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)

An aim of the review is to streamline NHMRC’s current research funding structure. The model would meet that aim by:

- reducing the number of grant schemes down from the current twelve (including targeted but excluding joint/international schemes) to three;
- placing a significant cap on Ideas Grant applications – one application per round/two held at any one time as opposed to the Project Grants cap of six applications/held at any one time;
- combining assessment of Team Grants and fellowships in a single process.

The model would appear to support some of the major objectives of the NHMRC’s grant program such as:

- research excellence – in particular, high quality research and research that leads to scientific discovery and innovation;
- research breadth;
- we particularly support the bold and innovative move of introducing the ‘Ideas’ scheme which we see as essential towards achieving the NHMRC grant program sub-objectives.

To ensure the success of this scheme it will be vital to appropriately manage a cultural shift within the GRP panels to ensure that significance and innovation is the main driver for assessment.

However, the model does not appear to expressively support other major objectives of the NHMRC’s grant program such as:

- research translation – it is not clear how development and research translation into improved health care, practice and policy will be supported under this model.
- collaborations and partnerships – it is not clear how collaborative enterprises will be supported.
- support for individuals – with a focus on ECRs only within the People Grant component, there is a danger that mid-career researchers (MCRs) could be prejudiced, as there is no specific fellowship provision made for them.

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)
Advantages
- Development of collaborative team relationships.
- Specific support for early career researchers (ECRs) via the People Grant scheme.

Disadvantages
- There is genuine concern with Model 1 (Team Grants) in that researchers at non Go8 Universities could miss out on funding by virtue of competition with the larger Universities.
- Would salaries be ‘fully funded’ or remain as current ‘grant-in-aid’? This could have significant implications for institutions if a large number of salaries were funded.
- A potential disadvantage of the introduction of a cap of two grants per CI (note: this also applies for model 2) would be the risk of entire research groups being suddenly out of any research funding. A mechanism for transitioning out, particularly for large grants, would therefore be required otherwise large numbers of people who had been reliant for their salary stand to be unemployed if not re-funded.
- Early to mid-career researchers, although required to be included, may have less bargaining power when it comes to negotiating the split of funding on a Team Grant.
- Unclear how Ideas Grant will be evaluated – is there a risk that assessors will implicitly still use track records?
- Management of grants could get ‘messy’ if all CIs are equal; Grants need to have a specified lead for both leadership and administrative perspective.

<table>
<thead>
<tr>
<th>Question 1.3</th>
<th>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)</th>
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</table>
| Negative consequences | • No specific fellowship scheme for MCRs. However, this could be mitigated by extending the People Grants scheme to include mid-career fellowships.  
  • Team Grant teams may still be top heavy with senior researchers. The requirement to have ECRs and MCRs may result in artificial or contrived teams and remove incentives for independent development of ECRs and MCRs who are working in new fields or have particularly innovative ideas.  
  • No specific support for research translation (TRIP/Practitioner Fellowships) or partnerships (Partnership Projects). Neither the Team Grant nor the Ideas Grant schemes appear to be particularly suited to research translation projects.  
  • There appear to be no fellowship opportunities for advanced/senior researchers (perhaps this is embedded as part of the Team Grants project?). |

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<tr>
<th>Question 1.4</th>
<th>Could the model be adjusted to optimise its impact? If so, how? (500 words max)</th>
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</table>
| Adjustments to optimise model | **ECRs & MCRs**  
  • To optimise the opportunities for early and mid-career researchers there could be a specific number of requirements for ECRs and MCRs on the CI team, on a Team Grant and Ideas Grant application.  

**Fellowships**  
• The fellowship pathways are not well articulated in any of the models despite the claim that the current career path will be maintained.  
• Fellowships should be decoupled from Team Grants to allow more flexibility and be available at all career stages under the People Scheme. However, to remedy some of the
current issues with the fellowship scheme, the NHMRC could consider providing some degree of project funding with Fellowships.

- Will the NHMRC’s recently announced ‘re-entry fellowships’, following the recommendations from the Women in Health Sciences workshop, be part of the fellowship pathway?

