WEBVTT

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00:00:04.650 --> 00:00:17.160

Peter D'Onghia: Hello everyone and welcome i'm Peter D'Onghia publisher for Wiley’s research program in our region and we're so glad to see you all here for the first day of this widely researched and now first virtual one in Australia.

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00:00:18.300 --> 00:00:28.140

Peter D'Onghia: And although we are very true this year and joining from many different places in the spirit of reconciliation, while he acknowledges the traditional custodians of country throughout Australia.

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00:00:28.530 --> 00:00:38.010

Peter D'Onghia: And the connections to lansing community we tie our respect to their elders past and present and extend that respect to all aboriginal and Torres strait islander papers to done.

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00:00:39.780 --> 00:00:53.580

Peter D'Onghia: So now just a couple of logistical notes before we get started, so please use the chat to let the tech team know if you're having any issues, please put any questions for the speakers into the Q amp a option in the menu on your screen.

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00:00:54.690 --> 00:01:00.570

Peter D'Onghia: And if you haven't already are really encourage you to it's all explorer online event guide to see who else was attending.

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00:01:01.050 --> 00:01:09.570

Peter D'Onghia: download our speakers slides and redeem your virtual gift bag, which includes the two excellent the books, you can see, on the screen there before an investor in my people.

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00:01:10.770 --> 00:01:19.230

Peter D'Onghia: Also on today's sessions have been recorded and will be available as soon as possible in the online event guide, so please download that, as we said look around.

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00:01:20.490 --> 00:01:27.930

Peter D'Onghia: So today and Monday we aim to cover some critical and topical issues, issues that are pervasive and affect each and every one of us.

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00:01:28.290 --> 00:01:37.050

Peter D'Onghia: Today, after a welcome keynote we start with the hk crisis moving into the Bush five crisis next Monday, we discussed intersectionality.

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00:01:37.620 --> 00:01:48.930

Peter D'Onghia: covert and finally open access our expert panelists will bring their professional and passionate views to the fore and reflect on her research does affect and can better effect as society.

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00:01:49.800 --> 00:02:01.980

Peter D'Onghia: So we'll jump straight into it and, with that it's my pleasure to introduce Wiley's executive Vice President for research Judy versus for our opening keynote on the thing for this seminar, the role of research in times of crisis.

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00:02:18.810 --> 00:02:30.780

Hello everyone so nice to virtually see you, my name is Judy vs and I have the I call it the absolute privilege of leading wiley's research publishing and platforms business.

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00:02:31.410 --> 00:02:42.450

And it is my pleasure to welcome all of you to wiley's research seminar, and I am recording this bringing it to you live from my apartment in New York City.

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00:02:42.840 --> 00:02:53.370

Where yesterday was snowing like crazy today it's sunny but more snow on the way, and you know candidly I really wish we were all in the same room together.

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00:02:54.480 --> 00:03:04.350

Not just because it's cold and going to be snowing in New York, but also because I it's interesting with Kovac I don't know if, in the past we ever realized.

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00:03:04.680 --> 00:03:14.790

What a privilege, it was to simply gather together in person to discuss compelling topics and this this program that you.

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00:03:15.240 --> 00:03:24.540

you're going to be part of the theme is incredibly timely because it's all about the role of research in times of crisis.

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00:03:25.020 --> 00:03:37.950

And I don't know about you, but the last 12 months, sometimes it's been hard to find a time that didn't feel like a crisis, I mean let's face it, I mean we are in the middle of.

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00:03:38.370 --> 00:03:45.750

A once in a lifetime pandemic a global pandemic and let's all hope it's an only once in a lifetime global pandemic.

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00:03:46.320 --> 00:03:50.640

But the truly incredible thing just from a pure research perspective.

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00:03:51.300 --> 00:04:05.790

Is the way the scientific and scholarly community has come together to meet the challenge of this crisis, I mean these last 12 months and it's I guess it's really almost 12 months has been truly an amazing example.

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00:04:06.360 --> 00:04:14.430

Of the extraordinary power of research to solve the global challenges that are facing us now, and that will continue to face in the future.

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00:04:15.060 --> 00:04:24.750

So throughout our seminar program you're going to hear from a really great lineup of speakers on how the research community is solving, not just for.

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00:04:26.460 --> 00:04:36.960

but also other critical issues, issues like tackling the aged care crisis inclusive city and representation and research itself and.

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00:04:37.470 --> 00:04:48.150

And that is a topic that is very near and dear to my heart, but also climate issues and for those of you in Australia, like the Bush fires that you have been dealing with.

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00:04:48.690 --> 00:04:56.580

I mean the way what when I think about it, the way their research community has risen to the challenges of the last year.

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00:04:57.390 --> 00:05:06.060

are even more incredible when you think about the fact that everyone's been dealing with impacts of the pandemic.

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00:05:06.720 --> 00:05:15.900

On a personal level, as well as on a professional level, and then, when you also factor in the opportunities in technology and workflow innovation.

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00:05:16.620 --> 00:05:31.140

To larger industry trends like accelerating the move to open research, we were already in the middle of a bunch of big changes and transformation before the pandemic even came into the mix.

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00:05:31.740 --> 00:05:42.180

And, as my dad would say we have a lot on our plate, and so over the next 20 minutes, or so I want to share with you some of the trends we're seeing.

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00:05:42.870 --> 00:05:54.000

The ways we're working through the challenges facing the research community and then have us kind of look through these challenges, look at them like through a lens of opportunity.

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00:05:54.900 --> 00:06:07.950

And yes, as I mentioned we're in the midst of this once in a century global pandemic, but by and large, a lot of the issues that we are facing within this research ecosystem right now.

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00:06:08.490 --> 00:06:20.310

Is stuff that wasn't created by the pandemic that believing the pandemic is definitely created new pressures of the systems, but we have been dealing with a lot and working to drive.

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00:06:20.910 --> 00:06:31.380

A lot of a lot of change so before I jump into a bunch of these challenges to work through together, I really wanted to just take a moment to celebrate.

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00:06:31.800 --> 00:06:44.040

Where we are right now I mean 12 months ago, low could have predicted that nearly overnight, we would shift to a completely virtual workforce.

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And and and gosh i'm happy I realized back and for us it was in March, where we predominantly went to lock down.

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00:06:52.950 --> 00:06:59.550

I I would have never thought it would be a year later and we'd still be in the same situation.

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00:07:00.270 --> 00:07:13.230

I mean, who would have also imagine that real time collaboration from researchers at different institutions across continents across disciplines would all come together as reraise to understand.

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00:07:13.740 --> 00:07:25.980

This virus that affects so many people worldwide and and Who among us would have expected to be dealing with the economic impacts of this global health crisis.

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And, as we all know too well there's a lot of work to be done, but if you think about celebration, who could have actually predicted, we would have not one.

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00:07:38.850 --> 00:07:51.570

But multiple vaccines just one year into the crisis and i'll tell you, to me it puts an exclamation point probably multiple exclamation points after the importance of what we all do.

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00:07:52.080 --> 00:07:57.990

And I cannot be more proud to be working with you and our many partners in the research community.

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00:07:58.800 --> 00:08:07.650

And the midst of lockdowns make chick tome offices, if you can see my I actually have a coffee table on top of the dining table, because New York you don't have the luxury of a.

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00:08:07.860 --> 00:08:15.000

New York apartments you usually have a luxury of an office, but you know we're making do with what we have and then you have people.

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00:08:15.510 --> 00:08:23.670

My kids are grown so I don't have the responsibility of caregiving at home, but online schooling for your children, and you know.

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00:08:24.060 --> 00:08:30.870

You know, family, friends health issues, etc, just so much going on and in the midst of all this.

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00:08:31.740 --> 00:08:43.860

This community, I mean you, you wrote papers you conducted your research you taught classes online you created virtual conferences, where researchers could connect and learn and find collaborators.

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00:08:44.730 --> 00:08:56.940

to gather this this ecosystem you kept the scholarly and scientific community exceptionally strong when it was most needed.

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00:08:57.690 --> 00:09:06.390

And all of that work contributed to where we are today from a vaccine perspective, as I mentioned, and I just wanted to make sure we step back and celebrate that.

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00:09:06.870 --> 00:09:14.070

You know, sometimes I think we get so caught up in the issues and challenges which I was like to call opportunities of the moment.

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00:09:14.460 --> 00:09:25.800

That we forget to step back and reflect on all the exceptional stuff that's been accomplish and i'll tell you I really wish I had a crystal ball to predict what's in front of us.

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00:09:27.210 --> 00:09:37.950

But you know it's it's fascinating when you think of just our own research ecosystem we've had a lot of interesting practice and trying to navigate the unknown.

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00:09:38.580 --> 00:09:56.100

To help us drive to a better future, and so let me just start talking about a bunch of the kind of key areas, I wanted to get into obviously this whole unpredictability across the ecosystem that that we live in, has been increasing for years, I mean even before.

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The pace of change in technology shifting demographics among researchers, the rate of globalization acceleration of discovery and just the absolute explosion of research information.

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00:10:11.880 --> 00:10:25.620

It was already radically and fundamentally changing how research is conducted and communicated so probably best for us to start with this state of research and development.

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00:10:26.340 --> 00:10:40.110

And we continue to see really strong investments in r&d from governments and private funders, of course, but even even more so from corporations and let me just use the US as an example.

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The National Science Foundation reported that business funding of R amp D represents about 70% of total r&d spend just an interesting statistic.

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00:10:53.520 --> 00:11:04.140

and geographically, the Asia Pacific Region and an obviously very much in particular, China is playing a significant role in the global research funding landscape.

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China china's rate on growth rate, an r&d investment over the past decade.

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00:11:10.170 --> 00:11:20.280

Absolutely dwarfed the rest of the world's and it's now sitting neck and neck with the US as leaders in terms of total overall R amp D spend.

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And of course we have no idea how coded and the subsequent economic impacts are likely to affect this and certainly in the short term we're anticipating.

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00:11:31.500 --> 00:11:43.020

Some constrained budgets, but how this translates into the long term impacts are still a big open question and no matter what the funding situation is.

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00:11:43.560 --> 00:11:52.260

One thing we expect to continue is the increasingly important role technology will play in this research ecosystem.

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00:11:52.740 --> 00:12:01.950

I mean we've been seeing it for years and we're continuing to see technology change the way research gets done and gets shared.

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00:12:02.790 --> 00:12:15.360

as it should, as it should, as we all know, and this is especially the case because the data sets that are generated through those technologies in turn create the need for new capabilities within the research organizations.

