ANZCA
FPM

ANZCA CLINICAL TRIALS NETWORK

Building and sustaining anaesthesia research departments in Australia and New Zealand

August 2025

Purpose of document:

This document provides practical guidance for anaesthesia departments in Australia and New Zealand on building, strengthening, and sustaining high-functioning research programs. Drawing on experiences shared through ANZCA CTN workshops and successful site models, it outlines strategic, operational, and cultural considerations to help departments embed research into clinical practice and foster long-term growth and sustainability.

Acknowledgements:

The development of the Anaesthesia Research Co-ordinator Network (ARCN) and ANZCA CTN toolkit is being led by the CTN office team, in collaboration with the ARCN sub-committee and the CTN executive. We gratefully acknowledge the contributions of the ANZCA CTN members, CTN office, ARCN sub-committee, and CTN executive in the creation, preparation, development, and review of this document.

Disclaimer:

The information in this document is for general guidance only. ANZCA CTN does not make any representations or warranties (expressed or implied) as to the accuracy, currency or authenticity of the information provided.

Copyright statement:

© Copyright 2025 – Australian and New Zealand College of Anaesthetists. All rights reserved.

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from ANZCA. Requests and inquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. Email: ceo@anzca.edu.au

DOI:

10.60115/11055/1323

Suggested citation for this document:

ANZCA Clinical Trials Network. *Building and sustaining anaesthesia research departments in Australia and New Zealand.* Melbourne: Australian and New Zealand College of Anaesthetists; 2025. doi.10.60115/11055/1323

Document history:

Version	Contributors	Reviewed/Approved	Date Approved by ARCN Sub-Committee & CTN Executive	Changes
1.0	Dr Natalie Smith, A/Prof Matthew Doane, Daniel Dr Frei, Tiki Baker, Dr Eloise Dignan, Tracy Hess, Dr Edith Waugh Dr Kelly Byrne, Jonathan Termaat, Dr Greg Henderson, Natasha Brice, A/Prof Nicole Phillips, DrAndrew Marriott, Sara Aldred, Karen Goulding, Gillian Ormond	Natalie Hird Louise de Prinse Dr Doug Campbell	1/8/25	Creation

Table of contents

1. Introduction: Why build a research department? 4
2. Secure institutional support and business case 4
3. Appoint a research lead 4
4. Hire permanent research staff 4
5. Staffing and Retention 5
6. Build departmental culture 5
7. Engage broader hospital stakeholders 5
8. Funding models and creative resourcing 5
9. Selecting a suitable first trial 6
10. Successful research models 6
a. The Trial Tribe Model (Mackay Base Hospital) 6
b. ICU-Integrated Anaesthesia Research (Wellington, NZ) 6
c. Data audit to drive investment (Royal North Shore) 6
11. Mentoring and networking 7
12. Sustainability and growth 7
13. Cultural considerations and inclusive research practice 7
13.1 First nations engagement in Australia 7
13.2 Māori Data Sovereignty and engagement in Aotearoa/New Zealand 7
14. Practical considerations and lessons learned 7
14.1 Site readiness and study implementation 7
14.2 Communication strategies and optimising operations 7
14.3 Participant centredness 8
15. Resources 8
16. Conclusion 8

Building and sustaining anaesthesia research departments in Australia and New Zealand

1. Introduction: Why build a research department?

Establishing a sustainable anaesthesia research department within a hospital setting supports evidence-based practice, attracts and retains motivated staff, improves clinical outcomes, and positions departments to engage in world class research. However, creating research infrastructure requires long-term planning, local leadership, cultural change, and creative resourcing.

This resource is designed to guide anaesthesia departments across Australia and New Zealand in building, strengthening, and sustaining high-functioning research departments. It draws upon experiences presented at the 2023 and 2024 ANZCA CTN workshops, addressing cultural inclusion, governance, infrastructure, and practical operations.

This resource presents successful (and hard-earned) strategies from multiple sites to guide new or developing anaesthesia research departments.

2. Secure institutional support and business case

- Start at the top: Advocating for protected time and research roles begins with heads of department and directors. Secure early buy-in, even if research is not initially a departmental priority.
- Hospital executive and clinical director: Identify and engage supportive executives who can assist with staff approvals, resourcing, indemnity, and cultural change. Frame proposals around strategic goals (e.g., world-class reputation, staff). Position research as a strategic priority, aligning it with safety, innovation, hospital mission, and the National Clinical Trial Governance Framework.

Tip: Use new leadership appointments or departmental restructures as leverage to embed research roles early.

Start Small, Think Big: Begin with a business case, partial Full Time Equivalent (FTE) research co-ordinator role, and vision for growth.

3. Appoint a research lead

- Appoint a clinician with protected time to lead and coordinate research efforts.
- Ideally, this person should be embedded within the department and have access to both administrative leadership and trial coordination teams.

Example: Several successful sites secured 0.25–0.4 FTE for a senior research lead or PhD candidate as the foundation. Other successful sites built up their research department by firstly creating a role in Quality Improvement (QI)/Audit.

