Advancing implementation of the Australian Academy of Health and Medical Sciences’ report

‘Research and innovation as core functions in transforming the health system: A vision for the future of Australia’
About AHRA
The Australian Health Research Alliance (AHRA) is the voice of the 14 Research Translation Centres accredited by the National Health and Medical Research Council.

Each centre is a partnership of multiple health services, connected to research centres and universities. Collectively AHRA’s members encompass over 90% of researchers and 86% of acute health care services across Australia.

AHRA’s priorities are the systematic embedding of research in Australian health care; better alignment of research capacity with clinical priorities and more, better and faster research translation to deliver patient, public and economic benefit.

Acknowledgement of Country
The Australian Health Research Alliance (AHRA), together with its member Centres, acknowledges the Aboriginal and Torres Strait Islander people as the traditional owners of the lands on which we live, learn and work. We pay respect to Ancestors and Elders past, present and emerging.
EXECUTIVE SUMMARY

INTRODUCTION

ABOUT THE AUSTRALIAN RESEARCH HEALTH ALLIANCE (AHRA)

ALIGNMENT TO THE AUSTRALIAN ACADEMY OF HEALTH AND MEDICAL SCIENCES REPORT

RESEARCH TRANSLATION CENTRE ALIGNMENT TO DELIVER ON THE AAHMS’ VISION AND PILLARS

Pillar one: Skilled and enabled workforce

Pillar two: Targeted funding for research and innovation

Pillar three: Consumer and community involvement (CCI)

Pillar four: Integrated teams and cross sector collaboration

SUMMARY
Executive summary

The Australian Health Research Alliance (AHRA) is a national partnership of 14 National Health and Medical Research Council (NHMRC) accredited Research Translation Centres. We welcome the Australian Academy of Health and Medical Sciences’ (AAHMS) report ‘Research and innovation as core functions in transforming the health system’. The report provides a vision for a health system in Australia that is at the cutting edge of health care innovation driven by health and medical research embedded within the health system. We strongly endorse the report recommendations to optimise the contribution that health and medical research can make to deliver better health for all Australians. We are committed to contribute to its successful implementation.

The AHRA Centres have a primary focus on embedding research into health care. Our Centre partnerships provide a unique platform to do this nationally across 367 hospitals, 33 First Nations and community groups, 53 Medical Research Institutes, 28 Universities and primary care networks. We fully endorse the AAHMS call for greater strategic coordination between funders, particularly the NHMRC and the Medical Research Future Fund (MRFF). This will ensure that Australia’s investment in health and medical research delivers optimal social, health and economic impact. Our Centres, individually and collectively are closely aligned with the four pillars prioritised in the report and in our response to the Report we describe our unique positioning and relevant current activity in these priority areas. We have in place an exceptional network to support nationwide implementation of the report and its recommendations.

Implementation of the first pillar of the AAHMS report on building a research-active health workforce will be key to achieving the overall vision of embedding research into healthcare. The AHRA Centres, individually and collectively, are fully engaged with research capacity building activities that complement and extend the existing roles of our university and health partners. We have unmatched reach into and across the health and research sectors. This includes regional, rural and remote areas of Australia, and specific support for Indigenous and female researcher capability building. This work is closely linked to the second pillar of the AAHMS report, ensuring that research is more closely connected to health system needs and priorities. Here the Centres have been driving progressive cultural and system change to grow our clinical academic workforce and ensure that the research capacity of our university and medical research institutes is optimally aligned with the needs and priorities of our health services.

Our Centres also actively prioritise the third AAHMS pillar on involving consumers as active and equal partners in co-design, interpretation, implementation and dissemination of research. This work is built on a formal alliance with Consumers Health Forum of Australia and has provided a National AHRA framework and principles for consumer and community involvement in research, and nationally leading resources such as a co-developed handbook and online knowledge hub. We work to ensure that consumer and community involvement is genuine, best practice, impactful and embedded in research and translation.

