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Australia has a world class health and medical research workforce, which has generated a multitude of health and economic benefits. A large part of this success has been the result of NHMRC-funded health and medical research. Over the past 3-5 years, research capacity and excellence have been compromised as a result of static investment into the MREA and record low funded rates across both research and people support schemes. The consequence has been a large number of grants not being supported despite being deemed excellent and fundable. This has been coupled with a significant rise in in the total number of grant applications (increased by ~1000 applications since 2009). These negative trends have resulted in a loss of human capital, increased competition in the sector (which impacts succession planning and innovation) and an increased burden for researchers to submit and review grants, which together are causing considerable anxiety in the sector. ASMR strongly agrees that the current complex NHMRC grant structure (9 different grant schemes) is unsustainable for both researchers and the NHMRC, unless there is a significant injection of investment into the MREA. The entire health and medical research sector is vulnerable, most notably the talented pool of future leaders (early and mid-career researchers) who, in the current climate, are being lost from the sector. Without a re-structure of the NHMRC's grant program, the majority of the sector will continue to struggle for the foreseeable future, with dire consequences for the ability of the sector to address present and future health challenges. It is ASMR's responsibility to ensure that a re-structure of the current NHMRC program supports the next generation of research leaders and has built-in mechanisms to foster succession planning so that our sector can continue to provide positive health and economic returns. Succession planning is essential to maintaining research excellence and capacity.

ASMR welcomes this timely review and will discuss the strengths and weaknesses of the 3 alternative models, with the ultimate goal of improving health outcomes and safeguarding the next generation of leaders.

To optimise NHMRC investment, research excellence and capacity need strengthening, which will require a correction of 5 interlinked challenges faced by the health and medical research sector: 1) lack of opportunity for, and loss of, establishing (mid-career) researchers; 2) low innovation productivity; 3) poor gender and cultural diversity; 4) reluctance to foster multi-disciplinary collaborations/partnerships; 5) lack of opportunities for translation.

ASMR will consider these 5 challenges in addressing the questions raised in the review.

Alternative model 1

Question 1.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

In general terms, Model 1 will likely achieve all aims set out on page 12. This model provides scope for multi-disciplinary approaches including 'big science' (team grants), explicit support for innovation (Ideas grants) and support for early- and mid-career researchers (People grants) and a mechanism to strengthen the track records and leadership potential of researchers (Fellowships linked to Team grants).

For establishing researchers, this Model provides 4 main benefits: 1) Team grants should provide an environment for mentorship/guidance (in contrast to the current Program Grants scheme), essential for training and development, through the required mix of establishing and established team members. ASMR strongly supports the inclusion of early and mid-career researchers as equal members of a team. 2) The team focus will encourage collaboration. 3) The People grants and Teams grants linked to Fellowships will create an opportunity for early- and mid-career researchers to increase their visibility and raise their profile. 4) The Ideas grants will provide opportunities for researchers with less developed track records to attract funding, ultimately fostering creativity and innovation (freedom rather than conservatism) in career stages that have had little opportunity before now.

Reducing burden on research sector: In general, all 3 models have simplified the overall structure of the NHMRC grants system and introduced capping, which should alleviate the escalating and unsustainable burden of application and review on researchers and the NHMRC.

Encouraging greater creativity and innovation: Ideas grants prioritise innovation and significance over track record, which should alleviate the current culture of conservatism. This stream should also provide emerging researchers (early- and mid-career) with opportunities to develop new competencies (e.g. greater leadership and team skills, building trans-disciplinary approaches and collaborations) and build their track records.

Providing opportunities for talented researchers at all career stages: The emphasis on opportunities for early- and mid-career researchers is an important and welcome feature of this review, and in particular Model 1. The requirement to include EMCRs on Team grants should help build a well-planned health and medical research sector by assisting EMCRs in developing leadership skills and research capabilities. The separate 'People' grants scheme will help create visibility for emerging researcher's, however ASMR strongly believes that this scheme must be expanded, and set aside funds as detailed in 1.4 to include opportunities for *mid-career* researchers.

