26 September, 2011

Peter J Wills, AC
Review Committee Chair
NSW Health and Medical Research Strategic Review
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Dear Mr Wills,

*NSW Health and Medical Research Strategic Review – Phase 2, Issues Paper Response*

On behalf of the NSW universities, the NSW Deputy and Pro Vice-Chancellors’ (Research) Committee is pleased to respond to the Review Taskforce’s Issues Paper, and note that this initiative is both welcome and timely. We would like to take the opportunity to emphasise a few matters, but consider that our previous submission is both comprehensive and relevant to the process at this point in time.

**Focus on quality**
We reiterate the premise that the State should support research wherever it occurs, and that the enablement of quality research should be the primary focus of the Strategic Review rather than in which organisation, or under what model of governance, it occurs. It is essential that the history of strong relationships between Medical Research Institutes (MRIs), universities and hospitals be enhanced and enabled, that the research culture which already exists is nurtured, and that reasonable and pragmatic mechanisms that allow porosity between the institutions be established for researchers, and research grants, so that the gains made in both research and clinical practice through collaboration can flourish.

**Investment: Predictability of Funding**
Generally, research projects are long-term ventures, particularly where high-quality staff are being recruited from inter-state or overseas. For the past decade, the provision of Medical Research Support Program (MRSP) and Science Leveraging Fund (SLF) funding to support continuing and new ventures for NSW universities and MRIs has not been predictable, and at times has been restricted to six monthly blocks. Under these circumstances, it is difficult for senior management and directors to be confident to commit to on-going budgets. We applaud the potential commitment to three year blocks for funding as indicated at 5.2.1.c.v.
IP Generation
The Strategic Review has included a useful analysis of IP generation (4.7). However, the real value, and full extent of outcomes from health and medical research is far greater than expressed in the development of IP and commercialisation terms.

In our previous submission, we cited the Access Economic study *Exceptional Returns II, 2008* which showed returns on investment in medical research of 117.1%. It would be worthwhile if the Strategic Review undertook some form of analysis, based upon this report, of the direct and indirect economic benefits to the state.

Priority research areas
In our previous submission, we pointed to one of the principles of good governance in research which is universally accepted and strongly support by the Committee, which is that it is generally poor practice to attempt to pre-define areas of research success. Colloquially, ‘one can’t pick winners’. The most successful research projects have come from providing resources and an environment in which the winners ‘pick’ themselves.

Generally this means support for research at all levels, which in health research means from molecular through pre-clinical and clinical research through to, and including, public health and policy development. Prioritisation of research areas should be informed by known areas of global health issues, health issues presenting at a local level, and areas of research which already exist in NSW. The long time-frame for medical research to come through to medical practice needs to be recognised, and limiting researchers’ capacity and autonomy to explore new and emerging areas of health research will have a negative long-term impact on future growth and success.

Allied Health
In our previous submission, we included a table (Table 1) which listed areas in which NSW universities’ research was rated ‘at world standard’ or better. This list included not only specialisations in medical research areas, but also many areas of allied health. On reflection, our submission failed to emphasise an important point: that efficient and worthwhile health research extends beyond the well-recognised medical/bio-medical nexus to include allied health and nursing.

As pointed out in our submission, these disciplines have matured and blossomed in recent years, and are now very research active. These disciplines also see a high degree of interconnectivity and movement of staff between Universities and Health systems, and need to be factored in to mechanisms for inter-institutional movement, recognition and funding access.

Research Hubs
The relationship between Medical Research Institutes, hospitals and universities is fundamental to the continued development of research in NSW. Any mechanism which could cause or produce barriers in that relationship would certainly be counterproductive.

The concept of research ‘hubs’ as described under 6.1 of the Issues Paper is a challenging issue, and needs to be considered carefully. It will be apparent in individual universities’ submissions to this process that opinions will differ along lines that are geographical, and that reflect maturity of relationships with hospitals and Medical Research Institutes.
We also point out that in regard to the availability of ‘skilled entrepreneurs, financiers, lawyers, leading clinicians, practitioners...’, NSW universities are well placed to provide access to such support and we each have substantial activities in these areas.

**Data access**
A common concern amongst university-based researchers is problem of access through Local Health Districts’ computer systems ‘firewalls’ when attempting to access universities’ or institutions resources and databases. Links for communications pathways and access to data, particularly between AARNet and the computer networks used by hospitals, need to be improved

**Research Strength**
The statement on p.11 of the Issues Paper attributed to an MRI Director is misleading. Whilst it is the case that the average research publication from an MRI is highly cited¹, it is not the case that MRI research is ‘singularly’ successful in commercialising research outcomes. In fact, the genesis of four of the five most important commercially relevant medical research projects in Australia, (Cochlear, Resmed, Monash IVF, and Gardasil) were from research conducted by university academics in traditional departments. The last comprehensive evaluation of commercial outcomes of research conducted in Australia confirms that the vast majority is attributable to universities (79%) whereas MRIs account for 5.6%.²

We commend the work which has been completed to date, and look forward to the draft recommendations from the Strategic Review Committee. Should you require any further information please do not hesitate to contact my office on 02 4921 5441.

Regards,

Professor Mike Calford
Chair
NSW Deputy and Pro Vice-Chancellors’ (Research) Committee

Cc: NSW D/PVC (Research) Committee

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¹ This reflects the expected nature of MRIs to conduct high quality research as their only objective. Universities have a broader remit and whilst the best research at our universities matches that at any MRI, the universities carry a longer tail of less research active staff, which impacts on the measure used to assess relative citation rates.

² Licences, options and assignments, Figure 7, National Survey of Research Commercialisation 2005-1007, Department of Innovation, Industry, Science and Research 2009).