NHMRC PARTNERSHIPS FOR BETTER HEALTH - PARTNERSHIP PROJECTS

PEER REVIEW GUIDELINES 2014 SECOND CALL

Applications for NHMRC Partnership Projects 2014 Second Call open on 25 June 2014 and close at 17:00hrs (AEST) on 20 August 2014

Minimum data due by 17:00hrs (AEST) on 23 July 2014

Late applications will not be accepted
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**Partnership Projects 2014**

**Overview of the Peer Review Process for the Second Call**

- **Minimum data due date for applications**: 23 July 2014
- **Potential PRP members identified**: July/August
- **Applications close**: 20 August
- **PRP members appointed**
  - Conflicts of Interest identified: September
- **Allocation of applications to panel members**: September
- **Initial PRP briefing/teleconference**: September
- **Additional Experts and Indigenous Experts provide reports**: September
- **Initial scoring of applications**: October
- **PRP members consider NFFC list and may rescue ‘one’ application**: October
- **Confirmation of NFFC outcomes from PRP**: October
- **PRP members prepare for the PRP meeting**: November
- **PRP members meet to review applications allocated to the panel that are not on the NFFC list**: November
- **Applications recommended for funding are provided to NHMRC’s Research Committee, NHMRC Council and the Minister for Health**: December/January
- **Announcements & Funding commences**: 2015
1. ABOUT THIS DOCUMENT

These guidelines describe the general process, procedures and timeline for the peer review of applications for the second call of the 2014 Partnership Projects scheme. They also contain important information about the conduct of peer review.

They complement the *NHMRC Funding Rules incorporating the NHMRC Partnerships for Better Health – Partnership Projects 2014 Second Call* (Funding Rules), which are made available to applicants to assist them in preparing and submitting their applications and *A Guide to NHMRC Peer Review* (Guide to Peer Review) which provides an overview of NHMRC peer review processes. It is important that these guidelines are read in conjunction with these documents.


2. CHANGES TO THE PEER REVIEW PROCESS

PRP members should note the following changes have been introduced to the peer review process for the second call of the 2014 Partnership Projects scheme:

- Suitability of applications applying to the Partnership Projects scheme will be assessed by the Partnership Projects Peer Review Panel (PRP) under Criterion Three (section 5).
- Guidance on partner contributions has been amended (section 6).
- Additional guidance has been provided on the roles of peer review participants including the role of the Indigenous Health Expert (section 7, Table 1).
- Guidance on the NFFC process has been amended (section 9.1, Step F).
- Funding recommendations have been updated to include Indigenous health applications at section 9.2, Step A.
- The 2SP is responsible for leading budget discussions (section 9.2, Step A6).
- PRP members will finalise their feedback to applicants at the PRP meeting, following the review of applications (section 9.2, Step C).
- PRP members are required to participate in a short survey (section 9.3).
- The Application Assessment Summary template has been revised (Attachment F).

3. CONDUCT DURING PEER REVIEW


Please refer to section 4 of the Guide to Peer Review for further information.

3.1. Conflict of Interest

All peer review participants must declare any Conflicts of Interest (CoI) they may have in relation to all
applications they have access to. Further information on what constitutes a CoI and how NHMRC manages CoIs can be found in section 4.3 of the Guide to Peer Review.

4. CAREER DISRUPTIONS

Peer reviewers must take into account any career disruptions experienced by applicants. Please refer to Attachment A and the NHMRC Funding Rules for further details.

4.1. Sensitive Career Disruption

If the career disruption is of a highly sensitive nature, the applicant may not wish to share specific information with the PRP 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 to the PRP of how the disruption may have affected the applicant’s track record.

5. SUITABILITY OF APPLICATIONS TO THIS SCHEME

The intended outcomes of the research proposal should align with the objectives of the Partnership Projects scheme as outlined in section N1 of the Funding Rules. PRP members will consider the suitability of an application to this scheme as part of the assessment of Criterion Three.

6. PARTNER ORGANISATIONS

Partners must demonstrate through the application and partner support letter, how they will contribute as a policy/practice partner in the research project. This will be evaluated by the PRP using the Partner Contribution Guidelines provided at Attachment B during the assessment of Criterion Four.

PRP members will take the following into consideration when assessing applications:

- Partners that provide in-kind support must justify how the in-kind support is substantive, meaningful and relevant to the project;
- Partners may provide salary support for Chief Investigators and Associate Investigators however these contributions will not attract matched funding from NHMRC; and
- NHMRC Approved Administering Institutes may not be partners on an application.

7. ROLES AND RESPONSIBILITIES

The roles and responsibilities for those participating in the Partnership Projects peer review process are identified below in Table 1: Peer Review Participants.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP Chair</td>
<td>The Chair’s role is to ensure NHMRC procedures are adhered to and that fair and</td>
</tr>
<tr>
<td></td>
<td>equitable consideration is given to every application being reviewed at the PRP</td>
</tr>
<tr>
<td></td>
<td>meeting. Chairs are independent of the review of research proposals, and must</td>
</tr>
<tr>
<td></td>
<td>manage the process of peer view in accordance with these Guidelines. Chairs will:</td>
</tr>
</tbody>
</table>
Prior to the PRP meeting:
- identify and advise NHMRC of all real or potential CoIs they have with applications to be reviewed; and
- familiarise themselves with all the applications being considered by the PRP.

During panel meetings:
- Chair the meeting including:
  - ask members to declare any associations between panel members (e.g. current and previous collaborations) so that other panel members are aware of these associations;
  - keep discussions on time and focused;
  - ensure procedures are followed;
  - assist members with their duties and understanding what is expected of them;
  - take appropriate action for each declared CoI;
  - promote good engagement by Spokespersons and PRP members in all discussions;
  - ensure that all members consider ‘career disruption’ and ‘relative to opportunity’ when discussing track record of the team;
  - ensure the discussion leads to an outcome where the applications are assessed against the four Assessment Criteria (Attachment C) and scored against the Category Descriptors appropriately using the seven-point scale (Attachment D);
  - ensure PRP members are satisfied with score outcomes and appropriately manage any uncertainty;
  - ensure that PRP members declare reasons for scoring two or more away from the 1SP’s score in any of the four Assessment Criteria; and
  - assist the panel to resolve budget discussions.
- Record key points provided by the 1SP regarding an application’s strength and weaknesses and other issues pertinent to each application during the panel discussion;
- together with the Assistant Chair, facilitate the PRP’s discussion of budgets, where required;
- record reasons for adjusting proposed budgets;
- ensure that budget considerations are consistent for all applications;
- ensure all information recorded is consistent with that recorded by the Assistant Chair and NHMRC secretariat;
- endorse the review and scoring of applications by the PRP; and
- record and notify NHMRC of any requests for clarification or advice.

PRP Assistant Chair
The Assistant Chair is usually an NHMRC Senior Research Scientist. The Assistant Chair will:
- identify and advise NHMRC of all real or perceived CoIs for applications to be reviewed prior to the PRP meeting;
- review each application to ensure compliance with NHMRC requirements (including font and margin sizes);
- record key points provided by the 1SP regarding an application’s strengths and weaknesses and other issues pertinent to each application during the panel discussion;
- record reasons for adjusting the proposed budgets;
- ensure all budget discussions are consistent for all applications and inform the
Chair if inconsistencies arise; and

- assume the responsibilities of the Chair when the Chair is conflicted and must leave the room.

