PRACTITIONER FELLOWSHIPS
PEER REVIEW GUIDELINES

for funding commencing in 2015
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Overview of Peer Review Process 2014

- Practitioner Fellowships applications close: 5 February 2014
- Assessment of Aboriginal or Torres Strait Islander Health applications: February – March 2014
- Allocation of applications to panels: 5 March 2014
- Briefing teleconference for panels: 12 March 2014
- Conflicts of Interest identified: 14 March 2014
- Allocation of Spokespersons: 21 March 2014
- Initial Scoring: 7 April 2014
- Shortlisting (NFFC) teleconferences: 16 April 2014
- Notification of shortlisting outcomes: 30 April 2014
- Interviews: 2 – 5 June 2014
- Funding approvals process (RC, Council, CEO and Minister): August - September 2014
- Notification of outcomes to applicants: October 2014

*dates are indicative and subject to change.*
1 About this Document

The Practitioner Fellowships Peer Review Guidelines for funding commencing in 2015 (the Guidelines) describe the general process, procedures and timeline for peer reviewing applications for Practitioner Fellowships. They also contain important information about the conduct of peer review.

These Guidelines complement the Practitioner Fellowships Funding Rules for funding commencing in 2015 (the Funding Rules), which were made available to applicants to assist them in preparing and submitting their applications. It is important that these Guidelines are read in conjunction with the Funding Rules. The Funding Rules contain essential information about the aims of the Practitioner Fellowship scheme, eligibility, the application process and other relevant matters.

2 Changes to the Peer Review Process

- Initial scoring and Not For Further Consideration (NFFC) process has been introduced at the shortlisting stage (see section 5.8.2 Preliminary Scoring of Applications).

3 Conduct during Peer Review


3.1 Career Disruptions

Peer Reviewers will need to take into account any career disruptions experienced by applicants. Please refer to the NHMRC Funding Rules subsection 3.7.1, for further details.

3.1.1 Sensitive Career Disruption

If the Career Disruption is of a highly sensitive nature, the applicant may not wish to share specific information with the Peer Review Panel and may have submitted details separately to NHMRC. For example, an applicant may consider their medical condition to be of a personal nature and therefore may wish to submit a Career Disruption claim separately.

Senior staff at NHMRC will review the sensitive career disruption claim. If the claim has been accepted, they will advise the panel on the period of time affected by the disruption.

Details may also be provided of how the disruption may have affected the applicant’s track record.

4 Peer Review Participants

Participants in the peer review process are identified in the Peer Review Participants table below, including a description of their roles and responsibilities. Following the peer review process, key participants in the peer review process will be publicly acknowledged on the NHMRC website without reference to the specific application(s) that they assessed.
## 4.1 Peer Review Participants Table

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
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</table>
| **4.1.1 Research Committee Portfolio Representative** | The Research Committee Portfolio Representative is a member of NHMRC Research Committee. Their primary duties and responsibilities are to:  
- identify and advise the NHMRC of all real or potential CoIs they have with applications;  
- provide advice to the Chairs to ensure consistency in assessment approaches across Panels;  
- along with the NHMRC and Chairs, monitor progress and contribute to finding solutions for any problems that may arise; and  
- support NHMRC staff as they implement policy and follow established procedures. |
| **4.1.2 Community Observer**             | During Peer Review Panel discussions, independent Observers may be present to:  
- monitor procedural aspects of the PRP’s conduct; and  
- provide feedback to NHMRC on the consistency of procedures. Observers will be briefed on the peer review process. They will not participate in the discussion of any application. |
| **4.1.3 Peer Review Panel Chair**       | The primary duties and responsibilities of the Panel Chair are to ensure NHMRC’s procedures are adhered to and that a fair and equitable consideration is given to every application being reviewed by the PRP. Chairs are appointed to be independent of the review of research proposals, and must manage the process of peer review in accordance with these guidelines. The Chair will:  
- familiarise themselves with documentation relevant to the funding scheme;  
- identify and advise the NHMRC of all real or potential CoIs they have with applications assigned to the PRP;  
- confirm all CoI rulings and ensure appropriate action is taken in relation to declared CoIs;  
- familiarise themselves with ALL applications being considered by the PRP, excluding those for which they have declared CoI;  
- confirm the assignment of applications to PRPs and allocation of Spokespersons to applications;  
- ensure consistency when reviewing Indigenous health external assessments;  
- chair the PRP meetings;  
- keep discussion on time and focussed;  
- ensure procedures are followed;  
- assist panel members in fulfilling their duties and responsibilities;  
- promote good engagement by Spokesperson and panel members;  
- ensure that discussion leads to an outcome where the application is scored against the assessment criteria or deemed to be non-competitive.  
- ensure that discussion of applications under review include the consideration of additional awards where relevant;  
- ensure consistency across discussions and interviews; in consultation with the NHMRC, confirm applications identified as being non-competitive;  
- endorse the review and scoring of applications; and  
- approve relevant Meeting Attendance Record sheets. |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
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</table>
| **4.1.4 Peer Review Panel Member** | The primary duties and responsibilities of a panel member are to:  
  - familiarise themselves with documentation relevant to the funding scheme;  
  - identify and advise the NHMRC of all real or potential CoIs they have with applications assigned to their PRP;  
  - provide a fair and impartial assessment of applications against the assessment criteria in a timely manner;  
  - read and have a thorough understanding of all applications being assessed by the PRP (excluding those for which they have a declared CoI), paying particular attention to those for which they are spokesperson;  
  - ensure consistency when reviewing Indigenous health external assessments;  
  - act as a spokesperson for applications in their broad research area;  
  - prepare for and participate in panel discussion for each application to the best of their ability, consider applicant track record relative to opportunity;  
  - confirm the identification of non-competitive applications; and  
  - provide a score against the assessment criteria for each application reviewed by the PRP. |
| **4.1.5 Primary Spokesperson (1SP)** | The primary duties and responsibilities of a 1SP are to:  
  - lead the PRP meeting discussion/interview on the competitiveness of the application against the aims of the scheme and the assessment criteria;  
  - ensure productivity relative to opportunity and career are properly considered; and  
  - formulate questions to be addressed by the applicants and ensure that they are addressed at interview. |
| **4.1.6 Secondary Spokesperson (2SP)** | The primary duties and responsibilities of a 2SP are to:  
  - support the application discussion at the PRP meeting on the competitiveness of the application against the aims of the scheme and the assessment criteria;  
  - ensure productivity relative to opportunity and career disruptions are properly considered; and  
  - formulate questions to be addressed by the applicants and ensure that they are addressed at interview. |
| **4.1.7 Additional Experts** | Additional Experts with research expertise and experience in the specific field(s) of an application may be appointed to provide advice at PRP meetings or interviews. Additional Experts do not participate in scoring of applications and must identify and advise the NHMRC of all real or potential CoIs they have with applications assigned to them. Additional Experts may:  
  - provide advice to the PRP regarding the context of the applicant’s research field and their standing in that field; and  
  - provide advice to the PRP on the applicant’s track record and the competitiveness of the application based on the applicant’s current stage in their career. |
| **4.1.8 Senior NHMRC Staff** | NHMRC staff with doctoral degrees or extensive research expertise will be involved in:  
  - establishing peer review panels;  
  - reviewing allocations of applications to panels and Spokespersons;  
  - assisting and advising on the peer review process; and |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• acting as an alternative independent chair when the Panel Chair and RC Portfolio Representative has a CoI with the application under consideration.</td>
</tr>
</tbody>
</table>

