

# 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.

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### 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)

From the outset, the stringent capping of the Team, Ideas and People grants comprising Model 1 is likely to streamline and ultimately meet the aims of the NHMRC restructure, by limiting the number of grants each CI can hold and/or apply for. This proposition, however, is likely to drive the NHMRC to (intentionally or not), fund high-achieving teams within large institutions (such as the Group of 8 Universities), Medical Research Institutes and Centres. This will effectively lessen the research breadth in diverse research environments such as Innovative Research Universities (IRUs). In addition, the consultation paper is unclear on how the redistribution of MREA funds to large teams such as those proposed in this model will benefit the whole research sector and not just those already achieving in the NHMRC system.

#### 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)

Overall, the advantages that La Trobe University sees in Model 1 are the mandatory inclusion of ECRs and MCRs in the Team Grants and the lack of emphasis on the track records of individuals applying for Ideas Grants, which is likely to foster the funding of novel, innovative projects.

However, the mandatory inclusion of ECRs and MCRs in the Team Grants may also be viewed as a 'token' addition, and the actual benefit to early and mid-career stage researchers on these Teams is questionable. Further, it is unclear how the NHMRC envisages ECRs and MCRs will build their own research capacity if they are bound (through caps on applying for other NHMRC funding) to a large Team Grant under the leadership of more senior researchers for five years. It is also highly possible that as the assessment of Team Grants will be largely based on the CIs track record, the actual numbers of ECRs and MCRs included on these grants will be limited to the minimum as stipulated by NHMRC and that these researchers will come directly from the senior CI's groups as

opposed to outstanding ECRs and MCRs in their respective field. This again, will favour those in larger institutions who have greater numbers of ECRs and MCRs in their teams.

This model also lacks clarity surrounding the progression path from being awarded a successful Ideas grant to a competitive Team grant, as is the implication of being awarded a Team grant on the career progression of each listed CI.

**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)

If introduced, the structure proposed in Model 1 is anticipated to have a number of negative consequences for Australia's health and medical research system. A significant consequence will be a limitation to the ability for researchers to collaborate widely (for example, outside the lead CI's Administering Institution) as a result of the severe caps imposed on CIs. Additionally, there is a possibility the CI's Administering Institution will impose restrictions on their researchers applying for grants in which they are not the lead CI due to the distribution of the research income received as a result of the Research Infrastructure Block Grants. This will effectively cease cross-institutional collaboration. CIs only applying for grants in which they are CIA (or the lead CI if the existing CIA-J classification is removed) may also occur in order to increase the track record of the lead CI, further impacting on the current collaborative nature of research.

The forcing together of artificial team groupings in the Team grant to attract successful grants will also be detrimental to Australia's health and medical research system. The five-year structure of the Team grants will inhibit the fluidity and flexibility of research and the formation of organic collaborations.

The Team Grants are likely to be limiting for ECRs and MCRs to build their own track records and stifle their emergence as leaders in their field. This is particularly concerning as these ECRs and MCRs are Australia's future medical research leaders. Linking Fellowships to research Grants (both Team and Ideas) is also likely to inhibit the intellectual growth of Fellows, who will be locked into an artificially created Team and will prevent their capacity to develop independent research goals.

**Question 1.4:**

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

Some suggestions for this model:

- Lowering the duration of Ideas grants. If the emphasis of the assessment of these grants is not on the track record of the Team, perhaps this is a safeguard when providing funding to researchers without the track record to demonstrate their capacity to take a project to successful completion.
- Bioinformaticians, biostatisticians, health economists (whose numbers in Australia are severely limited) and clinical investigators, are often integral members of significant and innovative research and their inclusion is essential to establishing the feasibility and quality of research. Caps that are applied equally to all CIs will make it extremely difficult for these researchers to continue to collaborate widely and increase their own research track record through collaboration. It will be extremely difficult for an institution like La Trobe University, which does not have, for example, an associated medical school to access sufficient numbers of clinicians, and will therefore impact on our ability to be competitive in an arena where these collaborations are crucial. If this model is adopted then these individuals will become Associate Investigators. In this circumstance, it will be critical to remove the restriction on Associate Investigators receiving salary as this is often

essential for health economists, biostatisticians and clinicians to actively participate in the project.

- Limiting CIs to 2 grants may impact the ability of ECRs and MCRs to form collaborations.
- Clarity regarding the roles and assessments of AI contributions is necessary.
- The Ideas grants could include subcategories such as the one suggested in the 'Investigator stream' of Model 2, which would ensure some funding is allocated to ECRs and MCRs and will address some of the inequities in the current system.

#### **Question 1.5:**

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

The Ideas box is a fantastic initiative and is lacking from currently available NHMRC schemes as this allows for an idea to be assessed somewhat independently of the track record of the CI Team and perhaps, result in the funding of innovative, cutting-edge, high-risk projects. This option would also be favourable for academics with a high teaching load, who do not have the same track record as research-only academics.