### Panel Members
All PRP members will:

- identify and advise NHMRC of all real or potential CoIs with applications to be reviewed prior to the PRP meeting;
- provide a fair and impartial assessment;
- read all application documentation to be assessed by the PRP;
- confirm the inclusion of applications on the NFFC list and, at the member’s discretion, ‘rescue’ up to one application that warrants discussion at the PRP meeting;
- be prepared to participate in panel discussion for each application including budget discussions where applicable; and
- at the PRP meeting, in consideration of panel discussions, provide scores (1 – 7) against the four Assessment Criteria.

### Primary Spokesperson (1SP)
**Prior to the PRP meeting:**

- review the allocated applications against the Assessment Criteria;
- within the prescribed time frames, score the application in RGMS in whole numbers against each of the Assessment Criteria using the 1 – 7 ratings at Attachment D;
- provide comments to justify the ratings including strengths and weaknesses for each criterion;
- scrutinise the proposed budget to ensure costs are justified; and
- prepare speaking notes for each application assigned to them as 1SP.

**At the PRP meeting:**

- provide initial scores against the four Assessment Criteria;
- lead the discussion using prepared notes;
- provide detailed advice to the panel for any applications that have claimed a career disruption;
- provide final scores against the four Assessment Criteria;
- if required, assist the 2SP in discussion on the appropriateness, or otherwise, of the requested budget; and
- finalise feedback for applicants.

### Secondary Spokesperson (2SP)
**Prior to the PRP meeting:**

- review the allocated applications against the Assessment Criteria;
- within the prescribed time frames, score the application in RGMS in whole numbers against each of the Assessment Criteria using the 1 – 7 ratings at Attachment D;
- provide comments to justify the ratings including strengths and weaknesses for each criterion;
- scrutinise the proposed budget to ensure costs are justified; and
- prepare speaking notes for each application assigned to them as 2SP.

**At the PRP meeting:**

- provide initial scores against the four Assessment Criteria;
- add to the 1SP comments and discussion;
- provide final scores against the four Assessment Criteria; and
- lead the discussion on the appropriateness, or otherwise, of the requested budget.
### Additional Experts

The Additional Expert will have specialised content knowledge in the field(s) of research covered by the application they are assigned to. Additional Experts may be involved in reviewing one or more applications and are required to:

- provide a report to the PRP on the strengths and weaknesses of the application;
- provide advice regarding the context of the applicant’s research field, to the PRP; and
- dial in to the PRP meeting for the discussion of the application they are assigned to.

Additional Experts will not participate in any scoring processes or budget discussions.

### Indigenous Health Expert

Indigenous health experts will be PRP members who are Indigenous researchers or have Indigenous health research expertise. They will:

- review Indigenous health research applications;
- provide a report to the PRP on how each application meets the Indigenous Criteria;
- recommend whether an application should be assessed as an Indigenous health application; and
- provide advice to ensure research proposals meets the Indigenous Criteria.

### Office of NHMRC Senior Research Scientists

NHMRC staff with extensive research experience will be involved in:

- establishing the PRP;
- allocating applications to spokespersons; and
- assisting and advising on the PRP process.

An NHMRC Senior Research Scientist is usually appointed as the Assistant Chair.

### Office of NHMRC Secretariat

NHMRC Secretariat will:

- act as the first point of contact for PRP members;
- approach potential PRP members, on advice from NHMRC Senior Research Scientist;
- provide the following administrative support and advice to the Chair, Assistant Chair and members:
  - facilitate use of RGMS;
  - maintain accurate records of CoIs;
  - ensure that the Chair is aware of all CoIs declared by members; and
  - provide advice on the management of declared CoIs.
- prepare the list of NFFC applications;
- prepare the order in which applications will be reviewed during the PRP meeting;
- record outcomes of PRP recommendations; and
- record and notify NHMRC Senior Research Scientist of any requests for clarification or advice.

### Community Observer

NHMRC invites a respected member of the general community to sit in on the PRP meeting to observe that NHMRC policy and procedures are being adhered to. The Community Observer assists NHMRC in ensuring that the assessment of all applications is fair, equitable and impartial.

The Community Observer will be briefed on PRP procedures prior to the PRP meeting. They will not participate in the discussion of any application, and will be
During PRP discussions, the Community Observer will:

- monitor the procedural aspects of the PRP; and
- provide feedback to NHMRC on the adherence to procedures.

The Community Observer is subject to the same CoI requirements as the PRP members. The Chair must make sure that the Community Observer is fully aware of the names and affiliations of the Chief Investigators (CIs) of applications under discussion. Where a high CoI exists, the Community Observer will leave the room.

### 7.1. Selection of PRP members

NHMRC staff, in consultation with an NHMRC Senior Research Scientist, will nominate candidate PRP members. NHMRC will contact the nominated panel members to seek their interest and availability. Candidates may then be appointed by the NHMRC CEO or his delegate.

PRP members are selected based on their expertise and experience in the research areas selected by applicants to best describe their grant proposal. Geographical spread, gender balance and institutional representation are also considered prior to the finalisation of panel membership.

Following the peer review process, PRP members, together with all other participants in NHMRC peer review processes, will be publicly acknowledged on the NHMRC website in the NHMRC Peer Review Honour Roll. Peer review participants will be included in the Honour Roll without reference to the scheme or panel that they participated in or the specific application(s) that they assessed. The identity of the assessors (including PRP members, the Chair and Assistant Chair) that participated in a particular scheme or panel is confidential and will not be revealed to the applicant at any time.

**Applicants named as Chief Investigator are not able to participate in the peer review process and cannot be a member of the PRP for the call in which they are an applicant.** PRP members applying to the Partnership Projects scheme as an Associate Investigator (AI) can participate in the review process but cannot be involved in the review of their own application.

### 7.2. Additional Experts

People with expertise in a specific area (e.g. a special interest area) may be appointed to the panel to provide a specialist assessment of relevant applications (provided there is no conflict of interest).

This expert will provide a report to the PRP on the strengths and weaknesses of the application and will participate in the panel discussion at the PRP meeting. Additional Experts do not score the application or participate in budget discussions.

An Additional Expert will not be sourced when there is sufficient expertise within the PRP to review the application. More than one Additional Expert may be assigned to an application, and an Additional Expert may be assigned to more than one application.

### 8. INDIGENOUS HEALTH RESEARCH

Particular considerations apply to Indigenous health research applications to ensure that the research is designed and implemented in a manner that is safe and beneficial to Indigenous communities and individuals.

Where an applicant has indicated (in Part A) that their research proposal includes Aboriginal and/or Torres Strait Islander health research and/or capacity building, they must demonstrate that at least 20% of their research effort and/or capacity building relates specifically to Aboriginal and/or Torres Strait Islander

Indigenous health research applications will be assessed by Indigenous health experts on the PRP. Indigenous health experts may be Indigenous researchers or have Indigenous health research expertise. They will provide comments against the Indigenous Criteria and recommend whether applications should be assessed as Indigenous health applications. Indigenous health experts may recommend that the PRP place conditions on the grant to ensure it meets the Indigenous Criteria. If the application fails to adequately address the Indigenous Criteria, the application may be deemed non-competitive. Indigenous health experts will use their discretion, experience and expertise to assess how well each application meets the Indigenous Criteria.

The PRP will take the assessments made by Indigenous health experts into account when scoring Indigenous health research applications against the Assessment Criteria, while NHMRC will take their advice into account when determining funding recommendations.

### 9. PEER REVIEW PROCESS

The NHMRC peer review process is designed to provide a rigorous, fair, transparent and consistent assessment of the merits of each application according to the *Australian Code for the Responsible Conduct of Research* (available at: [www.nhmrc.gov.au/publications/synopses/r39syn.htm](http://www.nhmrc.gov.au/publications/synopses/r39syn.htm)).

