

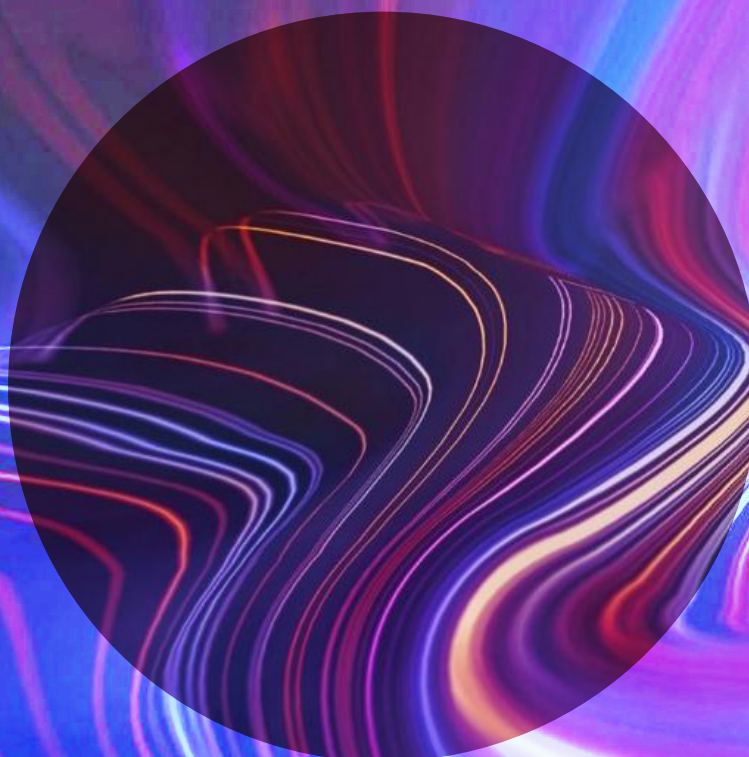


Australian Government  
National Health and Medical Research Council

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# Consultation Report: Options to reach gender equity in the Investigator Grant scheme

October 2022



NHMRC

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# Introduction

## Aim of the consultation

On 15 July 2022, NHMRC released a [Discussion Paper: options to reach gender equity in the Investigator Grant scheme](#). This discussion paper supported an open consultation with the research sector on options to offset the systemic disadvantage faced by women in health and medical research, as reflected in the attrition of female applicants with seniority in NHMRC's largest scheme – the Investigator Grant scheme. The consultation sought feedback to help NHMRC to decide whether to adopt one of the options outlined in the discussion paper, or a variant of them, or to take a different approach to addressing the problem.

## Context

In February 2022, NHMRC published a detailed analysis of funding outcomes by gender in the first three years of the Investigator Grant scheme (2019–2021). This was followed by sector-wide webinars in February and March. The earlier analysis and recordings of the webinars are available at [Gender disparities in NHMRC's Investigator Grant Scheme](#).

Based on feedback from this earlier engagement with the sector and advice from its advisory committees, NHMRC developed and presented modelling for four options to reach gender equity in the Investigator Grant scheme:

- Option 1: Increase structural priority funding to 20%
- Option 2: Increase structural priority funding to 20% and award a single Research Support Package (\$400,000 per annum) for all Leadership levels (L1, L2 and L3)
- Option 3: Award equal numbers of grants by Chief Investigator A gender
- Option 4: Award equal total funding by Chief Investigator A gender.

As articulated in the [Discussion Paper: options to reach gender equity in the Investigator Grant scheme](#) and throughout the national consultation, the disparities in the outcomes of the Investigator Grant scheme mainly reflect the attrition of women among applicants with increasing seniority, with the result that more grants and more total funding have been awarded to men, particularly at the most senior level of the scheme. NHMRC's position is that these disparities are due to the systemic disadvantage experienced by women in the health and medical research sector. They cannot be resolved through individual 'relative to opportunity' adjustments but require systemic intervention.

Throughout the national consultation, NHMRC emphasised that no decision had yet been made and that NHMRC was open to modifications or hybrid versions of the options that were modelled in the Discussion Paper.

# Consultation activities

## Overview

An overview of the main consultation activities is provided in the table below.

Table 1. An overview of the consultation activities in July and August 2022

| Date/s                   | Activity                       | Purpose                                                                                                               | Audience                                                                                                                                                                    | Number of events/ participants                                   |
|--------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 15 July 2022             | Discussion paper released      | To support an open discussion with the research sector                                                                | Health and medical researchers and other interested parties                                                                                                                 | 3933 unique page views                                           |
| 15 July – 16 August 2022 | Online survey                  | To capture feedback on the options presented in the discussion paper through multiple-choice and free text responses  | Health and medical researchers and other interested parties                                                                                                                 | Responses to the survey: 870                                     |
| 18–20 July 2022          | Roundtables with peak groups   | To initiate discussion with the research sector and promote engagement with the open consultation through peak groups | Peak groups representing universities, medical research institutes, medical colleges, learned academies and other organisations representing health and medical researchers | 4 roundtables<br>Participants: 28                                |
| 1–16 August 2022         | Open forums with Menti polling | To present the options outlined in the discussion paper and capture feedback through a live Q&A and Menti polling     | Health and medical researchers and other interested parties                                                                                                                 | Open forums: 9<br>Registrations: 1759<br>Menti participants: 947 |
| 1–12 August 2022         | Leadership forums              | To discuss the shared challenge of gender equity, including lessons learned from institutional initiatives            | Senior institutional leaders from NHMRC-funded Administering or Participating Institutions                                                                                  | Leadership forums: 6<br>Participants: 43                         |

# Communication and promotion

On 4 July 2022, NHMRC announced its intention to consult on options to reach gender equity in the Investigator Grant scheme in its fortnightly newsletter [Tracker](#), which has more than 9000 subscribers, as well as on social media. It was also advised that NHMRC would be releasing a discussion paper and holding open forums with the research sector during August.

The release of the Discussion Paper was accompanied by the opening of registrations to attend any of nine open forums held at various locations around the country and online. An online survey option was available from 15 July to 16 August 2022. A list of Frequently Asked Questions was also released on 1 August 2022, the day of the first open forum. The news page for the opening of the consultation is here: [www.nhmrc.gov.au/about-us/news-centre/nhmrc-consultation-options-reach-gender-equity-investigator-grant-scheme](http://www.nhmrc.gov.au/about-us/news-centre/nhmrc-consultation-options-reach-gender-equity-investigator-grant-scheme).

Shortly following the release of the Discussion Paper, NHMRC held four roundtable discussions with peak bodies representing universities, medical research institutes, medical colleges, learned academies, health and medical researchers and early to mid-career researchers. The roundtables aimed to initiate discussion with the research sector on the options to reach gender equity in the Investigator Grant scheme and to encourage engagement with the open consultation. A number of peak bodies subsequently promoted engagement with NHMRC's consultation to their membership.

NHMRC continued to promote the consultation through its communication channels, including reminders to register for an open forum and to participate in the online survey up until the last day (16 August 2022). The consultation also attracted media attention.

## Modes of engagement

### Open consultation with the research sector

The primary mode of engagement was a series of open forums held at locations across Australia (Brisbane, Townsville, Sydney, Melbourne, Perth, Adelaide and Canberra) and online. Each forum included the use of Menti, a real-time anonymous feedback tool to seek respondents' views on the options being presented. An anonymous online survey was also open from 15 July until 16 August. Importantly these two activities were open to all to participate and were designed to capture feedback directly from researchers, research administrators and other interested stakeholders.

### Engagement with institutions

In addition to open consultation with the research sector, NHMRC wrote directly to Vice-Chancellors, Institute Directors and other senior leaders to provide them with their institutional gender data for Investigator Grant applications and grant outcomes and invite participation in Leadership Forums in Brisbane, Sydney, Melbourne, Perth, Adelaide and online.

The objective of the leadership forums was to bring leaders together with the NHMRC CEO to consider the shared challenge of gender equity and actions that institutions and NHMRC can take to remove barriers to women reaching senior roles in the same numbers as their male colleagues, as well as to discuss initiatives that institutions have already implemented.

# Consultation outcomes

## Approach to the findings

This section of the Consultation Report provides an overview of the feedback received during the national consultation on options to reach gender equity in the NHMRC Investigator Grant scheme. The overview is compiled from information and feedback received across all modes of engagement during the consultation, including roundtables with the peak groups, open forums (including the Q&A discussion and Menti polling), the online survey, leadership forums and other formal and informal meetings or inputs received during the consultation period.

This narrative overview is supplemented by quantitative analysis of the responses to the online survey and Menti poll, as detailed in **Appendix A – Survey results** and **Appendix B – Menti results**. Some individuals are likely to have participated in both feedback mechanisms.

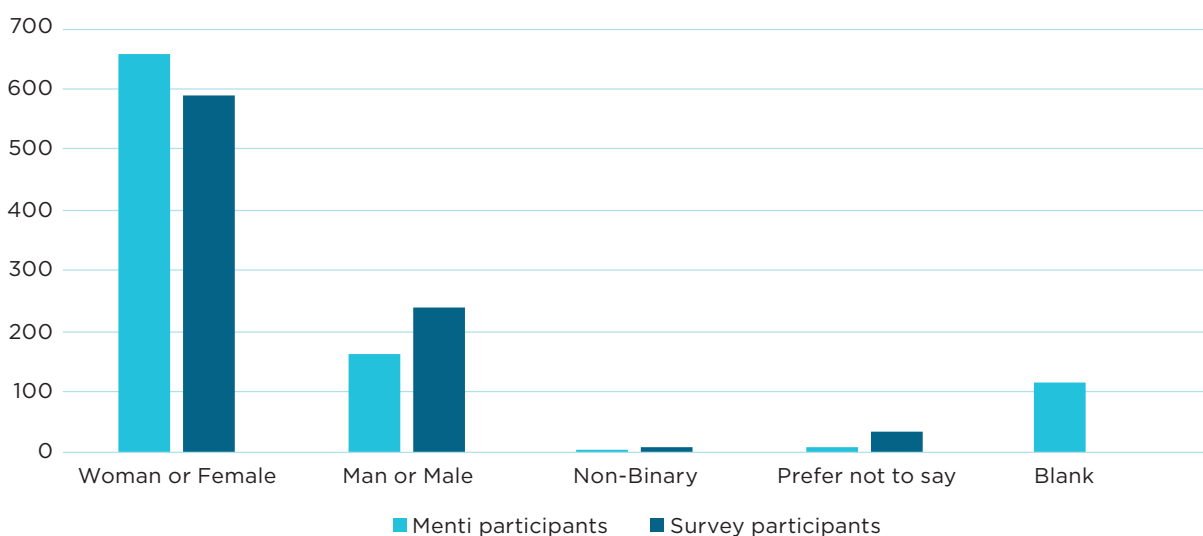
Due to the need to gather and consider feedback to inform decisions with time to be implemented for the next Investigator Grant round, NHMRC did not invite written submissions. Nonetheless a small number of written submissions were received. The feedback from written submissions has been included in the summary of findings below as applicable, along with all other sources.

## Participation and gender balance

Over 900 people participated in the online Menti poll during the forums. An anonymous online survey was open from 15 July to 16 August and attracted 870 responses. The Discussion Paper online received almost 4000 unique views during the consultation period.

The gender balance at the open forums was markedly skewed towards women (69%; men 17%). More men completed the online survey than participated in the forums, but the proportion of men (27%) remained well below women (68%). The gender balance from the Menti polling and the online survey is detailed in Figure 1. Gender was not reported for other feedback mechanisms.

Figure 1. Number of participants by gender who responded to the Menti poll and online survey



Note: Menti polling gave 'Blank' responses primarily because some participants initiated the poll on their device after the gender question had closed; others may have elected not to answer.



# Support for the options

All options received some support during the consultation. There was also support for no action.

The strongest support was expressed for Options 3 and 4 with only modest support for a staged (or phased) implementation of these options. In terms of the goals of intervention, there was clear support for equal funded rates by gender in the short term (which is consistent with the goal of NHMRC's existing structural priority funding measure) and equalising total funding awarded to women and men in the next 2–3 years. There was general support for implementing a single Research Support Package (RSP) at the Leadership levels (L1, L2 and L3) regardless of option.

Specific feedback on each option, including 'none of the above', is summarised below.

