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ROYAL SOCIETY TE APĀRANGI

Health Research Strategy Consultation
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16 May 2017

To whom it may concern:

**FURTHER CONSULTATION ON HEALTH RESEARCH STRATEGY 2017-2027**

Thank you for the opportunity to comment further on the proposed Health Research Strategy. The Society made a substantive response in the earlier consultation and our views in that response stand. We note that the draft strategy reflects our previous response in some respects. In this letter I have highlighted just a few high level areas where the revised strategy could better address that response. Note that due to the short timeframe we have not had the opportunity to consult further either our Council or our expert group that contributed to our original response.

**Vision and Guiding principles – research excellence**

Significant and worthwhile changes have been made, and these address many of the matters we previously raised. However, given that "excellence" has been adopted as a pillar for all publicly-funded research, use of the terminology "adopts fit-for-purpose methodologies and approaches" under both Vision and Guiding principles might be sharpened by encompassing the idea of "rigour" as the guiding principle. For example, it could be stated in the Vision that excellent research "is rigourous in its methodologies and approaches". In the guiding principles scientific rigour is stated as an explanatory note, but the leading statement uses "fit-for-purpose" which in our view does not sufficiently epitomise excellence.

**Guiding principle – collaboration for impact**

Our earlier submission highlighted the benefits of harnessing the highly beneficial interactions we have in New Zealand between professional practice, research (including clinical research) and education. There is a highly productive, interactive nexus between the three in many types of health research. Practice informs research, research informs practice, and students benefit by being taught by those who operate as both practitioners and researchers. There are many examples from clinical research, but also others more at the community level – for example, research into nursing practice in Māori and Pacific communities as occurs in the polytechnic sector.

We think that the principle as written seems to imply that health research is undertaken and then translated into practice in a relatively linear process. Whilst such a translational process does occur for some research, for many other types, the creative nexus model is much more important in ensuring impact.

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**Strategic priority 1 (action 4); Strategic priority 3; and Who will do what?**

This concern then arises again in both strategic priority 1 (action 4) and in strategic priority 3 where the concept of partnership with practising communities seems to be understated relative to engagement with institutions and agencies. The role of professional communities (e.g. the medical colleges and professional organisations for allied health professionals) and the value of the interactive nexus including teaching (described above) is vitally important. It also seems to be understated in the section on Who will do what.

**Strategic Priorities**

In our earier submission we indicated some strategic priority areas whereas the HRS now seems to describe a process for setting priorities. That is, the HRS could be viewed as a strategic decision making framework and not a strategy per se. Perhaps if Strategic priority 1 was reworded to something like "Invest in excellent health research that is most likely to substantively improve health outcomes for New Zealanders" there would be a greater sense of the key drivers, these pointing towards priority selection.

I trust these further comments are helpful.

Yours sincerely

Dr Andrew Cleland FRSNZ
**Chief Executive**