Applications for NHMRC Partnership Projects will be assessed against four Assessment Criteria (percentage values of the maximum score are provided in brackets):

1. Track Records of the Chief Investigators Relative to Opportunity (25%)
2. Scientific Quality of the Proposal and Methodology (25%)
3. Relevance and Likelihood to Influence Health and Research Policy and Practice (25%)
4. Strength of Partnership (25%)

Each of the four criteria is further explained at Attachment C.

Please note: The PRP will consider “Relative to opportunity” and “Career disruption” when assessing track record (Refer to sections A3.7 of *NHMRC Funding Rules* and 4.6 of *A Guide to NHMRC Peer Review*).

#### 9.1. Before the PRP Meeting

| Step A | Conflicts of Interest (CoI) and Spokesperson suitability |

PRP members will be provided access (via RGMS) to the Summary Snapshot Report for all applications and asked to declare any CoIs. PRP members must include sufficient detail in their declaration to ensure that an accurate CoI assessment can be made. Important details to include are whether the relationship or collaboration took place within the last five years and whether the relationship or collaboration/s is with a Chief Investigator or an Associate Investigator.

Members will only be given access to the full application if they have a low or no CoI.

Members are asked to notify the PRP Secretariat immediately if a CoI is identified later in the process. It is important that all CoIs are declared early. CoIs that are not declared until the PRP meeting can cause delays.

While declaring their CoIs, Panel Members will be asked to identify applications for which they have the relevant expertise (or lack thereof) to review as the 1SP or 2SP. Taking into account CoIs and
Spokesperson’s expertise, final allocation of 1SP and 2SPs will be determined by NHMRC and the PRP Chair.

In the event that there is insufficient expertise on the PRP, every effort will be made to secure an Additional Expert.

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**Step B. PRP members provided access to full applications via RGMS**

PRP members will be provided access to the Application Summary and Assessor Snapshot Report (via RGMS) for each application for which they have a low or no CoI.

Upon accessing the full application, Spokespersons and other PRP members should check whether they have any CoI that was not previously apparent. PRP members who become aware of any previously undeclared CoI should contact the NHMRC secretariat immediately. The panel member will be required to delete any files in their possession pertaining to applications with which they have declared a late high CoI.

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**Step C. Initial panel briefing**

An initial briefing for the PRP will be held (via teleconference) to ensure panel members understand the aims of the scheme, the peer review process, and how to review applications against the Assessment Criteria using the Category Descriptors (Attachment D).

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**Step D. Indigenous Experts and Additional Experts provide reports**

An Indigenous health expert will be asked to prepare an Indigenous Assessor Report for any applications relating specifically to the health of Aboriginal or Torres Strait Islander people.

Additional Experts will be asked to prepare a report on the strengths and weaknesses of any applications for which they have specific technical knowledge.

NHMRC will ask that the Indigenous Experts and Additional Experts ensure their reports are provided to NHMRC in time for distribution to the PRP (except where CoIs exist) ahead of the due date for initial assessments.

Spokespersons are to take their reports into consideration when assessing applications.

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**Step E. Spokespersons provide assessments**

The Spokespersons for each application will consider the research proposal in conjunction with any additional assessments. The Spokespersons will be asked to assess the application against the Assessment Criteria (Attachment C) and score them using the Category Descriptors (Attachment D). Spokespersons enter scores and comments to justify their evaluation into RGMS.

Comments entered at this stage may be provided to an applicant if the application is deemed Not for Further Consideration in Step F. NHMRC will not preview comments. Therefore PRP members must ensure that their comments do not contain inappropriate or defamatory remarks. For example:

- **like all researchers at University X, the Chief Investigator (X) has a poor track record…….”** [note: other researchers of the University are irrelevant to the application]
The applicant is strongly supported by his spouse” [note: the assessor should refer only to professional relationships i.e. the applicant is strongly supported by Professor X, who is the Chief Investigator (Y)]

“Writing could be improved and thus less irritating for the reader” [note: comment not relevant to assessment criteria]

“The NHMRC must fund more projects which offer Australian researchers more opportunities in……” [note: comment not relevant to assessment criteria]

The applicant/institution already receives too much funding” [note: comment not relevant to assessment criteria]

The idea that this research could determine……is clearly ludicrous” [note: better to use language that is scientific, and not likely to offend]

### Step F. Not for Further Consideration (NFFC) process

The least competitive applications (bottom 50%, based on scores provided by the primary and secondary spokespersons) will be added to a NFFC list. Applications may be excluded from the list in the following circumstances:

- Applications deemed to relate specifically to the health of Aboriginal or Torres Strait Islander people that score Category 4 or higher after initial assessment will proceed to full discussion at the PRP meeting. These applications will not be included in the NFFC list regardless of whether they fall within the lowest 50% of applications.

- Where NHMRC receives between 25 and 50 applications, a minimum of 25 applications will proceed to full review provided their initial scores do not place them in Category 3 or below.

- Where NHMRC receives less than 25 applications, all applications will proceed to full review except for those that score a Category 3 or below after initial assessment.

- Where a score has not been received from both the 1SP and 2SP.

Panel members will have the opportunity to review the NFFC list at least two weeks before the PRP meeting. Each panel member will have the opportunity to nominate (“rescue”) one application they feel should be reviewed in full by the PRP at the meeting. If a member would like to rescue an application, they should notify the PRP secretariat via email within the time period given.

Those applications remaining on the NFFC list will be removed from the PRP’s list for full discussion at the meeting.

It is important to note that applications on the NFFC list are subject to CoI considerations, as are all applications, and therefore should not be discussed between members.

Once the NFFC list has been finalised, the PRP secretariat will release a running order for the PRP meeting.

### Step G. PRP members review all remaining applications before the meeting

PRP members are expected to read all applications for which they do not have a high CoI, and which are have not been removed via the NFFC process, so that they may contribute to discussions at the PRP meeting. All PRP members should be prepared to provide scores for each of these applications at the PRP meeting.
9.2. At the PRP Meeting

A briefing for PRP members will be held before discussion of applications commences. The briefing will provide an opportunity for members to ask questions and clarify any matters relating to the peer review process. PRP members will be invited to briefly describe their expertise and previous experience of the Partnership Projects scheme or other NHMRC peer review processes. During their introductions, members will be asked to declare any associations with other panel members including:

- current and previous collaborations;
- former student/teacher/mentoring relationships;
- common employment/institutional associations; and
- other associations that may, or may be seen to impair fair and impartial judgement.

This information is sought for the benefit of panel members who may raise any concerns arising from declarations with NHMRC staff.

For all applications proceeding to full discussion, the following steps are taken:

**Step A1. Chair announces the application (~ 2 minutes)**

The Chair will:

- announce the application title, institution, chief investigators and associate investigators;
- identify any members that have previously declared a CoI with the application. Those members leave the room if their CoI prevents them from participating in the assessment of the application under discussion. The Chair will then invite members to declare if they have since identified a CoI with the application. If a member declares a new CoI, or wishes to discuss any concerns related to an existing CoI, the matter will be recorded and a ruling made by the Chair, or relayed to NHMRC staff for advice. **This process can take time and so it is important that all CoI are declared and decided upon well in advance of the meeting;**
- If a CoI is declared at the PRP meeting by a 1SP or 2SP, which prevents them from participating in the assessment of the application, a new 1SP or 2SP will be assigned to the application and the scores from the initial Spokesperson will be discarded. Discussion of the application will be delayed to give the new Spokespersons time to prepare; and
- ensure that the Additional Expert is ready to participate (for applications that have had an Additional Expert appointed).

