



# Synergy Grants 2023 Peer Review Guidelines

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<b>Opening date:</b>	<b>8 February 2023</b>
<b>Closing date and time:</b>	17.00 ACT local time on 5 April 2023
<b>Commonwealth policy entity:</b>	National Health and Medical Research Council (NHMRC)
<b>Sapphire assistance and enquiries:</b>	NHMRC Research Help Centre <b>Phone:</b> 1800 500 983 (+61 2 6217 9451 for international callers) <b>Email:</b> <a href="mailto:help@nhmrc.gov.au">help@nhmrc.gov.au</a> <b>Note:</b> NHMRC's <a href="#">Research Help Centre</a> aims to provide a reply to all requests for general assistance within 2 working days. This timeframe may be delayed during peak periods or for more detailed requests for assistance.

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# 1. Introduction

The National Health and Medical Research Council (NHMRC) is responsible for managing the Australian Government's investment in health and medical research in a manner consistent with Commonwealth legislation, guidelines and policies. NHMRC has a responsibility to ensure taxpayers' funds are invested appropriately to support the best health and medical research. Expert peer review assists us in fulfilling this responsibility.

This guide outlines the overarching principles and obligations under which the Synergy Grant scheme peer review process operates, including:

- obligations in accordance with legislation, guidelines and policies
- how to disclose interests and manage conflicts
- standards and best practice for the conduct of peer review.

NHMRC will publicly notify the sector of any change in peer review process via its communications, such as through NHMRC's website and newsletters.

This guide should be read in conjunction with the:

- Synergy Grants 2023 grant guidelines, available on [GrantConnect](#), which set out the rules, objectives and other considerations relevant to NHMRC funding.
- [Policy on the Disclosure of Interests requirements for prospective and appointed NHMRC committee members](#) (Section 39 Committees). This Policy outlines peer reviewers' responsibilities to ensure all disclosures of interests are addressed in a rigorous and transparent way throughout the period of a peer reviewer's participation in NHMRC Committees.



## 2. Key changes

NHMRC recognises the impacts of the COVID-19 pandemic on Australia's health and medical research community and has updated assessment processes to reflect these impacts.

Peer reviewers must follow these updated processes:

- In track record assessment, peer reviewers must consider COVID-19 related circumstances, as outlined by individual Chief Investigators, as part of career disruptions or other relative to opportunity considerations under the provisions of NHMRC's *Relative to Opportunity Policy*.
- Peer reviewers should note that Chief Investigators have been advised that they may include information on any potential significant and long-term impacts of the COVID-19 pandemic on their proposed research, and proposals for managing such risks, as part of their research risk management plan within the grant proposal.
- Peer reviewers are not to let the potential impacts of the COVID-19 pandemic on the proposed research affect the assessment of the research proposal of an application (for example, the feasibility of accessing certain patient or population groups with social distancing restrictions in place).
- Peer reviewers must note that changes to the research proposal of a funded application, necessitated by the impacts of the COVID-19 pandemic (for example, the commencement of a project needs to be delayed by six months until COVID-19 restrictions are eased) will be considered through NHMRC's Postaward management and grant variations processes. Such considerations do not form part of the peer review assessment of the proposal, particularly given that the long-term impacts of the pandemic are still unknown.

Peer reviewers should note the following significant changes for the Synergy Grants 2023 grant opportunity:

- Chief Investigators (CIs) will no longer include the list of all publications from the past 10 years drawn from their Sapphire Profile. They will instead include up to 10 of their nominated best publications from the past 10 years (taking into consideration career disruptions), with accompanying explanations ([Appendix G](#)).
- Peer reviewers will be required to provide comments in Sapphire against the Knowledge Gain and Synergy criteria, along with scores, for all applications in Stage One assessment. Comments and scores provided in Stage One will only be released to applicants who are deemed not for further consideration after the shortlisting process ([Section 4.3.6](#)).
- The title of Chair has been changed to Peer Review Mentor (PRM) in line with the Investigator and Ideas Grants schemes ([Section 4.2](#)). PRMs will continue to be available throughout the assessment stages to assist and mentor peer reviewers with their duties and understanding of what is expected of them. PRMs do not provide advice on the scientific (or other) merits of individual applications.



## 3. Principles, conduct and obligations during peer review

The peer review process requires all applications to be reviewed by individuals with appropriate expertise. This carries an obligation on the part of peer reviewers to act in good faith, in the best interests of NHMRC and the research community and in accordance with NHMRC policies (outlined below).

### 3.1. NHMRC's Principles of Peer Review

NHMRC's Principles of Peer Review (the Principles) are high-level, guiding statements that underpin all NHMRC's peer review processes, and include:

- **Fairness.** Peer review processes are fair and seen to be fair by all.
- **Transparency.** Applies to all stages of peer review.
- **Independence.** Peer reviewers provide independent advice. There is also independent oversight of peer review processes by independent Chairs, Peer Review Mentors and Observers, where relevant.
- **Appropriateness and balance.** There is appropriate experience, expertise and representation of peer reviewers assessing applications.
- **Research community participation.** Persons holding taxpayer-funded grants should willingly make themselves available to participate in peer review processes, whenever possible, in accordance with the obligations in the Funding Agreement.
- **Confidentiality.** Participants respect that confidentiality is important to the fairness and robustness of peer review.
- **Impartiality.** Peer review is objective and impartial, with appropriate processes in place to manage disclosures of interest.
- **Quality and excellence.** NHMRC will continue to introduce evidence-based improvements into its processes to achieve the highest quality decision-making through peer review.

Additional details underpinning the Principles can be found at [Appendix A](#).



## 3.2. The Australian Code for the Responsible Conduct of Research

The [Australian Code for the Responsible Conduct of Research](#) (the Code) requires researchers participating in peer review do so in a way that is 'fair, rigorous and timely and maintains the confidentiality of the content'.

The Code is supported by additional supplementary guidance, including [Peer Review: A guide supporting the Australian Code for the Responsible Conduct of Research](#).

## 3.3. Disclosures of Interest

### 3.3.1. What is an interest?

NHMRC is committed to ensuring that interests of any kind are dealt with consistently, transparently and with rigour, in accordance with sections 16A and 16B of the *Public Governance, Performance and Accountability Rule 2014* (made under the subsection 29(2) of the *Public Governance, Performance and Accountability Rule 2013* (PGPA Act)).

In particular, under section 29 of the PGPA Act, “an official of a Commonwealth entity who has a material personal interest that relates to the affairs of the entity must disclose details of the interest”. This obligation is ongoing and not limited to a particular point in time.

For the purposes of this document, the terms “material personal interest” and “interest” are regarded as interchangeable and whilst the term “interest/s” has been used for ease of reading, this policy includes guidance on each.

### 3.3.2. What is a Conflict of Interest?

A Conflict of Interest (CoI) exists when there is a divergence between professional responsibilities (as a peer reviewer) and personal interests. Such conflicts have the potential to lead to biased advice affecting objectivity and impartiality. By managing any conflict, NHMRC maintains the integrity of its processes in the assessment of scientific and technical merit of the application.

For NHMRC peer review purposes, interests may fall into the broad domains of:

- Involvement with the application under review
- Working relationships
- Professional relationships and associations
- Social relationships or associations
- Collaborations



- Teaching or supervisory relationships
- Financial relationships or interests
- Other relevant interests or relationships

For further information, peer reviewers should consult the NHMRC [Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members](#) (Section 39 Committees).

Researchers frequently have a Col that cannot be avoided. Decision making processes in research often need expert advice, and the pool of experts in a field can be so small that all the experts have some link with the matter under consideration. An individual researcher should therefore expect to be conflicted from time to time, be ready to acknowledge the conflict and make disclosures as appropriate.

An outline of potential Col situations and guidance is provided for peer reviewers at [Appendix B](#).

### 3.3.3. Disclosure of Interests in the Peer Review Process

Peer reviewers must identify and disclose interests they may have with any of the CIs and Associate Investigators (AIs) on applications they will be reviewing. After appointment as a peer reviewer, but before assessing any applications, peer reviewers are required to disclose their interests in writing. While interests must be disclosed at the beginning of the peer review process, new or previously unrecognised interests must be disclosed at any stage of the peer review process.

Declarations must include details that substantiate when collaborations occurred (that is, month and year). NHMRC will use these details to verify and determine the level of conflict. Any peer reviewer who has an interest that is determined by NHMRC to be a 'high' Col will not be able to participate in the review of that application. However, they can provide scientific advice at the request of NHMRC.

### 3.3.4. Failure to disclose an interest

A failure to disclose an interest without a reasonable excuse will result in the termination of the peer reviewer's appointment under section 44B of the NHMRC Act (section 44B also covers failure to comply with section 29 of the PGPA Act).

It is important for peer reviewers to inform NHMRC of any circumstances which may constitute an interest, at any point during the peer review process. Accordingly, peer reviewers are encouraged to consult the secretariat if they are uncertain about any disclosure of interest matter.

## 3.4. Freedom of Information (Fol)

NHMRC is subject to the *Freedom of Information Act 1982* which provides a statutory right for an individual to seek access to documents. If documents that deal with peer review fall within the scope of a request, the Fol process includes consultation and exemptions. NHMRC endeavours to protect the identity of peer reviewers assigned to a particular application.

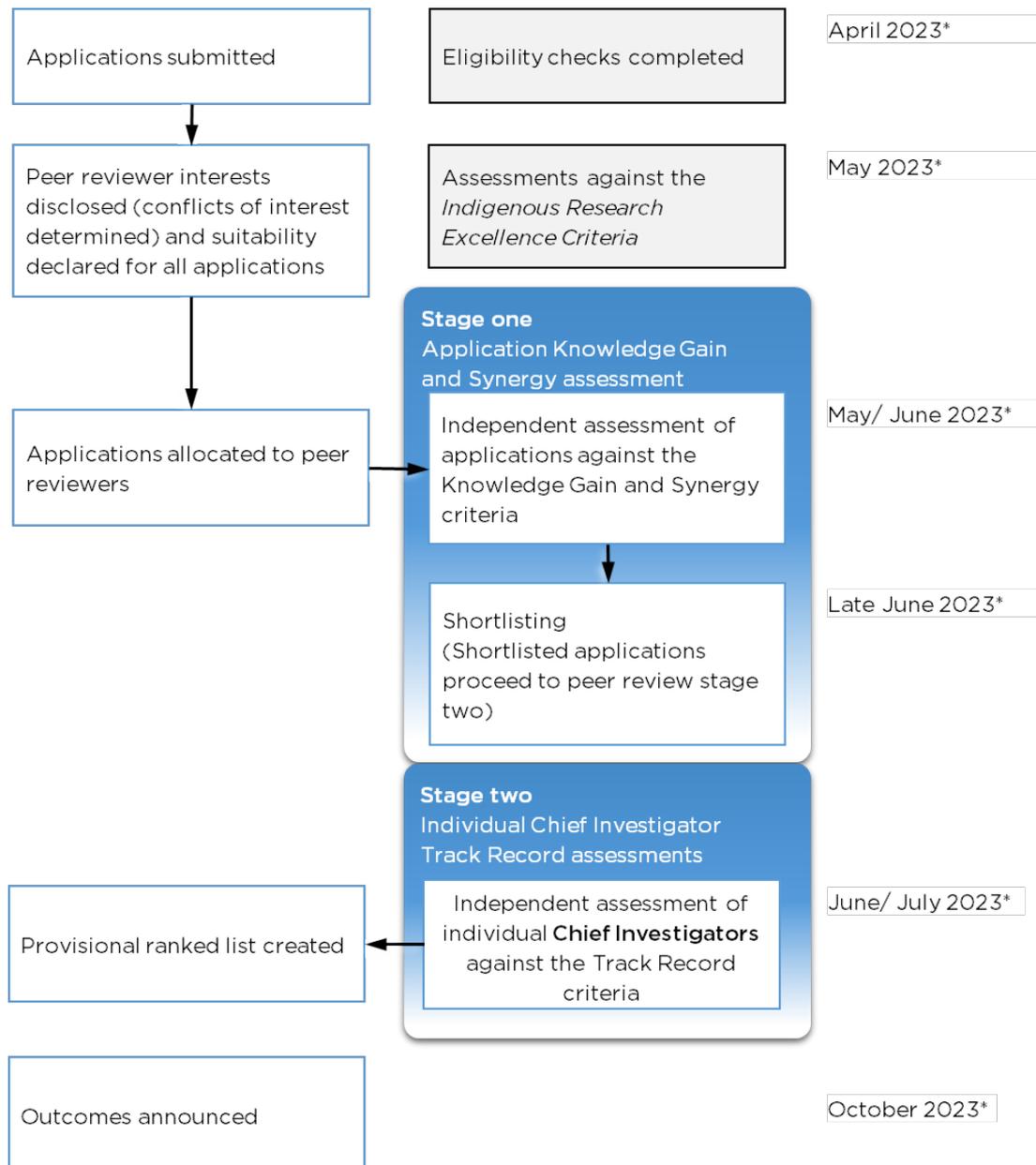


## 3.5. Complaints

NHMRC deals with any complaints, objections and requests for clarification on the peer review process. NHMRC may contact peer reviewers involved to obtain additional information on particular application/s. Further information about the NHMRC complaints process can be found in the [NHMRC complaints policy](#).

