

CLINICIAN RESEARCHERS

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Image: Victor Chang Cardiac Research Institute

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FOREWORD



Clinician researchers bring both science and service to healthcare. They instil relevance in new discoveries, and translate the findings to benefit patients. Their curiosity spawns innovation, and their critical thinking drives evidence-based practice. They are motivated by truth, and inspire the same in others. Because they know what works, safety and quality depend on them. Their impact is local and it is global - they make healthcare excellent today and ensure it will be better tomorrow.

Such careers should be valuable and rewarding. Yet those that choose this path often face many challenges. Becoming a clinician and becoming a researcher are journeys that each require their own forms of dedication, determination and accreditation. And once the fruits of that labour have been realised, sustaining recognition in both communities often requires squeezing out every drop of juice, and then some.

Research Australia's University Roundtable chose to shine a light on the lives of emerging and established clinician scientists. We aimed to portray their myriad threads, and the multi-coloured tapestry they weave. We wanted to make visible the joys and the hardship, the successes and the sacrifices. We hoped those considering such careers would be inspired, or at least would know what they were in for. And we were determined to help policymakers, politicians and administrators value, support and sustain them.

The personal stories that follow are both sobering and uplifting. I have felt the highs and lows they describe, and at times have marvelled that anyone undertakes such roles. But every time I come back to their importance to patient care, health system performance, and our professions' standing.

Please read the report and consider the recommendations for change, which are rooted in the experiences, reflections and generosity of the participants.

Professor Russell Gruen

Dean, College of Health and Medicine at The Australian National University;
Specialist trauma surgeon and health services researcher;
Director of Research Australia, and Chair of the
Research Australia University Roundtable

May 2024



Image: Siobhan, La Trobe Rural Health School

The purpose of this report is to highlight the many and varied contributions that clinician researchers make to both research and healthcare; and why the contributions that clinician researchers make are unique.

We do this by profiling clinician researchers, so they can tell you in their own words what they do.

INTRODUCTION



As the worlds of medical science and healthcare become more separate, Australia needs more people able to bridge the gap between what we know and how we provide health care.

The people who can best bridge this gap are clinician researchers. These are individuals trained as health practitioners in medicine, nursing, midwifery or allied health who are also researchers.

As the national peak body for health and medical research, Research Australia has prepared this report because we recognise that while the role clinician researchers play in our health system and research is extraordinarily valuable, it is also poorly understood.

Why now?

For much of the history of medicine, the advances were made by practising physicians.

In the last century or so, the scientific knowledge underpinning modern medicine has grown exponentially. We know far more about our immune system, physiology, neurology, anatomy, and chemistry than we did before, and the same goes for the diseases and conditions that afflict us.

Combining this new knowledge with new technologies has led to an increasing array of treatments- new drugs and diagnostics, new imaging technologies, new surgical techniques, new models of care. With each decade, what we can do to prevent, diagnose and treat disease increases.

This revolution in science and health care has had enormous benefits for all of us. But it has also made both the science and the practise of medicine and other healthcare disciplines more specialised. The knowledge and skills required to undertake research on the one hand and provide health care have become more differentiated.

Nowadays the vast majority of health and medical researchers are not health practitioners. Health and medical research is increasingly led by people without experience of hospitals or healthcare, and who don't deal directly with patients. At the same time, while there are no reliable statistics, the consensus is that the number of clinician researchers is declining.

Why does this matter?

Clinician researchers are the people with experience providing healthcare but who also undertake research; people who bring a researcher's perspective to the delivery of healthcare and can lead research with patients.

They help ensure research addresses the issues affecting our health system and patients, and that the solutions developed by researchers are fit for purpose and can be implemented in our health system. They help accelerate the adoption of new evidence into the way we provide healthcare, which is increasingly important as the rate of new discoveries increases.

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Representing the entire Health and Medical Research and Innovation pipeline

Research Australia is the national alliance representing the entire health and medical research (HMR) pipeline, from the laboratory to the patient and the marketplace. Research Australia works to position Australian HMR as a significant driver of a healthy population and a healthy economy.

It is clear we need more clinician researchers.

To achieve this we need to improve the pathways to both becoming and working as a clinician researcher.

The good news is that this report has highlighted not only the challenges but some of the ways we can do this.

Many of the recommendations that follow have been echoed by other reports in recent years, but despite this common view across the sector about what needs to be done, there has been no progress to date.

Becoming research active

A higher degree by research, either a Masters Degree or a Doctor of Philosophy, is a huge commitment. We need more programs that give health practitioners exposure to research and an opportunity to 'dip their toe in the water', either as an individual or part of a team.

Research capacity building programs that give health practitioners the opportunity to learn on the job as they undertake a research project can play a critical role in helping health practitioners understand more about research and deliver relevant outcomes while developing skills that will support them in undertaking further study.

The Research Ready Grant Program (page 36) is a model for how this can work.

Recommendation:

Health services partner with universities to deliver project based research programs for health practitioners who do not have higher degree research qualifications that provide formal training in research methods while undertaking a research project.

Integrating research and clinical training

Some aspiring health practitioners know they want to be involved in research. At the moment, for too many, this means completing their clinical training first and then undertaking a masters degree or PhD later in their career.

Many of the contributors to this report have highlighted the difficulty of this approach.

An alternative model for integrated clinical and research training exists, and is being offered in some universities (page 34).

Recommendation:

Integrated research and clinical training programs should be widely available across Australia. Universities should work with the specialist medical colleges, professional associations and healthcare providers to develop programs that enable many more early career clinicians to complete their advanced clinical training while undertaking higher degree research training. Integrated research and clinical training programs should be widely available across Australia.

Tailored HDR programs for working clinicians

For many health practitioners, the inspiration to undertake research comes from their clinical experience.

For those that choose to undertake further study while working, a normal full time PhD is not really an option.

The Cohort program at James Cook University (page 35) is a model for how health practitioners can be better supported to undertake and complete a research qualification while maintaining their clinical practice.

Recommendation:

Programs designed to support working health practitioners to complete higher degree by research qualifications should be more widely available across Australia and funding to support these programs should be available on a sustained and ongoing basis.

A National Strategy

The Australian Government is developing a national Health and Medical Research strategy.

When it comes to clinician researchers there is a clear need for better integration of clinical practice and research training. Different approaches are needed for clinician researchers undertaking research training either during their advanced clinical training or later in their careers. Developing a model for clinician researcher training will require input from healthcare providers, education authorities, professional colleges and curricular authorities.

The Inter Governmental Policy Reform Group for health and medical research, led by Professor Ian Chubb AC, is currently focused on clinical trials and the National One Stop Shop program. It is exactly the kind of body needed to achieve agreement on reforms for clinician researchers.

Recommendation: The Australian Government prioritise the development of a Clinician Researcher Workforce Strategy.

The final report of the Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025 has recognised the need to include workforce planning as part of the next National Health Reform Agreement:

‘The NHRA’s limited reference to workforce and its lack of alignment with national workforce strategies requires attention. A future Agreement should strengthen partnerships between the Commonwealth and States and Territories, and between health services and education providers to further develop, support and sustain those working in the overarching health system¹.’

While the report does not specifically address the current plight of clinician researchers it highlights the need to improve accountability and transparency of funding under the Agreement for Teaching Training and Research (TTR).

Recommendation: The Australian Government progress the National Clinician Researcher Workforce Strategy with the State and Territory Governments within the broader context of the next National Health Reform Agreement, the Report’s recommendation on workforce, and the Report’s recommendations on block funding for Teaching Training and Research (TTR).

One position, two roles

There are clear advantages to having a single position with one employer that combines health practise with research. While there are some examples in this report of these positions they are few and far between.

Recommendation: Universities and health service providers should jointly establish clinician researcher positions with explicit time allocations to research and clinical practise. Whether the employer is the research organisation or the health service, the salary contribution by the health service should recognise the benefits the clinician researcher role brings to healthcare provision; ideally the health service should not fund only the clinical hours, but the research component.

Research funding under the National Health Reform Agreement

Recommendation: The existing National Health Reform Agreement includes funding for research; however there is little visibility of how this funding is expended². Research funding under the next National Health Reform Agreement should be directed to a program to fund the research component of the salaries of clinician researchers working in health settings covered by the NHRA.

This will provide the clinician researcher with a single employer, the health service, similar to the UK model. The funding of the research component of the salary as a portion of the FTE will be readily identifiable as ‘research’ under the NHRA.

Research Salaries for Clinician Researchers

The combined role is not the answer for all clinician researchers, particularly, for example, where the research is not closely related to the clinical work.

Recommendation: Where the clinician researcher works part time for two (or sometimes more) employers there should be an explicit agreement about how the time is divided between the clinical and research roles. Clinician Research Fellowships should require the explicit recognition of the terms of the Fellowship by all parties, including the health employer.

Professional support and development

Especially in the early stages of a career as a clinician researcher, ongoing professional support and development can be critical to future success. Programs like the ARCH Rising Stars Program (page 43) which provides facilitated peer support and tailored professional development that is aimed at clinician researchers.

Recommendation: Ongoing professional support and development programs should be developed and available across Australia to support clinician researchers. Wherever possible these should be delivered in the health workplace or online.