The Team grants are likely to favour established researchers and severe caps may encourage smaller teams and limit collaboration. Additionally, if CIs are drawing salaries from Team grants, these will become mega-programs that are top-heavy with minimal research scope.

How does NHMRC intend on increasing the diversity of researchers who will be awarded Team grants, when it is likely that those Teams will only be established by senior researchers?

## **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)

A key goal of the NHMRC is medical research training for the improvement of individual and population health. This model does not seem to provide a mechanism for progression of ECRs and MCRs from the Ideas to the Investigator stream.

Similar to Model 1, the proposed caps *could* streamline NHMRC's current research funding structure by limiting the number of grants per CI. However, this will heavily impact collaboration and partnerships alike. The *single* Investigator scheme may instead, drive an increased number of applications submitted to this scheme, ultimately resulting the opposite effect of the NHMRCs intentions to reduce overall application numbers.

The Collaborative Bonus appears as though this is still conceptual and needs to be further refined and elaborated by the NHMRC. This bonus has potential to favour existing collaborations over new collaborations, which could be more relevant.

**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)

The advantages of Model 2 are the inclusion of different streams encompassed by the single Investigator grants, which cover a range of career stages that appear to support early and mid-career researchers and acknowledge career interruptions. The disadvantages of this Model are similar to those for Model 1, specifically, Investigator grants do not promote collaboration. This model appears designed to support a laboratory model of research: a senior investigator and his/her team. This may heavily impact many ECRs, as there seems to be no clear path from the Ideas grant through to the Investigator grants. The exclusion of Postdocs from being able to apply for the Ideas grant will severely limit their research development.

Additionally, with so much emphasis on the Investigator scheme and the strict caps, this model appears most biased towards supporting biomedical research despite the range of sub-streams under the Investigator scheme.

**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 negative consequences are similar to those for Model 1.

A loss of collaborative team efforts in Australian scientific research is bound to affect the quality and impact of research performed and it is unclear at this stage what the outcome would be; positive or negative. The current thinking is that the average quality of proposals would increase with a strict cap on the number of grants a single CI can hold/apply for assuming the total number of funded projects remains the same. However, the quality of proposals may decrease if the caps result in just as many grant submissions with smaller teams eligible to participate.

**Question 2.4:**

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

The six streams proposed in the Investigator scheme could be adjusted to include streams for basic science and Teaching and Research Academics, which appear to be currently lacking. The terminology of the six streams is unclear and seems to confuse career stage with the nature of the research.

Further clarity is required on the rules, guidelines and funding allocation to the schemes within this model.

This model could be adjusted to ensure that the bulk of the 'Ideas grants' are not taken up by the individuals who also receive 'Investigator grants', as this would lessen the impact of these grants for ECRs and MCRs.

**Question 2.5:**

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

Does the NHMRC believe there is a need to incentivise collaborative gain? Collaboration and interdisciplinary research is now a standard approach for most researchers. Perhaps this bonus is

required in Model 2 as it appears to promote *Individual* research through the Investigator grant scheme.

How will the teaching load of research academics be addressed when assessing 'top-performing' individuals for the Investigator grants?

Will the funds in the Investigator stream be distributed equally between researchers at different career stages?

### 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 may provide the most flexibility, albeit the lack of detail provided makes it quite difficult to assess.

#### 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)

The advantage of this model is that assessment is not based on track record, enabling researchers from a range of career stages to hold one of these grants, however, it is unclear how this will be sustainable in the long-term.

The disadvantages of this scheme, as for the previous two Models, include the limitations in the number of grants allowed per CI. This Model also does not stipulate that MCRs must be included as part of a Team, which may have a negative impact on MCRs, particularly those from a non-Medical Research Institute setting. This is especially pertinent as the knowledge creation subtype is limited to established researchers and new investigators. No support is outlined for MCRs.

#### 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)

As for all of the proposed Models, the lack of career continuity is a significant issue.

#### Question 3.4:

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

Model 3 has the potential to progress in a similar manner to the Project grant scheme, in which grants will be awarded to successful CIs with their existing teams and track record. This Model does not provide the same opportunities as the Ideas scheme.

Will this Model also allocate certain proportions of funding to ECRs and MCRs?

**Question 3.5:**

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

This is the only model to explicitly discuss translation and commercialisation. How do those outcomes fit into Models 1 and 2? Has the NHMRC discussed the potential for Industry Fellowships in Model 2?

