

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.

Name:	Jonathan Karnon
Organisation name: <i>[if submitting on behalf of an organisation]</i>	Health Services Research Association of Australia and New Zealand (HSRAANZ)
Email address:	Jonathan.karnon@adelaide.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)

HSRAANZ undertook an online survey of health services researchers' views on the three alternative models, which was completed by 50 individuals: 18 SRs (36%), 11 MCRs (22%), and 21 ECRs (42%). The responses were analysed quantitatively and qualitatively to inform the responses to the consultation questions. The full report has also been uploaded as part of our submission.

Research excellence and innovation: Individuals were asked how confident they were that the Ideas grants would support more innovative and significant research than the current project grant funding stream. Approximately 25% of respondents indicated they had no confidence in this model to achieve this NHMRC objective. While an additional 18% and 41% indicated they had slight or moderate confidence respectively, only 16% reported they had a high degree of confidence in this approach. Please see Table 1 for a summary of these proportions by career stage.

National research capability: Individuals were asked how confident they were that the combination of Team, Ideas, and People grants outlined in Model 1 would support the right balance of people support for researchers. The majority of respondents reported they had moderate confidence in this model achieving this balance (53%; 26/49); 39% of respondents indicated they had slight confidence.

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)

Ability of HSRAANZ membership to participate in Team Grants under Model 1: Individuals were asked how confident they were that they would be part of Team grant application under Model 1. The majority of participants reported they had a moderate to high degree of confidence (64%); approximately one in three participants (36%) had no or only slight confidence that they would be able to participate in a Team Grant. Comparing confidence levels across career stages reveals that

83% of SRs had high or moderate confidence of involvement whilst only 55% of MCRs and 65% of ECRs reported similar confidence levels.

The effect of restrictions on the scope of research conducted by HSRAANZ membership: Individuals were asked if the restriction to two grants (one Team and one Ideas grant, or two Ideas grants) would help to focus or adversely limit the scope of their research efforts. Relatively equal proportions of respondents reported adverse (38%) or positive (40%) effects. The remaining 11 respondents were uncertain of the effect.

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)

Example of feedback on Model 1:

"Concern that Scientific Quality is losing ground here – where is the guarantee that the research methods are appropriate and high quality – this is the weakness in much current research and this is what generates research waste."

"As an NHMRC early career fellow, Model 1 will reduce the opportunities to lead a grant as the model, by design, encourages established teams which are typically lead by senior researches...There are already too many hurdles and limited opportunities for ECFs - This model I fear will only create a further hierarchy rather than expanding opportunities."

"I support the abolition of Fellowships other than for early career researchers. We have a major workforce problem currently because Fellows are very vulnerable at the point of transitioning from e.g. CDF to SRF... I am aware of multiple senior and productive researchers who have lost their Fellowships and then found it extremely difficult to find employment because they have relied on NHMRC funding and have not developed a portfolio of skills and experience that includes teaching and industry-funded research."

"One problem with this model for early career researchers is if the ECR interests lie outside those of any team they are asked to participate in. Thus, if you spend your postdoctoral years working on projects that are of little interest to you, your own track record and ability to get grants in the future can be compromised."

The ECRs who receive the fellowships are still likely to be those who are being strongly supported by, or in the team of, an established 'research star'. 'Innovation and significance' can often only be properly established (to the satisfaction of grant reviewers) once most of the work has been completed, so still rewards those with long-standing research programmes.

"... I think the Team Grant idea may limit research participation in smaller universities, which already struggle to make headway due to lack of critical mass. The ideas grants would support these researchers, however. Availability of fellowships across the career spectrum is a good feature of this model. It is already difficult for good researchers to stay funded throughout their careers, so I would not like to see our top talent defunded. It should not be all about early career researchers."

"The support for ECRs in this model is very attractive to an ECR like myself."

"V[ery] concerned about the salary for mid-career researchers. These other grants need to be funded appropriately."

"I think the cap on applications and grants would adversely affect researchers who specialize in specific disciplines (e.g. health economics, biostatistics) where those skills are needed to support a robust research project in a multitude of other disciplines - having a cap on applications would mean that a health economist included in a team grant could not also pursue their own research interests by leading a grant of their own."

Question 1.4:

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

Two suggestions that apply to all models are:

1. Promotion of part-time Fellowships or research positions, which could take the following forms:
 - Universities supporting the remainder of the Fellows salary through a less than full-time teaching load. This would allow Fellows and researchers to develop or maintain experience and skills in other areas of academic life, as well as supporting the teaching of state of the art research and research methods.
 - Health services supporting the remainder of a fellowship salary through a less than full time clinical load. This would encourage clinician researchers to be able to maintain clinical skills while pursuing research, and also facilitate the translation of evidence into practice in clinical settings.
 - The fellowship is the sole source of income, which reduces the impact of parenthood and other caring duties on research careers.
2. Greater use of tendered research to target priority research areas. Commissioning panels could be set up to review evidence and submissions from interested parties to identify priority research areas in different disciplines. The research would be funded through a tendering process.