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00:12:15.870 --> 00:12:28.860

So data management and sharing data hosting these are these are just a few of the challenges that organizations face now that just wouldn't have registered as a concern in the past.

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00:12:29.490 --> 00:12:42.990

And on the publishing side better statistical review more effective ways of displaying data and facilitating data mandates are just some of the issues around data that we're, seeing as publishers.

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00:12:43.710 --> 00:12:53.490

and clearly supporting open data is particularly a big deal for us in fact across the scientific publishing industry we recognized.

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Last year it's hard to believe 2020 is last year as research data year and had been launching programs to better enable data sharing linking and citation.

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00:13:05.310 --> 00:13:13.230

Helping journal editors in our society partners understand how open data can and should factor into publishing strategy.

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00:13:13.890 --> 00:13:25.350

that these are areas that we are spending a great deal of time on, so the opportunities in technology also extend to whole workflow perspective.

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00:13:25.890 --> 00:13:40.410

there's lots of opportunities for optimization where we can make changes to enable researchers to save their valuable time, so they are focused on their research.

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We were already seeing editors and reviewers struggle to balance the many demands on their time and with the pandemic many researchers.

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00:13:48.960 --> 00:13:57.150

At at homeschooling and other caregiving roles to their professional workload, which was already large and competing for for their attention.

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So just in the past year we've developed technological and workflow solutions, this is from the wily respective solutions like.

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learner proofing processes contemporary journal design and a what we call like right fit copy-editing approach and all for the purpose of saving time in the publishing process while making sure we maintain the highest quality.

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And so, as a result, we can now publish research up to 14 days faster 14 days, sometimes isn't Sam all that much faster but.

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Again, I put so much in the reference of code right now every single day that you, you free up is a day that a researcher to be doing something to make much broader impact.

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And so we're also helping our editors report refer more manuscripts so papers can find the right journal more quickly.

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And our new smart submission platform is making life a lot easier and simpler for authors, so I probably rambled a lot there, but these are these are just a few of the ways that we believe we can save.

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00:15:07.740 --> 00:15:17.790

Our researchers precious time and making sure that they have time freed up to focus on what is most important, which is their research.

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00:15:18.450 --> 00:15:30.810

So, and at the research level another thing that we are continuing to see in the future is the rise of multidisciplinary interdisciplinary and convergence research.

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Global challenges won't be solved with a traditional siloed approach to research.

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We need convergence research, which involves integrating what are traditionally the separate disciplines.

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With the focus on more positive societal impacts and let me give you an example, so think about some of the research or research that's happening around disaster resilience.

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00:15:56.880 --> 00:16:06.780

You have social and behavioral scientists, working with engineers emergency managers operations scientists planners and others to create knowledge.

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00:16:07.410 --> 00:16:11.040

and design better action plans for when disaster strikes.

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00:16:11.730 --> 00:16:22.470

Or you know, think about the growing interest in the academic community about traditional fire management practices among indigenous peoples and you're going to hear more about this later today.

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00:16:22.890 --> 00:16:34.560

And this type of integrated research and so many other projects like it will need to be publish to make sure it can have the maximum impact worldwide.

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00:16:35.310 --> 00:16:41.790

And as i'm sure all of you know, right now, we don't have the systems in place that we need.

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00:16:42.600 --> 00:16:54.090

On the to do this, and on the publishing side, we need more publishing outlets to expand the scope of those that exists to cover content that's not restricted by traditional disciplines.

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We need a different approach to peer review so that we're drawing on the right expertise to validate these research findings.

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00:17:01.260 --> 00:17:11.940

And we also need to to rethink how we communicate published research so that we're broadening out the readership beyond the traditional disciplinary constraints.

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00:17:12.420 --> 00:17:27.570

And I suspect that at academic institutions and among research funders similar rewiring is going to need to happen, so we can create the conditions where convergence research can thrive.

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00:17:28.320 --> 00:17:39.240

So whatever the future holds I mean it's likely to be shaped by these and many other trends, I mean what trajectory will the open research movement take.

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00:17:39.930 --> 00:17:46.860

How much security and other political concerns restrict international research collaboration and sharing.

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00:17:47.670 --> 00:18:01.710

The extent to which corporations versus academic institutions includes the global research agenda, I mean, these are only a few of what I would call kind of the pushes and pulls on the whole future of the research ecosystem.

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And then add to that the economic uncertainty that is stoked by the pandemic and what impact that will have on the research landscape and it's more and more the case that the future is uncertain and we desperately need that crystal ball.

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00:18:22.110 --> 00:18:30.300

But, but the things in it and it's funny because I’ve always been on, you have to focus on what you own and control, given that the future is uncertain.

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00:18:30.870 --> 00:18:51.360

So the future that we are working to shape at wiley and with our partners and through our collective advocacy activities is a much more collaborative open and exclusive exclusive excuse me, inclusive research ecosystem I can't believe I said exclusive inclusive.

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00:18:52.740 --> 00:19:00.030

And our goal in which matter of fact, and this is a great example of bringing that to life.

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These principles and values are really what prompted our groundbreaking agreement that we had with Germany’s project deal, so a little over two years ago, it seems like a lifetime ago now.

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And that really guys are kind of that and other open access agreement kind of guide what we're doing from a partnership across the globe, to support the open access movement.

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And 2021 actually be wiley's 10th year of gold open access publishing and years yeah, and so it feels especially fitting that we also acquired the major open access publisher gallery earlier this year, which I am.

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00:19:44.430 --> 00:19:49.080

Incredibly excited about it's a tremendous opportunity for us to bring.

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wiley's organization strengths, together with him down ways to combine some of the world's best thinking on open access strategy and create new opportunities for us and our partners to reach deeper into the global research communities, we serve.

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00:20:06.960 --> 00:20:16.770

you'll hear more and this seminar from our open research team about the investments that we are making in a sustainable transition to open access.

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And that's going to take place on I think it's day two of this program, but I wanted to make sure to highlight that so that vision of.

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productive collaboration in the research environment is what guided us to what I call a cooperation agreement with a networking site research gate.

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and research gate is an organization that we prefer previously considered an industry disrupter but as an organization that we count on as a trusted partner.

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So driving a greater emphasis on research collaboration is critically important to us, and then it also is what inspired us to co-sponsor the.

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apex signs price of award for innovation, research and education it's called i'm sure, a lot of you are aware of it, the aspire prize and that's awarded by the Asia.

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Pacific Economic corporation and 2020 was in fact the 10th anniversary of these fire prize.

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which we created with a pack and with Elsevier to recognize young scientist who demonstrate excellence in scientific research and collaboration with their peers from other countries.

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I mean we clearly believe in sustainable models of open access and being incredibly responsive to the wide-ranging needs of the global community.

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We feel that way, because we know that a more collaborative research ecosystem is a more powerful one, and I say that again a more collaborative research ecosystem is a more powerful one.

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00:21:57.420 --> 00:22:03.420

Especially when you think about the uncertainties that we're all facing together as we look forward.

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But fundamentally you can't have a more collaborative research ecosystem until you have a more equitable and inclusive one, and this is, this is a topic that is personally so very important to me around the world, and here in the United States, especially.

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was a really tough year and it sparked very long overdue conversations about systemic biases against people in communities, based on.

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00:22:40.110 --> 00:22:51.900

race, gender, disability and other facets of identity and these biases continue to plague society as a whole and our academic community.

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00:22:52.770 --> 00:23:07.200

And despite a lot of progress research simply isn't as diverse as it should be on a global and a local level, I believe we all fundamentally understand that.

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00:23:07.980 --> 00:23:26.010

Women indigenous peoples, members of the transgender community and many others are completely under represented in research, and let me, let me talk specifically on at Australia and give you some numbers to put things in perspective.

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2018 Australian Human Rights Commission report found that among Australia’s university vice chancellors 74% can Anglo Celtic background.

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While just 2% at a non European background, even though non Europeans made up 21% of the general population at the time.

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None of australia's 39 university vice chancellors had an indigenous background, despite representing 3% of australia's population.

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And these kind of underwhelming numbers play out across senior leaders in business and government as well.

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00:24:08.460 --> 00:24:15.630

But if we think diversifying leadership is enough to advance equity and inclusion in the research community community.

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00:24:16.380 --> 00:24:20.280

If we think our job is done when we fix our hiring practices.

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00:24:21.240 --> 00:24:32.610

We are thinking way too small, we need to consider the broader cultural role that we play and the research community and says in the society at large.

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00:24:33.150 --> 00:24:38.970

I mean just just think think about it, I mean right now we are the ones who are working.

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00:24:39.750 --> 00:24:48.450

To communicate to build and communicate the best available evidence that anyone in the world can use to make informed decisions, I mean that's what we do.

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00:24:48.930 --> 00:24:56.850

And if we weren't doing our jobs, though, I mean the impact is huge, I mean the world would be usually less well informed.

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00:24:57.270 --> 00:25:04.440

And there would be trip can be tremendous consequences and the research that you enable is creating new knowledge every day.

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00:25:04.920 --> 00:25:18.960

and publishers like wiley validated through the peer review process and then connect it with the audience's that we built and continue to grow, to ensure the integrity and the usefulness of that information.

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00:25:19.980 --> 00:25:26.460

If we left the work of validation curation and dissemination algorithms.

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00:25:26.910 --> 00:25:41.610

Where would we be and where would we be we'd be grappling with the same problems that are plaguing the news media, you know ECHO chambers alternative facts undermined authority no credibility, I mean what what a disaster that would be.

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00:25:42.180 --> 00:25:54.210

For scientific information, and you know when you think about scientific information that's the content that represents the very best of what we know to be true.

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00:25:54.900 --> 00:26:05.130

And because of that role, because of our position supporting people who are seeking knowledge we have an obligation to do much, much more.

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00:26:05.580 --> 00:26:17.730

than make sure our own organizations are more diverse, we need to make sure that we are developing a diverse and inclusive body of research that makes the world smarter.

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00:26:18.660 --> 00:26:28.650

So one without the other publishers we're working incredibly hard right now to dismantle this systemic biases and make research publishing more inclusive.

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And we're doing this from growing diversity on our editorial boards to respectfully and sensitively capturing demographic data, so we can track progress and then hold ourselves accountable.

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And we now have a core group dedicated to embedding more inclusive practices into how we work and so you'll hear from us as we learn along the way, because my core belief is together, we can have an even bigger impact, so when you think about the publishing industry as a whole.

