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The international spread of Academic Health Science Centres: A scoping review and the case of policy transfer to England

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ABSTRACT

Academic Health Science Centres (AHSCs) have been a key feature of the North American healthcare landscape for many years, and the term is becoming more widely used internationally. The defining feature of these complex organisations is a tripartite mission of delivering high quality research, medical education and clinical care. The biomedical innovations developed in AHSCs are often well documented, but less is known about the policy and organisational processes which enable the translation of research into patient care.

This paper has two linked purposes. Firstly, we present a scoping review of the literature which explores the managerial, political and cultural perspectives of AHSCs. The literature is largely normative with little social science theory underpinning commentary and descriptive case studies. Secondly, we contribute to addressing this gap by applying a policy transfer framework to the English case to examine how AHSC policy has spread internationally. We conclude by suggesting a research agenda on AHSCs using the relevant literatures of policy transfer, professional/managerial relations and boundary theory, and highlighting three key messages for policy makers: (1) competing policy incentives for AHSCs should be minimised; (2) no single AHSC model will fit all settings; (3) AHSC networks operate internationally and this should be encouraged.

1. Introduction

Academic Health Science Centres (AHSCs) have been a key feature of the North American healthcare and university landscape for several decades. The term AHSC (or variants of it) is now becoming more widely used internationally, for example in the Netherlands [1,2], Australia [3] and the United Kingdom [4,5]. The defining feature of these complex organisations is a commitment to pursuing a tripartite mission of (1) achieving high standards of clinical care, (2) leading clinical and laboratory research and (3) educating doctors and other health professionals.

As governments have become increasingly interested in developing policy initiatives which encourage the translation of research into practical use for populations, AHSCs have become important organisations in many healthcare systems. Their multiple missions are considered vital for the health and wellbeing of wider society, and they are large recipients of public monies [6,7]. The biomedical innovations developed in AHSCs are often widely disseminated through the research community, but less is known about how these organisations work to achieve their three missions, or how they try to overcome traditional boundaries to translate research into patient care.

When AHSCs are less successful at achieving their missions, this may not be because of the science, or even funding issues, but due to competing policy pressures, or social and organisational structures and interactions [8,9].

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By demonstrating how these factors hinder or enable particular scientific discoveries to be translated into patient care, or how organisational structures can help or hinder knowledge sharing, the social sciences can make an important contribution to the AHSC mission.

This paper has two linked purposes. Firstly, we present a scoping review of the literature on AHSCs as organisations, as distinct from the study of university or healthcare delivery settings. In particular, we critically assess the work that explores the managerial, institutional, political and cultural perspectives of AHSCs. We aim to provide a wide survey of the subject area, highlight key papers in the field, identify gaps, and draw out key themes and messages for researchers and policy makers.

We identify that the AHSC literature is largely atheoretical and heavily dominated by single case study reports from North America. Therefore, the second purpose of this article is to provide a further contribution to the literature by taking a policy oriented approach. We do this by considering how and why the moniker AHSCs has spread in recent years, by using a policy transfer framework and considering the case example of England. We discuss key themes from both the findings of our scoping review and the case example to outline a potential research agenda for AHSCs and conclude by drawing out policy implications.

2. Definitions and missions of AHSCs

There is no universally agreed definition of an Academic Health Science Centre. Some view the essential components of an AHSC as a medical school, its associated hospitals and clinical facilities and other health professional schools [10]. Others argue that few definitions adequately represent the scope and varied needs of these complex organisations, which differ both within countries and internationally [11]. The structure and composition of each AHSC is different and determined by a variety of factors, causing many to comment "when you have seen one Academic Health Centre, you've seen one Academic Health Centre" [12].

Given this structural complexity, it may be more appropriate to define AHSCs by the missions they pursue rather than their organisational models. It is generally accepted that the core missions of AHSCs in all settings are to deliver high quality basic and clinical research, education to health professionals and clinical care to patients. These multiple missions ensure that the governance and financing of AHSCs are also complex [13].

Furthermore, an increasing policy focus on translational research highlights AHSCs as appropriate vehicles through which to deliver research from the "bench to the bedside" [14]. Translational research is traditionally characterised as a linear process which takes findings from basic research and delivers them as innovations in clinical practice, overcoming gaps along the way [15]. This conceptualisation does not consider how behavioural processes may influence implementation, allow local interpretation of results or enable only superficial adoption of findings [16]. A social science lens, which considers the complexities of delivering translational research and other missions in AHSCs, may provide a useful insight into these multifaceted organisations and their policy drivers.

3. Methods

We outline our methods used for (1) the scoping review and (2) the case example below.

3.1. Scoping review

As we aimed to provide a wide survey of the body of work on AHSCs and a critical analysis to identify gaps, we undertook a scoping review of the literature [17–19]. This approach enabled us to identify, examine and summarise the diverse literature on AHSCs, which contains a variety of contributions, and highlight key themes. We also provide some quantitative analysis to give an overview of the current literature.

3.1.1. Search strategy

A bibliographic search was conducted of English language publications, up to July 2012, using ISI Web of Knowledge, Scopus and Business Source Premier databases. These search engines were selected as they encompass a wide range of scientific, health and social science journals. No date limit was placed on the searches. The search was conducted using "Academic Health Cent*" OR "Academic Medical Cent*" OR "Academic Health Science* Cent*" in the title of the publication. In addition, a hand search of selected management and health policy journals and books was performed.

The inclusion criteria for the review were publications that considered the managerial, institutional, political or cultural aspects of AHSCs and their tripartite missions. Articles which related to a specific clinical or service issue within AHSCs without broader reference to the organisation were excluded. The methodology of the publications was not part of the inclusion or exclusion criteria. For example, personal reflections of individual cases and events, although potentially biased, are a large part of the AHSC literature and so were included in this review.

The database search produced 3510 results, which we reviewed by the title of the publication in accordance with the inclusion and exclusion criteria (see Fig. 1). Of these, 599 publications were then reviewed by abstract or full text, and 372 publications were included in the final selection. The dominant themes and subject matter in the texts were extracted using an open analysis, to enable a wide range of themes to be drawn from the data [20]. A sample of 100 publications was reviewed and discussed by all three authors to determine reliability of the inclusion and exclusion criteria and to develop the key themes. The included literature was then coded for country of origin, type of journal, year of publication, type of publication, the main theme it addressed and any key recommendations.

3.2. Case example

The case example is part of a wider study on two AHSCs in England. It was informed by an analysis of English policy documents between 1996 and 2012, together with