4.1.9 NHMRC Staff

Under direction from the CEO, NHMRC staff will be responsible for overall administration of the peer review process and may be responsible for the conduct of the following specific activities.

- approach potential panel members;
- assign applications to the appropriate panels;
- assign spokespersons to applications;
- provide the following administrative support and advice to the Chair and panel members:
  - facilitate use of RGMS;
  - maintain accurate records of CoIs;
  - ensure that the Chair has approved all CoIs declared by members;
  - provide advice on the treatment of declared CoI;
- provide policy advice to the Panel Chair and panel members;
- ensure that all panel members/assessors are provided with the necessary information to review each application;
- prepare a list of non-competitive applications for consideration by the Chair and panel members;
- prepare the order in which applications will be accessed during PRP meetings;
- maintain scoring records for each application;
- record outcome of PRP recommendations;
- act as the first point of contact for panel members and community observers;
- consider recommendations from observers to improve peer review procedures/processes; and
- record and notify NHMRC Senior Staff of any requests for clarification or advice.

4.2 Peer Review Panels

Peer Review Panels are established to review all Practitioner Fellowship applications.

The Panel is composed of an independent Chair and members (the number depending on the number of applications received). Where required, Expert and/or Additional Members in specified fields will be called upon. An NHMRC Staff member will be assigned to assist with the panel administration.

Panel members are chosen for their expertise and experience. Geographical spread, gender balance and institutional representation are also considered when determining each panel’s membership. Members should currently hold, or have held, a health or medical research grant obtained through a nationally or internationally competitive peer review process. Members are appointed for one year, and are generally not reappointed for more than three consecutive years.

Current PF applicants are not permitted to participate in the assessment process as panel members.

In the event of a panel member withdrawing from the peer review process, the NHMRC will, if time permits, replace them with another member possessing appropriate expertise relevant to the PRP. If a replacement member cannot be found, the NHMRC will reallocate the application(s) within the relevant PRP, ensuring that the expertise required for each application is appropriately represented. If the panel member is contactable after withdrawing from the process, the NHMRC may contact the member with queries relating to the applications originally allocated to them.
4.2.1 Quorum

A quorum must be present for an application to be reviewed and scored. For the purposes of PRP meetings a quorum is one member more than half the total number of panel members. NHMRC will endeavour to identify, prior to PRP meetings, those applications that do not have a quorum and obtain a suitably qualified temporary panel member to participate in the discussion and scoring on that application. Temporary panel members may be drawn from other panels.

5 Peer Review Process

The NHMRC peer review is expected to provide a rigorous, fair, transparent and consistent assessment of the merits of each application in keeping with NHMRC’s Principles of Peer Review (the Principles) [www.nhmrc.gov.au/grants/peer-review/nhmrc-principles-peer-review](www.nhmrc.gov.au/grants/peer-review/nhmrc-principles-peer-review) and the Code.

Peer review of Practitioner Fellowships is a two stage process with an initial review and shortlisting of applications, followed by shortlisted applicants proceeding to interview.

5.1 Receipt and Initial Processing of Applications

NHMRC staff will verify that Practitioner Fellowship applications meet eligibility criteria.

