



2018 PRACTITIONER FELLOWSHIPS SCHEME-SPECIFIC PEER REVIEW GUIDELINES FOR FUNDING COMMENCING IN 2019

TABLE OF CONTENTS

INTRODUCTION	2
1 OVERVIEW OF THE PEER REVIEW PROCESS.....	2
2 KEY CHANGES TO THE PEER REVIEW PROCESS	3
3 ROLES AND RESPONSIBILITIES	3
4 PEER REVIEW PROCESS	6
4.1 Receipt and Initial Processing of Applications.....	6
4.2 Assessment of applications with an Aboriginal and Torres Strait Islander health focus	6
4.3 Assignment of Applications to Panels	6
4.4 Identification of Col	6
4.5 Allocation of Spokespersons	7
4.6 Briefing.....	7
4.7 Initial Scoring	7
4.8 Removing Less Competitive Applications - Applications Not For Further Consideration	7
4.9 Process for the Initial Peer Review Meeting.....	8
4.10 Peer Review Panel Meeting with Interviews.....	8
4.11 Confirmation of Scores	9
4.12 PRP Documentation	9
4.13 Notification of Outcomes.....	10
ATTACHMENT A - PRACTITIONER FELLOWSHIPS CATEGORY DESCRIPTORS	11
ATTACHMENT B - PRACTITIONER FELLOWSHIPS STATEMENT OF EXPECTATIONS.....	17
ATTACHMENT C - GUIDANCE FOR ASSESSOR TO ASSESS APPLICATIONS AGAINST THE INDIGENOUS RESEARCH EXCELLENCE CRITERIA	18
ATTACHMENT D - WHAT TO EXPECT AT A PRACTITIONER FELLOWSHIPS INTERVIEW	19
ATTACHMENT E - NHMRC PRACTITIONER FELLOWSHIPS INTERVIEW RUN SHEET	20

INTRODUCTION

The following sections describe the specific processes, timelines and expectations that apply to the peer review of the National Health and Medical Research Council (NHMRC) Practitioner Fellowships applications.

These Scheme-Specific Peer Review Guidelines (the guidelines) complement and must be read in conjunction with, the following supporting documents:

- the *2018 Guide to NHMRC Peer Review*, which outlines the overarching principles and obligations under which the NHMRC peer review process operates
- the *2018 NHMRC Funding Rules*, incorporating the *2018 Practitioner Fellowships scheme-specific Funding Rules for funding commencing in 2019*, which set out the rules, objectives and other considerations relevant to NHMRC funding
- the *2018 NHMRC Advice and Instructions to Applicants*, incorporating the *2018 Practitioner Fellowships scheme-specific Advice and Instructions to Applicants for funding commencing in 2019*, which provide guidance to assist researchers and Administering Institutions with preparing and submitting applications.

It is recommended that you read the *2018 Guide to NHMRC Peer Review* **before** reading these guidelines.

1 OVERVIEW OF THE PEER REVIEW PROCESS

Applications Open	6 December 2017
Peer Review Panels appointed	November/December 2017
Applications Close	31 January 2018
Eligibility check of applications	February 2018
Assessment of Aboriginal and Torres Strait Islander applications	February/March 2018
Assign applications to Panels (Chairs to approve)	9 February 2018
One hour General Briefing Teleconference	20 February 2018
Panel Members' Conflicts of Interests due	20 February 2018
Allocation of Spokespersons	1 March 2018
Applicants to advise NHMRC of any special circumstances for interviews (webform)	14 March 2018
Spokespersons scores due into RGMS for Initial Review	28 March 2018
Initial Review Teleconference	11 – 12 April 2018
Notification of Initial Review outcomes available in RGMS	April 2018*
Applicants deadline to provide interview contact details	8 May 2018
Interviews	14 – 18 May 2018
Funding approvals process (Research Committee (RC), Council, Chief Executive Officer (CEO) and Minister)	June 2018*
Final notification outcomes	July/August 2018*

*Dates are subject to change

2 KEY CHANGES TO THE PEER REVIEW PROCESS

Assessors who have previously participated in Practitioner Fellowships peer review should note the following change to the peer review of Practitioner Fellowships applications:

- The NFFC process business rules were amended for applicants of Aboriginal and/or Torres Strait Islander descent (see section 4.8)

3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of those participating in the Practitioner Fellowships peer review process are identified in the Practitioner Fellowships Peer Review Participants table below. These take precedence over the general descriptions in section 6 of the *NHMRC Guide to Peer Review*.

