Leading and Delivering Research on the Island of Ireland

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Overview

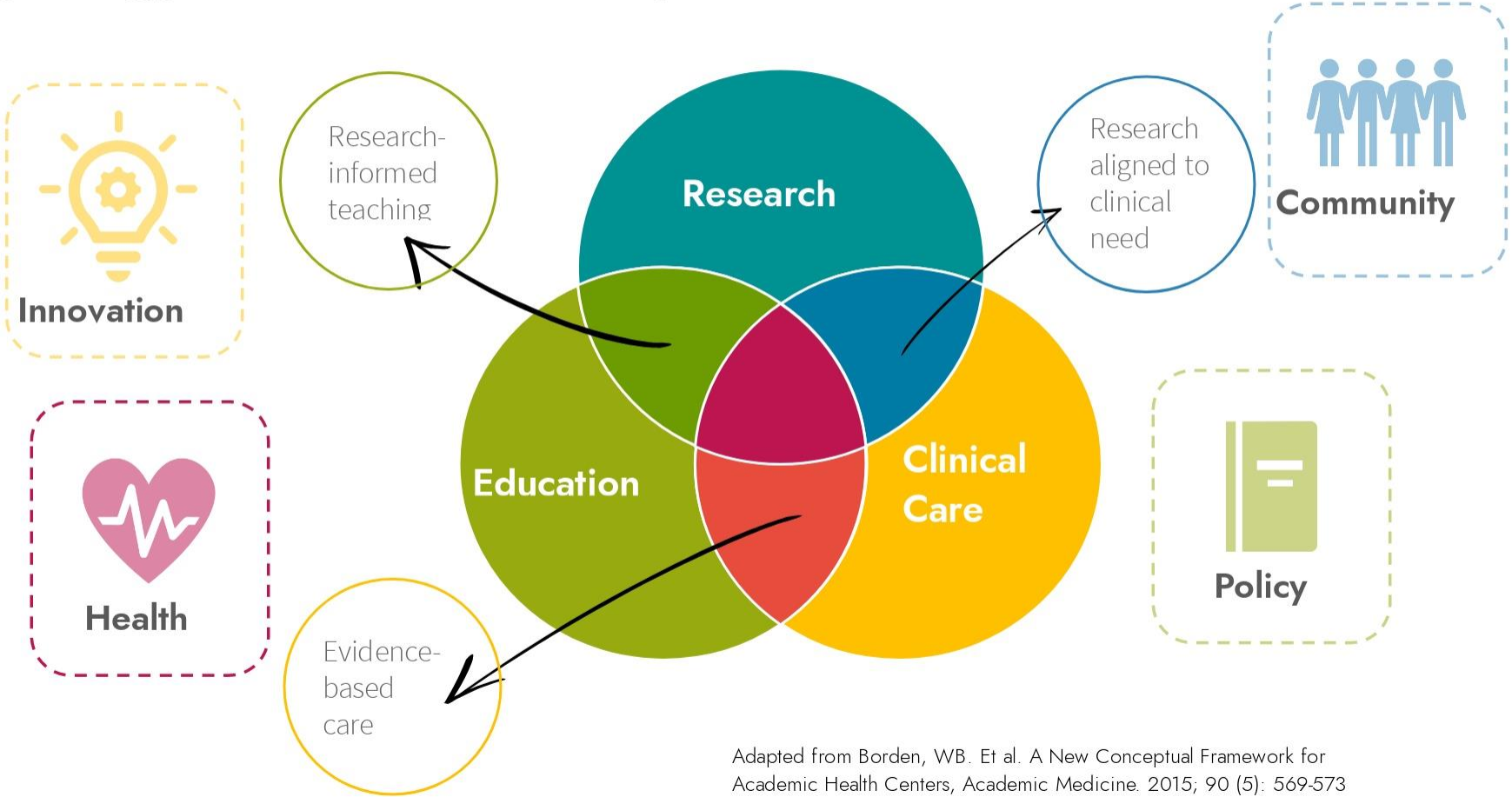
1. Whole systems approach
2. Academic health science systems
3. Academic palliative care and the patient pathway
4. My personal research pathway
5. The time is now...?

Whole systems approach

The virtuous cycle

Wartman, S. Toward a Virtuous Cycle: The Changing Face of Academic Health Centres. Acad Med. 2008;83(9): 797-799

Synergy rather than competition



Adapted from Borden, WB. Et al. A New Conceptual Framework for Academic Health Centers, Academic Medicine. 2015; 90 (5): 569-573

Academic Health Science Systems

A fully coordinated partnership between a university and a healthcare system, designed to deliver quality care hand-in-hand with teaching, training, research and innovation incorporating the full spectrum of the health care workforce.

Improve patient care and underpin Sláintecare

Right care, right time, right person and place

Whole systems perspective- moving away from traditional focus on hospital only

Staff recruitment, development and retention

Impact and value

Investment of €324M (equivalent pro rata to €28M pa in Ireland) in the NHS Clinical Research Network to support clinical research activity generated £2.4 billion of gross value added and almost 39,500 jobs.

https://www.nihr.ac.uk/documents/impact-and-value-report/21427

What academic palliative care looks like... the patient pathway

Research informed practice

Highly trained professionals

Care tailored to patient needs

My Personal Research Path

Workforce, collaborations, communities of practice...