Feedback on the options has informed the development of a new funding framework for the Investigator Grant scheme from 2023, as announced on 12 October 2022. Read the announcement here: [www.nhmrc.gov.au/about-us/news-centre/working-towards-gender-equity-investigator-grants](http://www.nhmrc.gov.au/about-us/news-centre/working-towards-gender-equity-investigator-grants).

## Option 1 – Increase structural priority funding to 20%

Support for Option 1 was generally expressed by those who also favoured 'equal funded rates' as the gender equity target, including those who perceived that the other options created further inequality between the genders by unfairly lowering funded rates for men, particularly mid-career male researchers. Increasing structural priority funding was described as the only way to avoid discrimination against men. Proponents of this view tended to consider Option 1 as the best option for the future of health and medical research and for gender equity outcomes, and as the most proportionate and fair of the proposed interventions.

## Option 2 – Increase structural priority funding to 20% and award a single RSP (\$400,000 per annum) for all Leadership levels (L1, L2 and L3)

General comments on this option were comparable to Option 1, emphasising that gender equity is crucial but there is a need to avoid unintended negative consequences of drastic action. Option 2 was viewed as improving female funded rates while ensuring equal funding for women and men.

Shifting to a single RSP was viewed as the most equitable outcome, which would also remove the incentive to apply at a lower level. The current scaling of RSPs was also described as unfair. Reducing the RSP for senior Leadership grant holders (mostly senior men) was described as a 'fair' redistribution of funding to more applicants at the L1 and L2 level. This was also frequently described as 'leveling the playing field' at the Leadership level.

Some people favouring this option expressed concern that Option 3 or 4 would be detrimental for women in the Emerging Leadership categories and/or adversely affect the pipeline of female researchers. They therefore selected Option 2 as having the best overall gender equity outcomes.

Option 2 was described as 'fair and proportionate' because it prioritises funding (rather than forcing equality of outcomes) and limits discretion or variability in the amount of funding awarded.



## Option 3 – Award equal number of grants to women and men

People supporting Option 3 stressed the importance of providing more grants to female researchers to retain more women in health and medical research. Option 3 was described as the best option to create or increase the pipeline from the future. As one respondent put it, Option 3 is needed until the number of women applicants increases at the senior leadership level.

Respondents who selected Option 3 in preference to Option 4 noted that equal numbers will ensure there are more women at all levels in the system, not just more money for fewer women. However, a number of respondents called for a ‘combination’ of Options 3 and 4 to balance the number of grants and total funding. Some suggested a single RSP as the means to achieve this.

Other variations were suggested such as applying Option 3 only at the Leadership level (‘where the problem exists’) or applying it at every level within Leadership (i.e. L1, L2 and L3).

People favouring Option 3 tended to emphasise that applicants would still be selected on merit because a threshold level of quality (e.g. Excellent) would still apply. One person noted that the first few years might see a higher funded rate for women than men but this would likely resolve: “The future of medical research is about retaining diversity and balance to benefit society.”

## Option 4 – Equal total funding to women and men

Option 4 received the highest level of support in the consultation. However, as Option 3 and Option 4 give very similar outcomes, a number of people said they would support either.

Equal division of total funding to women and men (Option 4) was often described as the most equitable. Some people remarked that Option 4 gave women ‘the advantage’. Some described it as a short-term advantage because funded rates would be higher until the number of female applicants increased. Others acknowledged that this advantage was to counter the long-term systemic disadvantages faced by women and that ‘quotas of this sort are well known to be the only effective way to rapidly reverse longstanding gender inequity.’ A number of people described Option 4 as ‘past due’ or simply thanked NHMRC for considering it.

As with Option 3, modifications were suggested, such as applying Option 4 only to the Leadership category (and continuing with structural priority funding for Emerging Leadership levels) or applying it at each of the three Leadership levels. On the latter option, some people expressed concern that equalising funding at the Leadership level overall was unfairly penalising L1 and L2 men, while failing to address the problem of too few women (or too many senior men) at L3. A further variation suggested was to address the issues at L3 separately. Some people called for gender parity by broad research area as well.

Some people also suggested consideration be given to higher total funding for women than men – at least in the short term. For example, ‘career break’ grants could be offered for women to return to research after time out in industry or for caring responsibilities.

Others noted that institutional support for women would increase under Option 4; universities and institutes would ‘act to retain, stabilise and attract women’; ‘more women would need to be promoted into leadership positions at workplaces and supported during career disruptions.’

## None of the above

Some people did not support any of the options presented.

In some cases, they expressed the view that gender should not be a factor in determining NHMRC funding outcomes. This was usually accompanied by the comment that the focus should be *only* on funding the highest-quality health and medical research, or 'on merit'. This group generally did not agree with imposing any gender equity targets.

Some people emphasised equality of opportunity, rather than outcomes. Measures to improve equality of opportunity suggested by this group included: support for female researchers to raise the excellence of applicants/applications, blinded peer review and further emphasis on strengthening 'relative to opportunity' and career context considerations. This group generally did agree that gender equity targets were needed and preferred equalising the number of grant applications from women and men or, in some cases, equal funded rates.

## Monitoring and evaluation

Throughout the consultation period, many people asked whether any intervention (if implemented) would be permanent or time limited. People also raised the need to monitor and evaluate any initiative to ensure it was meeting its goals.

Any significant intervention to address gender equity needs to be developed as a special measure under the *Sex Discrimination Act 1984*. Such measures are required to be time limited and monitored to assess whether they are achieving their stated goal. The duration does not need to be specified in advance. Such measures are in place for as long as needed.

## Inclusion of non-binary gender identities

Overall, the inclusion of non-binary researchers in NHMRC's gender equity actions received significant support throughout the consultation, but not without some objections or reservations.

People who supported the inclusion of non-binary gender identities emphasised that Australia's research community should reflect Australian society and that 'representation matters.' They acknowledged that gender is not binary and that gender non-conforming people are discriminated against in the workplace and suffer harassment and abuse.

Including self-identified non-binary researchers alongside women in gender equity initiatives was generally viewed as important for redressing bias and discrimination and avoiding marginalisation. It was also suggested that inclusion and diversity lead to fairness and equity, and that a 'more diverse medical research workforce is a stronger medical research workforce.'

Some people were concerned that including non-binary researchers with women would detract from addressing equity for women in research. This group generally supported non-binary researchers receiving separate consideration and support, rather than being excluded.

People who disagreed with the inclusion of non-binary gender identities did so for a range of reasons, including concern about it not being an objectively assessable category and the potential for gaming (i.e. individuals falsely claiming to identify as non-binary). Some people commented that there is insufficient evidence of reduced funding success for non-binary applicants.

Others rejected 'gender identities' in general as the basis for considering any equity measures, either favouring a focus on a (binary) biological sex classification or paying no attention to the sex/gender of applicants. In contrast, others recommended that NHMRC collect and use data on sex and gender of applicants to enable consideration of transgender researchers (see below).

# Institutional initiatives and support

Many people asked about what research institutions were doing, or could do, to further gender equity for women in health and medical research. Discussion at various forums (including leadership and open forums) featured institutional initiatives that assist with the retention and promotion of women, or discussion about what types of support would be most useful to reach gender equity in health and medical research.

Institutional strategies and initiatives to achieve gender equity varied according to the structure and resourcing of the institution. Senior leaders of all institutional types noted the challenge of encouraging women 'to put themselves forward' and the need to be alert to women taking on higher service loads at the expense of time and energy for research (and for grant applications). Smaller institutions (e.g. medical research institutes) talked about making sure you 'know your researchers' and can identify potential applicants (for external grants and for internal promotions) and provide targeted support (e.g. grant application writing, mentoring, etc.). Larger institutions (e.g. universities) focused more on workforce level data (by discipline), overarching strategies and providing access to targeted support programs (e.g. 'return to research' or 'bridging' grants). Senior leaders from multiple institutions reflected positively on the Athena SWAN accreditation process as a valuable mechanism to benchmark their achievements to date and identify areas for improvement.

Among the examples of institutional initiatives discussed during the consultation were:

- addressing unconscious bias in recruitment and promotion panels
- diversity training, including addressing non-binary inclusion
- targeting gender parity in appointments at all academic levels
- advertising and offering women-only positions (especially at the most senior levels or where women are underrepresented at less than 40%)
- actively identifying women for promotion; focus on and support researchers with potential
- mentoring and leadership programs; career coaching for women and/or EMCRs
- recognising mentoring, championing diversity and other non-traditional metrics (especially in promotions and other recognition and awards)
- using internal panels to review applications and providing feedback to applicants
- reviewing the institution's applicant profile and whether it matches the institutional profile
- applying a 'gender and diversity' lens to the formation of research groups and the role people play in research teams (e.g. teaching, administration and service roles, grants, etc.)
- addressing the gendered impact of job insecurity by offering much longer contracts or continuing appointments
- programs to support 'return to research' following career breaks (e.g. parental leave), including financial support and additional leave allowances
- other programs to support carer responsibilities (e.g. childcare for conferences)
- meeting the core elements of flexible work arrangements, equal pay and a safe workplace.

# Other issues raised

Throughout the national consultation, NHMRC heard and was asked about other issues affecting gender equity and diversity in the health and medical research workforce, as outlined below. This section also responds to frequently asked questions during the consultation.

## Transgender

During the consultation, NHMRC was asked about the inclusion of people with transgender identities and experience. Some people suggested NHMRC needed to add trans gender, or trans woman and trans man, to its gender classification and data collection. Others asked NHMRC to consider asking sex (recorded at birth), as well as gender, and so derive cis- and trans-gender using the “two-step method” outlined in the Australian Bureau of Statistics (ABS) [Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020](#).

NHMRC plans to update its gender classification for grant applicants to align with the ABS Standard, which provides the response options: man or male, woman or female, non-binary, different term (specify in free text), and prefer not to say. This updated classification will allow NHMRC to include non-binary researchers in gender equity initiatives and reporting.

NHMRC recognises the importance of people being able to express their identities and having their experiences (including discrimination and disadvantage) appropriately recognised. NHMRC also recognises that trans people may use a variety of terms to describe themselves including but not limited to: man, woman, trans woman, trans man, non-binary, agender, genderqueer, genderfluid, trans masculine/masc and trans feminine/femme. As such, NHMRC encourages all grant applicants to select the gender response that best meets their gender identity, expression or experience. Free text responses to ‘different term’ are allowed if needed. NHMRC does not propose to add a separate trans category as this would be inconsistent with the current ABS Standard.

NHMRC notes the suggestion to include other variables from the ABS Standard in the data it collects from NHMRC grant applicants but is mindful of the burden on the sector of additional data collection. NHMRC is prioritising improving the data that is currently used to inform decisions about grant funding (i.e. gender).

NHMRC is considering how to collect and analyse other information about the health and medical research workforce in the future to understand and address the impact of diversity and intersectionality (see below) on researchers’ experiences and opportunities.

## Intersectionality and other forms of disadvantage

Gender intersects with other factors, such as disability, culture, ethnicity and language background, and sexual orientation. The issue of intersectionality and the need to consider other groups that may experience systemic disadvantage was raised throughout the consultation.

NHMRC acknowledges that there are many forms of systemic disadvantage, caused by factors other than gender, and the compounding effects of intersectionality.

Currently NHMRC collects data from grant applicants on their gender and Aboriginal and Torres Strait Islander status and uses this information to assist policy development and to design and monitor interventions (e.g. structural priority funding).

NHMRC is considering how to collect evidence on other diversity indicators in the future.

## Grant assessment

Various comments were received, and questions raised, during the consultation about NHMRC's grant assessment processes, which are grouped thematically below. As indicated, NHMRC will be seeking further advice from its advisory committees on key issues raised during the consultation.

### Relative to opportunity

NHMRC's Relative to Opportunity Policy, and how it is implemented in practice, received considerable commentary through the consultation, such as suggestions that NHMRC systematise its approach to make the assessment less subjective for both applicants and peer reviewers.

For NHMRC grant schemes where research track record is a selection criterion (such as Investigator Grants), applicants may outline any factors that have positively or negatively affected their research productivity. Assessors are then required to take this information into account in evaluating track records 'relative to opportunity'. NHMRC has made recent improvements to its Relative to Opportunity Policy and will continue to consider feedback and refine the policy where appropriate.

Importantly, however, this consultation was focused on correcting imbalances caused by systemic disadvantage, which is unable to be corrected by relative to opportunity considerations. Assessment relative to opportunity is a means to adjust for an individual's specific circumstances – whether personal (such as family responsibilities or disability) or professional (such as non-research professional responsibilities or periods of unemployment). These individual considerations cannot account for systemic disadvantage. NHMRC does not expect assessors to adjust their scoring of track record because an applicant belongs to a group of people who experience systemic disadvantage. Other strategies must be used if NHMRC is to take systemic disadvantage into account.