Practitioner Fellowships Peer Review Participants Table

Roles	Responsibilities
Research Committee (RC) Members	<p>Members of RC may support the peer review process by:</p> <ul style="list-style-type: none"> • identifying and advising the NHMRC of all real or potential Conflicts of Interest (Cols) they have with applications • Chairing Peer Review Panel (PRP) meetings as an independent non-scoring Chair.
Assigners Academy Members	<p>Members of the NHMRC Assigners Academy may support the peer review process by:</p> <ul style="list-style-type: none"> • confirming Aboriginal and Torres Strait Islander health research applications have at least 20% of the research effort or building capacity related to Aboriginal and Torres Strait Islander health.
Community Observer	<p>The PRP may have an independent Community Observer present during the meetings. Community Observers will be briefed on the peer review process. They will not participate in the discussion of any application.</p> <p>The primary duties and responsibilities of a Community Observer are to:</p> <ul style="list-style-type: none"> • identify and advise the NHMRC of all real or potential Cols they may have with the applications • monitor procedural aspects of the PRP's • provide feedback to NHMRC on the consistency of procedures across all PRPs.
Peer Review Panel (PRP) Chair	<p>PRP Chairs are appointed to be independent of the review of applications and must manage the process of peer review in accordance with these guidelines. A PRP Chair will not be an applicant in the current application round. The primary duties and responsibilities of the PRP Chair are to ensure NHMRC's procedures are adhered to and that a fair and equitable consideration is given to every application being reviewed by the PRP. Chairs may be responsible for the conduct of the following activities:</p> <ul style="list-style-type: none"> • familiarise themselves with documentation relevant to the funding scheme • identify and advise the NHMRC of all real or potential Cols they have with applications to be reviewed by the PRP

	<ul style="list-style-type: none"> • participate in the peer review process as a non-scoring Panel Chair of their allocated panel • ensure appropriate action is taken in relation to declared CoIs • ensure applications are assessed relative to opportunity, taking into consideration any career disruptions • ensure the PRP addresses applications with an Aboriginal and Torres Strait Islander focus • chair the PRP meetings including interviews, if relevant • ask members to declare any associations between panel members (e.g. current and previous collaborations) so that other panel members are aware of these associations • keep discussion on time and focused • ensure procedures are followed • assist PRP members in fulfilling their duties and responsibilities • promote good engagement by Spokesperson and PRP members • ensure that discussion leads to an outcome where the application is scored against the assessment criteria • ensure that PRP members declare reasons for voting two or more away from the Primary Spokesperson (1SP) score for any of the assessment criteria at the interviews • provide PRP members with an opportunity to identify any applications that should be revisited at the end of each day to ensure equity between applications • record and notify NHMRC of any requests for clarification or advice.
PRP Member	<p>The primary duties and responsibilities of a PRP member are to:</p> <ul style="list-style-type: none"> • identify and advise the NHMRC of all real or potential CoIs they have with applications on their PRP • provide a fair, impartial and scientific assessment of applications against assessment criteria in a timely manner • read and have a thorough understanding of all applications, including Aboriginal and Torres Strait Islander health research external assessments, being assessed by the PRP (excluding those for which they have a CoI), paying particular attention to those for which they may be Spokesperson • provide a score against the assessment criteria for each application reviewed by the PRP, where a high CoI does not exist • act as a Spokesperson for applications in their broad research area • confirm not-for-further-consideration (NFFC) applications and nominate applications from the NFFC list for discussion at the initial review meeting • prepare for and participate in panel discussion for each application to the best of their ability • when discussing research achievements, consider relative to opportunity including any career disruptions.
Primary Spokesperson (1SP)	<p>The primary duties and responsibilities of a 1SP in addition to that of a PRP member are to:</p> <ul style="list-style-type: none"> • review and score each allocated application in the prescribed timeframe • ensure that their assessments are accurate and honest, and all claims are capable of being verified • formulate questions to be addressed by the applicants at interview and ensure that these are addressed at interview • lead the PRP meeting discussion/interview on the competitiveness

