POSTGRADUATE SCHOLARSHIPS
PEER REVIEW GUIDELINES

for funding commencing in 2015
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POSTGRADUATE SCHOLARSHIPS

PEER REVIEW GUIDELINES

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Postgraduate Scholarships Peer Review Guidelines for funding commencing in 2015
Overview of Postgraduate Scholarship Peer Review Process for 2014

- **Postgraduate Scholarships Open**: 30 April 2014
- **Postgraduate Scholarships Close**: 25 June 2014
- Briefing Teleconference for panels: 1 and 2 July 2014
- Allocation of applications to panels: 11 July 2014
- Conflicts of Interest identified: 29 July 2014
- Allocation of Spokespersons: 31 July 2014
- Scoring of Applications by PRPs: 22 August 2014
- Panel Teleconferences: 27 August to 9 September 2014
- Funding approvals process (RC, Council, CEO and Minister): September/October 2014
- Notification of outcomes to applicants: December 2014*

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

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

These Guidelines complement the *NHMRC Funding Rules incorporating the Postgraduate Scholarships scheme 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 the Guidelines be read in conjunction with the Funding Rules. The Funding Rules contain essential information about the aims of the PGS scheme, eligibility and requirements of the scheme, the application process and other relevant matters. Additionally, it may prove beneficial to review the *Postgraduate Scholarship Advice and Instructions to Applicants for funding commencing in 2015* (the Advice and Instructions). The Funding Rules and Advice and Instructions can be found at: [http://www.nhmrc.gov.au/grants/apply-funding/postgraduate-scholarships](http://www.nhmrc.gov.au/grants/apply-funding/postgraduate-scholarships)

2 Changes to the Peer Review Process

The following changes have been made to the peer review process for PGS:

- Indigenous health research experts from the Indigenous health research panel will write external assessments for those applicants that have applied in an additional category;
- Bioinformatics and/or Biostatistics Advisor(s) are no longer required; and
- Feedback comments are no longer required.

3 Conduct During Peer Review


3.1 Career Disruption

Peer reviewers are to assess each application against the relevant assessment criteria taking into account relative to opportunity considerations including career disruptions, as outlined in Subsections A 3.7 and A3.7.1 of the NHMRC Funding Rules.

Relative to opportunity should be taken into account for all applications, not just for those with a career disruption, to ensure that output verses opportunity is accurately assessed.

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 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 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) they have 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 primary duties and responsibilities of the member of the Research Committee with the PGS Portfolio is to:  
  - advise staff in relation to finalising Funding Rules and Peer Review Guidelines;  
  - identify and advise the NHMRC of all real potential CoIs they have with applications (for the teleconferences they wish to attend);  
  - along with NHMRC staff and the Chair, observe/monitor the processes and contribute to finding solutions for any problems that may arise;  
  - support NHMRC staff as they implement policy and follow established procedures;  
  - delegate their responsibility if a CoI impedes their ability to act in the above capacities; and  
  - report back to Research Committee as to the processes and any improvements for the future.  

As the Research Committee Portfolio Representative is not involved in assessing applications, they should not make comments on the merits of individual applications. |
| **4.1.2 Community Observer** | The PRP may have independent observers present during teleconferences. Observers will be briefed on PRP procedures. They will not participate in the discussion of any applications.  

The primary duties and responsibilities of an observer are to:  
  - identify and advise the NHMRC of all real or potential CoIs they have with applications;  
  - monitor procedural aspects of the PRP’s; and  
  - provide feedback to NHMRC on the consistency of procedures. |
### 4.1.3 PRP Chair

The primary duties and responsibilities of the PRP 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 applications and to manage the process of peer review in accordance with these Guidelines. Chairs will:

- familiarise themselves with documentation relevant to the PGS scheme;
- identify and advise the NHMRC of all real or potential CoIs they have with applications in their 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;
- ensure that Observers are fully aware of the names and affiliations of the applicants under discussion to ensure CoI guidelines are followed;
- ensure procedures are followed;
- keep discussion on time and focussed;
- promote good engagement by Spokespersons and PRP members;
- ensure career disruptions are considered;
- ensure consistency across reviews;
- in consultation with the NHMRC, confirm applications identified as being non-competitive;
- assist PRP members in fulfilling their duties and responsibilities; and
- approve relevant Meeting Attendance Record sheets.