[1] Huxtable AO, PSM, Rosemary; October 2023, Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025, Final Report, page 111

[2] The Independent Health and Aged Care Pricing Authority has investigated putting a ‘price’ on the research component of teaching training and research, and has been unable to find sufficient data to be able to do so. ‘During the development of the ATTC Version 1.0, findings indicated a low degree of confidence that the results relating to research capability were adequately representative to define a research classification system. Therefore, there is currently no national classification for research activities.’ <https://www.ihacpa.gov.au/health-care/classification/teaching-training-and-research>

CLINICIAN RESEARCHER PROFILES

Improving practice by engaging practitioners with research

Clinician researchers improve clinical practice, in their own workplaces and beyond. They play a critical role in helping new evidence generated by research to be implemented into practice. Regardless of the discipline they work in: medicine, nursing, midwifery, allied health; whether their workplace is a public hospital, a suburban clinic or other setting; in a big city or a small town; they are able to improve the care that is delivered.

While the health setting can be a challenging place to undertake research, it can also be rewarding.



Professor Susan Hillier

'The role of clinician researcher is being the bridge between two sometimes separate worlds—worlds of increasing specialisation. We are like translators. I love the mental stimulation of this process and having an impact where it matters.'

Professor Hillier is the Dean of Research at the University of South Australia and a practising physiotherapist, working one day a week for SA Health and South Australia's Life Support Authority. In addition to her research leadership role as Dean, Professor Hillier currently runs four clinical trials.

Professor Hillier told us how her dual role as researcher and physiotherapist provides value for her clients, her research and the health system.

'The combination is perfect for me as I get my ideas and currency from my clients - that I can then investigate as a researcher. My clients love that I research about their needs and conditions, I get ideas from them. They can become part of the researcher team. Because I am still a clinician, I can implement, and support others to implement, the newly emerging evidence.'



Dr Caitlin Brandenburg

Undertaking research while practising can also help make the research more tangible.

'I really value working at the interface of practice and being embedded in a healthcare environment to see the relevance of the research first-hand. I enjoy helping clinicians to engage in research which is always highly clinically meaningful and translatable.'

Specialising in health services evaluation, qualitative and Knowledge Translation methodology, Dr Caitlin Brandenburg is a speech pathologist turned researcher who completed her PhD in 2015.

Now working full time as a researcher, she is a Health Practitioner Research Fellow at Metro South Health, Queensland, where a key part of her role is supporting Allied Health clinicians to engage in research. She also works part-time as a Research Fellow at the Gold Coast Health Emergency Department, investigating the provision of emergency care to detainees in police watch-houses across Queensland, as well as an Honorary Adjunct Assistant Professor at Bond University.



Dr Susanna Proudman

As an experienced practitioner, Dr Susanna Proudman has seen how undertaking research in a health care setting influences the healthcare provided there.

'Embedding research in the clinic iteratively improves quality of care through standardising delivery of evidence-based care.'

Head of the Rheumatology Unit at Royal Adelaide Hospital, in addition to working for over 30 years in her clinical role Dr Proudman has been undertaking research for more than a decade, investigating systemic sclerosis and rheumatoid arthritis. Her research is underpinned by multiple longitudinal observational cohorts with data and bio sample collection and add-on studies embedded in the clinic. Dr Proudman undertakes research in her own clinic and in collaboration with national and international researchers.



Dr Shuichi Suetani

Sometimes just developing a 'researcher mindset' can be enough to improve practise.

Dr Suetani is a Senior Psychiatrist at the Institute for Urban Indigenous Health (UIH). He is only too aware of the challenge of combining clinical and research careers.

'Even though I remain affiliated with Queensland Centre for Mental Health Research (QCMHR), the University of Queensland and Griffith University, I have conducted little research since completing my PhD five years ago.'

However, he does not feel that the time he spent undertaking a PhD was wasted.

'While I haven't really pursued a research career beyond my PhD, my experience in research has been invaluable. At the system level, it has given me skills to plan, implement and evaluate different strategies and projects to help improve our care provision. At the individual level, I have learnt to critically appraise the existing evidence to optimise treatment options for each patient. Doing research has also exposed me to a diverse range of ideas and perspectives from people with various backgrounds. Such exposure has been critical in shaping the way I learn and practise as a psychiatrist.'

Addressing the right questions



Dr Nicole Bart

'I learn a lot by asking a research question based on a clinical need from my patients. I learn from my patients every single day and am grateful to be able to care for them.'

A leading cardiologist, Dr Nicole Bart has pursued a career in research to improve diagnostic technology and screening of amyloidosis, a rare disease that occurs when an abnormal protein called amyloid builds up. It can affect the kidneys, the nervous system, and the heart and can cause heart failure.

Like many of our clinician researchers, being active in both fields means juggling multiple roles for Dr Bart, as a group leader at Victor Chang Cardiac Research Institute, a Staff Specialist cardiologist at St Vincent's Hospital, and Associate Professor at the University of Notre Dame and the University of New South Wales. She has been part of the World Heart Federation International Consensus statement on amyloidosis and is leading the process of writing the first Australia and NZ guidelines for amyloidosis.



Dr Mihiri Silva

Advocating for patients and improving the care provided to them is a major driver of Dr Mihiri Silva's research.

'Research is really important to have a broader perspective and to make meaningful change to clinical practice and for advocacy. I enjoy the academic rigour, the opportunity to collaborate that research provides. I love clinical practice and it is critical for my research - it drives my research questions.'

A specialist paediatric dentist for a decade, Dr Silva completed her PhD in 2019, having developed an interest in research through her undergraduate dental and postgraduate specialty training, as well her early years as a general dentist.

Dr Silva works one day a week as a consultant paediatric dentist at the Royal Children's Hospital and is the research lead for the clinical department, where she supports junior staff to undertake research. She has an active research program through her appointments at Murdoch Children's Research Institute and the University of Melbourne, where she works on research projects that are very clinical but also undertakes population health research. The dual role supports Dr Silva's clinical work by giving her awareness of emerging approaches in clinical practice and her research is conducted in her clinical setting as well.



Professor Nick Zwar

Professor Zwar is Executive Dean, Faculty of Health Sciences and Medicine at Bond University. He is also a GP, seeing patients one day per week. His interest in research began while completing his clinical qualifications, which led him to get a Master's in public health and then a PhD. As a senior clinician researcher with an international reputation, Dr Zwar's research focuses on the prevention and management of chronic diseases, specifically respiratory disease, cardiovascular disease and diabetes.

With a focus on improving the care of long-term conditions in the community, his research is inextricably linked with his work as a GP.

'My research informs practice and also issues that arise in practice inform research questions asked, intervention development and the conduct of research.'



Professor Elgene Lim

Like the majority of the clinician researchers profiled in this report, Dr Elgene Lim completed his clinical qualifications first and then completed a PhD to better understand the science that underpins progress in cancer medicine. His research is focused on overcoming mechanisms of resistance to therapies in breast cancer. It is translational in nature and utilises patient derived preclinical models to evaluate emerging therapies.

Dr Lim has combined his research with his care for patients, as lab head of the Connie Johnson Breast Cancer Research Group at the Garvan Institute; a medical oncologist at St Vincent's Hospital, where he leads the breast clinical trial program; and a Professor at UNSW with a role in teaching and research strategy.

'It has led to a rewarding dual career that has enabled me to evaluate novel ideas in the laboratory, ideas that stem from gaps in current clinical practice, and underpinned by inspiration coming from my patients who provide me a firsthand understanding of the challenges they face.'

'Clinician researchers are invaluable in seeing the big picture... from bedside to bench and back again! They are best placed to identify the key research questions which if answered via research, will improve the care of our patients.'



Dr Alan Ma

A Clinical Geneticist at Sydney Children's Health Network, Dr Alan Ma sees patients with genetic conditions three days per week. He is also a Senior Lecturer at the University of Sydney in genomics and precision medicine. Like many contributors to this report, Dr Ma sees a close connection and alignment between his research and clinical work.

'My main motivation is to use my research to address the massive need for evidence-based implementation of genomics into clinical medicine, addressing the everyday problems I see in my clinical practice of a lack of genomic upskilling, mainstreaming, and support in the health system as a whole.'

The ultimate beneficiaries are patients and the health system.

'My clinical work informs my research and education in clinical genomics, and the areas and gaps where research is needed. My research informs and enhances my clinical work and my education in genomics. My lecturing informs my research direction and clinical work in upskilling colleagues and patients in genomics.'

'Without dedicated time to research, build the evidence, and advocate for this, there is no way to inform system change and influence policy and decision making in this space, which is much needed as genomics has the capability to transform our entire medical healthcare system with the advent of precision medicine.'

Research that delivers for patients and the health system

To improve lives, research needs to be implemented. This might be as a new medicine, a new surgical technique, a different way of caring for a patient or a new measure to prevent disease or injury. If a new treatment has to be delivered by a health practitioner, understanding how those practitioners work is a big advantage in getting the new evidence adopted.

Asking the right question is vital, but providing a solution that is fit for purpose and implementable in the health system or the wider community is also essential.



Dr Kiah Evans

Dr Kiah Evans is co-author of Australia's first national guideline for autism assessment and diagnosis, which has now been accessed more than 35,000 times in 48 countries. Through her contract research for the Australian Government, she is helping change practice in the disability, education and health sectors in Australia and around the world. Dr Evans believes her clinical experience was critical to authoring a guideline that was able to be readily understood and used by practitioners.

Dr Evans is an educator and researcher at the University of Western Australia, and a research fellow in the CliniKids Team at Telethon Kids Institute. She worked clinically as an Occupational Therapist for more than 5 years before commencing a PhD.