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00:27:06.150 --> 00:27:13.740

We need to scale models of peer review that reduce the risk of bias and allow for multi disciplinary validation.

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00:27:14.370 --> 00:27:32.340

Like the double blind peer review commitment that the Institute of physics recently made, we need to invest in platforms that facilitate broader collaboration among researchers so geographic location institutional affiliation or availability of funding is not a limiting factor.

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00:27:33.420 --> 00:27:48.840

Governments and funders need to deliver predictable growing budgets to support r&d multi year commitments that allow researchers and organizations that they're part of to adequately invest in getting new projects off the ground.

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00:27:49.860 --> 00:27:55.680

We need policies designed to encourage encourage global collaboration and not limited.

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We need funders not only to enable sustainable open research practice, but also to support more inclusive practices.

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00:28:06.930 --> 00:28:15.840

higher education institutions need to enable more collaborative work, we need to redesign policies on hiring promotion and tenure.

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00:28:16.260 --> 00:28:24.690

As well as resource allocation to support a greater degree of multidisciplinary interdisciplinary and convergence research.

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00:28:25.170 --> 00:28:35.610

We need to make investments in training and enabling tools to help researchers more effectively conduct and evaluate these new types of research programs and projects.

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00:28:36.390 --> 00:28:58.290

And we need to make better connections between faculty students and postdocs in different departments and disciplines and between researchers and their international counterparts and there's a lot here critically, we need to create a truly diverse and inclusive environment.

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00:28:59.400 --> 00:29:08.640

I think we all know you universities are the place for cancel culture, inclusive, it means every one is valued.

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00:29:09.600 --> 00:29:22.020

Even the people we disagree with we don't we don't need to silence anyone, but we do need to change the power dynamics and to create a supportive environment for people.

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00:29:22.560 --> 00:29:30.570

Who through the diverse background and experiences have a unique point of view, who challenged preconceptions.

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00:29:31.050 --> 00:29:40.830

And those challenges help strengthen our Community, and maybe most important of all researchers need to push the boundaries.

156

00:29:41.280 --> 00:29:59.190

They need to resist the pressures to conform, they need to work with purpose built strong diverse networks and embrace new ideas that are not just about the research focus, but about who does research, how it gets done and how it gets communicated.

157

00:30:00.420 --> 00:30:09.870

I think we all need to push boundaries i've always been big on pushing boundaries, we all, we all have a role to play and a job to do.

158

00:30:10.500 --> 00:30:14.640

Because you know knowledge is a movement that we are all part of.

159

00:30:15.360 --> 00:30:31.740

And that movement is so much stronger when we are all pulling together, I always like to tell my group, you know you've got to get and you got to row together and euro together it's amazing how quickly you can get to where you want to go and set of clothes, I just want to say.

160

00:30:32.760 --> 00:30:37.920

You know, as we look back on this last historic here.

161

00:30:39.120 --> 00:30:48.750

That we at wiley feel exceptionally grateful to be part of the research community and partners was so many.

162

00:30:49.350 --> 00:30:58.140

Incredible scientific and scholarly organizations, each of you in different ways, support the journey of discovery.

163

00:30:58.770 --> 00:31:11.040

And it is that work that moves our world forward so thank you so much for everything that you do, and I very much hope you enjoy the rest of the Program.

164

00:31:11.610 --> 00:31:21.900

Please stay safe and healthy and fingers crossed everything cross I am so looking forward to being in the room, with all of you for this seminar next year, thank you.

165

00:31:27.660 --> 00:31:35.700

Peter D'Onghia: Right thanks again to Judy from joining us from New York, I know she was really disappointed not to be here in person, this year but, as she said, hopefully.

166

00:31:36.300 --> 00:31:46.800

Peter D'Onghia: Hopefully, next year, I think, doing pretty accurately outline the positives in the challenges that the rapid Chinese in publishing a lot about it's a lot of work to do by everyone.

167

00:31:47.820 --> 00:32:00.150

Peter D'Onghia: So we are moving into the next session there will be some Q amp a after eight speaker so please join us at the end of today, though at 145 for an open forum Q amp a where most of our speakers will join us again but.

168

00:32:00.840 --> 00:32:10.230

Peter D'Onghia: By now there'll be some Q amp a after each speaker so our next session today dives into one of the issues Judy mentioned the AIDS crisis.

169

00:32:10.770 --> 00:32:16.620

Peter D'Onghia: Our speakers are going to take us through the current state of play from two different perspectives and first speaker is rick.

170

00:32:17.430 --> 00:32:25.350

Peter D'Onghia: rick well i'm sure be known to many of you, as a previous speaker at one of our seminars and the author of course of the award winning 100 years of dirt.

171

00:32:25.830 --> 00:32:36.090

Peter D'Onghia: And as a senior reporter also Saturday pipe that way he covered social policy national face and science and, notably, I think, especially cover the educator or Commission.

172

00:32:36.570 --> 00:32:45.150

Peter D'Onghia: As mentioned, who have some time for q&a following rick's presentation, so please share your questions in the Q amp is we go and pass on to rick Thank you.

173

00:32:49.020 --> 00:32:57.660

Rick Morton: Everyone Thank you so much, Peter for that I wasn't expecting you to actually mentioned my book, so very pleasantly surprising now, I do have a.

174

00:32:58.890 --> 00:33:10.830

Rick Morton: presentation that I want to share with everyone, and of course the one part of research, the research agenda, but I should have been listening to how to do this properly, but I think I can actually figure it out, based on files.

175

00:33:14.580 --> 00:33:15.150

Rick Morton: There with me.

176

00:33:18.960 --> 00:33:19.590

Rick Morton: Did it.

177

00:33:24.180 --> 00:33:29.280

Rick Morton: I guess what i'm working without I should just mention that I am so I covered aged care as a.

178

00:33:30.510 --> 00:33:33.240

Rick Morton: kind of policy agenda, I get for about eight years down.

179

00:33:34.440 --> 00:33:44.730

Rick Morton: And in that time we've had almost as many hk ministers actually and different kind of age care policy settings that have never really quite gotten to the nub.

180

00:33:46.140 --> 00:33:50.220

Rick Morton: of some of the issues, even though I suspect we knew what the issues were.

181

00:33:51.510 --> 00:33:55.140

Rick Morton: I can't figure this out, but that's Okay, because I can talk without it.

182

00:33:56.790 --> 00:34:07.410

Rick Morton: So I guess i'm going to be focusing on the Royal Commission into aged care, quality and safety, which began in early 2019 and i'm focusing on it, because I think there are many.

183

00:34:09.840 --> 00:34:17.790

Rick Morton: I guess it's important to understand you know research has been going on into age care for a long, long time but access to the data was really hard to get.

184

00:34:18.810 --> 00:34:31.350

Rick Morton: for researchers, obviously, some of them had individual data sharing protocols with particular government departments, the Department of Health the Department of social services when aged care was briefly a part of that department.

185

00:34:32.520 --> 00:34:43.110

Rick Morton: But you can only gather what they're willing to let you gather and one of the most interesting things to me about the Royal Commission is that we had this blend of.

186

00:34:44.580 --> 00:34:52.260

Rick Morton: Research from within the office of the world condition and they had a whole team of people within the office doing their own research, as well as commissioning start from.

187

00:34:52.590 --> 00:34:55.620

Rick Morton: You know the University of Queensland the University of wollongong in the age.

188

00:34:56.070 --> 00:35:05.550

Rick Morton: And the Australian health services research institute, but they also had the compulsion palace, the legal compulsion powers of the Royal Commission that could actually extract data.

189

00:35:06.060 --> 00:35:13.800

Rick Morton: From the government, they had previously not been handed over because apparently we weren't trusted with it or researchers couldn't.

190

00:35:14.790 --> 00:35:24.750

Rick Morton: couldn't be trusted to put the right speed on it, I guess, for the government, and so you know i've written about edge care of eight years now, but I did a two part series I guess in.

191

00:35:26.520 --> 00:35:30.720

Rick Morton: In the middle of last year in September last year, where I was looking at the history of the education sector.

192

00:35:31.320 --> 00:35:38.700

Rick Morton: And this will put some of the research that's come out of the World Commission into into focus, I guess, and the most interesting thing to me.

193

00:35:39.450 --> 00:35:55.770

Rick Morton: As I was kind of sitting down and nothing, all of this out as a journalist was that before 1997 before john howard's legislation that essentially privatized, almost all of nursing homes in the country, the average.

194

00:35:57.090 --> 00:36:05.850

Rick Morton: number of hours for which a registered nurse was funded to work in an average 60 bed nursing home was about 308 hours per week.

195

00:36:06.960 --> 00:36:31.920

Rick Morton: Shortly after those 9097 legislative changes that dropped to about 197 hours per week of registered nursing hours for a 60 bed educator evidence and more recently in 2016 I believe that had fallen down to about 168 registered nurse hours in a week for 60 people.

196

00:36:33.300 --> 00:36:38.820

Rick Morton: Now the Royal Commission when we when we had some of their counselor 15 submissions.

197

00:36:40.170 --> 00:36:48.390

Rick Morton: One in particular from Peter Peter Gray QC he mentioned that you know this everything that we've heard about the education system so far.

198

00:36:48.930 --> 00:37:01.980

Rick Morton: Through the Royal Commission over the course of the year and a half, it is not showing a system that has failed, it is showing a system, and this is almost a word for word quote from him it's showing a system that is operating precisely as it was designed to.

199

00:37:03.060 --> 00:37:08.340

Rick Morton: And I think one of the key things, and this is something i've struggled with in journalism, is that you can't change what you do not understand.

200

00:37:08.970 --> 00:37:20.340

Rick Morton: And I think anyone, as I have had or anyone who's had a relative or a friend who's been in a nursing home can tell you, based on kind of gut feeling and.

201

00:37:20.880 --> 00:37:29.430

Rick Morton: anecdotal evidence that there are not enough staff hours in these nosy nights and there are a litany of other factors that come into quality and safety.

202

00:37:29.850 --> 00:37:40.350

Rick Morton: But really when it comes down to it, staffing is a priority now we've known to some degree, where these filings are over the years, particularly in terms of the number of registered nurse.

203

00:37:41.310 --> 00:37:49.290

Rick Morton: Hours going down and the number of unqualified or very lowly qualified personal care workers just on this kind of stratospheric rise.

204

00:37:51.240 --> 00:37:57.690

Rick Morton: And so we've had a kind of a tipping I guess all the different points over the years, but we haven't really had.

