NHMRC Partnership Projects scheme-specific Peer Review Guidelines for Applications Received in 2018

1 Introduction .................................................................................................................................................. 2

2 Overview of the Peer Review Process ........................................................................................................ 2

3 Key Changes to the Peer Review Process .................................................................................................. 3

4 Suitability of Applications to this Scheme .................................................................................................. 3

5 Roles and Responsibilities .......................................................................................................................... 4

5.1 Selection of PRP Members ........................................................................................................................ 9

5.2 Additional Experts ..................................................................................................................................... 10

6 Partner Organisations .................................................................................................................................. 10

7 Peer Review Process ...................................................................................................................................... 10

7.1 Assessment of applications relating to Aboriginal and Torres Strait Islander health ................................ 11

7.2 Before the PRP Meeting ........................................................................................................................... 11

7.3 At the PRP Meeting .................................................................................................................................. 13

7.4 After the PRP Meeting ............................................................................................................................... 16

ATTACHMENT A: Assessment Criteria for Partnership Projects ................................................................. 18

ATTACHMENT B: NHMRC Partnership Projects Category Descriptors ...................................................... 22

ATTACHMENT C: Assessment Do’s and Don’ts ............................................................................................. 29

ATTACHMENT D: Application Budget Guidelines .......................................................................................... 30

ATTACHMENT E: Template for Application Assessment Summary ............................................................ 34
1 INTRODUCTION

The following sections describe the specific processes, timelines and expectations that apply to the peer review of Partnership Project applications.

These scheme-specific guidelines complement and must be read in conjunction with the following supporting documents:

- the Guide to NHMRC Peer Review 2018
- the NHMRC Funding Rules 2018, incorporating the Partnership Projects scheme-specific Funding Rules
- the NHMRC Advice and Instructions to Applicants 2018, incorporating the Partnership Projects scheme-specific Advice and Instructions to Applicants
- the NHMRC Funding Agreement

It is recommended that you read the Guide to NHMRC Peer Review before reading these scheme-specific guidelines.

2 OVERVIEW OF THE PEER REVIEW PROCESS

The Partnership Projects scheme opened on 17 January 2018. Applications can be submitted at any time during the year, up until 5 December 2018. This is to allow researchers and partner organisations to develop timely collaborations. Peer review of applications will occur in three distinct peer review cycles (PRCs) as detailed below. Please note that the dates provided below are indicative only. The PRC in which an application is reviewed, depends on when the application is submitted, and whether it has met minimum data requirements. For more information on this, please refer to section 4 of the Partnership Projects scheme-specific Funding Rules.

<table>
<thead>
<tr>
<th>Process</th>
<th>PRC No.1</th>
<th>PRC No. 2</th>
<th>PRC No. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential core Peer Review Panel (PRP) members identified for all PRCs</td>
<td></td>
<td>March 2018</td>
<td></td>
</tr>
<tr>
<td>Minimum data due date for applicants</td>
<td>28 March 2018</td>
<td>1 August 2018</td>
<td>21 November 2018</td>
</tr>
<tr>
<td>Application submission cut-off dates</td>
<td>11 April 2018</td>
<td>15 August 2018</td>
<td>5 December 2018</td>
</tr>
<tr>
<td>PRP members appointed Conflicts of Interest identified</td>
<td>April 2018</td>
<td>August 2018</td>
<td>December 2018</td>
</tr>
<tr>
<td>Allocation of applications to panel members</td>
<td>May 2018</td>
<td>Aug/Sep 2018</td>
<td>January 2019</td>
</tr>
<tr>
<td>Initial PRP briefing/teleconference</td>
<td>May 2018</td>
<td>September 2018</td>
<td>Jan/Feb 2019</td>
</tr>
<tr>
<td>Additional Experts and Aboriginal and Torres Strait Islander Health Experts Provide reports</td>
<td>May 2018</td>
<td>September 2018</td>
<td>February 2019</td>
</tr>
<tr>
<td>Initial comments and scoring of applications</td>
<td>June 2018</td>
<td>October 2018</td>
<td>February 2019</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Applications requiring discussion via panel meeting identified</td>
<td>June 2018</td>
<td>October 2018</td>
<td>March 2019</td>
</tr>
<tr>
<td>PRP members prepare for the PRP meeting</td>
<td>July 2018</td>
<td>November 2018</td>
<td>March/April 2019</td>
</tr>
<tr>
<td>PRP Meeting</td>
<td>July 2018</td>
<td>November 2018</td>
<td>April 2019</td>
</tr>
<tr>
<td>Applications recommended for funding are provided to NHMRC’s Research Committee, NHMRC Council and the Minister for Health*</td>
<td>September 2018</td>
<td>January 2019</td>
<td>July 2019</td>
</tr>
<tr>
<td>Funding Commencing</td>
<td>2018</td>
<td>2019</td>
<td>2019</td>
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</tbody>
</table>

*High scoring applications may be recommended for funding earlier than the dates proposed if NHMRC determines there is no need to discuss at the panel meeting.

3 KEY CHANGES TO THE PEER REVIEW PROCESS

- Additional funding is available to support Aboriginal and Torres Strait Islander health research through the Partnership Projects Special Initiative, see section 9 of the Partnership Projects Funding Rules.

4 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 2.2 of the Partnership Projects scheme-specific Funding Rules. PRP members will consider the suitability of an application to this scheme as part of the assessment of criterion three: Relevance and Likelihood to Influence Health and Research Policy and Practice.

Applicants are free to resubmit an application upon receiving advice that an application was unsuccessful in a previous round (see section 6.4 of the Partnership Projects scheme-specific Funding Rules). Where this occurs, the PRP should assess the application as submitted. Any information provided in previous applications/proposals should not be referred to by the PRP at any time and should not influence the review of the current application.
5 ROLES AND RESPONSIBILITIES

The roles and responsibilities of those participating in the Partnership Projects peer review process are identified in the Partnership Projects Peer Review Participants table below.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Chairs</td>
<td>Chairs are appointed to be independent of the review of research proposals and must manage the process of peer review in accordance with these guidelines. The primary duties and responsibilities of the PRP Chair are to ensure NHMRC’s procedures are adhered to and that fair and equitable consideration is given to every application being reviewed by the PRP. Chairs will:</td>
</tr>
</tbody>
</table>
| Before the PRP meeting | • identify and advise the NHMRC of all real or perceived Conflict of Interests (Cols) they have with applications to be reviewed by the PRP  
• familiarise themselves with documentation relevant to the funding scheme and other material as identified by NHMRC staff  
• familiarise themselves with all applications being considered by the PRP |
| At the PRP meeting | • conduct the peer review process as a non-scoring Panel Chair  
• ensure appropriate action is taken in relation to declared Cols  
• 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 discussion on time and focused  
• ensure procedures are followed  
• assist PRP members in understanding and fulfilling their duties and responsibilities  
• promote good engagement by Spokesperson/s (SPs) and PRP members  
• ensure that where appropriate all members consider ‘relative to opportunity’ and ‘career disruption’ when discussing track record  
• ensure that discussion leads to an outcome where the application is scored against the assessment criteria using the category descriptors  
• ensure PRP members are satisfied with score outcomes  
• record and notify NHMRC of any requests for clarification or advice  
• ensure that PRP members declare reasons for voting two or more away from the 1SP’s score in any of the assessment criteria (if relevant)  
• provide PRP members with an opportunity to identify any applications that should be revisited to ensure equity between applications  
• assist the PRP in resolving budget decisions  
• ensure that budget discussions are consistent for all applications |

