Australian Government

National Health and Medical Research Council

NHMRC Workshop report: Strengthening and growing capacity and capability of Aboriginal and Torres Strait Islander health researchers

Melbourne University Business School, 16-17th May 2018

Working group
Professor Sandra Eades (Chair, NHMRC Principal Committee Indigenous Caucus & University of Melbourne)
Prof Yvonne Cadet-James (NHMRC Principal Committee Indigenous Caucus & James Cook University)
Dr Karla Canuto (Apunipima Cape York Health Council)
Ms Heather D'Antoine (Menzies School of Health Research)
Dr Yvette Roe (NHMRC Principal Committee Indigenous Caucus & Mater Research)
A/Prof James Ward (South Australian Health and Medical Research Institute)
Dr Felecia Watkin Lui (James Cook University)

Workshop facilitator & working group
Prof Juli Coffin (University of Notre Dame, Australia)

Workshop participants
Ms Shawana Andrews (University of Melbourne)
Dr Roxanne Bainbridge (Central Queensland University)
A/Prof Odette Best (University of Southern Queensland)
Dr Ngaree Blow (University of Melbourne)
Prof Alex Brown (South Australian Health and Medical Research Institute)
Dr Catherine Chamberlain (La Trobe University)
Mr Michael Doyle (University of New South Wales)
Mr Ali Drummond (Queensland University of Technology)
Dr Anne-Marie Eades (The George Institute)
Ms Francine Eades (Curtin University)
Prof Gail Garvey (Menzies School of Health Research)
Mr Stephen Harfield (South Australian Health and Medical Research Institute)
A/Prof Noel Hayman (University of Queensland)
Dr Misty Jenkins (Walter and Eliza Hall Institute of Medical Research)
Mr Mark Mayo (Menzies School of Health Research)
Dr Leisa McCarthy (Menzies School of Health Research)
Mr Ricky Mentha (Baker Heart and Diabetes Institute)
Prof Helen Milroy (University of Western Australia)
Mr John Paterson (Aboriginal Medical Services Alliance NT)
Mr Glenn Pearson (Telethon Kids Institute)
Dr Odette Pearson (South Australian Health and Medical Research Institute)
Ms Courtney Ryder (The George Institute)
Dr Sanchia Shibasaki (The Lowitja Institute)
Dr Stewart Sutherland (Australian National University)
Mr Alistair Thorpe (University of Melbourne)
Dr Kyle Turner (University of Melbourne)
Dr Lisa Whop (Menzies School of Health Research)

NHMRC Staff
Dr Wee-Ming Boon
Ms Sam Faulkner
Ms Naomi Gowor
Ms Jaclyn Mahn
Mr Alan Singh
Ms Julie Stragalinos

"Respect one another and share. Teach and mentor younger ones as they need their culture. Ceremony is important for culture, country, healing, and to build resilience and strengthen well-being. We are all part of each other" (Aunty Diane Kerr, 2018)

Purpose

The aims of this workshop were to:

- Explore practical and strategic ways in which NHMRC can enhance capacity and capability of Aboriginal and Torres Strait Islander health researchers.
- Produce a set of achievable goals and pragmatic strategies that are implementable and aligned with Road Map 3. These goals and strategies will inform the Aboriginal and Torres Strait Islander capacity and capability building work by NHMRC in the next triennium (2018-2021) through funding, policy and partnerships.

Background

NHMRC is committed to growth in the capacity and capabilities of Aboriginal and Torres Strait Islander health researchers. This is achieved through three key avenues:

- Funding of Aboriginal and Torres Strait Islander health researchers in all NHMRC funding schemes (e.g. Centres of Research Excellence, Fellowships).
- Development and implementation of guidelines and policies that help guide and engage the research, education and community sectors (e.g. Road Map and Keeping research on track; A guide for Aboriginal and Torres Strait Islander peoples about health research ethics).
- Development of partnerships and relationships with individuals and organisations that will build and strengthen capacity in Aboriginal and Torres Strait Islander peoples (e.g. Tripartite Agreement, Symposium, committee members).