5.2 Aboriginal or Torres Strait Islander Research Assessment

Applications relating specifically to Aboriginal or Torres Strait Islander Peoples health will be identified by information provided by the applicant in their application.

Those applications identified will be subject to NHMRC’s Criteria for Health and Medical Research of Indigenous Australians (Attachment A). The extent to which the application fulfils these criteria in relation to research into the health of Aboriginal and Torres Strait Islander peoples will be considered by a suitable external assessor with appropriate expertise, and also take into consideration the applicants’ track record relative to opportunity.

5.3 Assignment of Applications to PRPs

Applicants will indicate which specific field of research or particular stream best fits their application. In the case where two or more panels have been appointed, Senior NHMRC Staff will allocate applications to the most appropriate panel based on the information provided by applicants. These allocations are confirmed by the panel chairs.

5.4 Identification of CoI

Panel members will be provided access, via NHMRC’s Research Grants Management System (RGMS) to the Snapshot Summary Report of each application assigned to the PRP, and will declare their CoI in accordance with the guidance on the management of CoI. Refer to A guide to NHMRC Peer Review section 4.3 [www.nhmrc.gov.au/book/guide-nhmrc-peer-review/4-conduct-during-peer-review](www.nhmrc.gov.au/book/guide-nhmrc-peer-review/4-conduct-during-peer-review).

Panel members will be given access to the full application only if they have no or a low CoI. Where panel members declare they have a high CoI, they will not be granted access to the full details of the application.

Some members may have a CoI for which they require a ruling. For these, NHMRC will assess the information declared and specify in RGMS the level of participation applicable. All CoI rulings will be confirmed and endorsed by the Panel Chair during the interview week. Panel members are requested to ensure they include sufficient detail in their declaration to ensure an accurate CoI assessment can be made.

CoIs must be declared at the beginning of the peer review process. However CoIs may be declared at any stage of the peer review process if new conflicts become apparent.

CoI guidelines also apply to Observers and they must be aware of their obligations under NHMRC’s Practitioner Fellowships Peer Review Guidelines for funding commencing in 2015.
Guidance for management of CoI. Observers must advise NHMRC of any real or potential CoIs they have with an application.

5.5 Allocation of Spokespersons

Panel members will indicate their ability to act as a spokesperson on applications based on their expertise. NHMRC staff will allocate spokespersons to each application based on the indicated suitability and declared conflicts of interest of each panel member. Panel members will be notified of their allocations accordingly.

As far as possible, each Panel Member will be allocated an equal proportion of applications as Primary and Secondary Spokesperson.

Panel members should read ALL applications for their panel carefully, but pay particular attention to those for which they are 1SP and 2SP.

5.6 PRP Members Access to Applications

Panel members will be provided with full access to applications allocated to their panel, within RGMS, excluding those where a high CoI has been declared. When accessing the full application, panel members should again check whether they have a CoI not previously evident, and notify NHMRC if additional conflicts are identified.

The “Download All” function, in RGMS, streamlines panel members access to all relevant application documentation. Panel members can download all relevant documents using this functionality rather than reading applications individually through RGMS. The ‘User Guide – Assessors and Assessment’ in the RGMS Library provides instructions on using this function.

In order to assess an application, the panel members should review the following ‘Snapshot Reports’ and uploaded PDF documents:

- ‘Assessor’ snapshot (relevant sections of the application and Profile/CV required to assess the application);
- Uploaded document - ‘Grant Proposal’ PDF;
- Uploaded document – ‘Confirmation letter of Clinical/Public Health Status’ PDF; and
- Uploaded document – ‘Confirmation letter/s of Employment’ PDF.

5.8 Part One – Initial Review of Applications

All applications are subject to the same peer review process and assessment criteria. The initial review and final rankings are established on merit, regardless of the applicant’s previous fellowship status.

Panel members must use the Statement of Expectations at Attachment B as a guide when assessing the level of applications.

5.8.1 General Guidelines for Shortlisting

Due to the competitive nature of the Practitioner Fellowships scheme, only approximately 50% of applications will be shortlisted.

Funding data for previous rounds are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of applications received</th>
<th>Number of applications that proceeded to interview</th>
<th>Number funded</th>
<th>Percentage of the total number of applicants who applied who were successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>57</td>
<td>29</td>
<td>16</td>
<td>28%</td>
</tr>
<tr>
<td>2012</td>
<td>57</td>
<td>36</td>
<td>19</td>
<td>33%</td>
</tr>
<tr>
<td>2011</td>
<td>51</td>
<td>28</td>
<td>18</td>
<td>35%</td>
</tr>
</tbody>
</table>
Panel members must critically examine all applications for competitiveness against the aims of the scheme, the Statement of Expectations (Attachment B) and the Assessment Criteria (Attachment C). Applications considered marginal should not be shortlisted.

5.8.2 Preliminary Scoring of Applications

The 1SP and 2SP for each application will provide a score, using a seven point scale, against each assessment criterion in RGMS with the assistance of the Statement of Expectations (Attachment B) and the Scoring Descriptors (Attachment D).

The PRP will be provided with detailed instructions on how to complete the preliminary shortlisting scores in RGMS.

5.8.3 Confirmation of Applications Not For Further Consideration

The Spokespersons’ scores will facilitate the identification of applications considered to be the least competitive of those assessed by each PRP. The bottom 50% will be included on the Not For Further Consideration (NFFC) list.