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)

Research excellence and innovation: The survey asked respondents to indicate their preference for restricted eligibility for Ideas Grants (Model 1) or the 'stronger focus on innovation and significance' (Model 2). While a small proportion (14%) of respondents did not specify a preference, approximately 50% preferred the stronger focus on innovation whilst 36% preferred restricted eligibility.

Collaboration and partnerships: Individuals were asked if the Collaborative Bonus included within Model 2 would be a useful incentive or result in tokenistic collaboration. The greatest proportion of individuals reported this feature would likely result in tokenistic collaboration (44.9%); smaller proportions indicated it was a useful incentive or were unsure of the outcomes (31% and 24%, respectively). Participants' open-ended feedback also suggested the value of the Collaborative Bonus was unknown or would not be effective in achieving this NHMRC objective.

National research capability: Individuals were asked how confident they were that the combination of Investigator and Idea Grants outlined in Model 2 would support the right balance of people support for researchers. Only one individual, an SR, reported a high degree of confidence; the overwhelming majority of respondents had slight or no confidence (70%) in the ability of this Model 2 to support researchers at all career stages.

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)

Ability of HSRAANZ membership to lead Investigator Grants under Model 2: Individuals were asked how confident they were that they would be able to lead an Investigator application under Model 2. The greatest proportion of respondents (34%) indicated they had no confidence in their ability to lead an Investigator Grant; this was followed by 30% of respondents who had moderate confidence and 20% who had slight confidence. Only 16% of respondents had a high degree of confidence, most of whom were SRs.

Ability of HSRAANZ membership to be involved in Investigator Grants under Model 2: Individuals were asked how confident they were in their potential to be involved in an Investigator application under Model 2. The greatest proportion of respondents (36%) indicated they had a high degree of confidence in their potential involvement. Similar to the previous item regarding leadership of such grants, those with higher confidence levels were typically established researchers. Approximately 28% of respondents had moderate confidence and 22% had slight confidence. Only 14% of respondents had no confidence in their potential involvement, most of whom were ECRs.

The effect of restrictions on the scope of research conducted by HSRAANZ membership: Individuals were asked if the restriction to one Ideas grant would help to focus or adversely limit the scope of their research efforts. Relatively equal proportions of respondents reported adverse (34%), positive (34%), or uncertain (32%) effects.

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)

Examples of feedback on Model 2

"There are too many researchers with good ideas that are not getting funded. There are too many established researchers that block the development of new research because of the reliance on track record."

"All assessment is still based on track record which will do nothing to improve innovative research or lessen the uncertainty of early and mid-researcher careers at these levels - both stated aims of this NHMRC review."

"I think this model is slightly better but the entire system is set up in a way which makes it unlikely these tweaks will lead to significant change."

"This could result in more of the same, where ECRs and MCRs struggle to attract project funding next to senior researchers with very long CVs."

"The "collaborative" bonus is a... band aid applied because this model will severely limit collaboration. I think the different investigator streams would be very difficult to define and manage and would promote "gaming"."

"Collaborative bonuses - the team needs to be planned and "real" rather than token"

"...I like that people don't require large teams to be funded (which reduces discipline, and small university, bias) but this model also supports a collaborative approach. As noted in the brief, "collaboration" would need to be clearly defined. It should include more than one organisation, and in a real way, with evidence of an established collaborative effort and outcomes. I prefer M1 for the concept of Ideas grants. M2 seems to be providing a "consolation prize" for non-performers."

"I think the cap on applications and grants would adversely affect researchers who specialize in specific disciplines (e.g. health economics, biostatistics) where those skills are needed to support a robust research project in a multitude of other disciplines - having a cap on applications would mean that a health economist included in a team grant could not also pursue their own research interests by leading a grant of their own."

Question 2.4:

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

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)

Research translation: Individuals were asked to select the Research Support streams they would be likely to apply under (response options included: knowledge creation, commercialisation, and implementation). Individuals were able to select as many streams as relevant to their current position. The most commonly selected stream was knowledge creation (84%), followed by implementation (80%) and commercialisation (10%). It is important to note, that two participants felt these streams are not inclusive of health service researcher (example: "I suspect that Health Services Research would fall (as usual) "between the gaps" of the themes identified.")

National research capability: Individuals were asked how confident they were that the sole focus on Research Support grants outlined in Model 3 would support the right balance of people support for researchers. The overwhelming majority of respondents had slight or no confidence (72%) in the ability of Model 3 to support researchers at all career stages.

