

Mr Simon McKeon
Chair
Strategic Review of Health and Medical Research

Electronic Submission

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Dear Mr McKeon,

UTS Response to the Strategic Review of Health and Medical Research

On behalf of the University of Technology, Sydney (UTS), I am pleased to have the opportunity to make a submission to the independent Strategic Review of Health and Medical Research, and congratulate the Government on its continuing commitment to resourcing and reforming the Australian health sector. We acknowledge that this is an enormous task.

UTS appreciates the wide scope of this review into an area of critical national importance: addressing the challenges of driving successful outcomes from health and medical research both for today and for future generations.

While recognising the importance of the clinical focus of a review such as this nature, our submission focuses on broader health systems issues. An overemphasis on medicine and medical research will not enable Australia to develop innovative solutions to address the health issues arising from ageing population trajectories and increases in the incidence of chronic and complex health problems among this rapidly increasing population, or many of the ongoing challenges posed by infectious diseases.

Our submission reflects the differentiated strength in the broader health systems and health services research that we undertake here at UTS, including health communications; health economics; health systems; health policy; workforce planning; allied health; and nursing research.

We would argue, in line with your terms of reference, when planning for *how health and medical research might be best managed and funded and what are the health and medical research strategic directions and priorities*, that Government aims for a balanced portfolio approach across the health policy, systems and clinical continuum.

Importantly, we believe that this balanced approach will help deliver and optimise translation of research into policy, practice and programs (ToR 8,9,10, 11).

This submission has been compiled with support from the UTS Centre for Health Economics Research and Evaluation, and the Faculty of Nursing, Midwifery and Health.

Health systems and services – a balanced approach

We know that one of the most pressing issues confronting Australia is our ageing population and the consequences this brings to health professionals, health organisations and health care organisations.

Health and medical research is essential to deliver health prevention strategies and more effective treatments for an increasing number of ageing Australians who suffer from chronic disease.

Medical research is, of course, a very important part of the national research agenda.

At the same time, there is a growing international recognition of the need for health services research and the role it can play in ensuring translation of basic research findings to health service delivery.

The work of these health researchers who focus on the benefits and consequences of “changes to the health system to ensure effective and safe patient care by helping it to be self-improving”, was recently highlighted by the NHMRC (Introduction, Chair of the Council, NHMRC Strategic Plan 2010-2012).

Health services researchers deliver improvements in health areas not addressed by medical researchers such as staffing and workforce issues, patient treatments and interventions, safety, and quality aspects of health care to name just a few. Further, health services researchers develop improved treatments and models of care to enable Australian health organisations, community organisations and carers deal with the ever increasing burden of ill-health that will continue to be a consequence of an ageing population.

Similarly growing in importance is research into aspects of health system financing and organisation. For example a recent WHO report describes it as “the brains of the health system.”ⁱⁱ Yet in Australia, as one commentator described it, it is a “virtual desert”ⁱⁱⁱ.

Funding gaps

Currently, a very small component of NHMRC funding is directed to health systems and health services research, although numerous reviews have pointed to the need for investment here to underpin the development and implementation of sound policy.

Health services research is largely neglected in NHMRC funding. For example, of the 756 research projects funded by the NHMRC in Australia in 2010, only 24 were health services researchⁱⁱⁱ, as classified by the investigators.

The 2011 statistics produced by the NHMRC suggest that 16.7% of Health Services projects were funded which looks reasonable at first glance. However, a detailed analysis of the individual projects awarded indicate that many of the projects funded in the category of Health Services are in fact medical based studies or health services projects undertaken by medical researchers with a clear medical focus. **Only 8 of the 771 projects funded were won by researching nurses and midwives (1.03%) who constitute the largest group of health care professionals in Australian health organisations.**

Also a 16.7% success rate in health services research does not provide a full picture of funding success as the submission rate by health services researchers is low because the chance of success is very low. Of the 3369 project applications submitted in the NHMRC in 2011 to commence in 2012 there were 1721 applications in Basic Science; 1173 in Clinical Medicine and Science; 343 in Public Health and only 132 in Health Services.

A success rate of 16.7% on this small number of submissions is an artificial exaggeration of success. A total of 22 Health Services funded projects out of a total of 771 funded projects is a tiny 2.85%. Also the projects were smaller in monetary terms therefore the overall percentage of the funding pool in dollar terms is even less than 2.85%.

This means that less than just 3% of projects are committed to improving how the \$120b of health expenditure is allocated. The NHMRC criteria mandate that 'significance' is assessed as direct impact on health outcomes; thus impact in terms of strengthening the health system is overlooked.

[Confidential material removed]

Conclusion

UTS acknowledges the commitment of the Federal Government to reforming and adequately resourcing the health sector. We also acknowledge the ongoing competing tensions and demands around expenditure of the public health dollar.

We believe for modest investment, Australia can dramatically boost the quality of our health systems and improve the delivery of health services through targeted research and better training of the health workforce.

We support a balanced portfolio approach across health policy and systems underpinning the extraordinary work of Australia's clinical researchers who are dedicated to finding life-saving medical breakthroughs.

I recommend a National Institute of Health Systems to you to help ensure a continually self-improving health system for all Australians.

I would be very happy to discuss this with you personally.

Yours sincerely,

Professor Attila Brungs

ⁱ World Health Organization, 2009, Scaling up research and learning for health systems: now is the time.

ⁱⁱ Van Der Weyden M, Australian health policy research and development: where is it? Med J Aust 2002;177 (11/12): 586

ⁱⁱⁱ www.nhmrc.gov.au/grants/research-funding-statistics-and-data-summary-funding downloaded 25/10/2011