### Career disruption

NHMRC's approach to career disruption received commentary during the consultation, with the suggestion that NHMRC take a similar approach to the Australian Research Council in its treatment of maternity leave (i.e. extension of eligibility period by up to 2 years per dependent child).

NHMRC is considering this approach in consultation with its advisory committees.

Some people also asked why NHMRC only permits a minimum of 90-day blocks of time for career disruptions, especially from people concerned about the effect of long-term chronic illnesses.

Long-term chronic illness and other circumstances (e.g. disability) need a different management approach to career disruptions that are treated or resolved within an uninterrupted time period. For this reason, NHMRC recommends to applicants that these types of life circumstances (that affect track record) be addressed in an applicant's response to Relative to Opportunity, rather than treated as a discrete interruption.

## Gender balance in peer review

A number of questions were asked about the gender of peer reviewers during the consultation, including whether gender-balanced peer review panels are used and whether all-female review had been considered.

NHMRC recognises that, whatever our gender, we all have biases of which we are aware to varying degrees. Interventions such as ensuring peer reviewer diversity, requiring implicit bias training and using gender-neutral language in grant applications may help, but NHMRC has no evidence that gender balance or all-female review will lead to fairer outcomes.

Some people suggested that grant review panels (GRPs) are needed to manage and 'call out' unconscious gender bias in peer review. GRPs were used by NHMRC for many years in its Project Grant scheme. Over its final two years of GRPs, gender balance of the panels was achieved. Despite this, statistically significant gender disparities in outcomes remained as in previous years.

The move to application-centric peer review in several schemes (whereby applications are assigned the best matched peer reviewers and assessments are completed independently with no GRPs) has provided greater flexibility for those participating. This has meant that peer reviewers with carer responsibilities, for whom participating in panels (even remotely) is not feasible, can still be part of NHMRC peer review and contribute their expertise.

## Leadership criterion

During the consultation NHMRC was asked about the description of the Leadership criterion in the Investigator Grant scheme, with some people suggesting it may lead to gender bias in the assessment of grant applications.

The Leadership criterion used for Track Record assessment in the first four years of the Investigator and Synergy Grant schemes (2019-2022) articulates a range of leadership values and practices. It is timely to review the description and NHMRC is undertaking this review at the moment to ensure it is current.

# Appendices

## Appendix A – Survey results

### Introduction

An online survey was open from 15 July to 16 August 2022. The survey was designed to capture feedback on the options presented in the Discussion Paper.

The figures and tables below provide a quantitative analysis of the responses to the survey questions. Questions that assessed level of agreement were also analysed by assigning each of the choices a numerical score as follows: Strongly Disagree = -2; Disagree = -1; Neutral = 0; Agree = 1; and Strongly Agree = 2. For these questions, a mean score is provided to show the overall level of disagreement (negative score) or agreement (positive score).

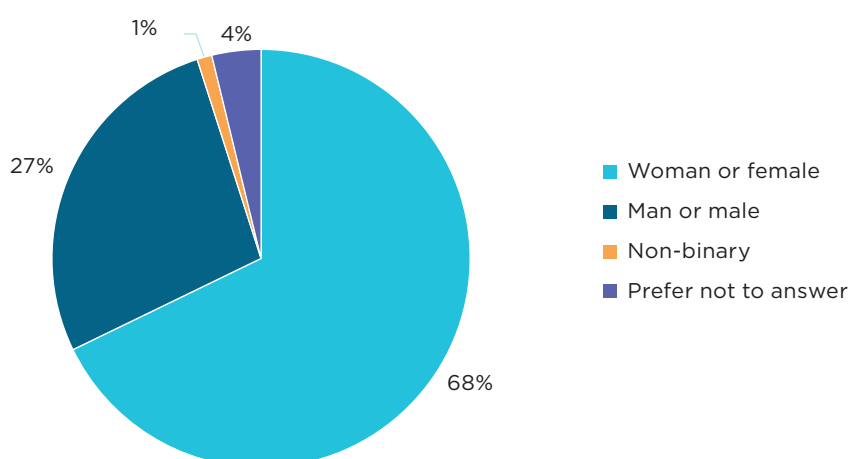
Free text responses were analysed and incorporated in the overall narrative analysis provided in the main section of the report.

### Results

#### How would you describe your gender?

The survey closed at 5pm AEST on 16 August 2022 with a total of **870 responses**, of which 590 (68%) identified their gender as woman or female (68%); 237 (27%) identified their gender as man or male and 10 (1%) selected non-binary as their gender identity. A further 33 (4%) were classified as 'prefer not to answer', which includes responses that stated they were submitted on behalf of an organisation, as well as individual respondents.

Figure 2. Proportion of respondents by gender

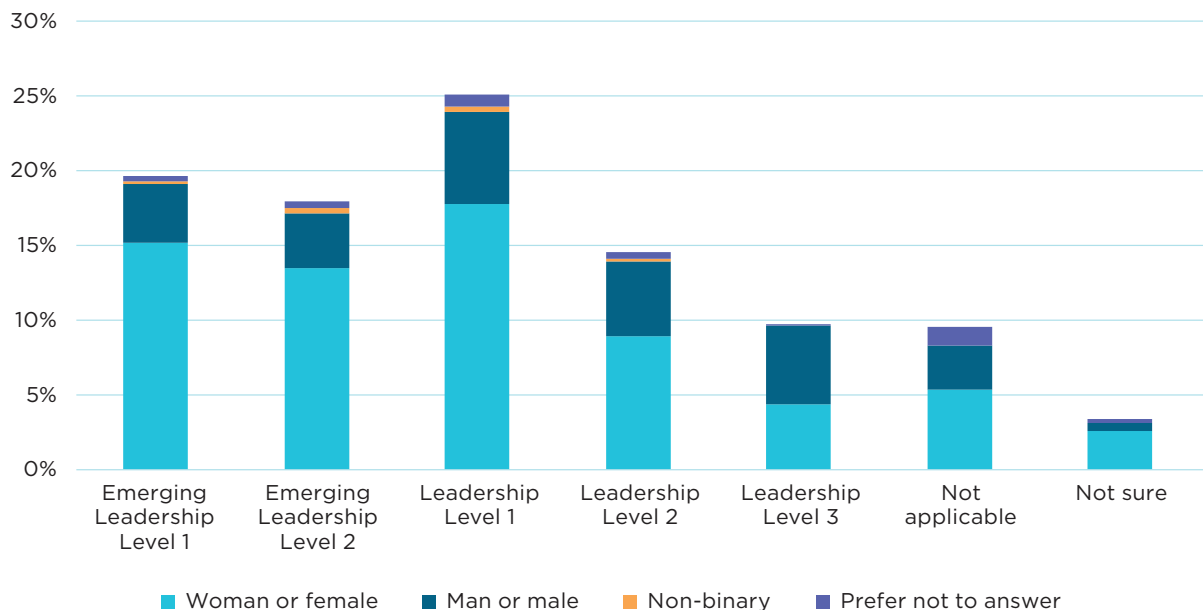


Note: 'Different term' responses were recoded as 'non-binary' or 'prefer not to answer' to preserve anonymity in later results.



### What is your career stage under the NHMRC Investigator Grant scheme?

Figure 3. Career stage by gender



### Do you agree with including non-binary researchers in gender equity actions?

Figure 4. Agreement with including non-binary researchers in gender equity actions by gender

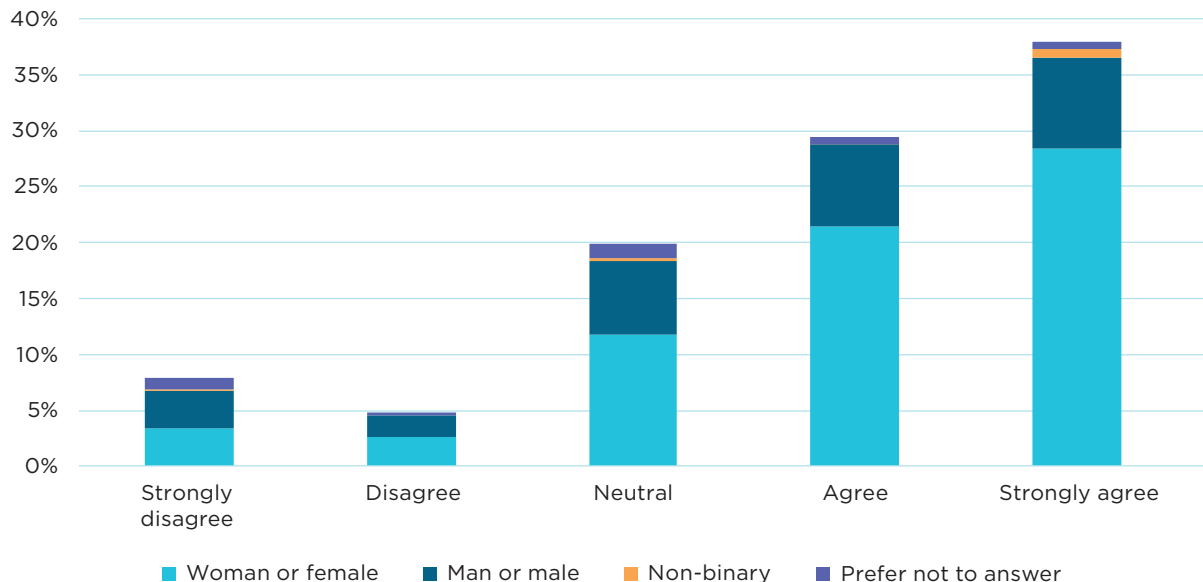


Table 2. Mean score for including non-binary researchers in gender equity actions

|                                               | Mean score |
|-----------------------------------------------|------------|
| Non-binary inclusion in gender equity actions | 0.85       |

Note: A negative score indicates overall disagreement. A positive score indicates overall agreement. Score range is -2 (Strongly disagree) to +2 (Strongly agree).

