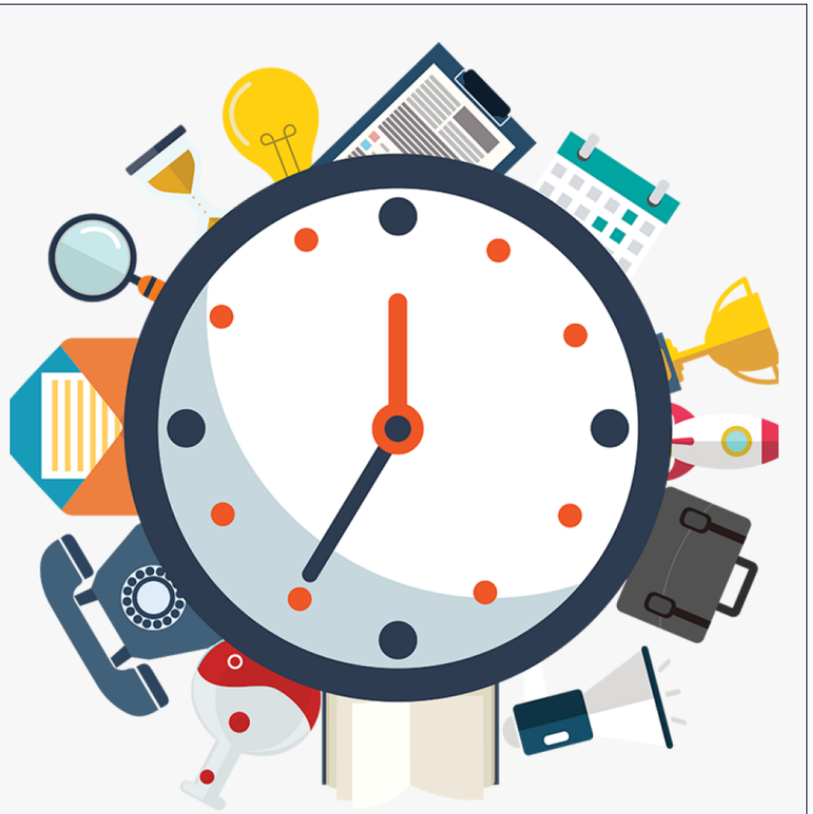
PROTECTED TIME

cancer trials ireland

June 2021



Introduction

Over 50 stakeholders in cancer care and clinical research came together for an online meeting in late March, 2021. The objective of which was to clearly articulate the obstacles to protected time in Ireland with a view to identifying achievable and tangible next steps. The session was chaired by Eibhlin Mulroe, CEO of Cancer Trials Ireland, and was an interactive and dynamic exploration of the obstacles to clinical research for Irish oncologists and other clinicians.

Eibhlín Mulroe, CEO
Cancer Trials Ireland

Ireland currently has just 41 medical oncologists when it needs at least 100 in order to deliver the standard of care, by 2028. (Ireland also has fewer radiation, & surgical oncologists, and haematologists than needed). The impact of this on cancer outcomes is compounded by the lack of protected time for clinical research, a Cancer Trials Ireland Stakeholder Session heard recently.

Session recording with presentation (within video) available here.

In summary:

There are not enough Medical (& other) Oncologists in Ireland

- In spite of plans to bring in 4-5 more medical oncologists in 2021—which is unprecedented in itself, we are still well short of international standards, which project we need 100 medical oncologists by 2028.

We need a culture of support for research in Irish hospitals

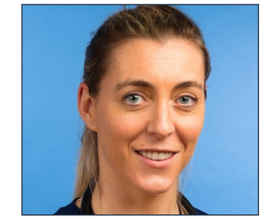
- The culture of support for research (and protected time) is lacking in the Irish health system, and needs to be built up.

Existing supports are not centrally structured

- They are ad hoc, difficult to access, and difficult to implement even where funding/support is awarded.

Charity sector funding

> “Exquisitely rare opportunities for protected research time.”
>
> **Dr Dearbhaile Collins, Irish Cancer Society Research Leadership grant recipient**



Dr Dearbhaile Collins, is a consultant medical oncologist in Cork University Hospital and recent winner of the Irish Cancer Society Clinician Research Leadership Award, which affords her protected time in the order of two days per week, without clinical duties. Dr Collins spoke of the “exquisitely rare” opportunities for protected research time, such as fellowships and awards, but also highlighted the inherent difficulties of delivering research and academic trials in a clinical environment without protection.

Having returned to Ireland almost four years ago, Dr Collins explained that her focus has been to ensure patients can access translational research and investigator-initiated clinical trials. Having protected time to facilitate these initiatives can be challenged by “red tape” - contract and administration difficulties, and locum shortages. “Workload drift” into the protected research time can also be a problem, as patients are “always the priority”, Dr Collins noted, adding that clear pathways and structures are needed to mitigate against this.