4. Hire permanent research staff

- Research Nurses/co-ordinators: Recruit early and insist on permanent (not casual) roles to retain institutional knowledge.
- Clinical research fellows or Resident Medical Officers (RMOs): Support rotational or fixed-term roles for junior doctors to embed research into their training.
- Admin/support Staff: Consider future need for a trials unit manager, budget administrator, or regulatory/governance officer.
- Knowledge Transfer: Employ overlap/handover periods when transitioning co-ordinators to retain institutional knowledge

Note: Casual contracts lead to turnover, delays, and loss of trial momentum. Permanent roles are essential in sustaining

research departments. Negotiate to have this position funded by the department/hospital.

5. Staffing and Retention

- Multidisciplinary backgrounds: Recruit from anaesthetic, Intensive Care Unit (ICU) and theatre nursing, allied health, psychology, cardiology trials, scientists and other relevant fields.
- Flexible rostering: Structure job-sharing and overlapping days for coverage and peer support. Allow for flexible start times where possible to account for early/late theatre lists.
- Culture: Promote autonomy, recognition, and shared purpose. Celebrate achievements and support further training.

6. Build departmental culture

- Start small: Begin with one trial, one nurse / research co-ordinator, and one supportive Principal Investigator (PI). Demonstrate success.
- Celebrate wins: Use every enrolment milestone, publication, or grant as a departmental achievement.
- Promote visibility: Post flyers, circulate publications, run meetings, join ward rounds. Create a "research is normal" environment. Promote your research within the hospital to gain further recognition.
- Host workshops: Invite external experts to deliver training on GCP, trial design, or ethics.

7. Engage broader hospital stakeholders

- Ethics and Governance (Human Research Ethics Committee (HREC)/Research Governance Office (RGO)):
    - Get to know the timelines and personalities.
    - Attend regular open forums (if offered).
    - Use templates and pre-approved documents where possible.
- Pharmacy (if a drug trial):
    - Determine level of Pharmacy involvement (receipt of drug, preparation, dispensing, disposal)
    - Clarify investigational product (IP) (study drug) - access early.
    - Negotiate IP handling for 24/7 access where needed.
- Nursing, theatre, and allied health:
    - Seek co-ownership early, especially for trials involving preoperative, intraoperative and postoperative/recovery, or Intensive Care Unit (ICU) care.
    - Offer quality-improvement spin-offs.
- Other departments:
    - Map collaborators early (e.g. interventional radiology, oncology).
    - Hold kick-off meetings to engage partners and assign roles.
    - If another department is trying to build research capacity offer to assist/mentor these other units.

Tip: Leverage that research involvement can be used for Australian Health Practitioner Regulation Agency (AHPRA) accreditation to encourage buy-in from colleagues/collaborators.

8. Funding models and creative resourcing

- Per-Patient Payments:
    - Start with CTN-supported trials that offer per patient payments.
    - Use revenue to fund co-ordinator positions or resident research time.
- Audit-driven revenue:
    - Partner with coders to identify under-reported diagnoses or procedures.
    - Use Diagnosis Related Group (DRG) uplift data to make the case for research investment.
- Hospital revenue alignment:
    - Design studies that assist hospitals with key performance metrics (e.g. reducing readmissions).

- Seed funding and grants:
    - Apply for local innovation grants, hospital foundation funds.
    - Propose “clinical audit plus research” projects to align with quality targets.
    - Look for applicable external grants.
- Plan for multiple income streams:
    - Per-participant payments from CTN trials.
    - Departmental Social Procurement Framework (SPF) contributions.
    - Industry partnerships and grants.
    - Institutional infrastructure funds.
- Risk management: Plan for fluctuations in recruitment or billing revenue. Maintain a reserve (“war kitty”).
- Leverage Continuing Medical Education (CME) Funds: Explore partial redirection of CME funds into department-wide research capacity.
- Finance partners: Involve them early in budgeting and invoicing processes.
- Medical staff: Secure agreement to contribute a percentage of private practice Billings into an SPF for research.

9. Selecting a suitable first trial

For departments new to clinical research, choosing the right first trial can help build momentum, establish good practices, and foster staff engagement. When considering your first ANZCA CTN study, we recommend the following:

- Choose a trial that aligns with your team’s clinical interests. Engagement is stronger when investigators and staff feel personally or professionally invested in the research question.
- Seek advice before committing. Speak with experienced sites, ANZCA CTN staff, or coordinating investigators to determine whether the trial is appropriate for your level of experience and infrastructure. Some studies are better suited to sites building research capacity.
- Ensure the remuneration matches the workload. Review the study budget carefully and consider whether it realistically covers the time and resources required. Some high-complexity trials may be more demanding than the funding allows.

As an example, SNaPP may be a manageable and engaging first trial for new sites, while more complex studies like LOLIPOP may be better suited to sites with established processes and staffing in place.

10. Successful research models

a. The Trial Tribe Model (Mackay Base Hospital)

- Daily rotating junior doctors are assigned to research tasks.
- Tasks include screening, consenting, study drug prep, and follow-up.
- Dedicated research co-ordinator manages governance, randomisation, and continuity.
- Funded via per-patient payment reimbursements.
- Over 100 junior doctors trained; research cited as drawcard for recruitment.