PRP Chair
and inform the Assistant Chair if inconsistencies arise
- ensure all information recorded is consistent with that recorded by the Assistant Chair and NHMRC secretariat
- through RGMS e-scoring endorse comments of the review and scoring of applications

### Assistant Chairs will:

**Before the PRP meeting**
- identify and advise NHMRC of all real or perceived CoI they may have with applications to be reviewed by their panel
- rigorously assess the proposed budgets for high scoring applications identified in the initial scores and comments process that do not require discussion at a panel meeting
- consider comments and advice from Spokespersons and Reviewers and the Application Budget Guidelines at Attachment D when assessing Personal Support Packages, Direct Research Costs and equipment requests
- recommend appropriate reductions where the proposed budget is in excess of that required to accomplish the research objectives
- consider the relevance and justification for the in-kind support and the Partner Contribution Guidelines at Attachment A of the Partnership Projects scheme-specific Funding Rules 2018 when assessing budgets

**At the PRP meeting**
- record the strengths and weaknesses of the application while discussion is underway by the PRP
- facilitate the PRP’s discussions of application budgets and record a comprehensive rationale for proposed budget revisions (if relevant)

### The primary duties and responsibilities of a PRP member will include the following activities:

#### Before the PRP meeting Panel Member
- identify and advise the NHMRC of all real or perceived CoIs they have with applications on their PRP
- familiarise themselves with all applications and assessor reports being assessed by the PRP (excluding those for which they have a High CoI), paying particular attention to those for which they are Spokesperson

#### Before the PRP meeting as a Reviewer
- review the allocated applications against the assessment criteria
- provide initial scores of the applications using the category descriptors as a guide
- provide initial comments and recommendations on the budget requested within the prescribed timeframe
- ensure that assessments are accurate and honest and all claims are capable of being verified (providing citations where appropriate)
- review additional experts reports

#### At the PRP meeting
- act as a Spokesperson for applications in their field of expertise if
prepare for and participate in panel discussion for each application discussed at the panel meeting to the best of their ability, including budget discussions where applicable
consider relative to opportunity when discussing track record
participate in discussions on the appropriateness of the application budget if relevant
provide a score (1-7) for each of the four assessment criteria against the Category Descriptors for each application they review at the panel meeting using RGMS e-scoring
review discussions of applications to ensure equity between applications

The 1SP-specific duties and responsibilities are to:

**Before the PRP meeting**
- review the allocated applications against the assessment criteria
- provide initial scores and budget recommendations of the applications using the category descriptors as a guide and provide initial comments within the prescribed timeframe
- provide a fair, impartial and scientific/partner assessment of applications against assessment criteria in a timely manner, (including citations when relevant)
- review additional experts reports
- prepare speaking notes

**At the PRP meeting**
- lead the PRP meeting discussion on the competitiveness of the application and the significance and merit of the proposed research against the aims, objectives and assessment criteria of the funding scheme
- ensure that productivity relative to opportunity considerations highlighted in the application are considered
- scrutinise the proposed budget to ensure that Personel Support Package (PSP), Direct Research Cost (DRC) and equipment requests are appropriate and fully justified
- provide detailed advice to the panel of any applications that have claimed a career disruption
- provide final scores for allocated applications, based on PRP discussions, using RGMS e-scoring
- if required, assist the 2SP in discussion on the appropriateness, or otherwise, of the requested budget
- provide detailed feedback, reflecting panel discussions, which will be provided to applicants

The 2SP-specific duties and responsibilities:

**Before the PRP meeting**
- review the allocated applications against the assessment criteria
- provide initial scores and budget recommendations of the applications using the category descriptors as a guide within the prescribed timeframe
- review additional expert reports
- ensure that assessments are accurate and honest and all claims are capable of being verified (providing citations where appropriate)
- prepare speaking notes and a recommendation for the PRP to either: leave the requested budget intact, propose modifying the budget, or seek advice from the panel regarding specific budget requests

**At the PRP meeting**
- rigorously assess the proposed budgets of applications that progress to the panel meeting and prepare a thorough evaluation of their appropriateness
- provide final scores for allocated applications, based on PRP discussions, using RGMS e-scoring
- lead the discussion of the appropriateness of the requested budget if relevant
- scrutinise the proposed budget to ensure that requests, Personel Support Package (PSP), Direct Research Cost (DRC) and equipment requests are appropriate and fully justified
- support the application discussion on the competitiveness of the application ensuring track record relative to opportunity is considered, and the significance of the proposed research
- present a recommendation for the PRP to either: leave the requested budget intact, propose modifying the budget, or seek advice from the panel regarding specific budget requests

<table>
<thead>
<tr>
<th>Additional Experts</th>
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<tr>
<td>Additional Experts with research expertise and experience in the specific field(s) of an application may be appointed to provide expert reports on applications including at PRP meetings (via teleconference/videoconference). Additional Experts do not participate in scoring or budget discussion of applications and must identify and advise the NHMRC of all real or perceived CoIs they have with applications assigned to them. Additional Experts are responsible for providing advice to the PRP on:</td>
</tr>
<tr>
<td>the strengths and weaknesses of the application</td>
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<tr>
<td>the context of the applicant’s research field and their standing in that field</td>
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<tr>
<td>the applicant’s track record and the competitiveness of the application based on the applicant’s current career stage, taking into account relative to opportunity</td>
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<thead>
<tr>
<th>NHMRC Assigners Academy</th>
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<tbody>
<tr>
<td>NHMRC Assigners Academy members are required to verify claims that Aboriginal and Torres Strait Islander health research applications have at least 20% of the research effort and/or capacity building relating to Aboriginal and Torres Strait Islander health.</td>
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<tr>
<th>Aboriginal and Torres Strait Islander Health Expert</th>
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<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander health experts may be PRP members who are of Aboriginal or Torres Strait Islander descent, or have research expertise relating to Aboriginal and Torres Strait Islander health. They will:</td>
</tr>
<tr>
<td>review research applications relating to Aboriginal and Torres Strait Islander health</td>
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<tr>
<td>provide a report to the PRP on how each application meets the</td>
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</tbody>
</table>
| **NHMRC Senior Research Scientist Staff** | Indigenous Research Excellence Criteria (the Criteria)  
- verify claims that these applications have at least 20% of their research effort and/or capacity building relating to Aboriginal and Torres Strait Islander health, where verification cannot be sought through the Assigners Academy |
| **NHMRC Secretariat** | NHMRC staff with doctoral degrees or extensive research expertise may be involved in:  
- allocating applications to panels and Spokespersons  
- the peer review process  
- establishing the peer review panels  
- assisting with and advising on the peer review process  
- acting as an alternative Independent Chair or Assistant Chair when the PRP Chair has a CoI with the application under consideration. |
| | Under direction from the Chief Executive Officer (CEO), NHMRC staff will be responsible for overall administration of the peer review process including the following specific activities:  
**Before the PRP meeting**  
- approach potential PRP members on advice from NHMRC Senior Research Scientist  
- make preliminary assignment of applications to the PRP  
- act as the first point of contact for PRP members  
- provide administrative support and advice to the PRP Chair and members  
- ensure that all PRP members and assessors are provided with the necessary information to review each application  
- generate a ranked list of applications after initial scores are received and identify applications requiring further discussion at a panel meeting in accordance with NHMRC policy  
- prepare the order in which applications will be assessed during PRP meetings according to business rules that apply to order of review  
**At the PRP meeting**  
- operate RGMS e-scoring processes  
- maintain accurate records of CoIs  
- ensure that the Chair is aware of all CoIs declared by members  
- provide advice on the treatment of declared CoIs  
- provide policy advice to the PRP Chair and members  
- as applicable, record budget adjustments on recommendations from the panel  
- record outcome of PRP recommendations  
- record and notify NHMRC Senior Staff of any requests for clarification or advice |
Community Observer

