

A PRESENTATION DELIVERED TO COALITION OF NATIONAL NURSING AND MIDWIFERY ORGANISATIONS
(CoNNMO) MEMBER MEETING TO THE COUNCIL OF DEANS, 8 MAY, 2020, ZOOM

Establishing an Australasian Nursing and Midwifery clinical research network

DR ROSEMARY BRYANT AO | CHAIR, ROSEMARY BRYANT AO RESEARCH CENTRE STEERING COMMITTEE

PROFESSOR MARION ECKERT | DIRECTOR, ROSEMARY BRYANT AO RESEARCH CENTRE | PROFESSOR OF CANCER
NURSING

ON BEHALF OF FOUNDING MEMBERS OF THE NURSING AND MIDWIFERY CRN CONSORTIUM



Rosemary Bryant AO Research Centre



- Established in 2016
- Governance Structure
 - Steering Committee
 - Research Advisory Committee
- Multi-disciplinary Team of 15
- Developed a comprehensive Strategic Plan
- Actively pursuing research grant opportunities
- Progressing strategic research objectives

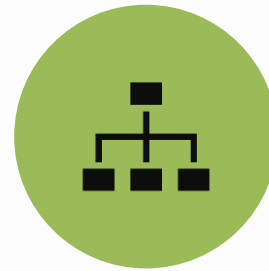
Presentation overview



WHY WE NEED A
CRN?



PROGRESS TO
DATE



HOW IT COULD
FUNCTION



WHAT NOW

Why we
need a CRN?



Why we need a CRN

Nursing and midwifery-led research is potentially losing a large amount of research funding to its medical research counterparts because it's not able to conduct public good research at the same scale via a network

- ✓ Research conducted by networks are more successful at attracting public good health and medical research funding than trials that are not supported by a network
- ✓ identify important clinical questions
- ✓ design large trials to answer them.
- ✓ Supports unbiased research
- ✓ high-quality scientific evidence of the effectiveness or cost effectiveness of interventions.
- ✓ Foster clinical research



Why we
need a CRN?



TABLE 8-1: TOTAL FUNDING AWARDED BY NHMRC FOR GRANTS IDENTIFIED AS SUPPORTING CLINICAL TRIALS* THAT RECEIVED FUNDING BETWEEN 2000-2014

Grant Type	Network Grants	Total Clinical Trial-Related Grants*	% of Networks to Total Grants
NHMRC Project Grants	196	871	23%
\$ Awarded	\$212,350,525	\$659,247,137	32%
Program Grants	3	25	12%
\$ Awarded	\$30,858,209	\$228,851,158	13%
Partnership Grants	1	33	3%
\$ Awarded	\$1,338,280	\$28,209,863	5%
Centres for Research Excellence	-	16	-
\$ Awarded		\$39,344,486	-
Development Grants	-	18	-
\$ Awarded		\$9,790,135	-
Enabling Grants**	-	11	-
\$ Awarded		\$22,720,858	-
All Grants	200	974	21%
\$ Awarded	\$244,547,014	\$988,163,637	25%
NHMRC Project Grants over \$1m only	82	176	47%
\$ Awarded	\$159,518,219	\$319,890,412	50%

Clinical Trials Networks received
25% of all clinical trials competitive grant funding

This jumps to **50% for grants > \$1 million**

Australian Clinical Trials Alliance. *Report on the Activities & Achievements of Clinical Trials Networks*. A publication for the National Health and Medical Research Council. 2015, ACTA; Melbourne.

TABLE 8-2: FIELDS OF RESEARCH FOR NHMRC GRANTS TO CLINICAL TRIALS NETWORKS

NHMRC Field of Research Code	Number of Grants	NHMRC Field of Research Code	Number of Grants
Oncology and Carcinogenesis	27	Solid Tumours	2
Paediatrics	24	Allergy	1
Intensive Care	17	Clinical and Sports Nutrition	1
Respiratory Diseases	9	Clinical Nursing: Primary (Preventative)	1
Anaesthesiology	8	Developmental Psychology and Ageing	1
Nephrology and Urology	8	Emergency Medicine	1
Obstetrics and Gynaecology	8	Family Care	1
Clinical Sciences not elsewhere classified	7	Geriatrics and Gerontology	1
Primary Health Care	7	Indigenous Health	1
Medical and Health Sciences not elsewhere classified	6	Nursing not elsewhere classified	1
Central Nervous System	5	Orthopaedics	1
Infectious Diseases	5	Paediatrics and Reproductive Medicine not elsewhere classified	1
Public Health and Health Services	5	Pharmacology and Pharmaceutical Sciences not elsewhere classified	1
Midwifery	4	Psychology not elsewhere classified	1
Preventive Medicine	4	Rehabilitation and Therapy (excl. Physiotherapy)	1
Surgery	4	Total	200
Clinical Nursing: Secondary (Acute Care)	3		
Health, Clinical and Counselling Psychology	3		
Mental Health	3		
Neurology and Neuromuscular Diseases	3		
Radiation Therapy	3		
Radiotherapy and Nuclear Medicine	3		
Cancer Therapy (excl. Chemotherapy and Radiation Therapy)	2		
Cardiology (incl. Cardiovascular Diseases)	2		
Chemotherapy	2		
Health Counselling	2		
Health Economics	2		
Health Promotion	2		
Neurosciences	2		
Nutrition and Dietetics not elsewhere classified	2		
Public Nutrition Intervention	2		

