Academic health science centres in Australia: let's get competitive

Michael K Morgan and Janet D Greeley

To the Editor: Eight Australian medical deans recently called for academic health science centres (AHSCs) —

> where a leading university joins with a major tertiary health care provider in a tripartite mission of excellence in clinical service, research and education.[1]

However, there are obstacles to their proposal due to the misalignment in purpose of universities and teaching hospitals.

Why do they call for change, given that many of our public hospitals are already affiliated with universities, have academic units of the university, and are funded by governments to educate doctors? Many private hospitals are also involved in university and college education.

The Garling report was commissioned in response to a crisis in the quality of acute care offered in New South Wales public hospitals.[2] However, none of its 139 recommendations refer to striving to achieve excellence. While excellence must be the aim of our public hospitals, their immediate response should be patient-centred, ensuring an acceptable minimum standard of care. Other targets, such as research and concentrating limited resources on aiming for excellence in specified areas, could prove to be a distraction from this core purpose.

Education was mentioned in the Garling report but in no sense was achieving excellence in clinical service or research implied to be its purpose, unless excellence is to be understood to mean the minimally acceptable level of care. Medical education and research need to fit within a public hospital system that has funding limits and is struggling to deliver its core goal of clinical care. Given the current misalignment of purpose between hospitals and universities, it is no surprise that the combined deans have expressed a tone of dissatisfaction.

Mayo Clinic in the United States has a logo of three interlocking shields,[3] representing a "tripartite mission of excellence in clinical service, research and education". Mayo Clinic's key to achieving excellence — the aspirational aim of the deans' "world-class AHSCs" — is alignment of purpose of the hospital and the academic institution.

Similarly, in Australia, the barriers highlighted by the deans[1] were dealt with in the planning of Macquarie University's medical school and hospital. A common purpose and a greenfield site, where a new culture could be introduced, were a core part of Macquarie's approach.[4] As Macquarie's Vice Chancellor, Professor Schwartz, was reported to say in 2010: "By owning and running the hospital we can ensure that we put medical teaching and research at the forefront".[5] Macquarie knows that simply owning and running its own hospital does not necessarily assure success, but it is an important step.

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2 Garling P. Final report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals. Sydney: NSW Government, 27 November 2008.
3 Mayo Clinic [website]. http://www.mayoclinic.com (accessed Mar 2011).
4 Clarke R, Morgan MK. Education programs at the new Australian School of Advanced Medicine at Macquarie University. *Med J Aust* 2007; 187: 685-687.
5 Gilmore H. Macquarie to be first uni to open private hospital. *Sydney Morning Herald* 2010; 18 Apr. http://www.smh.com.au/nsw/macquarie-to-be-first-uni-to-open-private-hospital-20100417-sli1.html (accessed Mar 2011). ❑

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To the Editor: The editorial on academic health science centres (AHSCs) in Australia by the deans of medicine in all eight research-intensive universities[1] is an important platform for discussing fundamental issues to be considered in developing these centres.

The essential basis of an AHSC is a combination of two major initiatives:

- Seamlessly integrating research done in laboratories and clinical trials with multidisciplinary patient care.
- Building a centre of innovation where questions are asked based on actual clinical problems and can be resolved by the collective efforts of on-site "knowledge workers".

It is timely and necessary to investigate this option of health care delivery, as politicians negotiate at state and federal levels on appropriate models, and is in keeping with the National Health and Medical Research Council's objectives in its latest strategic plan for broadening and building Australia's capacity for research.[2]

It is crucial that any AHSCs created justify their status. They could be national centres of excellence, funded by an agreed federal and state government contribution model, together with endowments and competitive research funds. They should not merely be cosmetic makeovers for current university hospitals, with their idiosyncratic selection of staff and clinical practice models. Their governance needs to be standardised, based on agreed principles. A competitive national selection process should include identifying submissions that define employment of specific personnel and implementation of interventions to address the challenges of health care delivery in a timely and efficient manner.[3]

A suggested list of required attributes of staff employed in AHSCs is shown in the Box. A single academic chief executive officer who is a proven educator and researcher and cognisant of local and regional issues of health care delivery can facilitate the development of the centre, with the assistance of similar professionals on the board of management. The knowledge workers in an AHSC should include knowledge leaders (who incorporate knowledge into clinical protocols and management plans), creators (who generate new knowledge from research data), users (clinicians and researchers who incorporate therapies and skills into the clinical arena) and learners (students training to be health professionals and researchers).

Required attributes of academic health science centre (AHSC) staff

Staff employed at AHSCs should have all these attributes:

- Ability — high-quality knowledge and skills
- Accountability — responsibility, being up to date with current evidence-based practice
- Availability — to the community of practice within the AHSC
- Accessibility — to patients and colleagues
- Affability — teamwork, cooperation, collaboration
- Affordability — social responsibility to the community and country
- Adaptability — dedicated to continuous professional development and ongoing research ◆

Direct interaction between the financial regulators and leading researchers and clinicians in an AHSC can lead to implementation of state-of the-art clinical practice, with patient care consistently being evaluated so that clinical and financial inefficiencies can be eliminated. The interaction of knowledge workers within the AHSC can result in sharing innovative and ethical translational research with bedside clinical practice.

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2 National Health and Medical Research Council. The NHMRC Strategic Plan for 2010–2012. Canberra: NHMRC, 2010: 8. http://www.nhmrc.gov.au/publications/synopses/nh132syn.htm (accessed Jan 2011).
3 Imperial College Healthcare NHS Trust. Academic Health Science Centre. Our AHSC application. http://www.ahsc.org.uk/application.html (accessed Jan 2011). ❑