## 4. Synergy Grants 2023 peer review process

### 4.1. Overview of the Synergy Grants 2023 peer review process



\*Dates are indicative



**Table 1. Activities planned for April to October 2023**

Date*	Activity
5 April 2023	Deadline for Synergy Grant application submission
April 2023	Application eligibility review and confirmation by NHMRC <sup>^</sup>
Late April – early May 2023	Peer reviewers disclose interests and suitability against applications
May 2023	Assessments against the <i>Indigenous Research Excellence Criteria</i> obtained
May 2023	Allocation of applications to peer reviewers for Stage One assessment
May 2023	Peer reviewer briefing
11 May – 8 June 2023	<b>Stage One – Application assessment</b> Peer reviewers to submit comments and scores following assessment of <b>applications</b> against the Knowledge Gain and Synergy criteria
Late June 2023	<b>Shortlisting</b> A shortlist of applications is produced, based on initial scores for Stage One
Late June 2023	Allocation of CI applicant teams to peer reviewers for Stage Two assessment
22 June – 20 July 2023	<b>Stage Two – Individual Chief Investigator assessments</b> Peer reviewers to submit scores only following assessment of individual Chief Investigators against the Track Records criteria
*October 2023	Notification of outcomes

<sup>^</sup> Eligibility can be determined at any stage throughout the process.

\* Date is indicative and subject to change.

Further information on the steps outlined in this process is provided in section 4.3 *Reviewing Synergy Grant applications*.

## 4.2. Roles and responsibilities

The roles and responsibilities of those participating in the Synergy Grant peer review process are identified in Table 2.



**Table 2. Roles and responsibilities of Investigator Grant Peer Review participants**

Roles	Responsibilities
<p><b>Peer review mentors (PRMs)</b></p>	<p>The peer review mentors (PRMs) are senior researchers with experience in conducting Synergy Grant peer review.</p> <p>The PRMs' role is to assist with the mentoring of peer reviewers on peer review process.</p> <p>PRMs do not assess applications or provide advice on the scientific (or other) merits of individual applications.</p> <p>Where applicable, PRMs need to:</p> <ul style="list-style-type: none"> <li>• familiarise themselves with this document and other material as identified by NHMRC staff</li> <li>• assist peer reviewers with their duties and in understanding what is expected of them</li> <li>• mentor peer reviewers through the assessment stage of peer review, as required or requested, including responding to peer reviewer enquiries ensuring that:               <ul style="list-style-type: none"> <li>– the advice provided is consistent with NHMRC peer review processes and leads to an outcome where applications are appropriately considered against the Synergy Grant assessment criteria (Appendix C) and Category Descriptors (Appendix D)</li> <li>– peer reviewers consider relative to opportunity, including career disruption where applicable</li> <li>– peer reviewers consistently consider the assessment against the Indigenous Research Excellence Criteria (Appendix E) for applications with an Aboriginal and Torres Strait Islander health focus.</li> </ul> </li> </ul>
<p><b>Peer reviewers</b></p>	<p>Peer reviewers need to:</p> <ul style="list-style-type: none"> <li>• familiarise themselves with this Guide and other material as identified by NHMRC staff</li> <li>• identify and advise NHMRC of all interests they have with applications assigned to them</li> <li>• provide a fair and impartial assessment against the Synergy Grant assessment criteria and associated category descriptors (<a href="#">Appendix C</a> and <a href="#">Appendix D</a>) in a timely manner, for each non-conflicted application assigned</li> <li>• assess track record by taking into consideration research achievements 'relative to opportunity', including any career disruptions, where applicable</li> <li>• provide written summaries and scores for each application assigned to them in Stage One assessment of Knowledge Gain and Synergy</li> <li>• consider the assessment against the Indigenous Research Excellence Criteria (<a href="#">Appendix E</a>) provided for applications confirmed to have an Aboriginal and Torres Strait Islander health focus.</li> </ul>



Roles	Responsibilities
<b>NHMRC staff</b>	<p>Under direction from the Chief Executive Officer (CEO), NHMRC staff will be responsible for overall administration of the peer review process and for the conduct of specific activities.</p> <p>NHMRC staff will do all of the following:</p> <ul style="list-style-type: none"> <li>• invite individuals to participate in the Synergy Grant scheme peer review process as required</li> <li>• determine whether disclosed interests pose a conflict and the level of that conflict</li> <li>• act as the first point of contact for peer reviewers</li> <li>• provide briefings to peer reviewers</li> <li>• determine eligibility of applications</li> <li>• assign applications to the appropriate peer reviewers based on peer reviewers' declaration of interests and suitability</li> <li>• review peer reviewer written summaries in Stage One for inappropriate comments</li> <li>• ensure that all peer reviewers are provided with the necessary information to review each application, and assisting and advising on the peer review process as required</li> <li>• perform checks to identify potential outlier scores against applications</li> <li>• act as the first point of contact for peer reviewers and community observers</li> <li>• seek feedback from participants in the peer review process on improvements for future processes.</li> </ul>
<b>Indigenous health research peer reviewers</b>	<p>Applications related to Aboriginal and Torres Strait Islander health research will be considered by suitable peer reviewers with appropriate expertise in Aboriginal and Torres Strait Islander health.</p> <p>Indigenous health research peer reviewers will review how well each application addresses NHMRC's <i>Indigenous Research Excellence Criteria</i> (<a href="#">Appendix E</a>) where applicable.</p>
<b>Community observers</b>	<p>NHMRC invites respected members of the general community to observe whether NHMRC policy and procedures are being adhered to during the peer review process. Observers assist NHMRC in ensuring that the assessment of all applications is fair, equitable and impartial.</p> <p>Observers will be briefed on the processes and procedures of the peer review of Synergy Grant applications. They will not participate in the review of any application.</p> <p>Observers will:</p> <ul style="list-style-type: none"> <li>• monitor the procedural aspects of peer review.</li> <li>• provide feedback to NHMRC on the consistency of peer review processes and policies.</li> </ul> <p>Observers may raise issues of a general nature for advice or action as appropriate with NHMRC staff.</p>



## 4.3. Reviewing Synergy Grant applications

All Synergy Grant applications are assessed against the Synergy Grants 2023 Assessment Criteria and the associated Category Descriptors at [Appendices C and D](#). Applications that are accepted by NHMRC as relating to the improvement of Aboriginal and Torres Strait Islander health (see section 4.3.1) are also assessed against the *Indigenous Research Excellence Criteria* as set out at [Appendix E](#).

### 4.3.1. Identification of applications with an Aboriginal and Torres Strait Islander health focus

Applications relating specifically to Aboriginal and Torres Strait Islander people's health will be identified by information provided in the application. Peer reviewers with Aboriginal and Torres Strait Islander health expertise will check whether these applications have at least 20% of their research effort and/or capacity building focused on Aboriginal and Torres Strait Islander health.

For applications confirmed as relating specifically to Aboriginal and Torres Strait Islander health research, NHMRC will obtain an assessment against the *Indigenous Research Excellence Criteria* ([Appendix E](#)) from an assessor with expertise in Aboriginal and Torres Strait Islander health. For further information on assessing applications that have a focus on the health of Indigenous Australians, see *Guidance for assessing applications against the Indigenous Research Excellence Criteria* at [Appendix F](#).

The assessment against the *Indigenous Research Excellence Criteria* will be considered by peer reviewers when scoring the assessment criteria at [Appendix C](#).

### 4.3.2. Receipt and initial processing of applications

NHMRC staff will verify that Synergy Grant applications meet eligibility criteria. Applicants will be advised if their application is ineligible. However, in some instances these applications will remain in the peer review process until their ineligibility is confirmed. Eligibility rulings may be made at any point in the peer review process.

### 4.3.3. Disclosure of interests and peer reviewer suitability

Peer reviewers will be provided with a summary of each application and disclose their interests within Sapphire, in accordance with the guidelines provided at Section 3.3 and [Appendix B](#).

Some peer reviewers may have a disclosure of interest for which they require a decision. In this case, NHMRC will assess the information provided by the peer reviewer and provide a ruling on the level of Col.

Peer reviewers are also required to select their level of suitability to assess each application, based on the information available to them in the application summary. Further information and tutorials are available from [Sapphire](#).



#### 4.3.4. Assignment of applications to peer reviewers

Taking into account CoIs and peer reviewer suitability, NHMRC staff will assign applications and peer reviewers. It is expected each peer reviewer will be assigned a maximum of 20 applications for assessment in Stage One, and up to 30 individual track records for assessment in Stage Two. However, this is subject to change, depending on the number of applications received.

Each application in Stage One, and each track record assessment in Stage Two will be assigned up to 5 peer reviewers.

#### 4.3.5. Briefing

NHMRC will provide peer reviewers briefing material with further details on their duties and responsibilities in the Synergy Grant peer review process. This will be made available to peer reviewers prior to assessing applications. Further information may be provided as necessary throughout the peer review process. Further information and tutorials are available from [Sapphire](#).

#### 4.3.6. Stage One – Application Knowledge Gain and Synergy assessment

Stage One of Synergy Grants peer review is the assessment of Knowledge Gain (30%) and Synergy (30%).

Peer reviewers will provide comments and scores in Stage One against applications for these two criteria. Peer reviewer comments and scores will be provided to Stage One applicants who are deemed not for further consideration after the shortlisting process.

##### 4.3.6.1. Assessment of applications against Knowledge Gain and Synergy

Peer reviewers will be given access to applications (where no high CoI exists) and will be required to assess and enter their comments and scores in Sapphire. Peer reviewers will assess all applications assigned to them against the assessment criteria, using the category descriptors, taking into account career disruptions and other 'relative to opportunity' considerations ([NHMRC Policy and Priorities](#)), where applicable.

Peer reviewers who become aware of any previously undeclared CoI should contact the NHMRC secretariat immediately. Peer reviewers will be required to delete or destroy any files in their possession pertaining to an applicant, and their application, where they become aware of a late high CoI.

With respect to multidisciplinary, diversity and collaborative gain, only the CIs of the proposed research team will be assessed; the Associate Investigators (AIs) are not considered for this criterion. Further guidance on the assessment of Synergy Grant applications and the concept of 'Synergy' can be found at [Appendix G](#) and [Appendix H](#). Peer reviewers are not to discuss



applications and track records with other peer reviewers. This is to ensure peer reviewers provide independent assessments.

Peer reviewers must ensure comments and scores are completed by the nominated due date. If peer reviewers are unable to meet this requirement, they must contact NHMRC promptly to discuss alternative arrangements.

#### 4.3.6.2. Providing feedback on applications

When conducting Stage One assessments and in addition to providing scores, peer reviewers are required to submit constructive qualitative feedback that focuses on the strengths and weaknesses of the application. Comments and scores provided in Stage One will only be released to applicants who are deemed not for further consideration after the shortlisting process.

When providing feedback, you should use neutral language and focus only on what has been provided in the application, avoiding extraneous comments or considerations you might have about the research/er. Feedback should be factual and dispassionate. Avoid reference to your own experience of reviewing the application or overly expressive words that convey emotion. You should be mindful to frame your feedback against the **assessment criteria and category descriptors**.

The table below provides guidance to peer reviewers on what NHMRC considers appropriate or inappropriate when providing feedback on grant applications.

##### *Comments to avoid*

Avoid comments that:

- Make specific comparisons between applications/ applicants
- Are discourteous, derogatory, unprofessional or use emotive or overly expressive (positive or negative) language
- Employ an overly negative or critical tone (that is, instead of “the applicant failed to”, use “it would improve the application if”)
- Use overly expressive language and words that convey emotion (for example, “disappointingly”, “unfortunately”, “failed to”)
- Represent your personal views or attitudes towards a statement written by the applicant/s
- Focus on the faults or shortcomings of the application or applicant/s
- Refer to your ability/ suitability to review the application
- Employ a negative or critical tone
- Refer to issues that are out of the applicant’s/ reviewer’s control (for example, “This application deserves to be funded”)



- Provide broad statements which suggest the application is worthy or not worthy of funding
- Minimise accomplishments or claims made by the applicant/s
- Use dismissive language or statements that discount or belittle an application or applicant/s
- Use stylistic choices that convey the feelings of the reviewer such as rhetorical questions, speculation or punctuation such as exclamation marks.
- Use universal language (for example, “any expert knows”)
- Question issues of eligibility or integrity of the application or applicant/s. This should be raised with NHMRC separately.

### ***Comments to use instead***

Use the following comments instead:

- Highlight the key elements of the application that influenced your scores
- Consider the strengths and weaknesses of the application against each assessment criterion
- Use category descriptors associated with the assessment criteria and ensure they are addressed
- Focus on the information that is provided in the application
- Provide constructive feedback that reflects your scores
- Provide neutral statements
- Write with an objective tone
- Provide specific advice or references to relevant bodies of work you think the applicant/s may have overlooked.

### **4.3.6.3. Threshold scores and shortlisting**

To ensure focus on the objective of the Synergy Grant scheme ‘to support outstanding multidisciplinary teams of investigators to work together to answer major questions that cannot be answered by a single investigator’, applications will be subject to minimum (“threshold”) scores of 4.801 for both ‘Knowledge Gain’ and ‘Synergy’. Applications that fall below the threshold score for either criterion will not be considered further.

A single ranked list of the remaining applications will be produced with the most competitive applications shortlisted. It should be noted, due to the amount of funding available, not all applications that meet the threshold scores will be automatically shortlisted. All other applications will be deemed non-competitive. CIAs of applications that are deemed non-competitive may be notified at this stage of the peer review process.



### 4.3.7. Stage Two – Individual Track Record assessment

Peer reviewers will be provided with a track record PDF for each CI on each application assigned to them. Track record assessment only includes CIs, not AIs. When accessing this document, peer reviewers should declare any new CoIs with the CI not previously evident. Peer reviewers who become aware of any previously undeclared CoI should contact the NHMRC secretariat immediately. Peer reviewers will be required to delete or destroy any files in their possession pertaining to an applicant, and their application, where they become aware of a late high CoI.

Peer reviewers will provide track record scores **only** for CIs allocated to them against the Synergy Grants 2023 Assessment Criteria ([Appendix C](#)) using the category descriptors (see Tables 2–6 of [Appendix D](#)).

To ensure impartiality and independence of assessments peer reviewers must not discuss the track records with other peer reviewers.