For pillar four, AHRA and its individual Centres are established and accredited to accelerate implementation and translation of research across healthcare settings and populations nationally. We are uniquely positioned to assist here by connecting the capabilities of our universities and leading medical research institutes with the capabilities, needs and priorities of our health organisations and services.

The AHRA Centres and our partners are structurally positioned and have the capability to play a major role in the implementation of the AAHMS report. We look forward to the opportunity to engage to shape an appropriately resourced implementation strategy.

This document was prepared by Professor Helena Teede and Dr Angela Jones with input from the Executive of all NHMRC accredited Centres. Professor Don Nutbeam, Executive Director, Sydney Health Partners and Professor Sir John Savill, Executive Director, Melbourne Academic Centre for Health, both served on the AAHMS project working group.
The Australian Health Research Alliance (AHRA) comprising the NHMRC accredited Research Translation Centres welcomes the Australian Academy of Health and Medical Sciences’ (AAHMS) report, ‘Research and innovation as core functions in transforming the health system: A vision for the future of Australia’.

We strongly endorse the Academy’s vision and the highlighted benefits of embedding research into health care, including, improved access to best care, better health outcomes, greater patient satisfaction; improved recruitment and retention of high-quality staff; and improved professional development. We also support the four pillars proposed in the report as critical elements to deliver on this vision.

Here we outline how the Centres can deliver on the vision across the four pillars, highlighting their acknowledged role, strengths and potential.
About the Australian Health Research Alliance (AHRA)

AHRA is an internationally unique collaboration across 14 health service led Research Translation Centres (Centres). We reach nationally through seven metropolitan based Centres in addition to seven dedicated regional, rural, and remote partnerships serving non-urban Australian communities. The Centres build on evidence-based and successful international models and are NHMRC accredited for integration and excellence in research, education, and healthcare through a competitive and far-sighted initiative.

AHRA members include:

- Central Australia Academic Health Science Network (NT)
- Health Translation Queensland (QLD)
- Health Translation SA (SA)
- Maridulu Budyari Gumal (NSW)
- Melbourne Academic Centre for Health (VIC)
- Monash Partners Academic Health Science Centre (VIC)
- NSW Regional Health Partners (NSW)
- Sydney Health Partners (NSW)
- Tasmanian Collaboration for Health Improvement* (TAS)
- Top End Academic Health Partners (NT)
- Tropical Australian Academic Health Science Centre (QLD)
- Western Alliance Academic Health Science Centre* (VIC)
- Western Australian Health Translation Network (WA)
- Western Australia Rural Research and Innovation Alliance* (WA)

* Emerging Centres.

We are firmly embedded in healthcare and collectively, through our Centres’ partners, reach over 90% of researchers and 86% of acute health care services nationally (Figure 1). The structure, purpose and partnerships within the Centres, coupled with unprecedented national collaboration, have enabled us to make great strides in translating research into clinical care.

Figure 1: AHRA Centre Partners: AHRA through its Centre Partners has significant breadth and partnerships. The AHRA Centres encompass 367 Hospitals within health services, 33 First Nations and community groups/networks, 53 Medical Research Institutes, 28 Universities and significant primary care reach.
About AHRA continued

The potential of AHRA and the Research Translation Centres include:

- Systematically embedding research into healthcare in Australia to deliver health impact
- Delivering more and faster research translation at scale
- Focusing on health service and community priorities
- Enhancing healthcare embedded workforce capacity in research and translation addressing health system priorities

The potential of the AHRA Centres for ongoing impact is reflected in the AAHMS report with recognition of our positioning and role in embedding ‘Research and innovation as core functions in transforming the health system.’ It is also evidenced in our competitive NHMRC accreditation, our Impact Report, and in independent evaluations commissioned by the MRFF and NHMRC.

AHRA’s Impact Report 2022 provides evidence of what has been achieved with past Medical Research Future Fund (MRFF) support including impactful case studies of research implementation into standard practice. Individually and collectively these case studies demonstrate effective research translation for improved patient outcomes, higher-performing and more sustainable health services, more satisfied staff, and economic benefits for our communities.