NHMRC invites respected members of the general community to sit in on PRP meetings to observe that NHMRC policy and procedures are being adhered to. The Observers assist NHMRC in ensuring that the assessment of all applications is fair, equitable and impartial. Observers will be briefed on PRP procedures prior to the PRP meeting. They will not participate in the discussion of any application and will be identified by their name tags.

During PRP discussions, independent Observers will be present. Their primary duties and responsibilities are to:

- identify and advise the NHMRC of all real or perceived CoIs they have with the applications
- monitor procedural aspects of the PRP’s conduct
- provide feedback to NHMRC on the consistency of adherence to procedures

5.1 Selection of PRP Members

NHMRC staff, in consultation with an NHMRC Senior Research Scientist staff member, 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 their 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.

NHMRC will appoint an Aboriginal and Torres Strait Islander health expert if applications relating to Aboriginal and Torres Strait Islander health are received. Aboriginal and Torres Strait Islander health experts may be PRP members who are of Aboriginal or Torres Strait Islander descent, or have research expertise relating to Aboriginal and Torres Strait Islander health. These PRP members will be asked to assess the Aboriginal and Torres Strait Islander health components against the Criteria and provide comments. Aboriginal and Torres Strait Islander health experts may recommend that the PRP place conditions on the grant to ensure it meets the Criteria.

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 on 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 a Chief Investigator are not able to participate in the peer review process and cannot be a member of the PRP for the peer review cycle in which they are an applicant. PRP members applying to the Partnership Projects scheme as an Associate Investigator can participate in the review process but cannot be involved in the review of their own application.
5.2 Additional Experts

People with expertise in a specific 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.

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. Cash and in-kind contributions will be evaluated by the PRP using the Partner Contribution Guidelines provided at Attachment A of the Partnership Projects scheme-specific Funding Rules during the assessment of criterion four (strength of partnership).

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 (CIs) and Associate Investigators (AIs) however these contributions will not attract matched funding from NHMRC
- Partners must show how the team will foster and maintain a collaborative approach between the researchers and decision makers, over the course of the initiative
- NHMRC Approved Administering Institutes may not be partners on an application unless they have applied for an Administering Institution waiver (see section 6.2 of the Partnership Projects scheme-specific Funding Rules)
- Track Record of partners and the nomination of at least one Partner Investigator.

7 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 to ensure that only the highest quality, value for money research is recommended for funding (see section 9.1 of the NHMRC Funding Rules 2017).

All applications are assessed against the Assessment Criteria as set out in the Partnership Projects scheme-specific Funding Rules, using the Category Descriptors at Attachment B. Applications that are accepted as relating to the improvement of Aboriginal and Torres Strait Islander health are also assessed against the Criteria as set out in section 6.3 of the NHMRC Funding Rules 2017.

Applications for NHMRC Partnership Projects will be assessed against four equally weighted Assessment Criteria:

1. Track Records of the Chief Investigators, Partner Organisations and Partner 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 A.

Applications are assessed relative to opportunity taking into consideration any career disruptions (see section 6.2.1 of the NHMRC Funding Rules 2017).

An overview of the Partnership Projects peer review process can be found in section 2 of these guidelines. Further detail about each step of the peer review process is provided below.

7.1 Assessment of applications relating to Aboriginal and Torres Strait Islander health

Applications relating specifically to Aboriginal or Torres Strait Islander health will be identified on a preliminary basis by information provided by the applicant in their application. These applications will be provided to NHMRC’s Assigners Academy members to verify claims that Aboriginal and Torres Strait Islander health research applications have at least 20% of their research effort and/or capacity building relating to Aboriginal and Torres Strait Islander health.

Applications that meet this requirement will be subject to review against the Criteria. The extent to which the application fulfils these criteria in relation to research into the health of Aboriginal and Torres Strait Islander Australians, including documentation and other relevant written evidence where appropriate, will be considered by PRP members with Aboriginal and Torres Strait Islander health expertise.

Applications for the Aboriginal and Torres Strait Islander research Special Initiative will be assessed the same way as all other Partnership Project applications by the PRP.

7.2 Before the PRP Meeting

<table>
<thead>
<tr>
<th>Step A.</th>
<th>Conflicts of Interest (CoI) and Spokesperson suitability</th>
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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 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 NHMRC 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, 2SP or Reviewer.

Taking into account CoIs and expertise, applications will be assigned a 1SP, 2SPs and up to 3 other Reviewers to undertake an initial review.

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

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

PRP members will be provided access to the full application (via RGMS) for each application they have a low or no CoI. Upon accessing the full application, 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.

**Step C. Initial panel briefing**

An initial briefing for the PRP may be held (via teleconference/video conference) 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 B).

**Step D. Aboriginal and Torres Strait Islander Health Experts and Additional Experts provide reports**

Aboriginal and Torres Strait Islander Health Experts will be asked to prepare an Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander Health 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.

Reviewers (including Spokespersons) are to take any reports into consideration when assessing applications.

**Step E. Reviewers (including Spokespersons) provide initial assessments**

Panel members assigned as Reviewers and Spokespersons for each application will consider the research proposal in conjunction with any additional assessments. They will be asked to assess the application against the Assessment Criteria (Attachment A) and score them using the Category Descriptors (Attachment B). Reviewers and Spokespersons enter scores into RGMS and comment on the budget. The 1SP is also required to provide comments against the Assessment Criteria in RGMS to justify their evaluation.

The 1SP comments entered at this stage may be provided to an applicant if the application is categorised as a non-competitive or a high scoring application. NHMRC will not preview comments, therefore PRP members must ensure their comments do not contain inappropriate or defamatory remarks. For further guidance on completing your assessment please see Attachment C.