## General

**Question 4:**

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

Overall, the negative aspects across all 3 Models include the severe caps imposed on each scheme. This has the potential to decrease the size of project teams which in turn, will undermine collaboration, especially cross-institutional collaboration. Counter-intuitively, this may result in an increase in the overall number of applications submitted (and produce more boom-and-bust experiences for individual researchers). It will undermine multi-disciplinarity, which is likely to have a significant effect on public health and health services research. The potential for researchers to bring together a suitable CI team in these fields will be significantly curtailed as a result of the caps, and it is likely that multi-disciplinary research will only be possible for biomedical researchers located in large Medical Research Institutes and Go8 universities. Additionally, all Models threaten innovation and will stifle diversity.

Team Grants and Investigator Grants still appear to be biased toward funding highly experienced, senior researchers. As such, another significant oversight is the limited support for ECRs and MCRs and a distinct lack of capacity building in all 3 Models. The aims of the current Centres for Research Excellence scheme in building capacity and infrastructure are absent from the proposed new models. Support and training for the future leaders of Australian research is critical for the sustainability of top quality, high-impact research generated in this country. The future reforms of the NHMRC Grants Program must include a clear career path for researchers from scholars to ECRs, through to MCRs and senior researchers.

Fellowships linked only to Team Grants or Investigator Grants also appears quite limiting. Many researchers are applying for and receiving funding from other sources to support the breadth of their research goals and as such, it should not be obligatory for the provision of NHMRC Fellowships to be associated with a research project funded by NHMRC.

Moreover, NHMRC Partnership projects and Development grants are incredibly valuable schemes and it would be disappointing to see these dissolve as part of the reform.

**Impact of the proposed Models on La Trobe University**

La Trobe University is an Innovative Research University and is comprised of a significant number of research active staff with a considerable academic teaching load. Our major concern with these proposed models include the lack of support for our Teaching and Research academics, who may not appear as “attractive” candidates for inclusion on large Team grants if the models are implemented as-is. The proposed Models seem to favour researchers with little to no teaching or administration responsibilities who have the capacity to build their track record at a significantly faster rate in comparison to teaching and research academics. We strongly believe that our teaching and research academics must receive the necessary support to enable them to remain in the Australian health and medical research system. These academics are directly involved in

training our future leaders, by supporting students from undergraduates through to postgraduate programmes. Many of La Trobe's teaching and academic researchers are also junior ECRs or MCRs and the absence of a structure to support the career progression of these researchers is concerning.

Further, health and medical research will not be sustainable in Australia if large numbers of researchers are reliant on salary funding from grants and fellowships schemes. Positions that combine research with teaching and/or clinical roles spreads the salary costs and provides individuals with job security. We strongly advocate for greater consideration of how researchers with teaching and/or clinical positions can be encouraged and supported to successfully obtain project funding.

Also of concern to La Trobe, is the lack of provision for enabling inclusion of vital team members, for example, biostatisticians, bioinformaticians, health economists, clinicians etc. It is unclear how NHMRC proposes to support capacity in these areas with such stringent caps placed on all applicants. Limiting these researchers to 2 grants will limit collaboration and prohibit the capacity of our researchers to demonstrate the feasibility of their studies without the involvement of these key collaborators. This issue could be alleviated with the addition of AIs to the Team in a meaningful manner (i.e. AIs have the capacity to receive salary funding from the grant), which will encourage researchers to continue to collaborate widely.

We also have a number of concerns regarding budgets. The current process of requesting budgets for research personnel and direct research costs, we believe, inform the overall research methodologies for that specific project. Altering the structure to provide funding packages will detract from researchers applying for and executing a well-structured and defined project. Despite our hesitation in regards to the implementation of funding packages, we strongly encourage NHMRC to revise the way in which it funds projects. There is significant disparity between the funds received for a research project compared with the actual cost of the project. Revising the PSPs provided by NHMRC so that these fully cover the cost of the RA/post-doc/CI required for the project and accepting requests for on-costs and teaching relief would be a significant step forward.

### **What is La Trobe University's preferred outcome?**

Following in depth consultation with researchers across the University, with diverse research goals and at varying career stages, the consensus for an appropriate model for La Trobe would be a *Hybrid Model* of Models 1 and 2. This Hybrid is envisaged to comprise a Team Grant Scheme, Investigator scheme, the Ideas scheme (which may be able to support teaching and research academics) and the People support scheme. We believe a Hybrid such as this will work for all Universities (in which 70% of all Australian researchers are situated). Revision of the caps or allowance for a 'safety net' if these caps remain as described in the consultation paper is encouraged.

We thank the NHMRC for the opportunity to be involved in the consultation process for the restructure of its grants program. A recent quote from Anne-Claude Gingras and others in regards to the recent Canadian Institutes of Health Research reforms: "Losing a complete generation of promising scientists to an administrative revamping of the operating grant programs would be a disaster, certainly for these individual scientists, but also for the competitiveness of Canada in research and discovery" makes us acutely aware of the implications of the restructure that the NHMRC is proposing. La Trobe University is committed to assisting the NHMRC in any and every way possible.