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Developing organisational capacity for clinical research: creating a framework for university clinical partnership in Skåne

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Acknowledgements

I would like to thank Professor Jan Nilsson, Dean of the Medical Faculty at Lund University and the AFFIS committee for inviting me to help think about ways to enhance clinical research activity in Skåne.

I met Jan Nilsson at a conference in Paris, hosted by the OECD where he heard me present an organisational perspective on relationships between university and health system partners. I was invited to help think about ways to develop more engaging organisational partnerships in Skåne because I had written about organisational tensions and problems at the interface; I'd studied partnership before, during a six-month secondment to Wales.

This project has taken my work a step further, which previously had been limited to policy perspectives and strategic questions between university and health sectors. Added to my previous description of significant fragmentation between policy and organisational priorities in either sector is a further dimension of cultural fragmentation that has occurred over the same period.

Most of the ideas in this report come from discussions with individuals and groups based in Lund and Malmö. At a senior management level and within departments, the level of discussion is more mature than in any British institution I have encountered. It is less personal for one thing. I have been impressed by how open and thoughtful people have been and have lost count of the times during discussions when I've thought, "you just couldn't have this conversation in England". As a result, I think this report describes relations in greater depth and presents insight that offer more practical strategies for developing partnership.

Between researcher, clinicians and managers there is a very clear understanding of the tensions and complexities that are inherent in university clinical partnership, and there is a strong will to develop more engaging relationships. I am grateful to everyone I have spoken with and who has given me papers, presentations, letters and ideas. I've learned a lot about the nature of fragmentation in this most critical of organisational setting, about the way it is played out culturally, and ways it might be overcome.

Tom Smith: London; March 2003

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A summary of headlines from the report

- Strategic fragmentation has led to a fraying of organisational relationships between university and clinical partners. Some cultural separation has also occurred between clinical and pre-clinical spheres.

- A joint strategy board between health and university partners across Skåne would provide an opportunity to bring together a range of views and establish a forum to coordinate strategies to stimulate the development of clinical research. The board would draw together (ALF/Skåne) R&D money.

- People want to see research impacting on patients as well as scholars. Projects need to clearly show clinical as well as scientific relevance, thinking through the impact of research on patients.

- Skåne should seek to establish a spectrum of research activity in, for example, clinical science, applied research, clinical evaluation, and health services research. Bridges are needed between different research groups and approaches through the sharing of information to provide links to service and improved opportunities for researchers and clinicians to engage in meaningful ways.

- 'University Hospitals Skåne' (UHS) is suggested as an organisational vehicle to enable partners in Malmö and Lund to combine their shared interests and create an organisational dynamic between researchers and clinicians.

- Externally, UHS has an important role in providing a focus for the development of Skåne-wide research and service networks across departmental and institutional boundaries. Internally, significant organisational development will be needed to attain the level of engagement required to develop a continuum of research, linking the laboratory bench to the hospital bed.

- Both researchers and clinicians want to work in an environment that rewards cross-boundary working. This will require changes in the structures and culture of working. First and foremost, clinical research and development has to become mainstream activity within clinics.

- Within an overarching framework to promote clinical research, departments are best placed to rethink their own structures. Leads for clinical research should be identified across clinical and academic departments and joint research strategies set out, with money made available to departments on the basis of these applications.

Aims of the report

Despite an impression that might be gained from the headlines on the previous page, this report does not set out to prescribe or impose any particular model of partnership. It aims the set out some important issues and discuss suggestions to overcome them.

The view taken here is that partnership will necessarily evolve in different ways in different clinical areas. There are perhaps some principles that should be followed in developing closer working, but the main aim of this report is to stimulate more practical discussion on how partnership might evolve.

The report aims to:

1. Relate the local discussions in Skåne to global trends and challenges in developing stronger partnership between knowledge and practice;

2. Explore the fragmentation that has emerged between academic and clinical partners in strategic, organisational and cultural spheres;

3. Suggest an organisational framework that might overcome fragmentation, diminishing it over time.

Exploring partnership in Skåne

The perspectives and ideas of researchers, clinicians and senior managers in both Lund and Malmö provide the foundations of this report, which has been put together through three stages of information gathering and analysis.

The first set the context for the project and identified the guiding question – how can the organisational capacity for clinical research be enhanced? It involved two days of discussions with senior representatives of Skåne region, the medical faculty at the university of Lund, and university hospitals in Malmö and Lund during January 2001.

These discussions revealed some concerns about the future for clinical research and fundamental change is thought needed to reverse the structural gaps between sectors.

Few medical students get involved in clinical research and basic science is more attractive to the new generation of researchers. It is hard to engage either researchers or clinicians on clinical research because of limits in time and incentives. There is concern that trends in research are creating an institutional bias toward basic science. People say the kind of research the health system might want to develop often fits into the ‘grey area’ between R&D.