### 4.1.4 PRP Member

The primary duties and responsibilities of a PRP member are to:

- familiarise themselves with documentation relevant to the PGS scheme;
- identify and advise the NHMRC of all real or potential CoIs they have with applications in their PRP;
- provide a fair and impartial assessment against the relevant assessment criteria in a timely manner;
- consider track record relative to opportunity;
- provide scores against the relevant assessment criteria for all applications review by the PRP; and
- prepare for and participate in panel discussion of applications, paying particular attention to those applicants for which they are 1SP or 2SP (see duties and responsibilities of 1SP and 2SP below).
| 4.1.5 Primary Spokesperson (1SP) | The primary duties and responsibilities of a 1SP in addition to that of a standard PRP member are to:  
- lead the PRP teleconference discussion on the competitiveness of the application with reference to the relevant assessment criteria;  
- glean any productivity ‘relative to opportunity’ considerations highlighted in the application and ensure these are considered by the other panel members in any discussion of the application;  
- ensure career disruptions are brought to the attention of the panel; and  
- Indigenous Health Research Experts from the Indigenous panel will write external assessments for those applications that have applied in an additional category (e.g. Public Health). |
| 4.1.6 Secondary Spokesperson (2SP) | The primary duties and responsibilities of a 2SP in addition to that of a standard PRP member are to:  
- glean any productivity ‘relative to opportunity’ considerations highlighted in the application and ensure these are considered by the other panel members in any discussion of the application; and  
- support the application discussion at the PRP teleconference on the competitiveness of the application with reference to the relevant assessment criteria. |
| 4.1.7 Electromagnetic Energy (EME Advisor(s)) | The primary duties and responsibilities of the EME Advisor(s) are to:  
- identify and advise the NHMRC of all real or potential CoIs they have with applications;  
- confirm whether or not applicants indicating that they are electromagnetic energy researchers should actually be classified as electromagnetic energy applicants; and  
- provide written feedback on electromagnetic energy applicants for PRP members to consider.  
**EME Advisors do not score applications.** |
| 4.1.8 NHMRC Staff | Under direction from the CEO, NHMRC staff will be responsible for overall administration of the peer review process and for the conduct of specific activities.  
NHMRC staff will:  
- approach potential PRP members and Chairs;  
- assign applications to the appropriate PRPs and assign spokespersons;  
- act as an alternative independent chair when the Chair has a CoI with the application under consideration; |
provide the following administrative support and advice to the Chair and PRP members:
- facilitate use of RGMS;
- provide policy advice to the PRP Chair and members including on the management of CoIs;
- maintain accurate records of CoIs;
- ensure that the Chair has approved all CoIs declared by members;
- provide advice on the treatment of declared CoIs; and
- provide advice on dealing with sensitive career disruptions.

- ensure that observers are fully aware of the names and affiliations of the applicants under discussion to ensure CoI guidelines are followed;
- ensure that all PRP members and assessors are provided with the necessary information to review each application;
- maintain scoring records for each application;
- record outcome of PRP recommendations;
- act as the first point of contact for PRP Chairs and members; and
- seek feedback from PRP Chairs and members as to the processes and any improvements for the future.

4.2 Peer Review Panels

Each Peer Review Panel (PRP) will consist of at least five panel members and an independent Chairperson. The number of PRPs used to assess applications will depend on the number of applications received.

PRP members are chosen for their expertise across the research areas of biomedical, clinical, public health and health services and Aboriginal and/or Torres Strait Islander health. Geographical spread, gender balance and institutional representation are also considered when determining each panel’s membership. Members must have a Doctor of Philosophy (PhD) and expertise in an area of health and medical research deemed to be relevant. Members are appointed for one year, and are generally not reappointed for more than three consecutive years.

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

Following the allocation of applications to PRPs and identification of CoIs, if the NHMRC or Panel Chairs consider that the panel membership requires augmentation, additional members with specific expertise will be identified and appointed.

In the event of a PRP member withdrawing from the peer review process, the NHMRC will, if time permits, replace them with another member possessing appropriate expertise. If a replacement member cannot be found, the NHMRC will reallocate the applications within the relevant PRP. If the PRP member is contactable after withdrawing from the process, and subject to any sensitivities that may exist, the NHMRC may contact the member with queries.
relating to the applications originally allocated to them.