'I started work as a lecturer in a pre-qualification clinical undergraduate course, and as part of this enrolled in my PhD. This then led to research assistant, postdoctoral researcher and research manager roles in both health and broader research teams.'

'Prior to becoming a researcher, I worked clinically in workplace assessment and rehabilitation. As a researcher, I have focussed on autism and other neurodevelopmental conditions; in particular improving assessment and diagnostic processes by researching clinical practice and the perspectives of clinicians'.



Professor Maher Gandhi

Professor Maher Gandhi sees his work as a clinician and a researcher as synergistic. He is the Executive Director of the Mater Research Institute; a researcher running his own laboratory investigating lymphoma; and a senior haematologist at Princess Alexandra Hospital, with more than 30 years experience.

'My clinical practice has shed light on the limitations of current therapies and led me to help develop and test new targeted immunotherapies.'

Ultimately, Professor Gandhi's patients are the beneficiaries of this research translation process.

'My clinical work informs the research question and provides access to clinical samples. It also informs the design of early phase clinical trials for new treatments arising from the research. My research enables me to critically evaluate new clinical approaches and provides access to novel clinical approaches for patients.'



Dr Jennifer Snaith

Dr Jennifer Snaith's motivation for her research comes from her clinical focus working with Type 1 Diabetes patients.

Dr Snaith is an endocrinologist at St Vincent's Hospital and is currently undertaking a PhD at the Garvan Institute. In early 2023, Dr Snaith was awarded a Clinician Researcher fellowship by the Juvenile Diabetes Research Foundation, which is enabling her to investigate whether a once a week injection with a new medication called Semaglutide improves metabolism and heart health in people living with type 1 diabetes.

'Heart disease is the leading cause of premature death in type 1 diabetes. There is an urgent need to identify treatments that address this and other issues, including weight, blood sugar control, and unhealthy body composition', said Dr Snaith. And her role as a clinician is directly relevant to her research.

'As a clinician I am able to recruit patients to clinical trials and translate my work into practice.'

'My research role supports my career mission to improve the lives of people living with type 1 diabetes. Research improves my appreciation for and interpretation of evidence that informs practice, and provides a platform to advocate for progress in patient care.'



Dr Centaine Snoswell

Originally training and practising as a pharmacist, Dr Centaine Snoswell's experience of working in the health system and the desire to see it change was the motivation for her research. For several years she combined her research with clinical practise but is now a full time Senior Research Fellow with the Centre for Health Services Research at the University of Queensland, focusing on the economic evaluation of telehealth.

'I collaborate with the local hospital on clinical services, but primarily work on my university and grant-based projects. My clinical practice experience enriches my research and I try to do pragmatic research that is useful for hospitals and other clinicians.'



Dr Kristin Edwards

Dr Kristin Edwards' path to a research career has seen her move from being a critical care nurse in the USA to a lecturer in nursing in Australia, and then undertaking a PhD investigating the patient journey and outcomes for aeromedical patients.

Dr Edwards is now the Principal Researcher and Special Projects Officer at the Queensland Family and Child Commission where her research focuses on child death prevention programs.

It is particularly hard for clinician researchers who are nurses to find a role where they can undertake research and maintain their nursing practise. 'The health system is not well geared to providing protected research time for nurses; the whole structure of the nursing role and the team environment they work in makes this really difficult. There are occasionally roles advertised for a clinical nurse researcher. However, the expectation of salary is typically well-below a Master's degree or PhD educated researcher.'

Dr Edwards provides the following observation on nursing training in the USA and Australia. 'In the USA, the Bachelor of Nursing is a four-year, full-time undergraduate degree which includes a required course in research. Understanding the research purpose, processes, and methods are built into the curriculum, and research questions are included in the exam to be licensed as a registered nurse. In contrast, Australia's Bachelor's degree is three years, full-time and does not include a required course in research.'



WORKING AND TRAINING AS A CLINICIAN AND A RESEARCHER IS CHALLENGING

The first section of this report has highlighted some of the reasons why the clinician researcher role is so important. It is also extraordinarily challenging. Working and training as both a clinician and a researcher is difficult. The time demands of both roles are enormous, and finding a job or jobs that include research and clinical practice and still provide an adequate income is a real challenge.

Many of the people we profiled for this study reported a lack of understanding by both their clinical and their research colleagues of the demands and the value of their other role. We provided the contributors to this report with a list of potential barriers and challenges to being a clinic researcher and asked them to choose those they had experienced. The responses are ranked below

Barriers and Challenges



Training in two roles is time consuming

Most clinician researchers complete their healthcare qualification in medicine, nursing, midwifery or allied health first, and then complete their research training, usually a PhD. (Only one of the people participating in this report undertook their research training first).

For most non-clinician researchers, completion of a PhD typically takes 4 to 5 years and follows undergraduate study of 3 to 4 years, so if they commence their research training immediately after their undergraduate studies an early career researcher is typically in their late twenties or thirties.

For health professionals who become researchers, it is common to initially work clinically as a doctor, nurse, midwife, or in allied health before commencing research training, which they may complete over 6 to 10 years whilst they continue to work. As a consequence they are likely to be older than other early career researchers when commencing their research career.

They are also often simultaneously establishing a family, which can create an additional barrier for women in particular.

Image: L-R Dr Loren Flynn Dr Oliver Li Prof Anthony Akkari in the Perron Institute



Professor Nick Zwar has personal experience of the training challenge and sees the difficulties on a day to day basis in his role as Executive Dean of the Faculty of Health Sciences and Medicine at Bond University.

'Maintaining clinical work while completing research training is difficult. The two are not well integrated and to get research training requires extensive out of hour commitments which interfere with family life. There are also financial disincentives as academic work is relatively poorly paid.'

'I think within the university it is important that our students in medicine and allied health see that it is possible to be both a clinician and a researcher, and that it is valuable and rewarding. Role models are important.'

'I also understand the very significant and unique challenges clinicians are facing when they are undertaking a PhD, the competing demands they are under. I hope my experience means we can help them navigate this process better.'

And the challenges remain when the PhD is completed.

'When clinicians say it is hard to find time to do research, I can empathise with them; I know what it is like to juggle health care practise with research.'



Image: Siobhan, La Trobe Rural Health School



Juggling two roles



Dr Joe Sia

Balancing the dual clinical and research roles' time commitments is one of the most challenging elements as an early career researcher. A radiation oncologist at the Peter MacCallum Cancer Centre, Dr Joe Sia undertakes research in neuro-oncology, supported by the Peter MacCallum Foundation Discovery Partner Fellowship which provides him with one day per week of protected research time.

'I run clinical trials and collaborate with laboratories for translational research.'

'Even though the Peter MacCallum Cancer Centre is a world leading cancer research, education and treatment centre, my clinical colleagues may not understand the protected nature of my research role, seeing it as something I do "after-hours", thus creating mismatched expectations.'

Not surprisingly given this experience, Dr Sia believes his role would be better supported with clear department-wide communication of expectations for clinician researchers to give clinicians an understanding of the value of protected research time.

Dr Silva, a clinician researcher and paediatric dentist profiled earlier, has a similar experience. While research is valued, Dr Silva explains, 'in a busy clinical department, it is difficult to find time for research when clinical practice takes priority'.



Professor Scott Bell

As an active leader in cystic fibrosis research and care and clinician researcher for over 30 years Professor Scott Bell understands only too well the challenges of forging a career as a clinician and a researcher.

'The key to more, and more successful, clinician researchers is health service leaders valuing research in their environment. They then provide more direct and indirect support for both new and established clinician researchers.'

'But there are challenges to the clinician researcher on both sides; some clinicians don't see the value of research and many academics, and their institutions, fail to recognise the challenges and/or value of maintaining a successful clinician scientist career!'

Chief Executive Officer of the Translational Research Institute Australia (TRI), located in Queensland, he believes earlier career support and more effective mentoring are two elements which would have made a positive impact on his journey.

'My research supports evidence-based practice, and my clinical work drives questions we address through our research.'

'The word "translation" has many interpretations; most health and medical researchers believe they engage in translation. In my view, for translation to be effective, clear and strong clinician engagement is vital. This shapes the research question, determines its relevance and ensures implementation in the clinic, irrespective of whether it is early in the translational pathway (discovery research) or at the clinical trial stage examining the role of a novel therapeutic.'

Time and Money

No clinician becomes a researcher for the money; working as a clinician is typically better remunerated than research, particularly for senior health practitioners in clinical roles or with management responsibilities.

The differential between the remuneration as a clinician and a researcher can discourage many from undertaking research in the first place, or from devoting more time to their research and reducing their clinical hours.

The student debt accrued in training to become a clinician can also be a disincentive to undertake graduate research. There is a sense of needing to be earning money to pay that debt down and establish a career.



Dr Craig Gedye

Previously a senior staff specialist at Calvary Mater Newcastle, Dr Craig Gedye was able to rely on his part-time clinical appointment to pay a salary. Also trained as a basic science cancer researcher, in addition to his clinical role Dr Gedye has led clinical trials for Calvary Mater Newcastle, the Australia and New Zealand Urogenital and Prostate Trial Group (ANZUP) and for the Cooperative Trials Group for Neuro-Oncology (COGNO), sits on a range of scientific and clinical trials committees, and has led a number of clinical research support initiatives.

Like many of the people in this report, Dr Gedye worked far more than a normal working week, estimating his own working hours at about 1.4 times a standard full time role, with much of the research work unpaid.

