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Attn: Dr Matthew Butlin  
Chair and Chief Executive  
South Australian Productivity Commission

Adelaide, May 8, 2020

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

Dear Dr Butlin,

Thank you for the opportunity to provide this submission to your Inquiry into HMR in South Australia.

I am writing to you from different perspectives, but primarily as Chair of the Adelaide University Medical School (AMS) Research Committee, which represents one of the largest bodies of HMR in SA, including more than **1500 clinical titleholders and more than 300 research active staff**. The AMS is internationally recognized for basic and translational health research. Many research staff within the AMS hold prestigious positions (e.g. Fellow of the Australian Academy of Science and Australian Academy of Health and Medical Sciences), which allows the AMS as a body to impact health research policy and advocate on behalf of South Australia nationally and globally. The salary of many HMR staff within the AMS is generated from external funding bodies. **The research income of AMS for 2019 was in excess of AUD\$58 million, which is twice the size of the reported research income of e.g. SAHMRI for 2018** (SAHMRI 2018 Annual Report) without accounting for possible 'double counting' of the SAHMRI-UofA research dollars.

HMR funding in SA is clearly falling behind other states, especially the Eastern states. This is a multifactorial challenge, and likely includes significant differences in the organisation, research infrastructure, incentives to recruit and retain excellent/talented researchers, philanthropic donations and both University and State Government support for health and

medical research. Hence, we very much welcome this inquiry as a timely if not urgent probe into the HMR sector in SA.

**The answers or possible solutions to the falling success of SA in the HMR sector are likely multiple.** We identify the following four priority areas:

1. South Australia has been one of the national and international leaders in the HMR sector since the 1980's when it was consistently one of the best performers in attracting NHMRC funding nationally. **The environment which nurtured considerable research talent** to enviable levels (e.g. Prof Fiona Stanley has acknowledged that) **was the perfect mix of research, education and health service delivery co-location** at specific sites around Adelaide (IMVS, RAH, QEH, FMC). However, over the last 20 years **this exemplar mix** has been systematically disrupted while other states learned from our success and **built similar institutions fusing research, education and health at one physical location**, e.g. VCCC, MCRI and RCH in Melbourne, TKI PCH in Perth, and the TRI in Brisbane. The disruptions to the HMR environment came with pressure on health and beds and not research KPIs of CEOs. Notably, SA Pathology was formed and started to 'kick out' NHMRC research fellows, separating diagnostics from research. SA Pathology lost >\$300k of annual infrastructure/RIBG funds just with the loss of my own research group (I moved to the University of Adelaide as I did not want to leave SA!). While I continue to work with my WCH colleagues, being physically separated even by 3 km, many valuable opportunities for interactions to seed future grants and research success are simply gone. The same is true for many HMR investigators in SA.

**Recommendation:** *Build (e.g. new WCH) or equip Hospitals (e.g. RAH, QEH, FMC) with adequate research space and facilities to nurture very early phase of HMR as it does start with the patient and goes back to patient. This will facilitate translation of basic research.*

2. The formation of the South Australian Health and Medical Research Institute, SAHMRI, has been extremely important for South Australia. This cannot be overstated. However, in our opinion, the way SAHMRI was set up and is governed (by e.g. three main competitors in the HMR space, i.e. the three SA Universities) is not ideal. There is also a strong perception that SAHMRI suddenly 'embodied' the HMR sector in SA and the SA government had it 'all sorted' in the HMR sector, with no further investment needed – because they supported SAHMRI. SAHMRI is still too early in its growth, and the expectations are too high. While SAHMRI also nucleated many other important efforts

like Adelaide BioMed City, Health Translation SA, etc. this has not yet translated to significantly better outcomes and opportunities for an average HMR researcher in SA. Importantly, the governance of SAHMRI should enshrine recruitment, and conduct, of excellence in HMR, rather than simply populating themes. This is critical to ensure research funding success.

**Recommendation:** *Reconsider the governance structure of SAHMRI to make it a truly independent MRI and ensure its longer term financial viability.*

3. South Australia has had many successes and great HMR teams, but these did not always perpetuate nor were supported to do so. **South Australia has become a 'transit airport'** on the way to other destinations, usually Eastern states. SA nurtured its own HMR talent, or attracted, and subsequently lost, many HMR leaders to Eastern states whether for complacency reasons, lack of timely investment or simply support and career opportunities. Very few come back. While the recent investments into HMR at the University of South Australia (new CCB building at North Terrace), the University of Adelaide (e.g. new Medical School on North Terrace/AHMS) and Flinders University (FHMRI) has a high potential to create a more competitive HMR field in SA, **the HMR infrastructure investment must be matched with the investment into people, especially into key HMR leaders and talent.** While the buildings matter, it is the quality of the 'bums on seats', which matters much more.

**Recommendation:** *Ensure that the key HMR leaders and as such HMR success and key talent stays in SA by timely and ongoing support through fellowships, dedicated research centres, contracts or partnership(s) with philanthropy or external funding organisations such as MRFF. Achieving this investment will necessitate innovative strategic partnerships between the State Government and all HMR institutions in SA.*

4. **South Australia**, given its small size HMR sector and consequent vulnerability, **has experienced major recent HMR disruptions** with the new RAH being built, SAHMRI establishing its HMR portfolio, SA Pathology established and experiencing a see-saw ride, UniSA building their HMR sector, Flinders University rebuilding and expanding, uncertainty around WCH refurbish or build a new, BioMed City, Health Translation SA or Bio Innovation SA going quiet. While many opportunities were created in the rebuilding of the **SA HMR sector, the community has also been seriously distracted and totally unprepared** to take advantage of the changing national HMR playing field, with the best example being the consciousness and preparedness to compete for MRFF funds. The Federal Government sees the MRFF as a solution to declining success rates in the NHMRC, but the MRFF is not a transparent process;

rather, it is highly political and requires extensive lobbying at all levels including State Governments.

**Recommendation:** *The SA HMR sector needs adequate investment to maintain competitiveness with other states and proactive strategic development of all facets of the HMR sector in SA to become a national leader in this critical area for South Australians. It is very important that South Australian health and medical researchers feel needed and supported and not offered just a fancy 'research hotel' while they can pay. We need strong and forward-looking strategic leadership.*

We hope that the Inquiry into HMR in SA addresses the issues raised above given the importance of the sector to health and economic outcomes critical to South Australians. It is imperative that the outcome of the review results in SA being more competitive for national research funding and ensures a future in SA for existing world class researchers / teams and talented emerging researchers.

I would be very happy to discuss any of the above points with you further.

Yours sincerely



JOZEF GECZ

Chair, Adelaide University Medical School Research Committee  
Professor of Human Genetics, NHMRC Senior Principal Research Fellow  
Channel 7 Children's Research Foundation Chair for the Prevention of Childhood Disability  
Fellow of the Australian Academy of Science, Australian Academy of Health and Medical Sciences and  
Founding Fellow of the Faculty of Science of the Royal College of Pathologists of Australasia.

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As Interim Head, Adelaide Medical School I have read through and provided input and agree to the report above.



A/Prof Corinna Van Den Heuvel

8/5/2020