Based on these discussions, a short paper was circulated asking questions about ways partnership could be developed at different levels. These guided group discussions that took place in the spring - the second stage of the project.

Nine workshop discussions involved around forty clinicians and researchers in Lund and Malmö. These explored key problems from professional, departmental and organisational perspectives. Everyone was clear discussions were to inform an analysis of ways engagement could be strengthened.

Using a pocket PC and a keyboard, notes were made from each discussion, and later analysed on a desktop machine using qualitative software, NUDIST6. The analysis coded, shaped and examined explanations of problems in clinical research, as well as ideas on these might be overcome. The characterising theme of the conversations was fragmentation: between clinical and pre-clinical spheres, between Lund and Malmö, and between research and clinical groups more generally.

A "bridge" was the most commonly employed metaphor. To a greater or lesser extent, everyone considers current organisational structures and policy prohibitive of partnership. It is difficult to engage different perspectives. Partly because of this, research and clinical communities are too distinct from one another. It is also because research in Skåne is too orientated toward scholarly rather than clinical impact.

A report summarising the discussions – 'what happened to clinical research?' – was sent to the medical faculty and subsequently distributed in advance of meetings that brought large groups together to discuss ways of developing clinical research. Run by an expert facilitator, workshops involving approximately 200 people discussed some of the key strategic, organisational and cultural barriers to improved partnership. Groups formed at the workshop to focus on different dimensions of the problem of fragmentation, such as the composition of research teams and the kinds of incentives needed to stimulate clinical research. They then wrote short papers on these problems and made recommendations to help navigate them.

The third stage of the project focused on exploring ways of overcoming problems and drew on papers and correspondence from groups and individuals written in advance of a large one-day meeting in Malmö, in December 2002. The audience contained senior researchers, clinicians and health service managers, as well as a number of national representatives. At the meeting, a preliminary version of this report was presented. There was a good deal of support for its analysis and for initiatives to improve partnership across institutional and disciplinary boundaries.

This report will help support continued discussion of how partnership can develop and evolve.

Introduction: a global perspective

The interface between the health system and universities was once described as the place where the present meets the future in healthcare (Dainton 1981). But over the last fifteen-years-or-so, changes in both health and university sectors have created incentives for partner organisations to point strategy in different directions. Universities are now more focused on future research, and university hospitals on present demand (or in Britain, the demands of 12-months previously).

Clinical research is a casualty of this slow separation. There is diminished capacity for working across the interface. As a result, health services are not uniformly reflexive and the vast majority of research in medical faculties is not directly concerned with clinical problems. The implications for health are serious. The ability to transfer knowledge to practice, to focus research on critical issues, to develop new services and prepare professionals for clinical practice all depend to a great extent on the capacity of university hospitals and faculties to work closely.

Some global trends in partnership

There is a tendency in different countries to regard problems as local, even though similar international trends are apparent. Partner organisations have faced incentives to point strategies in different directions, resulting in a slow separation of the university hospital mission.

University hospitals have not been immune to the drive to contain costs in healthcare, far from it. They have often been the main focus of initiatives, regarded, as they are, as obese consumers of precious resources and resistant to change. Leaders of university hospitals have been focused almost entirely on service issues.

At the same time, within universities, deans have been focused more on research, seeking to maximise scholarly over clinical impact. In education, the trend for students to be trained in a wider variety of clinical settings has further complicated relations between universities and the health sector. Universities relate to a wider range of health partners. To illustrate the managerial complexity this presents, University College, a medical school in London, has links with over 100 NHS provider trusts.

Strategic fragmentation

Figure 1 illustrates the strategic fragmentation that exists in Britain (Moss and Smith 2002). A key problem is that policy in both sectors is formulated independently. Targets for each area are set externally and performance managed independently.

Figure 1: Strategic fragmentation (UK example)

The same tensions are visible in Skåne, though they take a different form. Around the border of the strategic picture are different agencies and departments with different interests, which are not necessarily joined up. The demands of different agencies pull strands apart, making it difficult for senior management to hold them together.

Structural fragmentation

Until recently, organisational problems between university and clinical partners were not considered a priority in either health or higher education policy. In England, this is beginning to change as understanding grows of the productive potential of partnership. The Department of Health, concerned about work redesign and the need for lifelong learning amongst health professionals, now requires Strategic Health Authorities to sign parties up to Health and Education Strategic Partnerships. A virtual NHS University is being developed.

But whether meaningful partnership can be realised, in terms of changing practice, depends very much on the strength of organisational and group relationships, at a number of levels. As things stand, it is very difficult to maintain a joint focus across institutions. The causes are complex, detailed and, to be blunt, can be boring – one of the main reasons they are not well understood outside the confines in which they are experienced. Perhaps the management difficulties are better presented through a dramatic metaphor.

