

## **South Australian Productivity Commission Inquiry into Health and Medical Research in South Australia: A submission from Adelaide Nursing School, University of Adelaide**

### **About Adelaide Nursing School**

Adelaide Nursing School (ANS) is one of seven schools in the Faculty of Health and Medical Sciences, University of Adelaide and is based at the Adelaide Health and Medical Sciences Building on North Terrace. The school is 25 years old this year and provides a mix of pre-registration and post-registration undergraduate and post-graduate nursing programs, including a Higher Degree by Research program with a typical number of 25-30 students. There are 40 members of academic staff – 32 of whom are teaching specialists or balanced academics and 8 are research-focused. Despite its relatively small size and research capacity, the school performs well by state, national and international comparisons. ANS is ranked 39<sup>th</sup> in the world for nursing (2020 QS World University Rankings), 9<sup>th</sup> in Australia (of 37 providers) and 1<sup>st</sup> in South Australia. The school has received an ERA rating of 5 in all 4 rounds of assessment and is one of only two nursing schools in Australia to reach this achievement.

### **Response to the Inquiry consultation questions**

Thank you for the opportunity to submit a response to the SAPC Inquiry. In our response, we have focused on the questions that most directly relate to our research focus and activity within ANS.

#### **3.1 Policy Environment**

In order to enhance the social, economic and health impact of research, we believe there should be greater public and industry engagement in identifying priorities for health and medical research. Historically, this process has been largely investigator-driven. However, research translation is greatly increased where 'Mode 2' or co-production approaches to research are adopted and where research is targeted to the most pressing issues from a societal, community perspective. This does not negate the need for discovery research, but proposes a better balance between priority-driven and investigator-driven research. This could involve greater use of formalised priority-setting processes that involve a range of community, industry, government and academic stakeholders to identify research priorities in the South Australian context.

In relation to the streamlining of HREC approval processes, this has been a significant barrier to undertaking timely research with the different steps involved in ethics and research governance processes. It is encouraging to see the state-led initiative to address this, coordinated through Health Translation SA (HTSA), which should help to improve the current situation. With its state-wide remit and relationships, HTSA also has a central role in priority-driven research, as, for example, with the MRFF Rapid Applied Translation Research grants.

## 5.1 Workforce

There are fairly significant barriers to clinical nurses engaging in research, not least the workload pressures they encounter in the clinical environment. In a recent study we conducted with nursing and midwifery unit managers in Northern Adelaide Local Health Network (NALHN), time to actively participate in research was identified as a major barrier to evidence-based nursing practice. Unlike medicine, joint clinical-academic appointments are rare in nursing, but offer a potential way to enhance clinical nurse participation in research, through building capacity, facilitating engagement and providing support within the practice environment. In states such as Victoria and New South Wales, Clinical Chairs in Nursing have been in place for some time with post-holders holding a joint appointment between a local health system and a University School of Nursing (for example Deakin University, La Trobe, Newcastle). This creates a strong base from which to identify industry research priorities and make successful joint grant applications, for example, for NHMRC Partnership projects. Similar clinical-academic nursing appointments are starting to develop in South Australia. For example, Adelaide Nursing School has a joint Research Nurse appointment with Central Adelaide Local Health Network (CALHN) and an Associate Professor of Nursing who is funded one day a week to work in NALHN. We have also identified members of staff who have a formal link with other precincts (SALHN and WCHN), providing mentorship, advice and support to nurses who want to get involved in research. We would like to see further strategic development and formalisation of these joint academic-industry roles, particularly at Professor and Associate Professor levels to provide leadership and build capacity for nurses to actively participate in research.

## 5.3 Infrastructure & 5.4 Collaboration

As noted above, formalising connections with precincts and relevant university departments is one way to build relationships and promote collaboration. However, effective inter-disciplinary collaboration is also vital to promote success in securing applied research funding from schemes such as the Medical Research Future Fund (MRFF). Finding solutions to pressing industry and community problems generally requires input from a range of different disciplines and stakeholder groups, who can work together as a high performing team in an innovative and collaborative way, respecting each other's knowledge base and contribution. To achieve this level of functioning, there is a need to invest in relationship building and establishing trust in order to break down existing inter-disciplinary silos and barriers. This is an important issue to address in the current South Australian health and medical research environment and one that we believe will require a number of strategies to build and support collaborative networks. These could include, for example, creating opportunities for informal networking and discussion, joint precinct seminars, seed funding for cross-disciplinary projects to develop innovative ideas for competitive grant applications and joint supervision of Higher Degree by Research students across the clinical and academic domains.

## 5.5 Funding

The lack of a strong platform for collaborative, translational focused research could be one of the reasons why South Australia's share of Australian Government Health and Medical Research funding has declined. Compared to other universities in other states, SA universities have not been particularly successful in securing funding for applied, health services research. For example, Professor Harvey of Adelaide Nursing School undertook an analysis of NHMRC funded research grants (including projects, partnerships, fellowships, CRE's) between 2014-2018 that had a specific focus on translation, implementation, quality improvement, and/or evidence-based care (as reflected in the grant title, keywords and/or plain language description of the research). It is clear from this analysis that University of Adelaide, University of South Australia, Flinders University and SAHMRI under-perform in this area, compared to universities in Victoria, NSW and Queensland (see Table 1).