4.2.1 Quorum

NHMRC has identified that three voting members (this does not include the Chair) are a sufficient quorum to score, discuss and rank applications. Fewer than three members would require the appointment of an extra panel member to maintain a quorum.

4.3 Electromagnetic Energy Advisor

A senior Electromagnetic Energy Advisor will be involved in the peer of the PGS applications. This advisor will only be required if applications are received from researchers within this field.

5 Peer Review Process


Peer review of PGS is a one step process. All applications assigned to each PRP will be scored by all PRP members. Panel members will be required to agree on the final scores and ranking of all applications. An overview of the peer review process for PGS can be viewed at the beginning of this document.

5.1 Briefing teleconference

Briefing teleconferences will take place after the close of applications to outline the peer review process for the PGS scheme and to highlight particular issues PRP members should be aware of and take into consideration.

5.2 Receipt and initial processing of Applications

NHMRC staff will verify that PGS applications meet eligibility criteria (after they have been submitted). Applicants will be advised if their application is ineligible, however in some instances these applications will remain in the peer review process until their ineligibility is confirmed by the Office of NHMRC (ONHMRC).

5.3 Assignment of applications to PRPs

Applications are assigned to a PRP based on the category of PGS and/or fields of research chosen by applicants within their RGMS application.

5.4 Identification of CoI

Panel members will be provided access, via NHMRCs 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 guidelines provided by the NHMRC at: http://www.nhmrc.gov.au/book/guide-nhmrc-peer-review/4-conduct-during-peer-review, Section 4.3.1.

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 in the declaration made by the PRP member and specify a level of participation in RGMS. PRP members are requested to ensure they include sufficient detail in their declaration to ensure an accurate CoI assessment can be made by NHMRC staff. All CoI rulings will be confirmed by the PRP Chair. Rulings on CoIs declared by the PRP Chair will be confirmed by senior NHMRC staff.

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 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

Taking into account CoIs and where possible the indicated preferences of PRP members, NHMRC staff will assign each application a 1SP and a 2SP. It is expected that each member of the PRP (apart from the Chair) will be allocated an equal proportion of applications as the 1SP and the 2SP.

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

5.6 PRP members access to applications

All PRP members will be provided with RGMS access to all applications assigned to their PRP, excluding those for which they have a high CoI. When accessing the full application, PRP members should again check whether they have a CoI not previously evident, and notify NHMRC if a previously undeclared CoI exists. The PRP member may be required to delete the files pertaining to applications with which they are conflicted.

The “Download All” function of RGMS will enable PRP members to download the following documents required to review an application:

- ‘Assessor’ Snapshot (contains relevant sections of the application and Profile and CV required to assess the application, to be used by PRP members and assessors);
- Uploaded documents which include:
  - Mandatory documents
    - Proposed Research Proposal
    - Academic Transcript
  - If applicable documents
    - Registration Evidence (only applicable to Medical/Dental/Allied Health Professional applications).
    - Ungraded Passes
    - Evidence to support Part-time candidature
    - Evidence of ‘Career Disruption’ PDF(s) if career disruptions exist

5.7 Assessment of applications

5.7.1 General guidelines for scoring of applications

The PGS application funded rate over the last four years has been approximately 50%. In 2013, the funded rate for PGS was 49%.
PRP members must critically examine all applications against the relevant assessment criteria, relative to opportunity.

5.7.2 Assessment of applications with an Aboriginal and/or Torres Strait Islander health focus

For applications with an Indigenous health focus not in the Indigenous health category, NHMRC will endeavour to obtain at least one external assessment from an Indigenous health research expert.

The external assessor’s review will have a particular focus on the Criteria for Health and Medical Research of Indigenous Australians (http://www.nhmrc.gov.au/grants/policy/criteria-health-and-medical-research-indigenous-australians). The external assessor will also take into consideration applicants’ track record relative to opportunity.

5.7.3 Scoring of applications prior to the PRP teleconference

Prior to the teleconference, PRP members must score all applications assigned to their panel against the PGS assessment criteria using the scoring matrices provided (Attachments A, B, and C). The Funding Rules indicate that the entire track record for an applicant should be considered, taking into account career disruptions and relative to opportunity considerations (for explanation of these concepts refer to the NHMRC Funding Rules, Subsections A3.7 Relative to Opportunity and A3.7.1 Career Disruption).

