



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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17 August 2016

National Health and Medical Research Council Structural Review of NHMRC's Grant Program

Dear Sir/Madam,

On behalf of The Australasian College of Dermatologists, thank you for the opportunity to comment on NHMRC's *Structural Review of NHMRC's Grant Program* consultation paper.

The Australasian College of Dermatologists is the leading authority in Australia for dermatology, providing information, advocacy and advice to individuals, communities, government and other health stakeholders concerning dermatological practice in Australia. Our focus is the delivery of efficient and effective dermatological specialty health services and work to improve outcomes for the skin health of individuals and whole communities.

Please find attached the College's submission which addresses each consultation question using the specified template.

Thank you for your consideration in this matter.

Please contact Dr Haley Bennett at haley@dermcoll.edu.au should you have any further questions relating to this submission.

Kind regards,

A handwritten signature in black ink, appearing to read 'Chris Baker'.

**Associate Professor Chris Baker
President
The Australasian College of Dermatologists**



Structural Review of NHMRC's Grant Program

Public consultation

Template for written submissions

The NHMRC will consider submissions that address the consultation questions and use the template provided. The consultation questions are listed below for each of the three models canvassed in the discussion paper, with a general question at the end of this template. You may answer as many of the questions as you wish. The questions can also be found on page 22 of the consultation paper.

Name:	A/Prof Chris Baker
Organisation name: <i>[if submitting on behalf of an organisation]</i>	The Australasian College of Dermatologists
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Alternative model 1

Refer to information about alternative model 1 in the consultation paper and respond to the consultation questions below.

Question 1.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

Model 1 proposes a structure which would provide long-term funding to teams of researchers to support collaborative programs. Within this structure, project-based 'ideas' grants and 'people' grants aimed to support early and mid-career researchers are proposed. This model most closely meets Objectives 2 (Research breadth), 4 (Collaboration and partnerships) and 5 (national researcher capability) of the NHMRC's major objectives and would satisfy the aim of streamlining the current grant structure from the perspective of optimal public investment. However there are major concerns with this proposal, outlined in Q1.2 and 1.3.

Question 1.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

The Australasian College of Dermatology is the peak professional body training and representing Australian specialist dermatologists. Within this membership base, a small number of College Fellows and trainees are actively involved in NHMRC-funded clinical and translational research. While the dermatological research community is comparatively small compared with other disciplines, the College is committed to ensuring the longevity of and continued excellence in Australian dermatology research.

In this regard, Model 1, which proposes team grants supporting collaborative research programs, may disadvantage this specialty field due to its comparatively modest number of researchers. In the spirit of encouraging innovation, this approach may actually de-diversify the field by either forcing researchers into restrictive 'safe' groups to secure funding or alternatively push researchers into collaborations which may only loosely align with their program objectives.

Due to the specialised nature of the dermatology research field, smaller collaborative investigator numbers is more feasible than larger diverse teams. While dermatology research has an excellent

track record of multi-disciplinary collaboration, for example through the Centre for Research Excellence scheme, this has been achievable due to the development of relationships between individual groups with common goals, fostered by their own independent programs of research. In addition, there are concerns that under a system whereby all CIs are designated equal, a lack of defined leadership would be detrimental to this field.

One benefit of Model 1 is the maintenance of the Fellowship system, which is a critical component of the academic structure and it is essential that this is continued in any new model adopted by NHMRC.

Question 1.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

As discussed, this model may result in the formation of superficial and potentially unsustainable alignments, which will impact the ability of Australian researchers to improve health outcomes. This concern applies to dermatology and to the wider research community.

In addition, there are concerns that implementing a system of CI equality may lead to a lack of clear leadership, direction and accountability, as well as foreseeable administrative issues.