	<p>of the applicant and the significance and merit of the proposed research against the aims, objectives and assessment criteria of the funding scheme</p> <ul style="list-style-type: none"> • ensure that productivity relative to opportunity and career disruption considerations highlighted in the application are considered • where applicable bring strengths/weaknesses highlighted by the Aboriginal and Torres Strait Islander external assessor report to the attention of the panel.
Secondary Spokesperson (2SP)	<p>The primary duties and responsibilities of a 2SP in addition to that of a PRP member are to:</p> <ul style="list-style-type: none"> • review and score each allocated application in the prescribed timeframe • formulate questions to be addressed by the applicants and ensure that they are addressed at interview • support the application discussion on the competitiveness of the application in accordance with the assessment criteria.
Senior NHMRC Staff	<p>NHMRC staff with doctoral degrees or extensive research expertise will be involved in:</p> <ul style="list-style-type: none"> • reviewing allocation of applications to panels and Spokespersons • establishing the peer review panels • reviewing sensitive career disruptions • assisting and advising on the peer review process • acting as an independent chair when the PRP Chair has a Col with the application under consideration.
NHMRC Staff	<p>Under direction from the CEO, NHMRC staff will be responsible for overall administration of the peer review process and may be responsible for the conduct of the following specific activities.</p> <p>NHMRC staff may:</p> <ul style="list-style-type: none"> • approach potential PRP members • make preliminary assignment of applications to PRPs • make preliminary assignment of spokespersons to applications • provide the following administrative support and advice to the Chair and members: <ul style="list-style-type: none"> ○ facilitate use of RGMS ○ Col process ○ Peer review process • provide policy advice to the PRP Chair and members • ensure that all PRP members and assessors are provided with the necessary information to review each application • ensure that Community Observers are fully aware of the names and affiliations of the applicants under discussion to ensure Col guidelines are followed • prepare a list of non-competitive applications for consideration by the Chair and PRP members as appropriate • prepare the order in which applications will be assessed during PRP meetings according to business rules that apply to order of review such as level of application and distribution of each Spokesperson's applications • maintain scoring records for each application • act as the first point of contact for PRP members • record and notify NHMRC Senior Staff of any requests for clarification or advice.

4 PEER REVIEW PROCESS

The NHMRC peer review process is designed to provide a rigorous, fair, transparent and consistent assessment of the merits of each application according to the *Australian Code for the Responsible Conduct of Research* (available at: www.nhmrc.gov.au/publications/synopses/r39syn.htm), to ensure only the highest quality, value for money research is recommended for funding (see *NHMRC Funding Rules*, section 11.2).

All applications are assessed against the Assessment Criteria as set out in the *Practitioner Fellowships Scheme-Specific Funding Rules*, using the *Category Descriptors* at [Attachment A](#). Applications that are accepted by NHMRC as relating to the improvement of Aboriginal and Torres Strait Islander health are also assessed against the *Indigenous Research Excellence Criteria* as set out in section 6.3 of the *NHMRC Funding Rules*.

Applications are assessed relative to opportunity, taking into consideration any career disruptions (see *NHMRC Funding Rules*, section 6.2).

An overview of the Practitioner Fellowships peer review process can be found at section 1 of this document. Further detail about each step is provided below.

4.1 Receipt and Initial Processing of Applications

NHMRC staff will verify that Practitioner Fellowship applications meet eligibility criteria.

4.2 Assessment of applications with an Aboriginal and Torres Strait Islander health focus

Applications relating specifically to Aboriginal and Torres Strait Islander Peoples' health will be identified by information provided in the application. NHMRC's Assigners Academy members with Aboriginal and Torres Strait Islander health expertise will confirm that 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, NHMRC will endeavor to obtain at least one Aboriginal or Torres Strait Islander researcher or relevant expert to take on the role of External Assessor.

