THE UNIVERSITY of ADELAIDE

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Review Committee: Inquiry into Health and Medical Research in SA
South Australian Productivity Commission
GPO Box 2343
ADELAIDE SA 5001

Dear Review Committee

Response to Issues Paper: Inquiry into Health and Medical Research in South Australia

The following comments are provided by The University of Adelaide's School of Allied Health Science and Practice, in relation to the SA Productivity Commission's Issues paper: Inquiry into Health and Medical Research in South Australia (13 March 2020).

The new School of Allied Health Science and Practice (henceforth referred to as the School) and the introduction of its three undergraduate programs (Physiotherapy, Occupational Therapy, Speech Pathology) in 2021 enhances the University's position to play a key role in the expansion of clinical, translational, and interdisciplinary research. The School is committed to a strong research focus, consistent with the expectations of the University. All academics in the School have balanced academic workloads, and are engaged in research activities in their individual areas of interest. A Research and Scholarships Group has been established to provide a structured approach for collaboration and support for research activities within the School. There are a number of challenges that impact on the productivity of health and medical research (HMR) in South Australia (SA), and this document will discuss these points from the School's perspective.

Policy barriers are one of the major impediments to research productivity. HMR in SA is governed by national and state-level policies. These have been developed based on the guidelines proposed by the National Health and Medical Research Council (NHMRC). As there is no whole-of-state strategy in SA, HMR, including allied health research, is subject to the policies of individual organisations. Policy barriers are present at all stages of HMR, and for the purpose of this paper, the policy barriers related to ethics application and approval, access to participants and data, funding, and increasing research activity amongst clinicians will be discussed.

Even though HMR in Australia is guided by the NHMRC ethical framework, each organisation/institution has individual ethics application process(es). Any primary research conducted in SA is required to seek and receive ethics approval from not only the University‘s

Professor Rachel Gibson
Director Allied Health, School of Allied Health Science and Practice
Faculty of Health and Medical Sciences
Level 4, Helen Mayo South Building, Frome Road, The University of Adelaide SA 5005 AUSTRALIA
Tel: +61 8 8313 1006 **Email:** rachel.gibson@adelaide.edu.au **www.adelaide.edu.au**
CRICOS provider number 00123M

relevant ethics committee, but also from each organisation involved with the research. This situation leads to the duplication of processes, navigating inconsistencies across organisations, and often the process of obtaining all relevant ethics approvals is significantly delayed; sometimes by months. Researchers often find themselves going back and forth in this ethics process pendulum. The School suggests that a more streamlined approach to ethics approvals when working with multiple organisations may increase HMR productivity. For example, providing exemptions to ethics approvals if approval has been granted from the University within the same jurisdiction, and only seek further clarification for items not covered in the previous application.

The School suggests this more streamlined approach should extend beyond the health sector. Allied health research spans beyond biomedical health, and often this research will involve the collaboration of multiple parties – including disability and health networks, education and disability organisations, and public health and defence sectors. At times multiple organisations within the same sector (for example public, private, Catholic education organisations) will be involved. The involvement of multiple, organisation-specific requirements poses further barriers for efficient research productivity as measured by both research conduct and output production. A state-wide research approach, including the streamlining of ethics applications, is therefore highly suggested to support HMR, and cross-sectoral research more broadly.

SA has a relatively small population, and access to study participants is often challenging. This challenge is further exacerbated by different policies in place for accessing data from participants. As a result, HMR may recruit participants from interstate to ensure adequate sample sizes for studies, with the same ethics approval and policy challenges outlined above. The School therefore suggests that any state-wide approaches consider the interaction with interstate organisations, to avoid unnecessary duplication. Research productivity may be increased and improved with a more consistent, streamlined process for national health and medical research.

The School aims to increase its productivity in high-impact, clinically applicable, translational research. There is great potential for interdisciplinary, clinically-informed clinical trials, however the School's ability to conduct these trials depends on research funding and staff capacity. Whilst most Category 1 funding opportunities attract a large volume of biomedical research, SA could provide specific translational research funding to promote smaller scale studies for larger clinical trials. Currently, one of the state's initiatives, the South Australian Venture Capital Fund, provides financial support for clinical trials. The key challenge for our new School is that only projects which have successfully completed a Stage 1 clinical trial are eligible for these funds. As highlighted above, the varying policies for different organisations and sectors make access to study participants, and the lack of funding for translational research makes it difficult to compete for state-based funding for larger clinical trials.