Once highly conflicted members have left the room, the Chair will announce the names of the Spokespersons.

**Step A2. Primary Spokesperson announces initial scores followed by comments (~ 4 minutes)**

The 1SP will:

- announce the initial category score (using the 7 point scale - see Attachment D) against each of the four Assessment Criteria, taking into account that the four criteria are of equal weight;
- provide a concise summary of the grant proposal and highlight its scientific strengths and weaknesses. The 1SP will assume that PRP members are familiar with documentation relating to the application;
- ensure that relevant considerations (e.g. Track Record relevant to Opportunity, Career Disruptions) are taken into account; and
- not make reference to the budget.
Step A3.  Secondary Spokesperson (2SP) announces initial scores followed by comments (~ 4 minutes)

The 2SP will:

- announce initial category scores (using the 7 point scale - see Attachment D) against each of the four Assessment Criteria, taking into account that the four criteria are of equal weight;
- briefly highlight their agreement/disagreement with the 1SP comments;
- ensure that relevant considerations (e.g. Track Record relevant to Opportunity, Career Disruptions) are taken into account; and
- not make reference to the budget.

Step A4.  Discussion is opened up to all PRP members present (~ 3 minutes)

PRP members have the opportunity to ask questions of both Spokespersons and to discuss the strengths and weaknesses of the application and ensure that relevant considerations are taken into account. The Chair must ensure adequate review of the application occurs, that all members get a fair opportunity to comment and no member exerts undue influence over others.

Step A5.  PRP members score the application (~ 2 minutes)

Spokespersons are permitted to change their scores after the full panel discussion. Therefore, following the PRP’s discussion, the Chair will ask the Spokespersons to confirm their four criterion scores.

The Chair will then invite PRP members that intend to score two points or more away from the 1SP and 2SP scores to explain their reasoning. The NHMRC secretariat and Chair will record their justification.

All PRP members in the room, excluding the Chair and Assistant Chair, will score the application using an anonymous score sheet. All PRP members will record their score against the Assessment Criteria found at Attachment C using the Category Descriptors at Attachment D. Collation of the members’ scores will be managed by the PRP Secretariat.

At the completion of scoring, NHMRC staff will announce the rating for each criterion and the overall category score.

Rating - this will be determined by including each PRP member’s score against each of the Assessment Criteria. The rating will take account of the weighting of each criterion and be calculated to three decimal places.

Category Score - this will be deemed, based on the calculated rating, as follows:

<table>
<thead>
<tr>
<th>Rating range</th>
<th>Deemed Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.001 - 1.500</td>
<td>deemed as Category 1</td>
</tr>
<tr>
<td>1.501 - 2.500</td>
<td>deemed as Category 2</td>
</tr>
<tr>
<td>2.501 - 3.500</td>
<td>deemed as Category 3</td>
</tr>
<tr>
<td>3.501 - 4.500</td>
<td>deemed as Category 4</td>
</tr>
<tr>
<td>4.501 - 5.500</td>
<td>deemed as Category 5</td>
</tr>
<tr>
<td>5.501 - 6.500</td>
<td>deemed as Category 6</td>
</tr>
<tr>
<td>6.501 - 7.000</td>
<td>deemed as Category 7</td>
</tr>
</tbody>
</table>

Applications recommended for funding must achieve minimum mean scores of 4.000 in all four Assessment Criteria unless the application is identified as Indigenous health research.
The Chair, Assistant Chair and PRP Secretariat will record these scores. Where members are uncertain or have concerns regarding the final score, the Chair should invite further discussion. If any member still disagrees with the outcome, members will be invited to re-score for that application.

**Quorum**

Each application must be reviewed by a quorum of panel members, which is defined as more than 50% of the PRP membership for the relevant call.

**Step A6. Budget discussion - only if required (~ 5 minutes)**

Applications that score Category 4 or above and that achieve minimum mean scores of 4.000 in all four Assessment Criteria will trigger a budget discussion. Exceptions include Indigenous health applications which require a Category Score of 4 or higher, but do not need to achieve minimum mean scores for each Assessment Criteria.

The budget discussion will commence after voting. The 2SP will lead the budget discussion, facilitated by the Assistant Chair. The PRP will consider elements of the budget, and the budget justification, then provide advice on an appropriate final budget for the application. Where the PRP deems the proposed budget is in excess of that required to accomplish the research objectives, appropriate reductions may be recommended. *The NHMRC Budget Guidelines for Research Support Grants* can be found in Attachment E.

When making budget recommendations, PRP members should consideration whether the partners that provide in-kind support have justified how the in-kind support is substantive, meaningful and relevant to the project. Partner Contribution Guidelines have been included in this document at Attachment B for reference.

The Chair, Assistant Chair and NHMRC staff will record budget recommendations determined by the PRP. The Chair will sign and verify that the budget recommendations have been recorded correctly.

Where a PRP member believes an application has been reviewed in an inconsistent manner, they should initially raise the matter with NHMRC staff during the next scheduled break. NHMRC staff will provide this information to the Chair, ensuring confidentiality is maintained and seek re-assessment of the application by the panel at the next opportunity (i.e. next morning, or before the end of the day’s deliberations).

NHMRC will ensure that CoI are addressed prior to details of the application and the circumstances of concern being outlined to the panel. The nomination of an application for further discussion should be justified.

**Step B. Confirmation of ranked list**

Spokespersons are requested to use this opportunity to review the ranked list of applications provided by NHMRC staff with reference to their notes, and endorse it.

NHMRC expects that all PRP members will have reviewed applications against the Category Descriptors in a thorough, fair and equitable manner. *The ranked list will be determined by overall scores and will not be altered.*

**Step C. Finalise feedback to applicants**

Spokespersons are requested to use this time to review initial comments made in relation to applications they have been assigned as SP1. Where necessary, changes should be made to ensure the comments reflect the final scoring by the panel. Once finalised, these comments will be provided to applicants as feedback following outcome announcements.
9.3. After the PRP Meeting

Retention of PRP Documentation

PRP members are to retain their notes made during the peer review process for six months after the PRP meeting. After this date, both hard copy and electronic notes should be destroyed to ensure the maintenance of confidentiality. In exceptional circumstances, NHMRC may request a PRP member to comment on issues raised in a complaint to the NHMRC.

Disposal of classified waste

Facilities for the disposal of classified waste will be available at the PRP meetings.

PRP Survey

PRP members are required to participate in a short survey after their PRP meeting. The survey is anonymous and responses will assist in shaping future peer review processes.

*NHMRC is responsible for the following procedures after the PRP meeting.*

Provision of funding recommendations – NHMRC reviews the ranked list of applications against the budget allocated to the Partnership Projects scheme to determine how many applications will be proposed to Research Committee for funding. Research Committee recommends those applications to be funded through NHMRC Council to the CEO who submits them for approval to the Minister for Health.

Special Initiative - Hearing Loss Prevention Program

A special initiative will be offered in Hearing Loss Prevention, subject to receipt of a competitive application and available funding. Applications indicated in this category will not be assessed any differently to other applications received. Any applications deemed Category 4 or greater will be provided to the Department of Health to be further reviewed to determine whether the application falls within the scope of the Hearing Loss Prevention Program.

Preparation of PRP Application Assessment Summary – All applicants whose applications proceeded to the PRP for discussion (i.e. those that did not remain on the NFFC list) will be provided with a PRP Application Assessment Summary following the announcement of outcomes (see the template Application Assessment Summary at Attachment F). Applicants whose applications did not proceed to full review due to the NFFC process will receive a letter indicating their application was assessed to be among the least competitive and directing them to comments for feedback.