The External Assessor's review will have particular focus on the *Indigenous Research Excellence Criteria* (*NHMRC Funding Rules*, section 6.3). The assessment is to be considered by PRP members when scoring. The *Guidance for Assessors to assess applications against the Indigenous Research Excellence Criteria* when scoring applications is available at [Attachment C](#).

4.3 Assignment of Applications to Panels

As there can be multiple Peer Review Panels (PRPs) or streams, applicants have been asked to indicate which specific field of research or particular stream best fits their application. In the case where two or more panels have been appointed, Senior NHMRC Staff will allocate applications to the most appropriate PRP.

4.4 Identification of Col

Panel members will be provided access, via NHMRC's Research Grants Management System (RGMS) to the Snapshot Summary Report of each application assigned to the PRP, and will declare their Col in accordance with the guidance on the management of Col. Refer to *A guide to NHMRC Peer Review* section 4.3.

Panel members will be given access to the full application only if they have no or a low Col. Where panel members declare they have a high Col, they will not be granted access to the full details of the application.

Some members may have a Col for which they require a ruling. For these, NHMRC will assess the information declared and specify in RGMS the level of participation applicable. Panel members are requested to ensure they include sufficient detail in their declaration to ensure an accurate Col assessment can be made.

All Col declarations and rulings will be made available to the Panel Chair and members to review. If the Panel Chair or member is uncomfortable with a ruling level, they can raise this with NHMRC staff and request a review.

Cols must be declared at the beginning of the peer review process. However Cols may be declared at any stage of the peer review process if new conflicts become apparent.

Col guidelines also apply to Community Observers and they must be aware of their obligations under NHMRC's Guidance for management of Col. Community Observers must advise NHMRC of any real or potential Cols they have with an application.

4.5 Allocation of Spokespersons

Panel members will indicate their ability to act as a Spokesperson on particular applications based on the closest match with their expertise. NHMRC staff will allocate Spokespersons to each application based on the indicated suitability and declared conflicts of interest of each panel member. Panel members will be notified of their allocations accordingly.

4.6 Briefing

NHMRC will conduct a panel briefing shortly after applications have closed to discuss panel member duties and responsibilities associated with peer review. Any changes to the scheme for the current application round will also be highlighted and discussed as necessary.

NHMRC will hold a panel briefing prior to the interviews to outline the process and roles and responsibilities of all participants.

4.7 Initial Scoring

Category Descriptors specifically aligned to the assessment criteria can be found at [Attachment A](#). These guidelines describe the assessment criteria and key attributes that an application must meet to receive a specific score on a seven point scale. PRP members must refer closely to these descriptors when assessing and scoring applications. They should also use the *Statement of Expectations* found at [Attachment B](#) as a guide when assessing the level of application submitted.

For applications with an Aboriginal and Torres Strait Islander health research focus the assessment should take into consideration the External Assessment against the NHMRC *Indigenous Research Excellence Criteria* (section 6.3, *NHMRC Funding Rules*), where applicable.

Spokespersons will provide scores against each of the assessment criteria for applications they have been assigned.

4.8 Removing Less Competitive Applications - Applications Not For Further Consideration

Applications deemed less competitive may be removed from further consideration based on initial scoring against the assessment criteria by two or more peer review panel members. This is called the NFFC process.

Applications from researchers of Aboriginal and/or Torres Strait Islander descent, achieving a notional overall score of 5 or higher after initial assessment will be excluded from the NFFC list.

The Spokespersons' scores will determine the identification of applications considered to be the least competitive of those assessed by the PRP. At least 50% of the lowest ranked applications will be

included on the NFFC list.

A NFFC list, catering for conflicts of interest, will be provided to panel members prior to the initial review meeting. If a panel member feels strongly that an application warrants rescuing from the NFFC list (and should proceed to interview), they have an opportunity to nominate one application only for consideration by the panel.

Prior to the initial review meeting, a list will be circulated to each panel member, adjusted for CoIs, of the applications that will be discussed. These will include the applications nominated by panel members for rescue and those applications on the NFFC list that have received an overall score from the spokespersons which are two or more points away from each other. NHMRC may at its discretion identify applications for discussion at the initial review meeting. The applications on this list will be the only applications discussed at the meeting.

