Submission from Dr Bryan Walpole for an Academic Medical Centre (AMC) in Tasmania.

There is an important, immediate need for all Tasmanian patients to receive better, safer and more efficient care from highly competent health professionals using existing knowledge and resources. This responsibility needs to be shared between health administrators, front-line health professionals, and academic teachers and researchers. We need a new learning institution.

I suggest that Tasmania needs one statewide Academic Medical Centre (AMC),say, the *UTAS Medical Center*, (with three statewide campuses)as the RHH model has been superseded, Royal is an anachronism,its also divisive along the north/south line.

RHH treats far more than Hobart, it's a statewide institution, and has a wider role than hospital, with its outreach and ambulatory services. Also, there is an urgent need to bring all state health institutions under one administration.

There is no universally agreed definition of an AHC, but most are alliances of geographically co-located entities, with varying descriptions of what they actually do or hope to achieve. However, all AHCs are committed to a tripartite mission of advancing research, education, and patient care togetherr.

Menzies, Utas med school, and RHH are within cooee, but not formally united, and staff are independently appointed, rather than having a joint appointment to all three, the *Utas medical center*

Clinicians, academics, teachers & administrators, need to work together, with academics in leadership roles, as through research they are aware of trends and quality. This is the pattern elsewhere.

Doing what works, properly, first time saves money.

Australia has several such models, RMH, WEHI and Unimelb, BakerIDI, Alfred and Monash, to name two outstanding successes.

Nuffield, Oxford Uni, Radcliffe & Churchill hospitals are one institution in Britain, similarly

Cambridge Uni,Wellcome trust, and Addenbrookes hospital are a group

USA has many academic centers. Harvard, Johns Hopkins is one.

At an AMC, clinical discussion centers around Quality, but here, its mostly budget, & quality only occasionally gets a look in.

The success of AHCs to promote quality learning health systems requires structural alignment and functional integration of research, education, □and clinical service delivery. Accountability for each of these three elements, which are currently held □by different agencies (UTAS , Menzies (and Clifford Craig), DHHS/THO , need to be be brought together under one integrated learning health framework. This will not be easy. It requires both bottom-up leadership by local academic and clinical leaders and top-down leadership from government departments, statutory bodies and health service administrations. Trust is currently missing here as past attempts have failed, leaving only an MOU in place, with no power, only influence.

An issue that has arisen in the past is that Universities and research institutes are concerned that some of their research funding may be diverted to health service delivery, while health services have concerns that the reverse could occur, especially given the potentially large scope of clinical and health services research that will be required to drive evidence implementation and innovation across the entire health care system.

This uncertainty impedes a concerted effort to□ bring applied clinical and health services research □into both mainstream academia and service delivery, and it is this that will provide the cost efficiencies, as academics know what works (is evidence based) and what doesn't, so health care becomes better, less expensive and more efficient with time.

Its time for a new look for Tasmanian health, the ***UTAS Medical Centre***.

.□Bryan Walpole (emergency physician) [redacted]