The Basil Hetzel Institute: a model for Health and Medical Research in SA Health.

Response to the Draft Report, Inquiry into Health and Medical Research in South Australia.

In response to the Draft report and incorporated information requests we submit the following:

(1) We endorse the Draft Recommendations made and look forward to the final report.

(2) The identification of Adelaide Biomed City (ABMC) as a natural focus of HMR leadership is an encouraging indication of improvements in HMR activity in the state. The Inquiry suggests that ABMC is synonymous with the North Terrace precinct, overlooking that ABMC ***includes*** the Basil Hetzel Institute for Translational Health Research (BHI), The Queen Elizabeth Hospital (TQEH), located about 8 minutes down the Port Road in the Central-West suburbs of Adelaide.

(3) The BHI is a CALHN research institute, located at TQEH and with a dedicated research facility that supports the health and medical research in the precinct. The BHI has collected data on research performance for the last 23 years – this dataset is the most comprehensive longitudinal dataset on the research productivity and research workforce of any hospital precinct in the state, and reflects the traditional importance of research at TQEH. We drew on this rich dataset in our initial submission (https://www.sapc.sa.gov.au/__data/assets/pdf_file/0020/203708/Basil-Hetzel-Institute.pdf).

In response to Information request 4.1, you will find a summation of the HMR workforce associated with the BHI over the last 11 financial years (Figure 1). You will note that the average FTE has dropped from 109.6 FTE in 2009-2012 to 93 FTE in 2017-2020. The majority of this decline is found in the grant-funded researcher workforce (81.3 FTE in 2009-2012 compared to 66.6 FTE 2017-2020). This is consistent with a decline in research funding to the BHI, TQEH precinct in real terms during this period. In our previous submission we noted that the FTE of clinical academics at the site had fallen by about 2 in a similar period.

(4) The Commission expresses a need for SA to attract and retain more clinician academics to the state. The growth of a clinical research workforce is not solely dependent on importing talent and skills from interstate and international sites of excellence. SA universities and hospitals provide research training opportunities for clinicians and clinical trainees. The BHI, TQEH hosts between around 50 clinicians enrolled in research Masters or Ph.D.s at any one time. The overwhelming majority of these students are enrolled through the University of Adelaide. ***These students represent a substantial investment in the clinical research workforce of tomorrow***. The development of research activity and clinical activity within a single career trajectory is difficult, and there are very few support mechanisms to foster the clinical researcher pathway. Additional resources, such as Clinical Researcher Early Career Fellowships, time allocations for research activity within the contracts of Early Career

Clinical Researcher track staff, and mentoring programs would all be cost-effective approaches to developing this workforce after graduation.

(5) The Commission asks broadly about steps needed to be taken to improve the data management capabilities in the state to enable current HMR activity and to support activity into the future. Big data analytics, using data for health service improvement, using data for epidemiology studies etc. represent a range of research endeavours that are characterised by ***multidisciplinary teams in collaboration***, often across many organisations and jurisdictions. These projects are not undertaken solely by researchers employed through the local health networks or within an SA Health organisation. State of the art data management and data access is key.

The commission identifies data management as a problem across the state, and most notably data access for researchers employed outside SA Health. This is a proven barrier to collaboration and progress. We draw your attention to the recent Research Governance Policy Directive from SA Health[1] in which the restrictions on access to data generated from the business of the local health networks are clearly stated and appear more difficult than in previous iterations. Data-driven HMR is fast becoming 'too hard' for SA research collaborations and the state is falling behind other states in Australia. ***We cannot endorse too strongly Draft Recommendation 7.2 and any associated measures required to change the SA Health approach to data.***

(6) Finally, the concept that the boards and CEOs of South Australia's local health networks establish explicit budgets for HMR and do all things necessary to deliver and implement excellence in HMR (recommendation 1) is long overdue and would, in one action, improve the standing of HMR in the state.