**Ideas Grant**

- To ensure the success of this scheme it will be vital to appropriately manage a cultural shift within the GRP panels to ensure significance and innovation is the main driver for assessment.
- A separate subcategory could be created for early and/or mid-career researcher led applications with a view to funding a similar proportion as for standard applications. The NHMRC currently funds a similar rate of New Investigators and standard Project Grant applications and it is envisaged that a similar system could be implemented under the new scheme for early and mid-career researchers.

**People Grant**

- The scheme could be optimised by providing ECRs with salary support more akin to current university salary rates.
- ECRs should be eligible to apply for/hold at least one Team or Ideas Grants during the tenure of their fellowship, as NHMRC should be promoting the ongoing development of ECRs during their fellowship.

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**Question 1.5:**
Do you have other comments about the model? (500 words max)

Overall, Model 1, with the caveats discussed above, received the most support at our Institution. Further details regarding the various grants would be useful. In particular:

**Team Grant**

- Who would lead the grant, if all CIs are equal? Which institution would administer the grant?
- Are a range of fellowships envisaged by the scheme?
- If a fellowship is sought but not granted, would there still be flexibility to apply funds towards the salary for the Fellowship applicant?

**Team and Ideas Grants**

- What are the range of funding packages (especially the maximum) that would be available?
- What is the limit on the number of CIs on an application?

**People Grant**

- What is the quantum of funding for salary/stipend?
- What is the quantum of project funding that would be available to ECRs and postgraduate scholars?

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**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 is our Institution’s least preferred option. We feel it is too investigator-centric. Please refer to disadvantages below at 2.2.

**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)

<table>
<thead>
<tr>
<th>Advantages</th>
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<tbody>
<tr>
<td>Administration of grants would be simplified as Investigator Grants are institution centric.</td>
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<tr>
<td>Support provided for researchers at different career stages and types.</td>
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<tr>
<td>Investigator Grants across the ‘spectrum of experience’ is a positive addition although how this would be achieved would need defining (eg specific experience level allocations).</td>
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<table>
<thead>
<tr>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Research is increasingly collaborative in nature. Moving towards funding for individual CIs and their teams is contrary to this trend and drive.</td>
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<tr>
<td>Could have disadvantages in terms of reduction in fostering mentoring and development of ECRs.</td>
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**Investigator Grant**

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<tr>
<td>This grant doesn’t seem to support the aims of the NHMRC whereby the best research outcomes seem to be achieved by teams of equal investigators with diverse expertise rather than by isolated individuals.</td>
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<tr>
<td>The CI awarded such a grant could have too much power/influence within the group and/or collaboration.</td>
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<td>The system could result in institutions strategically recruiting CIs awarded such grants from other institutions or institution shopping by CIs awarded grants.</td>
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**Ideas Grants**

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<tr>
<td>Ideas Grants are intended for applicants with insufficient track record yet open to all researchers above postdoctoral level. What would stop a good researcher from applying for an Ideas Grant instead of Investigator Grant?</td>
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<tr>
<td>Unclear what is considered a ‘good’ track record.</td>
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**Collaborative Bonus**

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<td>Role of collaboration/multiple CIs somewhat unclear.</td>
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**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)

<table>
<thead>
<tr>
<th>Negative consequences</th>
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<tbody>
<tr>
<td>See Disadvantages at 2.2 above</td>
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</table>

**Question 2.4:**
Could the model be adjusted to optimise its impact? If so, how? (500 words max)

<table>
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<tr>
<th>Mitigation</th>
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<tr>
<td>Ideas Grant could be restricted to applicants without prior NHMRC funding.</td>
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</table>

**Question 2.5:**
Do you have other comments about the model? (500 words max)
Least favourable model as Investigator Grant support individual centric.

**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)

Model 3 has the benefit of simplicity although the disadvantage is the lack of a framework. It broadly serves the NHMRC’s objectives of knowledge creation, research translation and commercialisation and implementation. However, there is less provision for development of national researcher capability within the model and less specific support for early to mid-career researchers.

**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)

**General comments**
- There are both advantages and potential risks associated with enabling the team total discretion in terms of how the funds are used.