Announcement of outcomes – subsequent to Ministerial approval, applicants and RAOs will be advised of the outcome of their application.
ATTACHMENT A: Career disruption

Career disruption represents a special category within the assessment of relative to opportunity. A career disruption is considered separate to other categories, as it is anticipated to have longer lasting impacts on a researcher’s career progression than is necessarily reflected by the actual time taken as leave or absence from their research. Circumstances considered under career disruption include:

- Pregnancy,
- Major illness, and
- Carer responsibilities
  - Parental leave
  - Care for immediate family (e.g. spouse, children or elderly parent).

A career disruption involves a prolonged interruption to an applicant’s capacity to work, either due to absence (for periods of 1 month or greater) and/or long-term partial return to work, to accommodate carers responsibilities or illness.

Applicants are encouraged to provide details of how their specific disruption has affected their track record, funding opportunities and career progress. In addition to impacting on publication rates, a career disruption can severely diminish the possibility of presenting at conferences, establishing an international reputation, applying for funding, obtaining preliminary data for grants and taking on new students.

The period of career disruption may be used for example:

(i) to determine an applicant’s eligibility for a scheme (e.g. Early Career Fellowships);
(ii) to allow the inclusion of additional Track Record information for assessment of an application (e.g. Project Grants); or
(iii) for consideration by the Peer Review Panel during their deliberations (e.g. Program Grants).

Further details on how career disruptions are considered in each Scheme are outlined in each Scheme’s specific documentation (including Funding Rules, Category Descriptors, Advice and Instructions, and Peer Review Guidelines). The impact of any career disruption(s) may also be considered by assessors when determining an applicant’s achievements against the selection criteria relative to opportunity.

Circumstances that impact upon research productivity which are considered under Relative to Opportunity (Funding Rules, section 3.6) but are NOT (generally) career disruptions include:

- employment outside the research sector including time spent working in industry,
- restrictions on publication associated with time spent working in other sectors (e.g., industry, policy and government),
- clinical, administrative or teaching workload,
- relocation of laboratory or clinical practice setting, and
- the typical performance of researchers in the research field in question.

Circumstances that are not career disruptions, but which may have impacted an applicant’s productivity, are considered during Peer Review. Consideration of achievement against assessment criteria relative to opportunity reflects the NHMRC’s aim that assessment processes accurately measure an applicant’s track record relative to stage of career, including consideration as to whether productivity and contribution is commensurate with the opportunities available to the applicant.
ATTACHMENT B. Partner Contribution Guidelines

This Attachment contains guidelines to be used in determining the value and adequacy of in-kind partner organisation contributions.

1. The onus is on the NHMRC Approved Administering Institution to establish the merit and value of the in-kind contribution which should reflect current market values.

2. In-kind contributions that are shown to be essential and central to the project will be given full recognition in evaluating the total value of the contribution.

3. In-kind contributions may include scientific liaison and management, direct technical support, access to equipment, salaries, software, involvement of a consumer representative in research projects, travel and use of facilities. Please note that this list is not all-inclusive.

<table>
<thead>
<tr>
<th>Category</th>
<th>Accepted</th>
<th>Not Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to unique databases</td>
<td>Internal costs of access</td>
<td>Costs of collecting the database</td>
</tr>
<tr>
<td>Analytical and other services</td>
<td>Internal rates</td>
<td>Commercial rates</td>
</tr>
<tr>
<td>Equipment</td>
<td><strong>Contributed - Used</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- fair market value</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Contributed - New</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- selling price to most favoured customer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- cost of manufacture if one of a kind</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td>- Unit cost of production for commercial products</td>
<td>Development costs</td>
</tr>
<tr>
<td></td>
<td>- Selling price to most favoured customer</td>
<td></td>
</tr>
<tr>
<td>Patents and Licences</td>
<td>Licences acquired from third parties for use by the university in the project</td>
<td>Patents</td>
</tr>
<tr>
<td></td>
<td>Development costs</td>
<td>Licensing fees paid to the university</td>
</tr>
<tr>
<td>Payments concerning the Chief Investigator A (CIA)</td>
<td>Payment to the university for release time from teaching duties to work on the project</td>
<td>Payment to the CIA as consulting fees or honoraria</td>
</tr>
</tbody>
</table>
| Salaries | Typical salary costs for persons working directly on the project (including on-costs) at internal rates | External charge out or consultant rates  
Costs relating to administrative support where overheads have been included in salary costs |
|----------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Contributed software | Copying costs  
Licensing costs  
Documentation costs  
Cost of training and support software | Development costs |
| Travel | Travel costs associated with field work  
Travel costs to meet with partners | |
| Use of facilities | Internal rates | Commercial rates |
ATTACHMENT C: Assessment Criteria for Partnership Projects

Applications for NHMRC Partnership Projects will be assessed against the following criteria (percentage values of the total score are provided in brackets):

1. Track Records of the Chief Investigators Relative to Opportunity (25%)
2. Scientific Quality of the Proposal and Methodology (25%)
3. Relevance and Likelihood to Influence Health and Research Policy and Practice (25%)
4. Strength of Partnership (25%)

Category Descriptors for these Assessment Criteria are at Attachment C.

The research question or problem that the policy/practice partner(s) need answered or solved must be clearly stated in the application and in the letters of support from partner(s). This is required to aid in the assessment of the application.

The PRP will submit funding recommendations to NHMRC, which will seek the advice of its Research Committee and Council prior to the NHMRC CEO making funding recommendations to the Minister.

Please note: The PRP will take guidance on “Relative to opportunity” and “Career disruption” into account when assessing Criterion One (Refer to NHMRC Funding Rules, Section A3.7).

Criterion One

Track Records of the Chief Investigators Relative to Opportunity (25%)

It is expected that researchers named as Chief Investigators will have an excellent record of achievement and encompass a broad spectrum of achievements, including but not limited to:

- a record of having worked successfully with policy and/or practice organisations;
- demonstrable effects of previous research on health care practices and policy;
- other related service achievements (such as research development, health or clinical policy or practice and influential advice to health care authorities);
- books and other relevant forms such as government reports;
- publications in peer-reviewed journals;
- invitations to present work nationally or internationally; and
- previous funding relative to opportunity (e.g. from NHMRC, other Australian peer-reviewed sources, other Australian funding, international peer-reviewed funding and private sector funding).

Partner Investigators as Chief Investigators or Associate Investigators

The inclusion of investigators from the policy and/or practice partner organisation is encouraged.

The assessment of these ‘Partner Investigators’ will be on the basis of:

- relevant experience and authority to support the partnership; and
- experience of translating research findings into policy and/or practice.

Criterion Two

Scientific Quality of the Proposal and Methodology (25%)

Assessment of scientific quality will include the following considerations:
• the clarity of hypotheses and objectives;
• strengths and weaknesses of the experimental design and/or the appropriateness and the robustness of the proposed methodology; and
• feasibility.

Criterion Three

Relevance¹ and Likelihood to Influence Health and Research Policy and Practice (25%)

Assessment will focus on the extent to which the findings from the research are likely to make a significant contribution to influencing health and wellbeing through changes in the delivery, organisation and funding of services that affect health. This will include consideration of factors such as the extent to which:

• the aims and concepts of the project are innovative;
• the project is likely to yield new methods and techniques for addressing issues;
• the project has the potential to contribute significantly to health policy and decision making;
• the capacity of the partner organisation(s) to use the findings to influence policy decision making and health system performance. This will be assessed by reference to, for example, the roles and/or areas of responsibility of the organisation or the partner organisation’s demonstrated record of achievement in effecting such changes; and
• the application addresses issues which are of national or regional significance in improving health or health care.

