# Current and Emerging Issues for NHMRC Fellowship Schemes

### Outcomes of consultation on the NHMRC Fellowship schemes

The Australian health and medical research community welcomed the opportunity to contribute to the discussion of current and emerging issues for NHMRC Fellowship schemes. NHMRC Research Fellows' outstanding contributions to leadership, research excellence and clinical and public health outcomes in the health and medical research sector were enthusiastically conveyed in the submissions. It was acknowledged that the health and medical research environment is changing following a substantial period of growth. To many this represented an opportunity to apply the gains from growth of the sector to the translation of research into real health outcomes. NHMRC Fellows have a critical role in leading this new phase for the health and medical research sector.

"Weakening this scheme in the absence of whole of sector changes.... risks the next wave of research translation, innovation and implementation."

#### **Summary Statistics**

The consultation opened on 8 April 2015, with an initial closing date of 18 June 2015. Due to several requests for extensions the consultation period was extended to 17 July.

Demographic statistics on the consultation submissions are provided at Attachment A. In total, 148 submissions were received including 45 from organisations and 103 from individuals.

The geographical distribution was broadly proportional to that of NHMRC funding, noting that no submissions were received from the Northern Territory or Tasmania and that submissions from Queensland and the Australian Capital Territory were slightly over-represented and those from Victoria slightly under-represented.

Submissions were received from Basic Science, Clinical Science, Health Services and Public Health Research in rough proportion to NHMRC expenditure in each of these broad research areas. Over 30% of respondents did not specify a broad research area.

The consultation responses provided a rich source of information on the views of the health and medical research sector regarding current and emerging issues for NHMRC Fellowship schemes. A significant proportion of submissions were from people currently working in health and medical research with 40% indicating that their main source of funding is from NHMRC Scholarships or Fellowships. These represent the ideas and concerns of the 'best and brightest' of Australian health and medical researchers, as determined by NHMRC peer review processes. An additional 4% indicated that their main source of funding is from NHMRC research support schemes, 7% from organisations other than NHMRC and 12% percent from institutional sources.

Two submissions were received from early career research groups representing large numbers of researchers at this stage of career; the Australian National University Early Career Academics (College of Medicine, Biology and Environment) and the Early- and Mid-Career Researcher (EMCR) Forum of the Australian Academy of Science representing over 3,500 EMCRs across Australia with up to 15 years post-PhD.

It is important to take into account the demographics of the submissions when considering the information presented in this report.

-

<sup>&</sup>lt;sup>1</sup> Peter MacCallum Cancer Centre submission page 3

#### Summary of general comments made about the NHMRC Fellowship schemes

- The predominant view was that NHMRC Fellowships should be maintained and enhanced to realise the full value of Australian investment in research leadership and avoid losing these leaders and future leaders from Australian research.
- Most suggested that this is a broader issue than funding for NHMRC Fellowships and that a whole-of-sector discussion and analysis involving universities, government, funding bodies, independent medical research institutes, charities and industry is well overdue to develop a broad plan that would enable structural changes to support the best and brightest researchers at a national level. This should include a whole-of-system review of all NHMRC funding programs since they are interrelated. There is a need to rationalise the number and variety of funding schemes.
- The McKeon Review<sup>2</sup> recommendations to maintain research excellence were strongly supported and it was noted that those recommendations were informed by extensive consultation. It was suggested that the McKeon recommendations included a substantial injection of funding and some recommendations may not be appropriate to implement at a time of financial constraint.
- The proposed Medical Research Future Fund (MRFF) should be taken into account in future planning of the health and medical research workforce. Research Fellows will be needed to lead research arising from MRFF expenditure.
- Concern was expressed regarding the incremental changes to the Fellowship schemes over the last five years without effective consultation or consideration of how these may have affected the sector.
- A review of the current competitive research grant system is needed to consider the cost to the Australian tax-payer and researchers in acquiring funding in terms of time lost from research.
- NHMRC Fellows attract funding from other sources including national, international, philanthropic and commercial sources to support their research teams. Loss of Fellowship funding would result in loss of funding for the whole research team.
- The Fellowship scheme provides some level of security and flexibility to undertake higher risk, higher yield research and tackle the big research questions.
- Australia needs to attract, retain and develop the best and brightest health and medical researchers.

"Develop a clear view of HMR workforce planning, including the shape of the entire workforce as well as the dynamics of NHMRC People Support Schemes".

"The sustainability of Australia's research workforce depends on the adequate support of Early- and Mid-Career Researchers (EMCRs) through schemes such as the NHMRC Fellowships. Any changes to these schemes must carefully consider the impacts on EMCRs, as they are one of the most critical components of Australia's research future."