A NFFC list, catering for conflicts of interest, will be provided to panel members prior to the shortlisting teleconference. If a panel member feels strongly that an application warrants rescuing from the NFFC list (and should proceed to interview), they have an opportunity to nominate one application only for consideration by the panel.

A list of applications nominated by panel members for rescue, catering for conflicts of interest, will be circulated to the panel prior to the teleconference. These will be the only applications discussed by the panel at the teleconference.

The Panel Chair will review all applications appearing on the NFFC list to confirm no application has scores from the Spokespersons which are two or more points away from each other. If an application receives scores from the Spokesperson this varied, the application must be discussed at the teleconference.

Applications not appearing on the NFFC list will automatically proceed to interview.

If the panel is satisfied that the most suitable applications are proceeding to interview and no applications have been nominated for rescue, the shortlisting teleconference will not be required.

5.8.4 Process for the Shortlisting Teleconference

The panel will meet, via teleconference, to discuss any applications from the NFFC list which had been nominated for rescue and any application identified as having scores where the variation between the spokespersons scores is two or more away.

Panel members who have nominated an application for rescue will have to speak to the application and provide a justification for the application to proceed. The 1SP and 2SP will also speak to the application and recommend if the application should proceed or not. For an application to be rescued from the NFFC list the entire panel must be in agreement. The panel must decide on no more than two applications to proceed to interview.

At the shortlisting stage, for Reapplications with Promotion the decision to shortlist is to be based on whether an applicant is competitive at their current level. The promotion request will be addressed at interview and the level to be funded will be determined post interview based on final rankings.

Applications for Promotion out of Synchrony (POS) will be assessed at the level of promotion. POS applicants are not assessed at their current level. If the Panel’s final decision is that the application should not be supported at the promoted level, then they will be removed from further processing. The applicant will continue at their existing level for the duration of their current fellowship.
5.9 Part Two – Applications proceeding to further Peer Review

5.9.1 Interviews

Interviews for Practitioner Fellowships will be held from 2 June 2014 and will be conducted by telephone. NHMRC will hold a panel briefing prior to interviews to outline the process, and roles and responsibilities of all participants. Interviewees have the opportunity to provide a one-page A4 single sided CV update. Any additional pages submitted by the applicant will not be provided to the panel. NHMRC will forward all CV updates received, to the panel prior to interviews.

A total of 40 minutes has been allocated for the discussion and interview of each application, 10 minutes for a pre interview panel discussion, 20 minute interview with the applicant, and finally 10 minutes post-interview for panel discussion and scoring. Panel Chairs must manage the time allocation for all applicants to ensure each is given an equal opportunity to state their case and to ensure that the interview schedule is maintained.

A Community Observer may be present during individual interviews to monitor the procedural aspects of the PRP and to provide feedback to NHMRC on the consistency of procedures.

5.9.2 Conduct during Interviews

The purpose of the interview is for both the applicant and panel members to identify optimum evidence to warrant funding for an application. Panel members will be assessing how well an application meets the assessment criteria and are expected to encourage and assist applicants to present their case in the best light. They should not to be confrontational, negative or accusatory, or put applicants in a position where they feel they have to defend what they have done or are proposing to do.

Panels are expected to be direct and obvious in what they ask, so applicants should be able to respond equally clearly and not be looking for traps or hidden aspects to questions.

There may be aspects of an application about which the panel members are perfectly satisfied, based on the information already provided. Because there is limited time available for interviews, it is unnecessary for the panel to explore these details further.

Panels will need to explore aspects of an application where they require clarification or confirmation, however applicants should view such enquiries as opportunities and invitations to throw light on or emphasise the worth of the case they are making, and not as criticisms.

A guide for applicants and panel members, “What to Expect at a Practitioner Fellowship Interview” is provided at Attachment E.

All interviews will follow the Practitioner Fellowships Interview Run Sheet (Attachment F) to ensure procedural consistency is maintained.

5.9.3 Procedure for Ranking Applicants

After each interview, the application will be discussed by the panel and scored with the assistance of the Practitioner Fellowships Scoring Descriptors (Attachment D) and the Statement of Expectations (Attachment B) as required. It is important that the PRP consider the merits of the application in relation to the scoring descriptors rather than whether the applicant is considered fundable.

Panel members will score each applicant on a seven point scale against each assessment criterion. Scores will be provided via secret ballot after the ISP has declared their scores to the panel. All secret ballot sheets will be destroyed once scores are accurately transcribed to the scoresheet.

An average panel score is determined for each criterion and the relevant weighting applied. Each weighted panel score is combined to provide an overall score for the applicant.

Dual ranking of applications is required for Reapplication with Promotion, i.e. applicants must be ranked at PF1 and PF2.
5.9.4 Daily Panel Review

At the end of each day of interviews, the PRP should briefly review the day’s interviews, but not for the purpose of re-scoring and re-ranking. This is to ensure that equity is maintained between applicants in relation to time spent discussing each application. The PRP may wish to flag an application which will require further discussion at the conclusion of all interviews.

5.9.5 Final Ranking

On the last day of interviews a preliminary ranked list is created for each panel, based on the overall score of each applicant interviewed. Each panel member must agree on the ranking of applicants on the preliminary ranked list, and typically, adjustments should only be made for applicants with the same overall score.

