Applications for the Project Grants scheme open on 4 December 2013 and close at 17:00hrs (AEDT) on 5 March 2014

*Late applications will not be accepted*
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Overview of the Peer Review Process for 2014

2014 Project Grants round closes
5 March 2014

Assigners Academy begins process of identifying External Assessors – see Section 7.1 Step A

GRP members declare Conflicts of Interest against all applications in the peer review area and nominate Spokesperson preferences – see

Late March

Allocation of applications to panels
Early April

Applications allocated to Primary (1SP) and Secondary (2SP) Spokespersons
Late April

External Assessor reports due
Late May

1SP complete assessment reports and submit preliminary scores against assessment criteria – see Section 7.1 Step G

Late May

Spokespersons and External Assessors reports provided to applicants (Assessor Report)

2 – 11 June or 23 June to 2 July 2014

Applicants submit Applicant Response (“rebuttal”) to Assessors Report – see Section 7.1 Step I

2 June - 11 July 2014

1SP and 2SP revise scores against assessment criteria taking into account Applicant Response and Assessor comments – see Section 7.1 Step K

Mid June - Mid July

GRP members consider Not For Further Consideration (NFFC) list and may “rescue” one application – see Section 7.1 Step L

Early July

GRP members prepare for GRP meeting

July

GRP meets to review all applications allocated to the panel that are not on the NFFC list – Refer to Section 7.2

28 July – 05 September

Applications recommended for funding are provided to NHMRC’s Research Committee, NHMRC Council and the Minister for Health for approval

Late September - October
1. ABOUT THIS DOCUMENT

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

These Guidelines complement the Project Grants Funding Rules for funding commencing in 2015 (the Funding Rules), which were made available to applicants to assist them in preparing and submitting their applications and A Guide to NHMRC Peer Review (the Guide to Peer Review) which provides an overview of NHMRC peer review processes. It is important that these Guidelines are read in conjunction with the Funding Rules and the Guide to Peer Review.


2. CHANGES TO THE PEER REVIEW PROCESS

GRP members who have previously participated in NHMRC peer review should note that some processes and procedures have changed. Changes of note include:

- The Not-For-Further-Consideration (NFFC) process will include the least competitive 50% of applications (Section 7.1, Step L).
- External Assessors will provide written assessments but not scores (Section 7.1, Step A).
- The Final Ranking process at the end of the Grant Review Panel (GRP) meeting will no longer be used (Section 7.2, Step 7).
- The Secondary Spokesperson (2SP) will provide comments and questions regarding the budget to the Primary Spokesperson (1SP) via email for inclusion in the assessors report (Section 7.1, Step F).
- The Project Grants Category Descriptors have been revised to provide further clarity between categories for each selection criterion (Attachment A). Particular emphasis has been placed on Team Quality & Capability to focus on whether the research teams have the expertise to undertake the proposed research.
- Additional guidance has been provided on how to Assess Applications against the Selection Criteria (Attachment B).
- The NFFC process will apply to all non-competitive (Category 1-3) applications on the Indigenous Grant Review Panel (IGRP) (Section 7.1, Step L).
- The assessment Criteria for Health and Medical Research of Indigenous Australians has been combined with the Project Grants Category Descriptors to assist applicants and reviewers (Attachment C).
- An Overview of the 2014 Project Grants Peer Review Process for Indigenous Health Research Applications and Additional guidance for applicants to address the assessment Criteria for Health...
and Medical Research of Indigenous Australians and are included at Attachment D and E, respectively.

3. CONDUCT DURING PEER REVIEW


3.1. Conflict of interest

All Peer Review Participants must declare any Conflicts of Interest (CoI) they may have in relation to all applications they have access to. Further information on what constitutes a CoI and how NHMRC Manages CoIs can be found in the Guide to Peer Review, Section 4.3 (http://www.nhmrc.gov.au/book/guide-nhmrc-peer-review/4-conduct-during-peer-review).

4. CAREER DISRUPTIONS

Peer reviewers must take into account any career disruptions experienced by applicants. Please refer to Attachment F and the NHMRC Funding Rules subsection 3.7.1, for further details.

4.1. Sensitive Career Disruption

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

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

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

5. ROLES AND RESPONSIBILITIES

The Roles and responsibilities for those participating in the Project Grant peer review process are identified in the Peer Review Participants table below. Following the peer review process, participants in the peer review process will be publicly acknowledged on the NHMRC website without reference to the specific application(s) that they assessed. The identity of assessors (including External Assessors, GRP members, Chairs and Assistant Chairs) is confidential and will not be revealed to the applicant at any time.

More information on the duties and responsibilities of GRP members are outlined in the 2013 NHMRC GRP Induction video available on the NHMRC website at: http://www.nhmrc.gov.au/grants/peer-review/nhmrc-grant-review-panels-induction. An updated version of this video will be provided in 2014 before panels meet in Canberra.
## 5.1 Peer Review Participants

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Assigners Academy</strong></td>
<td>The NHMRC Assigners Academy consists of 150-200 researchers with extensive knowledge of relevant Australian and international health and medical research and with a reputation for integrity. In 2014, the NHMRC Assigners Academy will support the peer review process by:</td>
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<tr>
<td></td>
<td>• providing advice to NHMRC on panel membership and assignment of applications to GRPs; and</td>
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<td></td>
<td>• sourcing up to two External Assessors for each of the approximately 25 - 35 applications they are allocated. In undertaking this task Assigners Academy members may consult other experts in the field including international experts. The decision on which assessor/s to nominate rests with the Assigners Academy member.</td>
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<tr>
<td><strong>External Assessors</strong></td>
<td>NHMRC endeavours to obtain two written assessments from External Assessors for each application. An External Assessor:</td>
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<td></td>
<td>• is considered to be an independent reviewer for the application;</td>
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<td></td>
<td>• can be a national or international researcher;</td>
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<td></td>
<td>• is chosen on the basis of their expertise in their field of research to complement the application in question but do not necessarily have expertise to cover the entire application;</td>
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<td></td>
<td>• must declare any CoIs they may have with any aspect of the application prior to undertaking the assessment;</td>
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<td></td>
<td>(Assigners Academy members and/or NHMRC staff will review the declarations and indicate whether the assessment can still occur);</td>
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<td></td>
<td>• will provide written assessments, including appropriate queries against each of the three assessment criteria which will then be made available to applicants for response; and</td>
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<td>• will provide comment on the budget, where appropriate.</td>
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<tr>
<td><strong>Panel Chairs</strong></td>
<td>The Chair’s role is to ensure NHMRC’s procedures are adhered to and that a fair and equitable consideration is given to every application being reviewed at the GRP meeting. Chairs are independent of the review of research proposals, and must manage the process of peer review in accordance with these Guidelines. Chairs will:</td>
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<td><strong>Prior to the GRP meeting:</strong></td>
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<td></td>
<td>• identify and advise NHMRC of all real or potential CoIs they have with applications to be reviewed by their GRP; and</td>
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<td>• familiarise themselves with all the applications being considered by the GRP.</td>
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<td><strong>During panel meetings:</strong></td>
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<td>• Chair the meeting, including:</td>
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<td>o 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;</td>
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<tr>
<td></td>
<td>o keep discussions on time and focused;</td>
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<td>o ensure procedures are followed;</td>
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</tbody>
</table>
o assist members with their duties and understanding what is expected of them;
o take appropriate action for each declared CoI;
o promote good engagement by Spokespersons and GRP members in all discussions;
o ensure that all members consider ‘career disruption’ and ‘relative to opportunity’ when discussing track record of the team;
o ensure the discussion leads to an outcome where the applications are scored against the Category Descriptors appropriately (using the seven-point scale – see Attachment A);
o ensure GRP members are satisfied with score outcomes and appropriately manage any uncertainty;
o ensure that GRP members declare reasons for voting two or more away from the 1SP’s score in any of the three assessment criteria;
o assist the panel to resolve budget discussions; and
o provide GRP members with an opportunity to identify any applications that should be revisited at the end of each day to ensure equity between applications.

- record key points provided by the (1SP) regarding an application’s strengths and weaknesses and other issues pertinent to each application during the panel discussion;
- lead the GRP’s discussion of budgets where required;
- record reasons for adjusting proposed budgets;
- ensure that budget considerations are consistent for all applications;
- ensure all information recorded is consistent with that recorded by the Assistant Chair and NHMRC secretariat;
- ensure applications to be considered for the Marshall and Warren Award meet the aims of the award;
- endorse the review and scoring of applications by the GRP; and
- record and notify NHMRC of any requests for clarification or advice.

Chairs will be required to attend a briefing on Sunday evening and the Chair’s meeting on Monday, Tuesday and Wednesday evenings to discuss the progress of each GRP and any problems that may have arisen.