Imagine a group of playwrights (policymakers) scripting acts to be performed by separate companies of actors (university and clinical partners). The performing companies are independent of each other – and different people will review their performance in different ways. But they are also interdependent - they share the same stage as well as the actors needed to put on a good performance. Although many think the best performance would be achieved through a joint production, directors have found it difficult to persuade scriptwriters (who are also financial backers) to write a more integrated script making it easier to join the acts together. Each writer shows more passion for the act for which they are responsible than for the whole picture.

Different scripts are played out on a complex stage where stage directors try to piece different lines (of accountability) into coherent acts and choreograph the limited number of actors to fill all parts. It is difficult to manage without either requirement or incentives for a joint production, which in turn is impossible to without notable will and effort from actors performing multiple roles. In such difficult circumstances, creative differences inevitably emerge between groups.

There has been a reticence to prescribe organisational models

In Britain, there have been numerous reports that describe these problems. A few have encouraged partners to 'combine as if a single entity in order to discharge their shared mission.' But they have not been further encouraged to do so. There has been some reticence to prescribe organisational models to resolve the problems in this complex partnership.

Of course, this reflects an admirable respect for local circumstances, rightly regarded as unique. But the downside of placing the onus on local institutions is that resources that would have to be dedicated to organisational development are simply not available. Some space is needed to engineer a joint venture like this.

Models of partnership

There are some models of integrated partnership in Europe, in The Netherlands, for example. The Amsterdam model is illustrated below. It illustrates the importance of organisational development and coordinated strategic planning.

The hospital reorganised itself into 10 new clinical departments and the university into 3 educational and 7 research institutes.

Figure 2a: The matrix model from Amsterdam AMC first the hospital reorganised

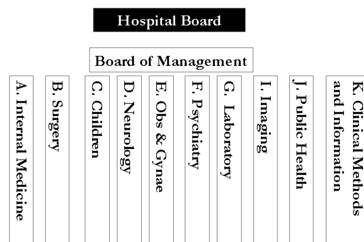
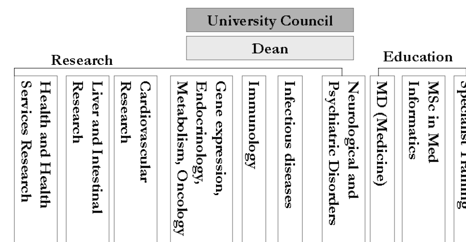


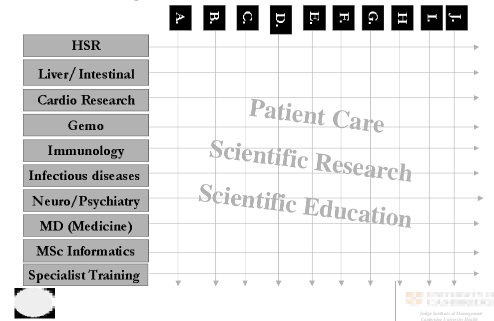
Figure 2b Then the university organised itself into research and educational institutes



After a year, the two organisations came together into a single entity to form a matrix organisation (as shown on the right) where everyone is based in a clinical department.

This model is not being suggested for Skåne, it is only an illustration of how organisational partnership has been approached elsewhere.

Figure 2c: after a year the new structures came together in a matrix structure



Establishing the right governance for Skåne requires careful consideration of the multitude of perspectives that need to be engaged. It is important to emphasise: there are no off-the-shelf models of governance. This is particularly true in circumstances that are more complex than linking together two closely located institutions, such as in Skåne.

What happened to clinical research in Skåne?

This section summarises the problems facing clinical research as seen by researchers, clinicians and managers in Lund and Malmö. It helps explains the decline of clinical research and the growing barriers between pre-clinical and clinical spheres. The story of clinical research is told culturally, but

mirrors the structural and strategic fragmentation outlined in the previous section.

There is a funding bias to pre-clinical research
Many see a bias among funding bodies towards basic science. Universities are funded in proportion to the scholarly impact of research, measured principally by publication and citation. There is a sense priorities are wrong and that clinical impact is an equally valid measure of research quality. Some would go further: "The money goes to pre-clinical research but the results come from clinical research."

The dominance of basic research has cultural implications in affecting the way clinical research is seen. Basic science is more the area to be in for the young researcher and is a greater source of academic credibility. There are few incentives for clinical research. It does nothing to advance the academic or clinical career.

University hospitals are more exclusively focused on service
University hospitals, and the people that work within them, have a slightly schizophrenic identity. On the one hand they are partners in an academic enterprise, involving education and research. On the other hand, they are part of a large-scale clinical enterprise that is critical to service capacity in the health system. Increasingly health authorities have focused university hospitals more on service and increasing capacity. People are no longer able to manifest the integrated mission, teach, see patients, and undertake search. Current structures do not allow it.

