



Australian Government
**National Health and
Medical Research Council**



Indigenous Research Excellence Criteria (IREC) Review

Discussion paper *(26 July 2023)*

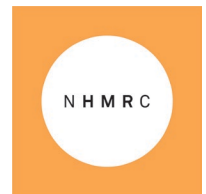
Tell us what you think

- Please submit responses to the consultation questions through our IREC Review Consultation online submission portal at [www.nhmrc.gov.au/IREC Review Portal](http://www.nhmrc.gov.au/IREC%20Review%20Portal)
- Submissions are welcome from 31 July and close on 8 September 2023.
- The national consultation will include a webinar and face-to-face workshops hosted by PCIC members.
- For more information on the IREC Review consultation, please contact Samantha Faulkner, Director Aboriginal and Torres Strait Islander Health Advice, NHMRC, on indigenous.advice@nhmrc.gov.au.

Artwork: Jordan Lovegrove, Indigenous artist

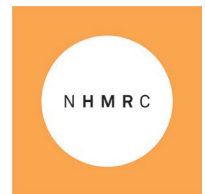
The artwork for the National Health and Medical Research Council's work in Indigenous health and medical research communicates empowerment of people over their health and the progression of learning and knowledge out from the meeting place (NHMRC—bottom left corner), where many people are gathered. In the streams there are the sources of nutrition and health—ants, berry bush and fish, as well as stars, which symbolise new ideas.

**BUILDING
A HEALTHY
AUSTRALIA**



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Foreword by NHMRC CEO

The National Health and Medical Research Council (NHMRC) has been the Australian Government body for supporting health and medical research since 1937. NHMRC is committed to contributing to better health outcomes for Aboriginal and Torres Strait Islander peoples, through a range of initiatives and guided by NHMRC's Principal Committee Indigenous Caucus (PCIC).

One such initiative is NHMRC's longstanding commitment to expend at least five percent of the Medical Research Endowment Account annually on Aboriginal and Torres Strait Islander health research. NHMRC is also committed to building and strengthening capacity and capability of Aboriginal and/or Torres Strait Islander health researchers by providing competitive funding opportunities and informal mentoring through participation in NHMRC committees¹.

NHMRC publishes research ethics guidelines to provide a set of principles designed to ensure that research is safe, respectful, responsible, high quality and of benefit to Aboriginal and Torres Strait Islander people and communities². These guidelines and a companion guide³ were most recently updated in 2018 incorporating feedback from a national public consultation.

In 2018, NHMRC published the third iteration of our strategic framework for improving Aboriginal and Torres Strait Islander health through research⁴ following a national consultation. The resultant Road Map 3 has a focus on three priority areas and recommended actions. One of these actions is that NHMRC, with advice from PCIC, review existing protocols and guidelines that relate to research with Aboriginal and Torres Strait Islander communities, including reviewing the Indigenous Research Excellence Criteria (IREC). We use these criteria to ensure that specific standards are addressed and assessed in considering applications for funding to support Aboriginal and Torres Strait Islander health research and/or capacity and capability building.

The IREC and its former iterations have not been subject to a national review since they were first adopted in 1998. It is therefore timely that we call on the Aboriginal and Torres Strait Islander health research sector and wider community to consider how the criteria are working in practice and whether improvements are needed to support best practice research and capacity and capability building in Aboriginal and Torres Strait Islander health.

Professor Anne Kelso AO
Chief Executive Officer

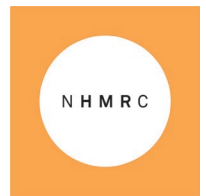


¹ [NHMRC Corporate Plan 2022-2023](#)

² NHMRC [Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for research and stakeholders](#) (2018)

³ NHMRC [Keeping research on track II](#) (2018)

⁴ NHMRC [Road Map 3 - A strategic framework for improving Aboriginal and Torres Strait Islander health through research](#)



Foreword by PCIC Chair

Across my career I have seen vast improvements in Aboriginal and Torres Strait Islander health and medical research. Many Aboriginal and Torres Strait Islander people are involved in academia and there are more schemes to encourage Aboriginal and Torres Strait Islander people to pursue a research career. There is also an increased focus on the translation of research into policy and practice to improve Aboriginal and Torres Strait Islander health outcomes. But more can be done.

The Principal Committee Indigenous Caucus (PCIC) which I chair plays an important role in advising and guiding the work of NHMRC in relation to Aboriginal and Torres Strait Islander health and medical research (see [Appendix A](#)). I am ably supported by my PCIC colleagues, many of whom sit on NHMRC Principal Committees, and together we ensure that Aboriginal and Torres Strait Islander consideration is included in all the work of NHMRC.

PCIC guides and provides direction on the commitments set out in [Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research](#). We also monitor progress towards it and its associated Action Plan. The ongoing development of NHMRC guidance material, research protocols and criteria to underpin Aboriginal and Torres Strait Islander health and medical research provides a critical backdrop to the directions outlined in Road Map 3. The ultimate aim is a future in which Aboriginal and Torres Strait Islander people and communities are strong owners of, participants in and beneficiaries of research at all levels.