**Assistant Chairs**

Assistant Chairs will:

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

Assistant Chairs will be required to attend a briefing on Sunday evening.
<table>
<thead>
<tr>
<th>Panel Members</th>
<th>GRP members will:</th>
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<tbody>
<tr>
<td></td>
<td>• identify and advise NHMRC of all real or potential CoIs they have with applications on their GRP;</td>
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<tr>
<td></td>
<td>• provide a fair, impartial and scientific assessment;</td>
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<td></td>
<td>• read all application documentation to be assessed by the GRP, including the Assessors Report and the Applicant Responses;</td>
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<td>• confirm the inclusion of applications on the NFFC list or ‘rescue’ up to one application that warrants discussion at the GRP;</td>
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<td>• prepare for and participate in panel discussion for each application including budget discussions where applicable;</td>
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<td>• score each application reviewed by the panel; and</td>
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<td>• review discussions of applications daily to ensure equity between applications.</td>
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<tr>
<th>Primary Spokesperson (1SP)</th>
<th>Prior to the GRP meeting:</th>
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<tbody>
<tr>
<td></td>
<td>• review the allocated applications against the assessment criteria;</td>
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<tr>
<td></td>
<td>• where applicable, notify NHMRC if an application allocated to the IGRP may not meet the Indigenous health criteria;</td>
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<td></td>
<td>• score the applications using the category descriptors as a guide and prepare a Spokesperson report (including questions) in RGMS for rebuttal by the applicant within the prescribed timeframe;</td>
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<td>• scrutinise the proposed budget to ensure that Personal Support Packages (PSPs), Direct Research Costs (DRCs) and equipment requests are appropriate for the project and fully justified;</td>
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<td>• following consideration of the Assessors Report and Applicant Response, re-score the application in RGMS within the prescribed timeframes; and</td>
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<td></td>
<td>• prepare speaking notes for each application assigned to them as 1SP.</td>
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<td>At the GRP meeting:</td>
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<td>• lead the discussion using prepared notes;</td>
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<td>• provide detailed advice to the panel of any applications that have claimed a career disruption;</td>
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<td>• provide final scores for allocated applications; and</td>
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<td></td>
<td>• if required, assist the 2SP in discussion on the appropriateness, or otherwise, of the requested budget.</td>
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<tr>
<th>Secondary Spokesperson (2SP)</th>
<th>Prior to the GRP meeting:</th>
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<tr>
<td></td>
<td>• where applicable, notify NHMRC if an application allocated to the IGRP may not meet the Indigenous health criteria;</td>
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<td></td>
<td>• score the applications against the assessment criteria (noting a written report is not required) and enter scores into RGMS within the prescribed timeframe;</td>
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<td></td>
<td>• provide comments via email to the 1SP about the budget for inclusion in the 1SP report;</td>
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<td></td>
<td>• review the Assessor Report for inappropriate or biased comments;</td>
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<td>• following consideration of the Assessors Report and Applicant...</td>
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Response, re-score the application in RGMS within the prescribed timeframes;
- prepare speaking notes for each application assigned to them as 2SP;
- consider the Assessors Report when preparing speaking notes and providing scores;
- where an Applicant Response has alleged that an assessor is inappropriate or biased, ensure that this is raised with NHMRC staff, and if advised, considered by the GRP; and
- rigorously assess the proposed budgets and prepare a thorough evaluation of their appropriateness, including any reference made to the budget by the 1SP or EAs.

**At the GRP meeting:**
- add to 1SP comments with reference to prepared notes;
- ensure that External Assessor(s) comments, specifically the strengths and concerns raised, are presented to the GRP;
- ensure that the Applicant Response is presented;
- provide final scores for allocated applications;
- be prepared to lead discussion on the appropriateness, or otherwise, of the requested budget; and
- ensure that the individual elements of the budget; PSPs, DRCs and equipment, are appropriate for the project and fully justified.

<table>
<thead>
<tr>
<th>Office of NHMRC Senior Research Scientists</th>
<th>NHMRC staff with extensive research expertise will be involved in:</th>
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<tbody>
<tr>
<td></td>
<td>• establishing the grant review panels;</td>
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<td>• allocating applications to panels and spokespersons; and</td>
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<td></td>
<td>• assisting and advising on the GRP process.</td>
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</tbody>
</table>

The NHMRC Assigners Academy may also assist with these functions.

<table>
<thead>
<tr>
<th>Office of NHMRC Secretariat</th>
<th>NHMRC Secretariat assigned to each panel will:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• act as the first point of contact for GRP members;</td>
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<td></td>
<td>• approach potential GRP members, on advice from NHMRC Senior Research Scientist and the Assigners Academy;</td>
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<td></td>
<td>• provide the following administrative support and advice to the Chair, Assistant Chair and members:</td>
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<tr>
<td></td>
<td>o facilitate use of RGMS;</td>
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<td>o maintain accurate records of CoIs;</td>
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<td>o ensure that the Chair is aware of all CoIs declared by members; and</td>
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<td></td>
<td>o provide advice on the management of declared CoIs.</td>
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<tr>
<td></td>
<td>• facilitate applicant access to Assessors Report via RGMS;</td>
</tr>
<tr>
<td></td>
<td>• prepare the list of NFFC applications;</td>
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<tr>
<td></td>
<td>• ensure the declared CoIs of the Assistant Chair and Panel members is signed off by the Chair and the declared CoIs of the Chair is signed off by the CEO or delegate before the commencement of the panel meeting;</td>
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</table>
|                             | • prepare the order in which applications will be reviewed during the
| Community Observers | NHMRC invites respected members of the general community to sit in on the GRP 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 GRP procedures prior to the GRP meeting. They will not participate in the discussion of any application, and will be identified by their name tags.

During GRP discussions independent Observers will:
- monitor the procedural aspects of the GRPs; and
- provide feedback to NHMRC on the consistency of procedures across all GRPs.

Observers are subject to the same CoI requirements as the GRP panellists. The Chairs must make sure that Observers are fully aware of the names and affiliations of the Chief Investigators (CIs) of applications under discussion. Where a high CoI exists, the Observer will leave the room.

Observers may raise issues of a general nature with NHMRC Senior Research Scientists who may communicate these issues to Chairs at the Chair’s Meetings. |

| Grant Review Panels | GRPs are established to review all Project Grant applications. The number of GRPs formed depends on the total number and type of applications received. Each GRP will be headed by a Chair with support from an Assistant Chair. Both will be independent and will not participate in the assessment or scoring of applications. Each panel is supported by a dedicated NHMRC Secretariat who will interact with each member as necessary.

The number of members on each GRP will vary depending on the number of applications received. Panel members are chosen for their expertise and experience by NHMRC Senior Research Scientists. The Guiding Principles for GRP establishment endorsed by Research Committee (see http://www.nhmrc.gov.au/grants/peer-review/nhmrc-principles-peer-review) are applied when determining each panel’s membership.

NHMRC endeavours to limit occurrences where the Chief Investigator (CI) of an application is sitting on the GRP that is reviewing their application. NHMRC will ensure, where possible, that there are no instances where the GRP Chair or Assistant Chair is a CI on an application being reviewed by the panel.

Information will not be revealed to the applicant regarding which GRP their application has been allocated to or the membership of that panel. |
6. INDIGENOUS HEALTH RESEARCH GRANT REVIEW PANEL (IGRP)

Members of the Assigners Academy with Indigenous health expertise will be responsible for confirming whether self-identified Indigenous health applications relate to Aboriginal and/or Torres Strait Islander Health and, therefore, whether it will be assessed as an Indigenous health research application by the IGRP. They will not be responsible for securing External Assessors. Discipline based Assigners Academy members will be responsible for securing up to two External Assessors with expertise relevant to the application’s scientific area for Indigenous health applications.

Where an applicant has indicated that they would like their application to be considered by the IGRP, they must demonstrate that at least 20 per cent of their research effort and/or capacity building relates specifically to Aboriginal and/or Torres Strait Islander health. The peer review process of applications assigned to the IGRP is further outlined in Attachment D.

NHMRC will endeavour to ensure Indigenous researchers constitute at least 50 per cent of the IGRP’s membership. Advice on IGRP panel membership will be sought from the Assigners Academy and the relevant Indigenous Committee. The IGRP may be supported by additional independent scientific advice to inform its assessment of applications.

Consistent with all GRPs, the IGRP will assess applications against the Project Grants assessment criteria. The IGRP will also review the relative strength of each application in terms of how well it addresses NHMRC’s Criteria for Health and Medical Research of Indigenous Australians (The Indigenous Criteria) (see Attachment C).

Applicants will be provided with an opportunity to respond to the assessment against The Indigenous Criteria in their Applicant Response.

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 (available at: www.nhmrc.gov.au/publications/synopses/r39syn.htm).

All applications, with the exception of those on the IGRP (see Section 5) are reviewed in the same manner. This includes NHMRC New Investigator applications and those seeking funding from other organisations such as Cancer Australia’s PdCCRS Young Investigator program. An Overview of 2014 Peer Review Process can be found at Attachment G. Applications on the IGRP, will be assessed against the Project Grants assessment criteria as well as The Indigenous Criteria. To assist reviewers, these criteria have been merged in Attachment C.

7.1 Before the GRP Meeting

| Step A. | External Assessments |
|----------------------------------|
| NHMRC Assigners Academy will identify and obtain up to two External Assessors for each application assigned to them. |
| Potential External Assessors will be invited to indicate their availability to complete an assessment within RGMS. They will be asked to identify any CoIs, prior to gaining access to the full application. If the nominated External Assessor has declared a low or no conflict, they will |
be provided access to the full application in RGMS.

External Assessors will submit their assessment in RGMS. Assessments will address all three assessment criteria and assessors will use the category descriptors as a guide (Attachment A). They may also remark on the proposed budget and include any additional comments and questions they may have for the applicant.

**Note:** External Assessors will no longer provide scores against the assessment criteria as these scores are not used in determining final outcomes.

NHMRC will not preview assessors comments. Therefore assessors must ensure that their reports do not contain inappropriate or defamatory remarks. For example:

- “like all researchers at University X, the Chief Investigator (X) has a poor track record……” [note: other researchers of the University are irrelevant to the application]
- “the applicant is strongly supported by his spouse” [note: the assessor should refer only to professional relationships i.e. the applicant is strongly supported by Professor X, who is the Chief Investigator (Y)]
- “writing could be improved and thus less irritating for the reader” [note: comment not relevant to assessment criteria]
- “the NHMRC must fund more projects which offer Australian researchers more opportunities in……” [note: comment not relevant to assessment criteria]
- “The applicant/institution already receives too much funding” [note: comment not relevant to assessment criteria]
- “The idea that this research could determine……is clearly ludicrous” [note: better to use language that is scientific, and not likely to offend]

If assessors believe that the proposed research has already been done by others, they may raise this in their assessment. Assessors should provide references so that applicants have the opportunity to comment in their applicant response.