We have delivered tangible cultural, organisational, and health systems change. We have built research capacity in the clinical and healthcare workforce, enabled and delivered translation into improved clinical and public health practice, and accelerated consumer involvement in research and translation across rural, regional, remote and metropolitan settings nationally. We are uniquely positioned to continue this work and deliver much more with members across primary care, local hospitals, health services, leading universities, medical research institutes, and community organisations addressing locally determined priorities.
Alignment to the Australian Academy of Health and Medical Sciences Report

Australia’s health system faces major challenges and pressures including an ageing population, increasing demand, a growing burden of chronic disease and mental health conditions, and rising inequity in access to care and in health outcomes. These have been compounded by the impact of the COVID-19 pandemic.

The overarching priority outlined in the AAHMS Report is to establish an inclusive and continuing mechanism that is empowered to develop and implement strategies for embedding research and innovation as core functions of the health system.

The AAHMS Report outlines a vision for embedding research and innovation as core functions of the health system to address these and other challenges. It outlines strategies to turn the Australian health system into a more research active and continuously learning, improving, and sustainable system.

By embedding research and translation and focusing on core principles such as equity and access, meeting the needs of underserved populations, and of heterogeneous local health services and communities, the AAHMS’s recommendations and pillars will deliver benefits for Australians. AAHMS has rightly recognised the need for dedicated vehicles and systems to deliver on the potential benefits of research – a need that directly aligns with the purpose of the Australia’s Research Translation Centres.

The overarching priority outlined in the AAHMS Report is ‘to establish an inclusive and continuing mechanism that is empowered to develop and implement strategies for embedding research and innovation as core functions of the health system’. An Australian Alliance is proposed to deliver this priority. AHRA Centres strongly endorse this recommendation. Capitalising on our unique partnerships, designated roles and strengths, as recognised in the report, we are ready to support and participate in this and other priorities.

Here we outline the unique ability of AHRA and our Centres to respond to the priorities outlined in the report. We summarise the work already progressed by AHRA under each of the Report’s pillars as well as opportunities to build on and accelerate this work:

• building research capacity in the clinical and broader workforce;
• investing in research that is more closely connected to health system needs and priorities;
• effectively involving consumers in research; and
• translating evidence into improved clinical and public health practice.

We also highlight the potential duplication and curtailed impact if the work of the current Centres is not leveraged and supported, deviation from successful international models, major lost opportunities and loss of return on the ~$100M investment made to date.
Research Translation Centre alignment to deliver on the AAHMS’ vision and pillars

Pillar one: Skilled and enabled workforce

**AAHMS priority:** AHRA welcomes the prioritisation of a research-active health workforce as key to an integrated, continuously improving health system. Clinician researchers are well positioned to integrate research into healthcare, translate research into practice and drive culture change. Current barriers include limited career pathways, particularly in nursing, midwifery, allied health and primary care with limited opportunities, supports and incentives.

**AHRA proof of concept activity to date:** Centres have developed a multi-level approach to workforce capacity building and acknowledge the highly disparate challenges across settings including regional, rural and remote care. Initial MRFF funding has enabled clear proof of concept and evidence of impact. We are uniquely positioned to deliver breadth and depth and to enhance our University and health partners’ education, research skills and training. Exemplar initiatives addressing barriers include:

1. Free accessible resources and training at pace and scale, such as:
   - Mentoring and leadership training for early career academics and health professionals
   - Resources and training to boost effective consumer and community involvement in research
   - Online data literacy and implementation research and capacity building programs
   - Training in health policy priority areas including wound care and falls prevention
   - Events and networks in priority areas including collaboration in the NHMRC translation symposium.

2. Large scale AHRA national initiatives in priority areas, such as:
   - **Victorian Clinical Trials Education Centre (V-CTEC)** - enabling all involved in clinical trials access to high quality, world class training at no individual charge; piloted in Victoria, scaling nationally.