Any changes to rank order must be with the consensus of the panel. If the panel decides to alter the ranking of an application, the panel must agree on a revised score against the relevant selection criterion and adjust accordingly. This process is essential to ensure the transparency and integrity of peer review. The final ranked list will be confirmed and endorsed by the Panel Chair.

In the case where more than two panels are established, once all panels have agreed on a ranked list for the applicants they interviewed, applicant’s scores are normalised across all panels. These normalised final scores are used as the base for producing a final ranked list for all Practitioner Fellowship applicants interviewed, which will be used in preparing the funding recommendations for Research Committee.

Applicants are funded at the highest ranked fellowship level above the funding line.

NHMRC will seek advice from its Research Committee and Council on the allocation of expenditure for the Fellowships. Research Committee and Council do not challenge the scores or relative ranking of applications as determined by the PRP. In accordance with Subsection 7(1)(c) of the NHMRC Act, the CEO accepts Council’s recommendation (as advised by Research Committee) and then formally seeks the Minister with portfolio responsibility for NHMRC’s approval to expend public money from the Medical Research Endowment Account (MREA).

5.10 Notification of Outcomes

5.10.1 Outcome Letters

Outcomes of application rounds will be formally announced by the Minister or his/her representative. Applicants and RAOs will be notified via electronic letter of the outcomes of the peer review process. This letter will provide information regarding the results of the peer review process. Funding schedules will be provided for all successful applicants.

5.10.2 Feedback Reports

Feedback will be provided to applicants in the form of an Application Assessment Summary. This summary will include the applicants score against each selection criterion, and their overall score and percentage quartile.

Applicants who were not shortlisted (section 5.8) will receive a report of their outcome after the list of applications proceeding to final review has been finalised. All other applicants will receive their report attached to their outcome letter.
Criteria for Health and Medical Research of Indigenous Australians

Applicants are required to address the extent to which their application fulfils these criteria in relation to research into the health of Indigenous Australians including documentation and other relevant written evidence where appropriate.

The criteria are:

- Community engagement
- Benefit
- Sustainability and transferability
- Building capability
- Priority
- Significance

Community engagement
The proposal demonstrates how the project has had and will have 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 proposal demonstrates the potential health benefit of the project for Aboriginal and Torres Strait Islander peoples. Benefit need not necessarily be direct or immediate.

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 people, beyond the life of the project. This may be through sustainability in the project setting and/or transferability to other settings. In considering this issue the proposal should address the relationship between costs and benefits.

Building capability
The proposal demonstrates how Aboriginal communities, researchers and others will develop relevant capabilities through participation in the project.

Priority
The research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities either at community, regional or national levels.

Significance
The research addresses an important public health issue for Aboriginal and Torres Strait Islander people.
Statement of Expectations

The Statement of Expectations sets out broad outline activities, attributes and achievements within the levels of the Practitioner Fellowships scheme. In coming to decisions about relative merit of applicants for these positions, assessors will consider research output relative to opportunity. Applicants should note the Scoring Descriptors (Attachment D), which identify quality of research and associated outcomes. The Scoring Descriptors are meant to be indicative rather than exhaustive.

Applicants for a Practitioner Fellowship at each level will be expected to articulate a vision for their research for the next five years and to provide convincing evidence of their intellectual leadership in their field and their contribution to translational research. The quality of their research outputs, including publications, patents, their contribution to research through mentoring, peer review and other administrative roles and any evidence for translation into practice of their work, will be primary considerations in the assessment of their application for a fellowship. Similarly, the level of success in obtaining grant funding and their national and international research profile will be major determinants of the outcome of applications for a Practitioner Fellowship. Supervision of research students, mentoring and peer review and research administrative activities will also be factors impacting on the competitiveness of an application.

Practitioner Fellow Level 1
General Standard: An NHMRC Practitioner Fellow Level 1 is expected to be making original contributions to research either independently or as a member of a group. The Fellow will contribute significantly to their profession or discipline, linking their research directions with their professional activities.

Practitioner Fellow Level 2
General Standard: A NHMRC Practitioner Fellow Level 2 is expected to be making original contributions to research either independently or as a member of a group and to exercise leadership in research direction. They will also be leaders within their profession or discipline, linking their research direction with their professional activities. This level of appointment recognises marked distinction in the Practitioner Fellow's research and leadership. Appointment at Practitioner Fellowship Level 2 will occur only if the applicant is considered to be exceptional.
Practitioner Fellowships Assessment Criteria

Part 2, Section 6 of the NHMRC Funding Rules incorporating Practitioner Fellowships, provide the criteria against which Practitioner Fellowship applications will be reviewed. A brief summary of the criteria for this scheme provided below.

Aims of the Scheme
The Practitioner Fellowships scheme is a key element in NHMRC’s commitment to accelerate the bridging of the gap between the acquisition of new knowledge from research and its implementation into practice and policy.

The scheme aims to support research which results in the translation of new evidence into improved clinical practice and health policy and which delivers improvements in health and healthcare to Australians.

The aims of the Scheme are to:

1. Strengthen health and public health practice and services by providing an opportunity for clinical, public and health services research practitioners to combine their research with their professional careers;
2. Facilitate translation of research outcomes into practice;
3. Build future capability for research and the translation of research by supporting leaders who work as health practitioners and who combine their practice with research at the highest level; and
4. Contribute to evidence-based practice and policy development in Australian health systems by supporting high quality research to cross evidence-practice gaps.