**Step B. Identification of GRP members’ Conflicts of Interest**

Members will be provided access (via RGMS) to the Snapshot Summary Report of each application in the peer review area, and will be asked to declare any CoIs.

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

Members are asked to notify the GRP 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 GRP meeting can cause delays.

**Panel members are required to review and confirm all NHMRC CoI rulings in advance of the panels meeting.**

**Step C. Allocation of Spokespersons**

While declaring their CoIs, Panel Members will be asked to identify applications for which they have the relevant expertise (or lack thereof) to review as the 1SP or 2SP. Taking into account CoIs and Spokesperson’s expertise, final allocation of 1SP and 2SPs will be determined by NHMRC Senior Scientific Staff, with guidance from the Assessors Academy, where necessary.

When indicating expertise, it would be expected that GRP members have at least a moderate or high level of expertise for the majority of applications allocated to the panel. Members should
only indicate no expertise in cases where they feel strongly that they do not have the expertise to assess the application. In the event that there is insufficient expertise on a panel, every effort will be made to secure additional expertise.

**Step D. Allocation of applications to GRPs**

Applications receive a preliminary assignment to a GRP based on the Peer Review Areas and Fields of Research (FoRs) chosen by applicants within RGMS. Particular considerations apply to the assignment of applications to the IGRP.

After the preliminary assignment, NHMRC Senior Scientific Staff, in consultation with the Assigners Academy, confirm that all applications have been allocated to the appropriate GRP.

**Step E. GRP members access applications**

All panel members will be provided with access in RGMS to those applications on their panel, excluding any applications where a high CoI has been declared. When accessing the full application, panel members should again check whether they have a CoI not previously evident.

GRP 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 F. Preparation of Spokesperson reports and initial scores**

The 1SP prepares a Spokesperson report that will be provided to the applicant as part of the Assessors Report. The Spokesperson report should include questions on those aspects of the application that require clarification, including the appropriateness of the requested budget. The 1SP will consult via email with the 2SP for specific questions regarding the appropriateness of the requested budget to be included in the 1SP report. The 1SP will not have access to External Assessor reports when preparing their report, thereby ensuring an independent assessment. At this point, the 1SP and 2SP will also provide initial criterion scores in RGMS against each of the three assessment criteria using the seven-point scale (Attachment A).

When determining questions for the applicant, the 1SP should:

- be clear and concise so as to not mislead the applicant;
- not provide an opportunity for the applicant to modify the research plan in any major way;
- not provide arbitrary or irrelevant commentary on the application;
- not identify the 1SP and 2SP, or which GRP will review the application; and
- not prioritise questions to the applicant, except to identify whether the issue is of major or minor significance (i.e. refrain from numbering questions).

Questions may seek to:

- ask additional scientific questions that may assist the GRP to understand the application;
- gain further justification of any perceived weaknesses in the project;
- clarify budget issues, including appropriateness of PSPs, DRCs and equipment (where applicable) requested. If it is felt that the budget is overstated, it is essential that the applicant is given a chance to defend their proposal;
• clarify relationships with other applications, funding sources and existing grants held by the applicants; and
• give the applicant the opportunity to explain any identified issues or problems with their track record, or where relevant, the composition of the proposed research team.

Further guidance on how to assess applications against each selection criteria, including track record assessment metrics can be found at Attachment B.

**Step H. Release of Assessor Reports**

The Spokesperson and External Assessor/s reports will be collated and made available to applicants through RGMS. The Assessors’ Report will be released to applicants within one of two timeframes (refer to the Funding Rules for further detail). The specific time period will be communicated in advance on the Project Grants webpage (http://www.nhmrc.gov.au/grants/apply-funding/project-grants).

Note: The comments provided in the Assessor report should not be considered an indication of the final outcome of the application.

**Step I. Applicants Response to the Assessors Report**

Applicants are given the opportunity to submit a written response to the Assessors Report. The response should address the questions raised and is not an opportunity to modify the proposed research plan. The exception to this rule is Clinical Trials applications which are able to include modifications to the research plan in the rebuttal.

Applicants will be allowed up to 10 days, inclusive of weekends, in which to submit their Applicant Response. **The provision of the Assessors Report to applicants is dependent upon the timely provision and availability of reports from the 1SP and External Assessors.**

**Step J. GRP members access all assessment documentation**

Panel members will have access to all assessment documentation (except where a high CoI has been declared) including the Assessors Report, and the Applicant Response for each application through RGMS.

**Step K. Spokespersons reassessment of applications**

Once the Applicant Responses have been received, the 1SP and 2SP for each application will consider the research proposal in conjunction with the Assessors Report and Applicant Response. The 1SP and 2SP will then be asked to revisit their scores and may rescoring the application in RGMS against each of the three assessment criteria.

**Step L. Generation and confirmation of the Not For Further Consideration (NFFC) list**

Panel members will be provided with a list of applications (adjusted for CoIs) that have been assessed to be among the least competitive half of applications based on scores provided by the 1SP and 2SP. For the Indigenous GRP, the NFFC list will include all applications that are deemed a Category 3 or below.

An application may only be included on the NFFC list if NHMRC has received a score from both the 1SP and 2SP.

Panel members will have the opportunity to review the NFFC list at least 2 weeks before the GRP meeting. Each panel member will have the opportunity to nominate (‘rescue’) one application they feel should be reviewed by the GRP at the panel meeting. If a member would like to rescue an application, they should notify the GRP secretariat via email within the given
timeframe. Those applications remaining on the NFFC list will be removed from the GRP’s list for detailed discussion at the GRP meeting.

If a CoI is declared by the 1SP or 2SP for applications that appear on their NFFC list, a new 1SP or 2SP will be assigned to the application, and the application will be reviewed in detail by the panel. The scores from the initial Spokesperson/s will be discarded.

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

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

**7.2 At the GRP Meeting**

Each GRP will meet for up to five days (depending on the number of applications to be reviewed) to review each application allocated to the panel that is not on the NFFC list.

GRP meetings will commence on a Monday morning with an induction session for all members. The induction session will provide an opportunity for members to ask questions and clarify any matters relating to the peer review process. Attendance is compulsory.

Review of applications commences on Monday morning and will be conducted as follows:

*Declaration of inter-relationships (Suggested time limit – 30 minutes)*

When members meet face-to-face for the first time, each panel member will be invited to briefly describe their expertise and previous experience sitting on any review panels or specifically on NHMRC GRPs. During their introductions, members will be asked to declare any relationships with other panel members including:

- current collaborations and previous collaborations;
- former student/teacher/mentoring relationships;
- common employment/institutional relationships; and
- other relationships that may, or 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:*

<table>
<thead>
<tr>
<th>Step 1.</th>
<th>Chair to announce the application - <em>(Suggested time limit – 2 minutes)</em></th>
</tr>
</thead>
</table>

1.1. The Chair will announce the application to be discussed including the title, institution and the Chief Investigators (CIs).

1.2. The Chair will identify any members who have previously identified a CoI with the application. Those members with a high CoI will be asked to leave the room.

The Chair will also invite members to declare any late CoIs with the application. If a member declares a new CoI, or wishes to discuss any concerns related to an existing CoI, the matter will be recorded and discussed with the NHMRC secretariat. Where appropriate, the concerns may be relayed to NHMRC Senior Scientific Staff for advice. As this decision making can take extra time, it is important that all CoIs are declared and decided upon well in advance of the meeting, where possible.

If a CoI is declared at the GRP 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 moved to later in the week to give the new Spokespersons time to prepare.

1.3. Once highly conflicted members have left the room (those with a low CoI are allowed to remain), the Chair will then announce whether the application has applied for New Investigator funding and if there were any career disruptions claimed. The Chair will then identify the Spokespersons and External Assessors and announce the Spokesperson scores for each of the three selection criteria.

Where an application has scored poorly (category 3 or below), the Chair may check with the Spokespersons and GRP members to determine whether the application is a non-competitive application (NCA). While the number of NCA applications has reduced since the introduction of the NFFC process, there may still be occasions where they occur. For example, there was not a full complement of scores (1SP and 2SP), or where someone has rescued an application from the NFFC list. Where the panel is in consensus, the application will be considered NCA and the panel will not proceed with a full discussion, nor will the panel score (note: a score sheet is not necessary to declare an application NCA).

All applications, including New Investigator applications, can be assessed as NCA.

<table>
<thead>
<tr>
<th>Step 2. The 1SP to comment on the application - (Suggested time limit – 6 minutes)</th>
</tr>
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<tbody>
<tr>
<td>The 1SP will:</td>
</tr>
<tr>
<td>2.1. outline the nature of the career disruption/s (where applicable);</td>
</tr>
<tr>
<td>2.2. provide a concise summary of the proposed project (the 1SP will assume that GRP members are familiar with documentation relating to the application) and discuss the application’s strengths and weaknesses against the three selection criteria;</td>
</tr>
<tr>
<td>2.3. ensure that relevant considerations (e.g. Track Record relevant to opportunity, Career Disruptions) are taken into account; and</td>
</tr>
<tr>
<td>2.4. not make reference to the budget.</td>
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<table>
<thead>
<tr>
<th>Step 3. The 2SP to comment on the application – (Suggested time limit – 4 minutes)</th>
</tr>
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<tbody>
<tr>
<td>The 2SP will:</td>
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<tr>
<td>3.1. present the External Assessors’ views and the adequacy of the applicant’s response;</td>
</tr>
<tr>
<td>3.2. briefly highlight their agreement/disagreement with the 1SP and External Assessors’ comments; and</td>
</tr>
<tr>
<td>3.3. not make reference to the budget.</td>
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</table>

<table>
<thead>
<tr>
<th>Step 4. Full panel discussion – (Suggested time limit – 10 minutes)</th>
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<tbody>
<tr>
<td>The application will then be open to the panel for general discussion. GRP members have an opportunity to ask questions of both Spokespersons, discuss the strengths and weaknesses of the application and ensure that relevant considerations are taken into account. The Chair must ensure adequate review of the application occurs, that all members get a fair opportunity to comment and no member exerts undue influence over others.</td>
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</tbody>
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<tr>
<th>Step 5. Scoring by members – (Suggested time limit – 3 minutes)</th>
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<tbody>
<tr>
<td>Following the panel’s discussion, the Chair will ask the Spokespersons to confirm their three criterion scores noting that these may change as a result of the panel discussion.</td>
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</tbody>
</table>
The Chair will then ask if any GRP member intends to score two or more away from any of the 1SP’s three criterion scores. The GRP member must declare this to the GRP and provide a brief justification, which will be recorded by the NHMRC secretariat.