Panel members should take into account the written feedback provided by the Electromagnetic Energy Advisors where applicable. For applications with an Aboriginal or Torres Strait Islander health research focus, the assessment should take into consideration the Criteria for Health and Medical Research of Indigenous Australians and external assessment, where applicable.

The PRP will be provided with a scoresheet via email in which to enter their scores. PRP members should note the following points when scoring:

- There should be no discussion of applications prior to the teleconference to ensure that PRP members provide ‘independent’ scores.
- Each panel member should ensure that all applications receive a different total score so that no two applicants are given the same rank.

The criterion scores from each panel member will be normalised (see Attachment D) and combined to create a provisional ranked list of applications. These lists will be provided to all PRP members prior to the review teleconference.

5.7.4 Process for PRP Teleconferences

Each panel will meet by teleconference to confirm their ranked list of applications assigned to their PRP.

During the PRP teleconference:

1. The Chair will outline the format of the process.
2. With the overall discussion being led by the Chair, the PRP should agree on the ranked list of applications on their panel.
   i. Rankings and scores will only be altered if:
      a. More than one application is on the same overall score to ensure that no two applications have the same rank; and/or
      b. An application has received significantly different scores from PRP members. This will be at the Chair’s discretion.
   ii. Where a panel member has a high CoI with an application(s), the panel member will be excluded from participating in the discussion of that application(s). The PRP
member may choose to disconnect from the teleconference for the discussion of that application(s).

iii. For an application under discussion:

a. 1SP and 2SP should briefly summarise the applicant’s case to the rest of the PRP ensuring they communicate any ‘relative to opportunity’ considerations highlighted in the application to the PRP.

b. 1SP should raise and lead discussion on any additional areas of concern (e.g. level of independence, track record, applicant’s potential for succeeding and obtaining their PhD or Masters etc.).

c. Other PRP members can raise additional issues as appropriate.

d. All discussion should be related directly to the application’s strengths and weaknesses against the relevant assessment criteria only. It is important that the PRP consider the merits of the application in relation to the relevant assessment criteria rather than whether the application is considered fundable.

e. PRP members should remember to take ALL relevant assessment criteria into consideration before changing a ranking.

f. If the PRP decides to alter the ranking of an application, a justification against a particular assessment criterion or criteria should be provided. This justification will be noted by NHMRC staff.

g. Panel must confirm the final ranked order.

The Chair will be provided with the final ranked list after the ranking teleconference to confirm it reflects what was discussed and agreed upon.

5.8 Final ranking

NHMRC staff will use the final ranked lists from each PRP to create an overall ranked list of applications. The panel agreed scores will be used to integrate the ranked lists from PRPs.

This overall ranked list will be used in preparing the funding recommendations for Research Committee.

Those applications that are below the funding level but considered to be competitive, will serve as the reserve placement listing.

5.9 Funding recommendations

ONHMRC will seek advice from its Research Committee and Council on the allocation of expenditure for PGS. Applications will be recommended for funding in order until the available funds are expended. Research Committee and Council do not challenge the scores or relative ranking of applications as determined by the PRPs. In accordance with Subsection 7 (1) (c) of the National Health and Medical Research Council Act 1992, the CEO accepts Council’s recommendation (as advised by Research Committee) and then formally seeks approval from the Minister with portfolio responsibility for NHMRC, (currently the Minister for Health) to expend public money allocated in the Medical Research Endowment Account for PGS.

5.10 Notification of the Outcomes

Applicants will be advised of the outcomes following the Minister’s approval of the funding recommendations.

All applicants will be provided with a letter stating the outcome of their application. Funding schedules will be provided for all successful applicants.