Offering flexibility to respond to changing national health needs: Model 1 is flexible, providing funding for Teams, Ideas (both standard & large) and People that will support a range of career stages. Fostering a workforce that has breadth will create a more adaptive sector that can respond to the changing national health needs. Teams and 'big science' have the capacity to solve big health problems while Ideas grants will create new knowledge to feed the pipeline of research and increase capability and capacity for translational outcomes. The team structure provides flexibility in bringing new expertise to the research as needs change.

Fostering collaboration and partnerships across the entire research pipeline: Large Team grants by their very nature promote strong collaborative relationships, enabling cross-disciplinary interactions that help scientific endeavour flourish. Combined with innovation driven by Ideas grants, Model 1 could enable capability and capacity for translational research and industry collaboration, an important aspect for commercialisation.

Meeting the major objectives of NHMRC's grant program: Broadly speaking Model 1 addresses all 5 aims and provides good support for research excellence, research breadth, research translation, collaboration and partnerships and national researcher capacity. Recommendations to improve aspects of these aims can be found below, notably regarding support for partnerships, innovative and translational research and some aspects of research sector diversity (e.g. different career stages).

Question 1.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Advantages:

- Promotion of collaborative team research and involving different scientific disciplines should enhance innovation. Teams of around 10-15 have been shown at the NIH to be most productive in terms of research outputs.
- Linking research support with fellowships within the Team grants is positive, particularly for early- and mid-career researchers, as this can provide them with visibility that is often lost when working in research teams of senior members that have more developed track records. It will also avoid researchers receiving salary support but no research funding.
- Model 1 provides opportunities across all stages of a research career, promoting diversity and providing flexibility, however further measures are still required to enhance opportunities for the mid-career stage (see 1.3 & 1.4).
- The stipulation that all Team Grant CIs be considered equal, irrespective of career stage, is an important feature of this model and ASMR strongly supports this approach.
- If the 'Team' is functioning properly, less established members of the team will have their careers nurtured and developed by the more established team members; mentoring is a key component of career development and essential to grow the next generation of researchers.
- Having emerging researchers fully engaged in team research will have profound positive effects these include teaching the next generation of research leaders how to assemble visionary teams, how to negotiate their value, contribution and budget requirements and other leadership qualities.
- Ideas grants provide capacity to support new and innovative research and should counteract the current culture of conservatism. This scheme also provides researchers with less developed track records, most notably early- and mid-career researchers, with an opportunity to develop their new ideas and leadership potential, an essential element for developing the next generation of leaders.
- Model 1 promotes flexibility and diversity in terms of supporting small and large grants.
 Model 1 incentivises innovation, capacity and collaborative gain and has the potential to support the convergence of disciplines to solve research problems, as will be essential to address the big problems facing human health and provide increased potential for translational and marketplace outcomes.

Disadvantages:

- There seems to be little provision for broad partnership engagement. Industry, community and philanthropic partnerships would enhance the potential for translation and innovation opportunities in this Model 1 (and across all structures).

- There is a danger that CIs on Team grants will not be treated equally; measures to ensure equity between researchers at all career stages will need to be described and implemented. A cultural change, supported by policy and practice, will be needed to transform from the existing system of CIA...CIJ.

Question 1.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

Inequity of CIs in Team grants may be an unintended negative consequence of this model. Incentives and new policies and practices will assist in changing the existing system and culture of one or two senior researchers driving a grant to a more equitable balance between emerging and established researchers within a team. To encourage a collaborative team, all CIs must be considered equal, which is a vastly different to the current models where the CIA holds the grant and manages the funds.

ASMR recommends (1) mid-career researchers be included as part of the CI team to address the lack of succession planning and the current squeeze on mid-career researchers and (2) that each CI (including early- and mid-career researchers) could request a budget within the large Team grant, which would avoid the need for multiple applications by individual CIs an follow-up of researchers establishing themselves get nurtured.

It is important that Australia nurtures its next generation of research leaders and thus support for mid-career researchers is critical. Specific opportunities are lacking across most components of this model. To remedy this, the People grants stream should be expanded to include Fellowships for mid-career researchers and paired with research funds, like in Model 2.