Note: See ANZCA bulletin article Autumn 2024 edition pages 75-77

b. ICU-Integrated Anaesthesia Research (Wellington, NZ)

- Anaesthesia trials run under existing ICU research infrastructure.
- Access to 0.6 FTE manager, 2.2 FTE research nurses.
- Collaboration with Medical Research Institute New Zealand (MRINZ) and shared ethics/governance support.

c. Data audit to drive investment (Royal North Shore)

- Clinical audit used to highlight missed coding opportunities.
- Resulted in $3.3 million DRG revenue increase.
- Leveraged data to secure hospital-funded research co-ordinator.

11. Mentoring and networking

- CTN mentorship: Join CTN mentoring streams for start-up sites.
- Peer learning: Partner with hospitals in your region using a "cluster model" (e.g. Northern QLD research cluster).
- Showcase success: Use CTN events, social media, and local research days to promote your department's research activities.

12. Sustainability and growth

- Invest in training: Support GCP, data management, and research training for your staff.
- Push for permanency: Advocate for research co-ordinators and fellow roles to be embedded long-term.
- Use research to attract clinicians: Sites with a strong research culture report improved junior doctor satisfaction and recruitment.
- Saying yes to one trial often unlocks a decade of research growth.

13. Cultural considerations and inclusive research practice

13.1 First nations engagement in Australia

- Local context: Sites like Royal Darwin Hospital service vast regions with a high proportion of First Nations populations. Co-design and ethical engagement are essential.
- Ethics applications: Leverage the streamlined National Mutual Acceptance (NMA) system. Address the six NHMRC principles for First Nations health research.
- Consent practices: Cultural protocols may necessitate family involvement. Be flexible: e.g., obtain provisional consent from the participant and formal family endorsement later.
- Data collection and interpretation: Tailor validated scales such as EQ5D5L or WHODAS to reflect cultural relevance. Simplify scales and engage local interpreters.
- Workforce embedding: Recruit and support First Nations liaison officers. Understand potential cultural leave or site access limitations following bereavement.
- Logistics: Partner with community health centres to support follow-up and data collection. Recognise local infrastructure limitations (e.g., phones, power, internet).

13.2 Māori Data Sovereignty and engagement in Aotearoa/New Zealand

- The Hui Process: Use a four-part framework: Mihi (greeting), Whakawhanaungatanga (building a familial connection), Kaupapa (clinical/research task), Poroporoaki (closure).
- Cultural safety: Encourage self-disclosure and mutual respect. Learn correct name pronunciation and include whānau (family) in consent discussions.
- Recruitment barriers: Be aware that comorbidities may increase exclusion rates. Mitigate by reviewing inclusion criteria and offering community-based follow-up.
- Data Sovereignty: Address tension between global open-access requirements and indigenous ownership of data through genuine consultation and co-authorship.

14. Practical considerations and lessons learned

14.1 Site readiness and study implementation

- Pre-randomisation checks: Always confirm with both anaesthetists and surgeons before enrolment. Notify anaesthetists of participants involvement as soon as possible once confirmed.
- Research culture: Build engagement through regular department presentations, posters, and storytelling. Start small and help demystify research.
- Professional conduct: Avoid confrontation. Resolve disagreements offline and debrief participants.

14.2 Communication strategies and optimising operations

- Regular updates: Weekly co-ordinator emails; monthly department research briefings.
- Visible materials: Display trial info, journal articles and posters prominently in staff lounges, tea rooms, and induction booklets.

- Champion roles: Recruit surgical and nursing champions to advocate for trial participation.
- Workload allocation: Balance recruitment and follow-up tasks. Use a dual staff model to avoid overburden.
- Daily stand-ups: Informal huddles improve team communication and coordination.
- Formal oversight: Fortnightly team meetings and PI sign-off on decisions ensure compliance.

14.3 Participant centredness

- Follow-up: Ensure participants feel valued even if they were excluded or withdrawn.
- Cultural protocols: Incorporate community voices in planning and feedback loops.
- Feedback sharing: Disseminate study outcomes to clinical teams and consumers.

15. Resources

- NHMRC Guidelines on Ethical Conduct in Aboriginal and Torres Strait Islander Health Research
- The Hui Process (NZMJ)

16. Conclusion

This guidance document outlines a structured yet adaptable framework for establishing and strengthening anaesthesia research departments across diverse healthcare settings - from major tertiary centres to regional hospitals. Success is achievable through sustained commitment, strategic innovation, and strong partnerships between clinical and research teams.

Key to this endeavour is recognising research as a fundamental component of modern anaesthesia practice. Whether initiating activities from modest beginnings or enhancing an already established program, departments are encouraged to tailor their approach to local contexts, foster cross-disciplinary and cross-cultural engagement, and embed research within routine clinical operations.

By doing so, departments can build inclusive, sustainable, and high-performing research environments that contribute meaningfully to patient care and the advancement of perioperative medicine.