Training schemes and the Health Research Board have long supported academic pathways, she added, but there is no priority for academic research in a HSE contract “and so it doesn’t all add up”. Academic consultants are critical to ensuring research innovation, talent development and acquisition, and ultimately Ireland’s international research reputation, “putting us on the map”, she said.

COMMENTS

Given the meeting took place on Daffodil Day, Ms Mulroe noted the ongoing importance of public fundraising in providing protected research time, such as with the Irish Cancer Society grant. Dr Collins agreed that cancer charities have stepped in to do so, but affirmed that this should not be their duty or their role. “It shouldn’t be the charities or the public that are doing this, this should be led by other entities that are not public-funded.” In terms of the economic impact of clinical research activity, Dr Collins added that economists are “not at the table in these discussions” despite clear socio-economic benefits; it would be “amazing to measure what investment in clinical trials can lead to and what investment in consultants can lead to”.

HRB: Existing grants & supports

> If there are not enough clinicians or not enough research nurses, there will be no time for research.

Dr Annalisa Montesanti, HRB Programme Manager for Health Research Careers

Dr Annalisa Montesanti, outlined what she sees as the key drivers in supporting clinicians in good quality research and innovation, such as the health delivery environment, with a balance achieved between demand in clinical service and other key activities, e.g. research, that are key for better health delivery. “If there are not enough clinicians or not enough research nurses, then there will be no time for research.” A specialty culture supporting research from training to senior levels must also be fostered, while role models and mentors are essential in terms of providing guidance and support of the next generation of research active clinicians. The system must also be flexible, she stressed, in order to allow time for research.

If the system supports these individuals by providing research protected time, then the HRB can better support them in conducting research by providing funding for research, training, infrastructure and support for other researchers or clinicians, such as additional research team members. The HRB supports clinicians at different career stages through the research career framework, which was developed in 2016 and revised in 2019 and allows a clear differentiation between two strands along the career journey for either academic-based researchers or any health and care practitioner.

But Dr Montesanti agreed that even where protected research time is offered, it cannot be guaranteed; “if the priority of clinicians is to treat patients, which it should be, then the protected time written in a contract doesn’t mean anything. We have to work together with the system, including the HSE.” When employing new consultants, research should be embedded in the delivery work of any clinicians, she concluded.

Professor Roisin Connolly commented that different models exist, (e.g. Mayo Clinic focus on clinical care vs. John Hopkins, where junior clinicians were offered protected time early on. “We need to do this if we want to go in the direction where we have more clinical research and more innovation in the country,” said Prof Connolly.

Dr Montesanti said this is why the HRB is focusing very much on training, believing that clinicians should be exposed to research early on in their training. The Irish Cancer Society’s Head of Research Dr Robert O’Connor agreed, saying that while identifying and fostering the clinicians suited to research is important, the network around them is “absolutely critical”. “If they don’t have that, they can’t make best use of their time.”

Prof Maccon Keane, UHG / NCCP

> If there are not enough clinicians or not enough research nurses, there will be no time for research.

Prog Maccon Keane, NCCP Board, UHG, NUI Galway

Prof Maccon Keane presented on behalf of HSE National Cancer Control Programme (NCCP). He began by stating that the gold standard of any treatment delivery to a cancer patient is essentially a clinical trial or the offer of a trial, even on the control arm.

He said the issues are clear: Ireland has just 41 consultant medical oncologists, when 100 are needed to deliver requirements (by 2028). “The opportunity for people to run active research programmes, even if you get protected time, is almost impossible.” The other major impediment is the consultant contract, which has no mention of research. “There is an illusion you have the right to do research but there is absolutely no requirement.”

And while many appointees have been keen on research, Prof Keane noted this will not necessarily always be the case and practitioners can become so frustrated / disillusioned with the system that they turn to private practice.

Ireland’s outdated physical and IT infrastructure is a major impediment to providing the standard of care in oncology, let alone participating in clinical trials, continued Prof Keane. Progress has been uneven; while the current grant cycle moves towards a core funding structure, the total amount of the grant is less than what was offered in 2001. “Core funding is about staff, and staffing is expensive. This needs to be addressed by the NCCP & HSE.” Other funding models also need to be explored as an alternative to industry-funded research, similar to NIHR in the UK.

The NCCP understands this, and its research committee is currently being re-established, noted the professor. “The best research is what’s delivered at the coalface where patients are actually treated.”