Details of the successful applicants will also be posted on the NHMRC website following the announcement of the outcomes by the Minister for Health.
ATTACHMENT A: Aboriginal and/or Torres Strait Islander Health Research Postgraduate Scholarship

Assessment Criteria

All criteria should be assessed *relative to opportunity* and take into consideration any *career disruptions*.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Combined Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Record</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Postgraduate Training</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Research experience or work experience relevant to Indigenous Health</td>
<td>30</td>
<td>Personal Achievement</td>
</tr>
<tr>
<td>Personal commitment to Indigenous Health</td>
<td>10</td>
<td></td>
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<tr>
<td>Merit of project and relevance to Indigenous health</td>
<td>10</td>
<td>Project</td>
</tr>
<tr>
<td>Supervisor and Institution</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Independent Referee Report</td>
<td>5</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>100</td>
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</tbody>
</table>

**Note:** It is recognised that Aboriginal and/or Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical, public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will also be considered when assessing research output and track record.
Aboriginal and/or Torres Strait Islander Health Research Scholarship

Guide for Completing the Scoring Matrix

All criteria should be assessed relative to opportunity and take into consideration any career disruptions.

ACADEMIC RECORD: Maximum score 25 points

Academic Performance in relevant undergraduate degree

- H1 – high distinction - between 12 to 15 points
- H2A – distinction – between 8 to 11 points
- H2B – credit – between 6 to 8 points
- H3 – credit – between 4 to 5 points
- Pass – up to 3 points

Prizes

- Prizes/Awards i.e. University medal/top of year 5 points
- Other university prizes including scholarships – one point each up to 3 points
- Other non-university prizes – one point each up to 2 points

POSTGRADUATE TRAINING: Maximum score 10 points

- B MedSc/BSc Hons or relevant research degree 4 points
- Masters 3 points
- Diploma 2 points
- Research project during training (eg: electives, Summer studentships) 1 point

RESEARCH/PROFESSIONAL EXPERIENCE AND PUBLICATIONS (Indigenous Health Relevance): Maximum score 30 points

- Previous full-time research experience/research training/professional experience of Clinical, Public Health or Allied Health Professionals, relevant to Indigenous Health – up to 20 points
- Publications (journal article 4 pts, book chapter 2 pts, abstract 1pt and a half score if not first author) and/or conference presentations – up to 10 points

PERSONAL COMMITMENT TO INDIGENOUS HEALTH - Maximum score 10 points

- Applicant’s Potential to Succeed (consider comments from Supervisor’s report) – up to 5 points
- Applicant’s commitment to Indigenous health research – up to 5 points

MERIT OF RESEARCH PROJECT AND SUPERVISOR: Maximum score 25 points

- Significance and relevance of the project to Indigenous Health – up to 10 points
- Supervisor’s track record and previous supervision of students – up to 10 points
- Scientific quality of the project including feasibility (consider comments from Independent Referee Report) – up to 5 points
ATTACHMENT B: Recent Medical/Dental Graduate/Combined MBBS/PhD/Nursing, Midwifery and Allied Health Professional/Graduate (Other)

Assessment Criteria

All criteria should be assessed relative to opportunity and take into consideration any career disruptions.

This Matrix will be used to assess applicants who have applied in the following categories and sub-categories:

**Clinical Research**

*Sub-Categories*
- Combined MBBS/PhD
- Recent Medical Graduate
- Dental Graduate

**Public Health and Health Services Research**

*Sub-Categories*
- Recent Medical Graduate
- Dental Graduate
- Nursing, Midwifery & Allied Health Professional
- Graduate (other than above)

**Dora Lush Biomedical**

- Nursing, Midwifery & Allied Health Professional
- Graduate (other than above)

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<thead>
<tr>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>Academic Record</td>
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<td>Research/Professional Experience or Postgraduate Training</td>
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<tr>
<td>Publications/Track Record</td>
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<td></td>
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<tr>
<td>Research Project</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Suitability of the Supervisor and Institution</td>
<td>10</td>
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</tr>
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<td>Independent Referee Report</td>
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<tr>
<td><strong>TOTAL</strong></td>
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Note: It is recognised that Aboriginal and/or Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical, public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will also be considered when assessing research output and track record.
Recent Medical Graduate/Dental Graduate/Combined MBBS/PhD Guide for Completing the Scoring Matrix

UNDERGRADUATE RECORD: Maximum score 40 points

Prizes:
- University medal/top of year 8 points
- Other university prizes – one point each up to 3 points
- Other non-university (community) prizes – one point each up to 3 points

Academic Performance
- H1 – high distinction 32 points
- H2A – distinction 30 points
- H2B 28 points
- H3 – credit 24 points
- Pass 20 points

(If the university does not use this system evaluate on basis of yearly marks)