205

00:37:58.410 --> 00:38:17.280

Rick Morton: Just breathtakingly precise quantitative analysis of what these numbers look like, and I remember so in November last year, the Royal Commission released under embargo, but soon to everyone, the most comprehensive analysis that we have ever seen or aged care, quality and safety.

206

00:38:18.330 --> 00:38:29.100

Rick Morton: in Australia, in fact, in world history, in some cases, and what that data deed and this built on some previous research from the University of Queensland that the Royal Commission had also.

207

00:38:30.330 --> 00:38:39.300

Rick Morton: directed and had brought in, was that government run homes, which in this case means state run facilities nursing homes.

208

00:38:40.860 --> 00:38:42.420

Rick Morton: Of 30 beds or fewer.

209

00:38:44.850 --> 00:38:50.910

Rick Morton: In you know kind of moderately urban areas are the best performing nursing homes in the country.

210

00:38:51.660 --> 00:38:59.610

Rick Morton: The University of Queensland research from memory had about I think it was something like 1500 or 2000 individual quality indicators drawn from.

211

00:39:00.450 --> 00:39:08.640

Rick Morton: A whole range of different government data fits importantly, they were paid to do the work and they had the funding to do it because it was.

212

00:39:09.120 --> 00:39:22.620

Rick Morton: An amazing quite an astonishing he work really when you look at the hours that would have gotten into it, and then the Royal Commission itself from within the office of the law condition built on that work and in all, so I think there were about.

213

00:39:23.850 --> 00:39:28.290

Rick Morton: 23 quality indicators that went directly to clinical care.

214

00:39:29.460 --> 00:39:34.200

Rick Morton: And in all but three of them government run state run nursing homes, with the best.

215

00:39:35.670 --> 00:39:40.410

Rick Morton: saver and nursing homes are also the best in terms of human resources management and in terms of.

216

00:39:41.100 --> 00:39:56.160

Rick Morton: restraints and the use of psychotropic drugs or the overuse I guess of psychotropic drugs to sedate people and chemically restrain them now that again was built on data set that was not publicly available in every case.

217

00:39:57.180 --> 00:40:00.780

Rick Morton: And what we're starting to see here is that you can get the data.

218

00:40:01.950 --> 00:40:07.980

Rick Morton: You sometimes need legal compulsion for it, but I guess the question that i've always been asking myself, is why haven't we had access to it earlier.

219

00:40:09.600 --> 00:40:11.340

Rick Morton: You know, to me it seems like.

220

00:40:12.360 --> 00:40:31.350

Rick Morton: A bit of a conflict of interest that the government agencies that fund regulate and oversee age cans are also the ones that control access to the data in many cases under the spurious notion that it would be commercially damaging to operate in a market that they privatized so.

221

00:40:32.400 --> 00:40:42.150

Rick Morton: And you know, obviously we have an edge care sector, now that you know largely has been deemed by government, the words and then being said in these terms that it's too big to fail.

222

00:40:42.840 --> 00:40:53.040

Rick Morton: Because the government having got out of service delivery can afford to prop up an entire industry, in fact, we saw some this come out in researching the Royal Commission as well, looking at the viability.

223

00:40:53.940 --> 00:41:04.140

Rick Morton: of nursing home operated in the market and the reason that we're looking at this and it turns out that the Department of Health and the Federal Government were as concerned about this.

224

00:41:05.370 --> 00:41:16.860

Rick Morton: It was because of changes that have been made to what we now call or whatever been called the aged care funding instrument, which is the direct nursing care subsidy now i've got a bee in my bonnet about this because i've been writing about this, since.

225

00:41:18.060 --> 00:41:27.060

Rick Morton: That budget lock up in 2016 but especially since Scott morrison stood in the prime minister's courtyard at Parliament House on a Sunday.

226

00:41:27.600 --> 00:41:36.750

Rick Morton: In late 2018 and I happen to be working that Sunday in Parliament house and he called the Royal Commission and I put it to him, and this is it became a bit of a.

227

00:41:39.240 --> 00:41:47.970

Rick Morton: thing online I guess it's one way you could put it, because he was he was flat out rejected the proposition that he had cut $2 billion from the age care funding instrument.

228

00:41:48.750 --> 00:41:55.770

Rick Morton: And I guess i'm having been to the budget lock up and having spoken to people in the sector, but particularly researchers who have been looking at.

229

00:41:56.370 --> 00:42:02.220

Rick Morton: Declining care standards and staffing numbers, particularly Professor Cathy ego who are mentioned again soon.

230

00:42:03.090 --> 00:42:09.480

Rick Morton: This was important because the only way, or virtually the only way that any age care operator, whether their government run.

231

00:42:10.350 --> 00:42:15.720

Rick Morton: Private or not for profit, no matter where they are in the country, the only way they can fund.

232

00:42:16.290 --> 00:42:24.480

Rick Morton: nursing staff or cast off is through this direct care somebody the aged care funding instrument, now the the numbers.

233

00:42:25.290 --> 00:42:33.030

Rick Morton: were covered with by the Prime Minister in that press conference because technically it was an efficiency savings and what the department was worried about at the time.

234

00:42:33.720 --> 00:42:42.450

Rick Morton: Was that some aged care providers and you won't be surprised to learn that at tended to be the biggest ones, the ones who were publicly listed.

235

00:42:43.380 --> 00:42:53.430

Rick Morton: The large private operators were quote unquote gaming the system or privately, though they brought into the system and what that meant was that you know this whole industry had had.

236

00:42:54.000 --> 00:43:03.390

Rick Morton: kind of built up around maximizing age care funding instrument payments, particularly under the complex healthcare domain, which attracted the highest dollar.

237

00:43:04.020 --> 00:43:14.070

Rick Morton: rate for a person in your care, now that is a problem and that definitely went on, but the problem and the real issue here is that, rather than actually do the government's job.

238

00:43:14.820 --> 00:43:31.080

Rick Morton: Which is find out where this was happening find out who was actually gaming the system and clamp down the easiest thing for them to do administratively was to freeze the indexation rises and completely overhauled, the complex healthcare domain, so that no hk provider.

239

00:43:32.280 --> 00:43:36.930

Rick Morton: could actually see growth in this area, regardless of whether they were doing the right thing or not.

240

00:43:38.070 --> 00:43:45.030

Rick Morton: Now that became a problem because we subsequently had research done through the Royal Commission and through the.

241

00:43:45.540 --> 00:44:02.010

Rick Morton: Australian health services research institute at the University of Oregon which showed that most of the gaming was being done in australia's wealthiest postcards and have been done by the wealthiest and most profitable private edge care companies, but the government changes.

242

00:44:03.510 --> 00:44:12.540

Rick Morton: hurt people educate operators who were not actually claiming enough for their own residence, as the walls, and so this kind of blunt force.

243

00:44:13.620 --> 00:44:21.150

Rick Morton: instrument was used to get the entire sector and that simply accelerating changes that have been in place since you know the 1996.

244

00:44:22.170 --> 00:44:30.240

Rick Morton: Now Kathy eager, who is the director of the Australian health services research institute has done multiple pieces of quite.

245

00:44:31.410 --> 00:44:39.960

Rick Morton: Wonderful research, both for the Royal Commission because she's considered to be a very independent thought, but also before the Royal Commission for the government, who was trying to.

246

00:44:40.350 --> 00:44:44.040

Rick Morton: overhaul this age care funding instrument and find out a better way.

247

00:44:44.730 --> 00:44:55.410

Rick Morton: to apportion funding based on need and that study that she did with them was called the resource utilization classification study on the rocks because they love an acronym apparently.

248

00:44:55.950 --> 00:44:59.580

Rick Morton: I would have caught something different, but i'm a journalist and running government.

249

00:45:00.150 --> 00:45:08.010

Rick Morton: And so kathy's been working on with kind of what she calls a case makes classification system but importantly the work she did for the Royal Commission was to look at.

250

00:45:08.820 --> 00:45:17.550

Rick Morton: How many nursing hands in Australia operating at a one star two star three star force star or five star standard.

251

00:45:18.030 --> 00:45:30.840

Rick Morton: Five being the best one being the lowest and and, importantly, that that comparison is based on international evidence about what other countries are doing, and again I don't think you'll be surprised to learn that we performed a polling.

252

00:45:32.280 --> 00:45:46.080

Rick Morton: One star category is, on average, less than 186 direct care staff in minutes per resident per day and on average in Australia, we were we were maxing out at about 180.

253

00:45:46.860 --> 00:46:03.450

Rick Morton: K minutes per resident per day and most of those facilities in that in that kind of one star category we're only offering about I think it was something like 20 minutes of registered nursing time or 36 minutes, I should say a registered nurse in time per resident per day.

254

00:46:04.590 --> 00:46:15.720

Rick Morton: And to to get an uplift from you know, most of the services in the star one star to to bring them all up to at least a star three level.

255

00:46:16.200 --> 00:46:21.240

Rick Morton: would have required an increase of 71 minutes in total across registered nurses and all care staff.

256

00:46:22.020 --> 00:46:36.330

Rick Morton: To get it up to four star, which is the appropriate level around the world in terms of quality and safety, you would need an extra 90 something minutes and that equated to a 47% increase in cast off and a 46% increase in registered nursing now.

257

00:46:37.620 --> 00:46:53.040

Rick Morton: The money it takes to do that is in the order of billions of dollars, because again 70 to 80% war funding for resident residential aged care in Australia come from the government it comes from largely that age care funding instrument which they still have not.

258

00:46:54.060 --> 00:46:59.790

Rick Morton: overturned, they still have not implemented anything about the rock study, they are undergoing trials at the moment.

259

00:47:02.070 --> 00:47:05.160

Rick Morton: But interestingly kathy's research.

260

00:47:06.180 --> 00:47:21.600

Rick Morton: which explains the uplift needed in care minutes per day was done in September 2019 so we'd already had a budget being gone in 2019 we were meant to have a budget in 2020 and around main, of course, carbon 19 happen.

261

00:47:23.010 --> 00:47:24.660

Rick Morton: But we did get a budget in October.

262

00:47:25.680 --> 00:47:30.780

Rick Morton: A year after Cathy he gets research to the Royal Commission and it's incredibly detailed.

263

00:47:31.950 --> 00:47:40.770

Rick Morton: And there was nothing, nothing in the federal budget whatsoever for extra care staff, particularly in the context of cover 19 and.