Criterion Four

Strength of Partnership (25%)

Assessment will focus on the extent to which the application demonstrates the capacity to develop and/or sustain a strong partnership. Factors such as the following will be considered:

• evidence of co-development of the proposal;
• the cash and/or in-kind commitment of the partner/s;
• the roles of staff in the partner agency or agencies in the research process;
• previous evidence of effective working relationships with partner organisations; and
• the proposed governance or partnership arrangements.

Applications should show how the team will foster and maintain a collaborative approach between the researchers and decision makers, over the course of the initiative.

In evaluating the strength of the partnership, applications will be assessed on the extent to which the proposal is achievable through the provision of skills, linkages, infrastructure and milestones. NHMRC will also take into account value for money in terms of justification for equipment and facilities and other items of expenditure to sustain the partnership.

¹ Relevance is the extent to which the application addresses the needs of the health care system or an affected population.
ATTACHMENT D: NHMRC Partnership Projects Category Descriptors

The following table displays the category descriptors used to score an application against each of the four Assessment Criteria. Note that all criteria are of EQUAL weighting. PRP members will provide a score (1-7, whole numbers only), for each of the four criteria listed below, for each grant application.

1. Track records of the Chief Investigators (CIs), relative to opportunity. (25%)
2. Scientific quality of the proposal and methodology. (25%)
3. Relevance and likelihood to influence health and research policy and practice. (25%)
4. Strength of the partnership. (25%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Track records of the CIs, relative to opportunity:</th>
<th>Scientific quality of the proposal and methodology:</th>
<th>Relevance and likelihood to influence health and research policy and practice. The project will:</th>
<th>Strength of the partnership:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Outstanding by International Standards</td>
<td>• has a record of achievement that places them in the top 10% of peers/cohort • demonstrate extensive experience and success in collaborative research, evaluation and implementation of evidence into health policy, health practice and/or service delivery • have been stellar, in terms of publications, grants and other awards/recognition • have strong national and international reputations • hold leadership positions in highly regarded scientific or professional societies • have track records that are highly relevant to the proposed research</td>
<td>• objectives are well-defined, highly coherent and strongly developed • is a near flawless design • is without question highly feasible • introduces major advances in concept of translational research • includes rigorous translational research design using best practice in implementation science methods including: the use of theoretical frameworks, justifiable, robust measures for monitoring and evaluation; best practice models for changing practice and behaviour modification; rigorous engagement plans and identified champions; policy change and influencing mechanisms; and long-term sustainability strategies</td>
<td>• address one or more issue(s) of utmost importance to human health • translate into fundamental outcomes in the knowledge-base, policy and/or practice of clinical medicine, public health or fundamental changes in health policy • be the subject of invited plenary presentations at international meetings, often with relevance across several fields • almost certainly result in highly influential publications • most likely become highly integrated into a health system or clinical practice, with minimal ongoing follow-up • have a high likelihood of becoming a highly effective, generalisable model that will prove to be beneficial to the health system • have very high levels of engagement and support from stakeholders • have high uptake at all levels and receive high-profile coverage from media and the public in general • contribute to a high degree of involvement of end-users and the wider community • generate new researcher capability, mentoring and career development</td>
<td>• can be used as an exemplar for what successful partnerships could achieve in terms of creating leaders, leverage, networking and delivering policy and practice developments in health • contributes to a high degree of team integration and cohesiveness • shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas, Australia and internationally • is clearly evident from the conceptual stages of the proposal to the final application, as the partners are highly integrated into the proposal. The partners would be involved at all stages of development in the proposal • is shown by shared policy/practice goals and significant cash and in-kind resource contributions • clearly illustrates the capacity building, networking and infrastructure building activities that will extend beyond the life of the project</td>
</tr>
<tr>
<td>6 Excellent</td>
<td>• has a record of achievement that places them in the top 10-20% of peers/cohort • are recognised for their experiences and successes in</td>
<td>• has objectives that have clear intent and logic • is appropriate for the experience level of the applicant and team • is excellent in design</td>
<td>• addresses an issue of major importance to human health • is likely to be integrated into a health system or clinical practice, with some level of follow-up, and is integrated into current practice</td>
<td>• is evident from the conceptual stages of the proposal to the final application, as the involvement of the partners are mostly integrated into the proposal. This proposal is therefore co-developed</td>
</tr>
<tr>
<td>5 Very Good</td>
<td>4 Good</td>
<td>3 Moderate</td>
<td>2 Fair</td>
<td>1 Poor</td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Shows a record of achievement that places them well above average of their peers/cohort</td>
<td>Has clear objectives</td>
<td>Addresses an issue of considerable importance to human health</td>
<td>Shows that the project plan was developed by a collaborative process between the researchers and their decision making partners</td>
<td></td>
</tr>
<tr>
<td>Are populated with some expertise in research translation in policy/practice/implementation, health systems and service delivery</td>
<td>Raises only minor concerns regarding study design</td>
<td>Will most likely be integrated into clinical practice, at least in localised areas</td>
<td>Is evident in the final application, as the partners are involved in some key areas of the proposal, showing some co-development</td>
<td></td>
</tr>
<tr>
<td>Have track records that are relevant to the proposed research</td>
<td>Will likely be successfully achieved</td>
<td>Could be the subject of invited plenary presentations at national specialty meetings</td>
<td>Shows good team integration and cohesiveness in terms of skills and experiences</td>
<td></td>
</tr>
<tr>
<td>Are recognized for their contribution to their field of research</td>
<td>Contains at least one innovative idea</td>
<td>May result in influential publications</td>
<td>Is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations</td>
<td></td>
</tr>
<tr>
<td>Members have growing national reputations and their research appears frequently at national meetings</td>
<td>Includes several aspects of research translation that will assist the project. These aspects may range from: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies</td>
<td>Will be a highly effective, generalisable model that will prove to be beneficial to the health system</td>
<td>Shows some elements of shared policy/practice goals and resource contributions with an appropriate cash and/or in-kind balance will grow and become sustainable if further resource commitments are found to embed the outcomes of the research for the long term</td>
<td></td>
</tr>
<tr>
<td>Shows some elements of shared policy/practice goals and resource contributions with an appropriate cash and/or in-kind balance will grow and become sustainable if further resource commitments are found to embed the outcomes of the research for the long term</td>
<td>Shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas and Australia</td>
<td>Shows high probability for good collaborative gains in terms of skills and benefits to health in localised areas and Australia</td>
<td>Shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas and Australia</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>Description</td>
<td>Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4 Good | • do show some expertise in research translation in policy/practice/implementation, health systems and service delivery  
• have a solid record of achievement  
• have track records that are relevant to the proposed research  
• have made contributions to the field of the proposal  
• have emerging national reputation albeit in a niche area  
• is sound in terms of its objectives  
• contains several areas of concern in the study design  
• raises some concerns about successful completion/feasibility  
• includes a brief mention of at least one aspect of research translation that will assist the project. These aspects may include: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies  
• address an issue of some importance to human health  
• may have some novel aspects while others underpin or extend existing knowledge  
• may result in some strong publications  
• will most likely form a pilot study for implementation in the future  
• will require significant support for its implementation  
• will need regular relationship management of the stakeholders to ensure that the momentum of the project is kept up  
• will involve end-users and the wider community, although it may not be highly generalisable  
• will contribute to the knowledge base of the topic area  
• shows some team integration and cohesiveness in terms of skills and experiences  
• would be reasonably effective in promoting working collaborations and intellectual exchanges  
• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations  
• shows limited contributions in terms of cash/in-kind support  
• may become sustainable if further resource commitments are found to embed the outcomes of the research for the long term  
• has articulated measures for integrating new researchers into teams  
• shows probability for some collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia                                                                                       |                                                                                                                                                         |
| 3 Marginal | • members have published a number of works in a field relevant to this application in the last five years, but is less productive than might reasonably be expected  
• show limited expertise in research translation in policy/practice/implementation, health systems and service delivery  
• is deficient in some areas of expertise that will be required to successfully complete the proposed research  
• members have limited track records in the field of the proposed research  
• is satisfactory in terms of its objectives but may not be successful with all of them  
• contains several areas of significant concern in the study design  
• raises several concerns about successful completion/feasibility  
• is not particularly innovative or novel  
• did not include any considerations into research translation strategies  
• addresses an issue of some importance to human health  
• may extend existing knowledge  
• may result in some influential published research  
• will most likely form a pilot study for implementation in the future  
• will require significant work to engage stakeholders and ensure that the project is successful  
• will require significant modifications to the framework to ensure that its aims are generalisable other areas of health  
• has little involvement of end-users and the wider community  
• shows minimal team integration and cohesiveness in terms of skills and experiences  
• shows limited prospects for promoting working collaborations and intellectual exchanges  
• will provide limited capacity building/career development opportunities  
• shows limited contributions in terms of cash/in-kind support  
• is most likely unsuitable to achieve the goals of this project  
• shows minimal collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia                                                                                       |                                                                                                                                                         |
| 2 Unsatisfactory | • have a weak record of achievement  
• shows several unsatisfactory objectives and is likely to only  
• addresses an issue of only marginal concern to human health  
• is weak in terms of complementary of skills and experiences, and how it would contribute to the                                                                                                                                                                                                                     |                                                                                                                                                         |
**1. Poor**