Assessment Criteria
All applicants will be assessed and ranked against the Assessment Criteria listed below and on how well their application meets the aims of the Scheme. All criteria are assessed relative to opportunity.

1. Vision for the next five years, and synergy of research and practice and potential for translation.
2. Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership, including success in obtaining grants, national and international profile.
3. Achievements in translation of research into improved clinical practice or policy development and activities which facilitate implementation of research outcomes by other practitioners.
4. Contribution to research through supervision and mentoring and activities which facilitate implementation of research outcomes by other practitioners.
### Practitioner Fellowship Scoring Descriptors

<table>
<thead>
<tr>
<th>Score</th>
<th>Criterion 1</th>
<th>Criterion 2</th>
<th>Criterion 3</th>
<th>Criterion 4</th>
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<tbody>
<tr>
<td></td>
<td><strong>VISION</strong></td>
<td><strong>RESEARCH OUTPUT AND LEADERSHIP</strong></td>
<td><strong>RESEARCH TRANSLATION</strong></td>
<td><strong>CONTRIBUTION TO RESEARCH</strong></td>
</tr>
<tr>
<td></td>
<td>Vision for the next five years, synergy of research and practice and potential for translation.</td>
<td>Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership including success in obtaining grants and national and international profile.</td>
<td>Achievements in translation of research into improved clinical practice, policy development, and/or activities which builds capacity and facilitate implementation of research outcomes by other practitioners.</td>
<td>Contribution to research through supervision, mentoring, peer review and research administration</td>
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<td></td>
<td><strong>Weight 20%</strong></td>
<td><strong>Weight 45%</strong></td>
<td><strong>Weight 20%</strong></td>
<td><strong>Weight 15%</strong></td>
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</table>

The following scoring descriptors are to be used as a guide to score an application against each of the assessment criteria. The descriptors are indicative rather than exhaustive.

Evaluation of performance will take into account opportunity, research discipline and be an overall summation of research contribution.

7

An exceptionally strong application which clearly supports the aim of the scheme and meets all the assessment criteria, with essentially no weaknesses.

It is expected that only the top 2-3% of applications would be ranked in this category.

<table>
<thead>
<tr>
<th>Relative to opportunity:</th>
<th>Relative to opportunity:</th>
<th>Relative to opportunity:</th>
<th>Relative to opportunity:</th>
<th>Relative to opportunity:</th>
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<tbody>
<tr>
<td>• Presents a highly innovative research proposal that is transformative and achievable within the term of the Fellowship.</td>
<td>• Is highly recognised, or has emerging high recognition, internationally for their contribution to their field of research.</td>
<td>• Major transformational contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system.</td>
<td>• Has extensive evidence of primary supervision and mentoring of PhD candidates (or equivalent) with successful completions.</td>
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<tr>
<td>• Presents a research proposal that addresses an issue of utmost importance to human health and will have a significant impact.</td>
<td>• Has consistently published research that is highly influential.</td>
<td>• Leadership role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system.</td>
<td>• Has had extensive involvement in the peer review of grants both nationally and internationally.</td>
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<tr>
<td>• Demonstrates a clear vision which will advance the field and expand Australia’s research capacity in this area.</td>
<td>• Has a demonstrated clear, rapid and continuing upward trajectory for research output.</td>
<td>• Key role in clinical guideline development, review and implementation of recommendations.</td>
<td>• Has extensive experience in the review of publications, including Editorial roles in top international journals.</td>
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<tr>
<td>• Outstanding level of synergy between vision and current practice.</td>
<td>• Has demonstrated a multidisciplinary and strong collaborative approach to research.</td>
<td>• Key roles in several major</td>
<td>• Holds leadership positions in highly regarded international scientific or professional societies.</td>
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**Practitioner Fellowships Peer Review Guidelines for funding commencing in 2015**
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<tr>
<td>A very strong application which supports the aim of the scheme and meets the assessment criteria, with only some minor weaknesses.</td>
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It is expected that the top 5% of applications would be ranked in this category or above.