'We work to secure funding for clinical trials, but this is to pay for other research staff, clinicians rarely take any salary for research; we rely on our clinical appointment. The team in the department at the Calvary Mater is superb, but we had to work hard to keep the funding stable.'

Dr Gedye has fond memories of dual Postgraduate and Clinical Fellowships he undertook at the University of Toronto and Princess Margaret Cancer Centre.

'My fellowship was amazing, with support for lab research and clinical research. Countries that invest in health and medical research, in people like clinician researchers will benefit from the dividends. And it is truly an investment, not a cost.'

Dr Gedye does not believe the dual role of healthcare professional and researcher has been properly valued.

'The opposite, sadly. Health services have seen research as an impediment or distraction to service delivery. This is starting to change, and I've been glad to recently join Icon Cancer Care as the Co-Director for Research for Haematology and Medical Oncology. Icon is specifically creating support, structures and culture to enable and incentivise research.'



Professor Tri Phan

Professor Tri Phan is a clinical immunologist who became a researcher more than a decade ago, motivated by the thrill of discovery. He is now a laboratory head at the Garvan Institute and continues to work in a part time unpaid capacity as a clinical immunologist at St Vincent's Hospital.

The difficulty of balancing clinical loads and research demands which together often add up to more than a full-time job can lead to resentment from both researchers and doctors who are colleagues.

'There is a lack of understanding of the training and sacrifice the role requires.'

Dr Alan Ma, profiled earlier, juggles three roles: as a Clinical Geneticist at Sydney Children's Health Network, a Senior Lecturer at the University of Sydney, and as a researcher. He has described how he puts all this together.

'The research translation fellowship helped fund some research time after completing my PhD, which was done entirely on unfunded research time, and helped build expertise in the field and in applying for grants. The time it takes to build the publications and background and writing actual grants makes it almost impossible for clinicians without protected research time. Fortunately I have also recently been successful in obtaining an MRFF grant, and this will help me continue my research. Overall, I think the alignment of teaching, research and clinical work makes my jobs more sustainable, fulfilling, and impactful in the long run.'

But making the time for research in the face of clinical demand is a constant and lonely struggle.

'Genomics is a very high-demand clinical field. We have a two to three year waitlist, and difficulties meeting the needs of our rural/remote and other patient groups. The clinical priorities are always seen as more important, and research is a "nice to have" privilege, rather than core business in the hospital, especially these days due to tight funding and budgeting issues.'

'This attitude persists despite research delivering improved outcomes, and amazing wins for our field such as the advent of gene therapy and clinical trials. My ability to do clinical research depends on negotiating with my very supportive Head of Department (clinical) and persuading them of the value of research, and how to use fellowship funds to backfill my position. Thankfully my mentors and seniors have all been very supportive, but this is often a difficult negotiation for others and not the norm.'

While Dr Ma sees his research, teaching and clinical work as aligned, the same can't be said for his employment arrangements.

'Many of us "fudge" together temporary positions like myself with small fractional FTE either in private or public clinical practice, and fellowships/ grants or teaching money from university to make a career in clinical research. There is no pathway on how to do this, and no guidance from the hospital or university on how to piece this together - most of us are left on our own to work this out individually, and often in a period in our life (post PhD, establishing clinical career and families) where we are vulnerable and not wanting to take on temporary employment based on short term funding or grants versus a permanent employed clinical position. The clinical academic award in NSW is outdated and penalises clinician researchers; for example, if you go from a permanent to a temporary contract, often paying less, and you lose TESL (Training, Education and Study Leave) funding for education/conferences.'

'Also, universities' core business is teaching and research, and so clinical work does not factor into this for promotions and remuneration. And having a three way split between education, research and clinical work is just too much sometimes. I am torn between education demands (e.g. having to do a face-to-face lecture to 400 med students during clinical time) vs clinical demands (on call, training junior clinicians, etc), and research (obtaining grants, writing papers); which means often balls get dropped, or working into our weekends and after hours. Often it feels like I'm doing three full time roles rather than one.'

Limited funding



Dr Catherine Franklin

Dr Catherine Franklin is a senior psychiatrist at the Mater Hospital in Brisbane and a senior Research Fellow at the University of Queensland. In addition to her medical and psychiatric training Dr Franklin has a Masters Degree in research and is currently undertaking a PhD.

Dr Franklin leads a clinical team and small research centre, both in the areas of intellectual and developmental disability mental health. 'I joined the research team as a means of achieving greater change for the patient population I serve, and became responsible for leading the team when the previous director resigned. This gave me the opportunity to apply for grants and expand research activity.'

Despite the centre's success in attracting research funding, Dr Franklin believes the biggest barrier to the clinician researcher is financial.

'I think there is plenty of scope, but no positions or funding. In the last five years I have been awarded over \$4 million in grant funding, but am employed one day a week as a researcher on a short term contract at a relatively junior level. I work many hours unpaid, which makes this unsustainable.'

While many are able to successfully integrate their research and clinical roles, others find it more difficult. A sense that their role is not valued is common. As Dr Franklin puts it, 'I think the healthcare system does not recognise the importance or the value of research, and there are no substantial mechanisms to encourage clinician researchers. My research employer does value my experience, but the separate appointments leave me feeling as if I don't fit into the academic world either.'

'I have much greater success attracting clinicians to work in my specialty area than I do clinician researchers. There just aren't the positions or opportunities.'



Dr Marie March

Unlike most of the researchers profiled in this report, Dr Marie March's clinical practise and research workplaces are separate, as a senior physiotherapist and an early career researcher in the allied health field, having completed her PhD in early 2023.

Dr March's clinical role is embedded in the emergency department at Blacktown Mt Druitt Hospital, while her research is undertaken at St Vincent's Private Hospital Sydney where she is the Cunningham Orthopaedic Research Fellow, a position funded by a philanthropic foundation. Dr March maintains links with the University of Sydney as a casual academic and a Fellow of the Sydney Health Partners Implementation Science Academy.

While the roles are separate they are also mutually beneficial.

'The skills I have developed in psychologically-informed physiotherapy as part of my research are regularly applied during my clinical work in the emergency department. My ongoing clinical practice leads me to ask the best research questions where results can be easily and quickly translated for patients. I also have a deep understanding of the logistics of doing research embedded in the health service, which is very hard for an external researcher to grasp during collaboration.'

Dr March has overcome significant challenges in undertaking her PhD and pursuing her research career.

'On the whole, allied health does not have a culture that values research. There is no clinician researcher pathway in NSW. There are also no precedents to draw on regarding people or processes; this is changing slowly.'



Leading in academia and research



Professor Anna Nowak

Professor Nowak is Deputy Vice Chancellor of Research at the University of Western Australia, where she is responsible for the strategic enhancement of the University's research and research training, as well as research collaborations and partnerships.

Until starting in her current role in January 2022, Professor Nowak was also a practising oncologist, gradually reducing her clinical practice as the demands of her research increased. 'Having discovered a passion for the role of DVCR, confirmation in the substantive role meant giving up clinical practice permanently. I am at peace with that now, although I will always be a doctor.'

Professor Nowak describes her current role as a natural progression from her role as Director of the National Centre for Asbestos Related Disease, where she was first a PhD student in the early 2000's. This extensive experience of clinical, work, research and leadership roles has made her acutely aware of the enormous demands placed on clinician researchers.

'It's extremely hard to excel in two different - even if closely related - careers, often with two employers. It is only possible to succeed (in my opinion) by working around 1.5FTE - 0.5 FTE as a clinician and 1 FTE as a researcher.'

One thing that Professor Nowak has been working hard on in her role as DVCR is building better collaborations between the university, research institutes and the health system to better support clinicians seeking to train as researchers.

'It helps that I have worked in the health system, so I have an understanding of how it works and contacts there.'

But Professor Nowak reports there is still more to be done.

'Where we haven't got any more real traction yet is in health services returning to fund clinical academic positions, something which had occurred in the past. These positions can play a really important role in strengthening relationships between the health system and academia, helping ensure research is fit for purpose and promoting its translation into practice.'

Professor Susan Hillier is both a practising physiotherapist and Dean of Research at the University of South Australia. She believes things are changing for the better when it comes to how clinician researchers are perceived, and valued in academia.

Universities have a unique role in relation to clinician researchers because they are responsible for training our health workforce, for research training and for conducting research. However, universities are large institutions where teaching, training and research can be seen as distinct activities, conducted in siloes.

Senior academics with clinical experience have a vital role to play in helping create a more research aware and active health workforce; assisting clinicians to undertake research training, supporting new and established clinician researchers, and ensuring the clinician researcher role is valued and supported by universities. Some of Australia's academic leaders who are also clinicians have contributed to this report.

'University attitudes to clinician researchers have really changed. I remember 15 years ago the then Head of School said "when are you going to give up your clinic hours and concentrate on being an academic?". This would be an unthinkable comment now - my skills and knowledge as a clinician and researcher (and teacher) are seen as strengths. I have credibility, experience and industry connections that ensure that my research is relevant and transferable.'

It also enables Professor Hillier to lead the University's researchers in a new direction. 'Being a clinician researcher gives me the credibility to nudge our researchers towards more impactful research- it helps me to help them towards greater collaboration.'

'Research Leaders need to lead by example and with my clinician researcher experience I can speak and influence in an authentic way. With funding trends very much in favour of targeted research, this helps me to help our researchers be more adaptive and responsive to health industry challenges.'

