THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

School of Nursing and Midwifery
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Dear Panel,

In responding to the request for input into the to the McKeon Review of Health and Medical Research, the School of Nursing & Midwifery has focused on the latter two questions.

What are the health and medical research strategic directions and priorities and how might we meet them?

The School of Nursing & Midwifery has responded to the National Health Priorities by identifying three Research Clusters under which to focus our research efforts and so feel that we are well placed to respond to research priorities. The Research Clusters are:- Quality Health Systems, Health Across the Lifespan and, Chronic Disease Management. In each cluster there are flagship projects which demonstrate how our research is having an impact on health care namely:

Quality Health Systems – eCohort suite of studies which addresses health and workforce participation of nurses, midwives, doctors and nursing and midwifery graduates in Australia, NewZealand, United Kingdom and Canada. Issues related to workforce education are also captured in this cluster and addressed by researchers engaged in the scholarship of T&L.

Health Across the Lifespan – there are significant funded research activities being undertaken in relation to key areas including palliative care, aged care, mental health and maternity care.

Chronic Disease Management – key activities in this cluster include funded research into the impact of Nurse Practitioners and General Practice Nurses in the management of chronic diseases.

How can we optimise translation of health and medical research into better health and wellbeing?

Translational research is dependent on engaging industry partners in research to improve health care and service delivery. While NHMRC Partnership and ARC Linkage grants assist in encouraging these relationships there is a need to revisit funding, outcomes and evaluation to ensure that the partnership is not merely evident at the research proposal and granting stages. The education of partners into the benefits of engagement (potentially incentivising both in kind and financial support for profit and NFP) also needs to be addressed nationally.

Funding models need to be extended in order to move research activities from proof of principal and smaller scale pilots to inclusion of funds and funding periods for wide scale implementation and systematic ongoing evaluation. This could be achieved by longer grant periods or alternately a staged / incremental approach to grant funding i.e. Phase 1 funding could prove principal or support pilot studies, those Phase 1 research activities which have demonstrable successful outcomes could be placed in a Phase 2 funding pool for implementation research and Phase 3 for a systematic program of ongoing evaluation research.

A heavy emphasis on future funding ought to be placed on success of research programs in previous phases over and above the track record of the research team. This would encourage translational outcomes for research as well as encouraging new researchers, and novel ideas rather than incremental funding to those with long established research track records which have had little demonstrable translation.

That said, any future funding model would need to be adjusted for the delay between intervention and impact measurement, the distribution of the likely impact and the potential scope of the program of research. For example the full impact of the quality of maternity care may not be seen until the infant reaches adulthood, the impact of small modifications

distributed over the aged and palliative care sectors may have profound national impact, and the improvement of health worker wellbeing may have individual and systemic impacts which may be difficult to quantify over generations.

There is an inherent difficulty in 'collaborating' in a competitive research environment in the establishment of Collaborative Research Centres. Inevitably one institution assumes a lead role in CRC administration and the collaboration - although well intentioned- and the short term funding does not translate into building research capacity beyond the budget end. There is a real need to reward collaboration and capacity building and outcomes in CRCs.

As researchers we provide expertise to the research training of the next generation, yet their career path unless they are able to consider self funding through competitive grant applications is a serious limitation. Research advisors and their trainees need to be assured there is a post RHD career benefit and opportunity. At a time when sustained employment is important for all graduates there needs to be systemic approach to developing a research career path in health. This should include a postdoctoral pathway for all, and the extension of research opportunities beyond the limited number of Research Fellowships and Senior Research Fellowships which currently exist. In health sciences disciplines there should be consideration given to salary parity between clinical and research positions. As it stands the reality of a research career impacts severely on the sustainable goodwill of research mentors/advisors and negatively impacts on the corporate memory, longevity and translation of many research projects to sustained health improvements.

Thanks for the opportunity to have input into the FHS response

Yours sincerely,

Associate Professor
Director of Research (Acting)