



THE UNIVERSITY  
of ADELAIDE

South Australian Productivity Commission  
GPO Box 2343  
ADELAIDE SA 5001

8<sup>th</sup> May 2020

To Whom It May Concern:

**Re: Inquiry into Health and Medical Research in South Australia**

Thank you for the opportunity to provide a submission to the South Australian Productivity Commission's Inquiry into Health and Medical Research Issues.

The Adelaide Dental School is part of the Faculty of Health and Medical Sciences of the University of Adelaide. The submission summarises a collective response from various researchers and academic staff from the Adelaide Dental School. The school is well known nationally and internationally for its research into population oral health, in particular childhood oral health and indigenous oral health. With ongoing recognition of the links between oral and general health, there are increasing opportunities to be involved in health and medical research more broadly particularly, for example, with respect to non-communicable disease. The school is well placed to be involved in collaborative research opportunities in view of its physical location within the Adelaide Health and Medical Sciences Building which is part of the Biomedical City Precinct – there are, however, challenges in terms of optimising those opportunities which are outlined in the answers to the relevant questions within the review paper which follow.

Yours sincerely

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## Summary of information requests

*(answers to questions where relevant in blue)*

### Information request 3.1: policy environment

Is the division of policy responsibilities between national and state governments clear?

What, if any, areas of duplication, gaps or inconsistencies exist?

Is there alignment between state and national policy and research priorities?

How should HMR research priorities be determined?

- *For dentistry and oral health research there will always be competition in terms of what are considered priorities in HMR however increased recognition of links between oral health and systemic health issues is important, particularly for example non-communicable diseases. Need to provide opportunities for oral health researchers to collaborate with broader projects where relevant.*

How efficiently are regulatory arrangements administered? How significant is the compliance burden on researchers/institutions?

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

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

- *Improved communication of the processes and requirements of the current HREC approval processes.*
- *Improved communications between Hospital (i.e. SA Dental Service/Adelaide Dental Hospital) and University ethics committees, a more unified process.*
- *For longitudinal population studies, it would be helpful to have a subset of questions relating to retention of participants, and the use/re-use of datasets in the future using new/best-practice analytical approaches.*

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

### Information request 4.1: measurement and data

What are the limitations of the Commission's suggested measures?

What other definitions and data could be used for measurement of inputs, outputs, productivity and impacts in HMR?

- *For groups collecting large cohort/population data, how they act to attract international collaborators/researchers/funding/contract research (i.e. curation of datasets)*

### Information request 5.1: workforce

What strategies are being used by institutions to attract talented researchers and postgraduates and how successful have they been?

- *Engaging undergraduate students in concurrent undergraduate degrees and also students undertaking specialist postgraduate training to continue to be involved in clinical research and recruit into HDR programs.*

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

- *Clinical workload, the ability to develop research skills.*
- *Academic mentors for clinicians, online training programs and information sessions.*

How many clinician researchers are currently active in SA?

- *Limited numbers in dentistry and oral health – confined to specialist discipline leads, but again there is a tension between having time and opportunity to undertake research whilst focussing on clinical teaching.*

What is the long-term trend in their number?

- *Limited numbers of academic staff in dentistry and oral health – there is a decreasing trend nationally.*

What connections are there between SA Health and university workforces and how do these affect recruitment and retention of HMR researchers?

- *Despite an excellent partnership between the Adelaide Dental School and SA Health, specifically the SA Dental Service. Rules and bureaucracy can be onerous when considering clinical research. Clinical research is not a prominent aspect of the existing Partnership Agreement which is focussed on clinical undergraduate and postgraduate teaching and provision of care to eligible patients. Accordingly, there is limited ability to specifically recruit researchers.*

How does the current situation in SA compare with other Australian jurisdictions?

- *In other Australian jurisdictions where there are similar arrangements between Dental Schools and government run clinics, the situation is similar. There is more flexibility where Dental Schools run their own private clinical facilities or run clinical facilities on behalf of the government.*

### **Information request 5.2: access to data**

Is the current regulatory environment at the national level conducive to data generation and sharing?

Is the current regulatory environment at the state level, including the operation of the Public Sector (Data Sharing) Act 2016, conducive to data generation and sharing?

Is there overlap between national and state legislation?

What types of data are important to share in HMR?

What barriers are there to sharing data for HMR?

- *Privacy concerns and consent issues.*

What data related bottlenecks constrain HMR and what can be done to remove them?

### **Information request 5.3: infrastructure**

How well is existing SA public and private HMR infrastructure being utilised?

Could existing HMR infrastructure be better utilised or shared more effectively to deliver improvements in HMR performance?

Can the competing demands on infrastructure of delivering health care and conducting research be better managed?

- *Increased collaboration would likely increase efficiency.*

Are there infrastructure gaps (buildings or equipment) which constrain HMR performance? What are they?

