Australian cooperative research centres get thumbs up

Australia's five-year-old experiment linking bench-top research with industrial know-how in Cooperative Research Centres (CRC) has been given a major boost by an independent review panel, which strongly recommends its continuation.

The Cooperative Research Program Evaluation Steering Committee, headed by Rupert Myers, past president of the Australian Academy of Technological Sciences, was set up earlier this year to evaluate the wider impact, and effectiveness of the CRC programme, as well as the appropriateness of its objectives.

Although the programme generally works well, the committee says in its report, 'Changing Research Culture Australia — 1995', that incentives should be provided for cooperative research centres to become financially self-sufficient.

The CRC programme was originally created in 1990 to address some of the basic problems facing Australian research. The country's major research centres are physically distributed over vast geographical areas. And, traditionally, most research in this country has been funded by public institutions, with little industry participation. The exception is industry and academia interaction through the Commonwealth Scientific and Industrial Research Organisation (CSIRO), set up specifically to do industrial research.

The CRC programme was designed to overcome the lack of cooperation between universities, CSIRO and industry, bringing them together under one umbrella and making R&D a profitable venture.

Central to these objectives was the establishment of a management structure and funding scheme whereby the government would provide A$2 million (US$1.5 million) and the participants $3 million, each year for each CRC, for a period of 5 or 7 years, depending on the individual contract. The government funds are unallocated and can be used as each CRC sees fit, whereas the contribution of participants is a mixture of cash and in-kind services, such as donation of equipment and the sharing of staff for research and technical or legal support.

Today there are a total of 61 CRCs under long-term contractual agreements. Eight of these are for medical science and technology and cover the following areas: tissue growth and repair; cellular growth factors; eye research; biopharmaceutical research; cochlear implant, speech and hearing research; cardiac technology; vaccine technology; and diagnostic technologies.

The cardiac technology centre, for example, which has its headquarters at the Royal North Shore Hospital in Sydney, is a consortium of four universities in New South Wales and Queensland, the CSIRO in Victoria, three hospitals in Sydney and three industrial partners. The centre is focusing in four areas: The development of biomaterials, especially durable and biocompatible polyurethanes for implanted devices; the mechanism and treatment of heart failure; the mechanism of how artery blockage; and development of a new method for three-dimensional mapping of the electrical activity of the heart.

Most of the centre heads in the medical field called in a quick survey believe it is unrealistic to expect many of the 61 centres to become financially self-sufficient in seven years, as was hoped when the CRC programme was set up. The big question now is what the government will do with the Myers report, as there is no provision for the programme to continue after this time. The document is currently being evaluated by the CRC Committee, an advisory body appointed by the Minister for Industry, Science and Technology. Some fear that the programme may lose bipartisan support in the upcoming election.

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Legislator pushing to reform FDA

This autumn, the US Congress will attempt to revamp the US Food and Drug Administration (FDA). This time, timeliness, not tragedy, has motivated legislators to alter how the US regulates drugs, biologics and medical devices. Even FDA officials concur that the agency needs streamlining.

US Senator Nancy Kassebaum (Republican, Kansas), chair of the Senate Labor and Human Resources Committee, which has jurisdiction over the FDA, recently released draft legislation that would create an FDA oversight committee to improve performance standards at the agency. Medical, scientific and health policy experts, and representatives from industry and patient advocacy groups, would make up the oversight committee. Responsibility for early safety and efficacy clinical trials (phases I and II) would also shift to local institutional review boards at universities and other medical centres.

Although the agency has reduced the time taken to review new drug applications (now an average of 19 months, down from 27 months in the 1980s), FDA's goal is to reduce this to 12 months. Jane Williams, health policy advisor to Kassebaum's committee, says, "legislation is necessary because it is difficult for a bureaucratic agency to reform itself."

Critics claim the current system is pushing business overseas. Jeff Trewhitt, spokesperson for the Pharmaceutical Research and Manufacturers of America, says that, of the 150 new drugs and vaccines approved by the FDA in the past 4 years, 92 (61 percent) were approved first in other countries.

Trewhitt speculates that Senator Edward Kennedy (Democrat, Massachusetts) may join with Kassebaum, lending the proposal bipartisan support.

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