Professor Nick Zwar is a part time GP, seeing patients one day per week.

The value of his ongoing clinical practise wasn't immediately obvious to his new employer when he became Executive Dean, Faculty of Health Sciences and Medicine at Bond University in 2019.

'When I applied for my current role, I needed to make the case to the university about how me maintaining my clinical practise would contribute to the role and to the university. I am pleased to say that I think they now understand; there are real synergies between the two that means the whole is greater than the sum of the two parts.'

Part of the benefit is the way the University is perceived by health practitioners.

'I think that being the Dean and a practising clinician is important to how Bond is perceived by clinicians. This matters because we need to engage clinicians in so many ways. We need them to collaborate with us on research, to provide placements, teaching, and supervision for our students... me being part of the tribe provides credibility and generates goodwill that makes this easier. I am not some academic in my ivory tower with no idea of how it actually works, I understand the extra demands that providing training or collaborating in research places on them.'



Image: ©ACU



Professor Sarah Larkins

Initially trained in medicine more than 30 years ago, Professor Larkins is not currently practising but remains registered as a GP. As Professor of Health Systems Strengthening at James Cook University, her teaching and research is closely related to her experience as a GP, with a focus on improving equity in health care services for underserved populations, particularly rural, remote, Indigenous and tropical populations; and on training a health workforce with appropriate knowledge, attitudes and skills for this purpose.

'I enjoy making health systems better match population needs, and training others to do the same.'

Like many other respondents to this report, Professor Larkins believes research is not always valued in the clinical environment.

'We need a greater understanding within the health system of the role of research in developing a learning, continually improving health system with activated clinicians motivated to drive systems improvement.'

Professor Larkins is particularly conscious of the barriers to clinician research in the more remote areas of Australia, exacerbated by the maldistribution of the health workforce and the demands of clinical care.

'The further out you get from metropolitan areas, the scarcer is the clinician workforce. When it is less than one molecule thick it is hard to add protected time to research.'



Professor Moira Sim

Professor Sim is Executive Dean of the School of Medical and Health Sciences and a GP and specialist addiction medicine physician with over 30 years in clinical practice. Her research interest is in communication in healthcare.

Professor Sim's role as a practitioner influences how she undertakes research.

'In research I'm very conscious of how clinicians view what we say and do. I know what's important to clinicians; they are time poor and they are after things that don't impede clinical flow, and might be helpful clinically.'

The role of Executive Dean enables Professor Sim to influence how receptive the University is to new and established clinician researchers.

'I think coming from a clinical background tends to make me value translation a lot, so I get excited to see clinicians come in to do higher degrees. I have clinicians across allied health who also see that value, and I have researchers in laboratory sciences who love supervising clinician researchers because it means that they can see their discovery science connect to translation in the clinical world.'

'I am also keen to ensure the university's other researchers with clinical qualifications get to continue their clinical experience – I want people to have choices and balance as I think it makes for strong clinicians and academics who are grounded in what matters in health.'

Professor Sim believes ECU values clinician researchers, and this is reflected in how they are valued and supported.

'In my school, we have many staff who have both academic and clinical roles. We tend to see clinician researchers as being quite special. They have a connection with the end goal of our research, so we tend to be very willing to look at how we can be flexible to their needs, recognise their informal training through clinical networks and identify what it is that they need to supplement that rather than put them through a rigid set of training that they must attend where possible.'

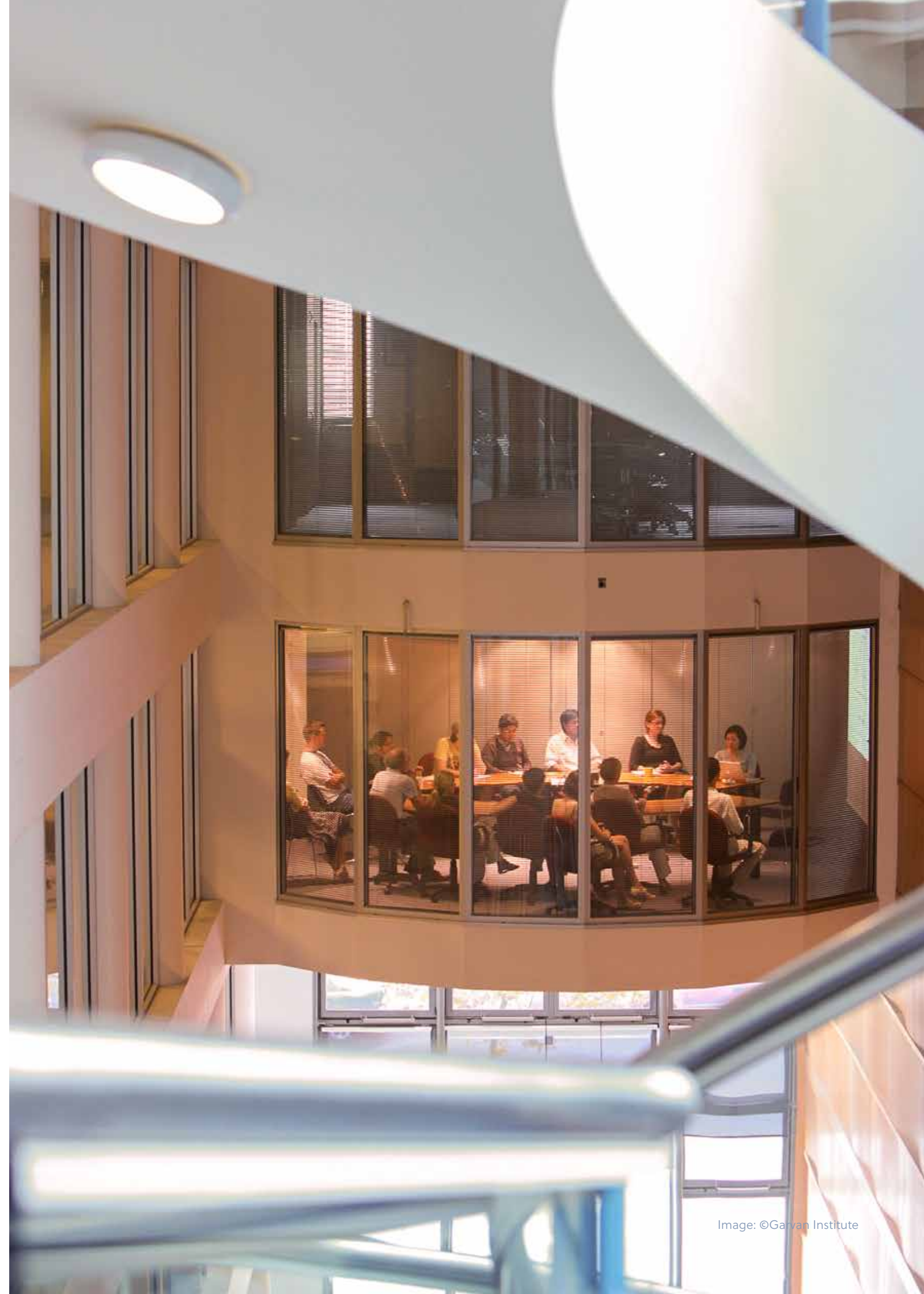


Image: ©Garvan Institute



BETTER TRAINING PATHWAYS

As noted at the start of this report, most clinician researchers complete their healthcare qualification in medicine, nursing, midwifery or allied health first, and then complete their research training, usually a PhD (only one of the people participating in this report undertook their research training first).

This has several disadvantages. It delays the start of a research career, making it difficult to progress in the very competitive research environment. It also means clinicians are undertaking research at the same time they are trying to manage demanding clinical workloads and rosters.

Research training is also undertaken at a time when their clinical careers are advancing and there is a significant disparity between what they are earning as a clinician and the ordinary stipend available while undertaking a Masters degree or PhD.

In Australia, the NHMRC and some specialty training colleges and health services provide training opportunities but they are very limited.



Dr Rahul Barmanray

Dr Barmanray is an endocrinologist at the Royal Melbourne Hospital. A clinician for more than a decade, in 2019 he commenced a PhD on clinical practice in inpatient diabetes. 'I pursued my clinical qualifications first but always wanted to be a clinician researcher in the field of endocrinology.'

Dr Barmanray's research, which takes about a quarter of his working week, is supported through designated time for research activities committed by his healthcare workplace.

'My research also supports my clinical role and there is an expectation that research is done around clinical activities'.

Despite this, Dr Barmanray reports that dedicated funding to support research time, training and resources for research are limited.



Professor Emma Duncan

A clinician-scientist and consultant endocrinologist with over 30 years clinical experience and 25 years post-doc experience, Professor Emma Duncan has held joint clinician/scientist appointments in both UK and Australia across three decades.

Since her undergraduate days studying medicine at the University of Sydney, Professor Duncan has been fascinated by endocrinology in general and the skeleton in particular. A long stint in the UK encompassed a PhD in osteoporosis genetics (University of Oxford in collaboration with the Open University) and clinical training in endocrinology at Oxford Centre for Diabetes, Endocrinology and Metabolism. She returned to Australia in 2005.