There is declining research in the health system for research
The health system is thought to have limited and diminishing capacity for the development of high quality clinical research, people say they haven't the time to write research proposals, for example. As the capacity for research in the health service has dwindled, so have the value of research qualifications in hospitals, and more generally, the attractiveness of research activity to clinicians.

There are different views on research
As clinical involvement in research is diminishing so is the clinical perspective within research more generally. Over time, pre-clinical and clinical communities have become distinct.

There is a need for some negotiation around clinical research, about its breadth and depth. It is not clear that different people mean the same thing when talking about clinical research. While the university wants to develop "good" (scientific) clinical research that the health service can then translate into practice, the hospital sector is keen that research should seek to influence and raise service quality more directly.
There is a view that ALF money is not funding the kind of research needed by the service because this would not be regarded as "good science". Many projects lie in "grey" areas, including evaluation projects and follow up work. This requires more negotiation.

The clinic is being taken out of clinical research

The ALF reforms of a few years ago have resulted in a welcome emphasis on transparency and quality, but with the cost of limiting clinicians access to funds. Individuals with an interest in research find it difficult to compete for funding; applications from established research groups tend to be more successful. These groups do not always have strong links to the clinics. There are concerns research is moving away from service when "clinical research needs to happen in clinics with patients." People fear the clinic has been taken out of clinical research.

There are too few researchers with clinical backgrounds

Many researchers do not have clinical backgrounds. The number of medically qualified PhD students is diminishing and are a minority among the medical faculties' doctoral students. This is not thought to bode well for future capacity. Researchers need to understand and engage with clinical analysis.

There is little daily contact between clinicians and researchers

There is limited capacity for learning between clinicians and researchers. There are few opportunities to meet and talk, and this has serious implications. There are not uniformly strong links between pre-clinical and clinical departments. Put bluntly, some academics say clinicians are not interested in research – don't ask questions – while some clinicians say academics are uninterested in clinical problems.

Discussion: how can fragmentation be overcome?

The analysis so far has suggested that fragmentation between health and university sectors is the key problem in reviving the fortunes of clinical research and development. There are two ways of telling this story, flip sides of the same coin. There is a global story about the slow separation of policy and organisational incentives and a local one that tells the story of fragmentation between people whose joint working is fundamental to pursuing clinical research.

The problems are partly structural, to do with misaligned incentives, and organisational structures that fail to bridge departments. But to a large extent they are also cultural. Perhaps unsurprisingly, managers and department heads are concerned more with structures while those in departments suggest the main problems are cultural, to do with different ways of thinking and seeing.

Within departments, while there is overwhelming support for closer working, there is some caution expressed about structural fixes and top down approaches. With too few opportunities to learn and work across disciplinary and organizational boundaries, they say management need to concentrate on creating an environment that is conducive to effective collaboration, rather than prescribing the form this interaction should take.

In one group discussion, during the second stage, someone drew a series of chaotic lines on a piece of paper and said, "that's the kind of organisational structure we need." Within departments there is some concern that structural solutions might constrain the kind of working that is required. For example, linking departments as they currently exist might constrain the kind of groupings that are better suited to clinical research and partnered working.

Balancing structural and cultural approaches to overcoming fragmentation
The following pages discuss various ideas for drawing together a framework to nurture an environment conducive to clinical research. Some of these relate to the governance of research, others to the spirit of engagement in clinical research teams. They are different dimensions of the same thing. But without care to align top-down and bottom-up approaches there is a danger that initiatives will conflict and perhaps crowd each other out.

Any effective framework needs to be constructed by managers and departmental staff together, covering a wide range of groups, thinking across institutional and disciplinary boundaries. It is important that top-down and bottom-up approaches gravitate towards each other.

Reviving clinical research presents a significant opportunity for Skåne to take the lead in clinical research
There is great passion at all levels for reinvigorating clinical research. Developing clinical research is seen as an opportunity to put Skåne on the map by taking a strategic advantage in research. As one report puts it:

> 'Maybe Lund/Malmö could gain an advantage before other universities and university hospitals by breaking the trend which has been predominant during the last twenty years. The trend where everybody places the stake on the same horse: the "new biology". Maybe it is time to think whether this has resulted in clinical breakthroughs expected of it. "New biology" would benefit from competition with clinically orientated research. Maybe large groups would benefit from competition on equal grounds and by cooperation with small groups. Maybe there will be benefits from increasing the status of clinically orientated research. Perhaps these kinds of changes might mean the Medical Faculty will become one of the best milieu for research in Europe'

The need for a Skåne-wide view of university clinical partnership
To an outsider, Sweden has some advantages in achieving this aspiration. The regional organisation of health services means there is greater potential to overcome strategic fragmentation across the health system. A stronger focus on system-wide relationships between research and service strategies will help overcome:

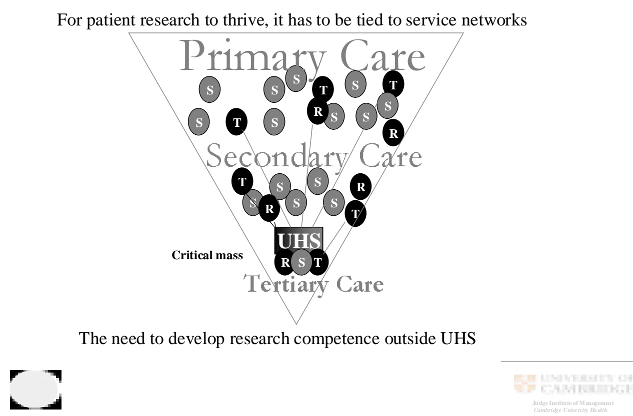
> 'conflicting double loyalties through responsibilities towards the region for clinical production (which in our experience is often considered as the main item today) and toward the state for CRD and education'.

A key aim among groups is to 'promote regional networks for clinical research'. One group suggested 'greater use of honorary academic titles' in order to identify

more partners and stimulate clinical research activity across the region. Initiatives like these will help to support the development of networks for research. Part of the strategy to develop capacity should be to stimulate their growth and put in place measures for their maintenance. The establishment and maintenance of networks is seen as crucial for effective learning between university and clinical partners and throughout the system.

Figure 3 illustrates networks for research and service that people would like to see underpin closer working across Skåne. The development of service networks is thought to be a critical plank in creating space within the health service for clinical research and for more closely relating research to clinical activity. Skåne region and the university hospitals have an important role to play in their development.

Figure 3 – A focus on system relationships



A framework for the governance of research across Skåne region

The word ‘governance’ comes from the Greek word for ‘steering’. Given the organisational complexity involved, what kind of framework can be developed to steer clinical research in Skåne?

Although there is some caution about organisational solutions, some fear, what they see as rigid and bureaucratic approaches, it is accepted that some structure is needed to align clinical and academic interests. Alongside initiatives in local departments to strengthen partnership, structures are needed to help shape collaboration across organisational and disciplinary boundaries.

Figure 4 illustrates the various levels that need to be incorporated in a framework to promote clinical research and development.

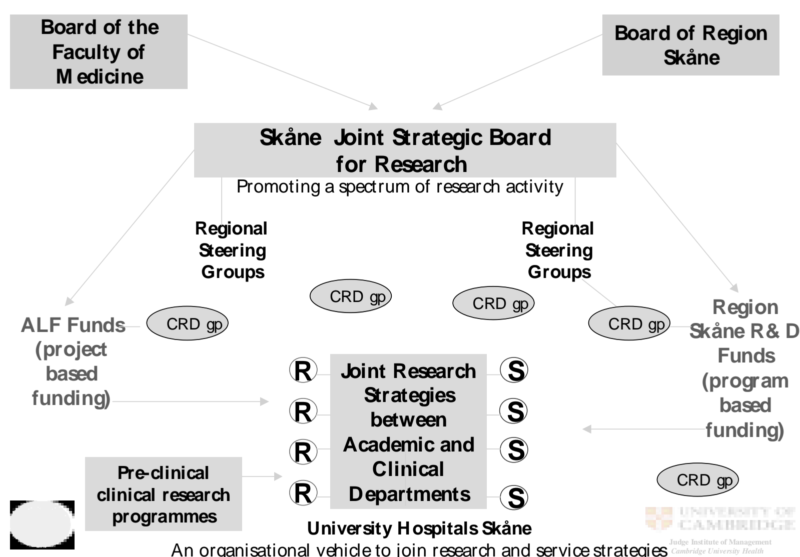
At the top is a joint strategic board for research across the Skåne region: a strategic focus in Skåne; supporting a spectrum of clinical research; developing networks for clinical research; strengthening relationships pre-clinical and clinical communities in Malmö and Lund.

The aim of the framework is to draw together research and service interests across Skåne. At the top of the diagram a Joint Strategic Board brings together the board of the medical faculty with that of Region Skåne. The aim of this strategic venture is to stimulate, develop and promote a range of research activity across Skåne. Clinical research has many dimensions, from the pre-clinical end to health services research. At the regional level, steering groups will be established to promote regional wide projects and programmes around clinical research. A regional focus is important and at various levels

effort will be required to develop and join together research, service and educational networks across Skåne.

The organisational relationship between academic and clinical departments based in Lund and Malmö, the critical mass of research resources, is an important aspect of developing partnership. At this level too, the key aim is to draw together research and service strategies. An organisational vehicle of some kind is needed to enable stronger relationships between research and service. It is proposed that academic and clinical departments should be required to develop joint strategies.