[1] This document can be found at https://www.sahealth.sa.gov.au/wps/wcm/connect/0fb971004aaf196b9a0dfa7633bbffe0/Directive_Research_Governance++v3.2.+30.07.2020.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0fb971004aaf196b9a0dfa7633bbffe0-niQ2acG. We draw your attention to pages 11-14.

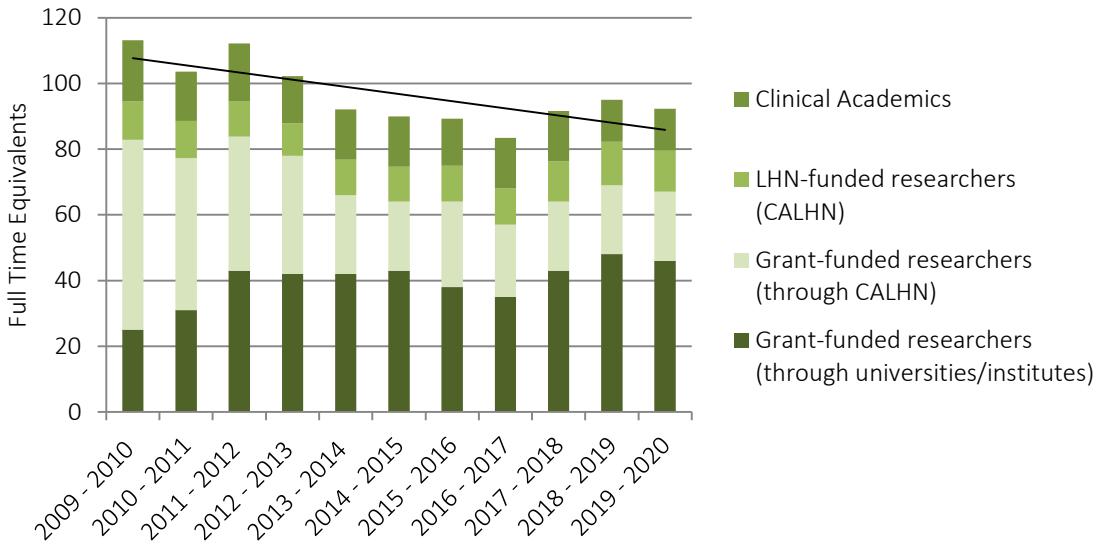

Figure 1: BHI workforce data 2009-2010 financial year to 2019-2020 financial year, in FTE. Trendline is shown.

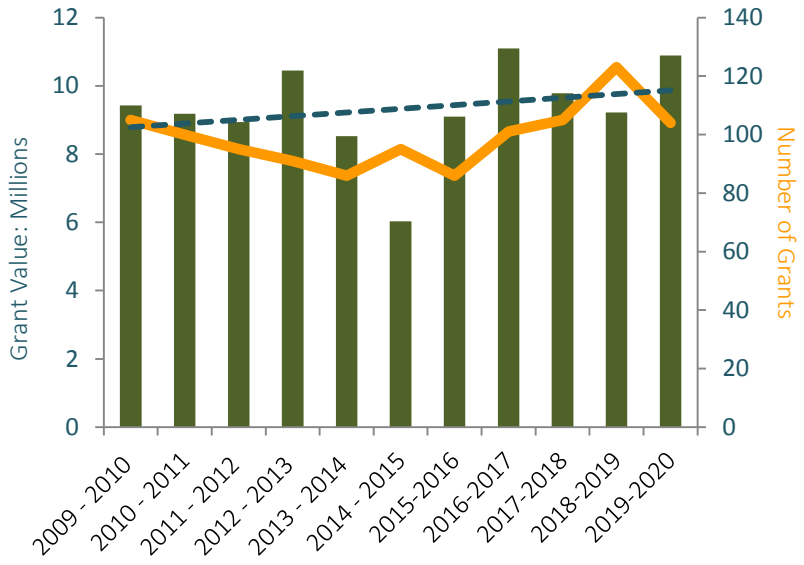

Figure 2: Grant funding attracted to the BHI from 2009-2010 financial year to 2019-2020 financial year, in AUD. The orange line represents the number of grants funded. Dashed line is the trendline.