264

00:47:41.190 --> 00:47:49.350

Rick Morton: And having seen what an insecure workforce can do for the spread of this novel pathogen through some of the most vulnerable facilities in Australia.

265

00:47:49.980 --> 00:47:57.300

Rick Morton: There was nothing in the budget for extra care staff nothing no uplift in the xp.

266

00:47:57.750 --> 00:48:03.720

Rick Morton: Because you know, the thing that they could have done, five years ago now, is look at who was running the system and they didn't do it.

267

00:48:04.140 --> 00:48:14.550

Rick Morton: And now it's a combination of pride and willingness to admit that they got it wrong and that has brought this industry to its knees on the back of fundamental reforms in the decades past.

268

00:48:15.120 --> 00:48:25.740

Rick Morton: And so there was nothing in the budget and the you know, in the November research November 2020 so one month out of the budget that the Royal Commission comes out again from within its own office with this world first.

269

00:48:26.490 --> 00:48:35.550

Rick Morton: Data set looking at all of these indicators using data that was compelled legally from the government and it shows that in government run.

270

00:48:36.360 --> 00:48:42.480

Rick Morton: nothing happens again state run facilities, mostly from Victoria, where the legislative standards are much higher.

271

00:48:43.110 --> 00:48:54.210

Rick Morton: The number of registered nurse minutes per resident per day is about 119 minutes, so these are registered nurse minutes so almost two hours in state one facilities.

272

00:48:54.900 --> 00:49:04.560

Rick Morton: And for private providers and not for profit providers both of them in that same resurgence 30 minutes per day per resident so.

273

00:49:05.220 --> 00:49:11.370

Rick Morton: by a factor of three and three times as many registered nurse minutes in state run facilities.

274

00:49:11.820 --> 00:49:19.860

Rick Morton: Because we have legislated standards and the point now and i'm going to wrap up very shortly and i'm much better when i'm taking questions so feel free to ask me whatever you like.

275

00:49:20.280 --> 00:49:25.800

Rick Morton: Because i've kept it a fairly narrow focus, but the point of all of this is that we can have got assumptions and.

276

00:49:26.160 --> 00:49:35.070

Rick Morton: and ideas and you know that's largely what journalism is sometimes you have a hunch and you, you press for information until you can figure out whether that is accurate or not.

277

00:49:35.550 --> 00:49:47.190

Rick Morton: But you can't do any of these things without research and no I cannot explain to you the kind of modeling cross joy sensation that I had when the Royal Commission released that media release.

278

00:49:47.880 --> 00:49:53.280

Rick Morton: With the research under embargo and multiple times in fact they're still doing it, they just did one on hospitalization rats.

279

00:49:54.390 --> 00:49:57.780

Rick Morton: And they will keep you know there's another one coming out today, I think.

280

00:49:59.010 --> 00:50:05.850

Rick Morton: But you can't tell these stories without the data and the data is the only thing that matters, even when governments dismiss it.

281

00:50:06.330 --> 00:50:15.210

Rick Morton: or fail to listen to it, and we need to make the case using the best data that we've got and, obviously, that that involves a different conversation about sharing.

282

00:50:15.630 --> 00:50:25.980

Rick Morton: And then you know the the obligations on journalists to do the right thing by that data, and you know that's sometimes a dance between journalism and academia.

283

00:50:26.520 --> 00:50:35.700

Rick Morton: Where researchers rightly God the intellectual integrity of the data and the research and don't want it being misconstrued or.

284

00:50:37.200 --> 00:50:52.020

Rick Morton: or written about in the wrong way, and likewise journalists, want to communicate most myself, I hope, want to communicate that data and want, as many people to know what the situation is as possible, and there has to be kind of a meeting of the two somewhere in the middle.

285

00:50:53.160 --> 00:50:59.460

Rick Morton: So that's where we're at I guess at the moment the Royal Commission final report will be released, I think, at the end of next week.

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00:51:00.540 --> 00:51:11.370

Rick Morton: So it's not far away now and we now have an obligation, I think all of us, not just researchers and journalists, but citizens to look at what has come out of that inquiry.

287

00:51:11.850 --> 00:51:19.200

Rick Morton: and actually look at it, and then to make noise more people pay attention, hopefully, the government masters will pay attention to it.

288

00:51:20.880 --> 00:51:24.960

Rick Morton: I will take some questions, because that is what I love to do most.

289

00:51:26.700 --> 00:51:43.200

Peter D'Onghia: Thanks a lot rick That was really interesting i've got a question for people warm up and that is, I mean you say that journalists and his research, how can researchers better work with journalists to get their data and the research out there it's.

290

00:51:43.290 --> 00:51:49.140

Rick Morton: A matter and, if I understand the reticence, because you know media is scary and.

291

00:51:49.770 --> 00:51:53.550

Rick Morton: Increasingly in journalism people don't have the time journalists don't have the.

292

00:51:53.550 --> 00:52:01.380

Rick Morton: Time to get their head across complex issues i'm very lucky because I work for a weekly newspaper now or I have 2000 words in a piece.

293

00:52:01.680 --> 00:52:12.810

Rick Morton: And so I think that artificially booths whatever credibility, I might have had before I started there because i've got time and space to get across these issues, not just in the writing, but in the talking to people on the phone.

294

00:52:13.380 --> 00:52:21.330

Rick Morton: But also, you know it's, not to say that there are journalists out there who aren't doing this thing, but I think any researcher who reads widely.

295

00:52:22.470 --> 00:52:34.980

Rick Morton: will know which journalists do good work, because you can tell in I guess the patients in the care they take with the wording of things and the the ability to see themselves away from sensationalism.

296

00:52:36.180 --> 00:52:39.180

Rick Morton: is important, and when you know those things, and you get a list of names.

297

00:52:40.350 --> 00:52:40.890

Rick Morton: Excuse me.

298

00:52:42.330 --> 00:52:45.990

Rick Morton: When you know those things, and you get a list of names, you can actually start.

299

00:52:46.650 --> 00:52:52.320

Rick Morton: To be a little bit brave I guess and reach out to those journalists, because people like myself love hearing from researches.

300

00:52:52.800 --> 00:53:00.090

Rick Morton: And oftentimes it's very rare that I get people come to me but oftentimes once i've reached out and once we've had that initial chat on the phone.

301

00:53:01.050 --> 00:53:05.130

Rick Morton: They more often than not get a sense that i'm i'm credible i'm interested.

302

00:53:05.610 --> 00:53:13.590

Rick Morton: And i'm willing to do the right thing by them and I hope, by now, my body of work speaks for itself, and there are other journalists out there with the same body of work.

303

00:53:14.190 --> 00:53:21.270

Rick Morton: who know wanting to disseminate all of this stuff because that's where change happens you can't change what you don't understand.

304

00:53:21.660 --> 00:53:25.680

Peter D'Onghia: yeah so researchers, need to be brave in reaching out to me, I think.

305

00:53:26.580 --> 00:53:31.380

Rick Morton: it's as easy as that this as easy as a phone call I mean, obviously we should do it, too, but like.

306

00:53:31.680 --> 00:53:39.270

Rick Morton: There is no there's no harm from that initial phone call like no journalist is going to be racing off to print.

307

00:53:39.870 --> 00:53:49.890

Rick Morton: Some background chat that you've had in the initial stages of reaching out to discuss something that may be of interest and so there's no harm that can come from that that meeting of minds in the first instance.

308

00:53:50.280 --> 00:53:51.060

Rick Morton: And if you.

309

00:53:51.120 --> 00:53:53.250

Rick Morton: If you go to the right journalist, hopefully, no one will come at home.

310

00:53:54.660 --> 00:53:56.850

Peter D'Onghia: Well, that was probably a few years and research.

311

00:53:58.110 --> 00:54:08.130

Peter D'Onghia: question here from Scott mcintyre, and that is what's the average writings Raj care facilities in Australia and do some States perform better than others, you may not have all the details.

312

00:54:08.940 --> 00:54:09.750

Rick Morton: yeah for the.

313

00:54:10.020 --> 00:54:23.490

Rick Morton: The average rating According to Professor Kathy eagles work was a two star rating and that's because, in terms of the total care minutes we were one star rated, on average, but the we had a slightly higher.

314

00:54:23.730 --> 00:54:25.860

Rick Morton: proportion of registered nurse hours, then.

315

00:54:26.340 --> 00:54:35.880

Rick Morton: Then some other places around the world, so that brought us up to an average of two stars, so the vast majority of aged care homes in Australia I below.

316

00:54:36.990 --> 00:54:48.060

Rick Morton: Two stars two and one starts getting it to three would be great but it's not going to solve what we, I think, can now adequately say is an absolute crisis.

317

00:54:49.410 --> 00:54:55.860

Rick Morton: In the entire sector there's not a research which is available on the world commission's website does do state by state breakdown.

318

00:54:56.400 --> 00:55:04.650

Rick Morton: But in interestingly there's not a whole lot of difference between the States in terms of all edge care facilities.

319

00:55:05.070 --> 00:55:20.220

Rick Morton: Because they are federally funded and regulated for your you'll find essentially the same mix, the most important delineate is our whether they are government run as in state run, whether they are small or large facilities for typically no.

320

00:55:21.330 --> 00:55:31.860

Rick Morton: facilities with 100 or more beds perform very badly whether they're run as a state run institution or whether they're run by a private provider, they tend to do quite badly because of that.

321

00:55:32.670 --> 00:55:40.500

Rick Morton: That lack of personalized care 16 below it's good 13 below even better 15 and blow amazing but, of course.

322

00:55:41.610 --> 00:55:50.880

Rick Morton: The researchers recognize that you can always do just 15 beds, based on the capital costs of running his facilities so those are the key delineated when it comes to quality.

323

00:55:51.780 --> 00:56:03.210

Rick Morton: Victoria by far does have the best state run facilities in the country, it also has more of them because, for historical reasons.

324

00:56:04.200 --> 00:56:12.390

Rick Morton: But they've also got the highest legislated standards, so they actually have in legislation minimum staffing ratios so, which is why.

325

00:56:13.350 --> 00:56:27.780

Rick Morton: Government run homes perform so well on registered nurse hours three times better than the private or not for profit sector and that's because it's in legislation and so, even though you know there's I think there's at facilities, also in the government.

326

00:56:28.830 --> 00:56:42.690

Rick Morton: dragnet in the data compared to 800 or so in private and in a similar number I think in in not for profits, it can be done, it is being done and, in fact, if you look at the data out of covert 19.