**Step F. Applications requiring further discussion identified**

The five initial scores will be used to calculate an initial rating. Applications that receive a score of 4.500 and below will be deemed non-competitive applications and will be removed from the review process. Applications that receive a minimum mean score of 5.000 in each criterion will be deemed high scoring applications and may exit the peer review process at this stage to be
recommended for funding. If this occurs, budget comments from Spokespersons and Reviewers will be reviewed by the Assistant Chair. The Assistant Chair will consider elements of the budget, and the budget justification, then provide advice on the appropriate final budget for the application. Where the Spokespersons and Reviewers deem the proposed budget is in excess of that required to accomplish the research objectives, appropriate reductions may be recommended. NHMRC Budget Guidelines for Research Support Grants can be found at Attachment D. Remaining applications will be identified as requiring further discussion and will progress to the panel meeting.

When making budget recommendations, Spokespersons and Reviewers should consider 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 are available at Attachment A of the Partnership Projects scheme-specific Funding Rules.

NHMRC will advise applicants if their application was found to be non-competitive and advise the PRP which applications will be discussed at the panel meeting.

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

PRP members are expected to read all applications that progress to the panel meeting, for which they do not have a high CoI, 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.

#### 7.3 At the PRP Meeting

A briefing for PRP members will be held before discussion of applications commence. 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
- other associations that may, or may not, 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 meeting if their CoI prevents them from participating in the assessment of the application under discussion.
- 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 panel member must declare the nature of the interest to the panel. The panel will then decide as a group whether the panel member should be precluded from review of the application. The Chair is responsible for facilitating discussion and ensuring a decision is made. The details of the late CoI will be recorded by the Chair, Assistant Chair and NHMRC secretariat. This process can take time and so it is important that all CoIs are declared and decided upon well in advance of the meeting.

If a new 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 Spokesperson time to prepare.

- 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 meeting, the Chair will name the Spokespersons and announce the Spokespersons scores.

<table>
<thead>
<tr>
<th>Step A2.</th>
<th>Primary Spokesperson (1SP) comments on application (~ 6 minutes)</th>
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The 1SP will:
- 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 Relative to Opportunity, Career Disruptions) are outlined in their discussion
- only make reference to the budget in relation to the feasibility of the research proposed under budget constraints.

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<tr>
<th>Step A3.</th>
<th>Secondary Spokesperson (2SP) comments on application (~ 4 minutes)</th>
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The 2SP will:
- briefly highlight their agreement/disagreement with the 1SP comments
- ensure that relevant considerations (e.g. Track Record Relative to Opportunity, Career Disruptions) are taken into account
- only make reference to the budget in relation to the feasibility of the research proposed under budget constraints.

<table>
<thead>
<tr>
<th>Step A4.</th>
<th>Discussion is opened up to all PRP members present (~ 5 minutes)</th>
</tr>
</thead>
</table>
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. Reviewers may disclose their initial scores, however this is not mandatory. 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.

<table>
<thead>
<tr>
<th>Step A5.</th>
<th>PRP members score the application (~ 3 minutes)</th>
</tr>
</thead>
</table>
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 scores for each of the four criteria. Additional Reviewers may also change their scores, however they are not required to announce their revised scores unless the score is two or more away from the 1SP.
The Chair will then invite PRP members that intend to score two points or more away from the ISP scores to explain their reasoning. The NHMRC secretariat and Chair will record their justification.

All PRP members in the meeting, excluding the Chair and Assistant Chair, will score the application. Scoring will be anonymous, that is panel members will not know one another’s individual scores with the exception of the Spokespersons. PRP members will be asked to provide a score for each of the four Assessment Criteria using the seven-point scale. The Category Descriptors at Attachment B should be used to guide scoring. Collation of the members’ scores will be managed by the NHMRC Secretariat.

At the completion of scoring, NHMRC secretariat 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.

The Chair, Assistant Chair and NHMRC 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 the application.

**Quorum**

Each application must be reviewed by a quorum of panel members. Quorum is defined as one member more than half of the total number of voting members on the PRP (exceptions to this may occur in special circumstances).

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

Applications that score Category 5 or above and that achieve minimum mean scores of 4.000 in all four Assessment Criteria will trigger a budget discussion. Exceptions include:

- applications relating to Aboriginal and Torres Strait Islander health which require a Category score of 4 or above. These applications must also achieve a minimum mean score of 4.000 in all four Assessment Criteria.
• applications that address the Aboriginal and Torres Strait Islander research Special Initiative which require a Category score of 4 or above.

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. NHMRC Budget Guidelines for Research Support Grants can be found at Attachment D.

When making budget recommendations, PRP members should consider 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 are available at Attachment A of the Partnership Projects scheme-specific Funding Rules.

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

### Step B. Reconciliation

At the end of the deliberations, a reconciliation of applications reviewed will take place. This process gives PRP members a final opportunity to raise any concerns regarding applications that have been reviewed throughout the meeting.

Where a PRP member believes an application may have been reviewed in an inconsistent manner, they should raise the matter with the PRP Chair. NHMRC secretariat will ensure that members with high CoIs leave the meeting before any details of the application and the circumstances of concern are outlined to the panel.

In the event that an application needs to be reassessed, the application will be reopened for discussion and rescored by the panel at the next opportunity.

The Chair may also revisit budget discussions at the end of the meeting to ensure consistency was achieved.

### Step C. Finalise feedback to applicants

PRP Members are requested to use this time to review initial comments made in relation to applications they have been assigned as 1SP. 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. For further guidance on completing your assessment please see Attachment C.

### 7.4 After the PRP Meeting

**Special Initiative - Aboriginal and Torres Strait Islander Research**

A special initiative will be offered in Aboriginal and Torres Strait Islander Research, subject to receipt of a competitive application and available funding. Applications indicated in this category will not be assessed differently to other applications received. For further information on the assessment of applications under this special initiative see section 9 of the Partnership Projects scheme-specific Funding Rules. Any applications deemed Category 4 or greater will be provided
to the Department of Health to be further reviewed and determine whether the application falls within the scope of the Aboriginal and Torres Strait Islander Research special initiative.

Under this special initiative, funding may be requested to support a masters, PhD or post-doctoral study as part of the research project, provided the position is justified in the application. Please note that support for study is only available through this Special Initiative. If an application is unsuccessful through the Special Initiative but is successful as a standard Partnership Project, study support will not be provided.

**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.

*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 and Minister for Sport. **Please note that applications receiving very high scores following initial assessment may be recommended for funding before the PRP meeting.**

**Preparation of PRP Application Assessment Summary** – All applicants will be provided with an Application Assessment Summary once outcomes are finalised.

The Application Assessment Summary will include scores and comments against each of the four Assessment Criteria. Please see [Attachment E](#).

**Announcement of outcomes** – Subsequent to Ministerial approval, applicants and Research Administration Officers will be advised of the outcome of their application.
ATTACHMENT A: 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, Partner Organisations and Partner 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 B.

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.

NHMRC 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 section 6.2 of the NHMRC Funding Rules 2017).

Criterion One

**Track Records of the Chief Investigators, Partner Organisations and Partner Investigators, Relative to Opportunity (25%)**

**Chief Investigators**

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
- 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 Organisations and Partner Investigators

Partner Organisations and named Partner Investigators will be assessed by the peer review panel. Up to half of the criterion weighting will be determined by the experience and relevance of the Partner Organisation and Partner Investigators to the research proposal.