This is why the review of the Indigenous Research Excellence Criteria in consultation with researchers and communities is so important. We want to ensure that the way research is guided follows principles that are respectful of the knowledge and social systems, cultural values and beliefs, and ethical protocols, to provide meaningful health outcomes for Aboriginal and Torres Strait Islander peoples. I encourage you to have a say and provide a response to the questions to ensure that the IREC remain relevant for future use



Professor Yvonne Cadet-James

Chair, Principal Committee Indigenous Caucus (PCIC)

Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders, NHMRC Council



1. Reviewing NHMRC's Indigenous Research Excellence Criteria

NHMRC is Australia's leading expert body in health and medical research with a remit of funding research and providing health guidelines and ethical standards. NHMRC operates within a framework that includes the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Closing the Gap (CTG) Targets, and Social Justice and Equity considerations.

NHMRC has established certain requirements and processes designed to ensure that research into Aboriginal and Torres Strait Islander health has the highest scientific merit and is beneficial and acceptable to Aboriginal and Torres Strait Islander peoples and communities. These have been used for more than a decade. To qualify as Aboriginal and Torres Strait Islander health research, at least 20% of the research effort and/or capacity building must relate to Aboriginal and Torres Strait Islander health.

NHMRC's Indigenous Research Excellence Criteria

Qualifying applications must address the NHMRC Indigenous Research Excellence Criteria as follows:

- **Community engagement**

The proposal demonstrates how the research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities with relevant community engagement by individuals, communities and/or organisations in conceptualisation, development and approval, data collection and management, analysis, report writing and dissemination of results.

- **Benefit**

The potential health benefit of the project is demonstrated by addressing an important public health issue for Aboriginal and Torres Strait Islander peoples. This benefit can have a single focus or affect several areas, such as knowledge, finance and policy or quality of life. The benefit may be direct and immediate, or it can be indirect, gradual and considered.

- **Sustainability and transferability**

The proposal demonstrates how the results of the project have the potential to lead to achievable and effective contributions to health gain for Aboriginal and Torres Strait Islander peoples, beyond the life of the project. This may be through sustainability in the project setting and/or transferability to other settings such as evidence-based practice and/or policy. In considering this issue the proposal should address the relationship between costs and benefits.

- **Building capability**

The proposal demonstrates how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop relevant capabilities through partnerships and participation in the project.



Panels and reviewers consider these criteria in their overall assessment of the application against the scheme-specific assessment criteria (which are set out in grant opportunity guidelines for each funding scheme).

National Consultation

One of the action items in the NHMRC Road Map 3 Action Plan 2021-2024 is to “Review the NHMRC Indigenous Research Excellence Criteria and their use, and consider other improvements that could be made to peer review of applications about Aboriginal and Torres Strait Islander health, with the advice of the Principal Committee Indigenous Caucus (PCIC).”

The review will include a national consultation and an online survey. The national consultation will take place at several locations around Australia.

Interested parties are invited to provide feedback and ideas by completing the online survey and/or participating in workshops. Specific feedback is sought on the four Indigenous Research Excellence Criteria as well as the bigger picture of supporting excellence in Aboriginal and Torres Strait Islander health research.

NHMRC’s commitment to Aboriginal and Torres Strait Islander Health

In the past 30 years NHMRC has achieved significant milestones in its commitment to improving the health of Aboriginal and Torres Strait Islander peoples.

In 1994 NHMRC’s first Aboriginal and/or Torres Strait Islander Chief Investigator to be funded was Professor Ian Anderson.

In 1998 NHMRC adopted the Darwin Criteria to ensure that specific standards were addressed and assessed for Indigenous health research.

In 2002 NHMRC Council recommended an Aboriginal and/or Torres Strait Islander representative be appointed to Council and each of the Principal Committees.

In 2008 the target of spending 5% of the Medical Research Endowment Account (MREA) on Aboriginal and Torres Strait Islander health was reached.

In 2021 the \$10 million National Network of Aboriginal and Torres Strait Islander Health Researchers (now known as OCHRe) was established.

From 2022 onwards NHMRC has set a target of 3.4% of NHMRC grants awarded annually led by an Aboriginal and/or Torres Strait Islander researcher.

NHMRC is guided by *Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research*. This is complemented by an Action Plan for each triennium which sets out specific commitments. The Principal Committee Indigenous Caucus (PCIC) helps direct and provides advice on meeting the commitments, with outcomes reported annually. The 2022 Annual Report Card is at [Appendix E](#).



2. IREC and excellent research

All grant applications that include Aboriginal and Torres Strait Islander health research must address the IREC to ensure successful outcomes for communities involved in the research and for researchers.

The current criteria are focused on ensuring appropriate community engagement, benefit, sustainability and transferability of research outcomes, and promotion of capability building of Aboriginal and Torres Strait Islander people, communities and researchers (see IREC descriptors above).

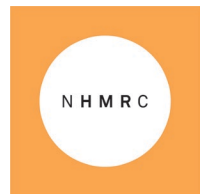
All applicants proposing to undertake research related to the health of Aboriginal and Torres Strait Islander peoples, or which includes distinct Aboriginal and Torres Strait Islander populations, biological samples or data, must also refer to Road Map 3, the NHMRC [Ethical conduct of research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders](#) (and companion document [Keeping research on track II](#)) in formulating their application.

Excellent research involving Aboriginal and Torres Strait Islander health research might be described as containing the following elements: community-identified research priorities/self-determination, community involvement in the research lifecycle (from co-design to sustainability of research outcomes and knowledge transfer), research that has a strengths-based focus, has positive and measurable health-benefit impacts in areas of disproportionate disease burden, and respects community sovereignty of research data and intellectual property.