In 2010 Professor Duncan was appointed to an innovative combined clinician scientist position at Royal Brisbane and Women's Hospital, eventually becoming Eminent Staff Specialist in Endocrinology at RBWH, Professor of Medicine at University of Queensland, and Adjunct Professor at Queensland University of Technology. In 2020, Professor Duncan moved back to the UK, to take up her appointment as Professor of Clinical Endocrinology, King's College London, and Honorary Consultant Physician at Guy's and St Thomas's NHS Foundation Trust. With experience as a clinician scientist in both systems, Professor Duncan has an invaluable perspective on what Australia does well and what it could do better.

'The system in the UK is far from perfect but it has some important elements Australia could consider'.

One of these is training the work force, with an integrated academic training scheme for clinician researchers during which advanced medical training and research training are undertaken simultaneously.

'Key benefits include creating well-trained academic clinicians with the requisite skills and experience to be able to pursue postdoctoral research, as they move into substantive consultant clinical roles, with job security and time protection for trainees across their research training period. In Australia this training is usually undertaken sequentially, so that either people do their science training, then complete clinical training, and perhaps never go back to science; or more commonly they finish clinical training and try to start a research degree at the same time that they are starting their clinical practice, with the risk that as they become more busy clinically the research just slides to the side.'

There are examples of integrated training in Australia, modelled on the UK.

MACH Track

The Melbourne Academic Centre for Health (MACH) is a joint venture of some of Victoria's top healthcare providers, medical research institutes and two universities. Like other NHMRC-accredited Advanced Health Research Translation Centres, its purpose is to facilitate collaboration between academia and healthcare to accelerate the translation of innovative research into clinical care and better patient outcomes.

MACH has drawn on its membership to create MACH Track, a structured, mentored and fully funded career development pathway for exceptional research-minded health practitioners pursuing post-registration clinical training or career development in any of 10 health services affiliated to MACH.

The Track seeks to develop the future leaders of clinical innovation by offering an opportunity to integrate completion of advanced clinical training of the highest standard with pre-PhD, PhD and post-PhD training in research associated with the University of Melbourne Faculty of Medicine, Dentistry and Health Sciences and eight affiliated Medical Research Institutes. MACH-Track is flexibly designed to accommodate:

- Doctors in vocational training in any hospital specialty, general practice or public health;
- Nurses and Midwives at Masters level, and working towards or at an advanced level of practice; and
- Physiotherapists working towards advanced practice.

In the first year, advanced clinical training (80%) is combined with research training (20%). In years 2 to 4, the ratio is reversed with research training predominating, before reverting to a majority of clinician training (80%) in the final year.

The first five trainees were enrolled in 2021, and the program is expanding. The scholarship provided to trainees sees the cost of the scholarship shared by the university and the health care provider over the course of the program, at a rate significantly higher than the normal student stipend, to move towards parity with full time clinical training.

University of Western Australia

The University of Western Australia is also emulating the UK and Mach Track. Professor Nowak, profiled earlier, started the UWA program, and the results of this work, continued by **Professor Nowak's** successor as Pro Vice Chancellor Health and Medical Research (Professor Romola Bucks), are now becoming evident, as Professor Nowak told us.

'In 2023 UWA started two clinician PhD scholarships with Child and Adolescent Health Services and Telethon Kids Institute where a clinician does a 5 year program: 20% research in year 1, 80% research in years 2-4, and 20% research in year 5; like the MACH track model in Melbourne.

We have two more, similar, in development with another health service. And WA universities have 18 new and well-funded clinician researcher PhD scholarships in collaboration with the WA Government's Future Health Research Innovation Fund. All of these provide substantially more than the usual \$35K per annum stipend.'

James Cook University PhD Cohort Program

James Cook University (JCU) has taken a different approach to supporting clinicians to undertake research training, adapting the normal PhD program to better suit the candidates.

Medicine and health research candidates often return to study after varying lengths of time in the workforce, frequently combine research degrees with part or full-time work, often lack peers undertaking research degrees in their discipline and are sometimes studying at a distance because of the JCU focus on rural, remote and regional areas. The Cohort Doctoral Studies Program was implemented to address these issues.

The Program provides additional support and networking opportunities to postgraduate research candidates with the objective of attracting working health professionals into research degrees and supporting them through to completion.

Health professionals with many years' clinical experience often embark on a research degree with a burning question they have identified in practice. The research degree provides the opportunity to derive evidence to address this question. The format of the Program enables working health professionals to remain in their workplace whilst completing their research which is particularly vital in regional and remote areas where health workforce shortages exist.

"The support from the Cohort has made the transition from clinician to the research world achievable, especially when studying externally. (...) Knowing I have someone to guide me through the academic process and willing to back me 100% makes me feel like I can achieve anything." (Remote area allied health candidate, 2021)

Candidates may enrol full or part-time, and can be located on or off campus. If employed full-time, candidates are expected to show evidence of support from their employer to undertake the Program. The Cohort Program commenced in 2011 with a single Cohort group of 13 research candidates. In 2023 there are 135 current candidates and 136 research completions.

The Program supports and encourages these research candidates to translate their research findings into practice, and recommends candidates in full-time employment seek a research project that closely aligns with their work. In guiding Cohort candidates, the Cohort mentors challenge candidates to reflect on the clinical significance of their research and how they might evaluate the translation of findings into practice. Translation is also encouraged through relevant workshops and by a strong emphasis on publishing research findings.

The Program is particularly proud of supporting research candidates in underserved groups. The program strongly supports First Nation candidates, who play a critical role in providing advice on culturally appropriate research processes for research with First Nations peoples. There are four First Nation graduates and four currently enrolled. The Program also builds research capacity in Pacific Island countries. Seven Program PhD graduates from Pacific nations now hold important leadership positions within their own health system or universities. In addition, the Program was recognised in 2023 for outstanding support for mothers achieving research degrees with an international Making Opportunities for Mothers in Academia (MOMA) award.

"I had an 18 month old child when I commenced in the Cohort Program, I had my second child while studying and now I am a PhD! The mentors in the Cohort Program were supportive and encouraging about balancing the study workload and having a young family. The Cohort Program skill development workshops, events and mentor support streamlined the PhD study process while raising a young family. This made completing my PhD, working and family life manageable." (Mother, casual academic, PhD graduate, 2022)

Building capability - Research Ready Grant program

For many health practitioners, the motivation to undertake research comes from years of working in the health system and the need for change, to improve the way things are done and provide better outcomes for patients.

Finding the path to participating in research can be difficult; not everyone wants to jump straight into a post graduate qualification.



Annette Horton

Annette Horton has been a registered nurse for over 30 years and a researcher for nearly a decade, currently undertaking a Master's Degree in research. Her research and clinical interests overlap in how data management, health informatics and clinical documentation can be used to improve quality and patient safety. She first became involved in clinical research through a research capacity building program, the Research Ready Grant Program, (see below) which gave her the opportunity to train in-house and access grant funding.

Annette is currently employed full-time clinically as Clinical Documentation Improvement Program Coordinator at the Central Queensland Hospital and Health Service and is involved in four research projects (nurse admission documentation, discharge summaries, communicating confidently and data story building frameworks). She also holds an informal mentoring role for clinicians wishing to engage in research.

'Engaging health practitioners in research is really critical in terms of workforce retention and sustainability. Participating in research has the potential to reignite passion within the workplace and the profession which leads to safer quality patient care'.

The **Research Ready Grant Program (RRGP)** can be a great introduction to research knowledge and practise for health practitioners. It is a collaborative project involving Central Queensland Hospital and Health Service (CQHHS), Central Queensland University and University of Queensland's Rural Clinical School, designed specifically for clinicians of all disciplines with an interest in conducting research.

Each year CQHHS staff are invited to participate in the two stage program. Participants are asked to identify an area where research is required to improve the delivery of service and/or address an unmet clinical or patient need. Team enrolment is encouraged, but individuals can participate in the training workshops in stage one on their own. To qualify for funding in stage 2, teams must comprise at least three members and represent at least two disciplines.



Associate Professor Tracy Flenady

The driving force behind the RRG, Professor Flenady is a former clinician researcher who initially trained and practised as a nurse and is now Deputy Dean (Research) of CQUniversity's School of Nursing, Midwifery and Social Sciences. Tracy is a contributing member of several patient safety related local and state-wide committees and has developed and nurtured industry and researcher networks within and outside of Queensland Health and CQUniversity.