Applications not appearing on the NFFC list will automatically proceed to interview.

If the panel is satisfied that the most suitable applications are proceeding to interview, no applications have been nominated for rescue, and no application had overall scores with a difference of two or more, the initial review meeting will not be required. The Panel Chair will confirm in writing that no initial review meeting is required because the panel is satisfied that the most suitable applications are proceeding to interview.

4.9 Process for the Initial Peer Review Meeting

The panel will meet to discuss any applications from the NFFC list which have been nominated for rescue and any application identified as having overall scores where the variation between the spokesperson scores is two or more.

Any panel member with a high CoI will be excused from the meeting before discussion of that application begins. Panel members who have nominated an application for rescue will speak to the application and provide a justification for the application to proceed. The 1SP and 2SP will then speak to the application and recommend if the application should proceed or not. For an application to be rescued from the NFFC list the entire panel must be in agreement. The panel must decide on no more than two applications to proceed to interview.

Where an applicant has applied for a Reapplication with Promotion, the decision to proceed to interview is based on whether an applicant is competitive at their current level. The promotion request will be addressed at interview and the level to be funded will be determined post interview based on final rankings.

Applications for Promotion out of Synchrony (POS) will be assessed at the level of promotion. POS applicants are not assessed at their current level. If the Panel's final decision is that the application should not be supported at the promoted level, they will be removed from further peer review. The applicant will continue at their existing level for the remainder of their current fellowship.

Note: It is NHMRC policy to protect the identity of researchers who serve on NHMRC review panels. Consequently, applicants will not be provided with a list of panel members on their panel.

4.10 Peer Review Panel Meeting with Interviews

Interviews for Practitioner Fellowships will be conducted by videoconference. The PRP will convene face to face and will be briefed by NHMRC staff prior to interviews to outline the process, and roles and responsibilities of all participants.

If possible, a quorum of more than 50% of panel members should be involved for an application to be reviewed and scored by a PRP.

A total of 40 minutes has been allocated for the discussion and interview of each application:

- 10 minutes for a pre interview panel discussion
- 20 minute interview with the applicant
- 10 minutes post-interview for panel discussion and scoring.

The purpose of the interview is for both the applicant and panel members to identify optimum evidence to warrant funding for an application. Panel members will be assessing how well an application meets the assessment criteria and are expected to encourage and assist applicants to present their case as best they can. They should not be confrontational, negative or accusatory, nor put applicants in a position where they feel they have to defend what they have done or are proposing to do.

Panels are expected to be direct and obvious in what they ask, so applicants should be able to respond equally clearly and not be looking for deception or hidden aspects to questions.

They are expected to explore aspects of an application where they require clarification or confirmation. However applicants should view such enquiries as opportunities to emphasise the worth of the case they are making, and not as criticisms.

A guide for applicants and panel members, “*What to Expect at a Practitioner Fellowship Interview*” is provided at [Attachment D](#).

All interviews will follow the *Practitioner Fellowships Interview Run Sheet* at [Attachment E](#) to ensure procedural consistency is maintained.

After each interview, the application will be discussed by the panel and scored with the assistance of the *Category Descriptors* ([Attachment A](#)), the *Statement of Expectations* ([Attachment B](#)), and the *Guidance for Assessors to assess applications against the Indigenous Research Excellence Criteria* ([Attachment C](#)) as required. It is important that the PRP consider the merits of the application in relation to the category descriptors rather than whether the applicant is considered fundable.

Panel members will score each applicant on a seven point scale against each assessment criterion. Scores will be provided via secret ballot after the 1SP has declared their scores to the panel. All secret ballot sheets will be destroyed once scores are accurately transcribed to the score sheet.

An average panel score is determined for each criterion and the relevant weighting applied. Each weighted panel score is combined to provide an overall score for the applicant.

Dual scoring of applications is required for Reapplications with Promotion. These applications must be assessed at the applicant’s current level and the requested promotion level.

