



Academic Healthcare in a Changing World: Positioning for Success UK – Canada Academic Healthcare Leaders' Forum 15 May 2008

A Summary Report

Introduction

The objective of this forum was to bring together Chief Executives and Deans for a dynamic exchange of information, ideas and experience on critical issues that will impact the future of University Hospitals, Medical Schools and the broader health care system. The forum was supported by the Association of UK University Hospitals, the Medical Schools Council and the Association of Canadian Academic Healthcare Organizations, and sponsored in part by Medtronic.

In the United States the Association of Academic Health Centers (AAHC) defines an Academic Health Science Centre as: '...accredited, degree granting institutions of higher education and consist of an allopathic or osteopathic medical school, at least one other health professions school or program (such as allied health, dentistry, graduate studies, nursing, pharmacy, psychology, public health veterinary medicine) and one or more owned or affiliated teaching hospitals, health systems or other organized health care services.' A broad definition of Academic Health Science Centres like this one allows for considerable scope for local interpretation and implementation of these collaborative structures. In the UK, this scope translates as a wide range of opportunities for levels of collaborative working between Medical Schools, NHS Trusts and Primary Care.

Sir John Tooke, Chair of the Medical Schools Council reflected at the close of the forum that four themes emerged from a stimulating set of discussions on the issue of Academic Health Science Centres, and these were: vision, translation, opportunities and next steps. The outcomes of the forum are considered below in relation to these themes.

Vision

Academic Health Science Centres exist in the context of the tri-partite agenda of education, clinical care and research and benefit from having a coherent vision and long-term planning. In his keynote address, Victor Dzau gave a compelling vision of the potential of Academic Health Centres, drawing on the experience of Duke. The translational continuum which such Centres could exploit was elegantly described. Duke Medicine, due to its advantaged position as an Academic Health Science Centre, is able to reduce the time it takes for a discovery to be translated into global health practice from over 20 years to less than ten years. This acceleration of the innovation-care continuum is a central benefit to both the research agenda and the clinical care agenda.

It was clear from discussion that the innovation-care continuum was not simply a linear process from bench to bedside, and should extend to influencing policy and commissioning. Furthermore the continuum needed to embrace broader societal and global dimensions of healthcare and health research. This 'second transition' from bedside to the local, national and global populations should be served early on by proper involvement of Primary Health Care in the development of a shared vision, and later by applied research involving Primary Health Care Centres.

Steve Smith explained the vision behind Imperial's Academic Health Science Centre as being aimed at helping elevate the UK's standing internationally in the areas of innovation in health research, patient outcomes and patient satisfaction. The discussions highlighted the distinction between innovation and clinical excellence, where innovation represents the 'new' and not necessarily the 'excellent', and that ideally innovation should feed into clinical excellence. It is in this way that innovation can be seen to benefit the full extent of clinical care including patient experience, as well as research.

Academic Health Science Centres are in an optimum position for driving innovation and research as they are less constrained by targets and markets, are able to identify unmet health needs and have access to a patient population and biological materials. Sir John Savill appealed directly to the Chief Executives by highlighting how investing in research and development can benefit the Trust. A strong research and development portfolio serves to boost an institution's reputation, attracts funding, provides opportunities for teaching and training to draw on cutting edge research and facilitates recruitment and retention by developing new and attractive career pathways across professions.

Translation

The Forum considered the barriers to translating such visions. The difficulties associated with aligning distinct management and HR structures were emphasised, including the stifling impact of bureaucracy that potentially stems from two complex organisations working together. Managing balance between thematic science and clinical structures was also seen as a challenge to effective translation. In the UK it was questioned whether the Foundation Trust governance arrangements impeded full academic engagement.

In overcoming barriers, the need for shared vision and bilateral understanding was clear. Where aligning structures was seen as problematic, partnership working was suggested in place of aggressive restructuring. It was repeatedly acknowledged that financial incentives and shared funding could drive collaboration rather than centrally dictated structural solutions. Canadian colleagues pointed out the advantage of demonstrating the economic dividends that could flow from such Centres as a means of generating support. Translation was also facilitated by effective measurement and performance management. The metrics needed to reflect the multifaceted mission of the partnership and should evolve as the partnership matured.

An important pre-requisite and consequence of effective translation was the creation of a culture that fuelled success. The culture was seen as the emergent key property that was created from the development of profound relationships fostered in the pursuit of a shared vision. Competitiveness was seen as important, as was the creation of role models and champions and indeed championing success. The dependence of a collaborative culture upon positive and productive personal relationships was repeatedly emphasised.

Opportunities

A consensus of the meeting was that Academic Health partnerships were at a particularly critical point with many exciting opportunities opening up. Those opportunities were particular to organisations' particular environments. It was proposed that regional clusters of institutions in England could develop partnerships similar to those in Scotland as described by John Savill. It was noted that *Connecting for Health* in England promises to deliver the benefits already in evidence soon after electronic record linkage was established in Scotland.

Opportunities for partnerships should be explored at a local level, not just between Medical Schools and Secondary care but with Primary Care and industry also. NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) offer a real opportunity to exploit the full innovation-care continuum in the UK.

Next Steps

The meeting pointed out the great value of sharing experience and particularly the international comparisons in progressing this issue. It will remain high on the agenda of the Medical Schools Council and the Association of UK University Hospitals and indeed is probably the single most important agenda item in which the two bodies are engaged.

The overwhelming consensus from the meeting was that there was a need for a plurality of models of Academic Health Centres and that form needed to follow function which follows purpose. The precise purpose of an Academic Health partnership would reflect the local context and opportunities. UK delegates supported the use of this summary to make clear to government and other constituencies the value of such enterprises.

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A process for developing a model locally