<table>
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<tr>
<th>Relative to opportunity:</th>
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<tbody>
<tr>
<td>Presents an innovative proposal that has the potential to be transformative and is likely to be achieved within the term of the Fellowship.</td>
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<tr>
<td>Presents a research proposal that addressed an issue of major importance to human health and will have an impact.</td>
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<tr>
<td>Demonstrates a vision which is likely to advance the field and expand Australia’s research capacity in this area.</td>
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<tr>
<td>Excellent level of synergy between vision and current practice.</td>
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<tr>
<th>Relative to opportunity:</th>
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<tr>
<td>Has an established national and growing international reputation for their contribution to their field of research.</td>
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<tr>
<td>Has published research that is highly influential.</td>
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<tr>
<td>Has a demonstrated upward trajectory for research output.</td>
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<tr>
<td>Has demonstrated a multidisciplinary approach to research with good collaborations.</td>
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<tr>
<td>Has had success in obtaining major international and/or national grants as CIA.</td>
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<tr>
<td>Has been an invited speaker at major international meetings.</td>
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<tr>
<td>Has received major national recognition for research outcomes.</td>
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<thead>
<tr>
<th>Relative to opportunity:</th>
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<tbody>
<tr>
<td>Major contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system.</td>
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<tr>
<td>Key role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system.</td>
</tr>
<tr>
<td>Contributions to clinical guideline development, review and implementation of recommendations.</td>
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<tr>
<td>Contributions to several health initiatives (e.g. national disease register, health system review, community health engagement/education)</td>
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<tr>
<th>Relative to opportunity:</th>
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<tbody>
<tr>
<td>Clinical practice.</td>
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<tr>
<td>Has demonstrated a multidisciplinary and strong collaborative approach in quality improvement in their area of specialty.</td>
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<tr>
<td>Has demonstrated evidence of key contributions to the profession, including public communication/advocacy; government advisory roles and clinical practice.</td>
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<tr>
<td>Has a significant leadership role within a Departmental Centre or Institute.</td>
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<tr>
<th>Relative to opportunity:</th>
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<tr>
<td>Has strong evidence of primary supervision and mentoring of PhD candidates or equivalent with successful completions.</td>
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<tr>
<td>Has had major involvement in the peer review of grants nationally, and some internationally.</td>
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<tr>
<td>Has very good experience in the review of publications, including Editorial roles in discipline specific journals.</td>
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<tr>
<td>Holds leadership positions in well regarded scientific or professional societies.</td>
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<tr>
<td>Has demonstrated evidence of key contributions to the profession, including public communication/advocacy.</td>
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<tr>
<td>Has a leadership role within a Departmental Centre or Institute.</td>
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<tr>
<td>The applications meets the aims of the scheme or assessment criteria but has identified weakness requiring additional consideration by the panel.</td>
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<tr>
<td>• Presents a research proposal that has at least one innovative idea but may not be achieved within the term of the Fellowship.</td>
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<tr>
<td>• Presents a research proposal that addresses an issue of considerable importance to human health and may have some impact.</td>
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<tr>
<td>• Demonstrates a vision which may advance the applicants field of endeavour.</td>
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<tr>
<td>• Leadership of Large Multi-Centre Clinical Trial, crucial advocate for changes in clinical practice based on clinical trial evidence.</td>
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<td>• Leadership role in design, conduct, publication and advocacy for policy and practice of seminal research.</td>
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<td>• High level of synergy between vision and current practice.</td>
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<tr>
<td>May be considered for interview.</td>
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<td>Relative to opportunity:</td>
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<tr>
<td>• Presents a research proposal that as some novel aspects, but predominately extends existing knowledge.</td>
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<tr>
<td>• Proposed a research proposal that addresses an issue of some importance to human health and may have some impact.</td>
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<tr>
<td>• Has a developing vision of their contribution to their field of endeavour.</td>
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<tr>
<td>• Key and consistent but not lead role in Clinical Trial research (less involved in dialogue with health care providers) e.g. state rather than national role.</td>
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<tr>
<td>• Good level of synergy between vision and current practice.</td>
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<tr>
<td><strong>Relative to opportunity:</strong></td>
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<tr>
<td>- Presents a research proposal that has relatively little novelty and is not particularly innovative.</td>
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<tr>
<td>- Proposed a research proposal that addresses an issue of some concern to human health and may have some impact.</td>
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<tr>
<td>- Plays an important role in the research but is not a driver for the project vision.</td>
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<tr>
<td>- Specific and necessary but minor contribution to design of Clinical Trial, local advocate and successful change agent for clinical practice audit or other non-experimental research designs.</td>
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<tr>
<td>- Low level of synergy between vision and current practice.</td>
</tr>
<tr>
<td>- Low level of synergy between vision and current practice.</td>
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<tr>
<td>- Emerging profile in prestigious health forums.</td>
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</tbody>
</table>
| 2 | The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review. | Relative to opportunity:  
- Presents a research proposal that follows previously well documented and studied concepts.  
- Proposed a research proposal that addresses an issue of only marginal concern to human health and is unlikely to yield a significant impact.  
- Is key but not necessarily the lead in the vision of the research proposal.  
- Advocacy of public health evidence into policy/practice; local practitioner; modest participation in local public or private sector governance.  
- Little synergy between vision and current practice. | Relative to opportunity:  
- Has demonstrated little evidence of a developing reputation for their contribution to their field of research.  
- Has published research that has had some contribution to the knowledge base of the discipline.  
- Has not demonstrated an upward trajectory.  
- Has received grants funding primarily from local institutional sources rather than competitive grant funding.  
- Has little or no evidence for oral presentations at meetings.  
- Local practitioner. | Relative to opportunity:  
- Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system.  
- No involvement in any aspect of clinical guideline processes.  
- No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education)  
- No involvement in quality improvement projects in their area of specialty.  
- Has made no contributions to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. | Relative to opportunity:  
- Has some evidence of minor involvement in supervision of PhD candidates or equivalent.  
- Has had little involvement in the peer review of grants nationally.  
- Has little experience in the review of publications.  
- Holds membership of some professional societies.  
- Has a leadership role within a research team.  
- Modest participation in local public or private sector governance. |
|---|---|---|---|---|---|
| 1 | The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review. | Relative to opportunity:  
- Presents a research proposal that is not innovative or significant.  
- Proposed a research proposal that does not address an issue of concern to human health.  
- Demonstrated little or no evidence of a research vision.  
- Little evidence of potential for research translation.  
- No synergy between vision and current practice. | Relative to opportunity:  
- Does not have a reputation for their contribution to their field of research outside their institution.  
- Has published some research that has had little impact on the knowledge base of the discipline.  
- Has little evidence of research independence.  
- Has received minimal grants funding from local institutions sources rather than competitive grant funding.  
- Has no evidence of presentations at meetings. | Relative to opportunity:  
- No involvement in research translation activities.  
- No involvement in any aspect of clinical guideline processes.  
- No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education)  
- No involvement in quality improvement projects in their area of specialty.  
- Has made no contributions to | Relative to opportunity:  
- Has evidence of some involvement in supervision of Honours research and other higher degree candidates.  
- Has no evidence of involvement in the peer review of grants.  
- Has no evidence of involvement in the review of publications.  
- Holds membership of a small national professional society.  
- Has no evidence of leadership roles |
| the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. |
What to expect at a Practitioner Fellowships interview

