



# Te Ara Paerangi: Future Pathways Green Paper 2021

Submission on behalf of the University of Otago, Christchurch, Research Committee

	Department
Lisa Stamp	Medicine
Sarah Appleby	Medicine
Rebecca Coombes	Department of the Dean
Jozef Crosland	New Zealand Brain Research Institute
Margaret Currie	Pathology and Biomedical Science
Katie Douglas	Psychological Medicine
Cameron Lacey	Māori Indigenous Health Institute / Psychological Medicine
Rachel Purcell	Surgery
Philippa Seaton	Centre for Postgraduate Nursing Studies
Debbie Snell	Orthopaedic Surgery and Musculoskeletal Medicine
Jonathan Williman	Population Health
Tim Woodfield	Orthopaedic Surgery and Musculoskeletal Medicine

## Introduction

The University of Otago, Christchurch (UOC) sits within the Division of Health Sciences at the University of Otago. The UOC Research Committee acts to promote and foster research at UOC and comprises nominated researchers from UOC.

We agree with and are supportive of other submissions made through the University of Otago (UO), notably those of the Division of Health Sciences and the wider UO Research Committee. The purpose of this submission is to highlight challenges and opportunities particular to researchers at the UOC. Individual UOC researchers provided written feedback regarding the Future Pathways report. This feedback was discussed and assimilated by the UOC Research Committee in the preparation of this submission.

## Funding

We strongly support the Government's goal of raising national research and development expenditure to 2 per cent of gross domestic product as a bare minimum. As funding becomes scarce, researchers spend a great deal of time writing, reviewing, and assessing unfunded grant applications. Furthermore, our current funding system is overly complex, bureaucratic and slow, which is exacerbated by the large number of times many researchers need to apply for funding.

Associate Dean Research  
University of Otago, Christchurch  
PO Box 4345, Christchurch 8140, New Zealand  
Email: [Privacy - 9\(2\)\(a\)](#)

## *Ngā Whakaarotau Rangahau - Research Priorities*

We agree that:

- Setting national research priorities may avoid duplication of effort, unnecessary competition and 'silo-ing' of research
- There is a need to balance between priority-led and investigator-led/blue skies research to balance stability with flexibility
- Any priorities should be assessed as having strategic importance to NZ by; addressing critical issues, leveraging on issues or opportunities unique to NZ, and/or creating immediate benefits or future opportunities. These priorities should also be grounded in, and contributing to, globally important research
- Priorities need to be reassessed and revised on a regular basis to avoid stagnation
- Priorities should be protected from political preferences and changing governments

We advise against setting priorities for technologies – these are too expensive, usually transient and available through collaborations.

We recommend following the Danish example of including a philosopher/ethics expert on any executive or decision-making panel to set national research priorities.

## **Te Hunga Mahi Rangahau - Workforce**

### *Career precarity*

At the University of Otago, Christchurch, the majority of non-clinical researchers, from assistant research fellow through to professor, are precariously employed, i.e. reliant on highly competitive grants to cover their salaries. Many of these researchers have been employed on such contracts for extended periods of time (>5 years) and have no other revenue streams (academic teaching or service provision) to fall back on. These types of contracts have negative impacts, both professional and personal, on research staff and do not contribute to a sustainable research environment.

We welcome the proposal of a base grant to support career structure and infrastructure. The base funding would need to be targeted at attracting and retaining researchers, particularly during their early and mid-career stages. Such funding would help address inequity of opportunity in the workplace, especially for Māori, Pacific Island and women researchers, and ensure continuity and maintenance of knowledge/skills.

### *Collaborative research*

The traditional competitive academic model, which focuses on individual research metrics, is not supportive of highly collaborative team science. The research environment extends more widely than that of the independent/lead researchers and physical infrastructure. It is critical to be aware that individuals conducting research in NZ differ widely in:

- The number of hours in paid employment and proportion of hours undertaking research activities
- Their non-research employment or other commitments (e.g. teaching, advisory, public service or community roles)
- The knowledge and skills they contribute to a research project or team (e.g. leadership, topic knowledge, technical proficiency, and/or connections to research partners and stakeholders).

Careful thought needs to be applied as to how to measure success when awarding base funding to ensure that inequities are not exacerbated. Academic metrics solely focused on publications/awards amplify gender and racial inequities.

### *Research partnerships*

Meaningful research collaborations and community partnerships are obstructed by existing funding models. Such collaborations grow over time (often organically) in a way that is not supported by short-term competitive grant cycles.

These partnerships may be supported through:

- Formalised agreements (MOU)
- Joint-appointments of staff
- Co-localisation of research infrastructure
- Data sharing

Individuals able to straddle research and industry/commercial/service/community activities (e.g. clinicians or community support workers) are vital for initiating partnerships, identifying research questions, and ensuring the translation potential of the research. However, these individuals are seldom rewarded (financially or otherwise) for doing so. Potential research partners (e.g. health providers) are under pressure to deliver on core business and frequently lack their own institutional research infrastructure or culture. Staff within such organisations have little time or managerial/institutional support to contribute meaningfully to research. Current efforts to provide financial remuneration to partners can be so administratively and bureaucratically complex as to become impossible.

To be genuinely translational, medical research needs to be closely linked to clinical services including medical, dental, nursing, and allied healthcare providers. Research also needs to be closely linked to infrastructure of data, such as pathological samples, genetic data, digital pathology, radiology and electronic medical records.

The Ministry of Health and the National Health Authority and Māori Health Authority need to acknowledge the importance of research in a learning healthcare environment and the benefits it brings to the system and to communities. Clinical trials infrastructure, particularly in the public health care system (from community, primary care through to tertiary level care), needs adequate funding and coordination.

Funding needs to encourage research partnerships that are not geographically constrained. The University of Otago has world-leading medical researchers. UOC has produced exceptional research from working collaboratively across Aotearoa, that has been able to support multiple communities and regions. This also has increased our opportunities to contribute to equity through access to different communities with diverse ethnicities and cultures. UO has a national MOU with community and iwi developed over the years which has ensured clear social accountability. We would encourage funding not to be limited to geographical areas so that all communities and Aotearoa benefit from the research being designed, developed at Otago and with its collaborative partners across the motu.