Peer reviewers' scores will be used to create a provisional ranked list of applications from which funding recommendations will be derived. The rating will be determined using each peer reviewer'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.

#### 4.3.7.1. Relative to opportunity and career disruption

Peer reviewers must assess productivity relative to opportunity and, where applicable, career disruption considerations, in the assessment of all applications. This reflects NHMRC's policy that peer reviewers should assess an applicant's track record of research productivity and professional contribution in the context of their career stage and circumstances, by taking into consideration whether the applicant's productivity and contribution are commensurate with the opportunities available to them. To assist peer reviewers with their assessment, further details of the *Relative to Opportunity Policy* are provided on [NHMRC policies and priorities](#).

#### 4.3.7.2. Mitigating bias in peer review

NHMRC is raising peer reviewers' awareness of unconscious bias in the assessment process, in alignment with international practice and to ensure that NHMRC grant applications continue to receive objective and impartial assessments. Understanding bias enables peer reviewers' to critically and independently review applications and avoid suboptimal or unfair outcomes.

This is underpinned by NHMRC's document: [Peer Review: A guide supporting the Australian Code for the Responsible Conduct of Research](#), which states that peer reviewers should be aware of how their own biases (conscious or unconscious) could affect the peer review process, including in relation to gender, ethnicity, nationality, institutional employer and research discipline.



To minimise or avoid bias, peer reviewers are encouraged to take action to address the unintended and systematic biases which prevent unprejudiced consideration of an application. To increase peer reviewers' awareness of the types of cognitive biases that can occur during peer review, NHMRC recommends the San Francisco Declaration on Research Assessment (DoRA) guidance on [Rethinking Research Assessment](#).

NHMRC is also committed to addressing gender equality to promote fairness, transparency, equality and diversity in health and medical research. Fostering gender equality in peer review is a strategic objective, underpinned by NHMRC's *Gender Equity Strategy*.

### *Peer reviewer participation in the online Harvard Implicit Association Test (IAT) for gender and science*

In support of the objective, NHMRC encourages peer reviewers to complete the online IAT for gender and science. The IAT for gender and science, used by several research funding agencies nationally and internationally, is designed to help participants identify any implicit associations they may have between gender and participation in a science career.

By completing the test, peer reviewers gain a better understanding and increased awareness of how unconscious attitudes may affect their decisions, which prepares them to carry out their duties to the high standards of fairness and rigour expected by NHMRC. Peer reviewers should continue to follow all peer review principles and processes outlined in these guidelines, ensuring that each application is accurately reviewed against the assessment criteria ([Appendix C](#)). NHMRC does not have access to, nor does it seek, peer reviewers' information and results for the IAT for gender and science in the peer review process.

Peer reviewers must also familiarise themselves with any additional materials provided by NHMRC about unconscious bias awareness and implicit associations during the peer review process.

### *Use of gender-neutral language*

To reduce unconscious gender bias, NHMRC has strongly advised applicants to use gender-neutral language. This will limit the opportunity for unconscious gender bias to affect the assessment process.

NHMRC also encourages peer reviewers to use gender-neutral language in the assessment of applications. This means when preparing written material peer reviewers should:

- avoid the use of gendered pronouns such as he/she or her/his, and instead use gender-neutral alternatives such as CIA/CIB, CI last-name or plural pronouns (they/their) when referring to applicants.
- avoid the use of first names, and
- use gender-neutral nouns where appropriate, for example, parental leave rather than maternity/ paternity leave.



The use of gender-neutral language in applications is encouraged but does not form part of the assessment criteria and therefore should not influence your scoring of applications. Peer reviewers are required to consider the proposal on its merits, taking relative to opportunity considerations into account when assessing track record.

Where gender dimensions are important for the research being proposed, applicants have been advised they should be included in the application. Please refer to scheme-specific category descriptors at [Appendix D](#) for information on whether gender dimensions are to be considered as a part of assessment

### 4.3.7.3. Industry-relevant experience

Peer reviewers are to recognise an applicant's industry-relevant experience and outputs. To assist peer reviewers with their assessment, the *Guide to Evaluating Industry-Relevant Experience* is provided at [Appendix J](#).

### 4.3.7.4. Use of Impact Factors and other metrics

Peer reviewers are to 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 takes into account the overall impact, quality and contribution to the field of the published journal articles from the grant applicant, not just the standing of the journal in which those articles are published. It is not appropriate to use publication metrics such as Journal Impact Factors.

The [San Francisco Declaration on Research Assessment](#) (DoRA) makes recommendations for improving the evaluation of research assessment. NHMRC is a signatory to DoRA and adheres to the recommendations outlined in DoRA for its peer review processes.

### 4.3.7.5. Enhancing reproducibility and applicability of research outcomes

Peer reviewers are required to consider the general strengths and weaknesses of the experimental design of the proposal to ensure robust and unbiased results. Assessment of the experimental design should include consideration of the following, as appropriate:

- scientific premise of the proposed research (that is, how rigorous were previous experimental designs that form the basis for this proposal)
- techniques to be used
- details for appropriate blinding (during allocation, assessment and analysis)
- strategies for randomisation



- details and justification for control groups
- effect size and power calculations to determine the number of samples/ subjects in the study (where appropriate)
- consideration of relevant experimental variables, and
- sex and gender elements of the research to maximise impact and any other considerations relevant to the field of research necessary to assess the rigour of the proposed design.

#### 4.3.7.6. Research Integrity Issues

The peer review process can sometimes identify possible research integrity issues with applications or applicants (for example, concerns about possible plagiarism, inconsistencies in the presentation of data, inaccuracies in the presentation of track record information) or the behaviour of other peer reviewers. NHMRC has established specific processes for addressing research integrity concerns that arise in peer review. Peer reviewers must not discuss their concerns with other peer reviewers as this may jeopardise the fair assessment of an application. Instead, these issues should be raised with NHMRC separately from the peer review process. Advice about how to raise concerns and a description of how this process is managed are provided in *Factsheet 1: What should I do if I suspect a researcher may be doing the wrong thing?* on [NHMRC Research integrity and misconduct policy](#).

Applications that are the subject of a research misconduct allegation will continue to progress through NHMRC peer review processes while any investigations are ongoing. NHMRC liaises with the institution regarding the outcome of any investigation and, if necessary, will take action under the *NHMRC Research Integrity and Misconduct Policy* available on [Our policy on research integrity](#).

#### 4.3.7.7. Contact between peer reviewers and applicants

Peer reviewers must not contact applicants about their application under review. If this occurs, the peer reviewer may be removed from the process, and there is the potential for exclusion from future NHMRC peer review.

Where an applicant contacts a peer reviewer, the relevant application may be excluded from consideration.

In either case, contact between applicants and peer reviewers may raise concerns about research integrity and NHMRC may refer such concerns to the relevant Administering Institution.

#### 4.3.8. Principles for setting conditions of funding for NHMRC grants

Setting a condition of funding (CoF) on a grant through the peer review process is, and should be, a rare event. When this does occur, the peer reviewers or NHMRC will use the principles set out below to decide the CoF. These principles aim to achieve a consistent approach, minimise the number of conditions set and ensure conditions are unambiguous and able to be assessed.



CoFs relate to the award of funding, the continuation of funding or the level of funding. They do not relate to conditions which affect either eligibility to apply or subsequent peer review.

The principles are:

- NHMRC seeks to minimise the administrative burden on researchers and Administering Institutions.
- CoFs must not relate to the competitiveness of an application (for example, project requires more community engagement); these issues should be considered during peer review and be reflected in the scores for the application.
- Any CoFs must be clear and measurable, so that the condition can be readily assessed as having been met.

#### **4.3.9. Documentation**

Peer reviewers may be required to retain personal notes that they made during the peer review process for a certain period, and if so, these must be held securely and in accordance with reviewers' obligations of confidentiality. NHMRC will notify peer reviewers of any such requirements prior to the peer review process.

#### **4.3.10. Funding recommendation**

Application scores from shortlisted applications in Stage One and CI Track Record scores from Stage Two are used to create a ranked list. This final ranked list will be used to prepare funding recommendations to NHMRC's Research Committee and Council for advice to the CEO, who will then make recommendations to the Minister for Health and Aged Care.

#### **4.3.11. Notification of outcomes**

NHMRC will notify applicants and their Administering Institution's Research Administration Officer of grant application outcomes.

Feedback will be provided to all remaining applicants in the form of an Application Assessment Summary. The Application Assessment Summary will contain numerical information only, comprising application-level scores for Stage One and combined track record scores for Stage Two.



## Appendix A – Understanding the principles of peer review

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### Fairness

- Peer review processes are designed to ensure that peer review is fair and seen to be fair by all involved.
- Peer reviewers have an obligation to ensure that each application is judged consistently and objectively on its own merits, against published assessment criteria. Peer reviewers must not introduce irrelevant issues into the assessment of an application.
- Peer reviewers must only address information provided in the application based on its relevance to the assessment criteria. Any information or issues relating to the applicant(s) outside of the application must not be considered in the peer reviewers' assessment. Applications will be subject to scrutiny and evaluation by individuals who have appropriate knowledge of the fields covered in the application.
- Peer reviewers should ensure that their assessments are accurate and that all statements are capable of being verified.
- Complaints processes are outlined in the [NHMRC Complaints policy](#). All complaints to NHMRC relating to the peer review process are dealt with independently and impartially.

### Transparency

- NHMRC will publish key dates, all relevant material for applicants and peer reviewers, and grant announcements on its website and/or via [GrantConnect](#).
- NHMRC publicly recognises the contribution of participants in the peer review process, through publishing their names on the [Peer review honour roll](#).<sup>1</sup>

### Independence

- Peer reviewers must provide independent and impartial assessment of applications. Peer reviewer assessments may be informed by input from other experts (for example, in panel meetings or when considering expert reports) but must not be unduly influenced by the views of other researchers or stakeholders.

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<sup>1</sup> Such information will be in a form that prevents applicants determining which particular experts were involved in the review of their application.



- The order of merit determined by peer reviewers is not altered by NHMRC. However, additional applications may be funded 'below the funding line' in priority or strategic areas.
- Peer Review Mentors (PRMs) are independent and are not involved in the peer review of any application. PRMs act to ensure that NHMRC's processes are followed for each scheme, including adherence to the principles of this Guide.

## Appropriateness and balance

- Peer reviewers are selected to meet the scheme's objectives and to ensure adequate expertise to assess the applications received.
- NHMRC endeavours to ensure that peer reviewers are selected with regard to an appropriate representation of gender, geography and large and small institutions.

## Confidentiality

- NHMRC provides a process by which applications are considered by peer reviewers in-confidence. In addition NHMRC is bound by the provisions of the *Privacy Act 1988* in relation to its collections and use of personal information, and by the commercial confidentiality requirements under section 80 of the NHMRC Act.
- Peer reviewers are to treat applications in-confidence and must not disclose any matter regarding applications under review to people who are not part of the process.
- Any information or documents made available to peer reviewers in the peer review process are confidential and must not be used other than to fulfil their role.
- NHMRC is subject to the *Freedom of Information Act 1982* which provides a statutory right for an individual to seek access to documents. If documents that deal with peer review fall within the scope of a request, there is a process for consultation and there are exemptions from release. NHMRC will endeavour to protect the identity of peer reviewers assigned to a particular application.

## Impartiality

- Peer reviewers must disclose all interests and matters that may, or may be perceived to, affect objectivity in considering particular applications.
- Peer reviewers must disclose interests with applications being reviewed, including:
  - research collaborations
  - student, teacher or mentoring relationships
  - employment arrangements
  - any other relationship that may, or may be seen to, undermine fair and impartial judgement.



- Disclosures of interest are managed to ensure that no one with a high conflict is involved in the assessment of relevant applications.

## Quality and excellence

- NHMRC will continue to introduce evidence-based improvements into its peer review processes.
- Any significant change will be developed in consultation with the research community and may involve piloting new processes.
- NHMRC will strive to introduce new technologies that are demonstrated to maximise the benefits of peer review and improve the efficiency and effectiveness of the process while minimising individual workloads.
- NHMRC will undertake post-scheme assessment of all its schemes with feedback from the sector.
- NHMRC will provide advice, training and feedback for peer reviewers new to NHMRC peer review.
- Where NHMRC finds peer reviewers to be substandard in their performance, NHMRC may provide such feedback directly to the peer reviewer or their institution.



## Appendix B – Guidance for Declaring and Assessing Disclosures of Interest

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Peer reviewers are required to disclose all interests that are relevant, or could appear to be relevant, to the proposed research.

An interest is a collaboration or relationship which may, or could be perceived to, affect impartial peer review and thus needs to be disclosed and transparently managed (where necessary) to safeguard the integrity of the peer review process. It is essential that peer reviewers not only disclose their own actual interests relating to proposed research (real interest), but also collaborations and relationships that could be perceived by stakeholders to affect impartial peer review (perceived interest). Failure to do so without a reasonable excuse may result in the peer reviewer being removed from the peer review process in accordance with subsection 44B (3) of the NHMRC Act.

A disclosure does not always equate to a conflict of interest (CoI). In determining if an interest is a conflict, peer reviewers should give consideration to the following values that underpin the robust nature of peer review:

- **Impartiality:** The benefits of peer reviewers' expert advice needs to be balanced with the risk of real or perceived interests affecting an impartial review.
- **Significance:** Not all interests are equal. The type of interest needs to be considered in terms of its significance and time when it occurred.
- **Integrity through disclosure:** Peer review rests on the integrity of peer reviewers to disclose any interests and contribute to transparently managing any real or perceived conflicts in a rigorous way. The peer review system cannot be effective without trusting peer reviewers' integrity.

In determining if an interest is a 'High', 'Low', or 'No' conflict, the responsibility is on the peer reviewer to consider the specific circumstances of the situation. This includes:

- the interest's significance
- its impact on the impartiality of the reviewer
- maintaining the integrity of the peer review process.