Figure 4 Research governance in Skåne



The following sections go through each level in turn

Skåne Joint Strategic Board

A joint board between health and university partners in Skåne would provide strategic leadership for clinical research and development in Skåne. The board should include representatives from the region and academic and clinical partners in equal measure. Experienced clinical researchers should be involved. The board will play a role in coordinating research strategies and ensuring a collaborative approach.

For Region Skåne, developing such a framework is an investment in the quality of the health system and its capacity to respond to new knowledge, change practice and explore key clinical problems faced in clinics. For the university, the framework provides an opportunity to improve links between different islands of research and create a milieu for work that has clinical as well as scholarly impact.

Ensuring clinical relevance

There is a strong feeling that more people should be able to apply for ALF funds. Certain principles should guide project selection. Research projects without strong links to clinical practice 'should be the exception rather than the

rule.' In addition to scientific quality, 'projects need to be evaluated for clinical relevance.'

Encouraging a spectrum of research activity across Skåne
One of the first tasks of the joint board should be to clarify the activities involved in clinical research.

The different approaches within research should be acknowledged. There are a number of areas of research activity that can be mapped: clinical science, applied research, patient based research, method development, health services research, and evaluation.

> 'There needs to be a common approach to the evaluation of CRD. There is also a need to think about academic and clinical competencies for roles at the interface between the two sectors and ways of ensuring future capacity is being created.'

A spectrum of research approaches should be encouraged with the aim of developing a continuum of research, from the laboratory bench to the hospital bed. Some tensions between different approaches have been noted and the joint board should aim to strengthen relationships between different approaches. In particular there needs

> 'Clear links should be developed at the borders of CRD and quality improvement.'

Steering groups for research activity
Under the joint board, steering groups should be developed to stimulate and promote clinical research activity at the science and service ends. Over time it will seek to develop strong bridges between them.

However, these bridges cannot simply be mandated or created structurally. They will develop within and across organisations from collaboration between researchers and clinicians.

Developing Clinical Research and Development Groups
It is likely the joint board will want to encourage certain clinical research activity or work in defined areas. One way to develop strategic research while building on existing strengths is through supporting the development of Clinical Research and Development Groups. There are a number of ways groups might be developed. The board might, for example, encourage the development of units taking different approaches to patient research and clinical development. Or, it might seek to bring different researchers together in the examination of clinical areas, which it will define.

These groups will provide a critical link between the strategy and practice of clinical research. Groups will play an important role in the development of research networks. They will provide a focus for clinicians with research questions, and academics with clinical concern.

> ‘People need to be aware of conferences and about opportunities to join research activities. Researchers who are remote from clinical environments need to join these to ensure they are aware of clinical problems.’

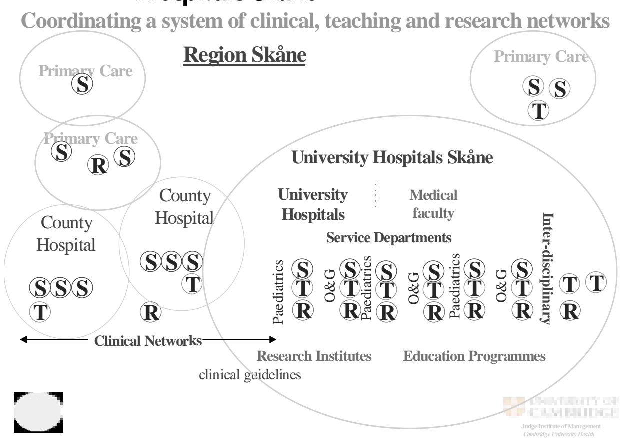
People could be kept in touch with CRD through regular conferences, and by email, which would support the dissemination of information across institutional boundaries and contribute to professional development across Skåne. Activities like this are ‘part of the necessary process to relate clinical and research perspectives.’ Some networks may need dedicated network coordinators to support development. Increased awareness of research and its impact on practice should be seen as a quality investment in the health service.

University Hospitals Skåne

Forging partnership in clinical research will require new forms of organisation between Lund and Malmö who need to find more effective ways of exploiting their critical mass of expertise around patient research. In addition to a common board, the medical faculty at Lund and university hospitals in Lund and Malmö need to find an organisational vehicle to enable them to coordinate organisational strategies. The complexities involved in relating research to practice in applied settings should not be underestimated. This fundamental aim should be at the fore when looking at organisation with fresh eyes.

One suggestion for achieving such a collaboration is that the university hospitals in Lund and Malmö think of themselves as equal partners with the medical faculty in an new more integrating organisational framework. One vehicle might be the concept of ‘University Hospital Skåne’ (UHS), illustrated in Figure 5, which would bring together institutions to strategically manage their activities in a joint enterprise. It would seek to integrate much more with the health system as a whole.