A major area of capacity and capability building funded by NHMRC is the NHMRC Centres of Research Excellence (CRE) scheme. Other areas of support include Fellowships, Scholarships, Project Grants, Partnerships, Programs and targeted funding schemes. The work of NHMRC is also guided by the NHMRC Principal Committee Indigenous Caucus (PCIC) that comprises leading and early career Aboriginal and Torres Strait Islander researchers. The new grant schemes at NHMRC are also significant opportunities for Aboriginal and Torres Strait Islander health research and researchers. These are:

1. **Investigator Grants**, which will consolidate separate fellowship and research support into one grant scheme that will provide the highest-performing researchers at all career stages with funding for their salary (if required) and a significant research support package.
2. **Synergy Grants**, which will provide $5 million per grant for outstanding multidisciplinary research teams to work together to answer complex questions.
3. **Ideas Grants,** which will support innovative and creative research projects, and be available to researchers with bright ideas at all career stages, including early and mid-career researchers.
4. **Strategic and Leveraging Grants**, which will support research that addresses identified national needs. This will include an enhanced Targeted Calls for Research scheme and a dedicated funding stream for Clinical Trials and Cohort Studies. It also includes existing schemes such as Centres of Research Excellence, Development Grants, international collaborative schemes, and Partnerships for Better Health (Partnership Centres and Partnership Projects).

This report

A broad range of comments were made and ideas discussed during the workshop and this document aims to record all the views expressed by attendees during the two days. The Office of NHMRC will discuss these outcomes with PCIC and include them in the workplan for the next triennium.

Topic 1: Cultural security and institutional environment

Cultural security and understanding of cultural differences and needs at the institutional level are important to reduce institutional racism and nourish the growth in capacity and capability of Aboriginal and Torres Strait Islander researchers. In addition, granting systems that include peer review strategies and processes that recognise these needs will be beneficial.

A culturally secure institutional environment is one where Aboriginal and Torres Strait Islander people can work and interact in optimum conditions. This may include policies, processes and support systems that take into account the cultural needs of Aboriginal and Torres Strait Islander peoples. Ideally, mentoring and care is provided while ensuring that strong and supportive voices are available to all. It is also an environment where relationships are valued and everyone recognises, understands and welcomes the cultural strengths of Aboriginal and Torres Strait Islander peoples as an asset of the institution. In order for the institution and the people to grow, the environment should also be underpinned by collaboration and unity rather than competition that fragments teams. This could be achieved through workshops, seminars, masterclasses and other less structured forums where people would interact and grow together. This will ensure that a critical mass of researchers is maintained with an evenly distributed workload to avoid burn-out and support work-life balance. In return, the strong workforce will be able to provide institutions with high quality researchers while contributing to the wider community.

Outcomes	Attributes or actions identified by participants
Strong cultural security environment	• Cultural and symbolic processes and policies should be established throughout the year, not just during celebration periods (e.g. smoking ceremonies and flying Indigenous flag). • Provide cultural mentoring and supervisors who can help navigate cultural interfaces. • Have a space for Indigenous discussion and business while encouraging the fusion of traditional knowledge and practices with new knowledge. • Recognise the 'differences' of Indigenous research (e.g. developing and maintaining relationships are important parts of the culture).
National Indigenous ethics committee	• Recommend establishing this committee to work with sovereign peoples on terms defined by Aboriginal and Torres Strait Islander peoples. • It was noted that New Zealand's Treaty of Waitangi was highly significant in framing the political relationship between the New Zealand Government and the Maori population, an element that is not available to Indigenous Australians.
NHMRC	• Monitor the progress of grants and whether they deliver what they have promised (e.g. if the application said they would hire Indigenous researchers or engage PhD students, did they?). • NHMRC should be a culturally secure agency by continuing to include Indigenous representation on all Principal Committees.