What role do precincts, neighbourhoods and physical proximity play in promoting collaboration?

- *They should play a role in promoting collaboration.*
- *The Adelaide Dental School is located within the Adelaide Health and Medical Sciences building which is part of the Adelaide Biomed City Precinct. There are opportunities for collaboration, whether or not these opportunities are optimised is not clear.*

Can SA do more to leverage precincts to improve HMR performance?

### **Information request 5.4: collaboration**

How important is collaboration to securing research funding and to the achievement of HMR outcomes – both between researchers and between research institutions and industry, nationally or globally?

- *For dentistry and oral health this is particularly important given current limitations/competitiveness in research funding – gone are the days of researchers working in isolation, and all of the funding agencies reflect this. That being said, there is still room for individual endeavour provided appropriate time/resources are available.*

Are current levels of collaboration by SA researchers/institutions optimal?

- *No, there are definitely opportunities for collaboration that have not been taken advantage of.*

Has the performance of SA Government departments helped on hindered collaboration in the state's HMR sector?

What steps could be taken to enhance collaboration amongst research institutions, including universities, and between research institutions and industry?

- *Alignment of priorities of different institutions and industry.*

Are there innovative models of collaboration which could be adopted in SA?

- *A change in focus from researcher-driven to more of a focus on healthcare challenges and priorities*
- *Consumer-driven models or greater community engagement could be considered.*

### **Information request 5.5: funding**

Why has SA's share of Australian Government HMR grant funding been falling?

- *Often restrictive employment contracts make it difficult for University staff to commit to long-term projects which means that they have difficulty gaining research funding.*

What role has the South Australian Government played in assisting public and private researchers to access Australian Government funding?

What are the key factors which influence SA's success rate in securing NHMRC and MRFF funding?

- *Adequate scaffolding of researchers to develop high-quality grants*
- *Time*

How efficient are processes for applying for and reporting on use of NHMRC and MRFF funds in terms of information requirements, complexity, administrative effort and timeframes?

- *The low rate of success relative to the effort expended to write grants is a significant issue for researcher productivity, however this is not necessarily a state-based issue*

What challenges, if any, do SA researchers/institutions face, compared to other jurisdictions, in securing Australian Government research funding?

- *Current perceptions/reputation as a relatively small player at a national level*

Other than the Australian Government, how do universities and research institutes source funding for research?

- *This is limited. The universities could have more a strategic approach to source funding for research outside traditional sources.*
- *There could be more development of research funding underpinned by bequests/philanthropy – finding and securing alternative sources of fund is often left to individual researchers.*

What barriers, if any, are there to industry involvement in HMR? How important is industry involvement to success in securing research funding?

What steps could be taken to facilitate more industry investment in HMR in SA?

Do the processes for ethics and governance approval have an adverse effect on the ability of South Australian researchers to secure Australian Government funding?

### **Information request 5.6: translation of research**

Is there potential to enhance translation of SA based research into health care policy and practice in SA and how can this be realised?

Is there potential to increase the quantity and quality of clinical trials conducted in SA?

What opportunities are there to increase commercialisation of HMR in SA?

What barriers, if any, are there to commercialisation of HMR?

What steps can be taken to remove or reduce these barriers?

What have been the impacts of current national and state government initiatives to promote domestic commercialisation?

How is HMR effort split between basic and applied research in SA?

Does the South Australian Government's Intellectual Property Policy, including the monetary rewards framework, encourage or hinder the translation of HMR undertaken in the public health system?

Do the South Australian Government's procurement policies and practices encourage or inhibit HMR commercialisation?

### **Information request 5.7: competitive advantage - location**

Is South Australia perceived as an attractive location globally or nationally for investment in HMR and commercial innovation? If not, why not?

### **Information request 5.8: competitive advantage – population**

Are there particular characteristics of South Australia's population that may create competitive advantage and opportunity in any fields of phases of HMR compared to other jurisdictions?

### **Information request 5.9: competitive advantage – areas and phases of research**

Does South Australia have areas of research excellence of national or global renown? What are they?

- *Oral health research – population and cohort studies; childhood oral health; Indigenous oral health*

What are South Australia's competitive strengths and weaknesses in various fields and phases in HMR?

**Information request 5.10: competitive advantage – clinical trials**

What type of clinical trials are being undertaken in South Australia?

What proportion of clinical trials are sponsored by industry and what proportion are investigator driven?

Does South Australia have any competitive advantages in conducting clinical trials?

**Information request 5.11: competitive advantage – collaboration and precincts**

The size and culture of South Australia and Adelaide is said to make collaboration easier. Does this apply in HMR?

How competitive is South Australia in attracting leading researchers and talented postgraduates to HMR?

Do Adelaide's innovation precincts provide it with a competitive edge in HMR and translation?