

Making Research Happen in your Department

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The specialty of anaesthesia and pain medicine is at a crossroads. The recently debated “Crisis in Academic Anaesthesia” has highlighted the necessity for anaesthesia and pain medicine, globally, to urgently develop its academic profile(1). A paradigm shift in our approach to anaesthesia research is required to preserve the specialty as an academic discipline. Current trends are not encouraging- original anaesthesia research articles originating from the UK may disappear within the next ten years(2,3). The old adage, still espoused by cynics, that research in anaesthesia is a luxury and not a necessity should be consigned to the same bin as the “flat-earth” theory.

The principal barriers to establishing successful research are threefold :

- a). Anaesthesia outcomes are poorly appreciated by the broader medical community, partly due to ignorance and partly because we are victims of our own success- we have made anaesthesia an incredibly safe specialty and hence the cardinal adverse outcome of death is rarely observed. Hence, our research may be perceived as unimportant in terms of long term health benefit.
- b). Extremely low levels of funding. US anesthesiologists secure less than 1% of the annual funding allocation from the National Institute of Health, and in the UK the figure secured from the Medical Research Council is less than 0.3%. In Australia, health-research funding as a percentage of GDP lags behind the OECD average, but recent steps have been taken by the NHMRC and the federal government to address this gap(4). Recent successes by the ANZCA CTG in securing NHMRC funding is a strong signal that we are tackling these issues proactively.
- c). The lack of adequate resources. There are not many hospital departments that have the operational capacity to provide protected research time to foster academic activities of staff members. This results in much research activity being done on personal time, a situation which becomes unsustainable as this activity grows.

Establishing research in your department, and its growth and perpetuation are daunting challenges for the uninitiated. The key elements to achieving this lofty goal are a). local expertise b). interdisciplinary collaborations c). good ideas d). support (practical and moral) from your colleagues e). the provision of protected research time for dedicated individuals f). sufficient funding and g). tuition from a knowledgeable source in the complexities of the academic world. In this talk I hope to demystify some of the academic jargon (Good Clinical Practice, Research methodology, Research Governance, Clinical

Trials Registries) and provide practical advice on how best to get the Research airplane off the ground and to keep it in the air ! I also hope to emphasise the importance of a good sense of humour, a thick skin and the ability to grin and bear it.

1. Schwinn DA, Balser JR. Anesthesiology physician scientists in academic medicine: a wake-up call. *Anesthesiology* 2006;104:170-8.
2. Feneck RO, Natarajan N, Sebastian R, Naughton C. Decline in research publications from the United Kingdom in anaesthesia journals from 1997 to 2006. *Anaesthesia* 2008;63:270-5.
3. Pandit JJ. Anaesthetic research in the United Kingdom: publishing or perishing? *Anaesthesia* 2008;63:225-7.
4. Khachigian LM. Health and medical research funding: an investment in Australia's future. *Med J Aust* 2006;185:348-9.