Once a peer reviewer discloses an interest, they can provide an explanation of the interest in Sapphire to enable a judgement of its significance. Wherever possible, peer reviewers are required to provide sufficient detail in the explanation, such as date (month and year) and nature of the interest.



The written declaration of interest is retained for auditing purposes by NHMRC. The details below provide general examples and are not to be regarded as a prescriptive checklist.



## HIGH Conflict of Interest

Here are some situations and examples of HIGH Conflict of Interest.

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### Associated with Application and/or Chief Investigator (CI)

- ✓ Peer reviewer is a CI or AI on the application under review.
- ✓ Peer reviewer has had discussions/ significant input into the study design or research proposal of this application.

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### Collaborations

- ✓ Peer reviewer is actively collaborating or has collaborated with the CI in the last three calendar years on publications (co-authorship), pending grant applications and/or existing grants.

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### Working relationships

- ✓ Peer reviewer and a CI currently work or are negotiating future employment in the same:
  - research field at an independent Medical Research Institute.
  - Department or School of a university.
  - Department of a hospital.
- ✓ Peer reviewer is in a position of influence within the same organisation as a CI, or has a pecuniary interest in the organisation (either perceived or real), for example, Dean of Faculty or School/ Institute Directors.
- ✓ Peer reviewer and a CI are on the same committee/ board and the peer reviewer or their affiliated organisation would stand to benefit from, or be affected, by the outcome of the application (that is, vested interested in the proposed research). For example, peer reviewer and CI are both on the same governing board within their organisation.

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### Professional relationships and interests

- ✓ Peer reviewer or a peer reviewer's employer is directly affiliated or associated with an organisation(s) that may have, or may be perceived to have, a vested interest in the research. For example, a pharmaceutical company, which has provided drugs for testing, has a vested interest in the outcome.

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### Social relationship and / or interests

- ✓ The peer reviewer or a peer reviewer's immediate family member has a personal or social relationship with a CI on the application.

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### Teaching or supervisory relationship

- ✓ Peer reviewer has taught or supervised a CI for either undergraduate or postgraduate studies within the last three years.
- ✓ Peer reviewer and a CI co-supervise an undergraduate or postgraduate student and collaborate with each other on the student's research.

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### Direct financial interest in the application

- ✓ Peer reviewer has the potential for financial gain if the application is successful, such as benefits from: payments from resulting patents, supply of goods and services, access to facilities, and provision of cells/ animals as part of the collaboration.



- ✓ Peer reviewer receives research funding or other support from a company and the research proposal may involve collaboration/ association with that company.
  - ✓ Peer reviewer receives research funding or other support from a company and the research proposal may affect the company.
- 

### **Other interests or situations**

- ✓ Peer reviewer had or has an ongoing scientific disagreement and/or dispute with a CI. This may still be ruled as a high conflict if the events in question occurred beyond the last three years.
- ✓ There are other interests or situations not covered above that could influence/or be perceived to influence the peer review process. In these instances, sufficient details must be provided to allow NHMRC to make a ruling.



## LOW Conflict of Interest

Here are some situations and examples of LOW Conflict of Interest.

### Collaborations

- ✓ Peer reviewer and a CI on the application have collaborated more than three years ago.
- ✓ Within the last three years, the peer reviewer was part of large collaborations involving the CI, but did not interact or collaborate with the CI directly. Examples include:
  - publication(s) as part of a multi-author collaborative team (that is,  $\geq 10$  authors)
  - pending grant applications or existing grants involving more than ten CIs (for example, large collaborative research centres and network grants)
- ✓ A colleague is planning future collaborations with a CI.
- ✓ Peer reviewer and a named AI on the application are actively collaborating or have previously collaborated within the last three years.
- ✓ Without financial gain or exchange, a peer reviewer and a member of the research team have shared cells/ animals/ reagents/ specialist expertise (biostatistician) etc. but have no other connection to each other.
- ✓ Collaboration between a peer reviewer's colleague/ research group and a CI on the application, where the peer reviewer did not participate or have a perceived interest (for example, direct leadership or responsibility for the researchers involved in the collaboration) in the collaboration, or vice versa.
- ✓ Peer reviewer is considering, planning or has planned a future collaboration with a CI on the application but has no current collaborations, including joint publications/ applications under development.
- ✓ Peer reviewer and CI have previously proposed or planned a collaboration that did not progress.

### Working relationships

- ✓ Peer reviewer and a CI currently work or are negotiating future employment in:
  - the same institution but have no direct association or collaboration.
  - the same Faculty or College of a university but in different Schools or Departments and do not know each other.
- ✓ Peer reviewer and a CI work for two organisations that are affiliated but there is no direct association/ collaboration.
- ✓ Peer reviewer and a CI are on the same committee/ board, but otherwise have no working or social relationships that constitute a high conflict and the peer reviewer or their affiliated organisation would not benefit from, or be affected by, the outcome of the application (that is, do not have a vested interest in the proposed research). For example, the peer reviewer and CI are both on an external government advisory committee.

### Professional relationships and interests

- ✓ Peer reviewer and CI's organisations are affiliated but there is no direct association/ collaboration between the CI and peer reviewer and there is no other link that would constitute a high conflict.



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## Social relationship and/or interests

- ✓ Peer reviewer's partner or immediate family member has a known personal/ social (non-work) or perceived relationship with a CI on the application, but the peer reviewer themselves does not have any link with the CI that would be perceived or constitute a high conflict.

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## Teaching or supervisory relationship

- ✓ Peer reviewer taught or supervised the CI for either undergraduate or postgraduate studies, co-supervised a CI or the peer reviewer's research was supervised by a CI, more than three years ago.
- ✓ Peer reviewer and a CI are co-supervisors of an undergraduate or postgraduate student, but they are not collaborating with each other on the student's research (for example, where one of the supervisors may provide additional expert input or guidance to the student's project or thesis).

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## Financial interest in the application

- ✓ Peer reviewer has an associated patent pending, supplied goods and services, improved access to facilities, or provided cells/animals etc. to a named CI for either undergraduate or postgraduate studies.
- ✓ Peer reviewer has intellectual property that is being commercialised by an affiliated institution. Peer reviewer has previously provided and/or received cells/ animals to/from a CI on the application, but has no other financial interests directly relating to this application that would constitute a high conflict.

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## Other interests or situations

- ✓ Peer reviewer may be, or may be perceived to be, biased in their review of the application. For example, peer reviewer is a lobbyist on an issue related to the application.



## Appendix C – Synergy Grant 2023 Assessment Criteria

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Applications for Synergy Grants 2023 are assessed by peers on the extent to which they address the assessment criteria:

- Knowledge Gain (30%)
- Synergy (30%)
- Track Record, relative to opportunity (40%).

Applications will be assessed against the category descriptors at [Appendix D](#).

**Knowledge Gain** – NHMRC defines ‘Knowledge Gain’ for the Synergy Grant scheme as the quality of the proposed research and significance of the knowledge gained. It incorporates theoretical concepts, hypotheses, research design, robustness and the extent to which the research findings will contribute to the research area and health outcomes (by advancing knowledge, practice or policy).

**Synergy** – NHMRC defines ‘Synergy’ for the Synergy Grant scheme as the quality of a diverse team’s multidisciplinary and collaborative approach to solve a major health and medical research question, while building workforce capacity.

**Track Record** – NHMRC defines ‘Track Record’ for the Synergy Grant scheme as the value of an individual Chief Investigator’s past research achievement, relative to opportunity, not prospective achievements, using evidence-based components. The Publications and Leadership track record components must only be drawn from the **past 10 years** (taking into account any career disruptions). While it is expected the Research Impact will be recent, this can be drawn from any time in the researcher’s career. Assessment of track record comprises peer reviewers’ consideration of:

- Publications (20%)
- Research Impact (15%)
- Leadership (5%).

Assessment of publication track record focuses on the quality and contribution to science rather than the quantity of publications.

Further guidance on how to assess Synergy Grant applications against the assessment criteria is at [Appendix C](#).

Chief Investigator’s track records are assessed relative to opportunity, taking into consideration any career disruptions ([Appendix I](#)), where applicable.

NHMRC recognises that Aboriginal and Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical/ public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will be considered when assessing research output and track record.



## Appendix D – Synergy Grant 2023 Category Descriptors

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The following category descriptors are used as a guide to score an application against each of the assessment criteria.

While the category descriptors provide peer reviewers with some benchmarks for appropriately scoring each application, **it is not essential that all descriptors relating to a given score are met.**

The category descriptors are a guide to a “best fit” outcome. Peer reviewers will consistently refer to these category descriptors to ensure thorough, equitable and transparent assessment of applications.

### Assessing Aboriginal and Torres Strait Islander Contributions

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

## Stage One – Knowledge Gain (30%) and Synergy (30%)

**Table 1.** Category Descriptors for Knowledge Gain and Synergy

Category	Knowledge gain	Synergy
<p><b>7 Exceptional</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Comprehensively integrates complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, that are essential to solve a major research question that is beyond the scope of a single discipline or area of research practice:               <ul style="list-style-type: none"> <li>– is supported by an extremely well justified and reasoned hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses are <b>flawless, highly</b> developed, <b>completely</b> complementary and integrated and <b>highly</b> appropriate</li> <li>– the integration of research components is <b>extremely likely</b> to result in novel conceptual approaches and insights.</li> </ul> </li> <li>• Demonstrates to an <b>extremely high level</b> that the research proposal tackles a <b>major</b> question addressing an issue of <b>critical importance</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>exceptional</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> </ul>	<p>The proposed research team provides <b>exceptional</b> synergy (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question               <ul style="list-style-type: none"> <li>– Provides investigators’ diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Multidisciplinary</b></p> <ul style="list-style-type: none"> <li>• <b>Comprehensively</b> demonstrates why the research requires the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily</li> <li>• Integrates researchers with <b>highly complementary expertise</b> and insights across disciplines <b>necessary and sufficient</b> to address the major research question and lead to <b>transformative outcomes</b> <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers’ skills and perspectives that is <b>extremely likely</b> to produce sustainable synergy and novel outcomes, which would not be possible by the CIs pursuing</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Will</b> result in <b>extremely</b> significant and <b>transformative</b> changes/ outcomes in the scientific knowledge, practice or policy underpinning human health issues</li> <li>• <b>Will</b> lead to <b>extremely</b> significant research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• <b>Would be extremely</b> competitive with the best, similar, research proposals internationally.</li> </ul>	<p>the components as separate projects, or with a different composition of CIs.</p> <p><b>AND</b></p> <p><u>Collaborative gain</u></p> <ul style="list-style-type: none"> <li>• Demonstrates to an <b>extremely high degree</b>, comprehensive and suitable plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates sustainable collaborations that are <b>highly</b> likely to extend beyond the life of the project</li> <li>• Demonstrates each investigator’s previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>comprehensive and exceptional</b> strategies to integrate, provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</li> </ul>
<p><b>6 Outstanding</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Integrates complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, that are essential to solve a major research question that is beyond the scope of a single discipline or area of research practice:             <ul style="list-style-type: none"> <li>– is supported by a <b>very well</b> justified and reasoned hypothesis/ hypotheses/ rationale</li> </ul> </li> </ul>	<p>The proposed research team provides <b>outstanding</b> synergy (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question             <ul style="list-style-type: none"> <li>– Provides investigators’ diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>– the scientific framework, design, methods and analyses <b>are well</b> developed, complementary and integrated and <b>highly</b> appropriate <b>with only a few minor weaknesses</b></li> <li>– the integration of research components is <b>highly likely</b> to result in novel conceptual approaches and insights.</li> <li>• Demonstrates to a <b>very high level</b> that the research proposal tackles a major question addressing an issue that is <b>very important</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>outstanding</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Will</b> result in <b>very highly</b> significant and <b>substantial</b> changes/ outcomes in the scientific knowledge, practice or policy underpinning human health issues</li> <li>• <b>Will</b> lead to <b>very highly</b> significant research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• Would be <b>highly</b> competitive with the best, similar, research proposals internationally.</li> </ul>	<p><b>AND</b></p> <p><b>Multidisciplinarity</b></p> <ul style="list-style-type: none"> <li>• Demonstrates to a <b>very high degree</b> why the research requires the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily</li> <li>• Integrates researchers with <b>complementary expertise and insights</b> across disciplines <b>necessary and sufficient</b> to address the major research question and lead to <b>substantial outcomes</b> <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers' skills and perspectives that is <b>highly likely</b> to produce sustainable synergy and novel outcomes, which would not be possible by the CIs pursuing the components as separate projects, or with a different composition of CIs.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• Demonstrates to a <b>very high degree</b>, comprehensive and suitable plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates sustainable collaborations that are <b>highly</b> likely to extend beyond the life of the project.</li> <li>• Demonstrates each investigator's previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>comprehensive</b> and <b>outstanding</b> strategies to integrate,</li> </ul>
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		<p>provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</p>
<p><b>5 Excellent</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Integrates complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, that are essential to solve a major research question that is beyond the scope of a single discipline or area of research practice: <ul style="list-style-type: none"> <li>– is supported by a well justified and reasoned hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses are well developed, complementary and integrated and highly appropriate with several minor weaknesses</li> <li>– the integration of research components is likely to result in novel conceptual approaches and insights.</li> </ul> </li> <li>• Demonstrates to a <b>high level</b> that the research proposal tackles a <b>major</b> question addressing an issue that is <b>of considerable importance</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>excellent</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Will</b> result in <b>highly significant</b> and <b>substantial</b> changes/ outcomes in</li> </ul>	<p>The proposed research team provides <b>excellent</b> synergy (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question <ul style="list-style-type: none"> <li>– Provides investigators' diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Multidisciplinary</b></p> <ul style="list-style-type: none"> <li>• Demonstrates to a <b>high degree</b> why the research requires the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily</li> <li>• Integrates researchers with <b>complementary expertise and insights</b> across disciplines <b>necessary and sufficient</b> to address the major research question and lead to <b>substantial outcomes</b> <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers' skills and perspectives that is likely to produce sustainable synergy and novel outcomes, which would not be possible by the CIs pursuing the components as separate projects, or with a different composition of</li> </ul> </li> </ul>

