

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.

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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)

The Public Health Association of Australia (PHAA) strongly supports the major objectives outlined in the Structural Review of NHMRC's Grant Program Consultation Paper. In particular PHAA supports the need for research excellence across the spectrum of disciplines (see question 4).

We also wish to highlight the issue raised by our colleagues at the Council of Academic Public Health Institutions Australia (CAPHIA) regarding the need for further information relating to the implementation of the three models. We support their assessment that:

"Without more detail about implementation, CAPHIA cannot provide an accurate comparison of how well the three models would optimise NHMRC's public investment in health and medical research."

In relation to Model 1 PHAA agrees with CAPHIA that this model is the least likely to achieve the major objectives of the structural review. Whilst the drivers of Model 1 are listed as collaboration, capacity building, simplicity and flexibility the restrictions regarding five year team grants, timeframe in which chief investigators (CI) can apply for additional grants and the inability for CI to hold only one Ideas grant and no People grants.

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)

N/A

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)

PHAA has strongly advocated for greater investment in public health research and supports the need for research excellence in relation to supporting improvement in individual and population health.

Historically public health research has been significantly underfunded in Australia, particularly in relation to research which examines the social determinants of health. Therefore a key concern relating to Model 1 is that through limiting the number of grants which may be held by a CI and “locking in” teams and grant lengths that further opportunities to grow research in to public health will be diminished.

This is also a concern in relation to opportunities for collaboration. By having fixed teams within Model 1, fixed numbers of grants which can be held and limitations regarding the timeframes for applications the opportunity for researchers and organisations to work together will be limited. Research changes all the time and in the area of public health in particular it is important for people to be able to work in innovative ways and connect with people who are leading the way in emerging public health areas, whilst still supporting the ongoing challenges within public health research.

A hypothetical example of this can be seen in the emerging debate regarding e-cigarettes. There is a significant need for further research in to the use of e-cigarettes and how this impacts on chronic diseases associated with smoking. Under Model 1 in particular it can be envisaged that many of the people working currently on tobacco research could have to wait a maximum of three years to investigate this area rather than working collaboratively with others within the field as the evidence is emerging.

Regardless of which model is selected NHMRC should work to establish a comprehensive, strategic program of public health research to promote well-being, including placing emphasis on engagement with communities, building collaboration through research partnerships and conducting research which supports both policy and practice in a timely and responsive manner.

Question 1.4:

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

Model 1 requires further modification to ensure that appropriate levels of collaboration to occur. As reflected upon on response to question 1.1 PHAA feels there is a need for further information relating to the implementation and transition from existing grant structure.

Further collaboration with peak bodies such as PHAA and CAPHIA following selection of a particular model, including in relation to public health research funding, is suggested as this will allow for the issues identified in question 1.3 to be explored and opportunities to optimise the impact of the chosen model.

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)

N/A

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)

N/A

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)

See response to question 1.3

Question 2.4:

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

See response to question 1.4

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)

N/A

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)

N/A

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)

See response to question 1.3

Question 3.4:

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

See response to question 1.4

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)

PHAA commends the NHRMC for undertaking the structural review process and for the information which is provided in the Structural Review of NHMRC's Grant Program Consultation Paper. We appreciate the opportunity to provide feedback on the models suggested and to outline areas we feel need further consideration.

We wish to also strongly support the information provided as part of the CAPHIA submission particularly in relation to ensuring the model which is chosen has the ability to support strong collaboration across research areas and disciplines.

PHAA would also like to take this opportunity to highlight the need for further funding of public health research which focuses on population level health and social determinants rather than the primarily clinical or medical focused research.