Ideally this research is led by Aboriginal and/or Torres Strait Islander researchers, respects a holistic approach to health (i.e., includes the social, emotional and cultural wellbeing of the whole community and adopts a whole-of-life view), respects existing Indigenous cultural and research practice, is mindful of past injustices and involves two-way/reciprocal capability building between the research team and the communities with whom they engage.

These principles and recommended approaches are largely captured in the IREC criteria and/or supporting guidance material described above. However, since the IREC criteria were first introduced, many of these principles have been refined or further developed, by organisations such as AIATSIS, the Lowitja Institute, Central Australian Aboriginal Congress and NSW Aboriginal Health and Research Council. (See [Appendix B](#) for a comparison of guiding principles for Aboriginal and Torres Strait Islander research.)

The IREC Review provides an opportunity to reflect on how the IREC criteria could be strengthened, making these aspects of excellent research more transparent to applicants, peer reviewers and the wider research community.



Question 1: Are all of these four criteria still appropriate? If not, why not and what should be used instead?

20% Threshold

A 20% threshold requirement for applications involving Aboriginal and/or Torres Strait Islander health was added in 2013 in response to concerns from the NHMRC Indigenous Health Grant Review Panel that there was a lack of clarity about what constituted an Aboriginal and/or Torres Strait Islander health application.

The specific requirement is “To qualify as Aboriginal and Torres Strait Islander health research, at least 20% of the research effort and/or capacity building must relate to Aboriginal and Torres Strait Islander health.”

The 20% threshold was developed to provide clarity by introducing a minimum for research and/or capacity and capability building that must be demonstrated, to be considered as an Aboriginal and/or Torres Strait Islander health research application. More recently, applications above this threshold may be eligible for NHMRC structural priority funding⁵.

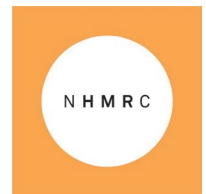
NHMRC has received feedback from our IREC assessor community that evaluating an application using a metric threshold can be difficult, particularly when research effort and capacity building need to be measured collectively.

We would like to know whether the threshold measure remains useful or could be reimaged.

Question 2: Is the 20% threshold still appropriate and relevant?

- Is a ‘percentage’ qualifier an appropriate/relevant measure? What would be better?
- Is the focus on research effort and/or capacity building appropriate?
- How should we measure ‘capacity/capability building’? Whose capacity/capability should be built?

⁵ NHMRC structural priority funding and gender equity - <https://www.nhmrc.gov.au/research-policy/gender-equity/structural-priority-funding-and-gender-equity>



3. Using the IREC in NHMRC peer review

NHMRC adopted the IREC to ensure that funding (including additional structural priority funding) is targeted to research that is most likely to deliver positive health benefits to Aboriginal and Torres Strait Islander people and build the capability of the Aboriginal and Torres Strait Islander research workforce.

The current approach involves an IREC assessor examining how well an application meets the IREC. Their report is then used by the members of the Grant Review Panel when arriving at a final score against the specific criteria for the funding scheme. (The process is outlined at [Appendix C.](#))

This approach attempts to balance rigorous peer review (through an additional IREC assessment step) with the capacity of the current Aboriginal and Torres Strait Islander health research workforce to undertake peer review responsibilities (i.e., by limiting IREC assessment to applications above a threshold of research effort and/or capacity building and focusing assessment on a subcomponent of the application).

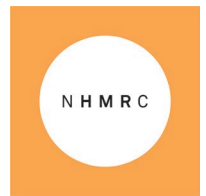
The IREC Review presents an opportunity to reflect on the benefits of current NHMRC peer review practice while considering improvements to address current limitations.

Benefits of IREC assessment

- Scrutiny of applications by Aboriginal and Torres Strait Islander health researchers
- Efficient use of the finite cohort of Aboriginal and Torres Strait Islander health researchers (i.e., IREC assessors) within the peer review process
- Peer reviewers having the benefits of IREC assessor expertise via the IREC report
- Funding (potentially including structural priority funding) flowing to applications most likely to bring positive health benefits to Aboriginal and Torres Strait Islander people.

Barriers to IREC assessment

- IREC assessors have expressed difficulty in assessing whether an application has met the 20% threshold, including how to assess the 'quantity' of research effort versus capacity/capability building.
- IREC assessors are not usually involved in overall scoring of applications.
- Peer reviewers have expressed difficulty aligning the qualitative IREC report with the scoring of technical assessment criteria.
- Qualitative feedback is not provided to unsuccessful applicants (i.e., applicants do not benefit from insights that IREC assessors could provide on improving their future applications).



Question 3: How can we ensure a rigorous peer review process using the IREC?

- For example, should consideration of the four IREC criteria be aligned to scoring of application assessment criteria?

4. Other ideas and approaches

Alternative examples of national and international models of peer review involving health research relating to Indigenous peoples include elements of:

- dedicated funding for Indigenous research and/or Indigenous researchers (used to a greater or lesser extent by the Canadian Institutes of Health Research [CIHR], Australian Research Council, and Medical Research Future Fund [MRFF])
- iterative review/feedback to applicants for some schemes (e.g., CIHR)
- Indigenous-led research (e.g. some NHMRC Targeted Calls for Research, MRFF)
- Comprehensive documented guidance for non-Indigenous peer reviewers (National Institutes of Health [NIH])
- consideration of Indigenous health in the assessment of all applications including scoring criteria (Health Research Council of New Zealand's Māori Health Advancement Guidelines)

For examples of international peer review of Indigenous research, see [Appendix D](#).