Why do we
need a CRN?



However...

Of the **200** grants funded to
clinical research networks
between 2004-2014

**Only 9 have gone to nursing and
midwifery-specific research**

Australian Clinical Trials Alliance. *Report on the Activities & Achievements of Clinical Trials Networks*. A publication for the National Health and Medical Research Council. 2015, ACTA; Melbourne.

Why we
need a CRN?



Three key components to a CRN



Engaged partners

shared vision & motivation,
strong leaders, diverse
representation & consumer input



Infrastructure,

Governance,
Executive officer, transparent
processes



Sustainability,

strong research pipeline
to trials, a reputable &
recognised CRN brand,
sustainable funding,
innovation & adaptation





Colleagues engaged to date

Member	Organisation	Role
Professor Claire Rickard	Griffith University	Director, AVATAR
Professor Jane Phillips	University of Technology Sydney	Director, IMPACCT
Professor Sandy Middleton	Australian Catholic University	Director, Nursing Research Institute
Professor Gavin Leslie	Curtin University	Professor of Critical Care Nursing
Professor Richard Gray	La Trobe University	Professor Clinical Nursing
Professor Stephen Neville	Auckland University of Technology	Head of Department of Nursing
Professor Lisa Whitehead	Edith Cowan University	Professor of Nursing Research
Professor Patsy Yates	Queensland University of Technology	Deputy Vice Chancellor and Vice President (R&I)
Professor Steve Webb	Australian Clinical Trials Alliance	Director
Ms Simone Yendle	Australian Clinical Trials Alliance	General Manager
Ms Fiona Nemeh	Australian Clinical Trials Alliance	Project Officer



Activities undertaken

Time	Activity
May 2020	Presentation to Coalition of National Nursing and Midwifery Org's (CoNNMO) (Zoom)
October 2019	Presentation to Council of Deans Nursing and Midwifery (ANZ)
Outcome	Prepared & distributed to all members a prospectus. It was inviting all universities to become FOUNDATION members (circulated December 2019)
September	Australian Clinical Trials Alliance (ACTA) Conference Poster Presentation
August	Meeting with the National Working Group members to discuss CDNМ (ANZ)
July	Submitted abstract to ACTA conference to promote the development of the CRN
April	Applied for funding to the Rosemary Bryant Foundation for start-up funding – unsuccessful
March	RBRC officered to take on the administration function
March	Kick off meeting about setting up a Nursing and Midwifery CRN – coordinated by ACTA

Establishing an Australian and New Zealand nursing and midwifery clinical trials network

Greg Sharplin¹, Prof Claire Rickard², Prof Steve Webb³, Prof Jane Phillips⁴, Prof Sandy Middleton⁵, Prof Gavin Leslie⁶, Prof Richard Gray⁷, Mr Rob Bonner⁸, Prof Lisa Whitehead⁹, Prof Patsy Yates¹⁰, Prof Marion Eckert¹

Progress to date



ACTA poster presentation

Introduction

- Clinical trials networks (CTNs) provide the platform to conduct large scale research projects where multiple partners are required.
- Nursing and Midwifery research currently lacks such a platform.
- In partnership with peak bodies this project will establish a best-practice nursing and Midwifery CTN (NMCTN) and Specialist Coordination Centre (SCC).
- The project will bring together academic institutions and establish core infrastructure required for effective administration of projects.

Objectives

1. Establish a robust NMCTN governance structure, business model and SCC that supports nurse and midwife-led clinical research projects
2. Build collaboration with multiple stakeholders to be partners of the NMCTN including those from various geographic regions, health sectors, industry and end-users
3. Identify and resource necessary infrastructure required for meeting, capacity, capability and sustainability requirements

Value proposition

Australia and New Zealand will have a coordinated, nursing and midwifery CTN focused on improving patient outcomes, advancing clinical care through contribution to the evidence base and improving the efficiency of the healthcare system.