All GRP members in the room, excluding the Chair and Assistant Chair will then score the application via an anonymous score sheet. All scoring GRP members will record their score using the seven-point scale for each of the three assessment criteria. Collation of members’ scores will be managed by the GRP secretariat. At the completion of scoring, the GRP secretariat will announce the following results to the GRP:

1. **Rating** - The rating will be determined by including each voting member’s score for each of the assessment criteria. The rating, as calculated arithmetically to three decimal places, will take account of the weighting of each criterion; and

2. **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>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>
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<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>

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 for that application.

A quorum must be present for scoring to occur. For the purposes of GRP meetings a quorum is one member more than half the total number of voting members on the GRP. NHMRC will endeavour to identify, prior to GRP meetings, those applications that do not have a quorum and obtain a suitably qualified member from another panel meeting in the same week to participate in panel discussion and to score that application.
Step 6. Discussion of proposed budget – (Suggested time limit – 5 minutes)

Applications with a score of 5.001 and above (top half of Category 5) will trigger a discussion of the proposed budget.

Exceptions include:

- New Investigator, Electromagnetic Energy and Hearing Loss Prevention applications – all Category 5 (score of 4.501 – 5.5) and above applications will have a budget discussion; and
- applications on the IGRP - Category 4 and above applications will have a budget discussion.

The Chair will lead the budget discussion to ensure equity is achieved between applications. The 2SP will be prepared to discuss the proposed budget and comment on the appropriateness of the outlined costs. Other panel members may also provide relevant assessment. Where the GRP deems that the proposed budget is in excess of that required to accomplish the research objectives, appropriate reductions may be recommended.

The GRP will consider the elements of the budget, including the justification and provide advice on an appropriate budget for the application (see Attachment H for budget guidelines). The Chair, Assistant Chair, and NHMRC secretariat will then record budget recommendations as agreed to by the panel. The rationale for differences between the recommended and requested budget will be annotated. The Chair will sign and verify that the budget recommendations have been recorded correctly.

NHMRC may amend the budget recommended by the GRP for any application if deemed necessary.

Clinical Trials (CT) applications

In the case of CT applications the GRP may, where appropriate, recommend NHMRC fund a proportion of the proposed budget in the expectation that the applicant will secure the remaining funds from other sources. In any such situation NHMRC will provide the applicant with a response indicating whether the application would be funded if co-funding became available within the following 12 months. Evidence of financial commitment of co-funder(s) will be required prior to approval by the Minister for Health, for support of a co-funded CT.

Step 7. Reconciliation and further review of applications

At the beginning and end of each day’s deliberations, a reconciliation of applications reviewed, will take place. This process gives GRP members an opportunity to raise any concerns regarding applications that have been reviewed throughout the day or earlier in the week.

Where a GRP member believes an application may have been reviewed in an inconsistent manner, they should raise the matter with the GRP Chair. NHMRC secretariat will ensure that CoIs are addressed prior to details of the application and the circumstances of concern being 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 (i.e. the following day).

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

Note: The final ranking process employed in previous years will no longer be used. GRP members should use the daily reconciliation process to raise concerns regarding applications they feel have not been reviewed in a consistent manner.

Each year NHMRC will designate at least one highly innovative, potentially transformative, Project Grant for the *Marshall and Warren Award(s)*.

Applications nominated for this award will be highly innovative but overall may not be as competitive as other applications when, for example, Team Quality and Capability or Scientific Quality are considered. The voting members of each GRP may nominate one application.

Where more than one nomination occurs within a panel, the GRP Chair and NHMRC Secretariat will request the panel to choose only one application for the award at the end of the peer review week (ensuring that no member with a high CoI is in the room).

Following consensus of the nominated Marshall & Warren Award application, the Chair will check whether the application has had a budget discussion. If the budget has not been considered the panel will be asked to discuss and recommend a budget.

The 1SP for the application will then be asked to provide a 2-4 sentence justification for the nomination for Research Committee’s consideration. It is anticipated that Research Committee will recommend funding for one award, but may recommend more.

7.3 After the GRP Meeting

After the GRP meetings conclude the following procedures occur:

1) *Linearisation of scores* – Scores are linearised to ensure that NHMRC funds the same proportion of category five applications from each GRP. This minimises any potential panel-specific bias.

   The linearised score is used in determining the ultimate funding cut-off and to prepare a consolidated final list from which funding recommendations to Research Committee is developed.

2) *Funding recommendations* – Office of NHMRC will review the linearised list of applications and determine which applications will be recommended 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.

3) *Funding announcements* – Subsequent to Ministerial approval, applicants and RAOs will be advised of the outcome of applications through RGMS.

4) *Preparation of GRP Assessment Summary* - All applicants will receive a GRP Assessment Summary following the announcement of outcomes. Where the application was discussed in full by the GRP, the GRP Assessment Summary will indicate:

   a. Panel scores against the assessment criteria:
      - Scientific Quality;
      - Significance and/or Innovation; and
      - Team Quality and Capability.

   b. Overall category:
      - The quartile within the category into which the application was ranked.

Applicants whose applications have been NFFC’d or NCA’d will receive letter indicating their application was assessed to be among the least competitive applications and direct them to the Assessor’s comments for feedback.
5) *Funding from other organisations* - Applications assessed by the GRP as fundable but not funded and that asked to be considered for funding by another organisation (the Funding Rules, Section 5.6) will have their application forwarded to the relevant organisation/s for their consideration.

6) *GRP Survey* – GRP members are required to participate in a short online survey after their GRP meeting week. The survey is anonymous and responses will assist in shaping future peer review processes.
ATTACHMENT A - The 2014 NHMRC Project Grants Category Descriptors

The following category descriptors are used to score an application against each of the assessment criteria: 1) Scientific Quality; 2) Significance of the Expected Outcomes and/or Innovation of the Concept; and 3) Team Quality & Capability, relative to opportunity. The Category Descriptors provide a benchmark for peer reviewers to appropriately score each application. The process of consistently referring panel members to these descriptors is vital to ensuring fairness, thoroughness and process consistency both within and across all Grant Review Panels.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Scientific Quality 50%</th>
<th>Significance and/or Innovation 25%</th>
<th>Team Quality &amp; Capability relevant to this application 25%</th>
</tr>
</thead>
</table>
| **7 Outstanding by International Standards** | The proposal has a research plan that:  
- has objectives that are well-defined, highly coherent and strongly developed.  
- has a near flawless design.  
- is without question, highly feasible given that all of the required expertise and research tools and techniques are present in the relevant research environment(s). | The planned research:  
- will result in a highly significant advance in knowledge in this field which addresses an issue of great importance to human health.  
- will translate into fundamental outcomes in the science and/or practice of clinical medicine or public health or fundamental changes in health policy.  
- will very likely be the subject of invited plenary presentations at national and international meetings.  
- will likely result in highly influential publications.  
- is highly innovative and introduces advances in concept(s).  
- will use very advanced approaches which will optimize outcomes. | Relative to opportunity, the applicant team:  
- has expertise that specifically targets the proposed research both in terms of its depth and breadth.  
- has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs and/or translation into practice that is outstanding by international standards commensurate with their field of research.  
- has senior members with outstanding national and international reputations in the field of research relevant to the application.  
- may involve junior members who are very strong contributors to the overall team quality & capability. |
| **6 Excellent** | The proposal has a research plan that:  
- has objectives that are well-defined, highly coherent and strongly developed.  
- is well designed.  
- is highly feasible given the experience, skills and readiness of the team in the relevant research environment(s). | The planned research:  
- will result in a significant advance in knowledge in this field which addresses an issue of significant importance to human health.  
- is likely to translate into fundamental outcomes in the science and/or practice of clinical medicine, public health or provide fundamental changes in health policy.  
- will likely be the subject of invited plenary presentations at national and international meetings.  
- will likely result in influential publications.  
- is highly innovative in approach.  
- will use advanced approaches to enhance outcomes. | Relative to opportunity, the applicant team:  
- has expertise that is highly relevant to the proposed research both in terms of its depth and breadth.  
- has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs and/or translation into practice that is excellent by international standards commensurate with their field of research.  
- has senior members with excellent national and/or international reputations in the field of research relevant to the application.  
- may involve junior members who are strong contributors to the overall team quality & capability. |
| **5 Very Good** | The proposal has a research plan that:  
- is very clear in its scientific approach and is logical.  
- raises a few minor concerns with respect to the study design.  
- is feasible, with all required techniques and tools either | The planned research:  
- will advance knowledge in this field which addresses an issue of importance to human health.  
- may translate into fundamental outcomes in the science and/or practice of clinical medicine, public health.  
- could be the subject of invited plenary presentations at international and national meetings. | Relative to opportunity, the applicant team:  
- raises only minor concerns regarding the depth and breadth of expertise relevant to the proposed research.  
- has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs and/or translation into practice which places it well above average for their peers. |
| 1 Poor | The proposal has a research plan that:  
|  | • contains a research plan which **does not seem to be feasible.**  
|  | • is **unlikely** to be successfully completed. |
| The planned research:  
| • does not address an issue of more than marginal concern to human health.  
| • will not advance current knowledge in the field.  
| • only follows behind previously well documented and studied concepts or previously well used approaches. |