The following consultation questions seek interested parties' feedback on the robustness of current NHMRC peer review (incorporating IREC assessment) and ideas for potential improvements. Examples of IREC case studies are also invited.

Question 4: Is there anything else you'd like to tell us? For example, are there other models that you strongly favour?

Appendices

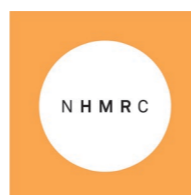
Appendix A - Principal Committee Indigenous Caucus (PCIC) Membership

Principal Committee Indigenous Caucus

PCIC is appointed on a triennial basis and works with NHMRC Council and CEO to provide advice on issues relating to Aboriginal and Torres Strait Islander health research. Professor Yvonne Cadet-James is chair of PCIC and also a member of NHMRC Council for the 2021-2024 triennium.



PCIC Members Left to right: Associate Professor Maree Toombs, Dr Sean Taylor, Professor Gail Garvey, Professor Catherine Chamberlain, Professor Yvonne Cadet-James, Associate Professor Alwin Chong, Professor Yvette Roe, Dr Kalinda Griffiths



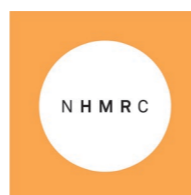
Appendix B – Examples of guiding principles for Aboriginal and Torres Strait Islander research

Organisation/ guideline	Principle 1	Principle 2	Principle 3	Principle 4	Principle 5	Principle 6
NHMRC <i>Indigenous Research Excellence Criteria (IREC)</i>	<p>Benefit</p> <p>The potential health benefit of the project is demonstrated by addressing an important public health issue for Aboriginal and Torres Strait Islander peoples. This benefit can have a single focus or affect several areas, such as knowledge, finance and policy or quality of life. The benefit may be direct and immediate, or it can be indirect, gradual and considered.</p>	<p>Community Engagement</p> <p>The proposal demonstrates how the research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities with relevant community engagement by individuals, communities and/or organisations in conceptualisation, development and approval, data collection and management, analysis, report writing and dissemination of results.</p>		<p>Sustainability and Transferability</p> <p>The proposal demonstrates how the results of the project have the potential to lead to achievable and effective contributions to health gain for Aboriginal and Torres Strait Islander peoples, beyond the life of the project. This may be through sustainability in the project setting and /or transferability to other settings such as evidence-based practice and/or policy. In considering this issue the proposal should address the relationship between costs and benefits.</p>	<p>Building Capability</p> <p>The proposal demonstrates how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop relevant capabilities through partnerships and participation in the project.</p>	
NHMRC <i>Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities – core values (2021)</i> ⁶	<p>Responsibility</p> <p>All Aboriginal and Torres Strait Islander communities recognise the same most important (core) responsibilities. These responsibilities involve caring for country and all within it, kinship bonds, caring for others, and the maintenance of cultural and spiritual awareness. The main responsibility is to do no harm to any person or any place. Sometimes these responsibilities may be shared so that others may also be held accountable.</p>	<p>Reciprocity</p> <p>Aboriginal and Torres Strait Islander Peoples' way of shared responsibility and obligation is based on diverse kinship networks. This keeps ways of living and family relationships strong. These responsibilities also extend to caring for country and all within it, and involve sharing benefits from the air, land and sea, redistribution of resources, and sharing food and housing.</p>	<p>Cultural Continuity</p> <p>Research can harm Aboriginal and Torres Strait Islander Peoples' and communities' knowledge, cultures, languages and identity. This value is about research being conducted in a way that protects the rights of Aboriginal and Torres Strait Islander Peoples to uphold, enjoy and protect their knowledge, cultures, languages and identity, in terms of individuals and as communities.</p>	<p>Spirit and Integrity⁷</p> <p>This is the most important value that joins all Aboriginal and Torres Strait Islander Peoples' values together. The first part, spirit, is about the ongoing connection and continuity between Aboriginal and Torres Strait Islander Peoples' past, current and future generations. The second part, integrity, is about the respectful and honourable behaviours that hold Aboriginal and Torres Strait Islander values and cultures together</p>	<p>Respect</p> <p>Respect for each other's dignity and individual ways of living is the basis of how Aboriginal and Torres Strait Islander Peoples live. Within Aboriginal and Torres Strait Islander Peoples' cultures, respect strengthens dignity and dignity strengthens respect. A respectful relationship encourages trust and co-operation. Strong culture is built on respect and trust, and a strong culture encourages dignity and recognition and provides a caring and sharing environment. Seeking consent and negotiating an agreed outcome through a formal research agreement are important ways of demonstrating respect.</p>	<p>Equity</p> <p>Aboriginal and Torres Strait Islander people and communities have experienced inequities as a result of discrimination and marginalisation. Aboriginal and Torres Strait Islander Peoples recognise the equal value of all individuals. One of the ways that this is shown is in commitment to fairness and justice. Equity affirms and recognises Aboriginal and Torres Strait Islander Peoples' right to be different.</p>
Central Australian Aboriginal Congress (CAAC): <i>A guide for health researchers working with Aboriginal people in central Australia – core values (2021)</i> ⁸	<p>Responsibility</p> <p>High quality, ethical, coordinated research is planned, approved, implemented and completed. Engagement through agreed ways of communicating leads to better policy, practice and service, a focus on sustainability means long lasting meaningful outcomes, shared by all.</p>	<p>Sharing</p> <p>Collaborative research so that learnings benefit the community, knowledge is shared, and research outcomes are translated into policy and practice</p>	<p>Uphold Culture</p> <p>Research upholds and supports culture. Cultural distinctiveness and the lived history in community is recognised. All research operates within a cultural safety framework.</p>	<p>Commitment</p> <p>Research is respectful of culture. Engage with the community and stakeholders so that research priorities respond to community needs and improve the economic, cultural and social determinants of health.</p>	<p>Respect and Relationships</p> <p>Respect of cultural protocols and community and governance processes. Respectful behaviour includes awareness of different views, experience, values and priorities. Relationships are built and strengthened on this respect, trust and understanding.</p>	<p>Justice and Fairness</p> <p>Research commits to the principles of justice and fairness for equitable access to services and opportunities. Aboriginal community control is central.</p>