Question 1.4:

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

It is essential that there be more funding opportunities for mid-career researchers across the different streams within this model (Team, Ideas, People), which in turn would enhance the diversity of the workforce. Mid-career researchers have been under-supported for a long time and the situation has worsened in recent years — many have been lost from the sector, an irreplaceable loss of human research capacity and past investment. New opportunities that enable mid-career researchers to stay in the system are essential if we are to establish the next generation of research leaders. ASMR strongly recommend that early- and mid-career researchers be eligible for all grant schemes (including the People scheme).

In addition, Model 1 may need to consider some aspects described in Model 2 to be mindful of career stages, interruptions, cross discipline and clinical researchers. This could be managed at the level of grant assessment, with specific training provided for Grant Review Panel members.

Collaborative bonuses (without financial gain) described for Model 2 could potentially be incorporated into Model 1 for Teams and Ideas grants, where there is evidence of good

representation of diversity (in terms of career stage, gender, ethnicity or cross-disciplinary and cross-sector collaborations).

To encourage broader partnerships, collaboration with industry, community, university and philanthropic organisations should be incentivised by (1) allowing letter/agreements of support to be part of the application process and (2) a flexible co-contribution of the partner be considered to encourage new collaborations. Establishing more partnerships has many advantages, notably including reducing the burden on the MREA.

The idea of quotas could be considered for mitigating the loss of mid-career research and women from the workforce. The sector is approaching a critical time in terms of succession planning; the next generation of leadership will be compromised if we don't transform how the sector plans for succession, and an important part of solution should be retention of mid-career researchers. In terms of gender, it is unequivocal that women need to be supported to improve diversity and strengthen the workforce, especially at the mid-career stages, since the loss of female researchers from the sector during the mid-career squeeze has profound negative flow-on effects at the senior stages, with a disproportionately low number of women in leadership positions. Australia has a plentiful supply of talented researchers to draw from if quotas were enforced. For People grants, we suggest allocating 50% of funds for supporting mid-career researchers and that 50:50 gender balance policy be applied, similar to that of other progressive international and national organisations.

Regarding Team grants, and in keeping with the theme of protecting the mid-career stage in order to set a strong foundation for our future health and medical workforce, we recommend that 1) all CIs within a team be considered equal; 2) each CI be allowed to request a budget within the large grant (this would avoid the need for multiple applications by individual CIs); 3) early- and mid-career researchers be included as part of the CI team. This would help ensure that EMCRs are genuinely involved in team activities and not just 'silent partners' — they would have their own budget within the larger grant to develop their research program, and it should be explicitly outlined in the application how establishing researchers will direct and utilise their part of the budget.

Question 1.5:

Do you have other comments about the model? (500 words max)

- Modelling the proportions of funds allocated to each of the Teams, Ideas and People schemes to optimise workforce capacity and research outcomes will be essential. Ideally the 'best fit' will support the greatest number of talented researchers, an important aspect in optimising workforce impact.
- Formalising and linking Fellowships to research grant application success is sensible and will assist in reducing administrative burden.
- In terms of all three schemes within Model 1, there must be a mechanism for ensuring all broad areas of research (basic, clinical, health service and public health) will be supported.
- The complementary nature of the proposed future Medical Research Future Fund to the NHMRC MREA activities may add value to the Teams and Ideas grants in this model.
- Regardless of what structure is implemented, the Independent Review process of the NHMRC will require re-analysis to ensure the new structure meets its objectives.

Summary of Recommendations

- For Team grants, **(1)** each CI should be allowed to request a budget within the large grant, avoiding the need for multiple applications by individual CIs and **(2)** early- and mid-career researchers should be included as part of the CI team to address the lack of succession planning and the current squeeze on mid-career researchers.
- For People grants, it is recommended that both early- and mid-career researcher be eligible, with 50% of funds allocated to each career stage.
- A 50:50 policy around gender equity be implemented across the chosen structure.

Alternative model 2

Question 2.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

Reducing burden on research sector: As stated in 1.1, all proposed alternative models should achieve this aim.

Encouraging greater creativity and innovation: As for Model 1, Ideas grants within Model 2 prioritise innovation and significance over track record, which should alleviate the current detrimental effect of the culture of conservatism that pervades the current Project Grant scheme. However the Investigator grant scheme may perpetuate the conservative and low risk culture; scientific endeavour thrives in teams so it will be important to incentivise collaboration in order to promote creativity and innovation.