Outcomes	Attributes or actions identified by participants
Institutions	• Cultural security frameworks should be established in all institutions, including cultural awareness training for everyone within those organisations. • Institutions should have a Reconciliation Action Plan and/or vision with a strong implementation plan. This should be implemented by a team of Indigenous and non-Indigenous staff in order to ensure engagement and workload distribution. • Non-Indigenous and Indigenous champions should be encouraged in all institutions to ensure strong and supportive voices are available. • Need to be more welcoming to Indigenous researchers and to provide access to institutional and office support. • Community consultations should be conducted widely when working with Indigenous issues. • Indigenous staff should be employed at all levels and on all matters, not just in the Indigenous engagement areas. • Ensure a strong community presence, for example having Elders-In-Residence. • Indigenous governance on all boards and committees should be a norm.
Networks and collaborations	• The current system focuses on competition which is in stark contrast to how Indigenous communities work. Competition will generally fragment people. However, collaborations will unite people and any national network should be established on a collaborative basis. • A national network should be multidisciplinary and connect people through forums, webinars, workshops and master classes (e.g. grant writing, peer review). • A national network should also establish an Indigenous 'core' to lead community governance and run an annual national conference. • A national network will help ensure a critical mass of researchers is established with an even distribution of Indigenous researchers and staff at all levels to provide support and avoid burn-out.

Topic 2: Life and research

Improving support systems for students during PhD and for postdoctoral fellows after PhD is crucial to the wellness, wellbeing and ultimately, career of researchers. This may include cohorts, mentoring systems and other funded-centre models where Aboriginal and Torres Strait Islander researchers are well-supported. The balance of community and family within a research life context should also be considered.

A well-balanced system that supports Aboriginal and Torres Strait Islander people is one where the skills, experiences and capacities of Aboriginal and Torres Strait Islander peoples are valued and nurtured. In the context of nurture, researchers should be provided with opportunities to work and engage in communities, to have systems in place to support researchers professionally and personally. This could be achieved through the institution, the supervisors and the networks provided to researchers. Supervisors and mentors could also seek out opportunities for researchers to get involved in committees and review panels in order to broaden their experiences, skills and networks, in addition to traditional guidance in their project milestones and career trajectories. The latter is particularly important as it will help researchers to connect with other researchers, policy makers and the health sector in general in a manner that will enhance their ability to translate their work and influence change where needed.

Outcomes	Attributes or actions identified by participants

Support systems	• Psychological services should be embedded in institutions as some researchers work in difficult circumstances and may be affected personally.
	• Support researchers to work in community and to include community engagement.
	• Provide support for grief, trauma and other unexpected events that could happen to a PhD student in the 3-5 years of their tenure.
	• Regular conversations, forums, apprenticeships and annual events for researchers to share pathways and experiences (e.g. via the National Primary Health Network).
	• Provide opportunities for researchers to take a break from traditional research and re-engage with health service delivery.
	• Respect and value the skills and capacity of Indigenous researchers working within the community (i.e. dry lab, wet lab and 'community labs').
	• Recognise that supporting community in funerals and sorry business is part of good research management.
	• Support researchers through:
	   o Aboriginal and Torres Strait Islander-specific Fellowships
	   o funding/peer/ institutional support
	   o mentoring (institutions to provide)
	   o actions that demonstrate honesty and integrity.

Supervisors	• Supervisors should:
	   o Ensure that early career researchers are invited to grant review panels and committee meetings as observers or participants. An apprenticeship model works well in some centres and should be encouraged.
	   o Mentor and support researchers emotionally, and understand that family comes first.
	   o Work with researchers to map out their PhD or postdoctoral milestones and to build a scaffold of support around that plan.
	   o Respect the value and capacity of Indigenous researchers and not expect 24/7 input from them regarding all Indigenous matters.

Personal and professional networks	• Networks need to be created at local, national and international levels to bring together researchers across disciplines in formal and informal capacities to share knowledge and skills. • Networks should also include annual events for researchers to connect with one another and also the Aboriginal community controlled health sector. Such an event will help researchers with their priorities, relevance and translation. • Networks will also help bring together individual research projects to act more as a consortium (e.g. to drive research and advocate for common causes). • A network will provide opportunities for journal clubs and other interactions within and external to institutions.