<sup>&</sup>lt;sup>2</sup> Strategic Review of Health and Medical Research in Australia – Better Health Through Research (2013) Final Report Chapter 4 page 128 <a href="http://www.mckeonreview.org.au/downloads/Strategic Review of Health and Medical Research Feb 2013-Final Report.pdf">http://www.mckeonreview.org.au/downloads/Strategic Review of Health and Medical Research Feb 2013-Final Report.pdf</a>.

<sup>&</sup>lt;sup>3</sup> Strategic Review of Health and Medical Research in Australia – Better Health Through Research (2013) Final Report Implementation Tasks 8a.1 page 133.

<sup>&</sup>lt;sup>4</sup> The Early- and Mid-Career Researcher (EMCR) Forum of the Australian Academy of Science submission page 1 (representing over 3,500 EMCR).

#### Solutions proposed to address current and emerging issues for NHMRC Fellowship schemes

A high level summary of the common solutions that emerged in the submissions is provided in Table 1.

Table 1: Common solutions proposed in the NHMRC Fellowship consultation submissions

1	Commission an independent broad consultative review of the future Australian health and medical research workforce needs to reinforce the McKeon Review recommendations and inform new directions in NHMRC strategies for funding programs. *
2	Maintain research excellence as the fundamental principle for development of policies about NHMRC research investment.
3	Develop new funding models that link fellowship salaries to research funding in one grant as part of a whole-of-system review of NHMRC programs. Make use of successful international funding models as proof of principle for a more people-focused approach.
4	Fund grants for clinical trials through a translational funding scheme rather than the Project Grant scheme. Translational funding schemes have the potential to attract additional priority-driven, philanthropic and commercial funding. Actively seek to fund these schemes through the proposed Medical Research Future Fund or industry partnerships in alignment with current and future government policies.
5	Adjust the number of NHMRC fellowships awarded at each level to develop a more suitable structure that aligns to future health and medical research workforce need.
6	Quarantine funding allocations for early and mid-career researchers, rural and remote researchers and other at-risk groups to provide for succession and minimise disadvantages that will develop with growing competition for fellowships.
7	Revise eligibility and assessment criteria to provide incentives for increased diversity and mobility of the health and medical research workforce including under-represented groups and those from industry and other disciplines. Consider a longer track record to assess diverse career pathways.
8	Continue to work with ARC and Administering Institutions to develop common policies for gender equity and Aboriginal and Torres Strait Islander researchers and research.
9	Continue to work with ARC and employers of health and medical researchers to develop evidence-informed policies regarding viable Administering Institution responsibilities.

<sup>\*</sup>ONHMRC note - focused Terms of Reference for this review would be critical to ensure it builds on rather than duplicates the McKeon Review

## Statistics on the consultation on NHMRC Fellowship schemes

**Total number of submissions** - 148

Number of submissions from individuals and organisations\*

Organisations - 45 Individuals - 103

Table 1: Number of submissions by State or Territory\*

State	No. of submissions	Percent of total	Proportion of 2014 NHMRC funding commitments^
ACT	9	6%	2%
NSW	30	20%	28%
NT	0	0	2%
QLD	39	26%	15%
SA	12	8%	5%
TAS	0	0	1%
VIC	49	33%	42%
WA	8	5%	5%
Other - Ireland	1	1%	N/A
Total	148		

Table 2: Interest in NHMRC Fellowship Schemes\*

Which of the following best explains your interest in NHMRC's fellowship schemes?	No. of submissions	Percent of total
Currently working in the Health and Medical Research	91	61%
Nil response	57	39%
Total	148	

**Table 3: Classification of Research\*** 

Classification of research	No. of submissions	Percent of total	Percent of those who specified a classification	Proportion of 2014 NHMRC expenditure^
Basic Science	59	40%	59%	44%
Clinical Science	21	14%	21%	35%
Health Services	3	2%	3%	6%
Research				
Public Health	17	11%	17%	15%
Research				
Not specified	48	32%	-	-
Total	148			

**Table 4: Source of Funding\*** 

Main source of funding	No. of submissions	Percent of total
Grants from organisations other than NHMRC	10	7%
Institutional funds (possibly derived from multiple sources)	18	12%
NHMRC research support schemes (e.g. Program Grants,	7	5%
CREs, Project Grants)		
NHMRC Scholarships and/or Fellowships	59	40%
Other sources	4	3%
Nil response	50	34%
Total	148	

<sup>\*</sup>Data presented are from information reported by the submission author in response to questions asked on the NHMRC consultation portal form. Many submissions from organisations represent large numbers of individuals including NHMRC-supported Fellows. Examples include large universities, the National Association of Research Fellows of NHMRC, the Australian Academy of Science and the Association of Australian Medical Research Institutes

<sup>^</sup> NHMRC research funding statistics and data