	<b>Translation<sup>a</sup></b>	<b>Implementation</b>	<b>Evidence-based or Evidence based (clinical practice and/or health care)</b>	<b>Quality improvement</b>
National Total				
- No of grants	231	129	143	17
- \$ amount	255,799,228	123,614,598	125,242,593	13,314,704
South Australia				
- No of grants	22	2	8	2
- \$ amount	14,249,607	1,093,470	2,472,925	1,045,576
- % of total awarded	5.57%	0.88%	1.98%	7.85%
University of Adelaide – grants	9	1	7	1
Uni SA – grants	3	0	0	1
Flinders – grants	7	1	1	0
SAHMRI - grants	3	0	0	0

**Table 1: Analysis of NHMRC Funding 2014-2018**

These represent important areas to focus on and invest for the future, particularly given the increased emphasis on research translation and funding available through MRFF and the Advanced Health Research Translation Centres. This requires an explicit concern for a broad range of health and care outcomes and close engagement with industry to find innovative solutions to problems, rather than a narrow speciality or disciplinary focus. In turn, and as highlighted in the response to question 5.4, this requires a commitment to partnership

working, an inter-disciplinary approach, building stronger connectivity between biomedical and applied health services research, methodological pluralism and development of a culture and skill-set that supports and values this way of working.

In relation to funding that addresses industry-focused concerns such as implementation, improvement and evidence-based healthcare, it is also important to note that successful grant applications are often collaborative in nature, such as NHMRC Partnership Projects. These require matched funding from the industry partner/s, typically as a combination of cash and in-kind contribution. This can present a barrier to industry involvement, particularly in the absence of established and effective relationships between academic and industry partners.

### 5.6 Translation of research

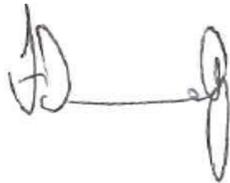
As highlighted in previous comments, we believe there is significant potential to enhance the translation of research into healthcare policy and practice in South Australia, and (as illustrated in Table 1) to secure Government research funding to study the processes and outcomes of such translation. This will require a greater focus on applied research in South Australia and the development of a core set of translational knowledge and skills amongst clinicians and health and medical researchers to build capacity for translation, implementation, engagement and impact. An important point to note is that translational knowledge and skills draw heavily on the organisational and social sciences, including, for example behaviour change (individual and organisational), social action, complexity and systems thinking. This is not typically a knowledge or skill-set that is developed through biomedical research training; hence the importance of investment in capacity building and skills development, as well as establishing appropriate inter-disciplinary collaborations. In other states, government and industry are investing in such capacity development. For example, in Queensland, Metro North Hospital and Health Services commissioned a bespoke Graduate Certificate program from QUT on 'Health Services Innovation', covering topics such as implementation science, cost-effectiveness and health policy. Around 30 clinical leaders a year undertake the program part-time over a 2 year period, working on the development, implementation and evaluation of a real-life innovation project relevant to their own practice setting. This is the type of model that helps build applied knowledge and skills, and fosters relationship building and strong connectivity across the academic-industry interface. In turn, this increases the potential to create research collaborations that can lead to successful grant applications.

### 5.7 – 5.11 Competitive advantage

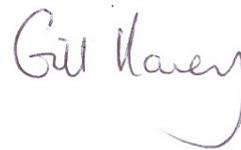
South Australia has clinicians and researchers with excellent skills and knowledge in translation and implementation, across the disciplines of nursing, allied health and medicine. For example, Professor Harvey of Adelaide Nursing School was recognised as a high-cite academic in the social sciences category in 2014 for her contribution to the field of implementation science. It is important to find ways to harness and leverage this expertise to build successful research partnerships, rather than individuals remaining within their own individual discipline, department or university. The location of the Adelaide Health and

Medical Sciences Building, within the Biomedical Precinct including the Royal Adelaide Hospital, SAHMRI and the Cancer Research Institute (UniSA) provides a structure for such successful collaboration, and the HTSA MRFF/Rapid Applied Research Translation projects are a good example of clinicians, academics, community members and policy makers working together on priority issues for South Australia. Adelaide Nursing School academics are leading and participating in two of the current HTSA/MRFF projects on aboriginal health care and reducing unnecessary hospitalisations of older people. Engagement in these collaborative projects has been extremely beneficial and effective to date and is an approach that we would like to see encouraged and scaled up in the future. Otherwise, South Australia will continue to lag behind other states in securing research funding for industry-focused, applied health services research.

Associate Professor Frank Donnelly  
Interim Dean of Nursing

A handwritten signature in blue ink, appearing to be 'F. Donnelly', written in a cursive style.

Professor Gill Harvey  
Chair, Adelaide Nursing School Research  
Committee

A handwritten signature in blue ink, appearing to be 'Gill Harvey', written in a cursive style.