

Draft Submission to McKeon Review of Australian Health and Medical Research

On behalf of the Discipline of General Practice, University of Sydney

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This submission will provide responses to the four questions raised by the panel specifically from a general practice perspective.

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector? The Australian Government's National Health Reform 'aims to shift health services from hospital to primary care', particularly 'to meet the demands of an ageing population, increasing rates of chronic diseases and to take advantage of improvements in technology' (1). A viable and internationally competitive primary care research sector in Australia will ensure that research is relevant to and reflective of the major health issues facing our community. Primary care research is also of great relevance to rural and remote communities. The Netherlands has benefited from primary health care reform which has included strong investment in primary care research since the 1980s resulting in greater collaboration between academia and family practice, high quality research and family practice as a leading force in evidence-based healthcare (2). A recent analysis of primary care research in six countries showed the Netherlands had the highest average Hirsch-index (measure of researcher's productivity and impact of research) at 14 with Australia at an average of 3 trailing behind the Netherlands (14), the UK (13), US (12) and Canada (7) at fifth out of the six countries analysed (3). These six countries were chosen because they were said to have strong primary care systems but the Netherlands and UK produced by far the most cited primary care led primary care research. Of note only 29% of all papers on primary care had at least one primary care researcher as an author – involvement of primary care professionals in primary care research is necessary to ensure the relevance of the research question, methods, conclusions and recommendations.

How might health and medical research be best managed and funded in Australia? The Netherlands and UK successes in leading primary care research internationally stem from investments over several decades in institutional strengthening. Both governments invested in specific programs of research in primary care that sought to address evidence gaps. However, unlike the Australian Primary Health Care Research Institute program which focuses on health services and policy research, the UK/Netherlands model has seen support for clinically-driven and clinically-relevant research which has had a real impact on health outcomes internationally. Developing a primary-care relevant evidence-base for common conditions such as headache, vomiting, rashes, diarrhoea, fever, joint pains, chest pain, abdominal pain, cough, breathlessness, vaginal bleeding and an even longer list crossing a range of specialities cannot be addressed by hospital and laboratory-based studies alone. (4). One good example of research investment from Australia, is the clinical trials cooperative group initiative funded by Cancer Australia (5). This is one of the rare examples of infrastructure funding specifically designed to facilitate clinical research by getting researchers together to set priorities, improve research quality, facilitate research across disciplines and obtain competitive research funding for clinical trials. Expanding this model beyond cancer research would be worth exploring.

What are the health and medical research strategic directions and priorities and how might we meet them? Australia is uniquely placed to have an impact in global health though its location in the Asia-Pacific, but limited inter-sectoral collaboration within Australian government departments currently makes this piecemeal and ad hoc. Greater coordination between the NHMRC, DFAT/AusAid and DEEWAR to set regional research priorities for international collaboration could facilitate greater health benefits for the people of our region. At the same time, Australian research should continue to prioritise work with the most disadvantaged in our community, especially Indigenous Australians and those with complex chronic illness co-morbidities.

How can we optimise translation of health and medical research into better health and wellbeing? Translational research has gained some traction in Australia in recent years but specific research

funding streams to support this have been limited. Much of the translational research work currently underway is T1 (bench to clinical trial) but primary care researchers are uniquely placed to promote T2 research (clinical trial into policy and practice). This will often involve new methodologies such as trials of complex interventions which are not well understood by mainstream basic science and clinical researchers. The Canadian Government recognises the importance of knowledge translation in primary care and has announced a 25 million dollar research program for this purpose. Importantly APHCRI in Australia are providing linkage to this for collaborative Australian-Canadian groups and this model should be closely watched and perhaps replicated with other countries to allow for greater translation of knowledge into health outcomes in clinical practice (6). Real health impacts are only likely to be achieved and maintained if research programs allow for infrastructure funding, particularly knowledge systems and their maintenance, and for practice-based research networks to engage clinicians and their patients.

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4. Mant D, Del Mar C, Glasziou P, Knottnerus A, Wallace P. The State of Primary Care Research. Health Sciences & Medicine Papers 2004;Paper 22.
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