Better B- Horizon 2020

IDS-TILDA

The UP Study- HSE HaPAI

Competence Framework- HSE

IARE I and II- Atlantic Philanthropies

Sláintecare Rehabilitation Project- DOH

Heart Failure Action Research- IHF

Charles Normand, TCD

Bridget Johnston, TCD

Peter May, TCD

Mary McCarron, TCD

Suzanne Guerin, UCD

Michael Connolly, UCD

Geraldine Foley, TCD

Peter Doran, UCD

Regina McQuillan, SFH

Clinicians

AIIHPC

Irene Higginson, KCL

Challenges

Lack of protected time

Clinical pressures

Supporting infrastructure under-developed or poorly accessible

'Learning as you go'

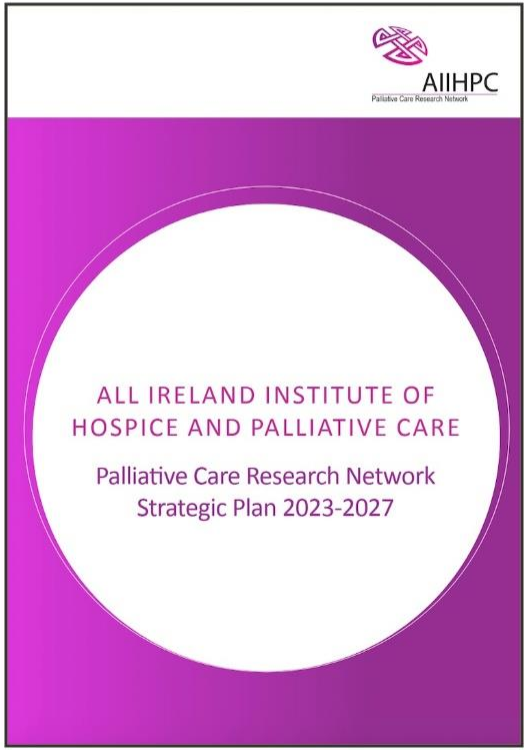
Pressure to 'under-resource' projects in order to be competitive

Financial and HR management not tailored for purpose; reliant on precarious staffing

Poorly aligned governance structures

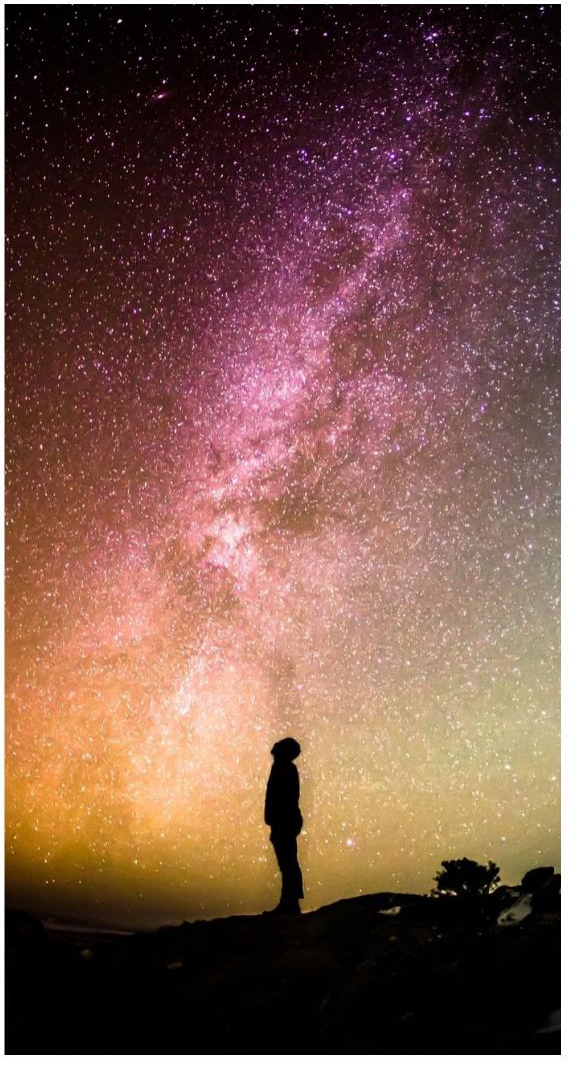
Lack of career pathways

Policy and strategy context



What would success look like?

1. We will have infrastructure and processes in place to support high quality, safe and ethical research
2. We will have produced research outputs (publications, expertise, networks), contributed to CQI and have impacted on patient, carer and staff outcomes
3. We will have retained and attracted best talent, and have enhanced influence and reputation
4. We will have embedded patient and carer engagement through all parts of the research journey
5. We will have delivered value for money



Impact of not achieving academic palliative care....

Dated practice

Professionals with varying levels of competence

Care provided according to service availability

Concluding thoughts

- Ireland is a world-leader in palliative care service provision.
- Strong foundation on which to build.
- Unique opportunity to lead and advance patient care, staff training and knowledge through development of academic palliative care.