327

00:56:43.860 --> 00:56:53.220

Rick Morton: there's a reason why not a single person died in a state run facility in Victoria compared to hundreds of death of age care of residence.

328

00:56:53.580 --> 00:57:04.500

Rick Morton: In the privatized sector so that's charity sector, as well as private for profit, operators and and that goes to the security of the staffing workforce and the quality.

329

00:57:07.320 --> 00:57:20.100

Peter D'Onghia: Thank you i've got another question, I really have time for one more, and that was about you mentioning there are multiple hj minutes does over the last few years that have been so that lack of continuity and because meaningful change.

330

00:57:20.970 --> 00:57:27.420

Rick Morton: Look we've seen it particularly most recently with you know, Richard callback like so I remember, he has a bit of insight for you.

331

00:57:27.810 --> 00:57:32.550

Rick Morton: When I was working in Parliament how for the Australian newspaper, and I was writing about edge care.

332

00:57:33.510 --> 00:57:39.810

Rick Morton: Typically, what happens is that the minister's office will bring you in and they will try and brief you based on their reading.

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00:57:40.290 --> 00:57:51.630

Rick Morton: of policies and data and the numbers and the reason why they're doing different things and back then Ken was was the Minister for aged care, but he was a junior minister, he was not a cabinet.

334

00:57:53.010 --> 00:58:05.910

Rick Morton: portfolio and or anything anytime that there was serious briefing that needed to be done out of government to me because they knew what I knew that I knew what I was talking about, it was done by Greg hunts office.

335

00:58:06.690 --> 00:58:11.790

Rick Morton: Who was the Health Minister now you'll notice in the most recent reshuffled technically.

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00:58:13.080 --> 00:58:25.920

Rick Morton: You know richie callback still holds on, I think, but Greg hunt still he's officially health and he can Minister now, so it can become a cabinet position but that's always been the way and it's been run as a kind of a shadow portfolio out of the health department.

337

00:58:27.360 --> 00:58:38.010

Rick Morton: Because the junior ministers and, if not can wives fold and it's not necessarily even Richard callbacks photo his attitude leads a lot to be desired, at least can cared about doing the right thing.

338

00:58:39.840 --> 00:58:46.170

Rick Morton: it's just given to people with no experience historically that's been the case, you know, the last time we had any serious.

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00:58:47.190 --> 00:59:06.420

Rick Morton: Reforming kind of agenda was when mark Butler was labor's Minister for mental health and aging, and you know, will we won't get into it today, but he made a huge go at reform for the right reasons, but had some unintended consequences when it came to unlocking.

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00:59:07.590 --> 00:59:11.130

Rick Morton: bonds residential barns and essentially making them uncapped.

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00:59:11.940 --> 00:59:22.770

Rick Morton: He achieved what john Howard wanted to achieve it was too scared politically to do, which was take on the family home when it came to edge care and that's had a completely reverse effect over time now which we're starting to.

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00:59:25.410 --> 00:59:34.410

Rick Morton: reap what we sow on that on that front, but yeah we've just never I I know i've gotta go, but I suspect as a as a collective not just government.

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00:59:34.860 --> 00:59:42.450

Rick Morton: But Australians don't like to deal with age care we don't like to look at head on, because I think there is not for everyone, but.

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00:59:43.080 --> 00:59:52.470

Rick Morton: Even for well many people there's a bit of guilt, because we don't know what to do better, and we put our relatives there and we don't want to go there ourselves.

345

00:59:52.920 --> 00:59:59.820

Rick Morton: And so, it becomes difficult to discuss it and acknowledge that these places are not operating well enough for the people that we love.

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01:00:01.980 --> 01:00:09.510

Peter D'Onghia: Thanks rick this been really fascinating and rick will be back at 145 more Q amp a if anyone wants it, but thank you.

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01:00:09.930 --> 01:00:18.660

Peter D'Onghia: So now i'm going to go to our second speaker and that's Professor Joe ebrahim Joe is the head of health law and aging research unit at the Department of.

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01:00:19.140 --> 01:00:27.990

Peter D'Onghia: Medicine at monash uni and he was also expert witness for the Royal Commission into the aged care, quality and safety, Joe I pass it over to you, thank you.

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01:00:28.470 --> 01:00:29.970

Joseph Ibrahim: Thanks very much Peter.

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01:00:30.420 --> 01:00:35.190

Joseph Ibrahim: And really pleased to be here with you, I think, also would have preferred to have done this.

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01:00:35.250 --> 01:00:36.150

in person.

352

01:00:37.350 --> 01:00:46.320

Joseph Ibrahim: The first thing I should say is i'm a practicing clinician so i've been a doctor for over 35 years and been working in aged care for 30 of those years.

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01:00:46.920 --> 01:00:56.490

Joseph Ibrahim: And of saying over 15,000 older people as patients and their families, so a lot of what drives me and the information that.

354

01:00:57.360 --> 01:01:07.920

Joseph Ibrahim: Or how I want to use it's based on those experiences my academic role I foolishly thought would give me a greater voice and greater influence in reform.

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01:01:08.400 --> 01:01:16.590

Joseph Ibrahim: And I don't really believe that that's happened and i'll go into sort of the dynamics of research in a crisis.

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01:01:17.340 --> 01:01:26.010

Joseph Ibrahim: And what I wanted to start with a cup of five points which are what is research, the types of research that occur in aged care.

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01:01:26.730 --> 01:01:36.000

Joseph Ibrahim: At some of the funding and the rationale for why researchers hampered in aged care, the work that my team has done really as exemplars.

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01:01:36.420 --> 01:01:48.360

Joseph Ibrahim: And the ongoing challenges so first point really is what is research and I understand research from a clinical academic perspective and so.

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01:01:48.750 --> 01:02:05.910

Joseph Ibrahim: favor the Cochrane database systematic reviews randomized control trials, the ability to weigh up interventions looking for the statistical and clinical significance and so really comfortable about dealing with uncertainty and knowing what needs to happen.

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01:02:07.290 --> 01:02:18.930

Joseph Ibrahim: But the real world doesn't work on academic clinical research, to a large extent the work that i've done with the state coroner's court over the last 20 years.

361

01:02:19.590 --> 01:02:30.570

Joseph Ibrahim: in assisting some of their investigations and being an expert witness of both criminal and cardenas cases is the Laura understands evidence as a very different.

362

01:02:31.020 --> 01:02:50.280

Joseph Ibrahim: beast and research or something very different and often the frustration with legal and courts around aged care is that i'm not able to be definitive because there's not the information and the courts one tonight, or when did this pressure, injury occur.

363

01:02:51.720 --> 01:03:00.900

Joseph Ibrahim: Do you believe this constellation of science fits into neglect or death related to restrictive practice.

364

01:03:01.380 --> 01:03:11.400

Joseph Ibrahim: And the law wants you to examine the case, the individual case, and to be as definitive in yesterday's or no it's not.

365

01:03:12.270 --> 01:03:26.160

Joseph Ibrahim: Whereas academic and clinical research is based on what you know for a population of patients, you know for 100 patients what the likely outcomes to be, but you can't choose it for the individual.

366

01:03:26.790 --> 01:03:34.290

Joseph Ibrahim: So there's a frustration within the legal world about looking at clinical research and its interpretation.

367

01:03:35.640 --> 01:03:43.800

Joseph Ibrahim: The other group that i've worked with over the years of policymakers and policymakers are interested in evidence based policy.

368

01:03:44.790 --> 01:04:03.030

Joseph Ibrahim: But most of the time, most of my experience with policymakers is they are trying to navigate or nurse an idea through a political minefield and relying on an evidence space is often the starting point, but the compromises made along the way.

369

01:04:04.410 --> 01:04:23.340

Joseph Ibrahim: I usually done to have something done not necessarily have the best or the right thing, done and the evidence gets contorted or forgotten as it navigates through you know, the idea of a policy to implementation.

370

01:04:25.470 --> 01:04:33.990

Joseph Ibrahim: And then of course there's the idea of what evidence is there an aged care and in hk there's not very much evidence at all.

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01:04:34.770 --> 01:04:45.420

Joseph Ibrahim: and part of that that there's not much evidence on any of those fronts, be a policy be at the legal be a clinical there is not evidence, because.

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01:04:45.840 --> 01:05:02.670

Joseph Ibrahim: aged care and an aging population is a relatively new sociological phenomenon, the world has not been old or had old people to such a volume that anyone bothered to pay attention, or to research that.

373

01:05:03.570 --> 01:05:12.120

Joseph Ibrahim: And so there's a large deficit in knowledge about what a world with older people should look like or could look like.

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01:05:12.900 --> 01:05:33.060

Joseph Ibrahim: And we're using old paradigms of a world based on young young people and adults to drive those changes So the first thing is, we really need to be clear about what we mean by talking about research, because that word means very different things, depending on the.

375

01:05:34.560 --> 01:05:51.930

Joseph Ibrahim: The stakeholders you're talking to and does not readily translate improving aged care and addressing the crisis in aged care requires us to be able to shift through those different stakeholder paradigms in explaining what needs to change, and why.

376

01:05:53.250 --> 01:06:12.360

Joseph Ibrahim: In terms of crisis in aged care we've seen both types of crises, and so our crisis is based on scale or magnitude and time so covert 19 was you know high impact short time immediate emergency and there are specific responses and.

377

01:06:13.620 --> 01:06:21.810

Joseph Ibrahim: making decisions in a crisis in the catastrophe is far easier because there's forgiveness, knowing that you're operating without.

378

01:06:22.830 --> 01:06:25.350

Joseph Ibrahim: A without the ability to debate.

379

01:06:26.430 --> 01:06:27.720

Joseph Ibrahim: That you need to add.

380

01:06:29.220 --> 01:06:47.730

Joseph Ibrahim: The most damning crisis is really the long term, one that has been plaguing aged care for at least the past 10 years and that was through the Royal Commission this clear evidence of neglect abuse failure to respect human rights suboptimal clinical care.

381

01:06:48.990 --> 01:07:06.480

Joseph Ibrahim: And rick went into some of the reasons why they occurred, but the aged care crisis has been with us every year for the last 10 years and because it's relatively low grade it doesn't have the visibility, which means it doesn't have the action.

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01:07:07.590 --> 01:07:18.510

Joseph Ibrahim: It was interesting to me as an expert being called by the media at the start of covert I was agitating about things that needed to be done.

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01:07:18.900 --> 01:07:25.290

Joseph Ibrahim: And no one wanted to listen to me, and no one wanted to publish anything I had to say.