### What should the gender equity target be?

Figure 5. Gender equity target in the next 12 months, responses by gender

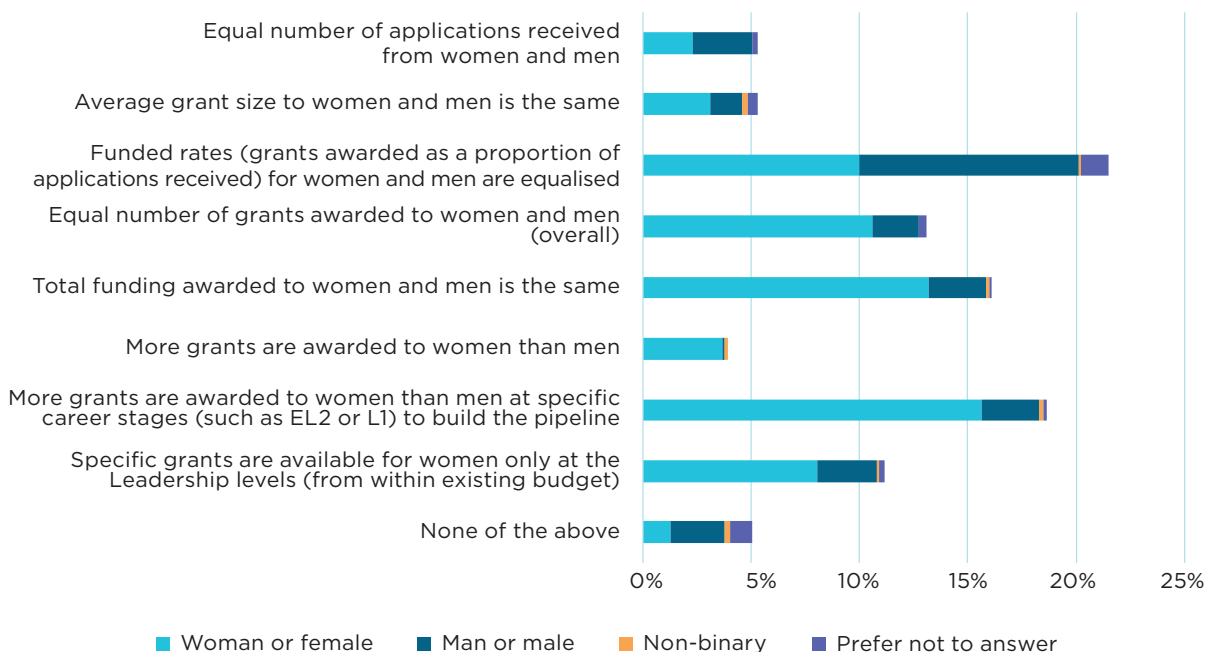
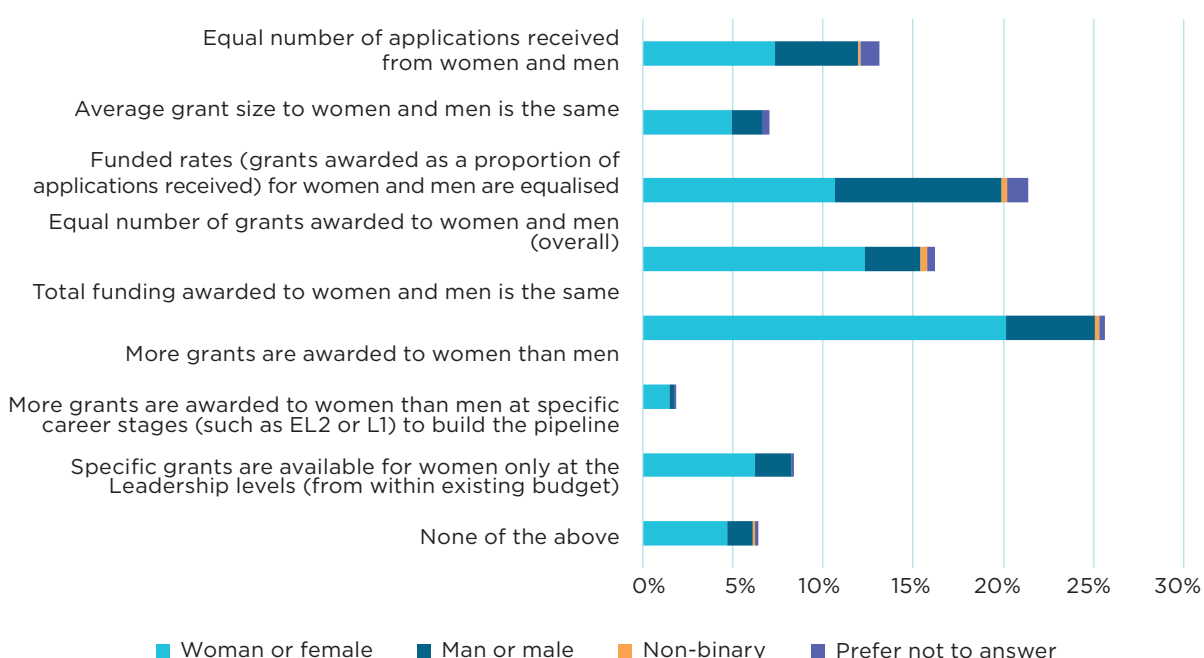


Figure 6. Gender equity target in the next 2-3 years, responses by gender



## Comparing the options

Figure 7. Which option is best for the future of health and medical research?

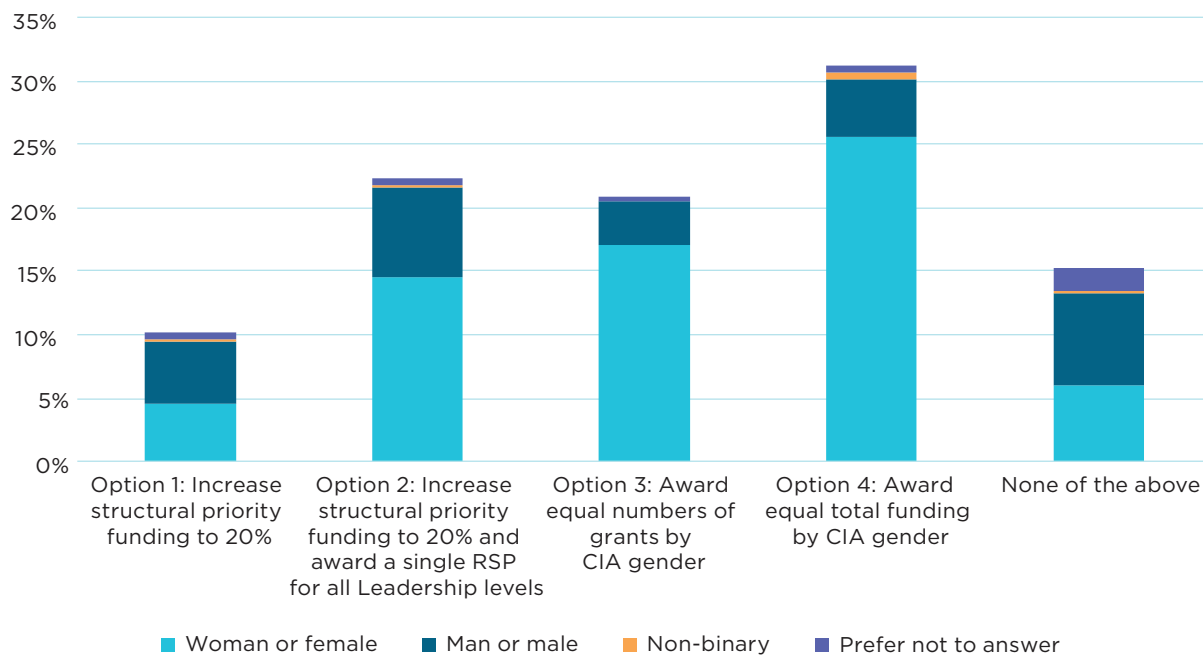


Figure 8. Which option achieves the best gender equity outcomes?

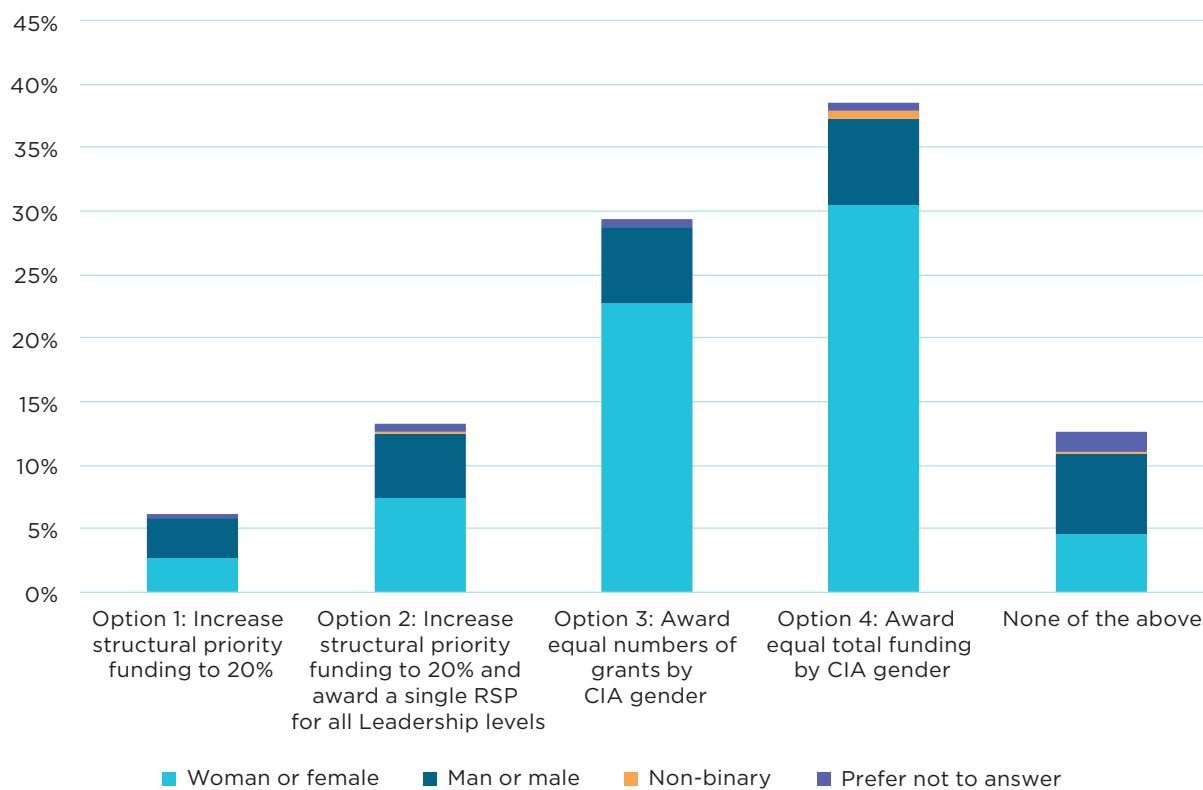
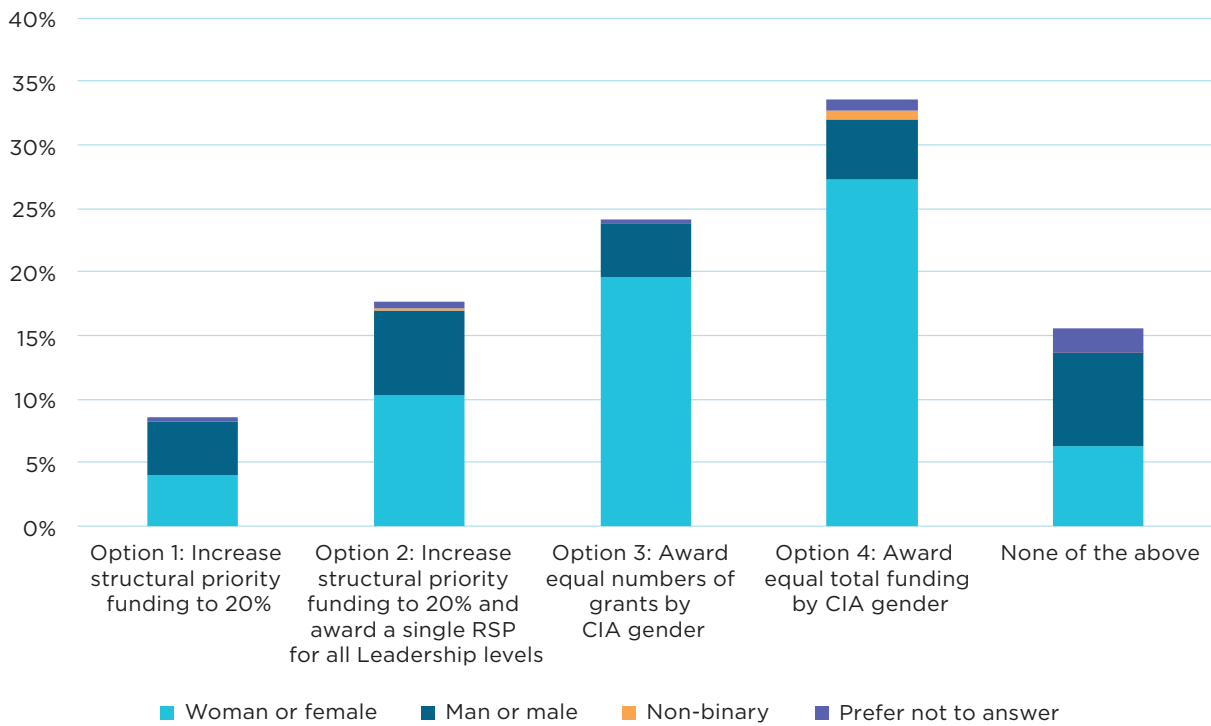


Figure 9. Which option is the most proportionate and fair?