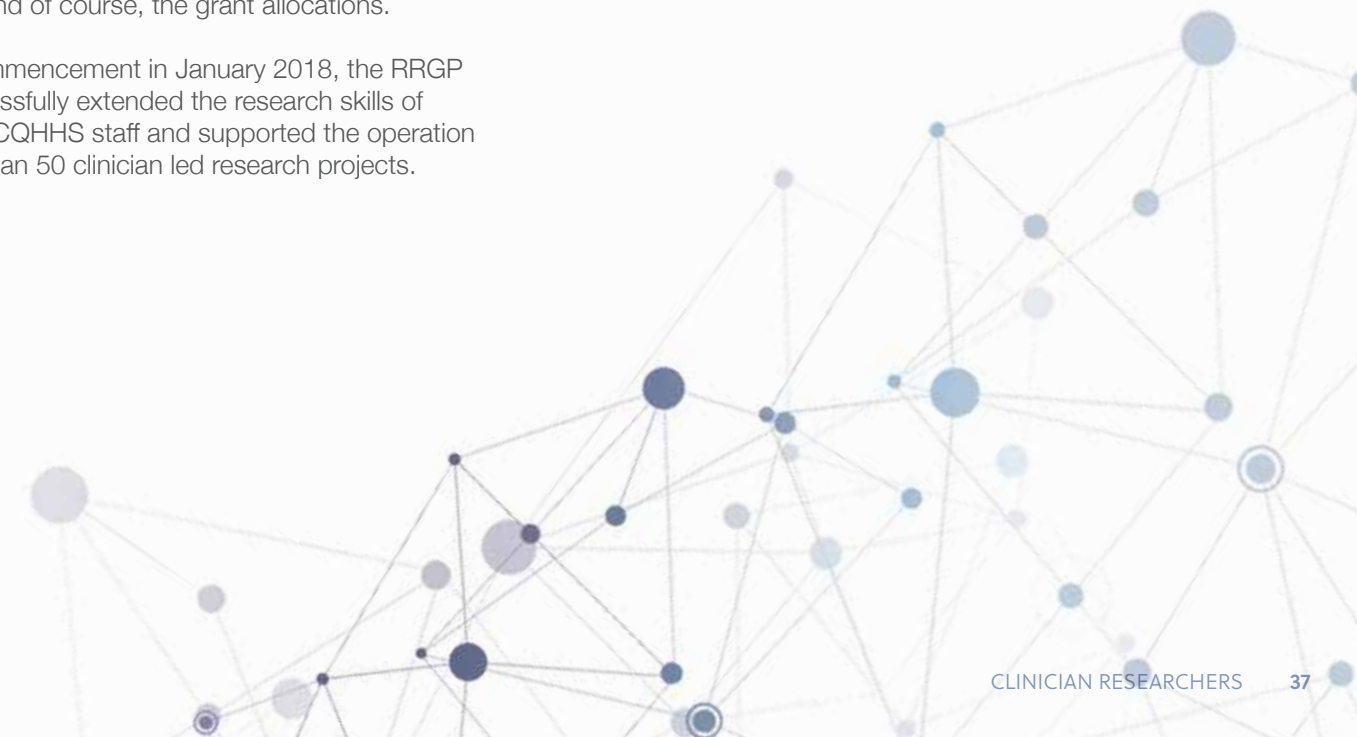
Professor Flenady is particularly passionate about investigating topics around Patient Safety and her research interests include Research Capacity Building, Classic Grounded Theory, Early Warning Systems, Emergency Nursing, Human Behaviour in the context of Patient Safety and the Science of Knowledge Implementation.

The first stage is an 8 week workshop program, consisting of weekly one hour lectures (delivered by topic experts) followed by a two hour workshop where teams are supported to apply information presented in the lecture to their proposed research topic. The RRG provides expert researchers to facilitate the workshop sessions to help the clinicians refine their research questions and methodologies. The facilitators guide the participants' development of the research proposal. The ideal product of stage one is a research proposal that the teams submit to the RRG to compete for funding to operationalise their project. Funding is available for up to eight teams to be awarded up to \$7000 to conduct their research over a 12 month period.

In stage 2, the successful teams who receive funding are allocated a dedicated research expert as a research mentor. The teams are required to meet ongoing project milestones including ethics submission, project progress reporting and dissemination goals. Teams are also required to deliver a final report to the RRG committee and present their findings to the CQHHS.

The cost to deliver the project is \$135,000 a year. CQU contributes \$30,000 per year and the CQHHS \$105,000. The funds cover salaries for the expert researchers (facilitators and mentors), administrative support and of course, the grant allocations.

Since commencement in January 2018, the RRG has successfully extended the research skills of over 400 CQHHS staff and supported the operation of more than 50 clinician led research projects.



Leading in healthcare and research

Many contributors to this report have suggested their health workplace doesn't adequately value their research role or understand the value of research. Many leaders in our health system are current clinician researchers or have been a clinician researcher earlier in their career.

They can play a key role in helping create a health system that better values research and is more supportive of clinician researchers.



Professor Sue Woolfenden

Professor Woolfenden was appointed Professor of Community Paediatrics at the University of Sydney less than a year ago and is Director of Community Paediatrics within the Clinical Services Integration and Population Health Directorate, at Sydney Local Health District. A clinician for over three decades, Professor Woolfenden was awarded a PhD in 2016. She combines her research with 3 days per week as a clinician and manager of a busy clinical team.

'I combine my dual roles as Professor in Community Paediatrics (research role) and Director of Community Paediatrics (clinical and manager) to develop, test and evaluate integrated health and social models of care to support children to reduce their inequitable health outcomes and improve service access.'

'I see the research role as a continuum from my clinical role in that with my team we are developing new models of care informed by our clinical experience, and more importantly, by the children and families that we serve. We keep the voices of children and families firmly informing all the research we do with the translational aim of informing practice and policy.'

'My health care managers are keen to see research informing the evidence base for new models of equitable care for children and so they are very supportive of my research role. They support the employment of project staff within my clinical services and worked with the University in setting up my research role. My University managers advocate for and promote the role of clinician managers who understand the importance of research as part of the health care system.'

The biggest challenge Professor Woolfenden identifies for clinician researchers is securing research funding and time while juggling two demanding roles.

'More funding opportunities for clinician researcher fellowship streams particularly for early and midcareer clinician researchers would be helpful. We need more opportunities for clinicians to undertake research within their health care roles to really integrate research into clinical practice, not just in medicine but across nursing and allied health.'

Like many of the contributors profiled in this report, Professor Woolfenden points to the UK as a model.

'I think the NHS and RCP in the UK have some useful frameworks for and training of clinician researchers that we could draw on'.



Dr Katrina Dunn

Dr Katrina Dunn is passionate about making a difference to service delivery through clinically based research.

'I am the Director of Speech Pathology and Audiology for West Moreton Health, so operationally and professionally I manage a team of speech pathologists and audiologists in my health service. I love managing clinical teams and engaging in research activities at the same time. While not a research focused position, I am in an advantageous position where I am supported by my health service to undertake research while managing the responsibilities of my position.'

Having completed a PhD and currently undertaking a graduate certificate in health services innovation, Dr Dunn is supported through Queensland health's Study and Research Assistance Scheme (SARAS) to undertake an Honorary Research Fellow appointment with The University of Queensland within work time. While notionally limited to 5% of her employment, Dr Dunn spends many extra hours working on research and supporting her team with research activities. 'Research becomes a way of thinking. It influences how I manage the team, there is so much information we should be sharing from research grounded in real world clinical work.'

Dr Dunn's passion for research has influenced her team. 'I think they are much more research aware, they can see how what we do in the clinic has significance beyond our own practise'. Clinicians in her team can still be tentative about getting involved. 'More funding for small scale research activities would grow clinician researcher capability that is relevant to everyday work challenges.'

While she would love to have more time for research, Dr Dunn doesn't want a role that is dictated by the need to secure research funding. 'I think an ideal role for me would be one day per week in research. Changing models of care, leading the direction the team goes in, needs to be grounded in a research framework to do it well, and have an influence beyond our own team'.



Professor Kimberlie Dean

Professor Dean is Head of the Discipline of Psychiatry and Mental Health at University of New South Wales. She works as a psychiatrist with Justice Health NSW and leads a department of clinician researchers in the field of psychiatry, while also leading research herself in the public health system.

Professor Dean believes each of her roles enriches the others. 'Research that ultimately has a positive impact on patients and on health services/systems needs to have clinician researchers at its core. They are the key to clinically-informed research and its translation back into clinical practice.'

'My academic role keeps me in touch with evidence that can inform my clinical practice. Experiences with individual patients and with health services/systems informs the research questions I develop and pursue. My dual role enables me to form collaborative research teams (of clinicians, researchers and health service managers).'

The health service Professor Dean works for part-funds her salary, provides a funded post-doc position for a team member and provides administrative support. 'I think the health service and clinical colleagues do value the dual role. Health services and clinical colleagues don't always understand what research involves, why it is important or why it should be valued.'

'The university/academy does not always value the dual role either and funding can be difficult to attract when clinician researchers are in competition with full-time academics. Clinician researchers have two bosses and the expectations of those bosses don't always overlap and instead can be in competition, with the clinician researcher stuck in the middle'.

'As Head of Discipline and leading a department of clinician researchers, I can work with health service partners to support existing clinician-researcher roles and advocate for new roles. I can also advocate within the university for clinician researchers. When the clinical and research work aligns, being a clinician researcher is really the best job in the world'.

Embedding researchers in the health system



Professor Meg Morris

Professor Morris is a Professor of Implementation Sciences and the Executive Director of the Academic and Research Collaborative in Health (ARCH) at La Trobe University. Meg is jointly employed by the University and Healthscope, and is based at The Victorian Rehabilitation Centre, with her clinical research team. Professor Morris leads health services projects on falls and injury prevention, patient reported outcome measures, patient experience and Parkinson's disease.

'I was one of the first Australian physiotherapists to get a PhD in the 1990s and I decided to blend my role as an allied health clinician with being a clinician researcher based at the hospital. My current role is to conduct clinical research on quality and safety to improve patient outcomes across Healthscope's 38 Australian hospitals and beyond'.

According to Professor Morris, 'being based at the Victorian Rehabilitation Centre has terrific advantages for a clinician researcher, as I work directly with health, professionals, managers and patients on a daily basis and together we decide on and implement the most important projects.'



Associate Professor Belinda Gray

Associate Professor Gray is a Heart Foundation Future Leader Fellow at the University of Sydney and Consultant Cardiologist and Director of the Sports Cardiology Program at Royal Prince Alfred Hospital (RPAH). After completing her cardiology training in 2013 she undertook a PhD funded by the Heart Foundation which she completed in 2016, followed by an NHMRC funded post-doctoral fellowship at St George's University of London UK. Her research focuses on prevention of sudden cardiac death in the young, including young athletes.