RESEARCH EXPERIENCE: Maximum score 25 points
- B Med Sc/B Sc (Hons) or relevant research degree - up to 15 points
- Other relevant undergrad degree (eg BSc no Hons) - up to 5 points
- Relevant post-graduate degree such as Masters or diploma (eg MPH) - up to 10 points
- Research project during training (including electives, Summer Studentships) - up to 5 points
- Previous full time research including current studies or professional experience/training- up to 15 points

PUBLICATIONS: Maximum score 10 points

*Halve score if not first author*
- 1 research publication in peer-reviewed journal 4 points
- 1 case report in peer-reviewed journal 2 points
- 1 review or book chapter 2 points
- 1 abstract 1 point

RESEARCH PROJECT/INSTITUTION/SUPERVISOR: Maximum score 20 points
- Research Project 10 points
- Supervisor and Institution 10 points

INDEPENDENT REFEREE REPORT: Maximum score 5 points
- Independent Referee Reports 5 points
ATTACHMENT C: Recent Medical Graduate with Further Clinical Training

Assessment Criteria

All criteria should be assessed *relative to opportunity* and take into consideration any *career disruptions*.

This Matrix will be used to assess applicants who have applied in the following categories and sub-categories:

**Clinical Research**
*Sub-Categories*
- Recent Medical Graduate with Further Clinical Training

**Public Health and Health Services Research**
*Sub-Categories*
- Recent Medical Graduate with Further Clinical Training

**Dora Lush Biomedical Research**
*Sub-Categories*
- Recent Medical Graduate with Further Clinical Training

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<td></td>
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<tr>
<td>Publications/Track Record</td>
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<tr>
<td>Postgraduate Clinical Training</td>
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<tr>
<td>Research Project</td>
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<tr>
<td>Suitability of the Supervisor and Institution</td>
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<tr>
<td>Independent Referee Report</td>
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</tbody>
</table>

**Note:** It is recognised that Aboriginal and/or Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical, public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will also be considered when assessing research output and track record.
**Recent Medical Graduate with Further Clinical Training**

**Guide for Completing the Scoring Matrix**

**UNDERGRADUATE RECORD: Maximum score 30 points**

**Prizes**
- University medal/top of year: 5 points
- Other university prizes – one point each up to: 3 points
- Other non-university (community) prizes one point each up to: 2 points

**Academic Performance**
- H1 – high distinction: 25 points
- H2A – distinction: 22 points
- H2B: 20 points
- H3 – credit: 18 points
- Pass: 15 points

*(If the university does not use this system evaluate on basis of yearly marks)*

**RESEARCH EXPERIENCE: Maximum score 20 points**
- B Med Sc/B Sc Hons or relevant research degree - up to: 10 points
- Or other relevant undergrad degree (eg BSc no Hons) - up to: 5 points
- Relevant post-graduate degree or diploma (eg MPH) - up to: 5 points
- Research project during training (including electives) - up to: 5 points
- Previous full time research including current studies - up to: 10 points

**PUBLICATIONS/TRACK RECORD: Maximum score 20 points**

*Halve score if not first author - score may be further adjusted for quality of journal*
- 1 research publication in peer-reviewed journal: 4 points
- 1 case report in peer-reviewed journal: 2 points
- 1 review or book chapter: 2 points
- 1 abstract: 1 point

**POST-GRADUATE CLINICAL TRAINING: Maximum score 5 points**
- First part exam (or equivalent) passed: 3 points
- Specialty training in progress: 1 point
- Specialty training completed: 2 points

**RESEARCH PROJECT/INSTITUTION/SUPERVISOR: Maximum score 20 points**
- Research Project: 10 points
- Supervisor and Institution: 10 points

**INDEPENDENT REFEREE REPORT: Maximum score 5 points**
- Independent Referee Reports: 5 points
ATTACHMENT D – Score Normalisation

The method used for normalising scores is as described below.

First, a z score is established:
- For each panel member, the Mean (m) and Standard Deviation (s) of their raw scores for all applications is calculated.
- For each panel member, a z score for each application based on the raw score (x) given by the panel member for that application using this formula is calculated:

\[ z = \frac{x - m}{s} \]

Second, the z score is converted to a re-centered score (X):
The scores are re-centered (or scaled) around a common mean (M) of 75 and Standard Deviation (S) using the derived z score with this formula:

\[ X = M + (z \times S) \]