Feedback on the options: Level of agreement with each option

Figure 10. Option 1: Increase structural priority funding to 20%

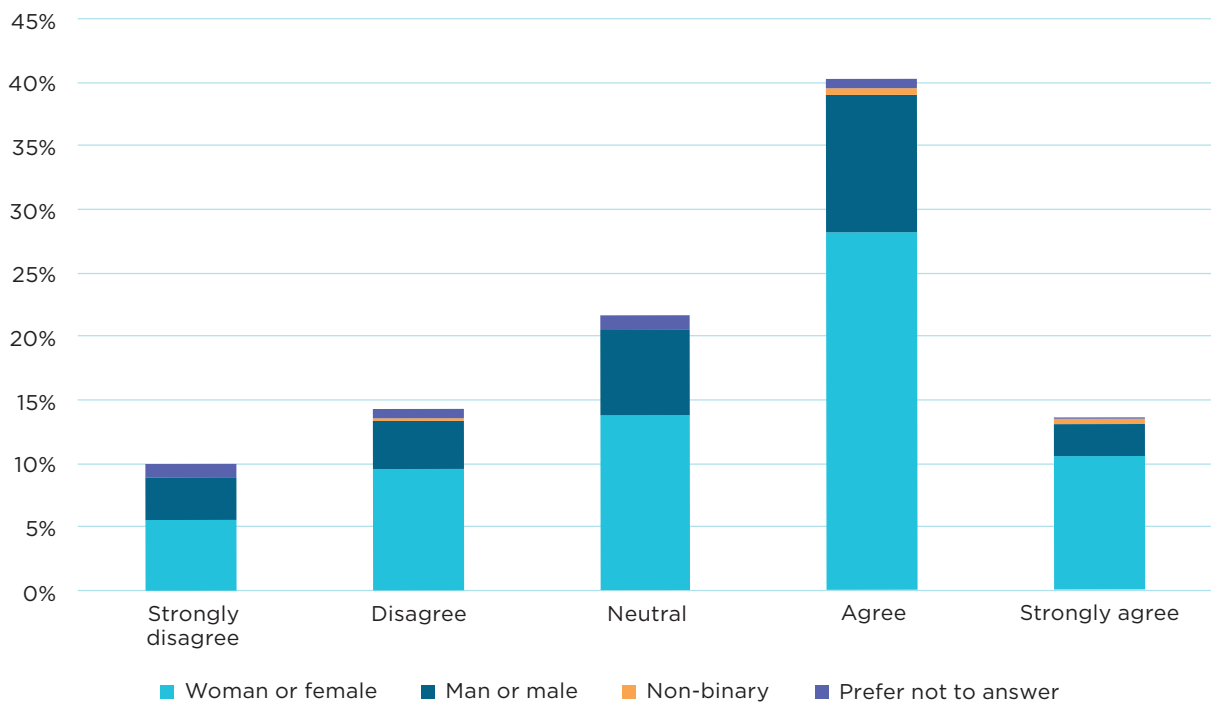


Figure 11. Option 2: Increase structural priority funding to 20% and single RSP (\$400,000) at the Leadership level

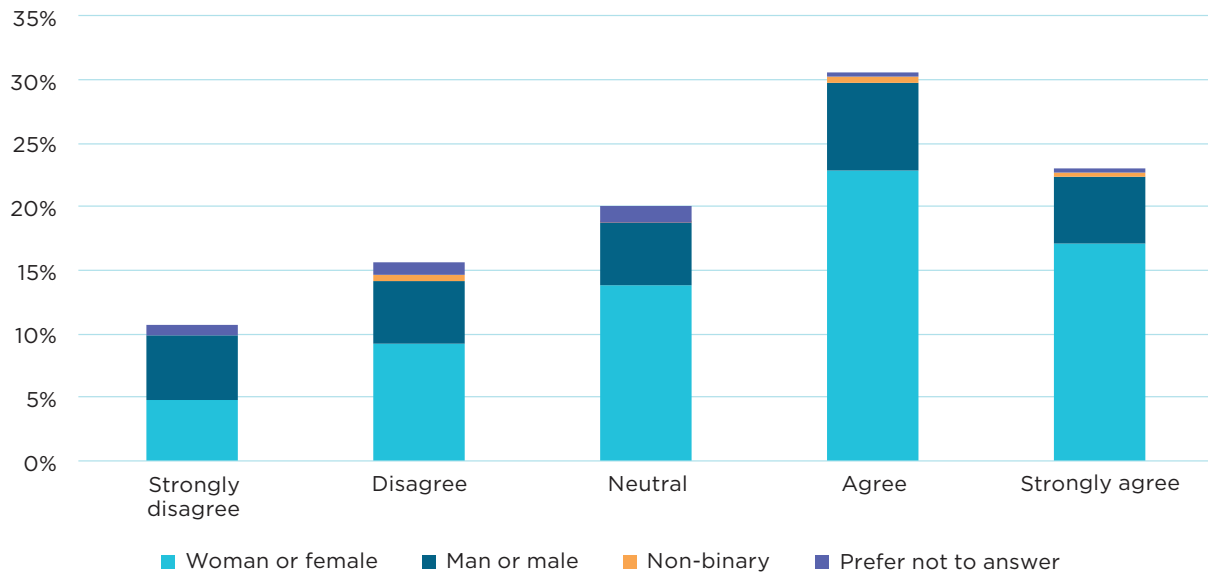


Figure 12. Option 3: Award equal number of grants by gender

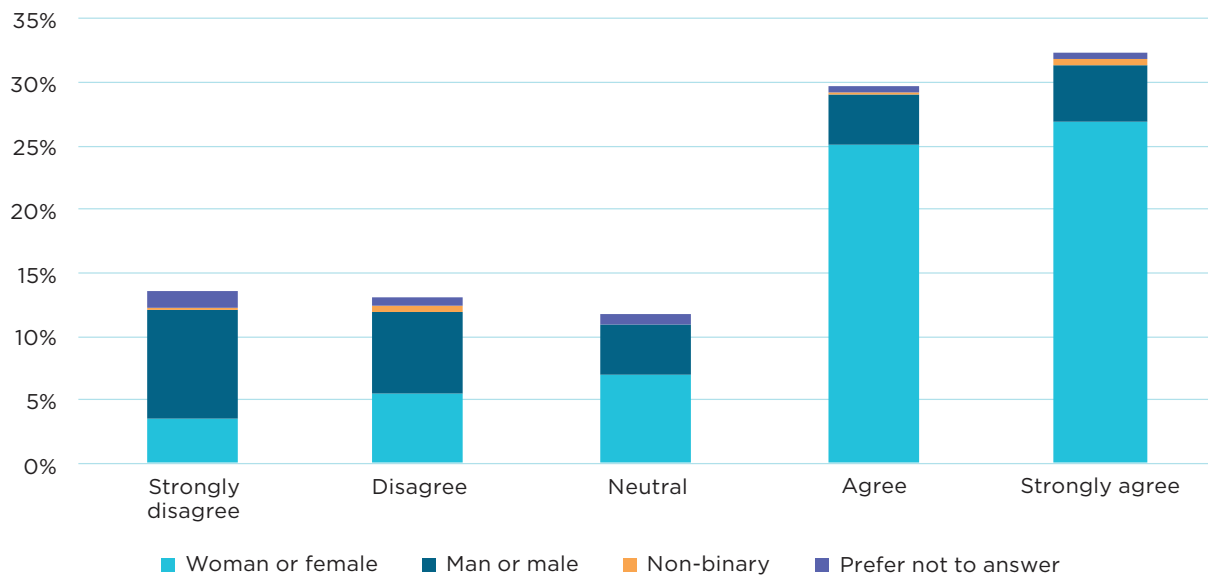


Figure 13. Option 4: Award equal total funding by gender

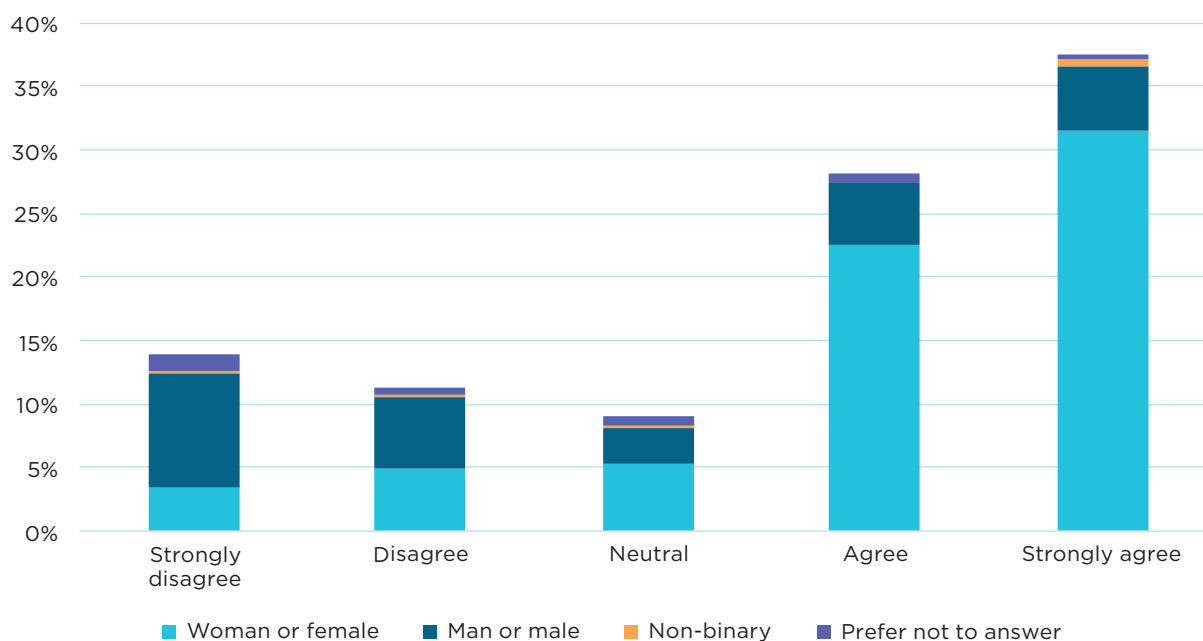


Table 3. Mean score (level of agreement) with each option

|          | Mean score |
|----------|------------|
| Option 1 | 0.33       |
| Option 2 | 0.40       |
| Option 3 | 0.54       |
| Option 4 | 0.64       |

Note: A negative score indicates overall disagreement. A positive score indicates overall agreement. Score range is -2 (Strongly disagree) to +2 (Strongly agree).