Professor Gray developed NSW's first dedicated sports cardiology clinic and research program at RPAH/University of Sydney in 2021.

'While my work is valued, and my research and clinical work are aligned, there are some real challenges. I am a part time clinical researcher and part time clinician with on call and clinical duties at the hospital, which can make it complicated to coordinate meetings with research colleagues. Competitive grant funding continues to become increasingly harder to attain, particularly for EMCRs with a limited track record. Finding dedicated clinical research space linked between the university and the hospital is also challenging.'

Professor Gray feels there are limited opportunities for early career clinical academics who wish to pursue further research. 'I think the ideal model is a dual appointment between the university and local health district, which would give a clinician researcher full time employment paid as a clinician with protected research time and support for aspects like statistics, similar to roles found in US and UK institutions. These roles are very rare in Australia. I am very grateful for recent funding from the Heart Foundation which continue to support clinician researchers and understand their important translational roles'.



Associate Professor Kelly Allott

'My clinical background leads my research to have a clinical focus, with research questions arising from my clinical practice and the clinical practice of others.'

Associate Professor Allott is a full time principal research fellow at Orygen and a clinical neuropsychologist in private practice. Kelly completed a clinical doctorate, obtaining clinical and research qualifications simultaneously and became a clinician researcher working half time in research and half time as a clinician, before accepting her current role in full time clinical research.

'The competitive nature of the research environment requires me to be close to full time as a researcher to succeed. This and a lack of dual roles for non-medical clinicians, like psychologists, are the main barriers to being a clinician researcher'.

Dr Centaine Snoswell, profiled earlier, suggests 'closer collaboration between clinical services and universities would support the role of clinician researcher. 'Without proper research skills and training to support clinicians undertaking research, research quality decreases. Clinician researchers don't need to know everything, but they do need to collaborate with people who make up for their knowledge/quality deficits.'



Images: Siobhan, La Trobe Rural Health School

Research Infrastructure and support



Jackie Batchelor

Jackie Batchelor has been a podiatrist for more than 30 years and has recently moved to a new role as Senior Podiatrist/Manager at the High-Risk Foot Service at Nepean Hospital, where she provides clinical care to patients and undertakes clinical supervision of other podiatrists. Jackie is relatively new to research, having recently completed a master's degree by coursework and is now undertaking a PhD in Implementation Science, using her clinical workplace as the basis for her qualitative research.

Jackie's research is influenced by her clinical practice and interest in diabetes related foot disease, and how to improve the care provided to these patients. 'My research keeps me up to date, allows me to apply my critical analysis skills, and challenges my clinical decision-making skills'.

Jackie is motivated by the desire to do research and enjoys the study but completing a PhD while working creates its own challenges. 'It is difficult to balance the clinical load and research activities, and research was not seen as a priority in my previous workplace. However, despite my changing jobs there is still pressure to prioritise work rather than research. There is little infrastructure for research, and the workplace is often reliant on the clinician making their own time and space for research...as long as it doesn't impact on clinical time. And there is very limited funding to support research time and training, especially in Allied Health. However, on a positive note there is access to a Professor of Allied Health within the LHD for those opportunities when research can be undertaken.'

Professor Susan Hillier reported one of the reasons she chose to work in a university setting was to be able to get the support she needed for her research, as it is often not included in allied health positions in the health system. 'Research is a team based activity - you need access to methodologists, RAs, statisticians, Health economists. These [mostly] exist in universities. Partnerships between clinical services and universities would benefit clinician researchers, giving them a place to work collaboratively. Embedded clinical research fellowships as in the UK are also beneficial for creating a clear pathway for clinician researchers to work in both academia and health institutions.'

Professor Lim's roles across the Garvan Institute, the St Vincent's Hospital Kinghorn Cancer Centre and UNSW would be the envy of many other clinician researchers. 'In my current role, my lab and clinics are co-located in the same building. St Vincent's Health and Garvan Institute could see the benefits of a co-appointment and made it work logistically.'

Professor Lim makes the point that his role is the exception rather than the rule. To better support the clinician researcher role, Professor Lim suggests research and health organisations work hand in hand to appoint clinician researchers, which will have mutual benefits, and set aside dedicated funding for translational research across the organisations. He gave the Dana Farber Cancer Institute in the United States where he trained as an ideal model of integrated research and health care under one organisation.

In her role as Executive Director of the Academic and Research Collaborative in Health (ARCH) **Professor Morris** is able to provide the kind of support to clinician researchers that she missed at the start of her career. 'The ARCH is about partnerships that deliver better care. Our model promotes close ties between research, student education, training, clinical practice and consumer engagement.'

ARCH supports clinician researchers and health professionals through the "rising stars" mentoring program, education programs and support, so that feasible research projects are implemented and research findings are quickly translated into better care. By engaging with consumers, health professionals, managers and policy makers, our aim is to generate and implement new knowledge with impact to health, the economy, and the wellbeing of Australians.

Rising Stars Program

ARCH has recently invited Early and Mid-Career Researchers (EMCRs) from among its partners to join the La Trobe University Rising Stars post-doctoral research mentoring program and network. The initial cohort represents a variety of health disciplines, including nursing, allied health, public health and medicine. The aim of the network is to provide mentoring and support to EMCRs to become more competitive with seeking grants and improving the quality and quantity of their research outputs and to learn about how to develop a highly success career in health research.

The network members meet both in-person and virtually. It is envisaged that the number of 'rising stars' participating in the ARCH Rising Stars network will grow and expand over time. The network was initiated by Professors Brian Oldenburg, Nicholas Taylor and Meg Morris.

MUCTC

The Monash University Clinical Trials Centre is a not-for-profit academic research organisation based at Monash University. It provides a range of specialist services to assist researchers design and conduct innovative clinical trials, from biostatistical and health economics development support to trial delivery and research coordination.



Image: Siobhan, La Trobe Rural Health School

INTEGRATED ROLES - CLINICIAN AND RESEARCHER IN ONE

One of the main barriers many participants in this report have identified is the shortage of roles that combine both research and clinical work. While balancing the demands of each can still be difficult, it is less demanding than juggling two separate jobs.

Some contributors to this report have a single role that combines research and clinical practice.

Dr Mihiri Silva's fellowship at MCRI is designed to support clinician researchers, providing her with access to meetings with research leads in other departments. She believes she benefits from having a research workplace that also understands her clinical workplace.

Professor Kimberlie Dean's role as Chair in Forensic Mental Health at UNSW is a joint appointment with the Justice Health & Forensic Mental Health Network, which funds 50% of her salary, provides a funded post-doc position for a team member and provides administrative support.

Professor Meg Morris is jointly employed by La Trobe University and Healthscope, a private healthcare provider. Based at Healthscope's Victorian Rehabilitation Centre with her clinical research team, she is a Professor of Implementation Sciences, and Executive Director of the Academic Research Centre for Health.

Dr Joe Sia is recipient of a Peter MacCallum Foundation Discovery Partner Fellowship which provides him with one day per week of protected research time. Commenced in 2018, the Discovery Partner Fellowships program is open to early or mid-career Peter MacCallum Cancer Centre clinicians who also perform research. The Fellowship provides financial support and a mechanism to carve out time from clinical roles (between 0.2 and 0.3 FTE) to progress research projects.

Professor Emma Duncan, profiled earlier, has experience of both the Australian and UK systems. She believes that while imperfect, the UK system has some important elements for Australia to consider. The first relates to training and is addressed above.

The second is a system in which clinician scientist researchers in the UK are mainly employed by universities, rather than the health care system, with the health system reimbursing the university for the clinical component. Professor Duncan's current role as Professor of Clinical Endocrinology, King's College London, and Honorary Consultant Physician at Guy's and St Thomas's NHS Foundation Trust is an example of this structure.

'Under this model, the clinician researcher has one employer, with alignment of values and expectations of employee and employer. Growing research and supporting the academic careers of their staff, whether clinical or basic is core business for universities; in contrast, clinical service delivery is necessarily the primary concern of hospitals. Additionally, to be successful requires sufficient protected block research time. You can't have a heavy clinical load and still expect to be research-competitive at a national and international level, especially in the current funding environment.'

Professor Duncan notes that while these positions exist in the Australian landscape, most individuals in research-predominant positions are expected to fund their own salary through competitive grants, as well as supporting their group's activities. Professor Duncan also believes that research has to be the main role. 'It is my firm belief that to be successful clinician-scientists can only manage one clinic day a week. You cannot be a 50% clinical 50% research person and expect to succeed. On the other hand, you can't expect people to forego the clinical salary to do this, if they are on typical postdoctoral salaries when they could be earning a clinical salary during this time.'

METHODOLOGY

40 people responded to our targeted invitation to participate in this project and provided responses to the initial survey. They represent a wide range of disciplines, career stages and roles. While the largest group are medically trained, we also have occupational therapists, physiotherapists, a nurse, a podiatrist, a speech therapist, a dentist, a psychologist, a pharmacist and a nurse.

Their research areas are also broad, from basic research to more applied areas like health services research. 34 are profiled individually in this report, explaining in their own words their role, its challenges and opportunities, and what would make it better.

We want to thank everyone who contributed so generously.

APPENDIX

Alphabetical list of contributors profiled in this report

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