⁶ NHMRC *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for research and stakeholders* (2018)

⁷ Central to all other core values

⁸ *A guide for health researchers working with Aboriginal people in central Australia* (November 2021)

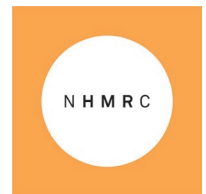


Organisation/ guideline	Principle 1	Principle 2	Principle 3	Principle 4	Principle 5	Principle 6
AIATSIS: <i>Code of Ethics for Aboriginal and Torres Strait Islander Research –principles (2020)</i> ⁹	Impact and value Responsibilities include: Benefit and reciprocity; Impact and risk.	Indigenous self-determination Responsibilities include: Recognition and respect; Engagement and collaboration; Informed consent; Cultural capability and learning.		Sustainability and accountability Responsibilities include: Indigenous lands and waters; Ongoing Indigenous governance; Reporting and compliance.	Indigenous leadership Responsibilities include: Indigenous led research; Indigenous perspectives and participation; Indigenous knowledge and data.	
Lowitja Institute Five key principles that underpin our approach to research ¹⁰	Beneficence To act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research	Leadership by Aboriginal and Torres Strait Islander people	Engagement of research end users Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users	Development of the Aboriginal and Torres Strait Islander research workforce	Measurement of impact in improving Aboriginal and Torres Strait Islander people's health	
NSW Aboriginal Health and Research Council <i>Health Ethics Guidelines (2023)</i> ¹¹	Net Benefits for Aboriginal people and communities The benefits of the research may be for Aboriginal health in general or specifically for the health of Aboriginal people and communities participating in the project.	Aboriginal Community Control of Research Aboriginal Community Control must be a key focus of all projects affecting Aboriginal people. This means that at all stages of the research project, Aboriginal people and communities participating in or affected by the research will be fully informed about and agree with the purposes and conduct of the project.	Cultural Sensitivity Cultural protocols and community decision making processes will vary between Aboriginal communities, researchers should consider this when designing a project	Enhancing Aboriginal skills and knowledge Build the capacity of Aboriginal people to participate in and lead research projects. Individuals may be from an Aboriginal Community Organisation, Aboriginal Reference Group, participants or researchers on the project team.	Reimbursement of costs There must not be any imposition upon Aboriginal people and communities to be involved in the research project.	

⁹ <https://www.themedicportal.com/application-guide/medical-school-interview/medical-ethics/>

¹⁰ <https://www.lowitja.org.au/research>

¹¹ https://www.ahmrc.org.au/wp-content/uploads/2021/02/AHMRC_Health-Ethics-guidelines-2023_01.pdf



Appendix C - How IREC is used in NHMRC's peer review process

NHMRC is committed to supporting the highest quality research that drives improvements in health outcomes for Aboriginal and Torres Strait Islander peoples and communities underpinned by a robust peer review system.

Applicant considerations and guidance

An applicant must decide whether their application includes at least 20% of research effort and/or capacity building focused on Aboriginal and Torres Strait Islander health. If so, it qualifies as an Aboriginal and Torres Strait Islander health research application and must address the four IREC criteria as part of the application.

