

From: [Glading, Jodi A](#)
To: [Our Healthcare Future](#)
Subject: Feedback from the Deputy Chief Medical Officer
Date: Monday, 4 July 2022 8:00:11 AM

Hello,

My general feedback is that research is missing from the paper. There are many points in here that could be highlighted by current planning and work in the research space such as our recent Teletrials -RCCC being funded to provide access to clinical trials closer to where people live, the review and planning we are doing to ensure a sustainable research workforce, the ability to use research as an attraction to getting clinicians to come to Tasmania, the planning and infrastructure going into the public-private partnership in Launceston, the recent implementation of an ICT system to cut down on duplication, capture data, and integrate into national bodies.

For instance on page 24 in the “What we will do” section could easily talk about the hub-spoke model for teletrials so that we can not only bring trials from the mainland here (so less interstate travel for our patients) but also expand the trials that are run from the larger hospitals into places like GPs, District hospitals, private settings. It’s also about keeping them out of hospital setting when they can be treated in the community (see page 27 dark blue box).

Page 28 “Strengthening Prevention” could easily talk about some conjoint work happening with cardiovascular research. There are a couple of projects that Menzies, UTAS, DOH, PHT and THS are collaborating on to help reduce the burden of poor heart health. One project is being led by consumer design and is about taking blood pressure reading properly at home to guide clinician decision on interventions rather than on trying to get ‘one-off’ readings in health settings. That flows onto the section that starts on page 30 about consumers. There is also a lot of work in the Atlas of Variation Reports that hone into where we aren’t quite getting it right and how focusing on those areas can improve the health outcomes of Tasmanians

Page 32 Building the Health Workforce could refer to work happening to ensure that clinical trials are supported by staff that have the skills and knowledge but also ensuring that it is seen as a career pathway for our nurses, allied health team members as well as our medical doctors. There is also work nationally to see how universities who are training researchers can promote clinical trials coordination within hospitals as a career pathway. In addition, Clifford Craig Research Foundation is working with DOH to ensure research programs are used to attract and retain staff. We are also doing work with our safety and quality staff members to find ways to integrate research outcomes into everyday work at hospitals through the national standards.

Page 34 could refer the new REGIS system for research governance, bringing us in line with national requirements and allowing researchers to cut down on duplication and to make it easier for industry sponsored projects to get off the ground in Tasmania.

In the governance section at the end of the document it would be good to see reference to the Quality Governance Framework for Tasmania’s Publicly Funded Health Services as many of the concepts and a monitoring framework for delivering the right service, at the right time in the right place is founded in that document too.

Regards,

Jodi

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