Applications will be assessed against the specified aims of the scheme and the assessment criteria. The Scoring Descriptors and Statement of Expectations provide guidance for the panel while assessing and scoring an application. Applicants are advised to familiarise themselves with these documents in preparation for their interview.

Applicants have been given the opportunity to provide a one page single sided update of their CV for the Panel. This document should highlight only those updates which are relevant since the time of submitting the application. Only one page is to be provided – any additional pages will not be considered.

Forty minutes have been allocated for each interview, of which 20 minutes will be dedicated to a discussion with the applicant. During this discussion, the panel will explore aspects of an application which may need clarification. Panel members are expected to encourage and assist the applicant to present their case in the best light. Panel members with a high level conflict of interest will not be present or participate in any discussions relevant to the identified application.

The panel will hold a 10 minute pre interview discussion where the primary spokesperson will summarise the application, identify any concerns to be addressed with the applicant and highlight any relative to opportunity and career disruptions to be considered during the assessment of the application. The secondary spokesperson, followed by the rest of the panel, will be provided with the opportunity to raise issues they feel should also be considered.

Interview Process

The applicant is welcomed to the interview by the Chair who will introduce the Panel Members, identifying the spokespersons for that application.

The Chair will ask the applicant to give a three minute summary of their application and vision for research and translation for the next five years. It is important for applicants to be mindful of time. If an applicant goes over time, it may restrict opportunities for the panel to explore other issues important to the assessment of the application. The Chair will warn applicants when the time limit is approaching.

Applicants may choose to highlight:

- the expected outcomes at the end of the five year fellowship;
- the quality of their research output (publications, patents, research translation);
- their national/international recognition (publications, invitations etc);
- their intellectual leadership;
- their mentoring, training and supervision of Post docs and PhD/Research students and the achievements of these students; and
- their peer review activities, involvement in professional societies and the community.

The primary spokesperson will lead the discussion with the applicant, with the support of the secondary spokesperson, followed by the rest of the panel. All questions will address the assessment criteria:

- Vision for the next five years and synergy of research and practice and potential for translation;
- Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership, including success in obtaining grants and national and international profile;
- Achievements in translation of research into improved clinical practice or policy development and activities which facilitate implementation of research outcomes by other practitioners; and
- Contribution to research through supervision and mentoring and activities which facilitate implementation of research outcomes by other practitioners.

At the end of the interview, the Chair will ask the applicant to provide a brief summary statement which should include any important issues the applicant considers have not been addressed during the interview.

Once the applicant has left the interview, the panel will evaluate the application and interview, and provide a score against the assessment criteria via secret ballot.

Practitioner Fellowships Peer Review Guidelines for funding commencing in 2015
NHMRC Practitioner Fellowships Interview Run Sheet

**Pre-Interview Discussion (10 Minutes)**

- Chair to announce declared conflicts of interest
- Highly conflicted panel members to leave the room
- Chair to introduce the application with all relevant details (App ID, Name, Institute, Level to be interviewed, Name of 1SP and Name of 2SP)
- Secretariat to confirm level(s) to be scored
- Chair to ask for any newly identified conflicts of interest
- Chair to remind the panel if applicant has indigenous focus
- Chair to remind the spokespersons to identify any relative to opportunity considerations or career disruptions
- 1SP to present a summary/analysis of the application strengths and weaknesses
- 2SP to raise any additional concerns
- All Panel members given opportunity for open discussion
- 1SP to clarify who will raise specific issues during the interview

**Applicant Interview (20 minutes)**

- Chair to dial the contact number provided by the applicant
- Chair to welcome the applicant and determine if applicant is ready for interview
- Chair to ask panel members to identify themselves
- Chair to confirm sound clarity with applicant and identify spokespersons
- Chair to ask applicant to provide a three minute summary of their vision for research and translation for the next five years
- Spokespersons to ask questions relevant to assessment criteria and in line with pre interview discussion
- All panel members given opportunity to ask question relevant to assessment criteria
- Chair to ask applicant to provide a summary statement including any issues considered important by the applicant which were not addressed by the panel
- Chair to ask applicant feedback on telephone interview process and confirm connection was clear

**Post interview discussion and Scoring (10 minutes)**

- Spokespersons to provide final comments on interview and application in relation to the assessment criteria
- Chair to invite other panel members to comment if required
- 1SP to declare their score for each assessment criterion
- Chair to invite panel to address any concerns with the 1SP score (especially if scoring 2 or more away from 1SP score)
- Panel members to clearly record their scores for each assessment criterion in-confidence on ballot slip provided
- Secretariat to collect ballot slips from panel members and enter scores into score sheet