



Australian Government
National Health and
Medical Research Council

N H M R C

DECLARATION:

I am aware that if I agree to release information from my submission, it will be widely available, e.g. it may be placed on the NHMRC website and made available in hard copy. I am also aware that the information may be further referenced in later publications. If I have named an organisation at question 2, I agree that my comments are representing the views of the organisation.

Any personal information provided, e.g. contact details, will only be used for the purpose of developing this document. In addition, personal details will not be used or disclosed for any other purposes, without prior written consent.

Date: 29th June 2009

Name: (please print) Dr Sarah J Meachem

Signature:

A handwritten signature in cursive script, appearing to read 'Sarah J Meachem', written in black ink.



Comments on Consultation Paper on NHMRC's Research Fellowships Scheme – 25 May 2009

Name:	Dr Sarah J Meachem
Organisation:	The Australian Society for Medical Research
Position:	President

Please type your comments to the questions and issues raised in the Consultation Paper directly into the table below. If you have no comments please enter "No Comment" in the table for this question or issue.

Questions and Issues for Comment:	
1. Aims of the Research Fellowship scheme Comment:	ASMR supports the stated aims of the Fellowship scheme
2. Alignment between the aims of the scheme, selection criteria, scoring and ranking processes and feedback report to the applicants Comment:	<p>In general we are amenable to the proposed research fellowship scoring matrix, except for 2 points.</p> <p>1. Type of application: It is recommended that there is no differential between type of appointment in terms of initial or renewal. We recommend that all applications be peer reviewed equally based on level of competitiveness. At present there exists the potential for bias towards applicants already in the Fellowship scheme.</p> <p>2. Proposed weighting: It is recommended the weighting be redistributed to 30% Vision for the next 5 years, intellectual leadership and contribution 60% Quality of research output, national and international profile and success in obtaining grants.</p> <p>20% Under sells the important of future vision, leadership and contribution to wider discipline and field. The scheme is designed to support highly skilled, successful health and medical research scientists; the leaders of today and tomorrow that have attributes vital to guarantee the strength and diversity of our world-class research enabling us to continue to deliver strong economic returns and improved health outcomes. Researchers for tomorrow and beyond must be visionary leaders and thus it is recommended a heavier weighting of 30% be assigned</p>
3. Position Classification Statements Comment:	Agreed that the NHMRC Research Fellowship policy documentation be replaced by a more concise and less prescriptive statement. A position description is the responsibility of the employing organisation however these must meet the standards and expectations of the NHMRC.
4. Numbers of Fellows at different Fellowship levels Comment:	

<p>ASMR agrees that the pyramid shape is the logical strategy for a viable fellowship scheme. The relative distribution of fellows at present appears reasonably balanced, with the exception that the number of RF/SRFAs is lower than expected for a true "pyramid" scheme. ASMR would like to highlight that careful analysis of the results from the NHMRC commissioned demographic study of the health and medical research workforce will be critical to ensure the correct balance of fellows at the different levels remains appropriate into the future. Furthermore, ASMR strongly suggests that further investment is required to support all candidates that are ranked in the 'outstanding' and 'excellent' categories i.e. top 10% internationally. At present, not all of the "excellent" researchers are funded and may leave Australia unless supported, with associated loss of the significant investment made to train these individuals. Data show that there is considerable anxiety in the workforce around job insecurity and lack of funding and career opportunities which may indicate a potential loss already from the workforce (Kavallaris et al MJA 2008; 188:9:520).</p>
<p>5. Are the current four levels of Fellowship appropriate? Comment:</p> <p>ASMR considers the current 4 levels of the Fellowship scheme appropriate. The approximate linkage of fellowship support packages with academic salaries should persist. The benchmarks make the system simple and allows for seamless flow of Research Fellows to Academic appointments.</p> <p>If the NHMRC agree that the CDA and Fellowship scheme is a career structure (not just stand alone funding mechanism) then CDA should be considered as a 5th level.</p>
<p>6. Fellows re-applying for appointment Comment:</p> <p>A more equitable approach would be for all competitive candidates (initial and renewal appointments) to be interviewed. Fellows deemed not competitive should have a right of reply by written submission.</p>
<p>7. Application process Comment:</p> <p>ASMR agrees that the process be the same for <u>all</u> applicants. It is recommended that the candidate carefully chose the particular level of appointment and the peer review panel assesses the applicant on that level and no other.</p>
<p>8. Early re-application Comment:</p> <p>Flexibility in the system must remain and thus Fellows must be allowed to reapply for appointment out of synchrony at higher levels. The substantial load this makes for panel is an independent issue of management and should have no bearing on the 'fairness' and 'flexibility' of the scheme. High performers in the scheme must be allowed to advance without restraint. Altering this aspect of the Fellowship scheme will undoubtedly make the scheme less attractive and thus run the risk of losing these outstanding performers from the scheme, the sector and from Australia.</p>
<p>9. Fellowship interviews Comment:</p> <p>All candidates considered competitive (initial and renewal appointments) of the scheme should be treated equally and interviewed. Re-appointing Fellows not short-listed should be given the choice of submitting a written response.</p>
<p>10. Seventh year Grant-in-Aid support for unsuccessful applicants Comment:</p>

No. The 7th year Grant-in-Aid should not be retained. ASMR considers that the significant pressures on the fellowship system make the safety net of a 7th year for non-competitive fellows unfeasible.