- is not productive to any significant extent in relevant fields
- does not have the expertise or capacity to successfully complete more than a small fraction of the program of research
- members do not have relevant track records in the field of the proposed research
- shows weak objectives and the methodology is unlikely to achieve them
- contains a study design which is inadequate in a number of areas
- raises major concerns about the feasibility of the research plan
- is not innovative or significant
- did not include any considerations into research translation strategies
- does not address an issue of concern to human health
- will not advance current knowledge in the field
- is unlikely to result in any publications
- has no involvement of end-users and the wider community
- does not show complementarity of skills and experiences, and how it would contribute to the success of the project
- does not show prospects for promoting working collaborations and intellectual exchanges
- will not provide capacity building/career development opportunities
- shows limited contributions in terms of cash/in-kind support
- will not achieve the goals of this project
- shows no collaborative gains in terms of skills and benefits to health

**Rating** - The final rating will be determined by calculating the average of each voting member’s score for each of the four equally weighted Assessment Criteria. The final rating, as calculated arithmetically to three decimal places, will then be used to give the deemed category.

**Category** - this will be deemed, based on the calculated rating, as follows:

<table>
<thead>
<tr>
<th>Rating Range</th>
<th>Deemed Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.501 – 7.000</td>
<td>deemed as Category 7</td>
</tr>
<tr>
<td>5.501 – 6.500</td>
<td>deemed as Category 6</td>
</tr>
<tr>
<td>4.501 – 5.500</td>
<td>deemed as Category 5</td>
</tr>
<tr>
<td>3.501 – 4.500</td>
<td>deemed as Category 4</td>
</tr>
<tr>
<td>2.501 – 3.500</td>
<td>deemed as Category 3</td>
</tr>
<tr>
<td>1.501 – 2.500</td>
<td>deemed as Category 2</td>
</tr>
<tr>
<td>1.001 – 1.500</td>
<td>deemed as Category 1</td>
</tr>
</tbody>
</table>
ATTACHMENT E: NHMRC Budget Guidelines for Research Support Grants

Introduction
NHMRC funds the direct costs of the research proposal based on advice from peer review. This document is designed to assist NHMRC grant applicants in identifying resources which can or cannot be funded using NHMRC funds, and to assist applicants in the preparation of the budget component of their grant application.

Level of funding
Applicants are advised to clearly justify the requested budget paying particular attention to any research cost(s) which may be specific to this field of research and specially needed for their application.

The PPGRP advises NHMRC of a budget for each application. The PPGRP’s recommendation is based on the budget requested by the applicant, the requirements of the proposal as assessed by the PPGRP and its knowledge of the costs associated with the research.

Grant applicants are required to:
- make a case for NHMRC grant funding in accordance with the Scheme-Specific Information.
- declare the sources, duration and level of funding already held for research.

Where co-funding has already been secured, applicants should indicate the components of the budget for which NHMRC support is being sought.

Budget considerations
There are three areas to consider when preparing a budget proposal:
1. support for personnel engaged in the conduct of the research;
2. direct research costs; and
3. equipment costs necessary to conduct the research.

These and other budget considerations are discussed below.

Support for Personnel
Researchers who are not Australian citizens or permanent residents in Australia are eligible to apply for an NHMRC grant as CI B to J.

Chief Investigators and Associate Investigators are not permitted to draw salary from a NHMRC grant.

Casual computing and similar casual staff requirements, which will be contracted at hourly rates, should be included under DRCs.

Funds to support personnel are provided as Personnel Support Packages (PSPs). Requests for additional funds to cover salary or salary on costs for personnel are not to be included in either the salary or DRC sections of a budget application. The level of PSP requested in an application should match the roles and responsibilities of the position, rather than the expertise of a specific person whom the CIs may intend to appoint to the position. Information on PSP amounts can be found at: www.nhmrc.gov.au/grants/apply/projects/budget.htm.

Personnel Support Packages (PSPs) are designed to contribute to the full cost of salary. Administering Institutions should seek their own advice on any potential taxation implications.

All applicant CIs must indicate the proportion (%) of their research time that they will commit to NHMRC funded research for the currently submitted grant application. Further information on how to indicate the amount of time proposed to be devoted to the grant, should it be awarded, is provided in the Advice and Instructions to Applicants document.
Applicants may apply for a full PSP provided that 80% or more of the occupant’s time will be devoted to the Project.

An annual indexation will be applied to PSPs, based on the Australian Government Wage Cost Index (WCI).

**Direct Research Costs**

Applicants should refer to *NHMRC Direct Research Costs Guidelines* available at:

DRCs are available in multiples of $5,000. Individual items of equipment costing less than $10,000 must be requested as DRC.

All requests for funds must be fully justified, especially requests for:
- programming, preparation and data storage or the hire of external computer time. Funds will not be provided for the hire of computer time on a computer within the applicant's institution,
- covering the liability insurance for human clinical trials; and
- administrative charges associated with registration of clinical trials.

Salaries for personnel that are eligible to be funded as a PSP, and/or the gap between the PSPs contribution and actual salaries and on costs are not to be included as a DRC in application budgets.

**Travel, conference and publication costs**

When travel is integral to undertaking the research project, such as field work, research collaborations or use of facilities in other countries, this cost should be included in the grant application budget.

It is not possible to predict where and how knowledge translation and knowledge transfer will occur (because the research is yet to be undertaken). Thus, the cost of conference attendance and publications are not to be included as DRCs in grant application budgets.

**Using Research Facilities**

**Biospecimen and Associated Data**

Requests for biospecimens and associated data must be fully justified in the DRC component of the application form.

The NHMRC will support the costs of biospecimens and associated data that are a direct requirement of the research project. Biospecimen and associated data costs must be based upon published cost recovery schedules of biobanks or similar accredited bodies (e.g. Pathology services). An indicative list of these is available below. Such costs will typically represent cost recovery for the costs of collection, processing, storage and distribution. Consideration for additional project development and management costs for utilising biospecimens and associated data may be requested.

