

**South Australian Productivity Commission
Draft Report SAPC Inquiry into Health and Medical Research in South Australia
Response from the University of South Australia**

Excellence in health and medical research follows from both systemic and individual successes. This astute observation sits at the heart of the SAPC's report into Health and Medical Research in South Australia, which the University of South Australia welcomes.

Health and medical research spans both preventative and therapeutic efforts and work to address acute and chronic conditions, and it connects researchers in university and institute settings with those in clinical sites which can be urban, regional, remote and rural. Strong connections deliver world-class insights and good outcomes for the community and are sustained by the coordinated involvement of a broad range of disciplinary and professional strengths.

At least two things enable strong connections, and excellence in health and medical research outcomes. First, the Commissioners note the importance of regenerating the State's system of clinical researchers. We agree with this observation strongly, noting that 'clinical' includes professionals, for example, in population and allied health, nursing and pharmacy, and that it takes in all the Local Health Networks. We also agree that this is a primary or fundamental activity, needing to take place ahead of other recommendations outlined in the report.

Second, is the need to focus at system level. South Australia supports pockets of world class health and medical research. It makes sense for these to be the basis for the development, attraction and retention of talent, as well as the connection of clinical and university and institute researchers.

The critical point at play here is that structure should follow focus. For these reasons, the University of South Australia believes it premature to select from a small range of structural options regarding SAHMRI.

The preference of the University of South Australia is that each of the major component elements of the system—the LHNs, SAHMRI and the universities look to international data to identify where local performance in health and medical research is of global standing, and where multi-institutional partnerships might be strengthened or built to tackle ambitious research agendas. These should be oriented at larger-scale grant schemes, business partnerships, and at international collaborations. This, we believe, will coordinate well with the excellence focus of the EXCITE strategy led by the Chief Scientist, as well as the SA Government's Health and Medical Sector plan. These strategies, quite rightly, invite us to think beyond the near zero-sum game of shuffling people or components around in the system, and to constructing transformational initiatives built on world-class talent.

This work will best inform how SAMHRI—and any further planned infrastructure projects—might best serve health and medical research in South Australia and beyond.

This approach also brings the benefit of coordination with current work underway to map the State's research infrastructure needs, which ought to include careful consideration of the information, computing, phenotype, biofabrication, biomanufacturing and biologics services needed now and in the short to medium term. This not only means planning for LIEF and for NCRIS activities, but also acknowledging how underutilised capital resources might be used to attract and retain both for-profit and not-for-profit partners, and how South Australia may play a continuing role in sovereign health services provision.



This last point is not a *de novo* observation. It should be noted that South Australia has posted strong results in the Australian Government's Biomedical Translation Bridge Program in 2020, and that it has a well-earned reputation in clinical trials management. We therefore encourage the Commissioners to amplify the focus of the final report on the breadth of the research and enterprise pipeline, and in so doing bring into sharper focus the critical computational, social sciences and engineering talent needed to sustain a rich health and medical ecosystem. This, we believe, will bring the added benefit of highlighting the opportunity to understand how the health and medical sector connects in with other critical state sectors.

In summary, UniSA makes the following observations on the draft report:

- The University agrees strongly with the importance placed on the regeneration of the State's system of clinical researchers, noting that the definition of 'clinical' includes professionals in areas such as population and allied health, nursing, pharmacy and encompasses the Local Health Networks.
- Structure should follow focus and UniSA recommends that the Local Health Networks, SAHMRI and the universities work together to draw on the international evidence and identify strategic priority areas of global research excellence.
- It is premature to select from the small range of structural options for SAHMRI presented in the report until the areas of strategic focus are identified and agreed. UniSA does not endorse any of the options as currently stated.
- UniSA recommends that the current focus in the report on the breadth of the research and enterprise pipeline be further amplified to highlight the critical computational, social sciences and engineering talent needed to sustain the medical ecosystem in SA.

For further information please contact:
Adrienne Nieuwenhuis
Director: Office of the Vice Chancellor
University of South Australia
Ph. (08) 8302 0326
adrienne.nieuwenhuis@unisa.edu.au