Partner Organisations will be assessed for relevance to the research proposal. It is expected that partner Organisations named on an application have:

- the capacity 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
- experience and success in drafting health policy or delivering a health programme or health service
- expectations that align with the goals of the CI team

The inclusion of at least one named Partner Investigator from the policy and/or practice partner organisation is mandatory, and Partner Investigators will be assessed and expected to be awarded up to half of the criterion weighting when assessed by the peer review panel.

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

- relevant experience and authority to support the partnership
- demonstrated evidence of leadership in the relevant field
- experience of translating research findings into policy and/or practice
- demonstrated evidence of successfully implementing change in a field relevant to the proposal

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 be considered when assessing research output and track record.

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
- feasibility
- demonstrated commitment to service delivery
must be research focused on translating evidence into policy and practice or evaluating current policy and practice or evaluating current policy and practice and identifying gaps in knowledge

**Criterion Three**

*Relevance*¹ 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
- 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
- the proposed governance or partnership arrangements
- shared decision making/leadership

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.

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¹ Relevance is the extent to which the application addresses the needs of the health care system or an affected population.
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.
ATTACHMENT B: 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. Peer review panel 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), Partner Organisations and Partner Investigators (PIs), 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, Partner Organisations and PIs, relative to opportunity.</th>
<th>Scientific quality of the proposal and methodology:</th>
<th>Relevance and likelihood to influence health policy and practice:</th>
<th>Strength of the partnership:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7 Outstanding by International Standards</strong></td>
<td>The CI team:</td>
<td>The Research proposal:</td>
<td>The proposed outcomes:</td>
<td>The proposed partnership:</td>
</tr>
<tr>
<td></td>
<td>• has a record of achievement that places them in the top 10% of peers/cohort</td>
<td>• objectives are well-defined, highly coherent and strongly developed</td>
<td>• address one (or more) health issue(s) of national or regional significance</td>
<td>• demonstrates that a strong relationship between the researchers and partner organisation(s) already exists or will be developed</td>
</tr>
<tr>
<td></td>
<td>• demonstrate extensive experience and success in collaborative research, evaluation and implementation of evidence into health policy, health practice and/or service delivery</td>
<td>• builds on knowledge gained through previous research</td>
<td>• translate demonstrated knowledge</td>
<td>• demonstrates existing shared governance and decision making capability</td>
</tr>
<tr>
<td></td>
<td>• demonstrate extensive experience working in partnership with health service providers or health policy agencies</td>
<td>• is a near flawless design</td>
<td>• will translate into fundamental outcomes in the knowledge-base, policy and/or practice of clinical medicine, public health or fundamental changes in health policy</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</td>
</tr>
<tr>
<td></td>
<td>• have been stellar, in terms of publications, grants and other awards/recognition</td>
<td>• introduces major advances in concept of translational research</td>
<td>• will be the subject of invited plenary presentations at national meetings</td>
<td>• contributes to a high degree of team integration and cohesiveness</td>
</tr>
<tr>
<td></td>
<td>• have strong national and international reputations</td>
<td>• includes rigorous translational research design</td>
<td>• will almost certainly result in highly influential publications</td>
<td>• shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas, Australia and internationally</td>
</tr>
<tr>
<td></td>
<td>• hold leadership positions in highly regarded scientific or professional societies</td>
<td>• uses best practice in implementation science methods including: the use of theoretical frameworks, justifiable, robust methods for monitoring and evaluation best practice models for changing practice and behaviour modification rigorous engagement plans and identified champions</td>
<td>• most likely become highly integrated into a health system or clinical practice, with minimal ongoing follow-up</td>
<td>• is clearly evident from the conceptual stages of the proposal to the final application, as the partners are highly integrated into the proposal.</td>
</tr>
<tr>
<td></td>
<td>• have track records that are highly relevant to the proposed research</td>
<td>• policy change and influencing mechanisms and long-term sustainability strategies</td>
<td>• have a high likelihood of becoming a highly effective, generalisable model that will prove to be beneficial to the health system</td>
<td>• would see the partners involved at all stages of development in the proposal</td>
</tr>
<tr>
<td></td>
<td>The partner organisation(s):</td>
<td>The Research proposal:</td>
<td>The proposed outcomes:</td>
<td>is shown by shared policy/practice goals and significant cash and in-kind resource contributions</td>
</tr>
<tr>
<td></td>
<td>• is highly relevant to the proposed research</td>
<td>• objectives are well-defined, highly coherent and strongly developed</td>
<td>• address one (or more) health issue(s) of national or regional significance</td>
<td>• illustrates capacity building, networking and infrastructure building activities that will extend beyond the life of the project</td>
</tr>
<tr>
<td>PI(s):</td>
<td>Demonstrates extensive experience and success in drafting health policy or delivering a health programme or health service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has strong national and international reputations</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Has clear expectations that align with the goals of the CI team</td>
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</tr>
<tr>
<td></td>
<td>Is highly likely to integrate outcomes into a health system or clinical practice, with minimal ongoing follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake at all levels.</td>
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</table>

**PI(s):**
- Demonstrates extensive experience and success in drafting health policy or delivering a health programme or health service
- Has a record of achievement that places them in the top 10-20% of peers/cohort
- Demonstrates previous strong successful relationships with researchers in collaborative projects focussed on the design, research, evaluation and implementation of evidence into health policy, health practice and/or service delivery
- Demonstrates experience working in partnership with health service providers
- Has objectives that have clear intent and logic
- Is appropriate for the experience level of the applicant and team
- Is excellent in design
- Is highly feasible
- Is innovative with respect to the question being addressed and the approach to it
- Includes most aspects of research translation that will assist the project. These aspects may include: research objectives, experimental design, epidemiology and health economic evaluation, dissemination and sustainability plan
- Addresses a health issue of major importance of national or regional significance
- Is likely to be integrated into a health system or clinical practice, with some level of follow-up, and is integrated into current practice behaviours
- Will be the subject of invited plenary presentations at national meetings
- Likely to result in highly influential publications
- Have a likelihood of becoming a highly effective, generalisable model that will prove the feasibility of the research approach
- Demonstrates that a relationship between the researchers and partner organisation(s) already exists or will be developed
- Demonstrates shared governance and decision making capability
- 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
- Shows that the project plan was developed by a collaborative process between the researchers
providers or health policy agencies
- have track records that are very relevant to the proposed research
- are well recognized for their contribution to their field of research
- have established national and growing international reputations
- have established positions of leadership, or are emerging leaders in their field
- hold leadership positions in well regarded scientific or professional societies

The partner organisation(s):
- is highly relevant to the proposed research
- demonstrates experience and success in drafting health policy or delivering a health programme or health service.
- has strong national reputations
- has clear expectations that align with the goals of the CI team
- is highly likely to integrate outcomes into a health system or clinical practice
- is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake.