**Do you agree with implementing Option 3 or 4 in stages?**

Figure 14. Option 3 implemented in stages over 2-3 years, responses by gender

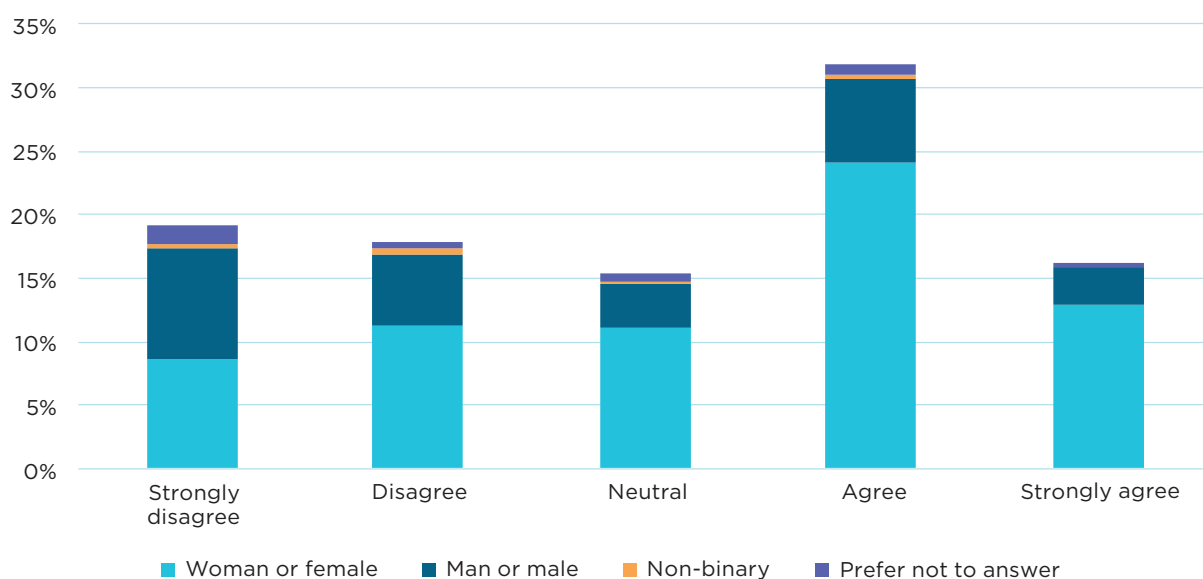


Figure 15. Option 4 implemented in stages over 2-3 years, responses by gender

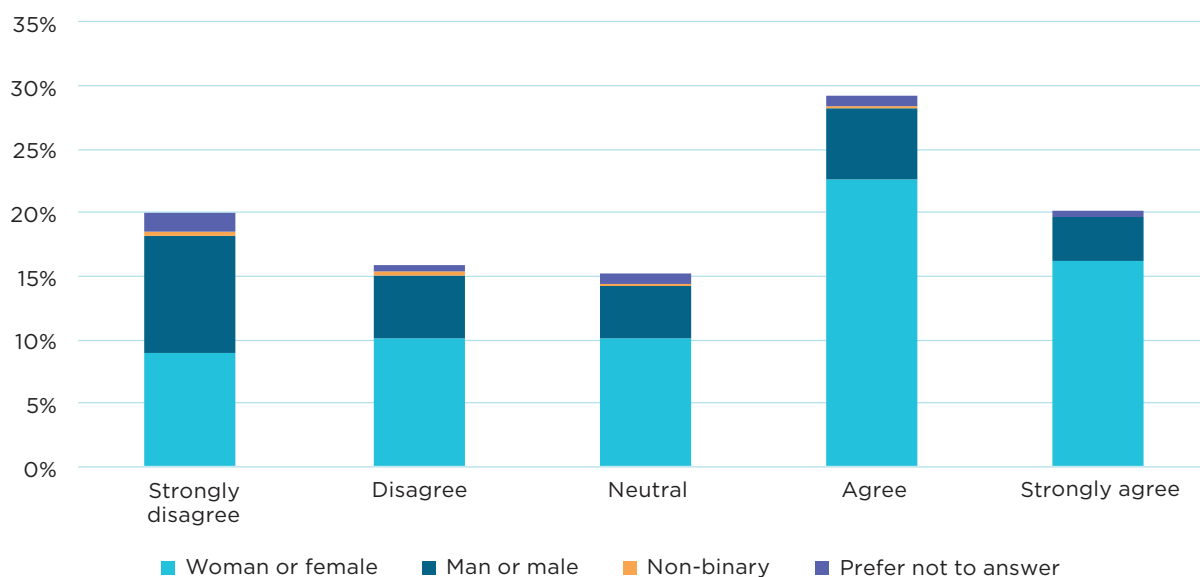


Table 4. Mean score (level of agreement) with each option

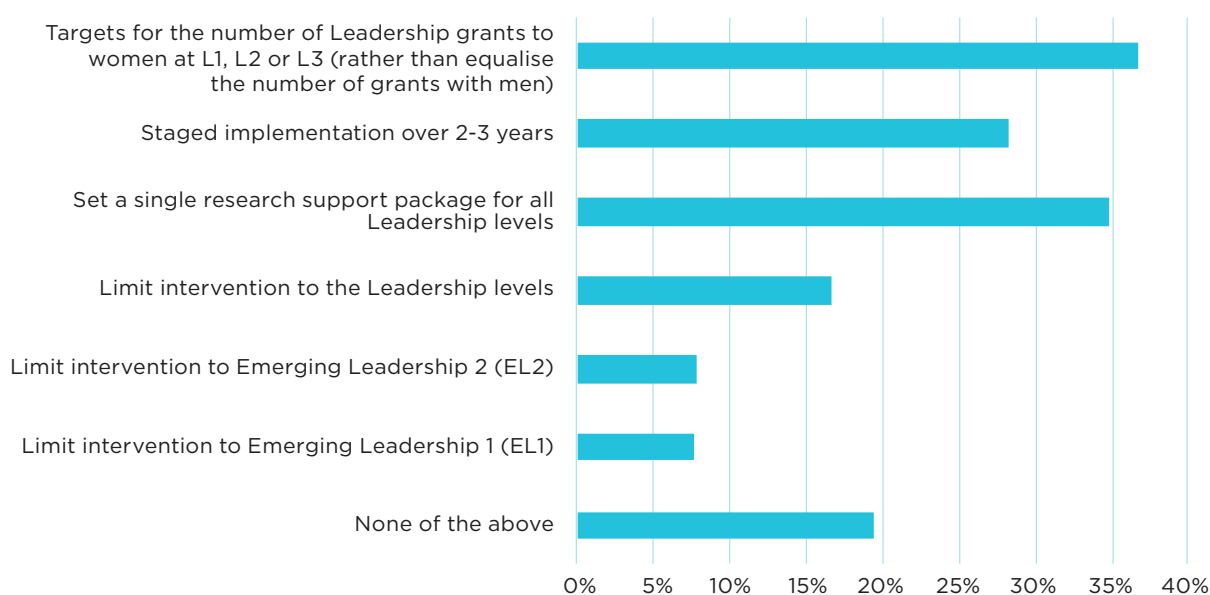
|                                                 | Mean score |
|-------------------------------------------------|------------|
| Option 3 – Implemented in stages over 2-3 years | 0.08       |
| Option 4 – Implemented in stages over 2-3 years | 0.13       |

Note: A negative score indicates overall disagreement. A positive score indicates overall agreement. Score range is -2 (Strongly disagree) to +2 (Strongly agree).

### What adjustments to the options do you support?

The level of support for each adjustment may be overstated in the Figure below. This is because this question, when first introduced in the Survey, did not have the option to select 'None of the above'. This option was added on 8 August 2022 in response to user feedback.

Figure 16. Support for adjustments to the options (% respondents)



Note: Respondents could select multiple options. The first 245 respondents to the survey did not have the option to select 'none of the above'. This option was added to the survey on 8 August 2022 in response to user feedback.



# Appendix B – Menti results

## Introduction

From 1-16 August 2022, NHMRC held a series of open forums that included a presentation by NHMRC CEO, Professor Anne Kelso AO, and an open discussion with attendees on the options.

During these sessions, participants were invited to respond to a series of live questions using Menti. The total number of participants using Menti during these sessions is shown in the table below. Not all attendees participated in Menti and not all Menti participants responded to all questions. The responses to the Menti questions are shown in the series of figures and tables below. The live discussion, including questions and answers, was also analysed and incorporated in the overall narrative analysis provided in the main section of the report.

Table 5. Number of participants in each Menti session by date and presenter's location

| Session date                        | Session location                   | Number of participants |
|-------------------------------------|------------------------------------|------------------------|
| 1 August 2022                       | Brisbane <sup>a</sup>              | 121                    |
| 2 August 2022                       | Townsville <sup>b</sup>            | 39                     |
| 3 August 2022                       | Sydney                             | 30                     |
| 5 August 2022                       | Melbourne (Monash) <sup>a</sup>    | 205                    |
| 9 August 2022                       | Melbourne (Parkville) <sup>a</sup> | 200                    |
| 10 August 2022                      | Perth                              | 39                     |
| 11 August 2022                      | Adelaide <sup>a</sup>              | 125                    |
| 16 August 2022                      | Canberra                           | 35                     |
| 16 August 2022                      | Webinar only <sup>a</sup>          | 153                    |
| <b>Total number of participants</b> |                                    | <b>947</b>             |

Note: a. Session included an online option (e.g. Zoom) available to access from any location (e.g. nationally)

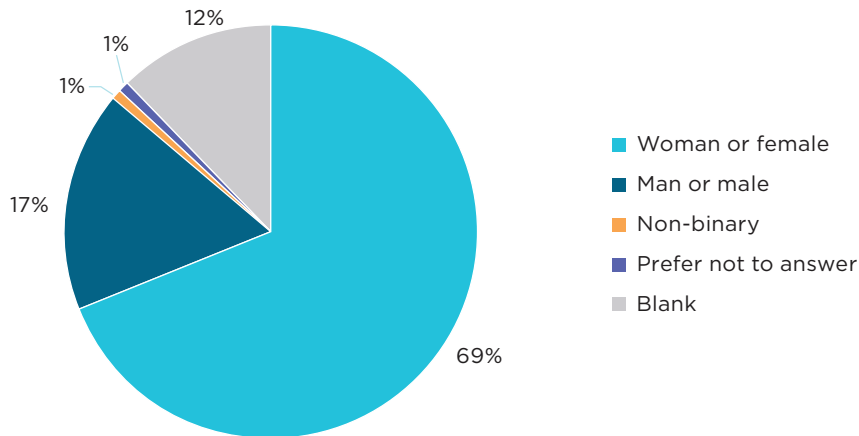
b. Session included an online option available to access from other James Cook University sites.

## Results

The responses to each Menti question are presented below in aggregate across all sessions. The use of online ('join from anywhere') options at multiple sessions precludes meaningful analysis by city or state. Except for the responses to 'gender' (where 'blank' responses are shown), all figures exclude non-responses. As result, the total number of respondents varies for each question.

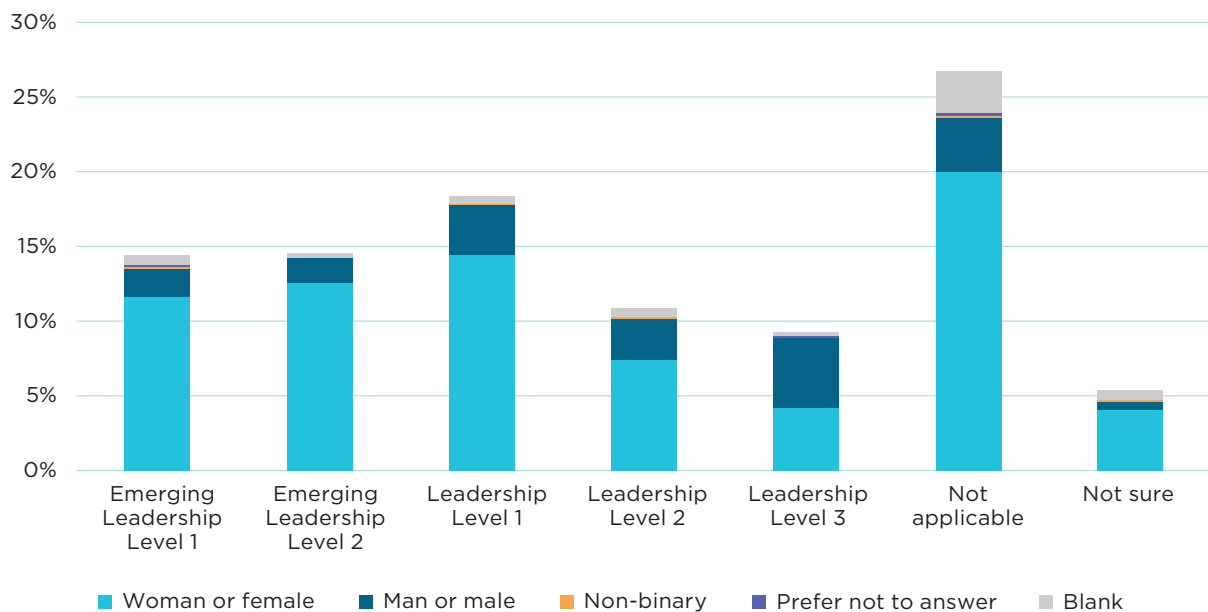
### How would you describe your gender?

Figure 17. Proportion of participants by gender, all sessions



### What is your career stage?

Figure 18. Career stage in the Investigator Grant scheme by gender, all sessions



### What is the key factor that causes gender disparities?

Participants responded to this question in free text form, which was presented live during the sessions as a word cloud. The table below shows the responses to this question from all sessions categorised and grouped thematically. Participants were able to enter multiple responses – as a result the total number of responses is higher than the total number of participants.

