

Briefing Paper on the relationships between the Faculty of Medicine Dentistry and Health Sciences and Affiliated Medical Research Institutes and University Teaching Hospitals

Medical Research Institutes

The relationship between the affiliated Medical Research Institutes (MRIs) and the Faculty of Medicine, Dentistry and Health Sciences is critical for the University. This is highlighted by the large number of research students ~280 working in MRIs and enrolled through departments of the Faculty. Of the 600 PhD students working in MRIs in Australia the University of Melbourne (ie the Faculty of Medicine, Dentistry and Health Sciences) with 280 (ie 41%) is the by far the highest with the University of Sydney next highest on 20%. These figures show that the issues around postgraduate students training in MRIs weighs most heavily in this Faculty - to exclusion of most of the other Universities including the GO8 members. There is a tension for University departments who see that they train excellent students to BSc (Honours) level and these students are often wooed by the MRIs who tout for business to select the cream of the student cohort to come and work in their research laboratories.

The opportunities for collaborative research and consequent profiling for both the MRIs and the Schools and Departments of the Faculty is an important aspect of the relationship. There remain tensions however - usually about resources and transfer of infrastructure monies. The Faculty led the nation in providing a return to MRIs for each PhD student trained in their facilities - this has been agreed at \$6000 per full time student in a "wet laboratory" environment, provided that the relevant department of the Faculty is included on papers published by the student.

There are considerable advantages in the relationship on both sides with the Institutes being able to brand themselves with an institution that leads Australia and is in the top ten in the world (according to the latest THES rankings). This enables them to attract the highest quality staff - often these staff are able to have professorial fellow status with the University of Melbourne. The affiliation with the University also enables the institutes to have access to the best quality graduate students and also to form close collaborations with University based researchers. For the University there are obviously advantages in being able to place students in a greater range of quality disciplines areas and be able to increase the number of research students that are trained - thereby leveraging additional funding and increasing research output - both of which are important in a climate where there is a clear focus on measuring research outputs in a comparative manner.

Both parties are able to benefit, in the medium and longer term, from the relationship by demonstrating to government and other funding bodies that there are clear cross institutional and multidisciplinary interactions - this demonstration of effective use of resources and multiplier effects on research output are important in any contemporary research application and look like be increasingly important in other government funding protocols as demonstrated by the forthcoming Research Quality Framework.

The Dean is a member of the board of most of the MRIs and as such expends a considerable amount of time providing strategic advice in a range of critical matters.

Teaching Hospitals

The Faculty also has close relationships with its affiliated hospitals - again this network is probably the largest of any health sciences faculty in the country. The faculty would see that the affiliated hospitals are somewhat stratified in terms of the strength of their connection and activities with the University. The major hospitals that are most closely work with the University are seen by the faculty as "University Hospitals" to recognise the close affiliation and collaboration between the University and the Hospital.

The hospital relationship is also a dynamic one with hospitals under significant financial pressure - this is exemplified by the current drive to quantitate the benefits of the University-Hospital relationship. Such an exercise has been attempted many times previously and it has been shown to be very difficult to reduce the relationship to a simple dollar amount. The benefits are difficult to quantitate to the satisfaction of all parties and in many ways such an exercise may be seen as an attempt to justify the transfer of resources. Clearly being affiliated with a University as a teaching hospital is of advantage to the Health service in terms of extra direct funding as there is a loading for teaching hospitals in the hospital grant. In addition the Federal Government provides a loading for Commonwealth Supported medical students (\$1070 per EFTSL) (previously known as the Commonwealth Hospitals Teaching grant) which is distributed by the University to the hospitals based upon the number and time allocation of students within the hospitals. Further to this the Faculty has recently offered to provide a similar amount of money to affiliated hospitals for fee paying undergraduate medical students - this will cost the Faculty approximately \$600,000 per annum (although the health networks believe that this is inadequate and are seeking much more recompense - of up to \$5000 per fee paying student which would equate to \$1.4M per annum). In terms of PhD students the Faculty has offered the same arrangements for financial return as described above for MRIs.

Like Research Institutes the health networks are able to use the University brand and titles in attracting the best staff - the classic example of this is the appointment of Professor/Directors who are full time hospital appointees with an honorary University Professorial Fellow title. The affiliation also enables staff recruitment and collaborations at other levels and is often seen as an important way of retaining staff. Clearly the Faculty, in all its disciplines, needs clinical placements to effectively train its students and the public hospitals are a major component of clinical training places. As the number of University providers increases (e.g. Physiotherapy opening at Monash and the possibility of a third medical school in Victoria plus the requirement of Notre Dame to train some of its students in Victoria) the pressure on clinical places availability increases. This is certainly an increasing problem for the Faculty as there is a large pressure on all its disciplines to pay more for clinical training or risk losing the places. To illustrate the size of the problem the Faculty currently pays about \$2.5M for clinical training across all its disciplines. However with the hospitals increasingly demanding a greater payment for all students - especially full fee students these payments will increase over the next year or two by at least 50%.

The Faculty and the University has often assisted in infrastructure investment on the campus of affiliated teaching hospitals. This investment obviously benefits the staff and students of the University located at the hospital campus but also adds considerably to the profile of the hospital in terms of facilities. Examples of this include the forthcoming research building at the Austin (\$5M), a building for the department of Medicine at Northern Hospital (Faculty contribution \$300,00), refurbishment of Kitchener House at Barwon Health (\$195,000), laboratory refurbishment at the Department of Medicine Royal Melbourne Hospital (~\$600,000).

Summary

The Faculty of Medicine, Dentistry and Health Sciences has very productive relationships with both MRIs and teaching hospitals and is reliant upon these relationships for its undergraduate clinical training and PHD training programs. The relationships benefits all parties with synergies in branding, research output, quality facilities, attracting and retaining staff but as competition for limited resources rises there is increased tension on the relationship with potential claims and disputes over the cost benefit equation.

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