www.rcna.org.au reecall: 1800 061 660



Note to RCNA Executive: This is a submission to the independent Strategic Review of Health and Medical Research in Australia commissioned by Hon Mark Butler MP, Minister for Mental Health and Ageing. The review is being Chaired by Simon McKeon, submissions are to be lodged online therefore there is no formatting, template or letterhead requirements.

The following content will be directly pasted into the online submission form on behalf of RCNA. Submissions are due on **30 March 2012** and will be made available to the public.

Strategic Review of Health and Medical Research in Australia

Online form Field 1: Royal College of Nursing, *Australia* (RCNA) provides the following submission to the *Strategic Review of Health and Medical Research in Australia* addressing questions 2 and 3.

Online form Field 2:

Q.2 How might health and medical research be best managed and funded in Australia?

Nursing and midwifery research in particular, is significantly underfunded in Australia. This has widespread implications for patient care, as nurses are the most prevalent health professional within the health care system uniquely providing health services across the range of health care settings.

There is a limited range of categories for research funding to which researchers investigating nursing and midwifery can apply. RCNA argues that there should be specifically allocated, quarantined funding to support nursing and midwifery research.

Quarantined funding provided for nursing and midwifery research is essential for the expansion of evidence based practice within the professions. RCNA has concerns that systemic biases exist within funding mechanisms where areas of research already supported by evidence receive funding at the expense of other areas, such as nursing, which are underfunded and under-researched.

International experience demonstrates that when dedicated funding for nursing and midwifery research is made available, there is a significant boost in nursing research output. For example, over the past 10 years there has been dedicated nursing research funding in Canada that has resulted in a significant boost in nursing research output and has had a positive impact on generation of evidence and knowledge for better patient care.

Strategies for managing research should also consider that there is currently no single nationally centralised repository forum for nursing and midwifery research. The result of this is poor information sharing and knowledge transfer relevant to nursing and midwifery within and across the health and education sectors. It is essential that nursing and midwifery policy and practice development is supported by a strong evidence base. Such evidence must be easily accessible and promulgated to promote continual improvement and quality and safety of health care throughout health services.

Q3. What are the health and medical research strategic directions and priorities and how might we meet them?

Giving priority to translational research could significantly benefit the health care system. Rather than allocating funding for research that duplicates international research, RCNA is of the view that a significant portion of funds should be directed to translating existing findings into practice.

While maintaining there is a pressing need for quarantined funding for nursing and midwifery research, RCNA supports interdisciplinary health care and research. Research priorities focused on the translation of interdisciplinary research into practical outcomes would support the reduction of systems fragmentation, duplication and resource wastage and increase systems capacities to provide and promote continuity of care. Systems improvement can only occur with genuine interdisciplinary research and practice, inclusive of the range of health professions

RCNA believes that health research directions in Australia should develop a strong focus on the development and implementation of integrated pathways of health care delivery and their impact on population health outcomes. This is particularly relevant in the delivery and evaluation of primary health care services such as in the management of chronic conditions as well as in the complex management and delivery of aged care. Rather than having a reductionist approach focusing on isolated aspects of health, RCNA calls for research directions that further develop and test emerging interdisciplinary health care pathways. Trends within health care systems reform towards the integration of health care service modalities and the greater utilisation of all health care professionals needs to be addressed at the research level.

National health reform, and its renewed focus on primary health care, will change the way in which many health services are accessed and delivered across the country. The shifting focus from acute care to primary health care will impact the way in which health services operate; affecting both the health professions as well as the way in which individuals negotiate their own involvement with the health care system. Research must accompany the reforms to ensure evidence-based decision-making.

There are significant nurse and midwifery workforce issues linked with the national health reform directions, most immediately within the primary health care and aged care sectors. The reforms anticipate an expansion and enhancement of nursing and midwifery roles, for example the greater utilisation of nurse practitioners, specialist nurses and midwives in private practice. The progression of these essential reforms requires ongoing research support and analysis. Equally, research must focus on the ongoing changing patterns within the nurse and midwifery workforces. Applied research priorities that reflect national health reforms, that are also able to be translated into practice are pertinent and necessary if we are to meet the practical challenges of future health care demands.

RCNA congratulates the Review on progressing the health and medical research agenda and we look forward to staying abreast of future developments.

Approved. RMU 36/3/12