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South Australian Productivity Commission
GPO Box 2343
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Re: Inquiry into Health and Medical Research in South Australia

I am writing to you in response to the issues paper, and Inquiry into Health and Medical Research in South Australia. I have copied certain questions below and addressed them. In particular, my observations from a career spanning 26 years working initially at the Royal Adelaide Hospital and then at Flinders Medical Centre in roles that crossed the university/hospital divide, has been that clinical academics are the key staff that drive success and build effective teams to deliver meaningful outcomes in Health and Medical Research. Clinical academics are absolutely critical to success in research as they bridge the universities and hospitals, and they are now even more critical for success in an environment that will be increasingly dependent on future MRFF funding.

SA has seen a major decline in this workforce over the last 2 decades, and its decline in research performance parallels that decline in workforce. Clinical academic workforce requires a collaborative approach between SA Health and the universities. However, such collaboration has declined over the last decade, and the current approach to developing, planning and employing this workforce is ad hoc, and failing. I have addressed these issues when answering your questions below.

Yours sincerely

David Watson

Information request 3.1: policy environment (Issues paper page 17)

- *Have recent reforms to ethics approvals processes, such as the introduction of mutual acceptance, been successful?*

No – please see below.

- *What is the potential for further simplifying or streamlining current HREC approval processes?*

Various attempts to streamline HREC processes, such as national mutual acceptance have failed to deliver a better process – this is not just a SA issue – it is national. We have gone from locally run tailored approaches to ethics approval via a local committee to a 2 step approach which has separated ethics and governance. This was implanted to simplify processes for multisite research, but unfortunately has been implemented in a way that has complicated applications. It seems to have applied a one size fits all approach to all research. For example, research involving review of hospital case notes, or sending out a survey used to require a simple approval process that could be sorted out in 2-3 weeks via a low and negligible risk approach. Such research can now be subject to the same level of scrutiny as a large pharma trial, and can take up to 6-12 months to get through the approval process. This is impacting the willingness of clinicians to undertake studies that seek to improve clinical practice.

- *What impacts have South Australian Government policy initiatives over the last two decades had on the state's HMR sector?*

SA government invests very little in health and medical research. For that reason its policies and initiatives have had little influence over the sector. Researchers in the sector follow the money – i.e. respond to the grant funders or industry offering the best chance of funding. If little is offered, then SA Government is largely ignored.

Information request 5.1: workforce (Issues paper page 24)

- *Are there barriers to clinicians participating in research? How can any barriers be addressed?*

Clinicians are largely expected to deliver clinical service. In an attempt to save costs, clinicians are less likely to be offered a fulltime position in a public hospital, and more likely to be offered part time employment. Full time positions can be structured to include time for research, whereas part time employment drives clinicians to “top up” their income in the private sector. Once pushed down this path, it is difficult to come back, and private practice tends to become all consuming. Matching a clinician with research capability to a full time position in either the hospital or university sector is currently very difficult, and requires planning and support across several years. The current ad hoc appointment process and drive to reduce costs in hospitals contributes to a lack of opportunities for clinicians to participate in research.

- *How many clinician researchers are currently active in SA?*

Clinician researchers and clinical academics are an endangered species in SA! The number of clinical academics at Flinders University/Medical Centre has reduced by approximately 50% since I commenced in 2002. This has

followed decisions made by both the hospital and university sector across many years. At various stages hospitals have not wanted to employ clinical academic staff, and at other times the university has tried to employ clinical academics without coordinating a matching clinical position at the hospital. Solving this problem requires a coordinated process from both the hospitals and the universities that recognises the value of clinical academics. The current fragmentation is a big barrier to solving this problem

- *What is the long-term trend in their number?*
The trend is downwards. There are less clinical academics in established disciplines (eg medicine and surgery), and some smaller clinical disciplines have lost academic staff altogether.
- *What connections are there between SA Health and university workforces and how do these affect recruitment and retention of HMR researchers?*
These connections are critical, but are probably dysfunctional. SA Health is interested in clinical service provision. The university is interested in research and teaching. Both compete for time, but can work together. Currently, there is poor coordination of clinical academic appointments. A new appointment requires a contribution from both parties, and coordination of the appointment process. This joint appointment process worked well in the 1990's and 2000's but has fallen apart in SA over the last decade, aggravating current workforce issues.
- *How does the current situation in SA compare with other Australian jurisdictions?*
SA used to be the best performing State in Australia, but now has fallen behind particularly when compared to other states such as Victoria.

Information request 5.5: funding (Issues paper page 29)

- *Why has SA's share of Australian Government HMR grant funding been falling?*
This fall is fairly simple to understand. With less clinical academics (50% reduction across the last 20 years) performance with NHMRC has inevitably declined proportionally to the reduction in workforce. Early low success rates with MRFF also reflect a low number of research active clinicians compared to states such as Victoria. Support for key clinical academic workforce is critical to improving SA's share in this space.
- *What role has the South Australian Government played in assisting public and private researchers to access Australian Government funding?*
SA government has provided no significant support to help researchers access government funding. Its lack of investment in research over many years has reduced the size and competitiveness of the workforce that is required to successfully compete for funding. An example of how a state government can assist is Victoria, where the much larger contribution to research in the cancer area, has positioned Victorian researchers to consistently win approx. 50% of the national funding for cancer research.

- *What are the key factors which influence SA's success rate in securing NHMRC and MRFF funding?*
We lack a critical mass of clinician researchers. Reinvigorating that workforce is critical to success, especially if SA wants to compete for MRFF funding.
- *What challenges, if any, do SA researchers/institutions face, compared to other jurisdictions, in securing Australian Government research funding?*
We have access to less seed funding from state government and other bodies. Seed funding is critical to getting enough work done to get a project competitive for NHMRC funding or similar.