Providing opportunities for talented researchers at all career stages: The Investigator grant scheme of Model 2 will certainly create visibility for top-performing CIs. The streams within this scheme should reflect at least three stages of career development (early-career, mid-career and senior/established) to ensure workforce balance. If the streams are set up appropriately, Model 2 has the potential to support CIs of all career stages, but if implemented incorrectly it may advantage more established researchers (and in turn disadvantage early- and mid-career researchers and researchers with other important non-research commitments) since assessment is based primarily on track record. With respect to the Ideas grant scheme, one major concern is the statement "All researchers above the postdoctoral level could apply". ASMR strongly recommends that all researchers be eligible to apply for these grants, including postdoctoral researchers and other experts in the field, such clinicians, allied health professionals and those in service delivery.

Offering flexibility to respond to changing national health needs: Model 2 provides considerable flexibility for an Investigator to direct their research programme as they see fit, but it is doubtful that this will translate to greater flexibility in responding to the changing needs of the nation. Responding to changing needs will likely be better served by a team comprising members with complementary expertise.

Fostering collaboration and partnerships across the entire research pipeline: It is uncertain that the Investigator-focused nature of Model 2 will foster collaborations and partnerships to the

extent that could be achieved under Model 1. The collaborative bonus may partially ameliorate some of the disincentive to collaborate, however it seems unlikely that the net balance will favour collaboration and partnerships. As for Model 1, the Ideas component has the potential to promote collaborations and partnerships however the eligibility restriction (i.e. "above postdoctoral level") will disincentivise collaboration with early-career researchers and experts without doctorates (e.g. allied health professionals).

Meeting the major objectives of NHMRC's grant program: Model 2 has limitations. Arguably, in general, it satisfies aims 1, 2 & 5. Recommendations to improve this model are found in 2.4 & 2.5. In terms of national researcher capacity, the streams provide opportunity to support many career stages and the more marginalised researchers.

Question 2.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Advantages:

- The main advantage of the Investigator grant scheme is that it will provide incredible flexibility and freedom for the top-performing researchers, allowing them to pursue new research directions and opportunities as they become available and not having to wait to submit their ideas for review.
- Similar to Model 1, Fellowship support for less established researchers under Model 2 is welcomed, but it is recommended that Fellowships be widened to capture mid-career researchers as well. The streams for Investigator grants needs redefining to ensure an appropriate balance of career stages (early, mid and senior) are supported.
- There are a number of advantages for the Ideas grants scheme of Model 2, as stated for Model 1. Enhanced opportunities for innovation, which are interlinked with commercial and industry partnerships, enhanced opportunity for trans-disciplinary research, flexibility in smaller and larger programmes.

Disadvantages:

- Less ability for both early- and mid-career researchers to be mentored and guided through their career by the Investigator-focused grants is a major concern.
- Investigator-focused grants and thus limited diversity and flexibility for the researcher on a whole.
- Since assessment would be based on track record and broad research outline, there may
 be a tendency for funding to flow to more established researchers, which would negatively
 impact the workforce. In addition, academics with teaching and/or service loads may be
 'locked out' of the Investigator scheme.
- Investigator grants may not be compatible with public health research, which is generally facilitated by large teams.
- Investigator grants may lead to conservatism and low risk projects.
- It is unclear as to the fraction of MREA disbursement that will be distributed under each stream of the Investigator grants. ASMR urges due consideration to be given to ensure improvement in the distribution of MREA funds to avoid the current mid-career hourglass squeeze.

