# Framework for Identification and Prioritisation of Targeted Calls for Research

## Background

A Targeted Call for Research (TCR) is a one-time request for grant applications to address a specific health issue. A TCR specifies the scope and objectives of the research to be proposed, application requirements and procedures, and the review criteria to be applied in the evaluation of applications submitted in response to the TCR. A TCR is designed to stimulate or greatly advance research in a particular area of health and medical science that will benefit the health of Australians.

TCRs complement NHMRC's existing suite of funding schemes by funding priority research in defined areas of need and when urgent research needs emerge.

Typically, a TCR is allocated $2.5 - $5 million (depending on the type of research required) from a previously allocated priority driven research fund in the Medical Research Endowment Account. Funding is generally available for any period up to five (5) years, unless otherwise specified in the call-specific funding rules.

This Identification and Prioritisation Framework has been developed with consideration given to the NHMRC Corporate Plan, the *National Science and Research Priorities* (the Priorities), the *Strategic Review of Health and Medical Research* (the McKeon Review), and NHMRC's *Statement on Consumer and Community Participation in Health and Medical Research*.

## Principles for Consideration of a TCR

With consideration given to the *NHMRC Corporate Plan* and the *National Science and Research Priorities,* proposed TCRs must:

- o address a significant research knowledge gap or unmet need for which there is the potential to greatly advance our understanding of the issue; and/or

- o link to Australian Government Priorities, including Aboriginal and Torres Strait Islander health, and/or to Ministerially-agreed State and Territory health research priorities.

These are overarching principles that are considered prior to the decision to develop a TCR Proposal.

If the proposed research meets one or both of the overarching Principles, the following Principles will underpin development of the TCR Proposal:

- o The proposed TCR must have the potential to improve health outcomes for the individual and/or community;

- o The proposed TCR must have the potential to reduce the burden of disease on the health system and Australian economy; and

o The proposed TCR must have the potential to contribute to the global research effort.

## Identifying a TCR

A research need can be identified through two channels:

1. by NHMRC Council and Principal Committees, the NHMRC Research Translation Faculty (RTF), or community groups; and
2. by the NHMRC CEO, Australian Government, or States and Territories through the Australian Health Ministers' Advisory Council (AHMAC).

## Process for Developing a TCR Proposal

Following identification of a research need through channel one, a 'TCR Proposal' is developed by the initiating committee or group, or by a working group within the ONHMRC.

These proposals are then assessed and prioritised bi-annually by an NHMRC working committee consisting of consumers, clinicians, senior researchers, health services experts, and/or senior NHMRC research scientists (in consultation with the CEO and relevant experts). The Committee will use the *Prioritisation Criteria* (Annex 1) to assess the proposals.

Research needs identified through the second channel would be, by definition, 'high priority', and as such do not undergo the abovementioned prioritisation process.

## Endorsement of TCR Proposals

TCR Proposals received through both channels, along with recommended priority, are provided to Research Committee (RC) for consideration and advice, including recommending a budget allocation from the Medical Research Endowment Account. Planned TCRs may be reprioritised to facilitate new Proposals that may be of higher priority.

If RC supports the TCR Proposal and recommends the TCR to NHMRC's CEO, call-specific information is developed by an Expert Group to provide detailed background to the call, scope, aims and objectives, desired outcomes, examples of research that will not be supported, and the approved budget, forming the *Call-Specific Funding Rules*. Members of the Expert Group cannot be applicants for the TCR.

# NHMRC Targeted Calls for Research Prioritisation Criteria

The following descriptors are used to assess and prioritise a TCR Proposal against the Principles of a TCR.

| Rating (need, impact, and likelihood) | Disease Status and Research Need | Research Translation | Likely outcomes of funding the TCR |
|---|---|---|---|
| **A – High** | • A significant research knowledge gap or unmet need has been identified;<br>• The current research effort is relatively small;<br>• The disease burden is high – high prevalence, mortality, morbidity and/or cost;<br>• Feasibility – there is sufficient relevant research capacity and capability in Australia to undertake the research proposed | • Translation of research results is likely to be high – policy/practice; reduced healthcare costs; improved prediction, identification, prevention and/or management of the disease;<br>• It is highly likely the TCR will significantly contribute to the global research effort | • It is highly likely that the research outcomes will rapidly and significantly advance knowledge in the relevant area;<br>• It is highly likely funding will provide the much needed boost to the relatively small NHMRC-based funding for research in this area |
| **B – Moderate** | • A moderate research knowledge gap or unmet need has been identified;<br>• The current research effort is moderate;<br>• The disease burden is moderate – moderate prevalence, mortality, morbidity and/or cost;<br>• Feasibility – there is sufficient relevant research capacity and capability in Australia to undertake the research proposed | • Translation of research results is likely to be moderate – policy/practice; reduced healthcare costs; improved prediction, identification, prevention and/or management of the disease;<br>• It is likely the TCR will significantly contribute to the global research effort | • It is likely that the research outcomes will rapidly and significantly advance knowledge in the relevant area;<br>• It is likely funding will provide the much needed boost to the relatively small NHMRC-based funding for research in this area |
| **C – Low** | • An insignificant research knowledge gap or unmet need has been | • Translation of research results is likely to be low – | • It is not likely that the research outcomes will rapidly and |

| | | identified; <br> • The current research effort is high; <br> • The disease burden is low – low prevalence, mortality, morbidity and/or cost; <br> • Feasibility – there is low relevant research capacity and capability in Australia to undertake the research proposed | policy/practice; reduced healthcare costs; improved prediction, identification, prevention and/or management of the disease; <br> • It is not likely the TCR will significantly contribute to the global research effort | significantly advance knowledge in the relevant area; <br> • Funding is not necessary to provide a boost to the NHMRC-based funding for research in this area |

Provided below is guidance on possible rating combinations and how they may be prioritised:

| | |
|---|---|
| 1 | High need/high translation/high outcomes |
| 2 | Moderate need/high translation/high outcomes |
| 3 | High need/moderate translation/high outcomes |
| 4 | High need/moderate translation/moderate outcomes |
| 5 | Moderate need/moderate translation/moderate outcomes |
| 6 | Low need/high translation/high outcomes |
| 7 | High need/low translation/low outcomes |
| 8 | Moderate need/low translation/low outcomes |
| 9 | Low need/low translation/low outcomes |