Figure 5 Organisational framework for University Hospitals Skåne



In developing effective relationships required for clinical research, management resources will be needed to network activity across groups and departments. An integrated ‘centre’ has a pivotal role to play in aligning research and service networks.

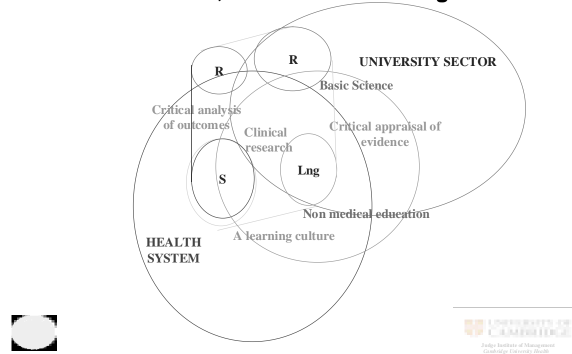
Organisational development between Lund and Malmö

In Britain and Sweden, independent organisations have principally worked together though loose forms of liaison. But liaison is becoming less effective as a mechanism for coordination because the issues involved are so complex.

More formal mechanisms are needed to relate different activities. An integrated entity would seek to internalise relationships between research, education and health service, and this will require significant organisational development.

The reason organisation should be rethought is illustrated in Figure 6. What is required involved more complex interaction than current structures allow. The process of translating research into practice is often characterised as linear and more straightforward in practice that it actually is. Close collaboration is needed between different groups of people and at the moment people say there are thought to be significant obstacles to achieving this.

Figure 6 Formalising relationships between Research, Service and Learning



Because of the different perspectives of groups and individuals, what is needed, say many, are structures that enable a kind of “multicultural” communication between different perspectives. Researchers and clinicians want the organisation to concentrate on creating an environment that is conducive to learning.

The capacity to work across boundaries is central to social missions of relating scientific knowledge to practice, instilling critical faculties in future professionals, and relating different academic perspectives. Structural separation between sectors has had a significant cultural impact. There is also a great deal of support for closer working amongst doctors, nurses, researchers and senior managers. But there are significant cultural barriers between people and insufficient opportunities for cross boundary interaction.

There are different communities within university hospitals and faculties and one of the key challenges in a more integrated partnership is to find ways of relating quite different constituencies. There is a scientific community concerned with the development of knowledge; there is a community concerned with the development of practice. Some groups are concerned with guideline development and information sharing, internally and externally; others are concerned with the process by which research influences practice. Some have a focus on inter-disciplinary and multi-disciplinary research, practice and learning. Within each group are subtly different cultures and ways of thinking. Ways need to be found of relating these groups.

Ways forward in developing practical partnership

Two suggestions were made by a number of groups. First, that a specific proportion of time should be given to each clinician to allow them to undertake research; second, that conditions should be created so small groups and individuals gain access to research funds.

> ‘There is limited capacity for clinical research and a fear that current trends will lead to narrow research and the loss of any capacity to apply new knowledge to clinical practice or to explore clinical problems. The decline of patient centred work can only be reversed through a bottom up focus on clinical problems and ways to explore them.’

This is an important principle: clinicians need time for research and the success of CRD depends upon the quality of collaborations between researchers and clinicians. Many think that management cannot prescribe clinical research activity because it depends on a good deal of cultural factors, they can only create the conditions for CRD.

Clinical research will not develop without bottom-up approaches. But some balance is needed with top-down approaches. The danger in relying exclusively on bottom-up approaches is that efforts to promote CRD will be fragmented and the difficult tensions in balancing different duties will not necessarily be resolved.

Bottom-up approaches have to occur, but some change in the organisational environment is needed if these are to be sustained. The development of Clinical Research and Development has to be central to departmental activity.

> ‘All units at the university hospital have an obligation to participate in research, which should be seen as an integral part of clinical activity.’

Clinical research should be central to departmental plans.

For many groups, making research central to clinical activity is a fundamental principle. The reports speak for themselves.

> ‘Research cannot be separated from clinical duties, so that research activities [becomes] time off. Rather, the aim must be to integrate research into the service plan. We must have a much more formal and systematic approach to clinical research. It must be written into departmental plans.’

For clinical research to gain a hold with the health system, it has to be considered mainstream activity in clinical settings, rewarded in organisational incentives.

> ‘Clinical research and development must be reasserted as core to university hospitals. Heads of clinical departments should see it as core to their role’

> ‘Clinicians need to be able to work on research during working hours. A culture of turning ideas into projects needs to develop. As patient research is considered integral to service development, there should be a clear operational plan for CRD. There also need to be mechanisms of accounting for resources, not least time.’

Small groups need to relate to larger ones

Much of the organisational tensions are in balancing macro and micro perspectives. Small groups need to encouraged, and their access to research funds ensured.

