Framework for Identifying and Prioritising 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 where there is a significant research knowledge gap or unmet need.

A TCR is designed to stimulate research or build research capacity in a particular area of health and medical science to the benefit of Australians.

TCRs complement the National Health and Medical Research Council’s (NHMRC) existing suite of funding schemes by providing a mechanism to respond to emerging research needs and prioritising potential topics according to their relative urgency and impact.

This document provides an overview of how TCRs are identified, prioritised and approved. A high-level process flowchart is also provided at Figure 1.

Identification of TCRs

A TCR topic can be identified through the following channels:

- NHMRC Chief Executive Officer (CEO) and/or Australian Government Council, principal committees and/or working committees of NHMRC
- States and Territories through the Australian Health Ministers’ Advisory Council
- Community and professional groups through the Community Research Priorities Portal

Principles for prioritising TCRs

The following principles guide the identification, prioritisation and development of topics that may warrant a TCR.

Proposed TCR topics must:

- address a significant research knowledge gap or unmet need for which there is the potential to greatly advance our understanding of an issue, and/or
- link to national, state and territory and/or community priorities, including research that has the potential to provide better health outcomes for Aboriginal and Torres Strait Islander peoples.

Proposed TCR topics should have the potential to:

- improve health outcomes for individuals and/or community
• reduce the burden of disease on the health system and Australian economy, and
• contribute to the global research effort.

Approval and development of TCRs

NHMRC Research Committee advises and makes recommendations to Council on the application of the Medical Research Endowment Account (MREA). Given the limited funding available for TCRs annually, Research Committee’s role is crucial in ensuring that topics identified by various stakeholders, through a range of channels, are assessed and prioritised holistically.

If Research Committee considers a potential TCR topic a high priority, it will recommend a budget allocation from the MREA – up to $5 million for a period of up to five years. Following Research Committee’s review, TCR topics are considered by Council, then approved or rejected by the NHMRC CEO.

If a topic is to be developed into a TCR, the scope is developed with the assistance of independent expert/s (if required). Independent expert/s usually provide advice on the aims, objectives and desired outcomes that must be addressed by applicants in their research proposal. Independent expert/s cannot apply for a TCR they assisted to develop.

There may be instances where a planned TCR may be reprioritised as new topics emerge that are of a higher priority.
Figure 1: Process flowchart for the identification, prioritisation and approval of Targeted Calls for Research

TCR topic identified:

- NHMRC CEO/ Australian Government
- NHMRC Council/ Committees
- Australian Health Ministers’ Advisory Council
- Community Research Priorities Portal

**Process Flowchart:**

1. **TCR topic identified**: NHMRC CEO/ Australian Government
2. **Community Research Priorities Portal**
   - TCR opens for applications
   - TCR topic identified
   - Australian Health Ministers’ Advisory Council
   - NHMRC Council/ Committees
   - NHMRC CEO/ Australian Government

**Steps:***

- **Grant Opportunity Guidelines (GoG) drafted**
- **Risk assessed by Department of Finance**
- **Independent expert/s advise on scope of TCR**
- **Consideration by Research Committee**
  - Prioritised
  - Not prioritised
  - Not prioritised
- **GOG reviewed by Minister for Health**
- **Assessment by TCR Prioritisation Committee**
  - Not prioritised
- **Consideration by Council, then NHMRC CEO**
  - Approved
  - Not prioritised

**Outcomes:**

- **Approved**
- **Not prioritised**
- **Not implemented**