Question 2.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

- Early and mid-career researchers may not be well supported by this Model and this would negatively impact on succession planning of our next generation of leaders. To assuage this consequence, it is essential that streams within the Investigator-focused grants cater to mid-career researchers and that modelling is performed to determine the best balance of funding across different career stages.
- Related to above, it is difficult to predict the effectiveness of career development for less established researchers who are awarded an Investigator grant. A mechanism to mentor these researchers will need to be implemented in order to ensure appropriate support and successful outcomes. Best-practice mentoring/guidance (independent and without agenda) from the CI may not be met as a consequence of compromised training and development.
- Investigator-focused grants may also restrict cultural diversity and gender equity. In order
 to mitigate this, it is suggested that the proposed collaborative bonus include incentives
 for collaboration diversity, taking into account gender and other diversities. Quotas
 around gender balance could also be prescribed. There are ample talented female
 researchers across the full range of career stages.
- Investigator grants may disincentivise collaboration between disciplines, organisations (universities, MRIs, hospitals) and with industry partners. The collaborative bonus may not be enough of an incentive to overcome this potential issue.
- One major concern within the Ideas grant scheme is the statement "All researchers above the postdoctoral level could apply". This appears to be an eligibility restriction that has negative implications for early-career researchers and researchers without doctorates (e.g. allied health professionals).

Question 2.4:

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

ASMR believes the financial incentive of the Collaborative Bonus is an unnecessary use of limited MREA resources and should be scrapped.

As stated in section 1.1, there are deficits in the workforce that relate to a lack of diversity – these include gender and cultural diversity, a reluctance to engage in trans-disciplinary approaches, few industry linkages and a lack of innovation performance, a lack of translational research and a lack of support for mid-career researchers. To ensure a dynamic, responsive and innovative health and medical research sector, all these issues require strategies and incentives to promote diversity. A refocusing of the Collaborative Bonus concept, away from a financial benefit and towards a bonus score system at grant review, may incentivise diversity of collaborations.

If the financial benefits are to be upheld for the Collaborative Bonus, monetary disbursements

should only occur contingent upon the illustration of KPIs being met.

With respect to the Ideas grant scheme, ASMR strongly recommends that the clause stating "All researchers above the **postdoctoral** level could apply" be removed. There should be no eligibility restrictions on applying to the scheme – **all researchers** should be eligible to apply for these grants.

The streams within the Investigator grant scheme need to be implemented to ensure all stages of the career (early, mid and senior) are supported appropriately.

Some of the streams within the Investigator grant scheme (e.g. career interruption, clinician, cross discipline) appear to have been developed as a way to overcome differences in "opportunity". It is unclear why these specific streams are required; most of these differences could be dealt with during assessment by giving careful consideration to "relative to opportunity". To ensure appropriate assessment relative to opportunity, Grant Review Panels will require specific training.

Question 2.5:

Do you have other comments about the model? (500 words max)

Summary of Recommendations

- For Investigator grants, the different streams should be re-designed to ensure that all career stages are supported (early-career, mid-career and senior), with other factors affecting opportunity (e.g. career interruption, teaching or clinical commitments) taken into account during assessment.
- For Ideas grants, all researchers should be eligible to apply, not just those above postdoctoral level.
- Modelling should be undertaken to determine the distribution of funds within the structure that maximises the support for the greatest number of researchers, essential in meeting the NHMRC objective around research capacity
- ASMR believes the financial incentives to the Collaborative Bonus should be scrapped. An in-score collaborative bonus at grant review could be adopted to incentivise collaborations for Investigator and Ideas grants.

Alternative model 3

Question 3.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

It is appreciated that the three different models have been intentionally proposed to promote mindful discussion and recommendations. This model appears simple with partitioning of research support into two main types, but in terms of optimising NHMRC investment it is difficult to see how this structure will meet the future health challenges and promote research excellence and capacity. It is ASMR's view that this is reminiscent of the current Project Grant scheme. Aim 2, 3 and 4 may be met.

Reducing burden on research sector: As stated above with all proposed models, capping of the number of applications per round should achieve this aim.

Encouraging greater creativity and innovation: The lack of a specific 'ideas/innovation' component in this model might result in a continuation of the current culture seen in Project Grant applications, with applicants often being conservative and risk averse, thus stifling innovation.

Providing opportunities for talented researchers at all career stages: Opportunities are apparent for early (new investigator) and highly established researchers but there seems to be little specific opportunity for mid-career researchers. This is a major shortfall of this model, but may be overcome if assessment is based on scientific quality rather than track record, which may provide more opportunities for entry into the system.

Offering flexibility to respond to changing national health needs: This model provides opportunities for basic and translational research, meaning new knowledge can be fed into the pipeline while also retaining an emphasis on end-user benefits (clinicians/patients/community) of commercialisation and implementation. The team approach and being able to answer big questions and support convergence and broader partnerships, like described in Model 1, will enable response to the changing needs of the nation. The lack of 'Ideas' may impede innovation and attract conservatism.