	<p>the scientific knowledge, practice or policy underpinning human health issues</p> <ul style="list-style-type: none"> <li>• <b>Will</b> lead to <b>highly</b> significant research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• Would be <b>competitive</b> with the best, similar, research proposals internationally.</li> </ul>	<p>CIs.</p> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• Demonstrates to a <b>high degree</b>, comprehensive and suitable plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates sustainable collaborations that are <b>likely</b> to extend beyond the life of the project</li> <li>• Demonstrates each investigator’s previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>comprehensive</b> and <b>excellent</b> strategies to integrate, provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</li> </ul>
<p><b>4 Very Good</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Integrates broadly complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, that are essential to solve a major research question that is beyond the scope of a single discipline or area of research practice:             <ul style="list-style-type: none"> <li>– is supported by a <b>well</b> justified and reasoned hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses <b>are well</b></li> </ul> </li> </ul>	<p>The proposed research team provides <b>very good</b> synergy (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question             <ul style="list-style-type: none"> <li>– Provides investigators’ diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul>

	<p>developed, <b>broadly</b> complementary and integrated and <b>highly</b> appropriate <b>with a few minor concerns</b></p> <ul style="list-style-type: none"> <li>– the integration of research components is <b>likely</b> to result in novel conceptual approaches and insights.</li> <li>• Demonstrates that the research proposal tackles a major question addressing an issue that is of <b>importance</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>very good</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Likely</b> to result in <b>significant and substantial</b> changes/ outcomes in the scientific knowledge, practice or policy underpinning human health issues</li> <li>• <b>Likely</b> to lead to <b>significant</b> research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• Would be likely to be competitive with high quality, similar research proposals internationally.</li> </ul>	<p><b>AND</b></p> <p><b>Multidisciplinarity</b></p> <ul style="list-style-type: none"> <li>• <b>Broadly</b> demonstrates why the research requires the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily</li> <li>• Integrates researchers with <b>complementary expertise and insights</b> across disciplines <b>necessary and sufficient</b> to address the major research question and <b>likely</b> lead to <b>substantial outcomes</b> <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers' skills and perspectives that <b>could</b> produce sustainable synergy and novel outcomes, which would not be possible by the CIs pursuing the components as separate projects, or with a different composition of CIs.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• <b>Demonstrates comprehensive</b> and suitable plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates sustainable collaborations that <b>could</b> extend beyond the life of the project</li> <li>• Demonstrates each investigator's previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>comprehensive and very good</b> strategies to integrate,</li> </ul>
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		<p>provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</p>
<p><b>3 Good</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Integrates broadly complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, essential to solve a major research question that is beyond the scope of a single discipline or area of research practice:             <ul style="list-style-type: none"> <li>– is supported by <b>a</b> justified and <b>sound</b> hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses <b>are</b> developed, <b>broadly</b> complementary and integrated and appropriate <b>with several minor concerns</b></li> <li>– the integration of research components <b>could</b> result in novel conceptual approaches and insights.</li> </ul> </li> <li>• Demonstrates that the research proposal tackles a <b>major</b> question addressing an issue that is of <b>some importance</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>good</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Could</b> result in <b>significant and substantial</b> changes/ outcomes in the scientific knowledge, practice or policy underpinning human health</li> </ul>	<p>The proposed research team provides <b>good</b> synergy (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question             <ul style="list-style-type: none"> <li>– Provides investigators' diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Multidisciplinary</b></p> <ul style="list-style-type: none"> <li>• <b>Largely</b> demonstrates why the research requires the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily.</li> <li>• Integrates researchers with <b>expertise and insights</b> across disciplines <b>necessary and sufficient</b> to address the major research question and <b>could</b> lead to <b>substantial outcomes</b> <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers' skills and perspectives that <b>could in general</b> produce sustainable synergy and novel outcomes, which would not be possible by the CIs pursuing the components as separate projects, or with a different composition of</li> </ul> </li> </ul>

	<p>issues</p> <ul style="list-style-type: none"> <li>• <b>Could</b> lead to <b>significant</b> research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• Would be somewhat competitive with high quality, similar research proposals internationally.</li> </ul>	<p>CIs.</p> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• <b>Demonstrates suitable</b> plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates collaborations that <b>could</b> extend beyond the life of the project</li> <li>• Demonstrates each investigator’s previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>clear and good</b> strategies to integrate, provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</li> </ul>
<p><b>2 Satisfactory</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Integrates broadly complementary</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, essential to solve a major research question that is beyond the scope of a single discipline or area of research practice:             <ul style="list-style-type: none"> <li>– is supported by <b>a reasoned</b> hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses are generally sound, complementary and integrated but may lack</li> </ul> </li> </ul>	<p>The proposed research team provides <b>moderate synergy</b> (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• Comprises a diverse team (in terms of gender, career stage and/or researchers from different cultures) that will provide expertise <b>and</b> build capacity aligned to the research question             <ul style="list-style-type: none"> <li>– Provides investigators’ diverse experience and vital perspectives, without which the research question cannot be addressed.</li> </ul> </li> </ul>

	<p>clarity in some aspects and/or may contain notable weaknesses/ concerns</p> <ul style="list-style-type: none"> <li>– the integration of research components <b>could</b> result in <b>some</b> novel conceptual approaches and insights.</li> <li>• Demonstrates that the research proposal tackles a <b>major</b> question addressing an issue that is of <b>marginal importance</b> to advance the research or health area (not prevalence or magnitude of the issue)</li> <li>• Collectively has or has access to <b>some/ most but not all of the</b> technical resources, infrastructure, equipment and facilities, and if required, has access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Could</b> result in <b>appreciable improvements/ outcomes</b> in the scientific knowledge, practice or policy underpinning human health issues</li> <li>• <b>Could</b> lead to <b>moderately significant</b> research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.)</li> <li>• Would be marginally competitive with high quality, similar research proposals internationally.</li> </ul>	<p><b>AND</b></p> <p><b>Multidisciplinarity</b></p> <ul style="list-style-type: none"> <li>• Demonstrates <b>to some degree</b> why the research <b>could</b> require the integration of knowledge from multiple disciplines and has processes to ensure the research question is addressed using these different disciplines complementarily but <b>poses some concerns</b>.</li> <li>• Integrates researchers with <b>expertise and insights</b> across disciplines that <b>are relevant</b> to the major research question and <b>may</b> lead to <b>improved outcomes</b>: <ul style="list-style-type: none"> <li>– Achieves integration of the various researchers’ skills and perspectives that <b>could</b> produce <b>some</b> synergy and novel outcomes, which would not be possible by the CIs pursuing the components as separate projects, or with a different composition of CIs.</li> </ul> </li> </ul> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• <b>Demonstrates moderately suitable</b> plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• Demonstrates <b>to some extent</b> collaborations that <b>may extend</b> beyond the life of the project.</li> <li>• Demonstrates <b>to some extent</b> each investigator’s previous experience and success in collaborative research (with the same or other collaborators)</li> <li>• Incorporates <b>moderate</b> strategies to integrate, provide mentoring and</li> </ul>
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		<p>development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</p>
<p><b>1 Marginal to Poor</b></p>	<p>The proposed multidisciplinary research:</p> <ul style="list-style-type: none"> <li>• <b>Does not integrate</b> information, data, techniques, tools, perspectives, concepts and/or theories, from two or more disciplines or bodies of specialised knowledge, essential to solve a major research question that is beyond the scope of a single discipline or area of research practice: <ul style="list-style-type: none"> <li>– has a <b>weak</b> hypothesis/ hypotheses/ rationale</li> <li>– the scientific framework, design, methods and analyses have significant shortcomings and may contain major weaknesses.</li> </ul> </li> <li>• <b>Fails</b> to demonstrate that the research proposal tackles a major research question</li> <li>• <b>Does not</b> have access to the technical resources, infrastructure, equipment and facilities, or access to additional expertise necessary to achieve project outcomes</li> <li>• <b>Is unlikely to</b> result in <b>improvements/ outcomes</b> in the scientific knowledge, practice or policy underpinning human health issues of <b>significance</b></li> <li>• <b>Is unlikely to</b> lead to research outputs (for example, intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.) of <b>significance</b></li> <li>• <b>Is unlikely to</b> be competitive with similar research proposals</li> </ul>	<p>The proposed research team provides <b>limited synergy</b> (diversity, multidisciplinary and collaborative gain) as it:</p> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>• <b>Does not</b> comprise a diverse team (in terms of gender, career stage and/or researchers from different cultures) or the proposed team is diverse but investigators <b>do not</b> provide diverse experience and vital perspectives aligned <b>to</b> the research question.</li> </ul> <p><b>AND</b></p> <p><b>Multidisciplinary</b></p> <ul style="list-style-type: none"> <li>• <b>Does not</b> demonstrate why the research requires the integration of knowledge from multiple disciplines and <b>has no processes</b> to ensure the research question is addressed using these different disciplines complementarily</li> <li>• <b>Does not</b> integrate researchers with <b>expertise and insights</b> across disciplines necessary to address the major research question.</li> </ul> <p><b>AND</b></p> <p><b>Collaborative gain</b></p> <ul style="list-style-type: none"> <li>• <b>Does not demonstrate suitable</b> plan(s) for the research team to work synergistically, including milestones and evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources</li> <li>• <b>Does not</b> demonstrate collaborations that are <b>likely to extend</b> beyond</li> </ul>

	internationally.	the life of the project <ul style="list-style-type: none"><li>• <b>Does not</b> demonstrate each investigator's previous experience and success in collaborative research (with the same or other collaborators)</li><li>• <b>Does not</b> incorporate strategies to integrate provide mentoring and development opportunities and increase capability of under-represented groups/ researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).</li></ul>
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## Stage Two – Track Record, relative to opportunity (40%)

### Publications (20%)

Publication assessment will focus on up to 10 of each individual Chief Investigator’s top publications in the past 10 years (taking into account career disruptions), supported by explanations for inclusion of each nominated publication. Assessment of publication track record will focus on the quality of the research and contribution to science rather than the quantity of publications.

**Table 2. Publications (20%)**

Descriptor Relative to opportunity (including career stage) and to their field of research, the individual Chief Investigator demonstrates a(n) [performance indicator] record of publications in terms of quality and contribution to science

Score	1	2	3	4	5	6	7
Performance Indicator	Weak or limited	Satisfactory	Good	Very Good	Excellent	Outstanding	Exceptional

Research Impact (15%)

**Table 3.** Reach and significance of the research impact (5%)

Less than 10 years post-PhD (taking into account career disruptions)	Category Descriptors			More than 10 years post-PhD (taking into account career disruptions)
	There is robust, verifiable evidence of:	Note: Chief Investigators do not need to demonstrate all types of research impact	There is robust, verifiable evidence of:	
7	an <b>exceptional</b> knowledge, health, economic and/or social impact	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>a paradigm changing development that has led to (a) new knowledge within the field that is recognised across multiple countries, (b) significant influence beyond the specific field of research or (c) the development of a new field(s) of research that has been recognised across multiple countries/ beneficiaries</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>a paradigm changing development that has improved health or health systems, services, policy, programs or clinical practice that (a) had a significant impact on health with an extensive reach, (b) had a profound impact on health with a modest reach, (c) profoundly improved the health of Australia’s Indigenous people or (d) led to a significant, scalable and sustainable change in health systems and services in a large number of communities</li> </ul> <p><b>Economic</b></p> <ul style="list-style-type: none"> <li>development of a service delivery or system change, prevention program, intervention, device, therapeutic or change in clinical practice that led to (a) the generation of significant commercial income or (b) a profound reduction in healthcare costs</li> </ul> <p><b>Social</b></p> <ul style="list-style-type: none"> <li>changes in policy that have had (a) a significant impact on the social well-being, equality or social inclusion of very large numbers of people at a national level or across multiple countries or (b) a profound impact on the social well-being of the end-user, public and community of a</li> </ul>	an <b>exceptional</b> knowledge, health, economic and/or social impact	7
			an <b>outstanding</b> knowledge, health, economic and/or social impact	6

		smaller number of individuals at a national level or across multiple countries		
7	an <b>exceptional</b> knowledge, health, economic and/or social impact	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>a major development that has led to (a) new knowledge within the field that is recognised nationally or across multiple countries, (b) a major influence beyond the specific field of research or (c) a major influence on the development of a new field(s) of research that has been recognised nationally or across multiple countries/beneficiaries</li> </ul>	an <b>excellent</b> knowledge, health, economic and/or social impact	5
6	an <b>outstanding</b> knowledge, health, economic and/or social impact	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>an important development that has improved health or health systems, services, policy, programs or clinical practice that (a) had a major impact on health with an extensive reach, (b) had a significant impact on health with a modest reach, (c) led to a significant improvement in the health of Australia's Indigenous people or (d) led to major scalable and sustainable change in health systems and services in a number of communities</li> </ul> <p><b>Economic</b></p> <ul style="list-style-type: none"> <li>development of a service delivery or system change, prevention program, intervention, device, therapeutic or change in clinical practice that led to (a) the generation of considerable commercial income or (b) a major reduction in healthcare costs</li> </ul> <p><b>Social</b></p> <ul style="list-style-type: none"> <li>changes in policy that have either had (a) a major impact on the social well-being, equality or social inclusion of very large numbers of people at a local, state/territory or national level or (b) a significant impact on the social well-being of the end-user, public and community of a smaller number of individuals at a local, state/territory or national level</li> </ul>	a <b>very good</b> knowledge, health, economic and/or social impact	4
5	an <b>excellent</b> knowledge, health, economic and/or social impact	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>a change that has led to (a) new knowledge within the field that is recognised nationally or across multiple countries, (b) had some influence beyond the specific field of research, or (c) some influence on the development of a new field(s) of research that has been recognised</li> </ul>	a <b>good</b> knowledge, health, economic and/or social impact	3