3. Undergraduate and postgraduate enhanced education via our university partners targeting health professionals with embedded research and training.

4. Fellowships and healthcare embedded training programs including:
   - **MACH-Track** program for lead medical practitioners integrating a PhD into postgraduate training

**AHRA’s potential to deliver through ongoing opportunities:**
AHRA Centres are ideally poised to extend these programs and deliver a skilled and enabled research workforce embedded in healthcare. If AHRA Centres were to be funded, relevant activities could include:

1. Work with governments and stakeholders to build a national strategy, career pathways and an implementation plan for a world class clinician researcher workforce
2. Partner as the implementation vehicle to deliver, iteratively evaluate and improve the plan
3. Extend and scale our previously funded clinician researcher positions and programs
4. Act regionally to adapt, codesign and deliver embedded pathways and programs, including for non-clinical and community researchers in particular Aboriginal and Torres Strait Islander research models that are culturally and community aligned
5. Scale and share these activities nationally across AHRA, leveraging our extensive partner activities to value add and avoid duplication
6. Partner internationally to learn from and enhance best practice in workforce development
7. Enable and support our regionally active Centres to address specific workforce challenges
8. Build a diverse workforce applying principles of equity for all health professions.
Pillar two: Targeted funding for research and innovation

**AAHMS priority:** AHRA supports the introduction of a mechanism for stronger strategic harmonisation between funders, particularly the NHMRC and the MRFF, so that there is an optimal coordinated research response to established and new threats to the nation’s health.

**AHRA contribution:** To maximise improvements in the health and well-being of Australians with available funding, it is crucial that all investments in medical research are transparent and carefully co-ordinated across MRFF and NHMRC. A single national strategy for health and medical research should deliver co-ordinated investment from the MRFF and NHMRC. We stand willing and well positioned to contribute to the design of this strategy.

We note that in 2006 the UK had a similar challenge with two major public health and medical research funders. To maximise public benefit and eliminate wasteful duplication, they developed **strategic co-ordination** delivery models. This has delivered impressive impact, strengthening the contribution of health research and innovation to economic growth. Australia is poised for similar gains from co-ordinated deployment of MRFF and NHMRC funding against a single national strategy.

To deliver health impact, aligned to the MRFF’s success metrics, partnerships embedded in healthcare are vital. Again, the UK and other countries have developed and funded healthcare research partnership models underpinning the Australian Research Translation Centre model. This approach can be expected to have similar success and impact in Australia.

Aligned to the AAHMS recommendations, we welcome and continue to strongly advocate for coordinated research funding and for support for evidence-based, well-established approaches to deliver on these recommendations.
Pillar three: Consumer and community involvement (CCI)

AAHMS priority: Involving consumers as active and equal partners in co-design, interpretation, implementation and dissemination of research is a critical aspect of embedding research and innovation as core functions of the health system. Of equal importance, is ensuring research addresses the priorities of consumers and the community. Global experience highlights that involving consumer and community members in all phases of health and medical research adds meaningful value, and enhances research design and the translation of research findings and discoveries into better clinical care.

AHRA progress to date: AHRA recognises the role of consumers and the community as the funders and beneficiaries of both healthcare and research in Australia. We endorse their importance as active and valued partners in shaping and delivering research and translation, to address the broad needs of Australians including underserved populations.

We are identified broadly including through competitive MRFF funding, partnerships including with Consumer Health Forum and ACTA, and also in the Report, as key leadership and delivery vehicles in CCI, partnering with the Consumers Health Forum of Australia, jurisdictional and regional community agencies and individuals, and have meaningfully embedded CCI in health and medical research and translation through cultural and systems change. We have developed a national initiative, established shared priorities and delivered an MRFF funded National AHRA framework and principles to ensure CCI is intrinsic to and embedded in research, reflecting a genuine sharing of power, mutual trust and shared belief in its value.