11. Head of Department Report

Comment:

It is a sensible idea of the NHMRC to replace Head of Department report with signed assurance.

12. Career Development Awards and the NHMRC Fellowship scheme

Comment:

It is recommended that NHMRC clarify whether the CDA is part of a career structure or an independent funding mechanism to support mid career researchers.

CDA holders should not be given special access to the Fellowship scheme. Each candidate should be viewed independently and without preference, using a transparent peer reviewing process. As the number of CDA's is limited due to funding constraints, competitive non-CDA holders will be disadvantaged by such a scheme. Undoubtedly this would make application unattractive to highly competitive non-CDA applicants and it would run the risk of losing these researchers from the CDA and/or Fellowship scheme.

The CDA scheme must continue to be supported. It is not the failure of the CDA scheme that results in the low numbers of CDA holders entering the senior scheme, but the highly competitive nature of entry. There still exists a gap from CDA2 to senior fellow. This will need careful monitoring over the next few years as the first wave of CDA2 holders flow through the system and it can only be then be determined whether CDA holders are more successful in entering the senior Fellowship scheme.

13. ARC Future Fellowship Scheme

Comment:

No adjustments should be made to NHMRC people support programs in light of the recent introduction of the ARC Future Fellowships. The ARC Future Fellowship Scheme should be viewed as independent. There is no guarantee this scheme will continue to be supported by the federal government. NHMRC needs to have their own independent scheme to ensure our best and brightest have a fighting chance and it's vital for the maintenance of our highly skilled, world-class workforce.

14. Gender imbalance

Comment:

There are 2 major issues here that need to be explored when assessing why fewer women apply for NHMRC Research Fellowships:

1. Related to family commitments. The workforce and NHMRC and the Fellowship scheme needs to allow flexibility for women.

The introduction of an initiative to suspend CDA and Fellowship awards for 2 year is one supportive approach.

ASMR's view is that 'special consideration' or 'relative to opportunity' is at present subjective and needs to be objectified. ASMR recommends a scoring a matrix be developed to help the peer review process to be fair and equitable.

2. Independent of family commitments, the workforce and NHMRC and Fellowship scheme need to implement strategies that don't repel women but rather encourage them. Data from the Australian Health and Medical Research workforce into the gender imbalance is urgently required to understand and identify the reasons behind the gender

imbalance. It is only then that new and better strategies can be development and implemented in policy to cure the gender imbalance. Understanding what repels women and the obstacles and pressure they face is critical. Lessons could be learnt from international studies. For example the Harvard Business Review from the Athena Study (22nd May, 2008) reveal that half of researchers (women) (across science, engineering and IT) leave the field at mid career. Half of them exit the system entirely not because of family-related issues but rather the system repels them. It is perfectly acceptable and commendable if women make a choice, which is rightfully theirs, to leave health and medical research or not apply to the fellowship scheme, choose a career outside health and medical research however it is not acceptable if women are forced to choose between a family and a career, it is not acceptable if women feel unwelcomed in the health and medical research workforce and it is not acceptable if being female is detrimental to their careers.

NHMRC is a body that is ideally placed to study the gender imbalance.

15. Increasing the flexibility of the Research Fellowships Scheme – Fellows able to suspend award for up to two years.

Comment:

Increasing the flexibility is an imperative for the Research Fellowship scheme and we recommend the scheme allow Fellows to suspend their award for up to 2 years. This will make the scheme much more attractive to potential Fellows, enabling Fellows to explore other related appointments of the sector (ie working in industry or the area of policy which will undoubtedly diversify leadership skills) or unrelated matters such as family commitments and illness. In terms of related appointments, it is important to encourage research translation into the clinic, policy and collaboration with industry to create a deeper, wider and more productive workforce that fits the goals of the NHMRC and this is one approach to enable this. In addition, more flexibility will assist making the system more attractive to female researchers and hopefully ameliorate the loss of women researchers from the scheme.

16. Proposed Emeritus Fellowship

Comment:

A provision should be made for Fellows that choose to retire from the Fellowship scheme but wish to remain actively working in their field. This will alleviate some 'pressure' in the system and support the next wave of Fellows.

Other Comments:

Please return this form by **5pm AEST 29 June 2009** by email to:

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