



ST VINCENT'S HEALTH AUSTRALIA

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Submission to Structural Review of NHMRC's Grant Program

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1. Background

About St Vincent's Health Australia

St Vincent's Health Australia is Australia's largest not-for-profit health and aged care provider. We operate six public hospitals, eight private hospitals and a growing number of aged care facilities in Queensland, New South Wales and Victoria.

From the health services established by the Sisters of Charity in 1857 at Woolloomooloo in Sydney, St Vincent's Health Australia has grown to encompass a diverse range of services including: acute medical and surgical services, emergency and critical care; aged and sub-acute care; diagnostics; mental health; correctional health; palliative care; residential care; research and education.

St Vincent's Health Australia operates more than 3,300 hospital beds, 1,100 aged care places, employs over 17,000 staff, works with over 2,500 medical practitioners and draws on the talents over 1,300 generous volunteers. Each year we provide care to more than 260,000 inpatients and provide over a million episodes of care throughout our outpatient services.

Our perspective

St Vincent's Health Australia services are strongly committed to, and highly active in, health and medical research. Ongoing involvement in research is a core strategic pillar for our organisation.

As a health service, the strategic objective for our research activity and partnerships is the translation of research into meaningful clinical and commercial outcomes. We are focussed on improving patient outcomes and increasing innovation and efficiency in healthcare delivery through research. In line with our Mission, supporting research on the healthcare needs of vulnerable populations within the community is also a key priority for St Vincent's Health Australia.

Research at St Vincent's Health Australia

Research across the St Vincent's Health Australia Group is carried out in our health facilities (predominately in our Sydney and Melbourne public hospitals) and through a number of collaborative joint ventures outlined below.

St Vincent's Health Australia's joint research ventures

- Kinghorn Cancer Centre (St Vincent's Hospital Sydney & Garvan)
- St Vincent's Centre for Applied Medical Research (St Vincent's Hospital Sydney & University of NSW)
- Cunningham Centre for Palliative Care (Sacred Heart Health Service, UNSW, University of Notre Dame & Calvary Health Care)
- Nursing Research Institute (St Vincent's Hospital Sydney/Melbourne & Australian Catholic University)
- Plunkett Centre for Ethics (St Vincent's Hospital Sydney & Australian Catholic University)
- Australian Research Council Centre of Excellence for Electro-materials Science (St Vincent's Hospital Melbourne & University of Wollongong)
- Centre for Palliative Care (St Vincent's Hospital Melbourne & University of Melbourne)

St Vincent's Health Australia is also affiliated with three co-located but independently managed research institutes:

- Victor Chang Cardiac Research Institute (Darlinghurst, Sydney)

- Garvan Institute of Medical Research (Darlinghurst, Sydney)
- St Vincent's Institute of Medical Research (Fitzroy, Melbourne).

We are also closely affiliated with the Kirby Institute at the University of NSW.

2. Comments on the Consultation Paper

Aims and objectives for reform

St Vincent's Health Australia supports the review of the NHMRC grants program. The current NHMRC process has become overly burdensome for all involved. We agree with the assessment in the consultation paper that this in turn discourages early and mid-career researchers from pursuing a career in research and stifles innovation.

The aim of reform should be to reduce the administrative burden on the researchers and reviewers to enable more time to be spent on productive research activities rather than on applications for funding such research.

At the same time, any reform should maximise the delivery of existing stated objectives of the NHMRC grant program which are supported by St Vincent's Health Australia. As a health service we have a particular focus on improving:

- the translation of research into improved clinical practice and outcomes; and
- the collaboration across the three central groups involved in health and medical research (universities, MRIs and health services) plus industry.

St Vincent's Health Australia supports the common features for any model set out in the consultation paper but considers that some of the alternative models support these objectives better than others.

Our assessment of alternative models

St Vincent's Health Australia considers that Alternative Model 1 would deliver the greatest benefits, particularly in facilitating and supporting collaboration across organisations and disciplines in the health and medical research sector. We are concerned that Model 2 would exacerbate rather than improve some of the current challenges in the current health and medical research system – particularly Australia's poor record translating research into clinical settings.

The advantages of **Model 1** from the health service perspective are:

- Allocates majority resources to team-based, collaborative research which is more likely to include clinician researchers and health services.
- In turn, this should improve the relevance and translation of research into the clinical setting.

Model 3 does not provide the same structural support for collaboration, but has the advantage of a dedicated funding stream to support translation (both commercialisation and implementation) which is the vital end-point of discovery research.

The disadvantages of **Model 2** from the health service perspective are:

- Promotes the establishment of further silos and direct competition between major researchers on in areas of potential complementary or overlapping interest rather than collaboration.
- Designing a collaborative bonus to mitigate this would be complex and limited in effectiveness if a relatively small proportion of total funding was allocated for this purpose. The risk is that such a 'bonus' would result in tokenistic rather than deep collaboration.
- Targeting 'top-performing individual CIs and their groups' will further disadvantage and reduce the capacity for clinician researchers to participate in NHMRC research. This is already a weakness of the current NHMRC process which has directly reduced the capacity

for research from universities and MRIs to reflect clinical need and application, inhibiting effective research translation from bench to bedside to business.

- The proposal to restrict ideas grants to researchers above the postdoctoral level further compounds this effect. Many clinician researchers will not meet this threshold given the significant time they have already invested in clinical and specialist training. This requirement would also disadvantage women researchers.

Other issues – infrastructure support

St Vincent's Health Australia notes consideration of an 'Institutional Support Scheme' (page 20 of the consultation paper). We consider that some reform of infrastructure funding is required. Currently, infrastructure support ignores the pivotal role of health services in Australia in both basic and clinical research. Critically, health services also play an essential role in research translation that cannot be undertaken by either universities or MRIs alone.

The current system of infrastructure funding does not allow grant funds to be directed to the point of research activity. As such, infrastructure funds flow to universities and MRIs when the work of many grants funded actually occurs in the hospitals and health services. This is not sustainable and only serves to limit research translation in Australia.