Royal Women's Hospital, Melbourne

Submission to the Strategic Review of Health & Medical Research in Australia

The Royal Women's Hospital has a proud history of more than 152 years of research and innovation. Our work has directly impacted the treatment and care provided to women and newborns, not just in Australia, but world-wide. For example, the Women's published the first peer-reviewed paper on the technique of *in vitro fertilisation*, pioneered the use of mesh in prolapse surgery, published some of the phase 3 efficacy trials on the cervical cancer/HPV vaccine and has set international care guidelines for the resuscitation of very premature babies.

At the Women's we have embraced research as an integral part of the hospital's mission and vision, and facilitated a unique pathway for women's health research and improved service delivery. The range of research currently being performed at the Women's is typically multi-disciplinary and extends to all levels of our hospital and into the community. As a tertiary level hospital we are committed to excellence and innovation, and we believe the integration of research into a teaching hospital improves the critical thinking and enquiring minds of all staff. Many junior medical, nursing, midwifery and allied health staff have their first experience of research at the Women's. We have fostered an environment and created a culture amongst our staff that has resulted in vibrant and collaborative world class research programs and an unparalleled level of excellence and innovation in patient care.

The Women's leads the advancement of health for women and newborns and their partners around Australia. However, we could do more if we had the financial resources.

Responses to the Terms of Reference;

- *Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?*
  (Terms of Reference 1 and 6)

  From a hospital perspective, it is essential that Australia has a viable, internationally competitive health and medical research sector in order to improve the health outcomes and experiences of all Australians. Being a member of the 'international' community, research is the currency for input and access to the latest and best information to improve medical care as well attracting the best overseas people to Australia.

- *How might health and medical research be best managed and funded in Australia?*
  (Terms of Reference 2, 3 and 7)

  Internationally competitive, externally peer reviewed applications are the best way to fund health and medical research. This needs to be managed by an organisation that has

independence from the funding source[s], and has transparent and conflict-free processes for managing applications and awarding grants.

- *What are the health and medical research strategic directions and priorities and how might we meet them?*
  (Terms of Reference 5, 12 and 13)

It is not possible for a country the size of Australia to carry out research in all areas of health. Therefore prioritisation will be necessary and could be based on the following criteria: (1) burden of disease, (2) research capacity, including resources such as workforce, (3) internationally competitive advantage, and (4) contributions to global health and research. This list is not intended to be prioritised but could be used to focus research on an area of demand. For example, research on aboriginal health would count in all criteria.

- *How can we optimise translation of health and medical research into better health and wellbeing?*
  (Terms of Reference 4, 8, 9, 10 and 11)

The most efficient way to translate the results of health and medical research into clinical care is to support research at major teaching hospitals like the Women's. Clinical trials, the end-point of translation from laboratory research to clinical application generally are conducted in hospitals by clinical investigators; if the hospital is not treated equitably in the health and medical research sector, the translation of research into practice can only be sub-optimal and as result the standard of clinical practice will not improve. In turn, the large number of patients treated by the hospital and its affiliates will not be exposed to cutting edge proven diagnostic tests and treatments, and the rest of the community will not benefit from the research.

The major issue impeding translational clinical research at a research and teaching hospital like the Women's is the lack of funds for indirect research costs, also called infrastructure costs. Hospitals have to provide resources for research such as staff time, pathology etc, access to patients and potentially extra care and diagnostic/pathology components of care (especially for clinical trials) and ethics approvals—for our own research projects and those involving collaborating medical research institutes (MRI) and universities. There is no financial compensation for a hospital like that received by universities and independent MRIs for these services. The cost of these services comes essentially from the operating or service funds of the hospital; a source of funding that cannot be guaranteed. Furthermore, individual researchers at hospitals have no incentive to apply for research funds through the hospital, but instead apply through a university or MRI, leaving the hospital to pick up the costs of the overhead services. This is unfair and unjustifiable and a hindrance to translational research towards better patient outcomes and experiences.