**Advantages**
- Benefit of simplicity – only one scheme to understand and administer.
- Provides for specific translation subtypes including commercialisation and translation subtypes missing from the previous models.
- Flexibility within the granting structure allows range of projects to be undertaken.
- Potentially allows innovative STEM ideas to be supported to commercialisation.

**Disadvantages**
- Lacks a framework structure.
- Not having any Fellowship opportunities is highly problematic.
- Difficult to see how this model could be prevented from being ‘hijacked’ by highly successful and established researchers due to the inherent flexibility.
- Whilst salaries can be drawn from the grant, an early or mid-career researcher may have less bargaining power to argue for salary support from the grant.

**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)

**Negative consequences**
- There is a risk that the existing trend for ageing CIs (Figure 25) will continue with this model. This could be mitigated by including a requirement as per Team Grants to include early and mid-career researchers and provide salary support to those researchers. The proportion of ECRs and MCRs as part of the overall CI team could also be mandated.
**Question 3.4:**
Could the model be adjusted to optimise its impact? If so, how? (500 words max)

**Adjustments to optimise impact**
- Specific provision could be made for mid-career researchers by including a mid-career researcher category.
- A higher percentage of New Investigator (and mid-career applications, if introduced) could be funded than is currently the case.

**Question 3.5:**
Do you have other comments about the model? (500 words max)

**New Investigator applications**
- The current New Investigator eligibility criterion makes it difficult for New Investigators to put together a balanced CI team. Could this be mitigated by having a requirement that only CIA needs to meet the New Investigator criteria?
- Such applications also need to be better identified as New Investigator applications in the system and documentation. Assessors commonly miss that the applications are New Investigator applications and make adverse comments about the CI team, especially the lack of a health economist or statistician on the team, when applicants are often precluded from naming additional CIs on the team as they do not meet the current New Investigator eligibility criteria.

**General**

**Question 4:**
Do you have comments on the other issues discussed in this paper? (500 words max)

**General comments**
- Without details of percentage of funding for the schemes (eg Team v Ideas Grant) and how applications will be assessed, it is difficult to judge the models.
- Having a reduced cap on the number of grants is very sensible and strongly supported.
- Having pre-determined funding tiers would make the development of applications simpler and is sensible.
- Streamlining/shortening applications will assist applicants/reviewers.

**Health economists/statisticians**
- Many applications, to be considered competitive, require a health economist or statistician to be named as a CI. As the pool of health economists/statisticians is limited, the cap on applications applied for/held under all models may prove too restrictive in this respect.

**Greater cap on applications by ECRs and MCRs**
- Could the cap be greater for ECRs and MCRs to better support such applicants?

**Retention of current model**
- Would it be more effective to retain and streamline the current model? Suggested new features:
  - placing/lowering caps on the number of grants individual researchers can apply for/hold;
  - having pre-determined funding tiers for budgets;
  - streamlining of the peer review process in accordance with the process currently being trialled in Development Grants or adopting the College of Experts and ranked list model favoured by the ARC;
  - a simplified Fellowship scheme.

**Simplified Fellowship scheme**
• A single scheme for Fellowships providing for early career, mid-career and senior researchers and practitioner and research translation fellowships.
• Each fellowship type could be held only once.
• Project funding could be included.

**Application process**
• To reduce the burden on the research sector it would be useful if the major Australian funding bodies (ARC, NHMRC and in the future MRFF) drew personal details/CV information from a single data source/system. The use ORCID publication profiles, as planned by the ARC, would be helpful in this regard.

**Current Fellowship Scheme**

**Early to mid-career Fellowships**
• Redefine the eligibility requirement for ECFs. Currently, the rules do not prevent senior researchers from applying for early- to mid-career Fellowships. This is particularly relevant in fields where an individual can accrue significant clinical experience prior to obtaining a PhD.

**Senior Research Fellowships**
• Currently, if an applicant is a Professor, they cannot apply for SRF A/B. This is unfair/unreasonable and should change to a structure akin to early and mid-career fellowships where the year’s post-PhD dictates which level of fellowship you apply for.