Topic 3: NHMRC peer review and partnerships

Better peer review and partnerships with organisations to deliver on aligned goals are two key areas of focus for NHMRC in continuing to strengthen the capacity and capabilities of Aboriginal and Torres Strait Islander researchers. A peer review system that is fair (and seen to be fair) and acknowledges the skills, experiences and valuable networks of Aboriginal and Torres Strait Islander researchers will ensure that the funding system rewards Aboriginal and Torres Strait Islander researchers appropriately. This may be achieved through better training of peer reviewers and appropriate track record assessment frameworks for peer review.

Partners can work with NHMRC through co-funding, philanthropy (donations and bequests), contributing to the development of health guidelines, promoting standards in ethics and the conduct of research, and identifying research priorities through participation in committees and expert groups, amongst others. This approach will also build cultural capacity of non-Indigenous people and extend the capabilities of NHMRC and potential partners (national and global). Currently, NHMRC encourages partnerships with different organisations through its website but a more proactive approach to developing partnerships would be useful.

Many facets of peer review can be improved upon in order to enhance the recognition and capabilities of Aboriginal and Torres Strait Islander researchers. A key area for improvement is for peer reviewers to understand the nature of Aboriginal and Torres Strait Islander research, particularly that it takes additional time and resources to engage with and nurture the relationships with communities. This should be reflected in the budgets of projects and some level of funding flexibility should be allowed for such activities. Another area is the inclusion of a broader mix of people as reviewers where clinicians, community members and elders could form part of the peer review chain, for example to ensure translation aspects are well articulated. Greater engagement will also allow the voices of the community to be heard when research priorities are defined and projects are planned. This process will build in a level of accountability to the community and for research to evolve from a model of 'doing research in a community' to 'doing research for the community'.

It is recognised that NHMRC must operate and use the Medical Research Endowment Account according to its Act and the annual allocated budget for research funding. However, NHMRC could also establish strong partnerships with various organisations to significantly leverage their skills, networks, experiences and funds. This may include offering grants with matched funding, working with organisations to build capacity of Aboriginal and Torres Strait Islander people in high schools or undergraduate stages of their study, funding research that is coupled with health-based philanthropy, and extending the reach for translation into policy and practice.

Outcomes	Attributes or actions identified by participants
Peer review system	- Peer reviewers should be trained to understand that funding for community engagement is crucial to projects and not a 'nice to have' whose budget can be removed without jeopardising the project. - Consider non-traditional approaches to peer review, e.g. allow grants to be allocated to a senior and early career researcher to review together, perhaps even to be reviewed in a group setting rather than an individual setting. - More Aboriginal and Torres Strait Islander researchers should participate in peer review, but they will also need training. This could include webinars, mentoring, practice and observing and cover use of the NHMRC Indigenous Research Excellence Criteria. - Include more Indigenous and non-researcher representation (doctors, nurses, Aboriginal