| 2 Unsatisfactory | The proposal has a research plan that:  
|  | • is **unclear** in its scientific approach and goals.  
|  | • contains several major study design flaws.  
|  | • raises **several major concerns** about the feasibility and thus the likelihood of successful completion. |
| The planned research:  
| • addresses an issue of some concern to human health.  
| • provides a program of research which will not significantly advance current knowledge in the field.  
| • has relatively little innovation or novelty. |

| 3 Marginal | The proposal has a research plan that:  
|  | • is **somewhat unclear** in its scientific approach and goals.  
|  | • Contains **some** major design flaws.  
|  | • raises **several concerns** about the feasibility and thus the likelihood of successful completion. |
| The planned research:  
| • addresses an issue of some **importance** to human health.  
| • may result in some publications.  
| • may have some innovative and novel aspects, while others underpin or extend existing knowledge. |

| 4 Good | The proposal has a research plan that:  
|  | • has **clear** objectives.  
|  | • raises **several concerns** regarding the study design.  
|  | • is **generally feasible,** although some concerns exist about the on-going need to develop or obtain some research tools or techniques. |
| The planned research:  
| • addresses an issue of **importance** to human health.  
| • is **unlikely** to be the subject of invited plenary presentations at international meetings.  
| • may result in some **good but not excellent** publications.  
| • is **solid** in approach.  
| • will use **standard** approaches. |

| **Total** |  
| **Relative to opportunity, the applicant team:**  
| • members have **very good and growing** national and/or international reputations in the field of research relevant to the application.  
| **Total** |  
| **or cohort:**  
| • members have track records in fields relevant to the proposed research but with **several potentially significant concerns** regarding depth and breadth of relevant expertise.  
| **Total** |  
| **Relative to opportunity:**  
| • members have **good and growing** national and/or international reputations in the field of research relevant to the application.  
| **Total** |  
| **members have strong international profiles.**  
| **Total** |  
| **Critical** |  
| • members have made contributions to the field of research but there are **significant concerns** regarding the depth and breadth of relevant expertise.  
| **Total** |  
| **there are significant concerns regarding the depth and breadth of relevant expertise.**  
| **Total** |  
| **members have not established national reputations but do not yet have strong international profiles.**  
| **Total** |  
| **is deficient in some areas of expertise that will be required to successfully complete the proposed research.**  
| **Total** |  
| **members are not well known nationally or internationally in the relevant research fields.**  
| **Total** |  
| **is not productive to any significant extent in relevant fields.**  
| **Total** |  
| **members are not well known nationally or internationally in the relevant research fields.** |
ATTACHMENT B: GUIDANCE FOR ASSESSORS TO ASSESS THE PROJECT GRANTS ASSESSMENT CRITERIA

All Project Grants applications are assessed by peers according to three assessment criteria:

- scientific quality (50%);
- significance of the expected outcomes AND/OR innovation of the concept (25%); and
- team quality and capability - relative to opportunity, taking into account career disruptions where applicable (25%).

Scientific Quality (50%)

This includes the clarity of the hypotheses or research objectives, the strengths and weaknesses of the study design and feasibility.

Applications may be assessed in terms of, but not limited to the following questions.

a) Clarity of the hypothesis or research objectives.
   i. Has the method/framework/approach been partially tested?
   ii. What outcome is sought in the proposed study? What exactly is the outcome measure?
   iii. Is it well integrated and adequately developed?

b) Is there a clear and appropriate research plan?
   i. What are the strengths and weaknesses of the study and its design?
   ii. Have any major pitfalls or problems been overlooked? Have alternative approaches been considered?
   iii. Is the plan well informed by knowledge of the literature?
   iv. Is the design appropriate for the aims of the research?

c) Feasibility.
   i. Will the research plan successfully address the stated hypothesis or research objectives?
   ii. Are the goals concrete and achievable?
   iii. Is the investigating team appropriate – is it capable of achieving the goals? Does it have the right skills and expertise?

Significance of the Expected Outcomes AND/OR Innovation of the Concept (25%)

This includes the potential to increase knowledge about human health, disease diagnoses, or biology of agents that affect human health, or the application of new ideas, procedures, technologies, programs or health policy settings to important topics that will impact on human health.
Applications need not be rated on both significance and innovation. Truly innovative ideas and research may not reveal their significance until sometime in the future (this is the case for many Nobel Prize winning discoveries). Similarly research of the highest significance such as important randomised clinical trials or public health intervention studies may use 'tried and true' methods only, yet be of immense significance to health.

Applications may be assessed in terms of, but not limited to the following questions.

**Significance**
- Will there be the advancement in knowledge from the outcomes of this study?
- If successful, will the study have a significant impact on the health issue at question?
  - Impact could be measured by advancement in general scientific knowledge, clinical and/or public health applications, policy development or change
  - NB: The significance of the study is not a measure of the prevalence/incidence of the health issue (e.g. cancer versus sudden infant death syndrome)
- What is the likely interest from other researchers, conference organisers, journals, community groups, and policy makers in the outcomes of the research?

**Innovation**
- Is the proposed research new/novel or creative (has imagination been used)?
- Are the aims transformative?
- Are the techniques cutting edge?
- If successful, could the research result in a paradigm shift?
- Will the research affect current practices or approaches and other researchers within this field of research?
- Is the research proposal a strong candidate for the Marshall and Warren Award?
- Is the proposed study innovative enough that it will be the subject of invited plenary presentations at international meetings?
- Is it likely that the results from the study will yield highly influential publications?
- How well does the proposal describe the new ideas, procedures, technologies, programs or health policy settings?

**Team Quality and Capability – relative to opportunity (25%)**

The NHMRC Funding Rules provide more detailed descriptions of “relative to opportunity” and “career disruption”. Please refer to NHMRC Funding Rules, Sections 3.7.

Team Quality and Capability is considered in terms of whether an applicant’s previous research demonstrates that the investigator(s) is capable of achieving the proposed project and/or ability to deliver the proposed project in terms of having the appropriate mix of research skills and experience.

Where an application involves a CI team, the track record of all CIs is considered and will be assessed relative to opportunity (including career stage), based on relevance to the research being proposed and taking into account time commitment.

Team Quality and Capability may encompass the national and international standing of the applicant(s) based upon their research achievements, including but not limited to:
- research outputs relevant to the proposed field of research (most recent significant publications, publications that illustrate innovation and significance to past accomplishments, impact or outcome of previous research achievements, including effects on health care practices or policy, awards or honours in recognition of achievements);
• contribution to discipline or area (invitations to speak at international meetings, editorial appointments, specialist and high level health policy committee appointments); and

• other research-related achievements (influence on clinical/health policy or practice or provision of influential advice to health authorities and government, impacts on health via the broad dissemination of research outcomes; e.g. via mainstream media, the community or industry involvement).

Team Quality and Capability is considered in relation to opportunity – with regard to factors such as career disruption, administrative and clinical/teaching load, and typical performance (including publications) for the field in question. For Project Grants, Team Quality and Capability will be judged on the most recent five years, except where there is a career disruption (see Advice and Instructions to Applicants for further details). Applicants should note that journal impact factors or person-centric citation metrics such as the H-index should not be used, but citations can be used.

Use of Impact Factors and other metrics
Peer reviewers should take into account their expert knowledge of their field of research, as well as the citation and publication practices of that field when assessing the publication component of an applicant’s track record. Track record assessment should take into account the overall impact, quality and contribution to the field of all of the published journal articles from the grant applicant, not just the standing of the journal in which those articles are published. NHMRC encourages the publication of articles in high-impact journals, but warns against using the overall impact of all publications in a journal as a proxy measure for the impact of individual published outputs.

It is not appropriate to use publication and citation metrics such as Journal Impact Factors, Excellence in Research for Australia (ERA) Ranked Journal List or H-index when assessing applications as these can potentially be misleading when applied to the peer review of publication outputs of individuals, and may also not be relevant to the project under consideration. More information on this topic can be found at:


or

## ATTACHMENT C: The NHMRC Project Grants Category Descriptors & Assessment Criteria for Health and Medical Research of Indigenous Australians