384

01:07:26.280 --> 01:07:42.570

Joseph Ibrahim: But the minute that death started to stack up in covert I was inundated with reporters wanting comments and so yeah a certain number of deaths or disaster needs to happen before media, the general media will pick something.

385

01:07:45.030 --> 01:08:00.450

Joseph Ibrahim: And so that brings me to research in a crisis and the types of research and I classify researchers ordinary research about ordinary day to day thing so research about let's say continents management being able to walk strength training.

386

01:08:01.620 --> 01:08:07.290

Joseph Ibrahim: Reduction of fractures is the the research that's needed for day to day.

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01:08:07.860 --> 01:08:17.640

Joseph Ibrahim: there's research around innovation what what is an aged care system, what should an aged care home look like, have we try all different types of age care.

388

01:08:18.000 --> 01:08:28.920

Joseph Ibrahim: Accommodation styles or philosophies have we looked at the management structures of them is around innovation and that doesn't occur, very much in Australia.

389

01:08:29.460 --> 01:08:48.840

Joseph Ibrahim: predominantly because we've got a privatized market and it's thought that the market will drive change and that any ability to do research you run straight into the issues around commercial in confidence and the logistics of trying to get different groups on site.

390

01:08:49.950 --> 01:09:00.930

Joseph Ibrahim: For the greatest example I have is i've not been able to get work funded looking at the prevention of harm, so the prevention of restraint, the prevention of sexual assault.

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01:09:01.710 --> 01:09:08.160

Joseph Ibrahim: The prevention of suicide anytime I approached someone with those discussions they're not interested in.

392

01:09:08.820 --> 01:09:15.600

Joseph Ibrahim: researching and understanding the ugly side of human rights abuses people want something positive.

393

01:09:16.530 --> 01:09:32.520

Joseph Ibrahim: In a privatized market, they want to be able to say that their organizational their their home is promoting a good quality of life that you have freedom and choice they're not willing to engage in some of those other studies.

394

01:09:33.660 --> 01:09:43.260

Joseph Ibrahim: The third level of research is around about disaster management in hk and our teams looked at that and completed a systematic review on disaster management.

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01:09:43.710 --> 01:09:50.610

Joseph Ibrahim: And again there's very, very little published worldwide on disaster management, the choices between.

396

01:09:51.300 --> 01:10:12.030

Joseph Ibrahim: Care in place versus evacuation the complexities of evacuation and how you might evacuated well and safely that type of work hasn't really been done, and so we're we're bereft of good clinical evidence to inform practicing aged care and that.

397

01:10:13.320 --> 01:10:23.850

Joseph Ibrahim: That pretty much suits everyone it suits the government, because they can't be pinned to the wall saying, well, we have definitive evidence that this must be done.

398

01:10:24.270 --> 01:10:35.460

Joseph Ibrahim: Because you don't have the evidence, this means that the providers can then spin or argue their own case or argue their own internal research.

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01:10:36.150 --> 01:10:53.970

Joseph Ibrahim: gives sufficient information about how things should happen and so within left with expert opinion and the loudest voice and so aged care predominantly has been driven by the largest voice in policy and funding circle.

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01:10:54.990 --> 01:11:07.110

Joseph Ibrahim: And you know it's no surprise that the loudest voice other organizations that are the most financially stable and equipped that are able to lobby and advocate.

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01:11:07.920 --> 01:11:19.050

Joseph Ibrahim: In Parliament, and so the perspective that we give you an aged care and what needs to be done and what changes should occur are dominated by.

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01:11:19.710 --> 01:11:39.960

Joseph Ibrahim: A few voices that are predominantly free market capitalistic based in their philosophy, they don't have the structure of a research or clinical research evidence base or a human rights research base and so.

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01:11:41.550 --> 01:11:53.910

Joseph Ibrahim: It is aged care is essentially personality driven what we have is based on the dominant personalities at the time, who were able to convince enough people about this is the way to go.

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01:11:55.110 --> 01:11:59.310

Joseph Ibrahim: Which is really anathema to my training in medicine.

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01:12:01.110 --> 01:12:08.070

Joseph Ibrahim: The reason it's been difficult, in terms of age K practice and how to address it to increase research.

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01:12:09.420 --> 01:12:16.680

Joseph Ibrahim: Are there are entrenched I just structures that prevent the development of research.

407

01:12:17.820 --> 01:12:21.930

Joseph Ibrahim: And I really should have done, I don't know whether we can do the polls now.

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01:12:23.340 --> 01:12:25.230

Joseph Ibrahim: Or is that up to me to do the pole.

409

01:12:26.010 --> 01:12:27.840

Wiley Events Webinar: yeah I will launch the poll.

410

01:12:28.740 --> 01:12:33.870

Joseph Ibrahim: So I might just skip these three questions on the polls and then i'll continue on.

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01:12:34.710 --> 01:12:36.750

Joseph Ibrahim: So the first one really is.

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01:12:37.440 --> 01:12:44.850

Joseph Ibrahim: And really don't think too long and hard, there are 19 medical schools 31 nursing schools in Australia, how many do you think.

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01:12:46.080 --> 01:12:48.810

Joseph Ibrahim: Do you think they're actively engaged in residential aged care.

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01:12:50.310 --> 01:13:04.410

Joseph Ibrahim: So if you just quickly give you your gut reaction to them the next one, is how many are randomized control trials, do you think Danny residential aged care over the past 10 years.

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01:13:04.890 --> 01:13:17.340

Joseph Ibrahim: So if you're looking at 20 over 10 years that's two per year, and if you're looking at 100 over the decade, then that's 10 per year so again just click what immediately comes to your thought.

416

01:13:19.290 --> 01:13:27.690

Joseph Ibrahim: And then the final question is, do you think that research funding is better spent on keeping well older people healthy.

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01:13:28.620 --> 01:13:42.750

Joseph Ibrahim: And there's approximately sort of 4 million of those then an understanding how do we improve care for frail residents in nursing homes and again if you just quickly to that and we then we'll show the results and the next.

418

01:13:44.010 --> 01:13:52.950

Joseph Ibrahim: minute or so so while you're thinking i'll just recap what i've gone over to give you that little bit of time, so i've addressed.

419

01:13:54.360 --> 01:14:08.610

Joseph Ibrahim: Three and a whole almost three of the points I wanted to start with, who is what is research and the differences in a legal policy clinical and aged care domains, the nature of a crisis that a.

420

01:14:09.750 --> 01:14:11.580

Joseph Ibrahim: Large impact events.

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01:14:12.960 --> 01:14:34.440

Joseph Ibrahim: Such as covert features, far more than a event that's occurring over 10 deck over decades and is continuing, that the types of research need to look at both the ordinary day to day how to innovate and how to manage in a crisis and there's a gap in that.

422

01:14:35.820 --> 01:14:43.170

Joseph Ibrahim: And that now really talking about the the limits of funding, so I think if we can just see the results of those and then continue on.

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01:14:49.740 --> 01:14:51.390

Joseph Ibrahim: Alright, so let's deal with the.

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01:14:53.610 --> 01:15:05.010

Joseph Ibrahim: What Well, unfortunately, for me, though, with the first question yeah you're pretty much on the ball, that the the medical and nursing schools are really not engaged that we completed I.

425

01:15:07.200 --> 01:15:11.340

Joseph Ibrahim: Know okay so for the second question you're spot on.

426

01:15:12.600 --> 01:15:14.910

Joseph Ibrahim: And for the third question.

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01:15:16.560 --> 01:15:26.370

Joseph Ibrahim: i'll come to the third question, let me just deal with the first out same complete a systematic review published in one of these journals the American Journal of geriatrics.

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01:15:27.750 --> 01:15:31.500

Joseph Ibrahim: Or the journal of the American geriatrics society, and so we reviewed.

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01:15:32.820 --> 01:15:39.990

Joseph Ibrahim: randomized control trials completed in Australia, we found 39 trials completed since the year 2000.

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01:15:41.220 --> 01:15:53.490

Joseph Ibrahim: So that's approximately two studies per year and the randomized control trials and so with 40 what is it 50 clinical school.

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01:15:55.980 --> 01:15:57.750

Joseph Ibrahim: yeah it's clear that that.

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01:15:58.860 --> 01:16:09.900

Joseph Ibrahim: A substantial proportion and not engaged in aged care at all, so if there's only been 39 studies and yet we've got 1500 50.

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01:16:10.920 --> 01:16:13.620

Joseph Ibrahim: Schools clearly there's a gap.

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01:16:14.640 --> 01:16:23.910

Joseph Ibrahim: With 10 not being involved at all, and that would mean each of the other ones would have done one clinical trial over two decades.

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01:16:25.440 --> 01:16:28.500

Joseph Ibrahim: So the numbers really are appallingly small.

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01:16:30.240 --> 01:16:35.970

Joseph Ibrahim: And one of the questions are really wanted to get to was and we can see that.

437

01:16:37.350 --> 01:16:44.220

Joseph Ibrahim: You know, approximately 30% would prefer money to be spent on keeping older people healthy.

438

01:16:46.140 --> 01:16:53.760

Joseph Ibrahim: And, presumably because you're at this talk there's that there's a bias towards favoring my view that more research is needed.

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01:16:55.710 --> 01:17:09.930

Joseph Ibrahim: In reality, funding for aged care research is low and it's low because the model that we use based on significance of work, research is just based on.

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01:17:10.740 --> 01:17:25.110

Joseph Ibrahim: Years of life saved or quality of life or disability adjusted life years now, the criteria for using those public health majors cuts out depending on where you look at the age of 72.

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01:17:26.940 --> 01:17:33.450

Joseph Ibrahim: And so people that are older than 72 don't really count when you're doing disability adjusted life feuds.

442

01:17:34.680 --> 01:17:58.290

Joseph Ibrahim: So I can never compete by looking at care for 90 year olds with dementia with anyone who's doing research on a younger population i'm not going to save any life years not going to save any disability to the scale that would make the grant competitive when you're looking at allocation.

443

01:17:59.370 --> 01:18:11.010

Joseph Ibrahim: So there's that built in issue The other thing is that a lot of hk work is you're not looking to extend people's lives you're seeking to make their life better.

444

01:18:11.640 --> 01:18:19.110

Joseph Ibrahim: And so, again, the quality of life argument always come second so are you going to save a life or not.

445

01:18:19.710 --> 01:18:28.200

Joseph Ibrahim: The other thing is most of the world tends to think that life at 90s pretty awful and you can't do anything to fix it, so why bother.

