

Data first and treat to target (T2T).

Yue Zhang*, Zhiyi Zhang

The First Clinical College of Harbin Medical University, Harbin, China

*Corresponding author: Yue Zhang, The First Clinical College of Harbin Medical University, Harbin, China, Tel: 8613802448056; E-mail: toronto101@163.com

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Editorial

China Health-care and Family planning commission has recently repealed one policy, i.e., the requirements of research experience and publication to qualify their professional titles of medical doctors. In our view, for a long-term policy, it should amend its demands rather than abandon it because it is evident that China medical research lacks sufficient originality and some incentives will encourage more basic, translational and/or clinical research from medical doctors. For instance, loss of incentives has quickly relaxed hospitals' attention to their ongoing biobanking and risks those to become eventually "dirty biobanks" or "dead biobanks" so deteriorate biomedical research. On the contrary, hospitals should treat to target (T2T), not stick to unrealistic number of publications but one met needs and novelty. Without truly original discoveries, it will eventually dampen the development of national Public Health Policy and planning. It is not unusual that China government suspends a planning or policy shortly after its launch if some people particularly news reporters and propagandist are against it, even just one high-rank officer's voice [1]. However, whether such scientifically disruptive intervention should be reactivated or not, in our opinion, it should set up one target clearly and transparently, makes some research to data first rather than rely on a loud voice or hypothesis first. In fact, during even its repealing or likely pending, China's Hospital Discipline Ranking system has promoted and inspired universities and their affiliated hospitals to emphasize more efforts to improve a university and hospital's performance, of certain not by eye-attracting ones. However, we do agree that it should open up to some adjustment/amendment, subject to data-first research, independent and professional and rational system, though it should even set a pilot target and test for a trial period.

The core of healthcare lies on the advancement of medical science and health policy research. In our opinion, one key is to have advanced evaluation system of research proposals in China. Otherwise, the healthcare will lose its engine. China has the dream of being leaders in research innovation [2]. However, China's research cadre system, mainly Communist party member system, has been politically effective but forms

sometimes mini-networks of interest. This risk is that national agendas may be driven by the established consensus and discrimination on the basis of institution, age and the applicants' title [3] that could be somehow politically designed/dominated, even rank-officially given lifelong rather academic-communities awarded due to personal contributions, mass' truly respects admire and respects. To foster innovation, a more dynamic and independent system is needed. We must exclude hidden "conflicts of interest", purely personal factors, incompetence and the unavailability of reasonably sufficient review time, but include more service-directed, non-political, fair, transparent, professional and regionally-balanced efforts as above-mentioned.

For instance, our causal survey suggests, the National Science Foundation China (NSFC) appealing system is so strict that only rare case(s) have appealed successfully, and perhaps the feedback system rarely filters incompetent reviewer(s). The NSFC could need provide a more constructive system for proposals even more "bonus" to the reviewer(s) [4]. The added cost of having an independent place for temporarily full-time reviewer(s) rather than part-time reviewing experts is a small price to pay for the high-quality proposal evaluations that Western institutions take for granted. Lastly, the deadline for NSFC proposals often fall around the Chinese New Year, so applicants may have to choose between concentrating on their grant application and celebrating with their family. The NSFC may receive proposals that are more creative rather than rushed proposals if they had a different deadline. Such lessons might be meaningful to countries facing similar tasks.

References

1. Yang L. Ranking lists: Open up research evaluation in China. *Nature.* 2016;539:168.
2. Yang W. Policy: Boost basic research in China. *Nature.* 2016;534:467.
3. Didham RK, Zhu CD. China: Change tack to boost basic research. *Nature.* 2016;536:30.
4. Gurwitz D. Peer review: Award bonus points to motivate reviewers. *Nature.* 2017;542:414.