The following category descriptors are used to score an application against each of the assessment criteria: 1) Scientific Quality; 2) Significance of the Expected Outcomes and/or Innovation of the Concept; and 3) Team Quality & Capability, relative to opportunity. The Category Descriptors are provided as guidance for GRP members to assess each application. GRP members are consistently referred to these descriptors to ensure fairness, thoroughness and process consistency both within and across all GRPs.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Scientific Quality 50%</th>
<th>Significance and/or Innovation 25%</th>
<th>Team Quality &amp; Capability relevant to this application 25 %</th>
</tr>
</thead>
</table>
| 7 Outstndng by International Standards | The proposal has a research plan that:  
• has objectives that are well-defined, highly coherent and strongly developed.  
• has a near flawless design.  
• is without question, highly feasible given that all of the required expertise and research tools and techniques are present in the relevant research environment(s). | The planned research:  
• will result in a highly significant advance in knowledge in this field which addresses an issue of great importance to human health.  
• will translate into fundamental outcomes in the science and/or practice of clinical medicine or public health or fundamental changes in health policy.  
• will very likely be the subject of invited plenary presentations at national and international meetings.  
• will likely result in highly influential publications.  
• is highly innovative and introduces advances in concept(s).  
• will use very advanced approaches which will optimize outcomes. | Relative to opportunity, the applicant team:  
• has expertise that specifically targets the proposed research both in terms of its depth and breadth.  
• has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice that is outstanding by international standards commensurate with their field of research.  
• has senior members with outstanding national and international reputations in the field of research relevant to the application.  
• may involve junior members who are very strong contributors to the overall team quality & capability. |
<table>
<thead>
<tr>
<th>Indigenous criteria</th>
<th>Community Engagement</th>
<th>Sustainability and transferability</th>
<th>Building capability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The proposal has outstanding levels of community engagement, ensuring that the proposal is highly feasible.</td>
<td>The outcomes of the study will definitely lead to major and effective health gains for Aboriginal and Torres Strait Islander peoples, beyond the life of the project.</td>
<td>The team has an outstanding track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td>Benefit</td>
<td>The outcomes from the proposal will have a strongly significant health benefit for Aboriginal and Torres Strait Islander peoples.</td>
<td>The outcomes of the study will have a very high impact on health services delivery or other community priorities.</td>
<td>The proposal will build outstanding capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td>Priority</td>
<td>The proposal and potential outcomes address a need that is of urgent priority for Aboriginal and Torres Strait Islander communities.</td>
<td>The research addresses a highly significant public health issue for Aboriginal and Torres Strait Islander peoples.</td>
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<tr>
<td></td>
<td>6 Excellent</td>
<td>Significance</td>
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<tr>
<td></td>
<td>The proposal has a research plan that:</td>
<td>The research addresses a highly significant public health issue for Aboriginal and Torres Strait Islander peoples.</td>
<td>The team has an outstanding track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td></td>
<td>- has objectives that are well-defined, highly coherent and strongly developed.</td>
<td>The research will translate into highly significant fundamental changes in policy and/or practice.</td>
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<td></td>
<td>- is well designed.</td>
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<td></td>
<td>- is highly feasible given the experience, skills and readiness of the team in the relevant research environment(s).</td>
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<td></td>
<td>The planned research:</td>
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<td></td>
<td>- will result in a significant advance in knowledge in this field which addresses an issue of significant importance to human health.</td>
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<tr>
<td></td>
<td>- is likely to translate into fundamental outcomes in the science and/or practice of clinical medicine, public health or provide fundamental changes in health policy.</td>
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<td></td>
<td>- will likely be the subject of invited plenary presentations at national and international meetings.</td>
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<tr>
<td></td>
<td>- will likely result in influential publications.</td>
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<tr>
<td></td>
<td>- is highly innovative in approach.</td>
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<tr>
<td></td>
<td>- will use advanced approaches to enhance outcomes.</td>
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<td></td>
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<tr>
<td></td>
<td>Relative to opportunity, the applicant team:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- has expertise that is highly relevant to the proposed research both in terms of its depth and breadth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice that is excellent by international standards commensurate with their field of research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- has senior members with excellent national and/or international reputations in the field of research relevant to the application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- may involve junior members who are strong contributors to the overall team quality &amp; capability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Indigenous criteria</td>
<td>Community Engagement</td>
<td>Sustainability and transferability</td>
<td>Building capability</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>• The proposal has excellent levels of community engagement, ensuring that the proposal is feasible.</td>
<td>• The outcomes of the study will lead to considerable and effective health gains for Aboriginal and Torres Strait Islander peoples, beyond the life of the project. • The outcomes of the study will have a high impact on health services delivery or other community priorities.</td>
<td>• The team has an excellent track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The proposal will build excellent capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td></td>
<td>Benefit</td>
<td>Significance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The outcomes from the proposal will have a significant health benefit for Aboriginal and Torres Strait Islander peoples.</td>
<td>• The research addresses a significant public health issue for Aboriginal and Torres Strait Islander peoples. • The research will translate into significant fundamental changes in policy and/or practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The proposal and potential outcomes address a need that is of high priority for Aboriginal and Torres Strait Islander communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Very Good</th>
<th>The proposal has a research plan that:</th>
<th>The planned research:</th>
<th>Relative to opportunity, the applicant team:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• is very clear in its scientific approach and is logical.</td>
<td>• will advance knowledge in this field which addresses an issue of importance to human health.</td>
<td>• raises only minor concerns regarding the depth and breadth of expertise relevant to the proposed research.</td>
</tr>
<tr>
<td></td>
<td>• raises a few minor concerns with respect to the study design.</td>
<td>• may translate into fundamental outcomes in the science and/or practice of clinical medicine, public health.</td>
<td>• has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice which places it well above average for their peers or cohort.</td>
</tr>
<tr>
<td></td>
<td>• is feasible, with all required techniques and tools either established or nearly established in the relevant research environment(s).</td>
<td>• could be the subject of invited plenary presentations at international and national meetings.</td>
<td>• members have very good and growing national and/or international reputations in the field of research relevant to the application.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is likely to result in some very strong publications.</td>
<td>• may involve junior members who are valuable contributors to the team quality &amp; capability.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is innovative in approach.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• will use strong approaches to good effect.</td>
<td></td>
</tr>
<tr>
<td>5 Indigenous criteria</td>
<td>Community Engagement</td>
<td>Sustainability and transferability</td>
<td>Building capability</td>
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<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td></td>
<td>The proposal has very good levels of community engagement, ensuring that the proposal is likely to be feasible.</td>
<td>The outcomes of the study will lead to effective health gains for Aboriginal and Torres Strait Islander peoples, beyond the life of the project.</td>
<td>The team has a very good track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td>Benefit</td>
<td>The outcomes from the proposal will have some health benefit for Aboriginal and Torres Strait Islander peoples.</td>
<td>The outcomes of the study will have an impact on health services delivery or other community priorities.</td>
<td>The proposal will build very good capability among Aboriginal and Torres Strait Islander peoples.</td>
</tr>
<tr>
<td>Priority</td>
<td>The proposal and potential outcomes address a need that is a priority for Aboriginal and Torres Strait Islander communities.</td>
<td>The research addresses an important public health issue for Aboriginal and Torres Strait Islander peoples.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Sustainability and transferability</strong></td>
<td>The research is more than likely to translate into fundamental changes in policy and/or practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Benefit</strong></td>
<td><strong>Sustainability and transferability</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Priority</strong></td>
<td><strong>Significance</strong></td>
<td><strong>The proposal will build very good capability among Aboriginal and Torres Strait Islander peoples.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Indigenous criteria</strong></td>
<td><strong>The research addresses an important public health issue for Aboriginal and Torres Strait Islander peoples.</strong></td>
<td><strong>The team has a very good track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The proposal has a research plan that:</strong></td>
<td><strong>The research is more than likely to translate into fundamental changes in policy and/or practice.</strong></td>
<td><strong>The proposal will build very good capability among Aboriginal and Torres Strait Islander peoples.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>has clear objectives.</strong></td>
<td><strong>Relative to opportunity, the applicant team:</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>raises several concerns regarding the study design.</strong></td>
<td><strong>members have track records in fields relevant to the proposed research but with several potentially significant concerns regarding depth and breadth of relevant expertise.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>is generally feasible, although some concerns exist about the on-going need to develop or obtain some research tools or techniques.</strong></td>
<td><strong>has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them above average for their peers/cohort.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The proposal has a research plan that:</strong></td>
<td><strong>members have good and growing national and/or international reputations in the field of research relevant to the application.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>has clear objectives.</strong></td>
<td><strong>Relative to opportunity, the applicant team:</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>raises several concerns regarding the study design.</strong></td>
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<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>is generally feasible, although some concerns exist about the on-going need to develop or obtain some research tools or techniques.</strong></td>
<td><strong>has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them above average for their peers/cohort.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The proposal has a research plan that:</strong></td>
<td><strong>members have good and growing national and/or international reputations in the field of research relevant to the application.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
</tbody>
</table>

**4 Good**

<table>
<thead>
<tr>
<th>4 Good</th>
<th>The proposal has a research plan that:</th>
<th>The planned research:</th>
<th>Relative to opportunity, the applicant team:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>has clear objectives.</strong></td>
<td><strong>addresses an issue of importance to human health.</strong></td>
<td><strong>members have track records in fields relevant to the proposed research but with several potentially significant concerns regarding depth and breadth of relevant expertise.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>raises several concerns regarding the study design.</strong></td>
<td><strong>is unlikely to be the subject of invited plenary presentations at international meetings.</strong></td>
<td><strong>has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them above average for their peers/cohort.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>is generally feasible, although some concerns exist about the on-going need to develop or obtain some research tools or techniques.</strong></td>
<td><strong>may result in some good but not excellent publications.</strong></td>
<td><strong>members have good and growing national and/or international reputations in the field of research relevant to the application.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The proposal has a research plan that:</strong></td>
<td><strong>is solid in approach.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>has clear objectives.</strong></td>
<td><strong>will use standard approaches.</strong></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>raises several concerns regarding the study design.</strong></td>
<td></td>
<td><strong>Building capability</strong></td>
</tr>
<tr>
<td></td>
<td><strong>is generally feasible, although some concerns exist about the on-going need to develop or obtain some research tools or techniques.</strong></td>
<td></td>
<td><strong>Building capability</strong></td>
</tr>
</tbody>
</table>
### 4 Indigenous criteria

**Community Engagement**
- The proposal has good levels of community engagement.
- There are some concerns that the proposal is feasible.

**Benefit**
- The outcomes from the proposal may have some health benefit for Aboriginal and Torres Strait Islander peoples.

**Priority**
- The proposal and potential outcomes address a need that is of some importance for Aboriginal and Torres Strait Islander communities.

**Sustainability and transferability**
- The outcomes of the study may lead to effective health gains for Aboriginal and Torres Strait Islander peoples, beyond the life of the project.
- The outcomes of the study may have an impact on health services delivery or other community priorities.

**Building capability**
- The team has a good track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.
- The proposal may build good capability among Aboriginal and Torres Strait Islander peoples may be moderate.

### 3 Marginal

The **proposal has a research plan that**:
- is somewhat unclear in its scientific approach and goals.
- Contains some major design flaws.
- Raises several concerns about the feasibility and thus the likelihood of successful completion.

The planned **research**:
- Addresses an issue of some importance to human health.
- May result in some publications.
- May have some innovative and novel aspects, while others underpin or extend existing knowledge.

