

Structural Review of the NHMRC's Grant Program Public Consultation

Template for written submissions

The NHMRC will consider submissions that address the consultation questions and use the template provided. The consultation questions are listed below for each of the three models canvassed in the discussion paper, with a general question at the end of this template. You may answer as many of the questions as you wish. The questions can also be found on page 22 of the consultation paper.

Name:	Ms Catriona Jackson
Organisation name: <i>[if submitting on behalf of an organisation]</i>	Universities Australia (UA)
Email address:	c.jackson@universitiesaustralia.edu.au

Alternative model 1

Refer to information about alternative model 1 in the consultation paper and respond to the consultation questions below.

Question 1.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

As a general comment, the case for a review of the health and medical research funding scheme is well-articulated in the issues paper. This is a complex task, and unlikely to be resolved through changes to the structure of the grant program alone. UA notes and supports the NHMRC's intent to consider further changes to its application and peer review processes following the completion of this review. While we recognise that is the first stage in this process, the broad nature of the three proposed models makes detailed critique and informed preferences difficult.

The iterative review process makes it difficult to assess the alternative models proposed and determine the optimal model for the grant program. It is unclear what the impact on and interaction with subsequent changes might be. For example, reforms to the peer review process such as greater participation by early and mid-career researchers (EMCRs) on peer review panels may alleviate the need to set aside specific streams for EMCRs.

Achieving our goals for health and medical research requires a flexible funding system that supports researchers at all stages of their career and a broad base of research excellence, without introducing excessively complex or burdensome arrangements. Model 1 is the most restrictive and conservative in its approach and there is a risk that it will deliver limited change.

Notwithstanding those concerns, Model 1 sends a strong policy signal on the importance of collaboration, and both the Ideas Grant and the People Grant are sensible complements to the Team Grant. The Team Grant may support universities and other research institutions to collaborate and concentrate their complementary research resources to deliver outstanding research outcomes.

Question 1.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Question 1.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

UA has a number of concerns with the Team Grants as proposed. Model 1 may discourage the spontaneous and rapid formation of teams outside the Team Grants structure and five year grant cycle. The restriction on Team Grant recipients applying for new grants could limit entry into and exit out of teams. The flexibility to change teams and research programs is essential to meet the long-term needs of the research sector, and take advantage of new knowledge.

We welcome the provision for holders of Team Grants to apply for new grants after three years. However, we remain concerned that the concentration of funding within teams may result in whole research groups being left without a significant funding source.

UA is also concerned that the focus on Chief Investigators' (CIs) track records in the assessment for Team Grants does little to improve opportunities for EMCRs or counter the bias towards low-risk research that may only deliver incremental change. While UA supports the requirement to include EMCRs as CIs, the Team Grant structure does not guarantee that EMCRs will be able to achieve an independent research career outside the team. UA's members have advised that it is difficult for peer reviewers to account for 'relative opportunity' when asked to compare track records of CIs at different stages of their career, and there is limited guidance from NHMRC on what to expect at each career stage. It is essential that teams with higher proportions of EMCRs will not be disadvantaged under the new grant structure.

Team Grants may disadvantage research performed in remote and regional locations outside of major health and medical research hubs, where it is more difficult to attract a team of researchers with competitive track records. Similarly, a focus on track records may disadvantage researchers from non-traditional or less research-intensive disciplines—such as nursing, midwifery, biostatistics or other interdisciplinary, multidisciplinary and emerging fields—or researchers with a predominantly industry or clinical background who may not have a competitive track record. Australia's exceptional performance in health and medical research is founded on a broad base of research excellence. Addressing the full spectrum of Australia's health and medical issues, including remote and regional health, requires investment in research right across Australia. It is essential that this is preserved under the new grant structure.

The streams in Model 2 and sub-types in Model 3 could better support less traditionally research-intensive disciplines, but it is challenging to apply and integrate this approach into the Team Grants as currently proposed. It is also unclear how Model 1 encourages collaborative enterprises outside of established research hubs, including partnerships with practitioners and other users of research.

Question 1.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

The issues raised in 1.3 may be of less concern depending on the way funds are allocated between Team Grants and Ideas Grants. Sufficient support for individual researchers who are not already embedded into a team environment and EMCRs could be provided through the Ideas Grants. UA would also welcome assurances that team members are able to leave teams without adverse effect on remaining team members.

Question 1.5:

Do you have other comments about the model? (500 words max)

Alternative model 2

Refer to information about alternative model 2 in the consultation paper and respond to the consultation questions below.

Question 2.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

Model 2 offers the flexibility needed to achieve the major objectives of the grant program and the aims of the review. The introduction of streams within the investigator scheme are particularly welcomed and would resolve current issues with assessing track records of CIs at different stages of their careers and across fields of research. The cross-discipline stream could better support research in health services and other important multidisciplinary fields of research that do not receive adequate support in Australia. As noted above, UA is supportive of the Ideas Grant.

UA believes that there are sufficient incentives to collaborate on research outside of the program grant structure, and the removal of team-based grants would not jeopardise the quality of Australian research. The Collaborative Bonus could be used to send a strong policy signal around the Government's expectations around collaboration and support additional overheads incurred in collaboration, depending on the design and implementation of the Bonus.

