

Submission to Strategic Review Health & Medical Research

***Emeritus Professor David Penington AC
27 July 2012***

Context of submission

Health care has evolved rapidly over the past 30 years with major advances arising from research at many levels both internationally and in our Australian system leading to:

- new diagnostic methods, including remarkable advances in imaging, biochemical and immunological assessment;
- development of new forms of pharmacological treatment, now increasingly targeted at individual patient characteristics;
- new surgical methods with new materials, devices and operative procedures;
- better understanding of options and strategies for prevention of disease;
- better capacity to safeguard the quality of care, to monitor outcomes and achieve improvement in care;
- new approaches to delivery of care, when costs inevitable continue to rise in Australia as in every other developed country, placing strain on available resources.

Very many of the advances across the world have come through research-active University-linked teaching hospitals and their related research institutes. In these, there is a research interface with education and training of health professionals, and there is a potential interface with other university disciplines including physics, engineering, information technology and economics which has, at times, been absolutely critical in developing new approaches.

In January 2008, our NHMRC was subject to an International Triennial Review bringing expertise from the US, from the UK and Singapore to bear on our plans for the future of research and its relationship to health care.¹ Its recommendations made clear the need for close interface between research and health services as is now developing in many advanced countries in the form of Academic Health Science Centres (AHSCs) where health service and its management intermingles with research and education – long the pattern in the leading university based hospitals in the US (such as Johns Hopkins, University College San Francisco, Harvard, Columbia, and even the private Mayo Clinic) and more recently in England with its recently recognised five major AHSCs. This pattern is also well established in Belgium, Holland, Finland, Sweden, Singapore and elsewhere.

¹ Zerhouni E, Davies SC, Holmes EW An international perspective on the National Health and Medical Research Council's research strategies: report by the International NHMRC Review Panel 28-30 January 2008 Final Report Sydney. Growing your Knowledge, 2008.

The review recommended the need for Australia to establish at least one such centre to play a lead role in the development of services in a manner enriched by research with translation of advances in knowledge into better health care. Given the decentralised delivery of health care in our federal system, this may have been seen as difficult to implement, but nonetheless the principle was of great importance.

Three months later, Australia embarked on a major review with appointment by the Minister of Health of a Health and Reform Commission (NHHRC). Following wide national consultation it issued an Interim Report in December 2008 seeking comments, and a Final Report in June 2009 with more than 100 recommendations, focussing particularly on public hospitals and primary health care and the manner they should be funded and governed. Some attention was also paid to what they saw as the need to safeguard quality, to preventive and aged care.

During the course of the Commission's deliberations I published a paper on the need to explore related issues in an Australian context² (Attachment 1) but the Interim Report of NHHRC, on p349, referred to this as being in a context of 'past experience of some individuals' and referred to the founding of Johns Hopkins Hospital as in 1889 and of Imperial College in 1907. (It is now the base of one of the newly recognised British AHSCs). No doubt DoHA staff assisting the Commission provided this information in support of the Minister's stated view that university hospitals were an 'old model' but the Medical Faculty of Imperial College (from which one of the NHMRC Reviewers came) was established in 1997! The College had no medical school when established.

The Interim Report of the NHHRC was released for comment on 16 February 2009. A group of senior and distinguished academics and clinical researchers from across Australia made a submission (Attachment 2) which was not, like almost every other submission, placed by DoHA on the public website for comment.

The Final Report of the Commission was released in June 2009 urging adoption by government of a system subject to bureaucratic regulation in all aspects, assuming new knowledge would be satisfactorily provided to the system by a central agency monitoring published reports of trials of therapy.

In July 2009, the NHMRC released its Draft Strategic Plan for 2010-2012 for comment. A response was sought by AR&D Review³ (Attachment 3). Subsequently a review of the Commission's Final Report was published.⁴(Attachment 4)

² Penington DG Rediscovering university teaching hospitals for Australia Med. J Aust 189:332-335 (2008)

³ Australian R&D Review ISSN1320-9877 Linking Australian science, technology and business. July 2009 see page 9

⁴ Penington DG Does the National Health and Hospitals Reform Commission have a real answer for public hospitals? Med. J Aust. 191:446-447 (2009).

Attempts were made to attract Lord Darzi of Denham to visit and advise. He was the architect of the radical reforms of the British NHS which followed his 2008 review, (cited in ref 4) including the recognition of five AHSCs across England, but the Minister showed no interest in his Report or in seeking advice.

Over two years, submissions were then made to the Minister, to Prime Minister Rudd and other bodies about the crucial importance of embedding clinical and translational research within the health care system, but to no avail. Two examples of public documents are provided.^{5 6} (Attachments 5 and 6)

In December 2010, NHMRC announced that it was calling for submissions concerning the possible establishment of Advanced Health Research Centres. A submission was made⁷ (Attachment 7), but there has, to date, been no response. It is to be hoped that this matter is before the current Strategic Review. It is a matter of surprise that it has been ruled politically that the widely used international title of Academic Health Science Centre has been replaced, perhaps to denote that any such centres in Australia will differ from those recognised overseas. Perhaps this will become clear in time.

Emeritus Professor David Penington
The University of Melbourne
Currently Chairman Bionic Vision Australia.

⁵ Penington DG MJA Rapid Online Publication 9 March 2010 Attachment 5.

⁶ Penington David Weekend Australian 24.10.2009 p6 Attachment 6.

⁷ Penington DG Attachment 7.