One of the strengths of our School is that the academics bring extensive and varied research skills and experiences (eg. qualitative versus quantitative research, public health, disability, and medical science). These non-clinical studies are critical in establishing the extent of a health problem, understanding the epidemiology, the lived experience of the health condition, and in doing so may guide the development of clinical trials. For innovative allied health research to occur, funding is also required. As it stands, researchers working in non-clinical HMR often experience challenges in obtaining Category 1 funding, owing to a bias towards clinical trials in NHMRC funding and not being eligible for ARC funding. The School is in a strategic position to apply for grants targeting priority areas in the major HMR grants such as NHMRC and Medical Research Foundation Fund (MRFF). Relevant priority areas include dementia, aged-care, and healthy aging research to develop policies and guidelines for promoting better health-care provision and improved quality of lives for the elderly and people with disability. These priority areas present complex problems that will require inter-disciplinary research utilising a range of research skills, including qualitative research, epidemiology, and policy analysis to provide the intended policies and guidelines. The

School's academics not only have a wealth of relevant clinical knowledge in these priority areas, but also the relevant research expertise.

The School identifies that more state-wide category 2-4 research should be available to facilitate research productivity, and may include the establishment of seeding grants. Success in these Category 2, 3, and 4 grants, as well as contract research, should be recognised as part of productivity assessments, and may lead to further success in larger (Category 1) schemes. One of the research opportunities for the School lies in disability research. The disability sector is currently undergoing major reformation and with the roll-out of the National Disability Insurance Scheme, presents the School with opportunities to engage in research to inform health and clinical practice and policies. The establishment of the School puts us in a unique position to conduct inter-professional research into disability, moving beyond and complementing the bio-medical focus of disability research.

The School suggests the overall state-level research productivity may be improved by increasing the number of research active academics and clinicians within the State. With the establishment of the School, The University of Adelaide provides an unrivalled variety of health and medical programs. This variety attracts research students, postgraduates, and research academics, and allows for a very strong position for collaborations not only within the University, but also other universities, including internationally, and industry partners.

The School recognises there are opportunities for engagement and collaboration with external partners from the health, education, disability, community, environment sectors. The School's academics already have existing strong collaborations with leading researchers nationally and internationally; a position that is expected to improve as the School develops. For example, Occupational Therapy academics have a strong relationship with the Indigenous Allied Health Association. The Physiotherapy academics are currently in collaboration with the Department of Environment and Water, the Metro Pain Group, and the Healthy Urban Microbiome Initiative regarding projects related to greenspace exposure and human health, as well as well another project developing resources for first aiders and health professionals to identify different *Diptera* bites, leading to improve management of these patients in collaboration with CSIRO. The Speech Pathology academics have industry partnership with the Can:Do Group (in collaboration with Flinders University) for a serious game intervention for youths on the autism spectrum; and discussions are currently underway with the Cranio-Facial unit in the Women's and Children's Hospital to explore future research collaborations.

The School has numerous opportunities to deliver high-quality HMR by collaborating with clinicians to conduct HMR. The School is particularly interested in exploring opportunities with Local Health Networks. However, as mentioned above, a particular challenge may be the access to patients/clients. The School has a strong focus on clinically applied and translational research. This is driven by academics with clinical backgrounds and who come with varied and extensive research experiences, and are able to contribute to existing and new HMR, by complementing the bio-medical research focus. Establishing conjoint positions, co-funded by the University and the health provider, could potentially enhance these collaborations. Similar conjoint positions have proved successful in engaging clinicians with research activities at other Group-of-8 Universities.

The School's already existing strong external collaborations with leading organisations and researchers nationally and internationally, coupled with the University's Group-of-8 status, will likely attract postgraduates and emerging leading researchers to SA. To further promote research talent to the state, supplementary scholarships should be offered to encourage more clinician and HDR candidates.

Allied health practitioners have a wealth of clinical knowledge that may inform research. However as stated by Harvey et al. (2016), there are many levels of barriers that impede research engagement by clinicians. These barriers include policy-level barriers that may affect the work-place research culture, clinical caseloads, and training opportunities for clinicians to

be more actively involved in research projects. If the policy-level barriers can be overcome, the establishment of our new School creates more opportunities to involve clinicians in research projects. Another way of attracting clinical research talent is by coupling clinical placements with research opportunities, where possible. This will open doors for clinicians to engage in academia.

The School highlights Category 2-4 funding, in addition to Category 1, be recognised when determining HMR productivity. Furthermore, many of the commonly used metrics of research output, including the number of papers or citations, journal impact factors, and H-indices advantage some disciplines over others. We therefore recommend a normalised citation indicator be used as one of the measures of HMR productivity, as this indicator accounts for differences in citation behaviour between disciplines. The University of Adelaide already has the ability to produce these indicators for each academic, along with several other measures, via the research manager system – Aurora. This will enable the School to be aware and keep up to-date with the research activity and productivity of each research-active staff in the School, and to benchmark our output against other Schools in the University.

Yours sincerely

Professor Rachel Gibson
Director, Allied Health
School of Allied Health Science and Practice

cc Prof John Lynch, Deputy Dean Research, Faculty of Health and Medical Sciences