PI(s):
- Demonstrates experience and success in drafting health policy or delivering a health programme or health service
- Demonstrates previous successful 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
to be beneficial to the health system
- have high levels of engagement and support from stakeholders
- have 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
- contribute to translating knowledge and research output into practice in at least one area of health
- will receive some accolades and recognition

and their decision making partners
- is reflected in the likelihood that the project will build capacity to do or use research within the partner or the target decision making organisations
- is shown by shared policy/practice goals and appropriate cash and/or in-kind resource contributions
- clearly illustrates how the systems established will contribute to a high probability of being sustainable
- shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas and Australia
<table>
<thead>
<tr>
<th><strong>5 Very Good</strong></th>
<th><strong>5 Very Good</strong></th>
<th><strong>5 Very Good</strong></th>
<th><strong>5 Very Good</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• shows a record of achievement that places them well above average of their peers/cohorts</td>
<td>• has clear objectives</td>
<td>• addresses a health issue of considerable significance</td>
<td>• demonstrates that some relationship between the researchers and partner organisation(s) exists or will be developed.</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>• demonstrates potential shared governance and decision making capability.</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>• is evident in the final application, as the partners are involved in some key areas of the proposal, showing some co-development.</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>• shows good team integration and cohesiveness in terms of skills and experiences.</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.</td>
<td>• may become a highly effective, generalisable model that will prove to be beneficial to the localised health arenas</td>
<td>• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations.</td>
</tr>
<tr>
<td>The partner organisation(s):</td>
<td>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 feasible, although ongoing support from stakeholders will be required to ensure sustainability.</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>
</tr>
<tr>
<td>• is relevant to the proposed research.</td>
<td>• has clear objectives</td>
<td>• will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively.</td>
<td>• has articulated measures for integrating new researchers into teams.</td>
</tr>
<tr>
<td>• demonstrates experience and success in drafting health policy or delivering a health programme or health service.</td>
<td>• raises only minor concerns regarding study design</td>
<td>• will contribute to translating knowledge and research output into practice in at least one area of health.</td>
<td>• shows high probability for good collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia.</td>
</tr>
<tr>
<td>• has national and regional reputations.</td>
<td>• will likely be successfully achieved</td>
<td>• addresses a health issue of considerable significance</td>
<td>• demonstrates that some relationship between the researchers and partner organisation(s) exists or will be developed.</td>
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<tr>
<td>• has expectations that align with the goals of the CI team.</td>
<td>• contains at least one innovative idea</td>
<td>• will most likely be integrated into clinical practice, at least in localised areas</td>
<td>• demonstrates potential shared governance and decision making capability.</td>
</tr>
<tr>
<td>• is likely to integrate outcomes into a health system or clinical practice.</td>
<td>• includes several aspects of research translation that will assist the project.</td>
<td>• could be the subject of invited plenary presentations at national specialty meetings</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>
</tr>
<tr>
<td>• will have capacity to engage support from stakeholders including end-users and the wider community, and facilitate uptake.</td>
<td>• will likely be successfully achieved</td>
<td>• may result in influential publications</td>
<td>• shows good team integration and cohesiveness in terms of skills and experiences.</td>
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<td></td>
<td>• contains at least one innovative idea</td>
<td>• may become a highly effective, generalisable model that will prove to be beneficial to the localised health arenas</td>
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</tr>
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<td></td>
<td>• will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively.</td>
<td>• will contribute to translating knowledge and research output into practice in at least one area of health.</td>
<td>• has articulated measures for integrating new researchers into teams.</td>
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</tr>
<tr>
<td></td>
<td>• will likely be successfully achieved</td>
<td>• addresses a health issue of considerable significance</td>
<td>• demonstrates that some relationship between the researchers and partner organisation(s) exists or will be developed.</td>
</tr>
<tr>
<td></td>
<td>• contains at least one innovative idea</td>
<td>• will most likely be integrated into clinical practice, at least in localised areas</td>
<td>• demonstrates potential shared governance and decision making capability.</td>
</tr>
<tr>
<td></td>
<td>• includes several aspects of research translation that will assist the project.</td>
<td>• could be the subject of invited plenary presentations at national specialty meetings</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>
</tr>
<tr>
<td></td>
<td>• will likely be successfully achieved</td>
<td>• may result in influential publications</td>
<td>• shows good team integration and cohesiveness in terms of skills and experiences.</td>
</tr>
<tr>
<td></td>
<td>• contains at least one innovative idea</td>
<td>• may become a highly effective, generalisable model that will prove to be beneficial to the localised health arenas</td>
<td>• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations.</td>
</tr>
<tr>
<td></td>
<td>• includes several aspects of research translation that will assist the project.</td>
<td>• will be feasible, although ongoing support from stakeholders will be required to ensure sustainability.</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>
</tr>
<tr>
<td></td>
<td>• will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively.</td>
<td>• will contribute to translating knowledge and research output into practice in at least one area of health.</td>
<td>• has articulated measures for integrating new researchers into teams.</td>
</tr>
<tr>
<td></td>
<td>• will likely be successfully achieved</td>
<td>• addresses a health issue of considerable significance</td>
<td>• demonstrates that some relationship between the researchers and partner organisation(s) exists or will be developed.</td>
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<tr>
<td></td>
<td>• includes several aspects of research translation that will assist the project.</td>
<td>• will be feasible, although ongoing support from stakeholders will be required to ensure sustainability.</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>
</tr>
<tr>
<td></td>
<td>• will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively.</td>
<td>• will contribute to translating knowledge and research output into practice in at least one area of health.</td>
<td>• has articulated measures for integrating new researchers into teams.</td>
</tr>
<tr>
<td><strong>PI(s):</strong></td>
<td><strong>4 Good</strong></td>
<td><strong>The partner organisation(s):</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td></td>
</tr>
<tr>
<td>• demonstrates experience and some success in drafting health policy or delivering a health programme or health service.</td>
<td>• do show some expertise in research translation in policy/practice/implementation, health systems and service delivery</td>
<td>• is somewhat relevant to the proposed research.</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates previous relationships with researchers.</td>
<td>• have a solid record of achievement</td>
<td>• demonstrates some experience and success in drafting health policy or delivering a health programme or health service.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• have track records that are relevant to the proposed research</td>
<td>• has a regional reputation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• have made contributions to the field of the proposal</td>
<td>• has some expectations that align with the goals of the CI team.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• have emerging national reputation albeit in a niche area</td>
<td>• may integrate outcomes into a health system or clinical practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The partner organisation(s):</strong></td>
<td>will have some capacity to engage support from stakeholders including end-users and the wider community, and potentially</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• is sound in terms of its objectives</td>
<td>• address a health issue of some importance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• contains several areas of concern in the study design</td>
<td>• may have some novel aspects while others underpin or extend existing knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• raises some concerns about successful completion/feasibility</td>
<td>• may result in some strong publications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 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</td>
<td>• will most likely form a pilot study for implementation in the future</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The partner organisation(s):</strong></td>
<td>• will require significant support for its implementation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• demonstrates the potential of a relationship between the researchers and partner organisation(s) will exist</td>
<td>• will need regular relationship management of the stakeholders to ensure that the momentum of the project is kept up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrates some shared governance and decision making capability.</td>
<td>• will involve end-users and the wider community, although it may not be highly generalisable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• shows some team integration and cohesiveness in terms of skills and experiences</td>
<td>• will contribute to the knowledge base of the topic area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• would be reasonably effective in promoting working collaborations and intellectual exchanges</td>
<td>• demonstrates the potential of a relationship between the researchers and partner organisation(s) will exist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations</td>
<td>• Demonstrates some shared governance and decision making capability.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• shows limited contributions in terms of cash/in-kind support</td>
<td>• shows some team integration and cohesiveness in terms of skills and experiences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• may become sustainable if further resource commitments are found to embed the outcomes of the research for the long term</td>
<td>• would be reasonably effective in promoting working collaborations and intellectual exchanges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• has articulated measures for integrating new researchers into teams</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></td>
<td>• shows probability for some collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia</td>
<td>• shows limited contributions in terms of cash/in-kind support</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The partner organisation(s):</strong></td>
<td>• may 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></td>
<td>• demonstrates experience and some success in drafting health policy or delivering a health programme or health service.</td>
<td>• has articulated measures for integrating new researchers into teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrates previous relationships with researchers.</td>
<td>• shows probability for some collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia</td>
<td></td>
</tr>
</tbody>
</table>
facilitate uptake.

