FLINDERS MEDICAL CENTRE

Department of Anaesthesia

Flinders Medical Centre
Bedford Park 5042
South Australia
Tel +61 8 8204 5511
Fax +61 8 8204 5450
www.flinders.sa.gov.au

30/9/2020

Dear Commissioners,

Thank you for the opportunity to provide input into the report on health and medical research (HMR) in South Australia (SA) on behalf of the Department of Anaesthesia and Pain Medicine at Flinders Medical Centre (FMC). This draft report is accurate and detailed enough to provide a genuine opportunity for all of us involved in health and medical research in South Australia to assess the current situation and, more importantly, find ways to improve the way we work together to foster the conduct of high-quality health and medical research (HMR).

In our experience, the current draft report accurately portrays the current situation as far as it pertains to clinician researchers. As a department within the Southern Adelaide Local Health Network (SALHN), which provides services to FMC and Noarlunga Health Service we currently employ 52 specialist anaesthetists. This makes us one of the largest departments of doctors in the state. Our department does not directly receive any of the $3-5 million funding provided by the federal government to SALHN for HMR purposes identified in the commission's report. Furthermore, the low numbers of private patients cared for by the department as part of our routine clinical practice, mean that our department does not generate income for our department's special purpose fund. It is clear from this that the reliance on the existing private practice agreements / special purpose funds do not provide reliable or sufficient HMR funding for some departments. In summary our department, one of the largest in the state, receives no dedicated funding from SALHN for research purposes.

The historical context of our department is also useful to understand. Previously (1975-1991) our department was jointly funded by SA Health and Flinders University for two clinical academic positions (Academic Chair of Anaesthesia). This resulted in significant HMR output of high quality from the department during that time. For example, from 1976-1990 the department consisted of approximately 19 anaesthetists, attracted $3.4million in research funding, including NHMRC grants and in 1990 published 64 publications excluding those with either of the clinical academics as first author. In 2014 the last of these positions was vacated and there is currently no funding for clinical academic position from either SALHN or Flinders University. Over this time there has been a proportional reduction in research output from within our department with <10 publications and less than $50,000 in funding attracted by 52 specialists over the last 12 months.

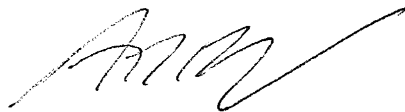
I agree with the Commission's recommendation that strategic partnerships between organizations involved in HMR is key to success. For us the co-located Flinders University / Flinders Health and Medical Research Institute provide natural collaborators. While some level of collaboration exists, there is scope for a stronger collaboration and better alignment of strategic priorities. As far as SAHMRI is concerned, since its inception I am not aware of any assistance provided by SAHMRI in the conduct of HMR within our department. Its stated ability to conduct clinical trials, potentially the most relevant aspect of its functions to our department seems to be the duplication of a service already provided locally by the SALHN office for research. This fact, combined with its remote physical location and lack of any meaningful relationship or connection with our department mean that I do not envisage any of the commission's proposed options for SAHMRI will negatively impact on the HMR conducted within our department.

Measuring HMR performance is equal parts important and difficult and the commission is right to identify it as an issue. Grant funding success and activity levels are easy indicators to measure but are of little use in assessing the impact of the research on the health and wellbeing of the population. Citation indexes are an attempt to measure something closer to impact on patients or populations. However, these are surrogate markers at best and a large number of citations does not necessarily guarantee a change in clinical practice or improvement in health or wellbeing of a population.

Government of South Australia
Health
Southern Adelaide Local Health Network

Measuring impact of HMR directly via changes in medical practice or the health status of a population attributable to HMR activity directly is difficult but is a better measure of HMR success. These issues are particularly relevant to a field of research such as anaesthesia, where important clinical endpoints, such as failed airway management, graft failure after organ transplantation or mortality, are often so infrequent in clinical practice that the large numbers of participants required in any given clinical trial often necessitate multisite collaboration on a state-wide, national or international level. Such collaborations are often funded by large NHMRC grants with relatively few researchers and institutions being recognised as grant recipients and authors but a much larger number of staff around the state, country or globe contributing to the conduct of the study by acting as recruitment centres for such trials. In these situations, relying on grant success or citation indices does not accurately reflect the contributions of all contributing parties to the collaboration. Contributing as a recruitment centre to such projects is a vital part of the anaesthesia collaborative research which inevitably requires funding, staff, time and effort. Difficulty in defining HMR and whether or not it has been successful or, more importantly good value will continue to be a major challenge but is one we should not shy away from.

Currently there is a desire from staff within this department to conduct high quality clinical research. The single largest barrier to this, as described in the commission's draft report, is a lack of funding for staff to conduct the research. I agree that any funding provided for staff should be provided in an ongoing manner to avoid problems associated with poor job security that come with short-term grant funding. Balancing this funding stability with incentives for productivity is a difficult task. However, the strategy not funding research staff and relying exclusively on intermittent grant funding has clearly failed in our department over the last two decades Looking to the future for our department specifically, the joint funding of a research coordinator (registered nurse) and a professional clinical academic (Professor of Anaesthesia) for the department of Anaesthesia, in an ongoing manner, using the existing funds currently provided to SALHN and Flinders University / Flinders Health and Medical Research Institute for HMR purposes would be an example of a practical realization of many of the report's recommendations (identification of HMR funding within LHN's and strengthening strategic relationships and collaboration between LHN's, universities and research institutes). I believe this would be provide good value for money for both the federal and state governments and South Australian population.



Dr Adam Badenoch
BSc(Biomed.Sci), BMBS, FANZCA, G.Dip(Biostat)

Deputy Director – Research and Audit, Department of Anaesthesia and Pain Medicine Flinders Medical Centre