Table 6. Key factor causing gender disparities, number of responses by theme

| Theme                                         | Sub-themes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of responses |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Bias                                          | Bias, Gender bias, Reviewer bias, Systemic bias, Unconscious bias                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 298                 |
| Career / Workforce issues                     | Academic promotions, Age, Career breaks, Career challenges, Career delays, Career disruption, Career gaps, Career inflexibility, Career interruption, Career opportunities, Career path, Career progression, Career stage, Casualised workforce, Context, Disruptions, Duties, Expectation to relocate, Expectations, Experience, Fewer opportunities, Informal leave, Insecurity, Instability, Institutional factors, Institutional support, Job insecurity, L3s that don't retire, Labour disparity, Lack of flexibility, Lack of opportunities, Lack of recognition, More men at higher levels, Non-traditional pathways, Opportunity, Opportunity for men, Part time work, Promotion disparities, Recognition, Senior men, Seniority, Service load, Time poor, Unequal opportunities, Unequal workloads, University systems, Work distribution, Workforce absence, Workforce demographics, Workload, Workplace conditions | 240                 |
| Family / Carer / Household roles              | Caregiving, Carer, Carer burden, Carer responsibilities, Carer roles, Caring commitments, Caring duties, Caring for children, Caring for others, Child care / rearing, Family, Family balance, Family commitments, Family pressures, Family responsibilities, Home duties, Maternity, Mental load, Motherhood, Not family friendly, Parental leave, Parenting, pregnancy, Responsibilities, Responsibility, Work life balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 155                 |
| Social norms and attitudes                    | Corruption, Culture, Entrenched views, Expectations, Gender stereotypes, Generation change, Human condition, Lip service, Misogyny, Nepotism, Old fashioned thinking, Patriarchy, Perception, Power, Sexism, Societal norms, Society, Socio-cultural, Tradition, Underestimate ability, Understanding, Women not seen as leaders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 132                 |
| Disadvantage / discrimination                 | Accumulated disadvantage, Bullying, Capacity, Citizenship, Colonisation, Disadvantage, Discrimination, Disparity, Diversity, Entrenched disadvantage, Equality, Female disadvantage, Gender, Gender balance, Historical disparities, Imbalance, Inequality, Inequity, Injustice, Legacy, Racism, Structural, Structural disadvantage, Subconscious bias, Systemic, Systemic disadvantage, Systemic inequality, Unfair, Unfairness, Vicious cycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 128                 |
| Personal attributes, behaviours and attitudes | Ambition, Arrogance, Complacency, Concern for others, Confidence, Conservative thinking, Demoralisation, Disrespect, Egos, Favouritism, Fear, Feel blocked, Futility, Gender differences, Gender roles, Ignorance, Imposter syndrome, Ineptitude, Interest, Leadership desire, Misunderstanding, Motivation, No hope, Not interested, Not ready, Not worth it, Personal choice, Prejudice, Prioritising, Reservation, Risk taking, Salesmanship, Self belief, Self discrimination, Self doubt, Self esteem, Self perception, Self promotion, Shame, Women nurturing teams, Writing style                                                                                                                                                                                                                                                                                                                                      | 86                  |
| Peer review                                   | Assessment process, Female only peer review, Gender of peer reviewer, Independent assessors, Junior assessors, Lack of blinding, Male reviewers, No panels, No quotas, Panels, Peer review, Peer reviewer training, Relative to opportunity, Reviewer gender balance, Reviewer training, Reviewers, Scoring, Track record assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 74                  |
| Attrition                                     | Attrition, Attrition at mid-career, Attrition at senior levels, Attrition of women, EL2-L1 pinch point / dropouts, Fewer senior women, Fewer women at senior levels, Leaky pipeline, Pipeline, Retention issues, Women drop out, Women leaving research careers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 49                  |

| Theme                            | Sub-themes                                                                                                                                                                                                                                                                                                                                                                                 | Number of responses |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Institutional support            | Lack of role models, Lack of support, Lack of support for EMCRs, Leadership, Leadership opportunities, Leadership role, Leadership support, Mentoring, Not supported, Patronage, Preferential support, Sponsorship, Support, Support for leadership skills                                                                                                                                 | 46                  |
| Funding                          | Funding, Funding disparities, Lack of funding, Limited funding, Low success rates, Lower funding, Lower RSP, RSP, Salary, Success rates                                                                                                                                                                                                                                                    | 45                  |
| Scheme design                    | Administration, Bias in rules, Career disruption - only 90 days, Combined L1-L3, Cut off for EMCRs, Lack of quotas, Leadership levels combined, Level descriptions/rules, Limited flexibility, Loop holes, Narrow career disruption, No systemic solution, Poor design, Ranking system, Rating system, Scheme design, Scheme timing, Scoring criteria, The scheme, Women and men competing | 39                  |
| Applications                     | Applicant behaviour, Application numbers, Fewer female applicants, Low application numbers, More men apply, Number of applicants, Pool of researchers, Scissor graph, Unequal application numbers                                                                                                                                                                                          | 32                  |
| Male dominance                   | Boys' club, Male dominated, Male leaders, Male privilege, Men, More men, Old Boys' club, Old men, Old white men, Too many male L3s, Too many men                                                                                                                                                                                                                                           | 32                  |
| Track record                     | Fewer publications, Focus on publications, Metrics, Publications, Track record                                                                                                                                                                                                                                                                                                             | 21                  |
| Researcher type / discipline     | Clinicians vs academics, Field of research, Discipline                                                                                                                                                                                                                                                                                                                                     | 5                   |
| Other                            | Unclassified, Unsure                                                                                                                                                                                                                                                                                                                                                                       | 10                  |
| <b>Total number of responses</b> |                                                                                                                                                                                                                                                                                                                                                                                            | <b>1392</b>         |

### Feedback on the options: Level of agreement with each option

Figure 19. Option 1: Increase structural priority funding to 20%, all sessions

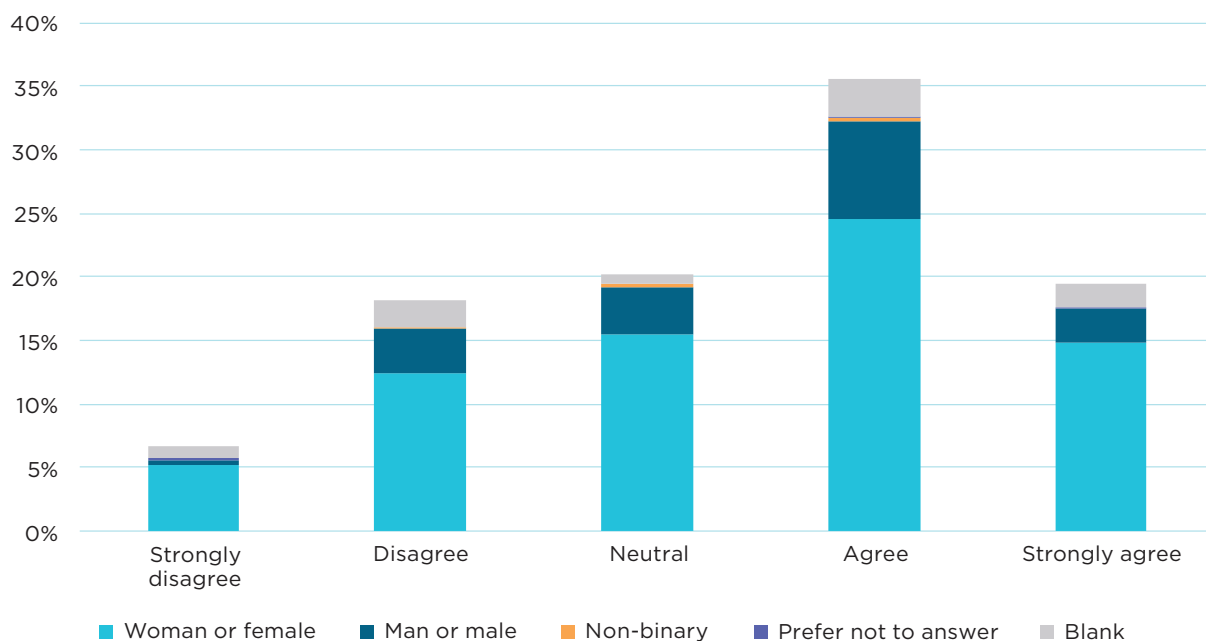


Figure 20. Option 2: Increase structural priority funding to 20% and single RSP (\$400,000) at the Leadership level, all sessions