PI(s):
- demonstrates experience in drafting health policy or delivering a health programme or health service.
- Demonstrates previous relationships with researchers.

| 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 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 |

| 2 Unsatisfactory | • have a weak record of achievement
• have not published more than a few works in relevant fields of research
• are heavily underpowered in terms of relevant expertise required to successfully complete the research program
• do not relate well to the proposed research | • shows several unsatisfactory objectives and is likely to only achieve a few of the objectives
• contains many areas of significant concern in the study design
• contains a research plan which does not seem to be feasible in several areas
• only follows behind previously well documented and studied concepts or previously well used approaches
• does not include any considerations into research translation strategies | • addresses an issue of only marginal concern to health
• provides a program of research which will at best, only incrementally advances current knowledge
• may result in published research that is unlikely to be influential
• may form a pilot study for a larger study in the future
• significant work will be required to engage stakeholders and to ensure that the project achieves some of its goals
• has virtually no involvement of end-users and | • is weak in terms of complementary of skills and experiences, and how it would contribute to the success of the project
• shows very limited prospects for promoting working collaborations and intellectual exchanges
• will provide virtually no capacity building/career development opportunities
• shows minimal 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 |
### Poor

<table>
<thead>
<tr>
<th><strong>1 Poor</strong></th>
<th><strong>the wider community</strong></th>
<th><strong>skills and benefits to health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• is not productive to any significant extent in relevant fields</td>
<td>• shows weak objectives and the methodology is unlikely to achieve them</td>
<td>• does not show complementarity of skills and experiences, and how it would contribute to the success of the project</td>
</tr>
<tr>
<td>• does not have the expertise or capacity to successfully complete more than a small fraction of the program of research</td>
<td>• contains a study design which is inadequate in a number of areas</td>
<td>• does not show prospects for promoting working collaborations and intellectual exchanges</td>
</tr>
<tr>
<td>• members do not have relevant track records in the field of the proposed research</td>
<td>• raises major concerns about the feasibility of the research plan</td>
<td>• will not provide capacity building/career development opportunities</td>
</tr>
<tr>
<td></td>
<td>• is not innovative or significant</td>
<td>• shows limited contributions in terms of cash/in-kind support</td>
</tr>
<tr>
<td></td>
<td>• did not include any considerations into research translation strategies</td>
<td>• will not achieve the goals of this project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• shows no collaborative gains in terms of skills and benefits to health</td>
</tr>
</tbody>
</table>

**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 C: ASSESSMENT DO’S AND DON’TS

The table below provides further guidance to assist with preparing your assessment. The table below supplements information provided in the Guide to NHMRC peer review 2018.

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide constructive feedback</td>
<td>• Provide ‘nil’ comments</td>
</tr>
<tr>
<td>• Use the category descriptors associated with the assessment criteria and ensure they are addressed</td>
<td>• Provide inappropriate comments such as:</td>
</tr>
<tr>
<td>• Consider both the strengths and weaknesses for each Assessment Criterion</td>
<td>- “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]</td>
</tr>
<tr>
<td></td>
<td>- “writing could be improved and thus less irritating for the reader”</td>
</tr>
<tr>
<td></td>
<td>- “The applicant/institution already receives too much funding”</td>
</tr>
<tr>
<td><strong>Consider:</strong></td>
<td></td>
</tr>
<tr>
<td>• Any Career Disruptions in detail and understand the longer term impact these have on scientific output</td>
<td>• Provide broad statements which suggest that the application is worthy or not worthy of funding</td>
</tr>
<tr>
<td>• Providing specific references if you think that the applicants have overlooked a relevant body of work</td>
<td>• Bring into question the integrity of the research or researchers – any concerns regarding potential research misconduct must be raised with NHMRC separately</td>
</tr>
<tr>
<td>• Whether the research team has the capability to deliver on the proposed research</td>
<td>• Question the eligibility of the applicant(s) and/or application – this should be raised with NHMRC separately</td>
</tr>
<tr>
<td>• The track record of all CIs, relative to opportunity (including career stage and/or career disruptions)</td>
<td>• Provide scores</td>
</tr>
<tr>
<td>• All aspects of the team’s output, including publications, translation of findings into policy or practice</td>
<td>• Consider that a topic is ineligible simply because the bulk of the work is being conducted in a particular setting (e.g. overseas).</td>
</tr>
<tr>
<td>• Citations of publications</td>
<td>• Assess the CIA’s track record only</td>
</tr>
<tr>
<td>• Evidence of co-development of the proposal</td>
<td>• Consider only individual aspects of a team member’s track record</td>
</tr>
<tr>
<td>• The cash and/or in-kind commitment of the partner(s)</td>
<td>• Dismiss career disruptions</td>
</tr>
<tr>
<td>• The roles of staff in the partner agency or agencies in the research process</td>
<td>• Use journal impact factors or person-centric citation metrics such as the H-index</td>
</tr>
<tr>
<td>• Previous evidence of effective working relationships with partner organisations and</td>
<td>• Simply ‘average’ the track record scores of the team ’</td>
</tr>
<tr>
<td>• The proposed governance or partnership arrangements.</td>
<td>• Penalize teams in which junior members are being mentored to contribute to the research</td>
</tr>
<tr>
<td>• Whether the salary requests, direct research costs and equipment costs are necessary and fully justified</td>
<td></td>
</tr>
</tbody>
</table>

Panel Members must also:

- Declare all Conflicts of Interest (CoI) against each application
- Adhere to the principles of privacy and confidentiality
- Abide by relevant codes of conduct, and
- Notify NHMRC any concerns about eligibility.
ATTACHMENT D: APPLICATION BUDGET GUIDELINES

Panel members are required to recommend budgets for:

- ALL applications with a score of 4.501 and above that have a mean score of 4.000 in each criteria
- Applications that have self-identified as relating to Aboriginal and Torres Strait Islander health with a score of 3.501 and above with a mean score of 4.000 in each criteria.

1. Budget eligibility issues

The following researchers are ineligible to draw a salary from a Partnership Projects Grant:

- Any Chief Investigator based overseas (CI must be based in Australia for at least 80% of the funding period to be eligible to seek salary support).
- Associate Investigators (AIs).