Progress includes:
- National collaboration and governance
- First ever national survey on CCI in research in Australia
- Formal alliance with Consumers Health Forum of Australia with a joint position statement
- National priorities established and delivered:
  * Developing a handbook on CCI in health and medical research
  * Codesigning a national online knowledge hub to share resources, knowledge, expertise and tools (grant submitted)
  * Researching optimal strategies and impact of CCI

Centre level progress:
- Consumers in Centre governance and activities including consumer champions and engagement of diverse and underserved communities
- Deep community engagement with leadership and partnership from Aboriginal Community Controlled Services and Health Services, Aboriginal Boards and reference groups in CAAHSN
- Multiple exemplars of consumer-focused cross-disciplinary research translation
- Evidence-based, fully shared and accessible online education and training resources
- Extensive CCI program with more than 5,000 consumers enrolled.

AHRA’s potential to deliver on future opportunities:
With ongoing support, AHRA is ideally positioned to consolidate and accelerate this work, building on current activity to implement and scale effective CCI, focused on culturally and linguistically diverse communities. We would work collectively with all stakeholders to progress national priorities, and advance research and best practice strategies that maximise the impact of CCI in health research, including unique perspectives around Aboriginal and Torres Strait Islander communities and their community-controlled health, support service and representative bodies (particularly in rural and remote environments).
Pillar four: Integrated teams and cross sector collaboration

AAHMS priority: Enhancing the health-academic-industry interface with the support of healthcare executives and research institutions through targeted programs to build cross-sector knowledge brokers and drive collaboration. The Centres are identified as playing a key role in stimulating the formation of integrated research teams with meaningful and continued funding recommended. We note and support the AAHMS recommendation that “The NHMRC accredited Research Translation Centres should receive meaningful funding to stimulate establishment of integrated research teams at their local health-academia-research interface”. With such funding, AHRA Centres would continue to deliver meaningful impact through health-academic-industry partnerships.

AHRA progress to date: The AAHMS Report and AHRA members recognise that, without an active facilitator or enabler, research and healthcare frequently lack integration and embedding of research is uncommon. This results in limited focus on stakeholder priorities and unacceptable delays in research translation. This not only impacts the healthcare sector but also extends to a lack of integration of health and medical research with other vital research disciplines that could accelerate timely research translation (data, IT and digital health, organisational change, social sciences, engineering and Med Tech, and pharmacology). Integration with industry is also a key policy priority in Australia to enable clinical innovation.

AHRA Centres have already established effective proof of concept integration of cross sector health-academia-research teams and pathways including:

- Dedicated cross sector pathways integrating IT, engineering, codesign and others such as an Institute of Medical Engineering that identifies and addresses unmet clinical need; provides funding to support innovation and is delivering health and economic benefits
- Workforce capacity building in clinical innovation for a cross disciplinary workforce
- A health hatchery model to source, facilitate and fund development of innovative healthcare technologies to improve healthcare outcomes and prosperity in MedTech
- AHRA Learning Health System being progressed by multiple Centres and State governments
- Digital Health professional development programs to equip healthcare professionals with the skills to identify best digital health practice and improve patient outcomes
- Regional Health Partners programs that optimise service innovation (such as provision of high quality stroke care in regional areas) at scale (so far to 23 sites)
- Responding to the needs of local communities through the development of a regional health atlas to support “Integrating health care planning for health and prosperity”.

AHRA potential to deliver on future opportunities:
AHRA is ideally positioned to build on best practice already established across our state, national and international partnerships and to scale exemplar activities that have demonstrated health and economic impact.
Summary

As a far reaching and unique partnership across NHMRC accredited Research Translation Centres, AHRA commends the AAHMS report, vision and pillars. Our Centres and members, as evidence-based, established and successful entities, created to embed research into healthcare for community benefit, bring a track record of delivering complex change and tangible community benefit. We stand ready and willing to support the implementation of the AAHMS report, and, if supported through the budgeted MRFF Rapid Applied Research Translation scheme, will continue to accelerate delivery of improved health outcomes for all Australians.