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Australia and New Zealand will have a coordinated, nursing and midwifery CRN focused on improving patient outcomes, advancing clinical care through contribution to the evidence base and improving the efficiency of the healthcare system.

Anticipated results

Increased number of nursing and midwifery-led multi-institutional clinical research projects



The necessary infrastructure and a business model required to effectively & sustainably operate a CTN

Greater opportunities for nursing and midwifery research leadership



Collaborative partnerships



Greater potential for translation of research across multiple settings

Methods

In collaboration with all partners and following the guidelines for new CTNs developed by ACTA, implementation will consist of four phases:

- 1) Set up phase and address identified requirements (0-12 months);
- 2) Development and implementation (6-18 months);
- 3) Stakeholder engagement and building research capacity and capability (12-24 months);
- 4) Research demonstration project and progress towards network maturity (18-36 months).

Conclusion

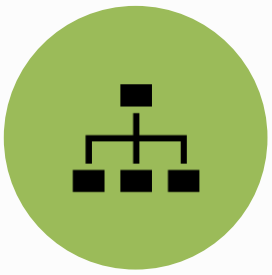
Establishing a sustainable NMCTN is anticipated to yield the following benefits: a national platform which nurses and midwives can leverage to advance investigator-initiated, industry and strategic research projects of high impact; increase the number of high impact trials led by nurses and midwives; foster new areas for collaboration; expand funding potential for nursing and midwifery researchers; and support the translation of research into evidence-based care.

Institute affiliations

- ¹ University of South Australia
- ² Griffith University
- ³ Australian Clinical Trials Alliance
- ⁴ University of Technology Sydney
- ⁵ Australian Catholic University
- ⁶ Curtin University
- ⁷ La Trobe University
- ⁸ Rosemary Bryant Foundation
- ⁹ Edith Cowan University
- ¹⁰ Queensland University of Technology



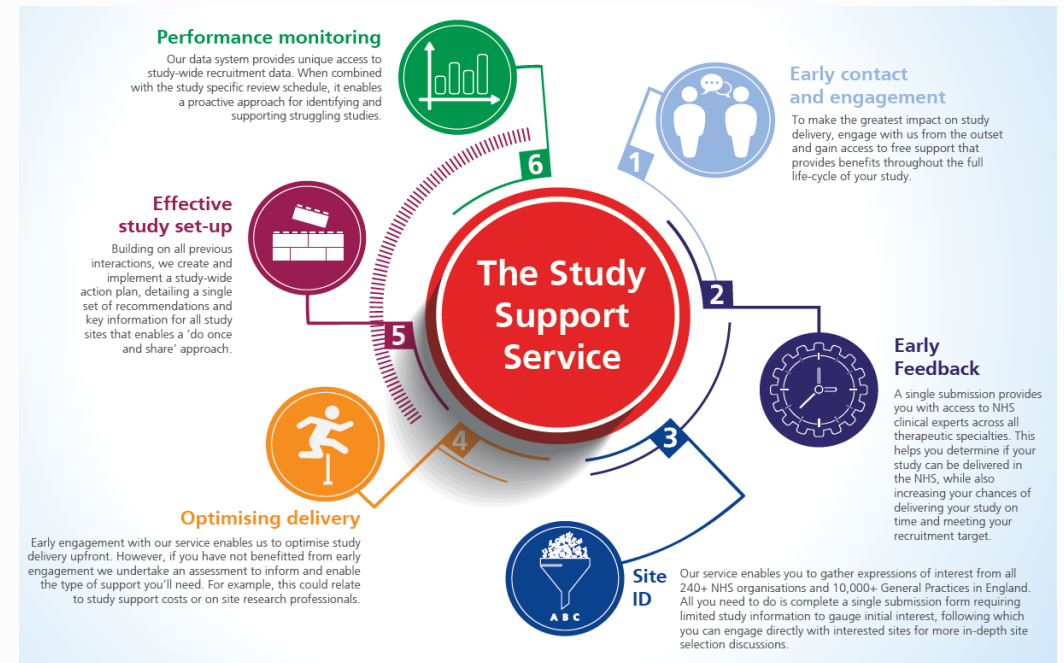
How it could
function



No need to reinvent...