4	a <b>very good</b> knowledge, health, economic and/or social impact	<p>nationally or across multiple countries/beneficiaries</p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>a development that has improved health or health systems, services, policy, programs or clinical practice that (a) had some impact on health with an extensive reach, (b) had a major impact on health with a modest reach, (c) led to a major improvement in the health of Australia's Indigenous people, or (d) led to some scalable and sustainable change in health systems and services in a small number of communities</li> </ul>		
3	a <b>good</b> knowledge, health, economic and/or social impact	<p><b>Economic</b></p> <ul style="list-style-type: none"> <li>development of a service delivery or system change, prevention program, intervention, device, therapeutic or change in clinical practice that led to (a) the generation of some commercial income or (b) some reduction in healthcare costs</li> </ul>	a <b>satisfactory</b> knowledge, health, economic and/or social impact	2
2	a <b>satisfactory</b> knowledge, health, economic and/or social impact	<p><b>Social</b></p> <ul style="list-style-type: none"> <li>changes in policy that have had (a) some impact on the social well-being, equality or social inclusion of very large numbers of people at a local, state/territory or national level or (b) an impact on the social well-being of the end-user, public and community of a smaller number of individuals at a local, state/territory or national level</li> </ul>		
1	a <b>weak or limited</b> knowledge, health, economic and/or social impact and/or the Chief Investigator has not supplied robust verifiable evidence	<p>There is limited or weak evidence of:</p> <ul style="list-style-type: none"> <li>the development of new knowledge</li> <li>improved health systems and services</li> <li>reductions in health care costs or economic growth</li> <li>improvements in social well-being, equality or social inclusion.</li> </ul>	a <b>weak or limited</b> knowledge, health, economic and/or social impact and/or the Chief Investigator has not supplied robust verifiable evidence	1

**Table 4. Research Program’s contribution to the Research Impact (5%)**

Descriptor Relative to opportunity and to their field of research, there is robust verifiable evidence that the individual Chief Investigator’s research program made a(n) [performance indicator] contribution to the claimed knowledge, health, economic and/or social impact

Score	1	2	3	4	5	6	7
Performance Indicator	Weak, limited or no	Satisfactory	Good	Very Good	Excellent	Outstanding	Exceptional

Note: Chief Investigators who do not supply robust verifiable evidence should receive a score of 1.

**Table 5. Chief Investigator’s contribution to the Research Program (5%)**

Descriptor Relative to opportunity and to their field, there is robust verifiable evidence that the individual Chief Investigator made a(n) [performance indicator] contribution to the research program that led to the claimed knowledge, health, economic and/or social impact

Score	1	2	3	4	5	6	7
Performance Indicator	Weak, limited or no	Satisfactory	Good	Very Good	Excellent	Outstanding	Exceptional

Note: Chief Investigators who do not supply robust verifiable evidence should receive a score of 1.

## Leadership (5%)

**Table 6. Leadership (5%)**

Descriptor	<p>Relative to opportunity (including career stage) and to their field of research, the individual Chief Investigator demonstrates [performance indicator] performance in:</p> <ul style="list-style-type: none"> <li>• supervision, mentoring, training and/or career development of staff and/or students within and/or beyond their research group</li> <li>• experience and contribution to the peer review of publications and grant applications, nationally and/or internationally</li> <li>• contribution to community engagement, public advocacy, government advisory boards or committees, professional societies at a local, national and/or international level</li> <li>• non-research contribution(s) to department, centre, institute or organisation, for example, people development, relationship building, stewardship, teaching, mentoring, contributions towards improving equity and diversity, behaviour and culture</li> <li>• conception and direction of a research project or program</li> <li>• building and maintaining collaborative networks necessary to achieve research outcomes within and/or beyond their institution.</li> </ul>						
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Score	1	2	3	4	5	6	7
Performance Indicator	Weak or limited	Satisfactory	Good	Very Good	Excellent	Outstanding	Exceptional



## Appendix E – Indigenous Research Excellence Criteria

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To qualify as Aboriginal and Torres Strait Islander health research, at least 20% of the research effort and/or capacity building must relate to Aboriginal and Torres Strait Islander health.

Qualifying applications must address the NHMRC Indigenous Research Excellence Criteria as follows:

- **Community engagement** – the proposal demonstrates how the research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities with relevant community engagement by individuals, communities and/or organisations in conceptualisation, development and approval, data collection and management, analysis, report writing and dissemination of results.
- **Benefit** – the potential health benefit of the project is demonstrated by addressing an important public health issue for Aboriginal and Torres Strait Islander people. This benefit can have a single focus or affect several areas, such as knowledge, finance and policy or quality of life. The benefit may be direct and immediate, or it can be indirect, gradual and considered.
- **Sustainability and transferability** – the proposal demonstrates how the results of the project have the potential to lead to achievable and effective contributions to health gain for Aboriginal and Torres Strait Islander people, beyond the life of the project. This may be through sustainability in the project setting and/or transferability to other settings such as evidence-based practice and/or policy. In considering this issue, the proposal should address the relationship between costs and benefits.
- **Building capability** – the proposal demonstrates how Aboriginal and Torres Strait Islander people, communities and researchers will develop relevant capabilities through partnerships and participation in the project.

Peer reviewers will consider these in their overall assessment of the application, when scoring the *Assessment Criteria* set out in [Appendix C](#).



## Appendix F – Guidance for Assessing Applications against the Indigenous Research Excellence Criteria

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Peer reviewers should consider the following when assessing applications that have a focus on the health of Indigenous Australians. The points below should be explicit throughout the application and not just addressed separately within the Indigenous criteria section.

### Community engagement

- Does the proposal clearly demonstrate a thorough and 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?
- Were the Indigenous community instrumental in identifying and inviting further research into the health issue and will the research outcomes directly benefit the ‘named’ communities?
- Is there a history of working together with the ‘named’ communities, for example, co-development of the grant, involvement in pilot studies or how the ‘named’ communities will have input/control over the research process and outcomes across the life of the project?

### Benefit

- Does the proposal clearly outline the potential health benefits (both intermediate and long term, direct and indirect) to Aboriginal and Torres Strait Islander people?
- Does the proposal demonstrate that the benefit(s) of the project have 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 people and/or communities will benefit from capability development?
- Does the proposal outline how researchers and individuals/groups associated with the research project will develop capabilities that allow them to have a greater understanding/engagement of Aboriginal and Torres Strait Islander peoples?



## Appendix G – Guidance for Assessing Applications against the Synergy Grants Assessment Criteria

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Synergy Grants support outstanding multidisciplinary teams of investigators to work together to answer major questions that cannot be answered by a single investigator. The assessment criteria for Synergy Grant applications are:

- **Knowledge Gain** (30%)
- **Synergy** (30%)
- **Track Record**, relative to opportunity (40%):
  - Publications (20%)
  - Research Impact (15%)
  - Leadership (5%).

The following advice should be taken into consideration when assessing applications.

### Knowledge Gain (30%)

NHMRC defines Knowledge Gain for the Synergy Grant scheme as the quality of the proposed research and significance of the knowledge gained. It incorporates theoretical concepts, hypotheses, research design, robustness and the extent to which the research findings will contribute to the research area and health outcomes (by advancing knowledge, practice or policy).

For the assessment of Knowledge Gain peer reviewers are to consider:

- the clarity and justification of the of the research hypothesis/hypotheses/rationale
- the strengths and weaknesses of the scientific framework, study design, methods and analyses
- whether the proposal tackles a major question addressing an issue of critical importance to advance the research or health area (not prevalence or magnitude of issue)
- the access to the technical resources, infrastructure, equipment and facilities, and if required, access to additional expertise necessary to achieve the proposed outcomes
- access to the technical resources required to achieve project outcomes
- the potential for significant and transformative changes/outcomes in the scientific knowledge, practice or policy underpinning human health issues
- the potential research outputs including: intellectual property, publications, policy advice, products, services, teaching aids, consulting, contract research, spin-offs, licensing etc.



The significance of the study is not a measure of the prevalence/incidence of the health issue (for example, cancer versus sudden infant death syndrome) but the extent to which the study will address the health issue.



## Synergy (30%)

NHMRC defines 'Synergy' for the Synergy Grant scheme as the quality of a diverse team's multidisciplinary and collaborative approach to solve a major health and medical research question, while building workforce capacity.

The Synergy criterion will consider the quality of the diverse team's multidisciplinary and collaborative approach to solving a major health and medical research question, as well as the capacity-building/workforce development outcomes.

This criterion will also assess whether the specific research team named in the application has the appropriate mix of research skills and collaborative experience to answer the research question.

Successful Synergy Grant proposals will be outcomes focused, demonstrating the skills essential to solve the research question, and provide evidence of a discernible benefit over homogenous research teams.

It is essential when considering the Synergy criterion against the category descriptors that **all the descriptors relating to a particular score are met.**

For the assessment of Synergy peer reviewers are to consider whether the application demonstrates:

- the diverse composition of the team (gender, career stage and/or researchers from different cultures) that will:
  - provide expertise
  - build capacity (aligned to the research question)
  - provide vital skills and perspectives, without which the research question cannot be addressed.
- a multidisciplinary approach that will:
  - ensure the research is integrated and cohesive and that relevant outcomes of different disciplines are integrated
  - integrate researchers with complementary expertise, skills, and perspectives across disciplines necessary to address the major research question, producing transformative outcomes which would not be possible by the CIs pursuing the components as separate projects, or with different CIs.
- collaborative gain that:
  - is supported by comprehensive and suitable plan(s) for the research team to work synergistically which includes milestones, evaluation measures and strategies for intellectual exchange, governance, grant sharing and resources
  - establishes sustainable collaborations likely to extend beyond the life of the project
  - that shows each investigator's previous experience and success in collaborative research



- incorporates strategies in its proposal to integrate, provide mentoring and development opportunities and increase capabilities of under-represented groups/researchers (for example, health professionals, consumers, community groups, policy makers and people from different cultures).

Further information on how NHMRC defines the concept of ‘Synergy’ is at [Appendix H](#). Category descriptors for Knowledge Gain and Synergy are at Table 1 of [Appendix D](#).

## Track Record (40%)

NHMRC defines ‘Track Record’ for the Synergy Grant scheme as the value of an individual Chief Investigator’s past research achievement, relative to opportunity, not prospective achievements, using evidence-based components. Assessment of Track Record comprises peer reviewers’ consideration of:

- Publications (20%)
- Research Impact (15%)
- Leadership (5%).

### 1. Publications (20%)

Chief Investigators have been asked to nominate up to 10 of their best publications from the past 10 years (taking into account any career disruptions). Each nominated publication has an accompanying explanation field which the applicant uses to provide their reasons for nominating the publication. Peer reviewers are to assess nominated publications on their quality and contribution to science, including the individual Chief Investigator’s contribution to each.

Chief investigators have been advised that they may include field weighted metrics and citation metrics within the explanation field for the 10 best publications from the last 10 years. However, the explanation field is not to be used by the applicant to provide additional track record information (for example, conference participation, awards, patents, publications not already nominated in the applicant’s Top 10). Peer reviewers must not take into consideration for their assessment, any additional track record information provided in the publication explanation field.

NHMRC accepts 10 types of publication: Accepted for Publication; Books/Chapters; Editorials; Journal Articles (Original Research); Journal Articles (Review); Letters to the Editor; Preprints; Research Report – commissioned by Government, Industry or Other; Technical Report; and Text Book.

A preprint is a complete and public draft of a scientific document, yet to be certified by a journal through peer review.

To be considered in this category, a preprint:

- must be available in a recognised scientific public archive or repository such as arXiv, bioRxiv, Peer J Preprints, F1000 Research, etc.



- should be searchable via a digital object identifier (DOI). For preprints that are incrementally updated as work progresses, each version should have a unique DOI and only the latest version of the work should be included in the grant application.

Assessment of publications will use a 7-point scoring system, supported by category descriptors (see Table 2 of [Appendix D](#)). Peer reviewers will be required to form a judgement based on up to 10 of the applicant's nominated publications from the past 10 years (taking into account career disruptions), including the applicant explanation for each nominated publication.

The focus on **up to** 10 nominated publications, rather than each individual Chief Investigator's total list of publications from the past 10 years, is to ensure emphasis of the publications track record assessment is on the quality and contribution to science, rather than quantity of publications.

Publications category descriptors are at Table 2 of [Appendix D](#).

## 2. Research Impact (15%)

Assessment of each individual Chief Investigator's research impact will be based on:

- the reach and significance of their claimed research impact (5%)
- the contribution of their research program to the research impact (5%)
- the contribution of the individual Chief Investigator's to the research program (5%).

These three components of research impact are assessed separately using three 7-point scoring systems supported by category descriptors (Table 3, 4 and 5 of [Appendix D](#)).

For the assessment of 'reach and significance', the 7-point scoring system is further divided into *less than 10 years post-PhD (taking into account career disruptions)* and *more than 10 years post-PhD* (Table 3 of [Appendix D](#)). This is to recognise that early and mid-career researchers will have had less time to accumulate research impact.

NHMRC defines the impact of research as the verifiable outcomes that research makes to knowledge, health, the economy and/or society. Impact is the effect of the research after it has been adopted, adapted for use, or used to inform further research.