> ‘Support to investigate clinical problems should be made available to smaller groups. Small groups more easily innovative than large ones and can make a big impact (eg Alwall and Edler). The organisation should encourage flexibility and responsive by encouraging the establishment of small clinical research groups (including access to funding) and by not being overly directive.’

But it is not very easy for very small groups (and certainly individuals) to create the capacity to undertake clinical research and access the required patient materials. To avoid fragmentation, small group activities should be clearly related to the activities of departments or wider research groups.

How should academic and clinical departments relate to one another?

To encourage a greater organisational focus on clinical research, clinical and academic departments need to negotiate their research and service priorities and formulate joint strategies over a medium term period of three years or so. The aim in departments will be to develop strong relationships between research and practice. Leads for clinical research might need to be identified across departments or perhaps clinical areas.

These joint plans provide a basis for ALF funds to be directed to clinics with future funding linked to evaluation of research projects.

It will not be easy to relate departments and perhaps links will vary from area-to-area. Local departments should find their own way in relating to departments. Uniform structures across institutions would not be appropriate given the different clinical areas and relationships required within each. But there does need to be some compulsion to form ties. One suggestion is that:

> ‘A pre-clinical academic representative should be regularly invited to the board of each university hospital clinic to increase understanding, diminish possible bias and assist in establishing contacts between hospital clinics/clinical departments and pre-clinical departments’.

Perhaps this should work the other way too, with clinical representatives attending academic meetings. Clinical and academic departments (based in Malmö and Lund) need to explore ways they relate to one another. Different departments will choose to shape the way they work in different ways.

The boundaries of departments and collaboration might change
One of the key insights from researchers and clinicians based in Malmö and Lund is that, from their perspective, organisation is temporary; the mission of relating research and service transcends institutions. Although the previous section concentrated on relations between academic and clinical departments, it may be that over time the boundaries of researchers and clinicians will change.

The development of clinical research and development may contribute to the process of changing traditional boundaries. To develop clinical research, one group asks:

> ‘Have we got the right kind of local organisation in place, the right teams? Today departments are administrative structures rather than scientific homes and in that sense are becoming increasingly obsolete’.

Developing future capacity for clinical research

Quite a few people have their eye on the future and think that an initiative to develop clinical research and development has to take a long view. The organisation needs to think about ways to develop future researchers as well as incentives for clinical research activity in the future. Some suggest the organisation should:

> ‘Increase the value of research qualifications in the appointment of senior clinical positions [and] the number of part time research positions.’

Some thought should also be given to medical education and training.

> ‘In order to stimulate activity and create a focus for clinical research, all physicians undergoing specialist training should be offered an option of 12 months CRD activity. This would strengthen the internal CRD culture as well as help to increase academic competence outside university hospitals.’

Another idea with short and long term implications would seek to change the education culture of doctoral students. A series of compulsory seminars could be held for research students. These would be based around clinical problems, presented by a clinical tutor. Groups would contain basic scientists, clinicians and others, and would help build a culture and mindset of the need for a strong relationship between research and clinical endeavours.

Conclusions

The structural fragmentation between university and health sectors has been increasingly recognised in recent years. Performance management for research and service is quite distinct. They pull in different directions making it difficult to hold together and coordinate the different strands of their interdependent mission.

Recently there has been a renewed interest in the ability of clinical and organisational partners to work together as health systems seek to improve the application of knowledge and the quality of services. One of the things this report shows is that creating capacity for clinical research will involve more than bringing structures together.

Understandably, over recent years there has been some cultural fragmentation between clinical and academic spheres. It is no longer routinely the case that researchers in the medical faculty are concerned with clinical issues or that clinical heads are concerned with developing research. While all parties are serious about developing clinical research, the cultural change that is required will take time and will not occur overnight.

It is important that structural approaches to align clinical and academic institutions and departments are coordinated with bottom-up approaches to

develop more meaningful engagement between groups and individuals. The concern of both is to build a bridge between clinical and academic activities. Care must be taken so that problems encountered when digging the Channel Tunnel are avoided, when those digging from either end missed each other in the middle.

The development of new boundaries for joint working may result in different constellations than currently, which are based on a traditional division of labour. Perhaps future research will be more problem based than in it is currently.

There was a bias in discussion toward medicine and little discussion of other disciplines. There is a great deal of scope for more inter-disciplinary research, particularly links with nursing, which is developing strong footholds in patient centred research. In time, other professions may join Clinical Research and Development Groups. And perhaps so will other disciplines that contribute to an understanding of human and social behaviour, such as sociology, psychology, management and organisational behaviour.

The aim of engaging academic and practitioner perspectives is not easy, but the prize is great. The strength of the relationship between the two will play an important part in achievements in health services and related research and education in Skåne.

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