

Key messages

The Commission was tasked with identifying action the South Australian Government might take to increase South Australia's share of Australian Government funding for health and medical research (HMR) and increase the scale, productivity and impact of that research.

South Australia's competitiveness in securing national research grant funding has declined over the last two decades. Several factors have contributed, including: a reduced priority for HMR relative to service delivery and cost containment in the public health system; progressive loss of key HMR leadership positions in public hospitals and universities; investing in buildings rather than research talent; and a lack of strategic HMR leadership from the state's health department. A complex regulatory environment for HMR, inefficient SA Health framework for HMR support services and disruption resulting from the transition from the old to the new Royal Adelaide Hospital also contributed.

The worsening in the state's HMR environment occurred as HMR competitors in the eastern states strengthened their capabilities and better positioned themselves to capitalise on the shift in national funding priorities toward larger scale HMR projects with translational impact.

Assessing the state's HMR performance has been constrained by significant data limitations for input, output and outcome measures and by incomplete and inconsistent SA Health HMR expenditure and workforce information which requires further work to rectify.

SAHMRI was established to arrest the decline in South Australia's share of national research funding. While it has achieved some important successes to date, the Commission also considers it has been challenged by conflicts in its objectives and membership model and by flaws in the business model for medical research institutes (MRI) more generally.

Excellence in HMR, particularly clinical research and translation, is fundamental to the state securing more grant funding, lifting the scale, competitiveness and productivity of research and delivering greater HMR impacts in terms of improved health and economic benefits to South Australians from a health and medical industries sector.

Sustained long term reform of South Australia's institutional architecture – governance, accountabilities, roles and relationships between the state's key HMR organisations – is needed.

Key elements include re-prioritising HMR in SA Health, supported by a strengthened accountability and performance measurement system; alignment of priorities and incentives between public hospitals, universities and research institutions to support collaboration focussed on fields where the state has actual or potential research strengths; investing in research talent, particularly jointly appointed clinical research-academic leaders; and making HMR support services and regulation more efficient and enabling.

The Department for Health and Wellbeing would play an important role in establishing and maintaining the new strategic, regulatory and accountability framework, talent attraction and efficient HMR support service delivery.

The Commission has not reached a final view on whether the value added by SAHMRI to the state's HMR system would be greater if it focused on becoming an international centre of HMR excellence or on being an enabler and integrator of the HMR efforts of others. Three options are set out to stimulate discussion.