Research impact is verifiable outcomes from research and *not the prospective or anticipated effects of the research*. For example, a prospective publication linked to the Chief Investigator's research program is not demonstrated or corroborated impact.

Research impact also includes research that leads to a decision not to use a particular diagnostic, treatment or health policy.



**Figure 1.** Key definitions for the assessment of Research Impact

<p><b>Research Impact</b></p> <p>The verifiable outcomes that research makes to knowledge, health, the economy and/or society. Impact is the effect of the research after it has been adopted, adapted for use, or used to inform further research</p> <p><b>Research Program</b></p> <p>A cohesive body of research by the Chief Investigator, not limited to an individual case study (as used in a clinical context) or a single publication. It may be recent or in the past.</p> <p><b>Research program’s contribution to the research impact</b></p> <p>The degree to which the Chief Investigator’s research program was necessary to achieve the impact(s) (knowledge, health, economic, and/or social impact).</p> <p><b>Chief Investigator’s contribution to the research program</b></p> <p>The level of the individual Chief Investigator’s contribution (for example, leadership, intellectual and/or technical input) to the research program.</p>
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Peer reviewers should consider, based on the corroborating evidence provided:

- the reach of the research impact.
- the significance of the research impact to:
  - informing knowledge to advance research
  - improving products, processes, behaviours/prevention, policies, practices
  - improving the nation’s economic performance
  - improving the health and well-being of the community.

For the purposes of assessing impact, NHMRC uses four specific descriptors:

- **Knowledge impact:** Research that has contributed to discoveries and/or demonstrable benefits emerging from adoption, adaption or use of the discovery to inform further research.
- **Health impact:** Research that has contributed to improvements in health through new therapeutics, diagnostics, or disease prevention; or by contributing to improvements in disease prevention, diagnosis and treatment, health policy, health systems, and quality of life.
- **Economic impact:** Research that has contributed to the nation’s economic performance by creating new industries, jobs and valuable products, and reducing health care costs. An economic impact may also contribute to social or health impacts, including human capital gains and the value of life and health.



- **Social impact:** Research that has contributed to improvements in the health of the society, including the wellbeing of the end user and the community. This may include improved ability to access health care services and to participate socially.

Peer reviewers should note that Chief Investigators can demonstrate the contribution of their research program within a category of impact (knowledge, health, economic and social) or across multiple categories. If impacts from one research program are claimed across multiple categories, the overall research impact score is determined holistically and on balance across the different categories (it is not additive).

For Chief Investigators who have provided impacts for **more than one research program**, peer reviewers are to determine whether **any** one of the research programs and their impacts have been sufficiently demonstrated and corroborated, and score accordingly. Chief Investigators are not to be scored in an additive method for multiple research programs.

**Reach** is the extent, spread, breadth, and/or diversity of the beneficiaries to the impact, relative to the type of research impact.

**Significance** is the degree to which the impact has enabled, enriched, influenced, informed or changed the performance, policies, practices, products, services, understanding, awareness or wellbeing of the beneficiaries (not the prevalence or magnitude of the issue).

Chief Investigators were instructed to include **one research program** to demonstrate research impact(s) across one or more of the four types of impact. A research program is a cohesive body of research by the Chief Investigator, as opposed to disparate bodies of research that each have different objectives and impacts. It is not limited to an individual case study (as used in a clinical context) or a single publication. A research program may be recent or in the past.

Chief Investigators need to outline the research program with corroborating evidence that can be independently assessed by peer reviewers. Chief Investigators were required to provide evidence sufficient and strong enough to demonstrate their claims for all three impact criteria. Chief Investigators may use the same evidence across the three impact criteria if appropriate. Peer reviewers will need to decide whether the impact claims have been sufficiently demonstrated and corroborated. A poorly corroborated or non-corroborated research impact or contribution to impact should receive a score of one, in alignment with the category descriptors.

Peer reviewers will consider the degree to which the Chief Investigator's research program is attributed to the impact(s) (knowledge, health, economic and/or social impact). The relationship between the Chief Investigator's research program and the impact may be foreseen or unforeseen, and may be an end product or demonstrated during the research process.

Relative to opportunity and to the Chief Investigator's field of research, peer reviewers should consider the level of the Chief Investigator's contribution (for example, leadership, intellectual and/or technical input, etc.) to the research based on robust and verifiable evidence.

### **Verification of evidence provided against research impact claims**

Peer reviewers **can verify evidence provided by Chief Investigators**. If a Chief Investigator has not provided evidence of their research impact, they should receive a score of one, in alignment with the



category descriptors. Peer reviewers **must not seek evidence** to support the research impact claims of a Chief Investigator who has not provided evidence.

Peer reviewers should also note that, for corroborating evidence, it is the quality of the evidence provided, not the quantity, that should be considered. Chief Investigators only need to provide evidence sufficient and strong enough to verify the claims, not all evidence that may be on the public record. A poorly or non-corroborated research contribution, should receive a score of one, in alignment with the category descriptors at Tables 3, 4, and 5 of [Appendix D](#).

Examples of evidence are listed in Table 1 below. Evidence examples may be relevant to more than one research impact type.

**Table 1. Types of Research Impact and Examples of Evidence of Research Impact**

Type of	Description of research impact	Examples of evidence (not exhaustive)
<b>Knowledge impact</b>	<ul style="list-style-type: none"> <li>New knowledge, demonstrating the benefits emerging from adoption, adaption or use of new knowledge to inform further research, and/or understanding of what is effective.</li> </ul>	<ul style="list-style-type: none"> <li>recognition of research publications (for example, citation metrics, particularly field weighted)</li> <li>data sharing</li> <li>contribution to registries or biobanks</li> <li>prizes and conference presentations</li> <li>uptake of research tools and techniques</li> <li>evidence of uptake of the research by other disciplines</li> </ul>
<b>Health impact</b>	<ul style="list-style-type: none"> <li>Improvements in health through new therapeutics, diagnostics, disease prevention or changes in behaviour; or improvements in disease prevention, diagnosis and treatment, management of health problems, health policy, health systems, and quality of life.</li> </ul>	<ul style="list-style-type: none"> <li>policy or program adopted</li> <li>a clinical guideline adopted</li> <li>international or national practice standards adopted</li> <li>improved service effectiveness</li> <li>Phase I, Phase II and Phase III clinical trials underway or completed</li> <li>improved productivity due to research innovations (for example, reduced illness, injury)</li> <li>Quality-Adjusted Life Years, Disability-Adjusted Life Years, Potential Years of Life Lost, Patient Reported Outcome Measure and other relevant indicators</li> <li>relative stay index for multi-day stay patients, hospital standardised mortality ratio, cost per weighted separation and total case weighted separation</li> <li>reports (including community and government)</li> </ul>



<p><b>Economic impact</b></p>	<ul style="list-style-type: none"> <li>Improvements in the nation's economic performance through creation of new industries, jobs or valuable products, or reducing health care costs, improving efficiency in resource use, or improving the welfare/well-being of the population within current health system resources. An economic impact may also contribute to social or health impacts, including human capital gains and the value of life and health.</li> </ul>	<p><b>Health care system savings</b></p> <ul style="list-style-type: none"> <li>relative stay index for multi-day stay patients, hospital standardised mortality ratio, cost per weighted separation and total case weighted separation</li> <li>reduction in Medicare Benefits Schedule/ Pharmaceutical Benefits Scheme costs</li> <li>improved productivity due to research innovations (for example, reduced illness, injury)</li> <li>improved service effectiveness</li> </ul> <p><b>Product development</b></p> <ul style="list-style-type: none"> <li>a research contract with an industry partner and an active collaboration</li> <li>granting of a patent</li> <li>execution of a licensing agreement with an established company</li> <li>income from intellectual property</li> <li>raising funding from venture capital or other commercial sources or from government schemes that required industry co-participation</li> <li>successful exit from start-up company (public market flotation, merger or acquisition)</li> <li>development of pre-good manufacturing practice prototype</li> <li>successful generation or submission of: <ul style="list-style-type: none"> <li>a regulatory standard data set</li> <li>applications for pre-market approval of a medical device</li> <li>a new drug or device for registration (for example, by Food and Drug Administration, European Medicines Agency, Therapeutic Goods Administration)</li> </ul> </li> <li>product sales</li> </ul>
<p><b>Social impact</b></p>	<ul style="list-style-type: none"> <li>Improvements in the health of society, including the well-being of the end user and the community. This may include improved ability to access health care services, to participate socially (including empowerment and participation in decision making) and to quantify improvements in the health of society.</li> </ul>	<ul style="list-style-type: none"> <li>uptake or demonstrated use of evidence by decision makers/policy makers</li> <li>qualitative measures demonstrating changes in behaviours, attitudes, improved social equity, inclusion or cohesion</li> <li>improved environmental determinants of health</li> <li>improved social determinants of health</li> <li>changes to health risk factors</li> </ul>



### 3. Leadership (5%)

For the assessment of Leadership, peer reviewers are required to review individual Chief Investigator outputs over the past 10 years (taking into account career disruptions) across each of the four Leadership elements:

- Research Mentoring
  - formal and informal stewardship of the next generation of researchers
  - identifying, training and nurturing talent
  - fostering collaboration among junior researchers
- Research Policy and Professional Leadership
  - improving research quality standards
  - driving innovation and multi-dimensionality in research
  - improving academic reporting standards
- Institutional Leadership
  - driving behavioural and cultural change
  - identifying and mitigating risks
- Research Programs and Team Leadership
  - creating diverse, inclusive, and collaborative learning environments
  - engagement with the broader community and public advocacy
  - providing opportunities for appropriate research and non-research training.

NHMRC recognises that a broad range of leadership contributions are necessary to create an environment that enables research excellence and stewardship, and that based on a researcher's working environment, work history and level of seniority, examples of leadership will vary. The examples listed under each Leadership element above are illustrative only, Chief Investigator are encouraged to demonstrate their strongest examples of leadership.

Chief Investigator are also encouraged to highlight their leadership style and describe how they have identified and contributed to positive change (for example, organisational or behavioural/cultural change). Demonstrated impacts of leadership, such as people development, stewardship, contributions to cultural or paradigm change and fostering equality, diversity and inclusion, will be assessed by peer reviewers against the category descriptors at Table 6 [Appendix D](#).

Chief Investigator have been advised that peer reviewers have been instructed to ignore Leadership track record information that falls outside of the past 10 years (taking into account career disruptions). Where Leadership track record carries across the 10-year timeframe, peer reviewers are



instructed to include only that information which falls within the allowable timeframe (for example, instead of a Chief Investigator writing “I have mentored 19 students since 2007”, they should write “I have mentored 11 students since 2013”).

Applications are assessed relative to opportunity, taking into consideration any career disruptions, where applicable (see [Appendix I](#)).



## Appendix H - Concept of 'Synergy'

### Preamble

The Synergy Grant scheme incorporates an assessment criterion on 'Synergy' that will assess the merits of an applicant team's multidisciplinary approach, the diversity of the research team and its 'collaborative gain', including whether members of the team have a demonstrated experience and success in collaborative research.

The criterion will consider the quality of the diverse team's multidisciplinary and collaborative approach to solve a major health and medical research question, as well as the capacity-building/workforce development outcomes.

Successful Synergy grant proposals will have an outcomes focus, demonstrating the skills essential to solve the research question, and will provide evidence of a discernible benefit over homogenous research teams (through multidisciplinary and other dimensions of diversity).

### A multiple disciplinary approach to research

Solving major research questions and achieving transformative health outcomes increasingly require new technical and intellectual approaches (new ways to conceptualise, think about and/or address a question) through a convergence of perspectives from different disciplines. Each discipline provides specific intellectual knowledge, experimental approaches, methodological considerations, analytical approaches, and theoretical context.

Together, these elements provide new insights to address major and challenging research questions.

In addition to integration between the broad research areas of basic science, clinical medicine and science, public health and health services research, a multidisciplinary approach may involve single or multiple methods (that is, qualitative, quantitative, multi methods and mix methods) across a range of research disciplines including, for example, social sciences, policy analysis, economics, engineering, mathematics and physical sciences. Such approaches may be critical to address major questions relating to health care delivery, health systems strengthening or population health.

The concept of research involving multiple disciplines is often denoted by terms such as multidisciplinary, interdisciplinary and transdisciplinary. However, the definition of these terms, and even the concept of a "discipline", is constantly evolving and lacks consensus across different areas of health and medical research.

For the purposes of Synergy Grants, "multiple disciplinary research" covers 'research by teams that integrate information, data, techniques, tools, perspectives, concepts, methodologies and/or theories from two or more disciplines or bodies of specialised knowledge to advance fundamental understanding or to solve questions whose solutions are beyond the scope of a single discipline or area of research practice'.

Applicants should identify a major health and medical research related question and justify:



- why it requires the integration of knowledge from multiple disciplines or bodies of specialised knowledge
- how the multiple disciplinary approach can provide novel solutions and insights that would not be achieved with a single discipline or traditional approaches
- how the research question is operationalised and addressed using different disciplines complementarily
- the sustainability of the research collaboration and scope for long term outcomes extending beyond the life of the project, and
- the methods that will keep the multiple disciplinary team focused, integrated and cohesive and that will drive outcomes.

## Diversity of research teams

NHMRC recognises the need to foster diversity in health and medical research teams beyond multiple disciplinary.

Health and medical research, from basic science to clinical and translational research, to policy formation, requires creativity and a diverse range of skillsets and viewpoints.

Research<sup>1</sup> has shown that diverse teams outperform homogeneous teams. They provide distinct perspectives, creativity and innovation, increased accountability and individual enterprise to address major research questions. A diverse workforce can provide benefits including:

- global competitiveness
- a balanced and broadened perspective in setting research priorities
- contribution to robust learning environments
- improving the breadth and quality of researchers
- improving capacity to address health disparities
- enhancing public trust, and
- increased opportunities for under-represented groups/researchers to participate in and benefit from research.