Question 2.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Question 2.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

Health and medical research is a highly collaborative enterprise, and collaboration would be expected to occur under most Investigator and Ideas Grants. We would appreciate further details on the NHMRC's expectations, criteria and policy objectives for the Collaborative Bonus. It is

important to ensure that the Collaborative Bonus delivers additional policy benefits, and does not add unnecessary complexity to the grant program structure.

Regardless of the criteria and design of the Collaborative Bonus, it is crucial that the collaboration is recognised and funded as an essential component of our health and medical research enterprise in both Investigator and Ideas Grants.

Question 2.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

The Collaborative Bonus may be an opportunity to encourage stronger collaboration with health and medical practitioners and consumers. Stronger engagement in this area would have a major positive impact on the health of Australians, and has received less focus in Australia than researcher–researcher collaboration. The translation of population and allied health research related to the prevention and community-level management of high prevalence conditions like obesity, cardiovascular disease, diabetes and mental health disorders could significantly reduce the burden of disease and suffering, and improve the cost-effectiveness of care.

Question 2.5:

Do you have other comments about the model? (500 words max)

Alternative model 3

Refer to information about alternative model 3 in the consultation paper and respond to the consultation questions below.

Question 3.1:

How effectively would the model optimise NHMRC’s public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC’s grant program found on page 12 of the consultation paper? (500 words max)

As noted above, UA is supportive of flexibility in the program grant design with a minimal number of restrictions in the structure of the program. Model 3 offers the most innovative potential of the alternative models. However, much will depend on the details of implementation that have yet to be determined. The creation of the ‘new investigator’ stream within the knowledge creation subtype would resolve the difficulties of assessing ‘relative opportunity’. The translation subtype addresses longstanding concerns of the health and medical research sector.

Question 3.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Question 3.3:

Can you identify negative consequences for Australia’s health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

UA welcomes the introduction of dedicated funding to translate research into health outcomes. The new Biomedical Translation Fund is a positive and long-awaited initiative that has been warmly received by the sector, and other areas of health and medical research would also benefit from the same level of investment and support.

However, the requirement for co-contribution under the implementation stream should allow for in-kind support. Implementation grants should not exclude valuable knowledge transfer activities or partnerships with SMEs and community organisations that have limited resources to invest. Applying current and future research findings to patient treatments and early detection and intervention in primary and community care would have a major positive impact on the health of Australians. Further investment in translating health services, population and allied health research will greatly assist clinical partnership networks and communities, and improve the cost-effectiveness of care.

Question 3.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

Consideration could be given to a hybrid model 3 incorporating key ideas and concepts from models 1 and 2. For example, the creation of a separate stream for cross-discipline and clinical research could be included as an additional knowledge creation subtype.

Question 3.5:

Do you have other comments about the model? (500 words max)

General

Question 4:

Do you have comments on the other issues discussed in this paper? (500 words max)

UA supports the aims of the NHMRC's structural review. The alternative models would be an improvement on the current situation, especially if the changes benefit EMCRs and encourage more innovative research. UA particularly welcomes the introduction of pre-determined funding packages, and supports the continued funding commitment for Aboriginal and Torres Strait Islander research.

We note that transition arrangements will be required regardless of the model chosen to minimise adverse impacts on current projects. UA also strongly advocates the need for consumer and community input in the proposed restructure prior to decisions being made regarding the adoption of any alternate models.

UA acknowledges the necessity of lower caps on the number of grants that researchers can apply for and be rewarded. However, careful consideration will need to be given to how this applies to researchers who collaborate with and contribute to multiple teams and projects, such as health economists and biostatisticians. The funding arrangements must support a career path for these researchers.

The salary gap between what the NHMRC currently provides for fellowships and grants, and the true costs to employing institutions has grown to increasingly unsustainable levels. This has

implications for an institution's capacity to provide a 'safety net' for its researchers. The greater flexibility around salary support in each of the models (and extension of this to fellowships under model 3) could help address this gap, notwithstanding the need to introduce clear rules to safeguard the integrity of the MREA.

NHMRC fellowships are currently an esteem measure in the Excellence in Research for Australia (ERA) exercise and any changes to fellowships would have broader implications for the university sector. The proposal to introduce honorary fellowships would require careful consideration to ensure the integrity of the ERA process.

UA holds reservations about the proposed Institutional Support Scheme. UA has advocated for more realistic levels of funding for crucial research training, infrastructure, and a range of commercialisation activities fundamental to the NHMRC's objectives. Presently, these activities are primarily funded through the research block grants, which have not grown at the same rate as competitive grants. However, we are concerned about diverting funding from the MREA to fund these activities, and the implications for the sustainability and integrity of Australia's dual funding system. Our preference is for additional funding to be found from alternative sources, such as potentially the Medical Research Future Fund (MRFF), the Biomedical Translation Fund or CSIRO Innovation Fund. All elements of the health and medical research funding system need to be supported if the system is to function effectively, and it is crucial that we do not compromise our strengths in our attempt to strengthen other areas.

UA strongly supports the NHMRC's proposal to consider further changes to its application and peer review processes following the completion of this review. These subsequent changes may deliver the greatest changes and benefits in supporting EMCRs and innovative high-risk and high-return projects. UA looks forward to working with the NHMRC on the next stages of reforms to the NHMRC grant program.