Applicants requesting funding to support specific research activities to be undertaken overseas must demonstrate that:

- the research activity is critical to the successful completion of the project
- the equipment/resources required for the research activity are not available in Australia.

Note: Funding for research support staff who are based overseas may only be considered where this is essential to achieve the aims of the research and well justified. When requesting salary support for overseas activities, the personnel in relation to the request may not be named as a CI.

2. What can be included in the budget

The budget for a grant may comprise of one or more of the following elements:

- Personnel Support Packages (PSPs) – see Section 2.2
- Direct Research Costs (DRCs) – see Section 2.3
- Equipment – see Section 2.4.

The Chair, Assistant Chair and NHMRC secretariat will record the budgets using these categories and under no circumstances are any other budget items to be considered.

GRP members should when in doubt of what to include in the budget ask the question: Should a responsible institution with research as part of its mission supply the item or meet the cost in question as a precondition of its participation in research?

If you cannot answer this question with certainty, refer the matter for determination to the GRP Chair or NHMRC secretariat.

2.1. Support for Personnel

Researchers who are not Australian citizens or permanent residents in Australia are permitted to request a Personnel Support Package if they are based in Australia for 80% of the funding period. Funding for research support staff that are based overseas may only be considered where this is essential to achieve the aims of the research.

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). 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: https://www.nhmrc.gov.au/grants-funding/apply-funding/budget-mechanism-funding-commencing-2019

2.2. Personnel Support Packages (PSPs)

PSPs are the upper limit of funds that the NHMRC will provide for personnel salary support. PSPs are designed to contribute to salary and salary on-costs (e.g. payroll tax, workers compensation, leave loading, compulsory and contributory superannuation and long service leave). Administering Institutions should seek their own advice on any potential taxation implications. Whilst funds awarded for Research Support schemes can be used to cover the gap in salaries, applicants cannot request additional funds in their application to cover this cost. Five levels of PSPs are available:

<table>
<thead>
<tr>
<th>PSP Level</th>
<th>Description</th>
<th>$ amounts per annum²</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSP1</td>
<td>Technical support - non-graduate personnel</td>
<td>$55,161</td>
</tr>
<tr>
<td>PSP2</td>
<td>Junior graduate research assistant; or junior graduate nurse, midwife or allied health professional; or junior data manager/data analyst</td>
<td>$68,878</td>
</tr>
<tr>
<td>PSP3</td>
<td>Experienced graduate research assistant/junior postdoctoral research officer; or experienced graduate nurse, midwife or allied health professional; or experienced data manager/analyst</td>
<td>$75,738</td>
</tr>
<tr>
<td>PSP4</td>
<td>Experienced postdoctoral researcher (i.e., a researcher who would normally be considered as a named investigator on the research application and/or approaching the NHMRC CDF scheme or equivalent), or clinician without specialist qualifications</td>
<td>$89,457</td>
</tr>
<tr>
<td>PSP5</td>
<td>Senior experienced postdoctoral researcher (i.e. a researcher who would normally be considered as a named investigator on the research application and is more than 10 years post-doctoral and/or would be expected to have applied for or held an NHMRC CDF (formerly CDA) or equivalent)</td>
<td>$96,316</td>
</tr>
</tbody>
</table>

These PSPs will apply in each year of the grant and no additional funds will be provided. An annual indexation may be applied to PSPs. The indexation rate is based on the Commonwealth Government Wage Cost Index (WCI).

2.3. Direct Research Costs

For NHMRC funding purposes direct research costs are costs that are integral to carrying out the approved research objectives of a grant where the recipient is selected on merit against a set of criteria. Such costs must directly address the research objectives of the grant, relate to the approved research plan and require the associated budget to have been properly justified. These

² These dollar amounts are for funding commencing in 2018. Indexation will be applied for funding commencing in 2019
costs are described in the NHMRC Direct Research Costs Guidelines. For further information see the NHMRC Funding Agreement and Deeds of Agreement page on the NHMRC website. DRCs are available in multiples of $5,000. Individual items of equipment costing less than $10,000 must be requested as DRC.

Indirect Research Costs
Indirect costs of research include institution overhead costs that benefit and support research. They can include such things as the operations and maintenance of buildings, use of facilities and libraries, hazardous waste disposal, regulatory and research compliance and administration of research services. Although they are necessary for the conduct of research, and although they may be incurred in the course of research, they are costs that do not directly address the approved research objectives of a grant.

The GRPs budget recommendation cannot include support for indirect research costs including indirect costs such as those outlined below:

- indirect costs of research
- networking costs
- institutional overheads and administrative costs
- personal membership of professional organisations and groups
- non project related staff training and development costs
- research infrastructure – facilities necessary to the research endeavour that a responsible Institution would be expected to supply as a prerequisite to its engagement in research. This includes:
  - physical space and all the services associated with it
  - furniture for research staff
  - administrative services
  - office services and laboratory services
  - ethics approval costs
  - staff training and development
  - animal house facilities
  - computer networks and basic network utilities
  - personal computers, related network peripherals and software needed for communicating, writing and undertaking simple analyses (Scholarship grant holders, however, may purchase laptops – refer Direct Costs above)
- health insurance, travel insurance, foreign currency, airport and related travel taxes
- personal subscriptions (private journal subscriptions)
- communications costs (mobiles, telephone calls)
- patent costs
- entertainment and hospitality costs
- airline club memberships
- purchase of reprints
- car rental

Other Costs not to be included in GRP budget recommendations
Conference, publication and Open Access costs are not to be included in the application budget. When investigators apply for research funding, it is not possible to predict where and how knowledge translation and knowledge transfer of their work will occur (because the research is yet to be undertaken). Thus, the costs of conference attendance are not to be included as direct research costs in grant application budgets.
2.4. Equipment

Equipment items over $10,000 require justification in the budget request. Individual equipment items costing less than $10,000 are included as Direct Research Costs. Applicants may not seek funding for equipment totaling more than $80,000 for the entire period of the grant.

The equipment requested should be unique to the project and must be essential for the project to proceed.

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 field.
- the type of apparatus normally provided from institutional funds such as freezers, etc.

Applicants must provide detail 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 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.

An annual Wage Cost Index (WCI) indexation will be applied to equipment.

Equipment-only applications are not acceptable on Project Grants applications.

2.5. 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.

Collection, processing, storage and distribution 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).
- Given the significant expansion in biobank activities in Australia in the last decade, any new 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.

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 Grant Review Panel in assessing the application.
ATTACHMENT E: 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, Partner Organisations and Partner 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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<td>4- Strength of Partnership (25%)</td>
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<tr>
<td><strong>Overall Category</strong></td>
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</table>

**Table 2**: The proportion of Partnership Projects applications in each category. This table includes all Partnership Projects applications for this call that were discussed at the panel meeting. Mean scores (± 1 standard deviation) for each criterion are 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, Partner Organisations and Partner Investigators, Relative to Opportunity</th>
<th>Mean Scientific Quality of the Proposal and Methodology</th>
<th>Mean Relevance and Likelihood to Influence Health Policy and Practice</th>
<th>Mean Strength of the Partnership</th>
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</table>

**Panel comments (as provided by the 1SP)**

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