a CIRH (in alphabetical order):

- Central Australia Academic Health Science Centre
- Hunter New England Central Coast Mid North Coast NSW Translational Research Hub (now called the NSW Regional Health Partners).

The panel further advised with respect to the Centres that receive AHRTC or CIRH recognition:

- that designation of these Centres should be for 5 years duration with no automatic extensions
- that these Centres should propose transparent performance indicators to be taken into account in future assessment of achievements.

The second term of reference calls for the Panel to advise on Centres which show the potential to achieve the leadership characteristics required for recognition as an AHRTC or CIRH. A number of groups seeking CIRH recognition were considered to have potential to achieve the required leadership characteristics over the medium to long term. Examples of areas requiring strengthening across these CIRH submissions were:

- the degree to which research is integrated into health care
- links to regional health delivery strategies
- enabling structures such as harmonised ethic approvals, governance arrangements and data linkage
- actionable plans for the future
- collaborative linkages.

The capacity for groups to strengthen these areas will largely determine whether the required leadership characteristics develop over the medium to long term. In the interim, groups are encouraged to explore the potential for benefits to arise from linkages with recognised Centres.

4. Actions to encourage development of leadership centres.[1]

The Panel made a number of observations concerning the development of leadership centres in the Australian context.

The recognition criteria include a requirement for strong collaboration amongst the research, translation, patient care and education programs of AHRTCs and CIRHs. When addressing this criterion, applicants are required to demonstrate that collaborative arrangements are in place that maximise the research, translation and educational opportunities and minimise duplication of scientific and administrative costs. Submissions for AHRTC and CIRH recognition varied in the maturity and effectiveness of these governance arrangements.

It is highly advantageous for Centres to adopt a 'top-down' approach to strengthening the shared infrastructure and platforms required for research and translation across the Centre. The Panel noted that, whilst governance structures are necessary, they are not sufficient for ongoing satisfactory performance unless accompanied by leadership commitment and other means necessary to give effect to strategic planning and decisions. The provision of in-kind and financial support for the coordination of Centre activities is a strong indicator of partner commitment.

The Panel recommended that NHMRC provide additional guidance on essential governance features required to receive AHRTC or CIRH recognition. These characteristics may include the harmonisation of ethics and governance requirements among the partners and a clear prioritisation framework for research and translation activities developed in consultation with consumers.

[1] Consistent with the Panel's first and second terms of reference.

The Panel noted the advantages conferred on Centres that had strong linkages to health delivery strategies being implemented in the region in which they provided health care. To ensure that these linkages are strong and effective NHMRC should consider making state or territory government support a prerequisite for AHRTC and CIRH recognition.

Encouraging quality and exemplar Centres at a regional level

The Panel noted the challenges that Australia faces due to population spread over a large geographical area and the health disparities between metropolitan, regional and remote communities, and commended NHMRC for the establishment of the CIRH initiative.

Whilst the CIRH recognition criteria allow regionally based groups to collaborate with metropolitan counterparts, the need for a Centre to highlight its own capabilities may provide a disincentive to broad collaboration. The Panel suggested that NHMRC be more explicit about the value of collaborative links and assure applicants that translational programs utilising research conducted outside the Centre to improve local practices will be highly regarded.

The Panel noted some crossover in the activities of groups seeking AHRTC and CIRH recognition. Some CIRH submissions incorporated biomedical research at levels of excellence commensurate with the largest metropolitan research centres, whilst some AHRTC submissions incorporated implementation research in regional and remote settings. NHMRC's recognition frameworks should encourage regional groups to utilise the capabilities existing in the large metropolitan centres and provide incentives for AHRTCs encompassing regional areas to maintain their focus on regional health care.

The Panel recommended that NHMRC continue to support the development of CIRHs, and adjust policy on the basis of the findings and advice of the Panel, and the lessons learned over the next years. The Panel suggested the following areas for consideration by NHMRC:

- consideration should be given to requiring a smaller leadership team to be presented in CIRH submissions than is currently required
- the CIRH initiative should further develop its regional character, and where necessary the recognition criteria be amended to reflect this further development
- further consideration should be given to the advantages (and disadvantages) of permitting the healthcare partner(s) in an AHRTC to also seek CIRH recognition.

Recommendations relevant to previously recognised Centres

On 14 February 2017, the Panel met with senior representatives of the four existing AHRTCs. Prior to the meeting each AHRTC provided a short report on progress and achievements since achieving AHRTC recognition in March 2015. The meeting provided an opportunity for an informal discussion of progress, barriers and opportunities. These discussions helped inform the Panel's response to the Panel's third term of reference. The Panel would like to thank the AHRTC representatives for their attendance and contribution.

The Panel noted the progress Centres had made since receiving AHRTC recognition in 2015 including the strengthening of governance arrangements, development of plans and platforms for data integration, and harmonisation of ethics and governance approvals.

The Panel was also impressed by the growing level of collaboration evident among the AHRTCs and the promise this held for improving system-wide efficiencies by preventing unnecessary duplication in research and translation activities.

The Panel noted that the Centres had been granted AHRTC recognition for a period of 5 years, expiring in March 2020. An extension of the recognition period would require a renewal process to satisfy NHMRC that the Centres continued to meet the recognition criteria.

The Panel noted the importance of Centres recording their achievements and the value of demonstrating that these achievements arose from strategic planning and performance indicators. It would be important to confirm that the AHRTCs remained led by the health care provider(s) and that implementation to improve clinical outcomes could be demonstrated.

NHMRC should consider metrics for partner engagement including the level of financial or in-kind commitment for the support of the position of Centre CEO, coordination and logistics. Support for a centrally co-ordinated program of translation initiatives also serves as a strong demonstration of partner commitment to a Centre.

It would be important for AHRTCs to demonstrate the outcomes from capacity building initiatives, especially programs targeting the development of clinician researchers. Levels of consumer engagement and inter-sectoral bibliometric studies (i.e. health system and researchers) may also provide valuable perspectives on the depth of collaborative activities.

The leadership role of AHRTCs includes promoting best practice beyond their Centres. AHRTCs are encouraged to continue and further strengthen their mentorship of other groups. The Panel recommended that NHMRC recognise improvements in health care arising from such collaboration and mentorship as important achievements and indicative of a high performing AHRTC.

NHMRC should also consider how the Centres had taken advantage of receiving AHRTC recognition, including by utilising the promotional value of NHMRC branding.