

Research Infrastructure in Hospitals: the Bio21 View

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What is the Bio21 Cluster?

- The Bio21 Cluster is an international health sciences and biotechnology research cluster, originally based around the Parkville Campus, Melbourne, made up of Universities, Health Networks (Hospitals), Medical Research Institutes, and other biomedical research entities.



What does the Bio21 Cluster do?

- Its mission is to draw on the strengths of its member organisations to enable sharing of resources and expertise to provide a unique platform for innovative discovery from basic science through to delivery of clinical outcomes



What does the Bio21 Cluster do?

- It plays an advocacy role for biomedical research and its translation for its members to their governing boards, to industry and to government



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- The quality of hospital services and their evaluation depends on a research culture pervading a hospital, as does recruitment and retention of high quality staff.



Overview of the presentation

- The nature of the problem
- Identify the obstacles
- Future recommendations
- Conclusions



The nature of the problem

- Policies of recent hospital management
- Cost shifting from State to Commonwealth
- Attracting and maintaining able professional staff
- Declining resources in other research sectors
- Decline in clinical research governance



Identify the obstacles

- NH&MRC requires hospitals to take responsibility for ethical oversight of research
- Most clinical research funding is routed through universities and medical research institutes which receive infrastructure
- Hospital HRECs and their administrative support are seen as a cost not an investment



Identify the obstacles

- Hospitals receive no infrastructure funding for research



What are infrastructure costs?

- The 'overheads' needed to do research that are not included in a research grant
- Most granting bodies e.g. NH&MRC, exclude overhead costs from the project budget
- CEOs/Director of Research are required to ensure that these resources will be made available if the project is successful



What are infrastructure costs?

- Clinical research facilities
 1. Client and office facilities
 2. Staff time
 3. Data & tissue storage and analysis



What are infrastructure costs?

- Office of research
 1. HREC/AEEC & Secretariat
 2. Research governance staff
 3. OGTR, OH&S, HR (research)
 4. Reporting
 5. Library resources
 6. Animal resources



The Future

- We must reform the system to make medical R&D and good research and clinical governance integral to all health care, with recognition in government funding.
- We must bring universities back into the centre of teaching hospital life, including education, research and clinical governance.
- We must develop clinical and health service 'outcomes research', extending into community services and linked with preventive health strategies. University hospitals should play a key role in leadership. Their links with community hospitals are now substantial.



The Future

- We must develop formal reporting methods of hospital performance in terms of quality yardsticks, linked with service and clinical research outcomes.
- We must develop constructive partnerships between universities and teaching hospitals, with elimination of cost shifting, followed by appropriate recognition of clinical infrastructure and research and its support in funding of major hospitals and services.



Recommendations of the 20/20 Summit

- "Restoring and enhancing the capacity for clinical research in teaching hospitals and health systems was seen as a way to take new evidence-based treatments to the clinic faster, improve health outcomes and save overall health costs." (s5.118)
- "Strengthen(ing) the interface between research and clinical practice to deliver better health outcomes by harnessing opportunities presented by better knowledge of diseases in a more timely way." (s5.119)
- "Develop(ing) of an improved career structure for researchers." (s5.120)



Conclusions

- Biomedical research infrastructure funding in Australia needs to be revised to provide a 'level playing field', such that universities, medical research institutes and hospitals are treated equally
- Infrastructure funding should be based on peer review research grants, not on the definition of the institution