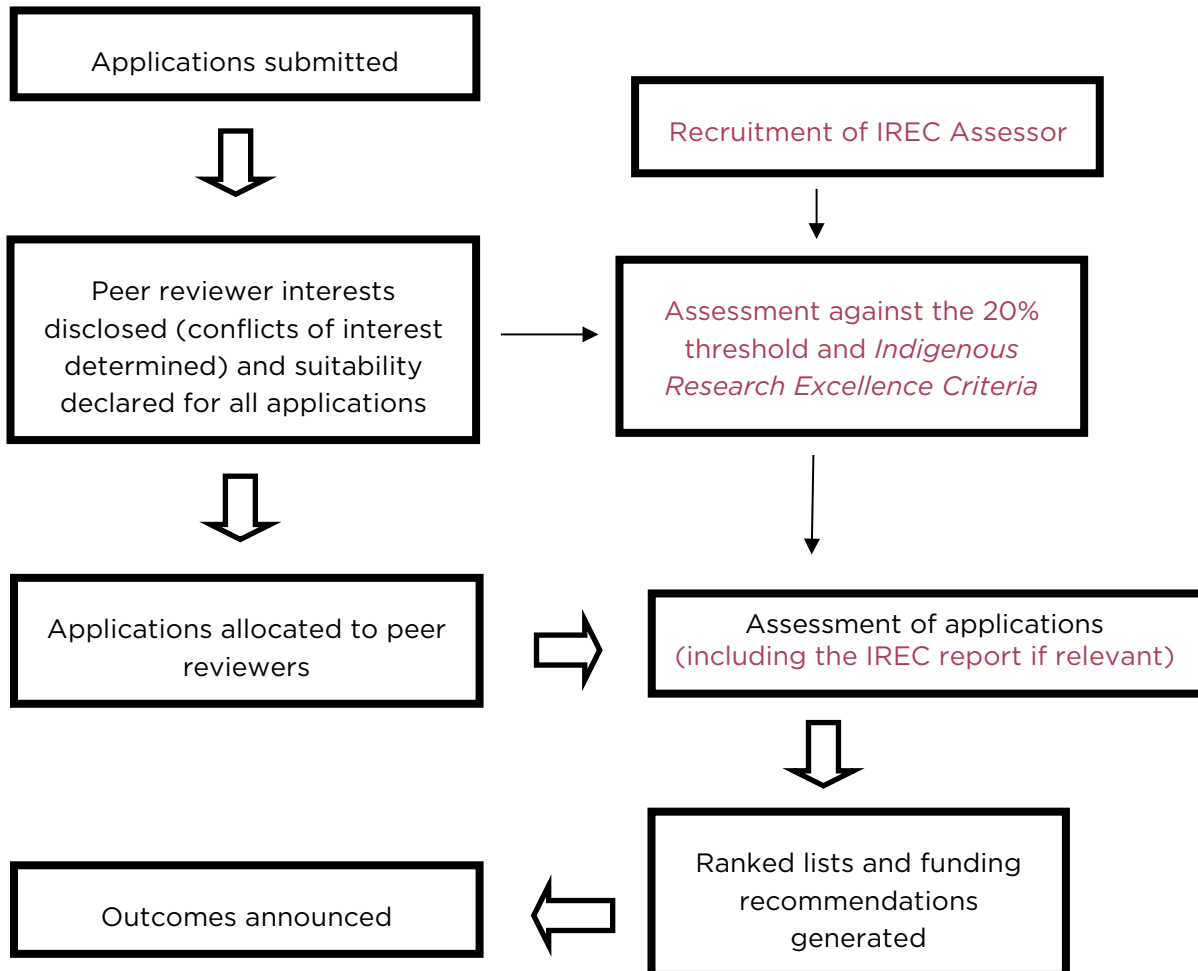
Applicants proposing to undertake research which specifically relates to the health of Aboriginal and Torres Strait Islander peoples, or which includes distinct Aboriginal and Torres Strait Islander populations, biological samples or data, must also refer to Road Map 3 and NHMRC's relevant ethical guidelines^{12,13} in formulating their application.

Applications are then considered under NHMRC's peer review process outlined in [Figure 1](#) below.

¹² [NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders](#)

¹³ [Keeping research on track II](#)

Figure 1. Overview of NHMRC peer review process for Aboriginal and Torres Strait Islander health research applications



IREC assessor role

IREC assessors¹⁴ first determine whether the application meets the qualifying threshold¹⁵. If the threshold is met, the IREC assessor prepares a report against the four IREC criteria (the IREC report) which is provided to peer reviewers.

Peer reviewer role

Peer reviewers consider the IREC assessor report when scoring the applications against the grant-specific assessment criteria. Application scores are used to create a ranked list that is used to develop funding recommendations.

¹⁴ IREC assessors are typically Aboriginal and/or Torres Strait Islander researchers but can sometimes also include researchers with significant expertise and experience in research involving Aboriginal and Torres Strait Islander health.

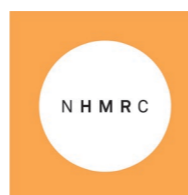
¹⁵ Applications that do not meet the 20% threshold of Aboriginal and Torres Strait Islander health (as determined by the IREC assessor) flow back into the pathway where they are considered alongside applications that have not addressed the IREC.



IREC assessor and peer reviewer guidance

IREC assessors and peer reviewers are provided with the IREC descriptive text, along with *Guidance for assessing applications against the Indigenous Research Excellence Criteria*, in the form of IREC-related questions¹⁶ to assist them in the preparation of their report or application scoring respectively.

¹⁶ For example, see Attachment G in the Investigator Grants 2023 Peer Review Guidelines. <https://www.nhmrc.gov.au/funding/find-funding/investigator-grants#download>