Outcomes	Attributes or actions identified by participants
	Community Controlled Health Organisations [ACCHOs], community members) on grant review panels. • Consider a community jury concept (e.g. made up of Elders from different areas and a mix of different levels of seniority) to contribute to grant review. • Consider payment for peer review. • Make participation in peer review a condition on grants.
NHMRC Partnerships	• Establish more partnerships and collaborations to extend NHMRC's capabilities and to leverage skills networks and funding beyond NHMRC. Examples include: o Poche Centres for Indigenous Health, Lowitja Institute, ACCHOs, Australian Indigenous Doctors' Association (AIDA) o Tripartite Agreement partners (Canadian Institutes of Health Research [CIHR], Health Research Council of New Zealand [HRCNZ]) o Australian Research Council and other Commonwealth departments o states and territories Government departments o philanthropy o communities that have not had any research involvement. • Ensure inclusion of all states (e.g. Tasmania is often left out).
Priority setting for grants	• Communities should have a voice and be consulted on research priorities. This could be achieved through a community forum to ensure that the priorities are not driven by government or researchers but the communities who need the research outputs. • Provide feedback to Indigenous communities about what the funding and involvement achieved.
Grant funding	• Ensure funding is available within the application to enable community capacity building and engagement. Appropriate funding will allow employment of local researchers and assistants. (This is related to peer review). • Funding timeframe should also include the 'lead-in' time and an implementation phase to ensure that the project engages appropriately and the community does not need to fund the implementation stages themselves. • Other grant funding ideas for consideration: o split funding and deliver a certain portion to the community so the research is accountable to the community o provide seed funding for engagement and design o allow separate grants to act as consortiums and exchange funding, people and expertise, removing unhealthy competition and uniting people o provide funding beyond the 3-5 year cycle to support projects where continuity is crucial (e.g. lifecycles and cohorts) o link NHMRC funding to Council of Australian Governments (COAG) and community o quicker timeframes for releasing funding to successful grants.
Evidence and reporting	• The provision of a letter of support from a local council is a poor way of demonstrating support for a project. More active demonstration of community support should be included in applications, alongside a track record of involvement with the community. • Reporting and accountability should be improved and audits conducted. This includes checking reports and checking in with communities annually. • Ensure feedback is provided to Indigenous communities about the outcomes of the research.

Topic 4: National network

NHMRC's proposal to fund the establishment of a national network to support Aboriginal and Torres Strait Islander researchers to become more competitive, to build capacity and improve capability was discussed by workshop attendees.

A national network would be a structure that unifies the voice of Aboriginal and Torres Strait Islander researchers, provides professional representation, empowers communities and nurtures national and international collaborations to improve Indigenous health. Most importantly, the network should link people and organisations to support one another in research, mentoring, publications, funding, translation and advocacy and building relationships. The intent would be for no researcher to feel alone or isolated in a complex system, whether as a student, early career researcher or a senior researcher. The network should also be underpinned by a strong governance framework that sets strategic goals and aims to generate sustainable income beyond three to five-year funding models. The network would work with Aboriginal community-controlled health organisations, other networks and research environments to support researchers beyond the network itself.

Outcomes	Attributes or actions identified by participants
Key features of a national network	- Be a unified voice of Indigenous peoples, professional representation and supporting empowerment for communities (e.g. position statements) to ensure silos are minimised. - Include local, national (with state balance) and international research groups. - Relationships with centres that have already been established can be nurtured locally, nationally and internationally with minimal additional resourcing (e.g. professional bodies, AIDA, Lowitja Institute, National Indigenous Research and Knowledges Network [NIRAKN], HRCNZ, CIHR). - The network must link people through: - groups of researchers - funding and collaborations - publications and data sharing - clinical and allied health networks.
Functions of a national network	- Conduct advocacy for Indigenous representation on high level committees and boards (e.g. Australian Medical Research Advisory Board). - A place for sharing and combining research knowledge, resources, expertise, networks, skills and support. - A place for people to connect through webinars, forums, conferences and events. - An environment to foster collaboration rather than competition and to encourage people to work together in a collaborative framework. - Provide support for researchers to deliver quality and impact. - Linkage with ACCHOs to build evidence-based capabilities. - Conduct masterclasses (e.g. systematic reviews, grant writing). - The network could focus on being or creating an expert network(s) for specific health areas of relevance to Aboriginal and Torres Strait Islander peoples (e.g. ethics, autoimmune conditions, chronic conditions, personalised medicine, lifecycle and lifespan, genomics, transgenerational health).