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)

Ability of HSRAANZ membership to lead Research Support Grants under Model 3: Individuals were asked how confident they were that they would be able to lead a Research Support application under Model 3. The greatest proportion of respondents (35%) indicated they had no confidence in their ability to lead an application; this was followed by 33% of respondents who had slight confidence and 18% who had moderate confidence. Only 14% of respondents had a high degree of confidence, all of whom were SRs or MCRs.

Ability of HSRAANZ membership to be involved in Research Support Grants under Model 3: Individuals were asked how confident they were in their potential to be involved in a Research

Support application under Model 3. Approximately 32% of respondents had slight confidence in their potential involvement; equal proportions of respondents (28%) indicated they had either a high or moderate degree of confidence. Similar to the previous items regarding leadership of such grants, those with higher confidence levels were typically established researchers. Only 12% of respondents had no confidence in their potential involvement.

The effect of restrictions on the scope of research conducted by HSRAANZ membership: Individuals were asked if the restriction to two Research Support grants would help to focus or adversely limit the scope of their research efforts. The greatest proportion of respondents suggested this restriction would help to focus their research efforts (40%), however approximately one in three respondents (32%) were uncertain of the effects. The remaining 28% of respondents believed this restriction would have a negative effect.

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)

Examples of feedback on Model 3:

"If you want people to collaborate and grants are restrictive (limited to x number of grants) then it will reduce collaboration - especially on attempting new work"

"Unclear why implementation grants always have to have a partner organisation. Need to distinguish between implementation projects and implementation research."

"I prefer Model 3 to the other models because it acknowledges the important of partnership and translational research and is relatively simple (and therefore less prone to gaming). However the tight restriction on number of grants will definitely mitigate against collaboration, and the best HSR is collaborative."

"I suspect that having research support grants that can be used for CI salary would adversely affect sustainable jobs for researchers - institutions would be unlikely to support ongoing salary (or even contract salary) for researchers as a 'university' based position... This would actually worsen the job security issues that the sector currently faces."

"All assessment is still based on track record which will do nothing to improve innovative research or lessen the uncertainty of early and mid-researcher careers at these levels - both stated aims of this NHMRC review."

"The lack of dedicated funding for ECRs is a real concern here."

"While the simplicity rhetoric is good, I see a big potential for blocking out smaller teams and institutions. There is not enough detail about how grants will be funded, but I suspect that big flashy teams with lots of staff and lots of money already would thrive on this model, while those with good ideas but less flash might struggle to get any funding. A basic concept to the review is to reduce demand, and this model would do that. I could see a lot of competent researchers giving up if this was the model."

"Model 3 would be catastrophic for ECRs and MCRs outside of large universities."

Question 3.4:

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

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)

A consistent theme within the qualitative feedback from HSRAANZ was the inability to provide an informed opinion on the relative advantages of the three alternative models. The lack of detail within the Consultation Paper was noted as a major concern for many respondents, with multiple individuals suggesting there is need for modelling or evidence on the advantages of each approach. This lack of detail may have also led to some respondents' belief that these alternative models are similar to the existing NHMRC structural approaches and will not achieve change.

The table below summarises the ranking of the alternative models with respect to different objectives. Overall, Model 1 was ranked first in the following four NHMRC objectives: reduce grant preparation time; encourage ECR and MCR progress; balance safe and innovative research; and provide opportunity across career stages. Model 3 was also ranked first for four NHMRC objectives: reduce grant review times; balance health and medical research; provide funding support for health service research; and encourage translation of health service research into policy and practice. Model 2 was not ranked first in any of the reviewed NHMRC objectives. There was also conflicting feedback on the value of each structural approach in relation to achieving a balance between ECR, MCR and SR career stages. This balance was also discussed in relation to the size of the applicants' research institutions; with those SRs within large centres likely to receive an inequitably higher proportion of research funds, while ECRs within smaller teams less likely to benefit from the opportunity to participate in applications.

Objective	Proportion selecting each model as top ranked to achieve specified objective		
	Model 1	Model 2	Model 3
Reducing application preparation	0.54	0.13	0.33
Reducing peer review burden	0.37	0.17	0.46
Encouraging ECR and MCR development (National research capacity)	0.54	0.24	0.19
Providing equitable opportunity across career stages (National research capacity)	0.51	0.24	0.26
Balancing safe and innovation research (Research excellence)	0.49	0.26	0.24
Balancing health and medical research (Research breadth)	0.38	0.23	0.39
Ensuring funding for health service research (Research breadth)	0.35	0.17	0.48
Translation into policy/practice	0.22	0.15	0.63