Mott and Bate ask healthcare organizations whether there are “any takers?” to move forward with the concept of true R&D in Canadian healthcare organizations. From a systems point of view, the uptake on this challenge is long overdue. As the authors point out in their paper, however, this initiative would require a new partnership to be truly successful.

It is interesting that the authors have used the industry term “R&D” (research and development) throughout their paper, yet the paper deals only with the research component of the partnership. One of the many definitions for “research” in Webster is “studious inquiry or examination,” whereas the definition for “development” is “to make visible or manifest.” While progress has been made in breaking down the barriers between researchers and decision-makers, it is also crucial to advance the need to eliminate the barriers between research and development.
Defending the status quo of “publish or perish” in academic environments for researchers misses the key development requirement: that the research results be evident in improving the delivery of service. True R&D departments in healthcare organizations will have to demonstrate not only the importance of the benefit of the search for new knowledge, but also how this new knowledge, when applied, advances the objectives of the organization. While not every advance needs to have a substantial return, no organization should or could expect to be rewarded without evidence of return on the investment. Partnerships between academic health centres and health districts will fail without clear understanding of this expectation and the means by which it can be evaluated from the start.

With the many challenges facing healthcare organizations, this bold commitment to a true R&D strategy, and true partnerships between research and services, offers potential not only for a more sustainable future, but for even better returns on the resources already available to organizations.

Call to Authors

DISCUSSION AND DEBATE
The Discussion and Debate section of Healthcare Policy offers a forum for essays and commentaries that address: (1) important health policy or health system management issues; or (2) critical issues in health services and policy research. Submissions should be a maximum of 2,000 words exclusive of (no more than 20) references. The main points of the paper should be highlighted in an abstract (summary) of 100 words or less.

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