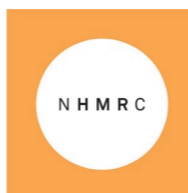


Appendix D – Examples of international Indigenous peer review

USA	Canada	New Zealand
<p>The National Institute of General Medical Sciences in conjunction with multiple NIH Institutes, Centers, and Offices (ICOs) have partnered with Indian Health Service (IHS) to support the Native American Research Centers for Health (NARCH). The NARCH program supports opportunities for conducting research and career enrichment to meet health needs prioritized by American Indian/Alaska Native (AI/AN) tribes or tribally based organizations.</p> <p>NARCH grant applications are submitted by and awarded to the tribe or tribal organization. Awarding the grant directly to the tribe or tribal organization allows for the community to dictate and oversee research priorities, while drawing upon necessary expertise from the research community to accomplish its scientific goals. NIH guidance has been developed to assist peer reviewers to appropriately assess applications involving AI/AN research against the 5 NIH grant technical review criteria (Significance, Investigators, Innovation, Approach, and Environment) and Overall Impact scores.</p> <p>NARCH Awards Promote:</p> <ul style="list-style-type: none"> • Research activities that are directly linked to health concerns selected by the tribal communities. • Research experience and education for biomedical research careers related to AI/AN health. • AI/AN engagement in biomedical research prioritized by the tribal communities. • Local and regional professional and administrative employment for American Indians and Alaska Natives. <p>Along with standard requirements related to working with human subjects¹⁷, NARCH grantees must also comply with Supplemental Information to the NIH Policy for Data Management and Sharing: Responsible Management and Sharing of American Indian/Alaska Native Participant Data.</p>	<p>Canadian Institutes of Health Research (CIHR) is Canada's federal funding agency for health research and is comprised of 13 Institutes. The Institute of Indigenous Peoples' Health (IIPH) fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis Peoples in Canada, through research, knowledge translation and capacity building. The Institute's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledges, values and cultures.</p> <p>The Peer Review Committee in Indigenous Peoples' Health evaluates applications for funding within the research priorities of the IIPH mandate using the full range of relevant disciplinary methodologies, with an emphasis on the integration of advanced health research methods with community-based approaches, multi-sectoral partnership models, participatory action research, and indigenous methodologies. Investigations that contribute to capacity building for both the advanced health research community and aboriginal populations are encouraged.</p> <p>CIHR grant applications are assessed against the following five criteria: Research approach; Originality of the proposal; Applicants; Environment of the research; Impact of the research. All CIHR applicants must comply with ethical guidelines including in relation to Indigenous peoples (see Tri-Council Policy Statement TCPS 2 (2022) Chapter 9: Research Involving First Nations, Inuit and Métis Peoples of Canada). The CHIR Peer Review Manual for Project Grants includes provision for assessment of applications involving Indigenous research by an Indigenous Health Research (IHR) Committee who may deem the application eligible iterative review (as per Subsection 4.2.4).</p> <p>CIHR has online learning modules for peer reviewers to guide their assessment in understanding the background context on Indigenous Health Research in Canada including the history of Indigenous peoples in Canada, their diversity, traditional ways of knowing, importance of reciprocal learning and community engagement, as well as common experiences related to colonization that have impacted them and their health.</p>	<p>The Health Research Council (HRC) of New Zealand is committed to all health research in Aotearoa New Zealand contributing to the advancement of Māori health. In 2019, the HRC published HRC Māori Health Advancement Guidelines which considers that <u>all</u> health research in Aotearoa New Zealand has the opportunity to advance Māori by upholding and valuing Māori rights, worldviews and knowledge, tikanga Māori (Māori processes and protocol), and by addressing inequity. These guidelines support health researchers in describing how their proposed research contributes to Māori health advancement and include four domains of Māori Health Advancement: Relationship; Significance; Research Team and Research Characteristics.</p> <p>Māori Health Advancement can be achieved through multiple stages of research, from developing research questions, design and methodology, through to outcomes, dissemination, and capacity-building. Advancements can occur in many diverse ways, for example:</p> <ul style="list-style-type: none"> • By impacting individuals, whānau, communities, and organisations • Through meaningful engagement and relationship-building • Through the development of relevant knowledge • Through the transformation of health services or policies • By strengthening the health research workforce and leadership • By improving health and health research literacy. <p>The relationship between health researchers and Māori is fundamental to ensuring that research addresses Māori Health Advancement. Contributions and improvements to Māori health and wellbeing require partnership between Māori, health researchers, and research institutions that is meaningful, reciprocal, and enduring.</p> <p>HRC has a two-stage peer review process for research project applications funded under HRC's four research investment streams¹⁸. Stage One is an Expression of Interest (EOI), which identifies the area of research and gives an overview of the proposed study, methodology, potential research impact, potential Māori Health Advancement and a description of the research team. EOI applications are assessed and ranked with the intention that those invited to Stage Two Full Applications.</p> <p>Research applications at EOI and full application stages are scored on a 7-point scoring scale with Māori Health Advancement as one of five scored assessment criteria (with the exception of HRC's fourth research investment stream - Rangahau Hauora Māori - which embeds Māori Health Advancement principles within the four scored technical assessment criteria).</p> <p>Māori Health Advancement</p> <p>The proposed research is likely to advance Māori health because:</p> <ul style="list-style-type: none"> • Applicants have provided a description of how their research could lead to improved Māori health or reductions in health inequity over time. • The research team are undertaking activities to address Māori health advancement, as appropriate to the nature and scope of the research. This may include, but is not limited to, activities such as: <ul style="list-style-type: none"> ○ the establishment of meaningful, collaborative, and reciprocal relationships with Māori ○ undertaking research that addresses Māori health need and inequity ○ the formation of appropriate research teams ○ the development of current and future workforce capacity and capability including upskilling of research team members, and ○ adherence to culturally appropriate research practices and principles (as appropriate to the context of the research).

