

Launch of Research Policy and Opening of Research Office
8 April 2009

Address by Chair of CDHB Research Committee

As far as I can tell clinical research began in Christchurch in 1950 when Dr Fred Gunz, was appointed as a Haematologist. He already had two papers in Nature and together with Dr Peter Fitzgerald established an international reputation for research on the links between chromosomal abnormalities and leukaemia.

Professor Don Beaven – the father of clinical research in Christchurch - had begun publishing the results of his research in 1955 and established the Medical Unit at PMH after returning from Harvard University where he was a Fulbright Fellow and subsequently as an Eli Lilly International Fellow; already with publications in the Lancet and NE J Med.

In 1960 time the major local funder of research in Canterbury – the Canterbury Medical Foundation – was set up Don Beaven , Tony Hearn, Athol Mann and Ray Newton (one evening around the fireplace with a bottle of whisky I am told). Dr Leslie Averill, Chairman of the NCHB, was on the Steering Committee. The CMRF has contributed \$14 million to health research since.

In the 1960s, George Rolleston, Fred Shannon and Bill Utley began important research on kidney scarring which continues to this day.

The Christchurch Medical Research Society – Now Canterbury Health Research Society - was set up by Peter Little, Robin Carrell and Eric Espiner in 1971 to encourage local researchers to present their results.

In 1971 the Medical School was established with Fred Shannon, George Rolleston and Don Beaven as Foundation Professors and a new era of research on the campus was launched.

In the early days before the establishment of the Christchurch Medical School the then Hospital Board was supportive of research and provided significant resources (although this financial support was usually encompassed in the costs for service delivery). Gordon Davies, then a young assistant accountant, managed Professor Don Beaven's research accounts in the 1960s!

The situation remained much the same through the 80s.

The health reforms in the early 1990s brought a different style of hospital management and a more rigorous accountability for use of resources. A beneficial effect of these changes was that the true costs of conducting clinical research became clearer. On the other hand, government attempts to "unbundle" money used for research from that intended for patient care were poorly thought out and adversely affected the relationship between clinical researchers and the institution. Market reforms and unbundling drove research under ground. There was no institution wide structure for support and encouragement of research. Despite these influences, a number of large, successful research groups have been developed in the DHB but there are many clinical areas where there is little support for research.

In the late 1990s Professor Ian Town was successful in getting the CEOs of Canterbury Health Ltd and Healthlink South to recognise the importance of clinical research in achieving the aims of clinical governance and quality improvement in health care delivery. This resulted in a contribution to the funding of the Research Office and, for a time, a contestable funding

round for research. A Research Manual, Research Registry and a policy on recovery of overheads was developed but the later policy was not implemented.

The relationships between researchers and the DHB was characterised by:

- Delays in getting sign off from hospital managers.
- Some researchers being unfamiliar with procedures and forms to be used.
- Some researchers under-utilising services of Research Office, particularly for commercial research.
- Some projects poorly costed with risk of financial deficit at end of study.
- No DHB policy on overhead recovery

To address these issues a Steering Committee of researchers and managers was set up in Jan 2006 to consult with researchers and managers, and develop a formalised CDHB procedure for all clinical research activity hosted by the CDHB.

The Steering Committee reported to the Clinical Board in September 2006.

Amongst other things in the report the Committee noted that:

- There was a need to standardise and streamline the current processes around applications for clinical research activities to ensure safety for the clinician, patient and the organisation
- An opportunity existed to improve costings and budgets for clinical research applications
- Some research projects were poorly costed with risk of financial deficit at the end of the study.
- An opportunity existed to develop an overhead recovery policy and decide on its appropriate implementation
- A CDHB Research Committee was proposed to support, monitor and promote research activity

The Steering Committee recommended that:

- Clinical research to be recognised as part of CDHB core business
- The University Research Office to be used to process all research applications for the CDHB and to act as a checking mechanism re legal, finance and intellectual property issues
- The CDHB increase its funding of the Research Office to allow the appointment of a Research Advisor for CDHB research.
- A CDHB overhead recovery policy be developed and implemented
- Research accounts management to be reviewed and lines of budgetary reporting for Operating Research accounts be established
- Establish a CDHB Research Committee to support, monitor and promote research activity hosted by the CDHB and to provide clinical governance.

The recommendations were endorsed by the Clinical Board in October 2006

A Research Committee representing researchers and management was established by the Clinical Board to provide governance and advice to the Clinical Board on matters related to clinical research activities within the CDHB.

The Committee's first meeting was in July 2008.

The CEO resolved that overheads – 30% of total budget - be applied to commercially funded research and for other research, apart from HRC, where overheads were paid by the funder. This revenue to be used to fund the CDHB contribution to the Research Office and other research overheads.

Work done do far:

- Initial funding for Research Advisor in Research Office – Emily Oughton
- Completion of Research Policies Manual – approved by EMT
- Establishment of financial management of overheads and research accounts

What does the new policy mean for researchers?

**From 1 May 2009 for new projects and
1 Jul 2010 for existing projects:**

- All research applications must be processed by the Research Office who are setting up protocols to ensure speedy completion of CDHB documentation. The Research Committee has determined KPIs for these functions.
- Research projects will have a unique cost centre and the financial activity of these cost centres will be reported to the Clinical Director and researchers as part of Departmental financial reporting
- Where overheads are payable, 30% of total budget will be transferred to a divisional research overhead cost centre.
- Funding for the research office will be applied on a pro rata basis and transferred to a research committee cost centre.
- Funds remaining in the divisional research overhead cost centre will be the contribution to the divisional overheads incurred.
- Any surplus funds remaining in research cost centres after the completion of research projects may be used for further research support as approved by the CD.

The Research Committee believe that these changes will:

- Foster, encourage and promote health and medical research across all professional disciplines within the CDHB.
- Provide clinical governance to the Canterbury District Health Board for research activities undertaken.
- Raise the profile of research activities within the CDHB to attract and retain high quality health professionals.
- Ensure coordination of research activities around a broad range of health priorities whilst still supporting innovation.
- Ensure the accessibility of and promote research evidence to support decision making by clinicians, managers and policy makers.