Given the significant expansion in biobank activities in Australia in the last decade, any future proposal for prospective funding of a biobank must specify why the samples cannot already be sourced from an existing biobank. Any proposal to establish a new biospecimen collection should seek to use infrastructure or services provided by biobanks or similar accredited bodies. Comprehensive justification for not using one of these must be provided.

Following is an indicative list of Biobanks and services that provide services based upon international standards of best practice (ISBER):
• ASPREE Healthy Ageing Biobank http://www.med.monash.edu.au/epidemiology
• Australian Ovarian Cancer Study http://www.aocstudy.org/
• Australian Schizophrenia Research Bank www.schizophreniaresearch.org.au
• Cancer Institute NSW Biobanking Network. Including
  • GynBioBank
  • Kolling Institute of Medical Research Neuroendocrine, Gynaecological, Breast and Upper GI Banks
• Genetic Repositories Australia (GRA) http://www.neura.edu.au/GRA
• Kathleen Cuningham Foundation Consortium for Research into Familial Breast Cancer
  http://www.kconfab.org/Index.shtml
• Lowy Biorepository http://powcs.med.unsw.edu.au/research/adult-cancer-program/services-
  resources/biorepository
• NATA Accredited Pathology Practices
• NSW Children’s Hospital Network
• The Leukaemia and Lymphoma Tissue Bank A joint research initiative of ALLG and the
  Leukaemia Foundation email: allg_tissue_bank@health.qld.gov.au
• Victorian Cancer Biobank www.viccancerbiobank.org.au
• WA DNA Bank http://www.genepi.meddent.uwa.edu.au/enabling-resources/biobanking
• WA Research Tissue Network (Operated by St John of God HealthCare)
• Wesley Institute

Other Research Facilities
The costs of utilising the services of other research facilities can also be sought through DRCs. Examples
of organisations that are included in this category include Non-Human Primate colonies, the Australian
Twin Registry, Cell Bank Australia, the Trans-Tasman Radiation Oncology Group (TROG) and suppliers
of clinical trials services. This list is illustrative and is by no means exhaustive.

Researchers should consult with research facilities to ensure that the services they are seeking DRC
funding for can be provided and that the research budgets reflect these charges. Letters from research
facilities confirming their collaboration should be included with the application to assist the PPGRP in
assessing the application.

Animal Agistment Costs
Requests for animal agistment costs must be fully justified in the DRC component of the application
form.

The NHMRC will support the costs of animal agistment that are a direct requirement of the research
project. Animal agistment costs may include the costs of food and caging, and of experimental breeding,
during the course of the project. For information on animal agistment costs, consult your Administering
Institution. The purchase of animals should be included in DRC.

Funds will be provided for the full purchase price of non-human primates from Australian colonies.
Applicants should contact the relevant Australian non-human primate breeding colony to obtain
information about the terms and conditions associated with the purchase of animals and agistment fees.

The NHMRC will not support infrastructure costs that should normally be provided by the Animal House
of the host institution (such as administration or support of Animal House staff) regardless of whether or
not the institution has its own Animal House.
Equipment
Where an applicant is requesting funding for an item of equipment, the equipment must be unique to the project and essential for the project to proceed. Equipment requests must not include the type of apparatus normally provided from institutional funds such as freezers, etc.

Applicants must provide details as to why the equipment is not being provided by their institution. For each item of equipment requested, a written quotation must be received and held with the Research Office of the Administering Institution and must be made available to the NHMRC on request.

The applicant must ensure the Administering Institution is prepared to meet all service and repair costs in relation to equipment awarded.

Funds will not be provided for the purchase of computers except where these are an integral component of a piece of laboratory equipment or are of a nature essential for work in the research field. For example: a computer which is dedicated to data collection from a mass spectrometer, or used for the manipulation of extensively large datasets (i.e. requiring special hardware) may be supported.

Individual items of equipment costing less than $10,000 must be requested as DRCs. Applicants may not seek funding for equipment totalling more than $80,000 for the entire period of the grant.

An annual indexation will be applied to equipment, based on the WCI.

Medicare Claims
The following information relates to health services NHMRC grant applications having clinical relevance in order to attract Medicare benefits.

Medicare is governed by the Health Insurance Act 1973 which sets out the services attracting benefits. Sub-section 19(5) of the Health Insurance Act 1973 provides that benefits are for where services are clinically relevant for the treatment of the patient. Clinical relevance is a matter of judgement for the patient's medical practitioner.

Where a range of services or tests are carried out by the patient's medical practitioner as part of the deliberate management of the patient's health, Medicare rebates are payable.

However, a range of tests offered to a patient by a clinic for which there is no apparent clinical necessity, as determined by a medical practitioner, do not attract benefits.

In light of this information, Medicare rebates would not be available for patient visits to General Practitioners as part of a research project, where such visits would not be deemed clinically relevant for the treatment of the patient.

Infrastructure, Indirect Costs and Institutional Overheads
NHMRC does not fund:

- the indirect costs of research; or
- research infrastructure; or
- institutional overheads and administrative charges (levied to pay for institutional research; and
- general infrastructure.

This policy applies regardless of whether the institution, department, unit or individual researcher is in receipt of any form of Commonwealth or State support for research infrastructure.
Research infrastructure includes facilities necessary to the research endeavour that a responsible institution with research as a part of its mission would be expected to supply as a prerequisite to its engagement in research, and includes:

- physical space and all the services associated with it;
- furniture for research staff;
- administrative services;
- office services and consumables that are not specific to the research project;
- laboratory services and consumables that are not specific to the research project;
- animal house facilities;
- computer networks and basic network utilities; and
- personal computers, related network peripherals and software needed for communicating, writing, and undertaking simple analyses.
ATTACHMENT F: Template for Application Assessment Summary

APP10xxxxx Assessment Summary

Your Partnership Project application was scored in Category X following its assessment by the Partnership Projects Peer Review Panel (PRP).

**Table 1**: Summary of the assessment of your application against the Partnership Projects Assessment Criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scores for APP10xxxxx</th>
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<tbody>
<tr>
<td>1- Track Records of the Chief Investigators Relative to Opportunity (25%)</td>
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<tr>
<td>2- Scientific Quality of the Proposal and Methodology (25%)</td>
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<tr>
<td>3- Relevance and Likelihood to Influence Health and Research Policy and Practice (25%)</td>
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<tr>
<td>4- Strength of Partnership (25%)</td>
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<tr>
<td><strong>Overall Category</strong></td>
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</tbody>
</table>

**Table 2**: The proportion of Partnership Projects applications in each category. This table includes all Partnership Projects applications for this call that were fully assessed by the PRP (i.e. it does not include applications deemed ‘Not For Further Consideration’ after initial assessment). Mean scores (± 1 standard deviation) for each criterion is provided for each category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number and Proportion (%) of applications in Category</th>
<th>Mean Track Records of the CIs Relative to Opportunity</th>
<th>Mean Scientific Quality of the Proposal and Methodology</th>
<th>Mean Relevance and Likelihood to Influence Health and Research Policy and Practice</th>
<th>Mean Strength of the Partnership</th>
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**Panel comments (as provided by the 1SP)**

1. Track Records of the Chief Investigators Relative to Opportunity (25%)

2. Scientific Quality of the Proposal and Methodology (25%)

3. Relevance and Likelihood to Influence Health and Research Policy and Practice (25%)

4. Strength of Partnership (25%)