446

01:18:28.980 --> 01:18:40.500

Joseph Ibrahim: So we have those on an academic metric were judged based on impact factor and citation rights and of the top.

447

01:18:41.220 --> 01:18:51.720

Joseph Ibrahim: You know 50 geriatric or durante journals their impact factor generally doesn't exceed 10 most of them sit around five or below.

448

01:18:52.140 --> 01:19:03.900

Joseph Ibrahim: Which is clearly non competitive when you are comparing it to any general on cancer or medication units typically have double the impact factor.

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01:19:04.470 --> 01:19:12.870

Joseph Ibrahim: The other problem, of course, is the citation rights is my research can be cited if there aren't other researchers doing similar work.

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01:19:13.260 --> 01:19:24.660

Joseph Ibrahim: And so we have a small across the world, a very small age care work for research workforce, and so the citation rates are low and so when you look at the metrics.

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01:19:25.320 --> 01:19:38.640

Joseph Ibrahim: The impact factor is low, the citation is low, the quality of life, adjusted games are low, there are no live side, and so it becomes a no brainer to not fund the research.

452

01:19:40.650 --> 01:19:50.700

Joseph Ibrahim: I wanted to just briefly touch, given that what we're really after Question Time there's two things I wanted to address, which was our research and doing comment about research over the last year.

453

01:19:52.260 --> 01:20:04.050

Joseph Ibrahim: We were only able to do our research, because we access card is databases and because court cases available to public as part of the legal process.

454

01:20:04.620 --> 01:20:15.180

Joseph Ibrahim: We were able to access those we were unable to access data from the Federal Government, we asked them several times about accessing data from this serious incident.

455

01:20:16.080 --> 01:20:32.310

Joseph Ibrahim: The database and so they've been collecting data since 2008 about people that have left the home without an explanation people that have died due to trauma resident resident aggression sexual violence.

456

01:20:33.600 --> 01:20:52.680

Joseph Ibrahim: They have that data, but they would not release it the Royal commissions finding into hospitalization required them to exercise their legal power to get the databases, and so we were unable to successfully to.

457

01:20:54.330 --> 01:21:04.230

Joseph Ibrahim: Data linkage studies, because we couldn't get consent, we were charged out $25,000 by the hw.

458

01:21:05.070 --> 01:21:17.100

Joseph Ibrahim: To get a set of data and it took us 18 months to go through their ethics and there were concerned that we were going to link up the profiles of the homes, with the mortality.

459

01:21:17.520 --> 01:21:29.820

Joseph Ibrahim: And so we couldn't do that linkage work and the ethics requirement was that I could not access the data and it had to be done by a different person with no overlap.

460

01:21:30.720 --> 01:21:45.840

Joseph Ibrahim: And so that cost us money enormous amount of time which academically would have put us out of business, if that's what we were trying to do so, we can't shed a light on what's happening because no one actually wants light shed on it.

461

01:21:47.580 --> 01:21:48.150

Joseph Ibrahim: The.

462

01:21:49.260 --> 01:21:54.900

Joseph Ibrahim: Work that when we've submitted papers were criticized for wanting to.

463

01:21:56.070 --> 01:21:58.920

Joseph Ibrahim: prevent premature death and people say well.

464

01:22:00.570 --> 01:22:15.480

Joseph Ibrahim: Where foolhardy and want people to live forever and clearly this isn't good science they're not actually looking at the issue they're not going down to look at the next layer of discussion or debate that we, we want to have.

465

01:22:16.980 --> 01:22:31.500

Joseph Ibrahim: we've presented now twice at the Royal Commission and our paper from 2017 that described without any dispute, and there are no alternative facts possible that.

466

01:22:31.950 --> 01:22:42.810

Joseph Ibrahim: significant numbers of people die prematurely in aged care because of a failure within the system, and these injury deaths could be prevented.

467

01:22:44.340 --> 01:22:52.380

Joseph Ibrahim: For all Commission uncovered at huge human rights abuses and again trying to do research on human rights is incredibly difficult.

468

01:22:53.250 --> 01:23:08.340

Joseph Ibrahim: To get funded and then to get access and the right the the way that aged care is structured is, you have to seek permission of the provider to visit a resident to do research.

469

01:23:09.570 --> 01:23:29.040

Joseph Ibrahim: And so, although the provider may not need to be involved, I can't go to a home and advertise and ask residents to participate, without the providers permission and so that that's really I think an unethical standard that that's got to be looked at.

470

01:23:30.780 --> 01:23:37.500

Joseph Ibrahim: And finally, just close up in terms of the research challenges I really want to i've been profoundly disappointed.

471

01:23:38.340 --> 01:24:03.690

Joseph Ibrahim: In the process of research across the world that the vaccine successes marvelous but the mess leading up to that so people who were looking at vaccine research had a very clear goal and a single purpose, where we missed a collaborative research approach across the world.

472

01:24:04.830 --> 01:24:14.760

Joseph Ibrahim: And really should have had the equivalent of a conference Center around pandemic management, sharing the knowledge from each of the countries and being able to.

473

01:24:15.750 --> 01:24:28.050

Joseph Ibrahim: structure and debate what was happening that didn't occur every country essentially went its own way, because the response was predominantly political rather than scientific.

474

01:24:28.770 --> 01:24:43.950

Joseph Ibrahim: And where it was at times scientific it wasn't fully scientific because the minute you challenge a chief medical officer or a public health person around an initiative.

475

01:24:45.480 --> 01:24:53.670

Joseph Ibrahim: People is shut down because of concerns that this will frighten the public, and we want single messaging.

476

01:24:55.020 --> 01:25:03.840

Joseph Ibrahim: Inside the ability to debate what you should do at times of uncertainty, I think, have been largely suppressed throughout the world.

477

01:25:04.620 --> 01:25:16.890

Joseph Ibrahim: And so there isn't that candour that should be occurring between researchers about the value of a focused lockdown versus a whole population lockdown what is the scale of mental.

478

01:25:17.700 --> 01:25:40.470

Joseph Ibrahim: Harm occurring, where is the moral distress why can't we mandate vaccination, what are the benefits those discussions don't happen because the government and the public health essentially want one voice, but we know if you treat us as adults.

479

01:25:40.680 --> 01:25:42.780

Joseph Ibrahim: we're more likely to participate.

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01:25:43.230 --> 01:25:46.890

Joseph Ibrahim: And beyond side, then, if you tell us by.

481

01:25:48.060 --> 01:25:49.770

Joseph Ibrahim: edict what should happen.

482

01:25:50.880 --> 01:25:58.710

Joseph Ibrahim: So I think that there has been a failure of researchers collaborating and there are a whole lot of reasons for that.

483

01:25:59.760 --> 01:26:09.720

Joseph Ibrahim: One of the most I think impressive things was the willingness to share the research and make that free access across the world's been huge.

484

01:26:10.470 --> 01:26:22.920

Joseph Ibrahim: But I just didn't see the level of participation to solve the same problem we all faced we've all gone off on our own, to try and do that at each country rather than saying.

485

01:26:23.850 --> 01:26:30.720

Joseph Ibrahim: let's look at what visitation rights in education, look like let's look at how we manage people with dementia let's get.

486

01:26:31.680 --> 01:26:44.550

Joseph Ibrahim: The leading researchers in the five countries to problem solve let's allocate the work, so it all gets done not that it follows the interest of the research on what they're available so.

487

01:26:45.930 --> 01:26:46.440

Joseph Ibrahim: So much.

488

01:26:48.660 --> 01:26:56.370

Peter D'Onghia: Can you show it a little bit there, thank you and let you run over a little bit was really interesting, we do have time for one question now and, of course, at.

489

01:26:56.940 --> 01:27:11.490

Peter D'Onghia: later on in the day 145 to be more so, there is one question for you, Joe and thank you and you talked a lot about them a few voices monopolizing the discussion so how can we increase general interest into the aged care.

490

01:27:12.660 --> 01:27:13.260

Peter D'Onghia: Industry.

491

01:27:14.100 --> 01:27:14.670

I.

492

01:27:16.050 --> 01:27:18.690

Joseph Ibrahim: I think rick would be better to answer this question but.

493

01:27:19.860 --> 01:27:21.300

Joseph Ibrahim: My view is.

494

01:27:22.590 --> 01:27:41.250

Joseph Ibrahim: And the biggest attraction that i've had is in the YouTube videos that are about that the humanize the situation that make you identify with the older person and so it's narrative and storytelling I think has been the most successful approach, and I think rick.

495

01:27:42.570 --> 01:27:57.060

Joseph Ibrahim: The Royal Commission was called the night before the four corners program went to air and what four corners did really well, which I had failed to do with my research thinking that data would convince people.

496

01:27:58.170 --> 01:28:05.760

Joseph Ibrahim: four corners show the photos of your residents when they were getting married when they'd had their first child when they were.

497

01:28:06.600 --> 01:28:27.510

Joseph Ibrahim: Had first enlisted in the army or had opened up their first business and you looked at these people with pictures from the 40s and thought, are they have the they look like me they have hope in their eyes that the whole life is ahead of them and then four corners shows the nanny cam.

498

01:28:28.560 --> 01:28:42.810

Joseph Ibrahim: Of them being hit assaulted or abused and what you're saying is you really shouldn't be talking to a new bride like that that's not nice that's not right and that, I think, is what convinces people.

499

01:28:43.830 --> 01:28:47.490

Joseph Ibrahim: i've moved away over my 13 years in clinical research, the.

500

01:28:48.570 --> 01:28:59.430

Joseph Ibrahim: Data doesn't convince you you can't really contest it in such important to have it out there, but what convinces people in power, sadly, is not science.

501

01:29:02.460 --> 01:29:03.030

Peter D'Onghia: Go.

502

01:29:06.270 --> 01:29:10.770

Peter D'Onghia: Hard thing to swallow, I think, probably for the researchers that are listening in tonight it's.

503

01:29:12.060 --> 01:29:21.450

Peter D'Onghia: Look it's 1230 and more or less so, what i'm going to do is wrap it up, and thank you both very enjoy excellent session, he will be back at.

504

01:29:22.050 --> 01:29:37.650

Peter D'Onghia: What is it 145 for a wider q&a after the Bush why session as well, so hopefully we hear from you, then, and thanks again and everyone, please come back in about 15 minutes at 1245 or more listeners and right speakers and bushfire crisis so thanks everyone bye now.

505

01:29:38.310 --> 01:29:38.790

Joseph Ibrahim: Thank you.