



Is *cumbersome* governance killing research?

Professor Ingrid Winship
NHMRC, Sydney, November 2018



VIC News

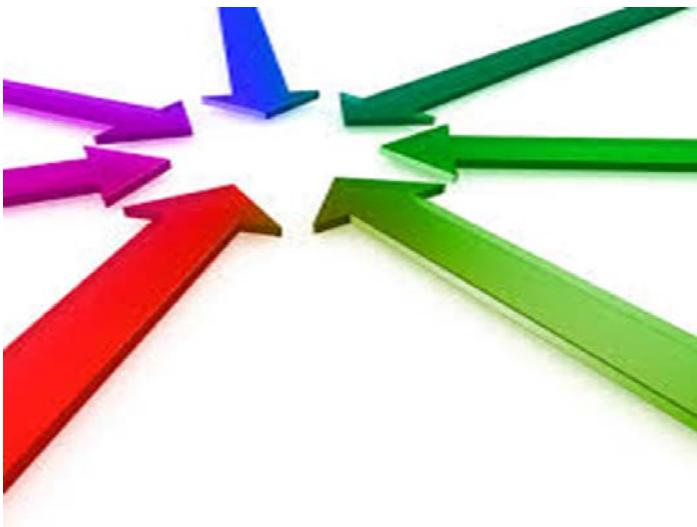
Clinical Trials Centre at Royal Melbourne Hospital gives Australian patients access to world's newest medical breakthroughs

GRANT McARTHUR, HEALTH EDITOR, Herald Sun
August 2, 2017 5:49pm



Convergence and collaborations desirable

- Precincts
- AHRTC/ AHSC's
- International



Research ethics and governance are not the same

- HREC approval largely harmonised
- Areas of exceptionalism may be over serviced
- Site specific approval needs to be simplified
- Drain on time and money
- Major barrier to collaboration



**Good
governance**



**Duplication,
parochial,
pedantic behaviour**

Why do we need governance processes, SSAs?

- HREC does not assess legal issues, codes of practice, feasibility, logistics
- Financial prudence and responsibility
- Resources and facilities
- Feasibility of site
- Staff credentialing
- Disorganised researchers waste time and money
- Risks
- Service departments, pharmacy
- Commercial complications, reach through...

Why is governance a current problem?

- Inexperienced RGOs nervous to act
- Processes not streamlined
- Processes not targeted
- 253/720 projects are clinical trials- tailor GCP
- Agreements/ contracts/ legal
- Inadequate support from hospital CEOs
- Lack of pragmatism, solution focus
- Parochialism

Solutions evident!



Nimble approach to compliance.....



**Excellent
collaborative research,
great health outcomes**