Fostering collaboration and partnerships across the entire research pipeline: Essentially this is an Investigator driven model, which avails itself to supporting top-line researchers driving grants. In general, as described in Model 2, this aspect could dis-incentivise collaboration and partnership with the exception of larger or 'Big science' applications that for will most likely foster collaboration and partnerships. In addition, the co-contribution of a partner organisation may encourage a value-added component and cross sector/discipline productive relationships (multi-disciplinary) which may have the ability to promote innovation productivity and commercialisation/marketplace outputs.

Meeting the major objectives of NHMRC's grant program: This model meets the objectives 1, 2 and 3 of the NHMRC grant program, but in terms of supporting all stages of career, from the descriptors on page 19, it would seem to fall short with respect to national researcher capacity since there are no specific opportunities for mid-career researchers. Apart from the larger 'big science' grants, objective 4 will only be partially addressed. Talented mid-career researchers are essential for training and development of the next tier of leaders thus it would seem this model in due course would continue to weaken the sector and have major negative consequences in the coming decades, eroding our world class workforce.

Question 3.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Advantages:

- The larger 'big science' grants would suit many organisations and would advantage organisations that have a more translational element to their research program.
- In addition, the translation subtype has the ability to promote multidisciplinary

collaborations and industry partnerships with a value-add co-contribution aspect to the grant.

- Opportunities for support for both curiosity-driven and translational research.
- Flexibility in choosing the most appropriate team for the task, rather than being bound by considerations of strong team track record.
- Provides an avenue for new investigators to obtain independence (albeit limited).

Disadvantages:

- A short fall of this model is it may not support a full range of career stages, with no specific opportunities for mid-career researchers.
- New investigators appear restricted to the knowledge creation stream.
- The absence of People support schemes raises concerns about continuity of support throughout a career, and how this will compromise workforce security and stability and the NHMRC aims around national researcher capability and researcher retention.

Question 3.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

Potential negative consequences could arise from the problem, outlined in 3.2, relating to a lack of reliable continuity of support over the long term. Highly successful and productive researchers could potentially be lost from the workforce if the ideas go out of favour. This may incentivise taking a conservative approach to research proposals or 'holding back' discoveries to strengthen future grants applications.

In addition, the lack of specific innovation component in this model might lead people to more risk adverse behaviours, thus stifling innovation, a common criticism of the current system.

With the exception of 'big science' grants, there is no strong incentive for collaboration in this model, detracting from objective 4 of the review.

Question 3.4:

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

The big problem with this model is uncertainty around people support over the long term. This would be improved by implementing a People Support scheme (similar to model 1) to run parallel to the Research Support scheme.

Question 3.5:

Do you have other comments about the model? (500 words max)

To create more opportunities to support establishing researchers, one option is to take the approach from Team grants in Model 1 in considering all CIs to be equivalent. This might overcome problems relating to team equity, which could lead to inadequate career support for emerging researchers.

In addition, this model could also comprise an 'ideas component' that is based on innovation/significance rather than track record to provide emerging researchers more

opportunity.

Bonuses for collaborative gain but more in terms of diversity, cultural, gender, career stage, transdisciplinary approaches could improve fundability.

Summary of Recommendations

In order to increase flexibility of support for researchers to build their track record and ideas, Model 3 should adopt People support, like in Model 1.

General

Question 4:

Do you have comments on the other issues discussed in this paper? (500 words max)

- For all three models, ASMR encourages leveraging of shared support. For example, capacity
 during application to indicate partnership with a University or an industrial or philanthropic
 organisation. This will encourage researchers to leverage support prior to grant submission
 and could reduce the burden on the MREA.
- The alternative, more generalised approach to determining budgets common to each model is a practical one and is more appropriate than the current mechanism. How closely do research programs ever really adhere to the details of their budget proposal? Currently the detail often provided and the scrutiny it receives makes little sense.
- Additional requirements for large or 'big science' grants is important.
- Commitment to the items listed under common features is commendable.
- Arrangements to ensure effective transition from the current grant program structure needs spelling out.