Submission from experienced clinical researchers and medical educators

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Australia's teaching hospitals, with their university links, have long been the standard bearers of high quality health services, of education for health professionals and of innovation based on research and application of new technologies in health care. University-hospital partnerships are the vehicle for hospital-based research, integral to education and graduate training. The critical nexus between health services, education and new knowledge is now in jeopardy. Of principal concern is the proposed transfer of responsibility for all clinical health education to a new Agency committed to delivery of competencies, and the view that further support for research and development, and indeed quality should rest largely with established or new agencies outside hospitals, rather than integral with them. (Reform Directions 14.2 to 14.4, and 15.3 to 15.8).

All medical practice should be informed by research and evidence. A culture of research is essential if Australia is to improve its health system and meet the challenges of the future. It needs to be 'core business' in a hospital system, which over ten years was under-funded by Commonwealth contributions and managed on performance indicators little related to quality of the services in which professionals take pride.

The report notes on p326 that 'we need to …create a culture where teaching and learning are considered 'core business' of our health system, with which we strongly agree, but goes on to propose transferring responsibility from the established and productive partnerships of teaching hospitals and universities to a new National Agency (RD. 14.3). This directly contradicts the stated philosophy. The agency is to preside over purchasing of places by universities from health services based on a competencies framework.

The culture of seeking to extract funding from universities for education is derived from highly developed 'cost-shifting' to the Commonwealth in State after State over 10 years. CoAG deliberations in seeking a Health Workforce Strategic Framework in 2005 and the subsequent Workforce Task Force stemmed from this culture. To be now preoccupied with cost-shifting to the Higher Education portfolio nationally is surely a backward step when we should be building on productive partnerships. The quality of its workforce is critical for the future quality of health services. The Hawke Government decided in 1986 to transfer nursing education from hospital based schools to universities and physiotherapy moved from CAEs to Universities in 1989-91. Both professions, now supported by research, have the potential to take on new roles, subject to appropriate accreditation and regulatory safeguards.

In 1993, after extensive debate and investigation, the Hawke Government determined that competencies-based education should not apply to universities, yet that is exactly what is now proposed (RD 14.3). Competencies are defined in retrospect expressing behavioural features and cannot effectively include problem-solving based on broad knowledge which is so central to health professional roles especially, but not only in medicine. The new Workforce Agency should monitor needs and liaise with accreditation agencies in defining new nursing, physiotherapy or social work roles in health care, together with reviewing medical logistics and roles but to insert it between universities and partner teaching hospitals could seriously damage the system.

The only text reference to the importance of the culture of hospitals in training and retaining staff is Figure14.3 (p324) in relation to nurses. Pride in their institutions has long been a feature of university teaching hospitals with staff committing great effort in teaching and research, and taking pride in the quality of services. They retain loyal medical staff from training positions. Hospital-based Schools of Nursing engendered similar loyalty. This needs rebuilding, bringing nursing research and teaching into a firmer university-hospital partnership. This spirit of professional pride in institutions, already in jeopardy in recent years, is now in further jeopardy with the proposed external regulation of training.

The Report makes many statements supportive of the principle that research and development are important for high quality health care. We welcome the proposed provision of additional funding for part-time clinical research fellowships and the suggestion that research infrastructure funding follows grants in health care settings. (RD 15.1, 15.2). We welcome the suggested additional support for the National Institute for Clinical Studies as a vehicle for dissemination of agreed evidence-based frameworks in many fields of clinical practice, but it is a fundamental misunderstanding to see that as translational research. NICS looks backwards at what has been proven for clinical practice, whilst clinical research looks forward, testing practice and seeking new answers to current and emerging problems, availing itself of the knowledge and tools of basic research and new technology. The postulated expansion of NHMRC Centres for Clinical Research Excellence will go some way to serving this function (p349), but such centres, awarded in competition, will inevitably be based on established researchers, rather than sustaining broadly an educational environment for young people entering the professions, who are the life-blood for future research and clinical leadership. In other developed countries (UK, USA, Canada, Netherlands, Germany and Sweden to name a few) university hospitals are the vehicle to achieve a culture of excellence in services and clinically related research. The model of the University Hospital is dismissed in two sentences on p349, in stark contrast to the UK health research reforms led by Prof. Sally Davies whose background is in university hospitals with a chair at Imperial College. The major reform of the NHS led by Lord Darzy, a practising surgeon, also a professor of Imperial College and now an additional Minister for Health (report footnoted on p343) builds extensively on university-hospital partnership for innovation, excellence of services and education.[1] Byrne has recently documented these reforms.[2]

To assist in developing research there needs to be support for the development and funding of new dedicated facilities and resources for clinical and public health research throughout the health system. Clinical research is as essential to a questioning environment for good clinical education, as it is for improving the quality and outcomes of patient care. We must not risk damaging the partnership between universities and teaching hospitals seen in country after country as central to reform in quality of health services.

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1 http://www.dh.gov.uk/News/Recentstories/DH_095951

2 Byrne E Med J Aust.2009 Clinical research in the United Kingdom: a new era. 190:172-173