While it is acknowledged that combining peer review of the team grant with fellowship applications will reduce the burden on reviewers, that team grants are to be assessed primarily on CI track record appears on the surface to make the fellowship application process redundant. In addition, while in principle support is given to bolster early and mid-career researchers, those who are not on a 'team' may be even less likely to secure funding, especially in the context of a 5 year grant cycle. This may result in pushing the attrition rate for early and mid-career researchers even higher.

Question 1.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

No additional suggestions

Question 1.5:

Do you have other comments about the model? (500 words max)

N/A

Alternative model 2

Refer to information about alternative model 2 in the consultation paper and respond to the consultation questions below.

Question 2.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

Model 2 proposes a structure whereby the full research program of high performing researchers is supported by a single grant. This structure includes “investigator” and “ideas” grants, both of which can be offered a “collaborative bonus”. This model aligns most closely with Objective 5 (national researcher capability) of the NHMRC’s major objectives and would satisfy the aim of streamlining the current grant structure from the perspective of optimal public investment.

Question 2.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

Of the three alternative models proposed, this model would be most suitable. Providing support to individuals, rather than teams, is felt to best serve the dermatological research community and would help to promote long-term sustainability of the academic workforce within this speciality field. Encouraging collaboration through bonus funding may be an appropriate strategy for smaller fields such as dermatology, as discussed in Q1.2. Furthermore, having a dual focus on both track record and research outline will help to ensure that funding is used to support high quality, diverse and innovative research. The College also supports the move to a five-year funding duration and the maintenance of the Fellowship system.

The College supports in principle the notion of encouraging early and mid-career researchers. Although fostering early/mid-career researchers has not been a considerable issue for clinical dermatology, the College has recently acquired Higher Education Provider status from TEQSA for the provision of a Master of Dermatology degree for its trainees and Fellows and may consider developing additional postgraduate degrees in the future. This may encourage clinical dermatology specialists to pursue an academic career and the potential to create opportunities for new researchers in the form of tailored grants such as the ‘ideas’ grant scheme (or ‘people’ grant scheme in Model 1) is highly supported.

Question 2.3:

Can you identify negative consequences for Australia’s health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

Implementation of the collaborative bonus scheme is supported in principle, although it is unclear based on the information provided how this would be awarded with respect to other applications, if this is not assessed as a separate scheme.

Question 2.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

No additional suggestions

Question 2.5:

Do you have other comments about the model? (500 words max)

N/A

Alternative model 3

Refer to information about alternative model 3 in the consultation paper and respond to the consultation questions below.

Question 3.1:

How effectively would the model optimise NHMRC's public investment in health and medical research by meeting the aims of this Review, including the major objectives of NHMRC's grant program found on page 12 of the consultation paper? (500 words max)

Model 3 is designed to support teams via one grant scheme supporting project/ideas grants. This model most closely meets Objectives 2 (Research breadth), 3 (Research translation) and 4 (Collaboration and partnerships) of the NHMRC's major objectives. While this model would satisfy the aim of streamlining the current grant structure, it does not provide sufficient grant diversity or flexibility required to support the broad range of research in the Australian system.

Question 3.2:

What advantages and disadvantages of this model do you see for you or your organisation if the model was introduced? (For example, what impact would it have on a researcher at your stage of experience? Would it support research in your research area?) (500 words max)

This model is not supported by the College. As discussed in Q1.2, the concept of team grants is not deemed to be beneficial for the dermatological field. Furthermore, removal of the Fellowship model is not supported.

Question 3.3:

Can you identify negative consequences for Australia's health and medical research system if the model was introduced and how might these be mitigated? (500 words max)

This approach does not take into account the diversity and needs of individual research programs. Please refer to Q1.2 and 1.3 for negative consequences of the 'team' approach.

Question 3.4:

Could the model be adjusted to optimise its impact? If so, how? (500 words max)

No additional suggestions

Question 3.5:

Do you have other comments about the model? (500 words max)

N/A

General

Question 4:

Do you have comments on the other issues discussed in this paper? (500 words max)

N/A