Synergy Grant research teams will foster both collaborative gain and capacity building through the recruitment of talented researchers from diverse backgrounds and groups.

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<sup>1</sup> Notice of NIH's Interest in Diversity – <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-210.html>



Diversity in Synergy Grants could span under-represented groups in health and medical research. This could include career stage, gender and researchers from different cultures (for example, Aboriginal and Torres Strait Islander researchers). Given the broad spectrum of research encompassed in the health and medical research sector, the opportunities to engage a particular group will depend on the type of research being undertaken. It is, however, essential that each of the investigators contributes to the scientific development and execution of the project in a substantive and measurable manner.

In addition to diversity in the research team, NHMRC strongly encourages and values collaborations with stakeholders who have direct experience and knowledge, or who are direct beneficiaries, of the proposed research. This could include consumers, community groups, policy makers and people from different cultures (such as Aboriginal and Torres Strait Islander peoples). The active involvement of these stakeholders will enhance research priority setting, increase the relevance of the research and its translation and provide critical knowledge that increases the quality and direction of the research.

Diversity is a broad concept with different dimensions and approaches across the health and medical research sector. Each of the different dimensions is important and diversity should be embraced in its broadest sense. Rather than mandate a particular approach to achieving diversity or ascribe a hierarchy of importance (for example, gender versus career stage), NHMRC requires applicants to establish and demonstrate diversity in research teams that is aligned to the major research question of the proposal. The inclusion of a particular team member should be considered in the context of the research question, by valuing and using diverse personnel to enhance a project's quality and outcomes and advancing workforce development/ capacity.

Applicants should justify the diversity within the proposed research team, by outlining both:

- the type(s) of diversity fostered and how it will enhance the outcomes of the project and its scientific quality, including why the research question cannot be addressed without the proposed personnel
- how the team will contribute to the capacity building, mentoring, career development and diversification of the research workforce.

Examples of multiple disciplinary research teams are outlined below to illustrate the concepts in the context of Synergy Grants and are not indicative of the potential merit of an application.

Synergy Grant applications will be assessed against published assessment criteria based on the specific details of each proposal. Peer reviewers should refer to the category descriptors ([Appendix D](#)), which identify the expectations for each score across a 7-point scale.

## Examples

An example is the development of genomics formed from genetics, molecular biology, analytical chemistry, mathematics and informatics. Genomics is now being integrated with public health research for health improvement through guidelines for appropriate use of genetic tests and services, interventions such as newborn screening for conditions and multidisciplinary population sciences to assess value and impact of genetic information in health conditions.



In cancer research, the development of screening tools for cancers may comprise teams including clinicians, research nurses, geneticists, bioinformaticians and biochemists, who identify a suitable patient cohort, obtain clinical samples, identify likely biomarkers that correlate with tumour development using genetics, define the role of that gene/protein in the development of cancer and undertake subsequent development of diagnostic tests for screening in patient cohorts.

In research into the assessment and management of cardiovascular risk, research teams that include public health researchers with qualitative and quantitative skills, clinicians with a range of expertise across the lifecycle and continuum from hospital to community care, geneticists, behavioural, biomedical engineering and informatics scientists, dietitians and exercise scientists and health consumers (especially from vulnerable population groups) are required to develop new approaches to individualised absolute risk assessment and management.

Research to address new approaches to manage antibiotic resistance could incorporate researchers from biology and biochemistry, immunology, biomedicine and pharmacology to develop new antibiotics, working with mathematicians and statisticians, as well as with behavioural scientists and economists to understand how patterns of resistance develop and develop new behavioural strategies to reduce antibiotic use or to provide incentives for appropriate use of new antibiotics.



## Appendix I – NHMRC Relative to Opportunity and Career Disruption Policy

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### Purpose

NHMRC's goal is to support the highest quality research that will lead to improvements in health over the short or long term. Peer review by independent experts is used to identify well-designed feasible projects that address a significant question and are undertaken by researchers with demonstrated capacity to perform high quality research.

In most NHMRC grant schemes, peer reviewers are asked to assess the track record of the applicants as well as the proposed research. However, NHMRC recognises that not all research careers are the same and therefore peer reviewers are asked to assess track records “relative to opportunity”, taking into account circumstances that have affected the applicant's research productivity.

The purpose of this document is to outline NHMRC's Relative to Opportunity Policy with respect to:

- peer review of applicant track records
- eligibility to apply for Emerging Leadership Investigator Grants.

### Policy approach

NHMRC considers Relative to Opportunity to mean that peer reviewers should assess an applicant's track record of research productivity and professional contribution in the context of their career stage and circumstances, by taking into consideration whether the applicant's productivity and contribution are commensurate with the opportunities available to them.

The policy has two components:

- **Career Disruption** – a prolonged interruption to the ability to work due to pregnancy, illness/injury and/or carer responsibilities. Career Disruptions are taken into account in track record assessment and in determining an applicant's eligibility to hold an Emerging Leadership Investigator Grant (in terms of years since they received their PhD).
- **Other Relative to Opportunity considerations** – any other personal or professional circumstances affecting research productivity. These circumstances are taken into account in track record assessment.

In addition to *NHMRC's Principles of Peer Review*, particularly the principles of fairness and transparency, the following additional principles further support this objective:

- **Research opportunity:** Researchers' outputs and outcomes should reflect their opportunities to advance their career and the research they conduct.
- **Fair access:** Researchers should have access to funding support available through NHMRC grant schemes consistent with their experience and career stage.



- **Career diversity:** Researchers with career paths that include time spent outside academia should not be disadvantaged. NHMRC recognises that time spent in sectors such as industry may enhance research outcomes for both individuals and teams.

NHMRC expects that peer reviewers will give clear and explicit attention to these principles to identify the highest quality research and researchers. NHMRC recognises that life circumstances can be varied and therefore it is not possible to implement a formulaic approach to applying Relative to Opportunity considerations during peer review.

## Consideration of career circumstances during peer review of grant applications

Under the Relative to Opportunity policy, researchers' career circumstances are considered during track record assessment. This aims to take into account salient research opportunity considerations over the course of a research career and is not intended to address minor changes to life circumstances.

Circumstances considered during peer review include, but are not limited to, the following 5 areas.

### Research

- Research role(s) and responsibilities, career stage, and amount of time spent as an active researcher

### Resources and facilities

Available resources and facilities, including:

- the extent to which any additional research personnel and/or collaborators contribute to the applicant's research program
- situations where research is being conducted in remote or isolated communities.

### Professional responsibilities

- Clinical, administrative and/or teaching workload
- Time employed in other sectors
- Building relationships of trust with Aboriginal and Torres Strait Islander communities over long periods

### Personal circumstances

- Disability (including mental health conditions and psychosocial disability) or illness
- Caring responsibilities that do not interrupt the applicant's career for an extended period (that would meet the definition of a Career Disruption) but still affect research productivity
- For Aboriginal and Torres Strait Islander applicants, community obligations including 'sorry business'



- Any other personal circumstances.

#### **Other circumstances**

- Relocation of an applicant and their research laboratory or clinical practice setting
- Periods of unemployment
- Calamities, such as pandemics, bushfires or cyclones

Relative to Opportunity considerations do not include:

- minor (or short-term) changes that occur during the normal course of conducting research, for example, broken equipment or delayed ethics approval
- minor (or short-term) medical conditions
- recreational leave or general administrative activities related to research, such as preparation of grant applications and publications or committee-related activities.

### **Career Disruption considerations during peer review in determining eligibility for Emerging Leadership Investigator Grants**

A Career Disruption is defined as a prolonged interruption to an applicant's capacity to work, due to:

- pregnancy
- major illness/injury
- carer responsibilities.

The period of career disruption may be used:

- to determine an applicant's eligibility for an Emerging Leadership Investigator Grant
- to allow for the inclusion of additional track record information for assessment of an application
- for consideration by peer reviewers.

To be considered for the purposes of eligibility and peer review, a period of Career Disruption is defined as:

- a continuous absence from work for 90 calendar days or more, and/or
- continuous, long-term, part-time employment (with defined %FTE) due to circumstances classified as Career Disruption, with the absence amounting to a total of 90 calendar days or more.



In determining eligibility of Emerging Leadership Investigator Grant applicants, the 10-year limit on the number of years post-PhD may be extended commensurate with the period of the Career Disruption.<sup>1</sup>

NOTE: For the purposes of peer review, circumstances not meeting the definition of Career Disruption may be considered under the career circumstances provisions above.

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<sup>1</sup> For example, an applicant who is employed at 0.8 FTE due to childcare responsibilities would need to continue this for at least 450 calendar days to achieve a Career Disruption of 90 calendar days.



## Appendix J – Guide to Evaluating Industry-Relevant Experience

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### Principles

NHMRC is committed to ensuring that knowledge from health and medical research is translated through commercialisation (for example, by pharmaceutical or medical devices companies), improvements to policy, health service delivery and clinical practice.

Therefore, as a complement to other measures of research excellence (for example, publication and citation rates), NHMRC considers industry-relevant skills, experience and achievements in its assessment of applicants' track records.

These measures recognise that applicants who have invested their research time on technology transfer, commercialisation or collaborating with industry, may have gained highly valuable expertise or outputs relevant to research translation. However, NHMRC acknowledges that these researchers will necessarily have had fewer opportunities to produce traditional academic research outputs (for example, peer reviewed publications).

Therefore, peer reviewers should:

- appropriately recognise applicants' industry-relevant experiences and results
- allow for the time applicants have spent in commercialisation/ industry for 'relative to opportunity' considerations.

### Who might have industry experience or be preparing for industry experience?

Many applicants to NHMRC may have had industry experiences of various kinds. Examples include, but are not limited to:

1. Researchers who have left academia to pursue a full-time career in industry (for example, in pharmaceutical, biotechnology or start-up companies). In such instances, outputs must be assessed 'relative to opportunity', as there may have been restrictions in producing traditional research outputs (such as peer reviewed publications), but highly valuable expertise gained or outputs produced relevant to research translation (such as patents or new clinical guidelines).
2. Academic researchers whose work has a possible commercial focus. These researchers might not have yet entered into commercial agreements with industry and have chosen to forego or delay publication in order to protect or extend their intellectual property (IP).
3. Academic researchers who have translated their discovery into a collaborative agreement with industry. The researcher may be collaborating with the company in further research and development; may have a licensing agreement; or may have licensed or assigned their IP to the company. A researcher may ultimately leave the academic institution and become Chief Executive



Officer, Chief Scientific Officer, Chief Technology Officer, Scientific Advisory Board Member or consultant for a start-up or other company, based on their experience.

4. Academic researchers who are actively collaborating with companies, for example by providing expert research services for fees. Publications of such work might be precluded or delayed according to contract arrangements. The specialised nature of this research might also restrict publication to specialised journals only, as opposed to generalist journals.



**Table 1.** Relevant industry outputs

Level of experience/output	Intellectual Property (IP)	Collaboration with an industry partner	Established a start-up company	Product to market	Clinical trials or regulatory activities	Industry participation
<p><b>Advanced</b></p>	<ul style="list-style-type: none"> <li>Patent granted: consider the type of patent and where it is granted. It can be more difficult to be granted a patent in, for example, the US or Europe than in Australia, depending on the patent prosecution and regulatory regime of the intended market</li> <li>National phase entry and prosecution or specified country application.</li> </ul>	<ul style="list-style-type: none"> <li>Executed a licensing agreement with an established company</li> <li>Significant research contract with an industry partner</li> <li>Long-term consultancy with an industry partner.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved successful exit (public market flotation, merger or acquisition)</li> <li>Raised significant (&gt;\$10m) funding from venture capital or other commercial sources (not grant funding bodies)</li> <li>Chief Scientific Officer, Executive or non-executive role on company boards.</li> </ul>	<ul style="list-style-type: none"> <li>Produce sales</li> <li>Successful regulator submission to US Food and Drug Administration (FDA), European Medicines Agency, TGA etc.</li> <li>Medical device premarket submission, for example, FDA 510(k) approved.</li> </ul>	<ul style="list-style-type: none"> <li>Phase II or Phase III underway or completed.</li> </ul>	<ul style="list-style-type: none"> <li>Major advisory or consultancy roles with international companies.</li> </ul>



<b>Intermediate</b>	<ul style="list-style-type: none"> <li>• Patent Cooperation Treaty (PCT) or 'international application'</li> <li>• Provisional patent.</li> </ul>	<ul style="list-style-type: none"> <li>• Established a formal arrangement such as a consultancy or research contract and actively collaborating.</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporated an entity and established a board</li> <li>• Has raised moderate (&gt;\$1m) funding from commercial sources or government schemes that required industry co-participation (for example, ARC Linkage, NHMRC Development Grant).</li> </ul>	<ul style="list-style-type: none"> <li>• Generated regulatory standard data set</li> <li>• Successful regulatory submission to Therapeutic Goods Administration or European Conformity (CE) marking</li> <li>• Medical device: applications for pre-market approval.</li> </ul>	<ul style="list-style-type: none"> <li>• Phase I underway or completed</li> <li>• Protocol development</li> <li>• Patient recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory or consultancy role with a national company.</li> </ul>
<b>Preliminary</b>	<ul style="list-style-type: none"> <li>• IP generated</li> <li>• Patent application lodged</li> <li>• Invention lodged with Disclosure/s with Technology Transfer/Commercialisation Office.</li> </ul>	<ul style="list-style-type: none"> <li>• Approached and in discussion with an industry partner under a non-disclosure agreement. No other formal contractual arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiated licence to IP from the academic institution.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed pre-good manufacturing practice (GMP) prototype and strong supporting data</li> <li>• Established quality systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug candidate selected or Investigative New Drug application filed</li> <li>• Preclinical testing.</li> </ul>	