¹⁷ <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/index.html> and <https://grants.nih.gov/policy/humansubjects/research/training-and-resources.htm>

¹⁸ https://gateway.hrc.govt.nz/funding/downloads/2021_Peer_Review_Manual.pdf



Appendix E – 2022 Aboriginal and Torres Strait Islander health research report card

2022 NHMRC Aboriginal and Torres Strait Islander Report Card of Achievements

This is an annual report card focused on the achievements made in 2022 against the Road Map 3 [Action Plan for the 2021-24 Triennium](#). NHMRC continues to work with the Principal Committee Indigenous Caucus (PCIC) to progress all 18 actions in the Action Plan.

NHMRC is committed to spending 5% or more of the Medical Research Endowment Account (MREA) on Aboriginal and Torres Strait Islander health and medical research.

CHILD HEALTH and MENTAL HEALTH were the top Disease, Health and Research Topics* in Aboriginal and Torres Strait Islander health research funding with **62** and **48** grants, respectively.

*Disease, Health and Research Topic table contains duplicates as one grant can fall under multiple research areas

208 Active* research grants in Indigenous health

\$66,988,807 Spent on Indigenous health research

8% Funding from the MREA for Indigenous health research

*All grants being paid in 2022

Expenditure and number of active* grants in Indigenous health research by broad research area

Research Area	Number of Grants	Percentage
Public Health	93	50.0%
Clinical Medicine and Science	55	25.9%
Health Services Research	50	21.2%
Basic Science	10	2.9%

Strengthening Capacity

NHMRC is committed to building and strengthening capacity of Indigenous researchers. In 2022:

- 72** Active* NHMRC grants were led by Indigenous researchers
- 169** Indigenous researchers on active* grants were funded by NHMRC
- 3.4%** New agreed target for NHMRC grants awarded annually, led by a CIA who identifies as being of Aboriginal and/or Torres Strait Islander descent

*All grants being paid in 2022

Principal Committee Indigenous Caucus

PCIC is appointed on a triennial basis and works with NHMRC Council and CEO to provide advice on issues relating to Aboriginal and Torres Strait Islander health research. Professor Yvonne Cadet-James is chair of PCIC and also a member of NHMRC Council for the 2021-2024 triennium.

Left to right: Professor Maree Toombs, Dr Sean Taylor, Professor Gail Garvey, Professor Catherine Chamberlain, Professor Yvonne Cadet-James, Associate Professor Anen Chong, Professor Yvette Roe, Associate Professor Kalinda Griffiths.

2021 NHMRC Sandra Eades Investigator Grant Award

The NHMRC Sandra Eades Investigator Grant Award is named to honour Professor Sandra Eades AO FAHMS FASSA, the first Indigenous medical practitioner to be awarded a Doctor of Philosophy. The award is given to the top-ranked Indigenous recipient in the Emerging Leadership Category of Investigator Grants. Doctor Simon Graham was the recipient of the 2021 NHMRC Award. He is an epidemiologist in the Department of Infectious Diseases at the Peter Doherty Institute, University of Melbourne.



Dr Simon Graham

Targeted Calls for Research

The Improving Indigenous Maternal and Child Health in Early Years grant opportunity opened in 2022. It sought grants which aimed to identify strength-based, action-oriented approaches and interventions that value Aboriginal and Torres Strait Islander peoples' concepts of health and wellbeing, cultural practices, and knowledge and learning to ensure that all children have the best start to life.



OCHRe Network

NHMRC awarded funding to establish a National Network of over 90 Aboriginal and Torres Strait Islander health researchers. The network is now known as OCHRe, which stands for **Our Collaborations in Health Research**.

OCHRe is led by some of Australia's most eminent Aboriginal and Torres Strait Islander researchers including Adjunct Professor Janine Mohamed, Professor Sandra Eades, Professor Alex Brown and Professor Gail Garvey.

OCHRe brings together unique skills across culture, knowledge and health research to address the health priorities of Aboriginal and Torres Strait Islander communities.



Left to right: Adjunct Professor Janine Mohamed, Professor Sandra Eades, Professor Yvette Roe (facilitator), Professor Alex Brown and Professor Gail Garvey. 2022 NHMRC National Aboriginal and Torres Strait Islander Health Research Showcase.

Tripartite Agreement in International Indigenous Health

The Tripartite Agreement on International Indigenous Health is an agreement with the Canadian Institutes of Health Research (CIHR), and the Health Research Council of New Zealand, to strengthen the capacity and capability of Indigenous health and medical researchers.



NHMRC Research Translation Symposium 2022

Dr Margo Greenwood, Indigenous scholar from Canada, visited NHMRC in November. Dr Greenwood, along with Professor Yvonne Cadet-James presented a plenary presentation 'Towards health equity for First Nations Peoples through co-creation and co-translation of health research'. Other presenters at the symposium included Professor Yvette Roe, Associate Professor Dan McAullay, Ms Heather D'Antoine, Associate Professor Kalinda Griffiths and Dr Odette Pearson.

Left to right: Dr Margo Greenwood and Professor Yvonne Cadet-James



The second NHMRC Innovate Reconciliation Action Plan (RAP) was released in April 2022 [nhmrc.gov.au/about-us/publications/reconciliation-action-plan-2022-24](https://www.nhmrc.gov.au/about-us/publications/reconciliation-action-plan-2022-24)



<https://www.nhmrc.gov.au/sites/default/files/documents/Indigenous%20guidelines/Report-Card-2022/2022-Report-Card-of-Achievements.pdf>