Relative to opportunity, the applicant team:
- Members have made contributions to the field of research but there are significant concerns regarding the depth and breadth of relevant expertise.
- Has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them at an average level for their peers/cohort.
- Members have established national reputations but do not yet have strong international profiles.
<table>
<thead>
<tr>
<th>3</th>
<th>Indigenous criteria</th>
<th>Community Engagement</th>
<th>Sustainability and transferability</th>
<th>Building capability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The proposal:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• has limited community engagement.</td>
<td>• The outcomes of the study may lead to limited or short-term health gains for Aboriginal and Torres Strait Islander peoples.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• has several concerns that the proposal is feasible and achievable.</td>
<td>• The outcomes of the study may have a moderate impact on health services delivery or other community priorities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefit</td>
<td>• The outcomes from the proposal are likely to have a minimal health benefit for Aboriginal and Torres Strait Islander peoples.</td>
<td>• The research addresses a minor public health issue for Aboriginal and Torres Strait Islander peoples.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority</td>
<td>• The proposal and potential outcomes only partially address a need that is of importance for Aboriginal and Torres Strait Islander communities.</td>
<td>• The research may translate into some minor changes in policy and/or practice.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unsatisfactory</td>
<td>The proposal has a research plan that:</td>
<td>The planned research:</td>
<td>Relative to opportunity, the applicant team:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is unclear in its scientific approach and goals.</td>
<td>• addresses an issue of some concern to human health.</td>
<td>• is deficient in some areas of expertise that will be required to successfully complete the proposed research.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• contains several major study design flaws.</td>
<td>• provides a program of research which will not significantly advance current knowledge in the field.</td>
<td>• has published only a few works in relevant and other fields of research.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• raises several major concerns about the feasibility and thus the likelihood of successful completion.</td>
<td>• has relatively little innovation or novelty.</td>
<td>• members are not well known nationally or internationally in the relevant research fields.</td>
</tr>
</tbody>
</table>
## 2 Indigenous criteria

### Community Engagement

The proposal:
- has little or no community engagement.
- is unlikely to be feasible and achievable.

### Benefit

- The outcomes from the proposal are likely to have little or no health benefit for Aboriginal and Torres Strait Islander peoples.

### Priority

- The proposal and potential outcomes only minimally address a need that is of importance for Aboriginal and Torres Strait Islander communities.

### Sustainability and transferability

- The outcomes of the study are unlikely to lead to any health gains for Aboriginal and Torres Strait Islander peoples.
- The outcomes of the study are unlikely to have any impact on health services delivery or other community priorities.

### Significance

- The research partially addresses a minor public health issue for Aboriginal and Torres Strait Islander peoples.
- The research is unlikely to translate into any changes in policy and/or practice.

### Building capability

- The team has an unsatisfactory track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.
- The proposal is unlikely to build capability among Aboriginal and Torres Strait Islander peoples.

---

## 1 Poor

### Community Engagement

The proposal:
- has no community engagement.
- will not be feasible.

### Benefit

- The outcomes from the proposal will have no health benefit for Aboriginal and Torres Strait Islander peoples.

### Priority

- The proposal and potential outcomes do not address a need that is of importance for Aboriginal and Torres Strait Islander communities.

### Sustainability and transferability

- The planned research:
  - does not address an issue of more than marginal concern to human health.
  - will not advance current knowledge in the field.
  - only follows behind previously well documented and studied concepts or previously well used approaches.

### Significance

- The research does not address a public health issue for Aboriginal and Torres Strait Islander peoples.
- The research will not translate into any changes in policy and/or practice.

### Building capability

- Relative to opportunity, the applicant team:
  - is heavily underpowered in terms of relevant expertise required to successfully complete the research program.
  - is not productive to any significant extent in relevant fields.
  - members are not well known nationally or internationally in the relevant research fields.

---

## Indigenous criteria

### Community Engagement

The proposal:
- has no community engagement.
- will not be feasible.

### Benefit

- The outcomes from the proposal will have no health benefit for Aboriginal and Torres Strait Islander peoples.

### Priority

- The proposal and potential outcomes do not address a need that is of importance for Aboriginal and Torres Strait Islander communities.

### Sustainability and transferability

- The outcomes of the study will not lead to any health gains for Aboriginal and Torres Strait Islander peoples.
- The outcomes of the study will not have any impact on health services delivery or other community priorities.

### Significance

- The research does not address a public health issue for Aboriginal and Torres Strait Islander peoples.
- The research will not translate into any changes in policy and/or practice.

### Building capability

- The team has a poor track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples.
- The proposal will not build any capability among Aboriginal and Torres Strait Islander peoples.
ATTACHMENT D: Overview of the 2014 Peer Review Process for Indigenous Health Research Applications

APPLICATIONS OPEN – 04 DECEMBER 2013
Project Grant applications may self-identify as relevant to Indigenous health and medical research in the Research Grant Management System (RGMS); by:

- Answering YES to the "Does this research proposal include Aboriginal and/or Torres Strait Islander Research or Capacity Building?" question at ‘Part A-A2: Aboriginal & Torres Strait Islander Research’; and/or
- Selecting "Indigenous Health" in the ‘Guide to Peer-Review Areas’ at ‘Part A-RC: Research Classification’ as an indicative peer review panel destination; and/or
- Selecting "Indigenous Health" as a Priority Area in ‘Part B-PSI: Priority/Special Initiatives’.

APPLICATIONS CLOSE – 5 MARCH 2014

ASSIGNERS ACADEMY
Self-identified Indigenous health research applications are assigned in parallel to a discipline based Assigner and an Indigenous health expert.

EXTERNAL ASSESSORS
Each External Assessor will submit a report in RGMS that assesses the application against the Project Grants Funding Rules assessment criteria.

As an indicative peer review panel destination, Aboriginal and Torres Strait Islander (ATSI) “flag” is removed from the application in RGMS. Application is assigned to the IGRP with the most appropriate discipline based peer review expertise.

Spokespersons confirm that the application is not an Indigenous health research application.

Spokespersons confirm that the application is relevant to Indigenous health research and remains on the IGRP to be assessed.

Spokespersons will assess the application against the Project Grants Funding Rules assessment criteria and the Criteria for Health and Medical Research of Indigenous Australians (the Indigenous Criteria). The Primary Spokesperson will submit comments and scores in RGMS. The Secondary Spokesperson submits scores only.

PRIMARY AND SECONDARY SPOKESPERSON

ASSESSOR COMMENTS
NHMRC releases a combined Assessors Report to the Chief Investigator A (CIA). No scores are released to the CIA.

Spokespersons confirm that the application is relevant to Indigenous health research.

The IGRP will have an expanded membership and include additional experts that span numerous research disciplines, as appropriate. The Independent Scientific Advisor may be called upon to participate as an application-specific, non-voting advisor to the IGRP to inform discussions related to their assigned application(s).

APPLICATION RESPONDENT
The CIA is given 10 days to submit their Applicant Response to NHMRC in RGMS. All Indigenous health research applications will be permitted to use an additional page to respond to Assessor comments addressing the Indigenous Criteria, if required.

Spokespersons may rescire the application ahead of the meeting.

INDEPENDENT SCIENTIFIC ADVISOR
Where indicated, NHMRC will seek to secure additional independent scientific advice from an additional expert (Independent Scientific Advisor) in the application’s research area.

All applications verified as an Indigenous health research application will count as an Indigenous health research application (and if successful, as a grant) for the purposes of statistics and reporting.

N.B. Please refer to Attachment G for a general overview of the 2014 Peer Review Process
2014 Project Grant Peer Review Guidelines
12 March 2014

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APPENDIX E: GUIDANCE FOR ASSESSORS TO ASSESS CRITERIA FOR HEALTH AND MEDICAL RESEARCH OF INDIGENOUS AUSTRALIANS

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

Applicants should consider the guidance below when preparing their application.

COMMUNITY ENGAGEMENT
- Does the proposal clearly demonstrate thorough and a culturally appropriate level of engagement with the Aboriginal and Torres Strait Islander community or health services prior to submission of the application?
- Is there clear evidence that the level of engagement throughout the project will ensure the feasibility of the proposed study?
- Has the application demonstrated evidence that any of the methods, objectives or key elements of the proposed work have been formed, influenced or defined by the community?

BENEFIT
- The proposal clearly outlines the potential health benefits (both intermediate and long term, direct and indirect) of the project to Aboriginal and Torres Strait Islander people.
- The proposal demonstrates that the benefit(s) of the project has been determined or guided by Aboriginal and Torres Strait Islander people, communities or organisations themselves.

SUSTAINABILITY AND TRANSFERABILITY
- Does the proposal:
  - provide a convincing argument that the outcomes will have a positive impact on the health of Aboriginal and Torres Strait Islander peoples, which can be maintained after the study has been completed?
  - have relevance to other Indigenous communities?
  - clearly plan for and articulate a clear approach to knowledge translation and exchange?
  - demonstrate that the findings are likely to be taken up in health services and/or policy?
- Will the outcomes from the study make a lasting contribution to Aboriginal and Torres Strait Islander communities and their wellbeing?

BUILDING CAPABILITY
- Does the proposal outline how Aboriginal and Torres Strait Islander peoples and/or communities, will benefit from capability development?
- Does the proposal outline how researchers and individuals/group associated with the research project will develop capabilities that allow them to have a greater understanding/engagement of Aboriginal and Torres Strait Islander peoples?
PRIORITY
• Is the proposed research addressing a significant health issue for the Aboriginal and Torres Strait Islander community?
• Is there evidence to demonstrate that Aboriginal communities or health services/representative organisations have identified the proposed research as a priority for them?

