

# Structural Review of 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.*

<b>Name:</b>	Professor Mary Kelly, Deputy Vice-Chancellor (Research, Development and Industry)
<b>Organisation name:</b> <small>[if submitting on behalf of an organisation]</small>	Charles Sturt University (CSU)
<b>Email address:</b>	<a href="mailto:markelly@csu.edu.au">markelly@csu.edu.au</a>

#### 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)

This model will serve the NHMRC objectives for grant programs well if it can leave space for emerging ideas to be supported from the established and emerging researchers within a team. The team approach and specific inclusion of ECRs and MCRs is strongly supported by CSU.

The long-term success of the model will depend on the distribution of funds across the diverse research population and against key drivers: ideas-driven versus established programs of work, and new researchers versus established teams.

##### **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)

As recognised by the NHMRC, the current system can be biased towards previous results/output, and to the domino effect of "grants getting more grants". This approach has the obvious strengths of supporting successful researchers producing high quality research, but it does not actively encourage new ideas to come forward. The ideas scheme of models 1 & 2 represent important mechanisms to fund ideas based upon merit.

CSU believes it is also highly desirable to limit the number of grants any particular CI can hold, and in whichever model is chosen as a result of this consultation process.

**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)

The team grants concept is a close parallel to the European Framework projects where large teams are involved. These have traditionally been difficult to manage with high administrative burden and associated budget implications. Experience has shown that smaller or medium sized teams were often more effective.

It is a convenient advantage if collaborators are geographically close to one another but not essential. Inter-institutional collaborations strengthen the fibres of national research and should be encouraged as should international collaboration. The objectives and implementation criteria of this model would need to be very thoughtfully devised and collaboration strongly encouraged, if not required

The current fellowship system does not account well for people who have spent time in non-academic environments (e.g. industry or professions with the exception of research clinicians) or returning from extended periods overseas. On this latter point, returning Australians with significant achievement overseas need to be attracted back into Australia, and are often MCRs not ECRs.

**Question 1.4:**

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

Should research fellowships be available, they could influence the researcher profile that Australia wishes to build of 25% early career, 30% midcareer, 45% established career and which provides greater succession planning.

The ideas scheme would need to be balanced between the two funding stream sizes to ensure growth within the system and not only a small number of the larger grants. In addition the weighting to a pre-existing research environment should be carefully considered. . Ideas grants should support the salary of ECRs and MCRs.

**Question 1.5:**

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

Not at this stage

## 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)

This model does not appear to fit as well with NHMRC grant program objectives as Model 1. A potential undesirable effect may be to inhibit collaboration and multidisciplinary research and

potentially (despite the collaboration bonus) and cause a larger proportion of available funding to be invested in a smaller number of groups.

**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)

More information is needed regarding the streams within the Investigator grant – the criteria for each and how the funding may be allocated between streams. There would need to be careful management of the balance between the different streams (established, transition, career interruption etc.) to ensure this scheme did not limit growth within the system and could support smaller groups with high quality ideas and/or support emerging talent.

**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)

The power of the collaboration bonus to influence research culture would need to be further developed. It is important that the bonus would support future leaders and a genuine team approach and not just extend the risk of enabling a system of fewer, larger groups to emerge.

**Question 2.4:**

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

If this model was to go forward, it is suggested that the ideas scheme should be at least weighted to a fixed percentage of funds allocation, with the possibility of horizontal transfer from ideas to investigator grants as a recognised and desired normal career track.

**Question 2.5:**

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

How should the collaborative bonus work? A given project has a certain cost to achieve its aims. That cost is paid either by NHMRC or NHMRC plus third parties. So what will the bonus be used for? This concept needs further elaboration.

## 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)

This model would meet the objectives of the NHMRC grant program, although it would be greatly enhanced with the incorporation of an Ideas scheme, similar to model 1 and 2.

More information is needed regarding the streams – the criteria for each and how the funding may be allocated between streams.

**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)

This model provides good flexibility, and has advantages for improving commercialisation and implementation outcomes. There should be a clear place for MCRs within this model.

**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)

Not at this stage assuming an ideas component is included.

**Question 3.4:**

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

The Ideas scheme of models 1 and 2 provides an avenue for high quality research to be supported when envisioned by people without an extensive funding record, as required for model 3. The Ideas scheme will strengthen national researcher capability and broaden the base of research.

**Question 3.5:**

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

Not at this stage.

## General

**Question 4:**

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

CSU welcomes and is supportive of many features proposed within the three models. In particular:

- lower caps on number of grants individuals can apply for or hold
- ideas based grants
- team focus for longer term grants with emphasis on inclusion of ECRs and MCRs
- focus on translation of research

maintenance of research excellence and breadth within the grant program