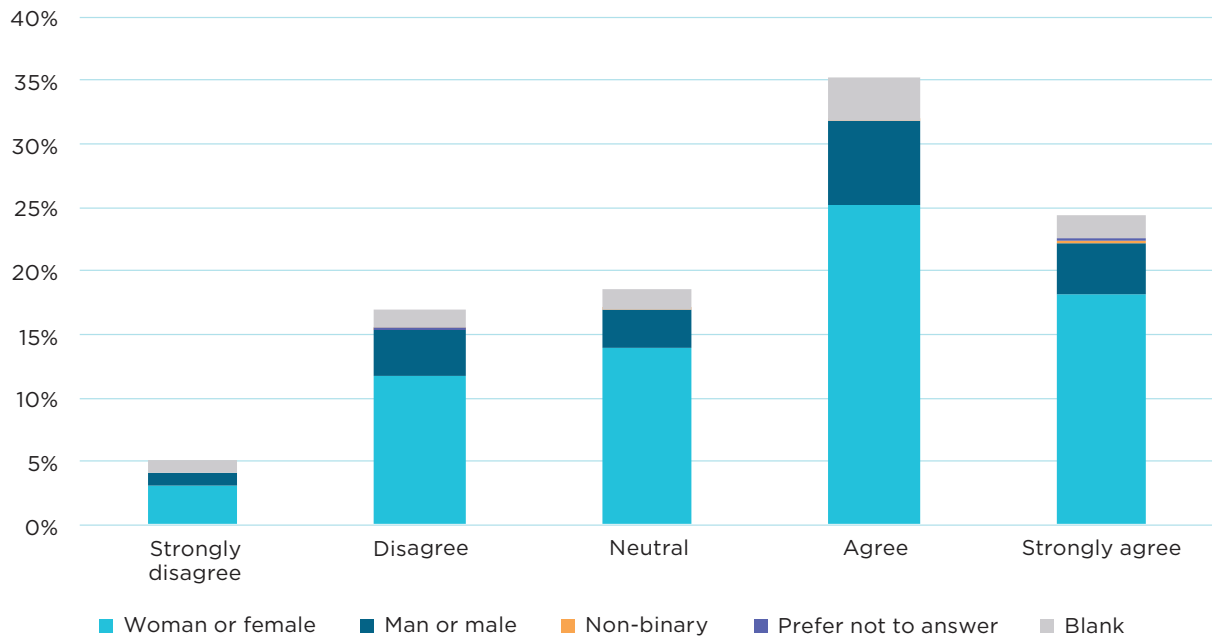


Figure 21. Option 3: Award equal number of grants by gender, all sessions

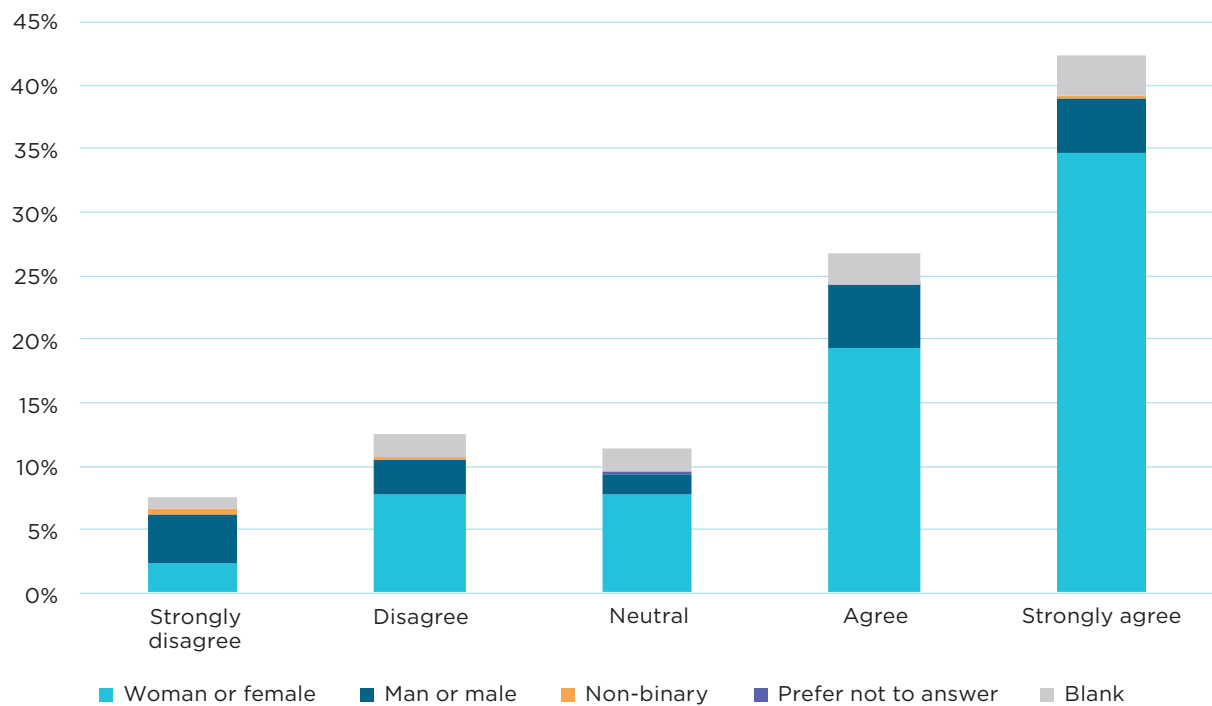
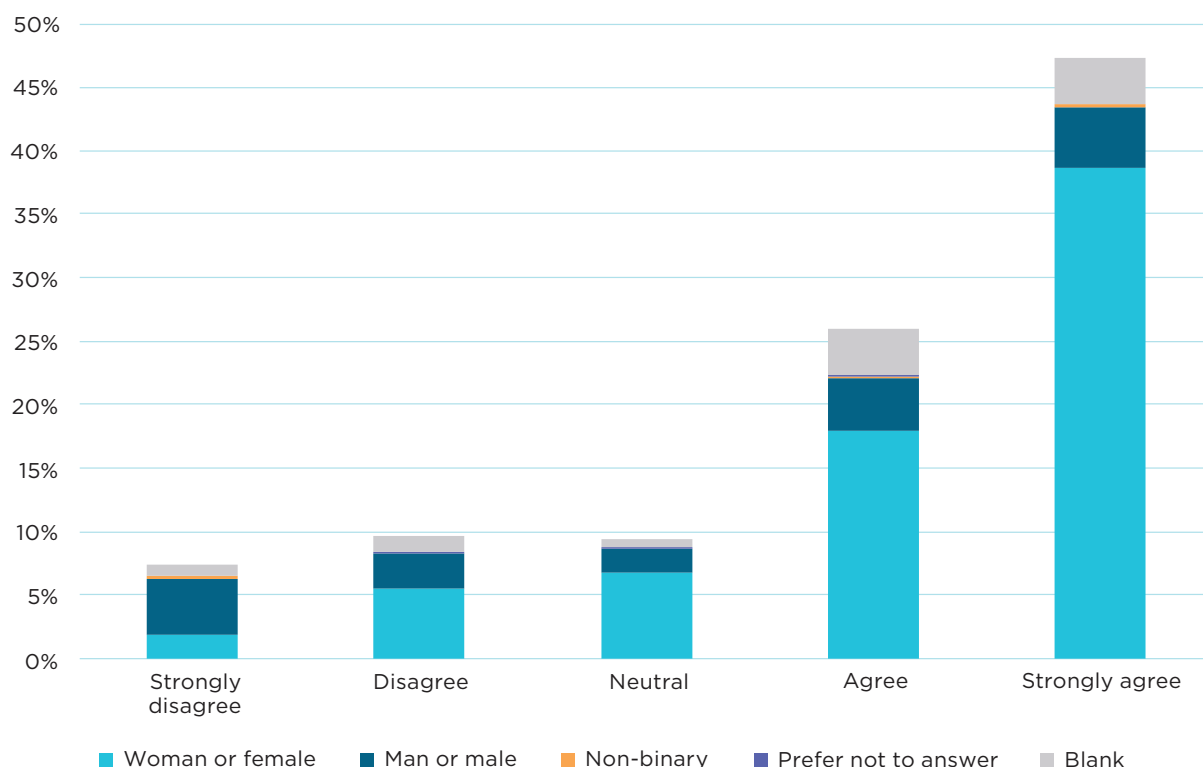


Figure 22. Option 4: Award equal total funding by gender, all sessions



The questions that assessed level of agreement were also analysed quantitatively by assigning each of the choices a numerical score as follows: Strongly Disagree = -2; Disagree = -1; Neutral = 0; Agree = 1; and Strongly Agree = 2. For these questions, a mean score is provided to show the overall level of disagreement (negative score) or agreement (positive score).

The table below shows the total score, total number of voters and mean score for each option.

Table 7. Mean score (level of agreement) with each option, all sessions

|          | Number of voters | Total score | Mean score <sup>a</sup> |
|----------|------------------|-------------|-------------------------|
| Option 1 | 767              | 330         | <b>0.43</b>             |
| Option 2 | 789              | 449         | <b>0.57</b>             |
| Option 3 | 771              | 647         | <b>0.84</b>             |
| Option 4 | 793              | 763         | <b>0.96</b>             |

Note: A negative score indicates overall disagreement with the option, whereas a positive score indicates overall agreement. Score range is -2 to +2.

## Comparing the options

Figure 23. Which option is best for the future of health and medical research?

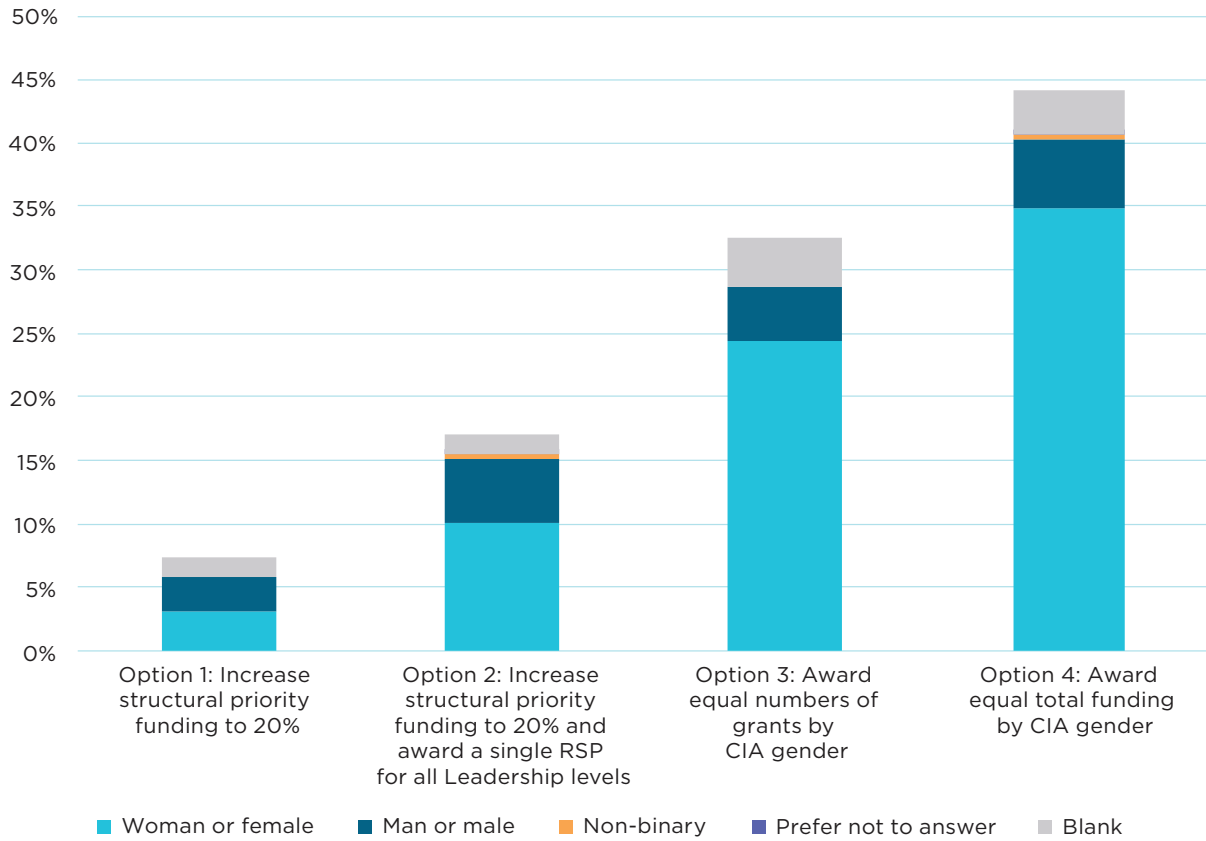


Figure 24. Which option achieves the best gender equity outcomes?

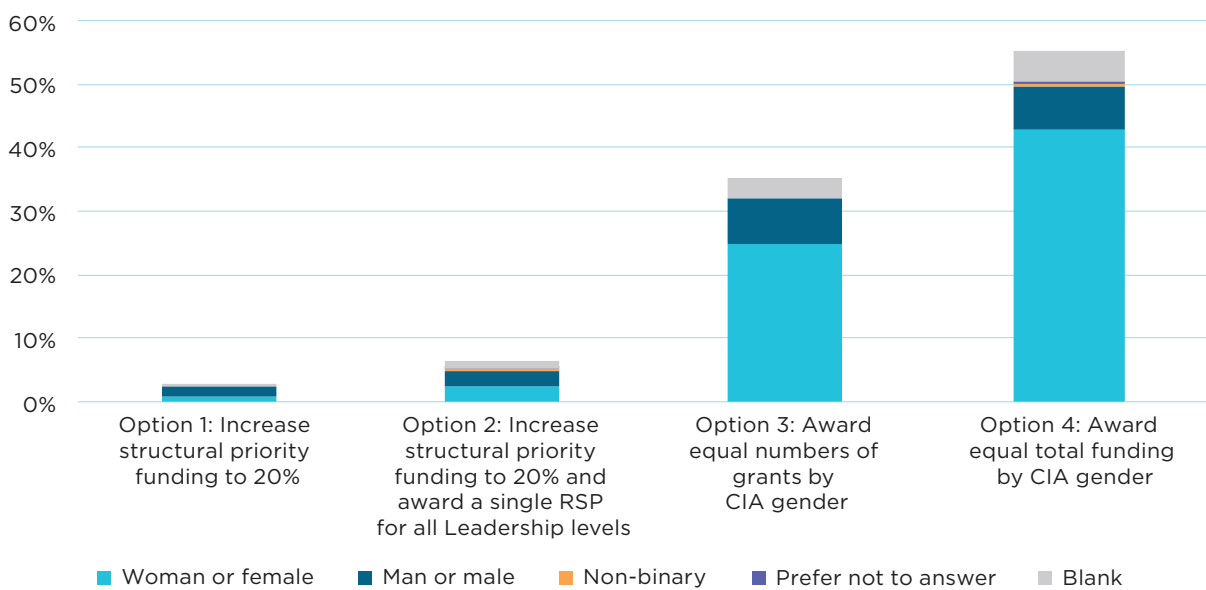
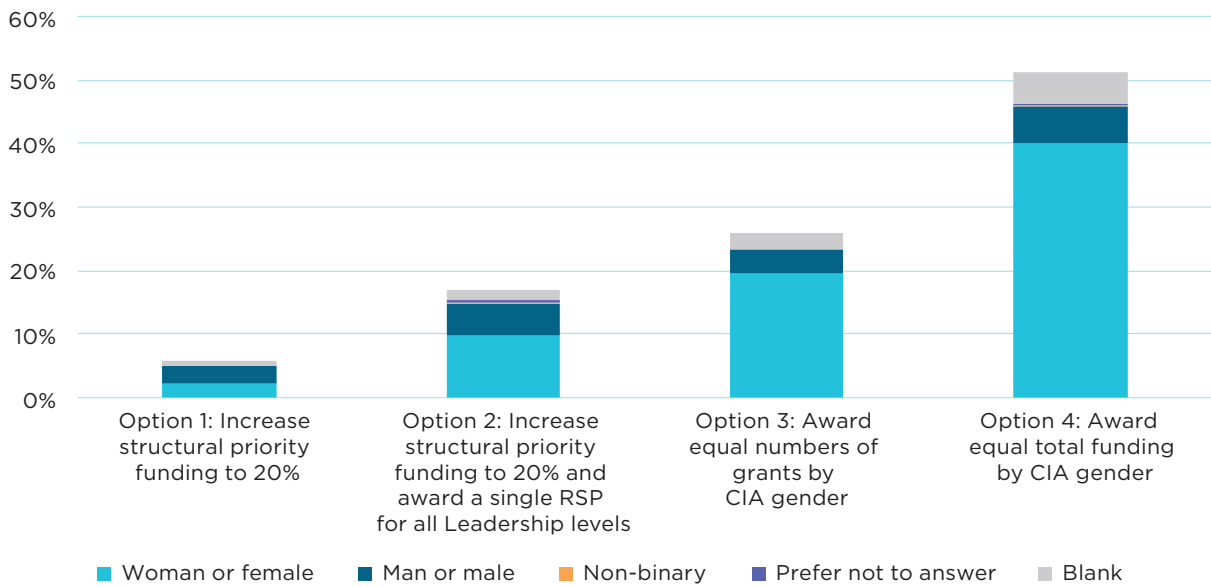




Figure 25. Which option is the most proportionate and fair?



What adjustments to the options do you support?

Figure 26. Proportion of respondents that support adjustments to the options (n = 947)