SIGNIFICANCE
• Will there be advancement in knowledge from the outcomes of this study?
• If successful, will the study have a significant impact on the health of Aboriginal and Torres Strait Islander peoples?
  o Impact could be measured by advancement in scientific knowledge, clinical and/or public health applications, policy development or change.
• What is the likely interest from the Aboriginal and Torres Strait Islander community, other researchers, conference organisers, journals, community groups, and policy makers in the outcomes of the research?
ATTACHMENT F: Career Disruption

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

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

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

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

The period of career disruption may be used for example: (i) to determine an applicant’s eligibility for a scheme (e.g. Early Career Fellowships); (ii) to allow the inclusion of additional Track Record information for assessment of an application (e.g. Project Grants); or (iii) for consideration by the Peer Review Panel during their deliberations (e.g. Program Grants). Further details on how career disruptions are considered in each Scheme are outlined in each Scheme’s specific documentation (including Funding Rules, Category Descriptors, Advice and Instructions, and Peer Review Guidelines). The impact of any career disruption(s) may also be considered by assessors when determining an applicant’s achievements against the selection criteria relative to opportunity.

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

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

Circumstances that are not career disruptions, but which may have impacted an applicant’s productivity, are considered during Peer Review. Consideration of achievement against assessment criteria relative to opportunity reflects the NHMRC’s aim that assessment processes accurately measure an applicant’s track record relative to stage of career, including consideration as to whether productivity and contribution is commensurate with the opportunities available to the applicant.
ATTACHMENT G: Overview of 2014 Peer Review Process

N.B. The review of applications assigned to the IGRP is further outlined in Attachment E

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**GRANT REVIEW PANELS**

A. Allocation of applications

B. NHMRC Assigners Academy identifies and obtains External Assessors

C. GRP Members declare CoIs for those applications allocated to the peer review area

D. Allocate Spokespersons

ISP review applications, submit report & questions for applicant

GRP members read applications, Assessors Reports & Applicant Responses. 1SPs and 2SPs must rescore applications, when applicable.

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**NHMRC**

Applications close 5 March 2014

NHMRC checks eligibility issues & begins allocating applications to GRPs

NHMRC checks for CoIs & provides External Assessors, Spokespersons and GRP members with access to applications in RGMS

External Assessors review applications and submit reports to NHMRC

NHMRC releases Assessors Reports to applicants through RGMS

Applicants prepare response (rebuttal) & submit to NHMRC via RGMS

NHMRC provides GRP with access to the Assessors Reports & Applicant Responses (taking account of CoIs)

Other funding organisations consider applications assessed as fundable but not recommended for NHMRC funding

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**EXTERNAL TO GRP & NHMRC**

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**GRANT REVIEW PANELS**

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**NHMRC**

- Linearises scores, to ensure the same proportion of category five applications from each GRP are funded and prepares a consolidated ranked list
- Prepares funding recommendations for Research Committee

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**Research Committee**

- Consider funding recommendations & advise CEO
- Review rules and recommend changes for the following year

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**CEO** submits funding recommendations to Minister (through Council)

**Minister** considers funding recommendations and instructs CEO

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**NHMRC**

Notifies applicants of outcomes (only for those that underwent full review) & commences award process

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**GROUP MEETINGS**

28 July – 5 Sept

1. Chair to announce application
2. 1SP to comment on application
3. 2SP to comment on application
4. Full panel discussion
5. Scoring by members
   a. GRP assessment criteria scores confirmed by panel members
   b. Budget discussion
7. Reconciliation and further review of applications

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**From October 2014**

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**2014 Project Grant Peer Review Guidelines**

12 March 2014
ATTACHMENT H: Grant Budget Guidelines

GRPs are required to recommend budgets for:

- ALL applications with a score of 5.001 and above;
- New Investigators with a category score of 5 and above; and
- Indigenous health, Electromagnetic Energy and Hearing Loss Prevention applications with a category score of 4 and above.

C.1 Eligibility issues

1. The following researchers are ineligiible to draw a salary from a Project Grant
   a) Chief Investigators (CIB to CIF) based overseas for the duration of the grant
   b) Associate Investigators (AIs)

2. Applicants requesting funding to support specific research activities to be undertaken overseas must demonstrate that:
   a) the research activity is critical to the successful completion of the project; and
   b) the equipment/resources required for the research activity are not available in Australia.

3. Funding for research support staff who are based overseas may only be considered where this is essential to achieve the aims of the research.

4. Co-funded Clinical Trials will be required to provide evidence of financial commitment of co-funder(s) before the Minister with portfolio responsibility for NHMRC approves NHMRC support of a co-funded Clinical Trials.

C.2 What can be included in the budget

Unless salary funding is being sought on the grant, funding for a grant is dependent on the continuing employment of each of the Chief Investigators over the period of the grant.

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

- Personnel Support Packages (PSPs) – see Section C2-2;
- Direct Research Costs (DRCs) – see Section C2-3; and
- Equipment – see Section C2-4.

Each GRP’s 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.

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.

C2-1 Support for Personnel

Researchers who are not Australian citizens or permanent residents in Australia:

- Are eligible to apply for a Project Grant as Chief Investigator B to J;
- Are permitted to request a Personnel Support Package if they are based in Australia for the duration of the grant; but
- Are not permitted to request a Personnel Support Package if they are based overseas.

Associate Investigators are not permitted to request salary from a NHMRC grant.

Funding for research support staff who are based overseas may only be considered where this is essential to achieve the aims of the research.

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

Funds to support personnel, Personnel Support Packages (PSPs), are provided as salary line. 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: http://www.nhmrc.gov.au/grants/apply/projects/budget.htm.

C 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. Any additional amounts required to cover the salary and related costs of personnel will need to be found from non-NHMRC sources. Five levels of PSPs are available:

<table>
<thead>
<tr>
<th>PSP Level</th>
<th>Description</th>
<th>$ amounts per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSP1</td>
<td>Technical support - non-graduate personnel</td>
<td>$52,699</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>$65,805</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>$72,359</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>$85,466</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>$92,019</td>
</tr>
</tbody>
</table>

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

C 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 costs will be critically reviewed by GRPs during deliberations on budget allocations and by NHMRC during the conduct of on-site compliance monitoring visits).

1 Related information can be obtained from the Australian Bureau of Statistics, see http://abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6345.0Explanatory%20Notes1Sep%202012?OpenDocument.
DRCs are available in multiples of $5,000. Individual items of equipment costing less than $10,000 must be requested as DRC.

**Direct research costs may include the following:**

- personnel costs only related to contract staff and limited external persons – must not include AI or CI or PSP supported elsewhere by the application. Must include detailed justification need and costing basis.
- inclusion of materials required to conduct the approved research – laboratory supplies, consumables, printed materials, microfilms, purchase costs of animals
- survey or field expenses that have been fully justified in the application
- Medicare costs (out of pocket medical expenses)
- reimbursement of reasonable costs associated with randomised control (RCT) trials studies
- reasonable medical diagnosis costs (MRI, PET, CT, ultrasound, genotyping, biochemical analysis)
- equipment costing less than $10,000 that is unique to the project and is essential for the completion of the project
- purchases of services directly required for the successful conduct of the project
- costs of animal agistment and animals purchased that are a direct requirement of the research project
- specialised computing requirements that are essential to meeting project specific needs
- travel, conference and publication costs – refer to guidelines on NHMRC website (see below)

Note: NHMRC research funds can only be acquitted as direct research costs if the conference and related travel costs are directly related to the approved research objectives and attendance at the conference is for the purpose of presenting the outcomes of the research funded.

NHMRC research funds can only be used for reasonable publication costs where the publication has occurred as the result of the approved research activity. Where this is the case, all expenditure is to be in accordance with the *Australian Code for the Responsible Conduct of Research 2007*. Publication costs cannot be requested on an application but may be listed as a legitimate cost against DRC as part of the financial acquittal process.


**Indirect Research Costs**

Indirect costs of research are 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

C 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 totalling 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\(^2\) will be applied to equipment. Equipment-only applications are not acceptable on Project Grants applications.

\(^2\) Related information can be obtained from the Australian Bureau of Statistics, see http://abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6345.0Explanatory%20Notes1Sep%202012?OpenDocument.
Using Research Facilities

Biospecimen and Associated Data

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

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

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

Following is an indicative list of Biobanks and services that provide services based upon international standards of best practice (ISBER):

- Australian Ovarian Cancer Study http://www.aocstudy.org/
- Australian Schizophrenia Research Bank www.schizophreniaresearch.org.au
- Cancer Institute NSW Biobanking Network. Including
- GynBioBank
- Kolling Institute of Medical Research Neuroendocrine, Gynaecological, Breast and Upper GI Banks
- Genetic Repositories Australia (GRA) http://www.neura.edu.au/GRA
- Lowy Biorepository http://powcs.med.unsw.edu.au/research/adult-cancer-program/services-resources/biorepository
- NATA Accredited Pathology Practices
- NSW Children’s Hospital Network
- The Leukaemia and Lymphoma Tissue Bank A joint research initiative of ALLG and the Leukaemia Foundation email: allg_tissue_bank@health.qld.gov.au
- Victorian Cancer Biobank www.viccancerbiobank.org.au
- WA Research Tissue Network (Operated by St John of God HealthCare)
- Wesley Institute
Other Research Facilities

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

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

C 2-6 Conduct of Human Clinical Trials

Funding may be provided to cover liability insurance for human clinical trials. This budget request will need to be fully justified in the DRC component of the application form.

C 2-7 Animal Agistment Costs

Requests for animal agistment costs must be justified in the DRC component of the application.

The NHMRC will support the costs of animal agistment that are a direct requirement of the research project. Animal agistment costs may include the costs of food and caging, and of experimental breeding, during the course of the project. The purchase of animals should be included in the budget under DRCs.

The NHMRC will not support infrastructure costs that should normally be provided by the Animal House of the host institution (such as administration or support of Animal House staff) regardless of whether or not the institution has its own Animal House.