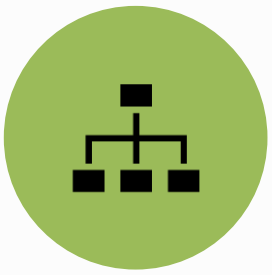


ACTA has developed numerous documents to support the setup of new CRNs



Examples exist of support service models that can be adopted to base the network on

How it could
function



Functions of a CRN

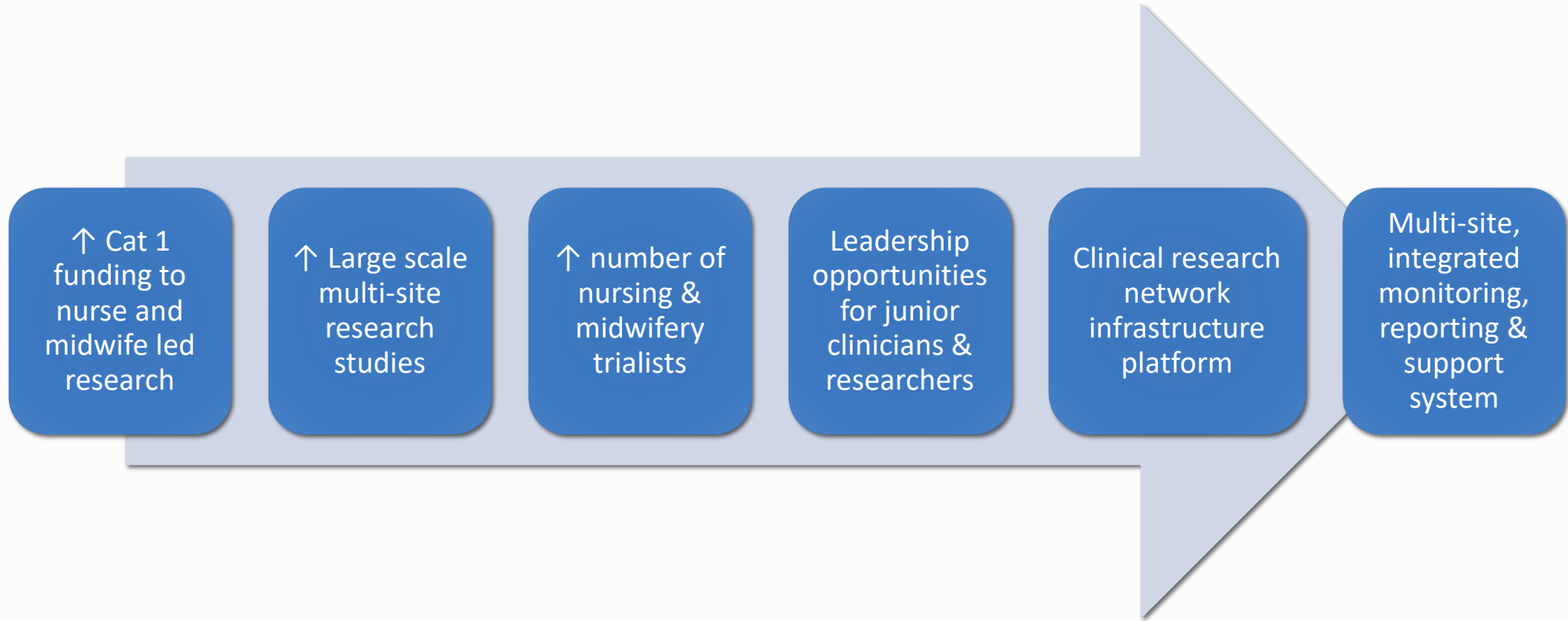
Clinical research/trial facilitation	Clinical research/trial coordination
Identification of important clinical questions	Direct trial coordination and management ✓
Collaborative study protocol development ✓	Site management
Peer review and formal endorsement of trials	Data management ✓
Scientific meetings	Recruitment of trial participants ✓
Grant writing ✓	Monitoring ✓
Education/training/mentoring of researchers ✓	Statistical analysis ✓
Advocacy and industry/consumer liaison ✓	Regulatory affairs ✓
Site selection and trial oversight ✓	May or may not act as study sponsor
Clinical guideline development	

✓ Activities that are often undertaken in partnership with clinical trial coordinating centres.

Looking ahead...



What would success look like?





Summary

An Australasian Clinical Research Network would add significant benefit to the research development, dissemination and implementation of nurse- or midwife-led research in the region

It would provide research leadership opportunities, including trial education

It will assist with cross-fertilization of ideas, increase collaborations and reduce research waste

To establish the network, we need the support of multiple parties

Questions



Dr Rosemary Bryant AO

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Professor Marion Eckert

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