Report	Consultant Medical Oncologist WFP comment
National Cancer Strategy 2006 (A Strategy for Cancer Control in Ireland) Evaluation Panel Report (5) (2014)	34 Consultant Medical Oncologist’s in place in 2014. • Approximately 60 Consultant Medical Oncologists at a minimum is required
Report of the National Task Force on Medical Staffing (6) (2003)	45 Medical Oncologists by 2013 to achieve a 1 Medical Oncologist per 87,000 population ratio or 1.15 per 100,000
NDTP: Demand for Medical Consultants and Specialists to 2028 and the Training Pipeline to Meet Demand (7) (2020)	41 Consultant Medical Oncologist posts in place n 2020 i.e. the equivalent of 1 Medical Oncologist per ~100,000 population in Ireland • By 2028, a further 58 Medical Oncologists are required • A total of 99 Medical Oncologist’s is required by 2028

(Extract from Prof Keane’s presentation)

Summary of Prof Keane’s problems & possible solutions

Problems

- Manpower: Ireland has just 41 consultant oncologists, when 100 are needed to deliver requirements by 2028
- The opportunity for people to run active research programmes, even if you get protected time, is extremely challenging.
- The consultant contract contains no mention of research.
- Preferences for research are not guaranteed - while many oncology appointees to date have been very keen on research, this is not a certainty for future appointees will not necessarily be the case going forward
- Private practice tempts experienced, frustrated practitioners away
- Private hospitals are not even considered in research projects, in contrast to the US
- Infrastructure: Ireland’s health service structure (built in 1950/60’s) does not lend itself to delivering standard of care, or clinical trials.
- Oncologists and other HCPs are limited by healthcare and IT infrastructure.
- HRB funding is available and the current grant structure is moving towards a more core funding-type model. The total amount of the grant is less than what was offered back in 2001.
- Ireland is a small country: This makes it difficult for us to compete internationally, as pharmaceutical companies prefer bigger sites.

Possible solutions

- Critical mass: Numbers are needed in order to address the deficit of consultants, improve the overall standard of care and free up time for research.
- Protected time: Meaningful solutions to protected time are required.
- Academic clinicians must be supported as they will ultimately be the leaders in their own fields and their work will ensure that research becomes ingrained in the system.
- Merit award: Good research should be financially rewarded so that clinicians benefit from funds that promote the development of science.
- Clinical research facilities: These will be key to driving research as hubs if not care delivery sites.
- Leadership through HSE and NCCP research committee (re-establishing)
- Novel funding models: Funding structures similar to the NIHR in the UK would be a step in the right direction. This would allow the background support for research to be funded in addition to consultant awards. It would also allow for studies to be carried out that have no obvious commercial value, such as determining the correct dosage of already-available drugs etc. This was backed up by a comment from an attendee, who noted that radiation oncologists lose out on research opportunities because they do not have industry support.

Career demands are Expanding

> “Burnout is becoming a bigger problem as consultants try to do it all without the necessary support

Prof Seamus O’Reilly, Vice-Clinical Lead, Cancer Trials Ireland

The final speaker was consultant medical oncologist Professor Seamus O’Reilly, and his talk was entitled “Protected time is an essential component of healthcare”.

The traditional consultant role is evolving, he explained; the desire for the near future is one who is involved in patient care, education and clinical research, as well as quality improvement, administration, ethics, regulation, and policy development and implementation.

“Having protected time recognises the importance of this and also encourages people to get involved in it.” Ireland participates in far fewer clinical trials than our European counterparts, and Prof O’Reilly said this relates to many of the issues already discussed.

Slaintecare recognises that integrating research into cancer care is essential but efforts to improve the current situation are aspirational and often difficult to implement, he acknowledged; “it will take advocacy on our part in order to implement change in teams of the future.”

Prof O’Reilly concluded by stating that the concept that all consultants should do the same is “outdated and wasteful”. Burnout is becoming a bigger problem as consultants try to do it all without the necessary support. “Flexibility and protected time will allow our human capital to maximise their potential and help us to retain them.”

The consensus was that this is a “watershed” moment for reform and reflection on the future of the health service, including the funding and the feasibility of protected time for clinicians, given the enormous change effected across the health service in the past year during the pandemic. With this already mapped out within Slaintecare, buy-in and concrete action from decision-makers and policymakers is required for this to become a reality.

Potential next steps:

Grow the number of Medical Oncologists in Ireland

- Formally assess the economic impact of medical oncologists and build the case for radically increased number of appointments
- Set up a Task Force to advocate for more staff and invite NCCP, HSE and DOH to join it.
- Raise public awareness of the shortage of medical oncologists (& other oncologists; haematologists) / highlight better patient outcomes associated with trial participation - even at sites where trials are run.
- Track NCCP appointments

Foster a culture of support for protected time

- Monitor & contribute to the NCCP research committee, once re-established.
- Formally recognise mentors, and celebrate great careers
- Prioritise early career exposure to research among clinicians
- Celebrate positive developments - e.g. oncologist contracts offered with protected time included

Centrally structured support

- Map existing supports, i.e. HRB / charity grants; hospitals / sites offering protected time contracts.
- Assess administrative obstacles to protected time grants
- Identify international best practices for protected time
- Formalise mentor programme

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Together, we’re finding answers to cancer.