Outcomes	Attributes or actions identified by participants
Timeframe and funding	• To be fully successful the network would need five to ten years of support. Shorter NHMRC funding could be used as seed funding for larger and longer sources of funding (e.g. philanthropy). • Funding should also be extended to ACCHOs due to the high level of burden placed on ACCHOs by researchers in general.
Governance of the network	• Network Environments for Aboriginal Health Research (NEAHR), Aboriginal Capacity and Developmental Research Environments (ACADRE), NIRAKN and Australian Rural Health Education Network (ARHEN) models could be examined as possible models or to be linked up to this national network. • Indigenous 'Academy' could be established within the network to support the functions of the network and to set strategic goals for the network (e.g. build expertise in big data, data sovereignty, genomics, health services research). • The network should develop an income stream to support the next generation, driven by communities.

Topic 5: Pipeline considerations and career pathways

Strengthening the resilience of the workforce, succession planning and creating a pathway for career progression (particularly post-PhD), not only in academia but also in clinical, policy and community work are important. Particular focus must also be provided for women, where additional barriers exist. In addition, Aboriginal and Torres Strait Islander researchers work in all fields of health and not only in the area of Aboriginal and Torres Strait Islander health, and must be acknowledged accordingly. Some strategies that may contribute to the development of a framework that supports careers at all stages and create a long-term pipeline of researchers to become the leaders of the future include:

• **creating an optimal mix of researcher seniority and expertise**
• **encouraging PhD study and empowering engagement in clinical and policy research**
• **increasing the number of applications from Aboriginal and Torres Strait Islander researchers to funding bodies.**

Capacity building of Aboriginal and Torres Strait Islander researchers can be achieved through appropriate funding, better support and mentoring systems and institutional characteristics. In order to build capacity, scholarships, internships and strong mentoring frameworks are needed alongside adequate funding. Institutions need to ensure that students and researchers are well informed of their career paths, the opportunities available to them and the kinds of track records needed for particular career pathways. Adequate and appropriate funding to support career paths is important. This can be achieved through flexible funding arrangements and the inclusion of strategies such as 'quotas' and '50% clinical/50% research' to increase the funding allocation and success rate of Aboriginal and Torres Strait Islander researchers.

Outcomes	Attributes or actions identified by participants

Early career researchers and PhD Students	• Scholarships, internships and mentoring are key mechanisms to build careers of researchers. The following ideas were highlighted:
	  o The AURORA Program is a good model that seeks to transform lives by investing in supporting people through internships. The program places Aboriginal and Torres Strait Islander and non-Indigenous students and graduates (including mature aged) in fulltime unpaid four to six week internships, at over 140 organisations Australia-wide. The internship work has an Indigenous focus.
	  o NHMRC should continue providing internship opportunities within the agency.
	  o Provide PhD Scholarships that pay students for an additional six months at the completion of their PhD to assist with applications for grants.
	  o Have available funding for PhD students to do course work to ensure they are competitive.
	• Have early conversations/mentoring with PhD students about planning the milestones in their research career.

Institutions	• Institutions need to inform students and researchers about:
	  o what a research career looks like
	  o what opportunities/pathways are available
	  o what track record one needs to be competitive
	  o what leadership looks like
	  o funding for career exploration and experiences.
	• Institutions need to provide students and researchers with the following:
	  o awareness education on unconscious biases
	  o flexibility with part time employment
	  o guidance on valuing diversity of experiences:
	    ▪ leadership and placement training
	    ▪ matching trainee/student with a team and role/position depending on what they bring to the team.
	  o Recognition and reward for senior researchers who support early-career researchers and students.

Funding and granting	• Dispensation for senior Chief Investigators to be listed in support of junior Indigenous Chief Investigator A without using up their grant cap under the NHMRC's New Grant Program. • Encourage part-time clinical and part-time research work. This is well established in the clinical area but not in other health fields. • Increase success rates in all salary support schemes. • Allocate a minimum of 5% of NHMRC funding to Aboriginal and Torres Strait Islander researchers (as opposed to research) if the capacity/resources are available.

What are the next steps?

This report and presentation slides from Ms Heather D'Antoine, Prof Alex Brown and A/Prof James Ward will be circulated to all workshop participants. The Office of NHMRC will consult with the PCIC and CEO of NHMRC to plan for a series of actions for the next triennium, including support for a National Network.