4.11 Confirmation of Scores

To ensure that equity is maintained between applicants in relation to time spent discussing each application, only applications interviewed that day may be revisited. Panel members will have an opportunity at the end of each day to flag any application from that day only for further discussion. To nominate an application for discussion, the panel member must inform the Panel Secretariat in confidence so that Cols can be managed.

If a panel member has a high Col with an application flagged for discussion, they will be asked to leave the room before any discussion begins. If the panel agrees to reassess an application, the panel must re-score the application via secret ballot. This process is essential to ensure the transparency and integrity of peer review.

After interviews are completed, the final scores are used as the base for producing a final ranked list for all Practitioner Fellowship applicants interviewed. This list is used to prepare the funding recommendations to RC. RC then recommends those applications be funded through NHMRC’s Council to the CEO who submits them for approval to the Minister with portfolio responsibility for NHMRC.

Applicants are funded at the highest ranked fellowship level above the funding line. The funding line is determined each year by the schemes budget allocation from the Medical Research Endowment Account (MREA) as approved by RC.

4.12 PRP Documentation

PRP members must retain their speaking notes and any other notes they make of the peer review process until the outcomes of the panel’s deliberations are finalised. For PRP meetings, this is when all interviews are finished and the confirmation of scores has taken place. After this time, notes, both hard copy and electronic, should be disposed of appropriately.

4.13 Notification of Outcomes

Numerical feedback will be provided to applicants in the form of an Application Assessment Summary.

Applicants who were not shortlisted (section 4.8) will receive an Application Assessment Summary after the list of applications proceeding to final review has been finalised.

For further information about outcome notifications, refer to the *NHMRC Funding Rules*, section 11.6.

5. ATTACHMENTS

Attachment A - Practitioner Fellowships Category Descriptors

Attachment B - Practitioner Fellowships Statement of Expectations

Attachment C - Guidance for Assessor to assess applications against the Indigenous Research Excellence Criteria

Attachment D - What to expect at a Practitioner Fellowships interview

Attachment E - NHMRC Practitioner Fellowships Interview Run Sheet

Practitioner Fellowships Category Descriptors

Assessing Indigenous Contributions

It is recognised 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 should be considered when assessing, research output and track record.

Score	Criterion 1	Criterion 2	Criterion 3	Criterion 4
	VISION Vision for the next five years, synergy of research and practice and potential for translation. <p style="text-align: right;">Weight 20%</p>	RESEARCH OUTPUT AND LEADERSHIP Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership including success in obtaining grants and national and international profile. <p style="text-align: right;">Weight 45%</p>	RESEARCH TRANSLATION Achievements in translation of research into improved clinical practice or policy development, and activities which facilitate implementation of research outcomes by other practitioners. <p style="text-align: right;">Weight 20%</p>	CONTRIBUTION TO RESEARCH Contribution to research through supervision and mentoring and other activities which facilitate implementation of research outcomes by other practitioners. <p style="text-align: right;">Weight 15%</p>
The following category descriptors are to be used as a guide to score an application against each of the assessment criteria. The descriptors are indicative rather than exhaustive. Evaluation of performance will take into account opportunity, research discipline and be an overall summation of research contribution				
7 An exceptionally strong application which clearly supports the aim of the scheme and meets all the assessment criteria, with essentially no weaknesses. It is expected that only the top 2-3% of applications would be ranked in this category.	Relative to opportunity: <ul style="list-style-type: none"> • Presents a highly innovative research proposal that is transformative and achievable within the term of the Fellowship. • Presents a research proposal that addresses an issue of utmost importance to human health and will have a significant impact. • Demonstrates a clear vision which will advance the field and expand Australia's research capacity in this area. • Outstanding level of synergy between vision and current practice. 	Relative to opportunity: <ul style="list-style-type: none"> • Is highly recognised, or has emerging high recognition, internationally for their contribution to their field of research. • Has consistently published research that is highly influential. • Has a demonstrated clear, rapid and continuing upward trajectory for research output. • Has demonstrated a multidisciplinary and strong collaborative approach to research. • Has had consistent success in obtaining major international and/or national grants as Chief Investigator A (CIA). • Has given several key plenary presentations at major international meetings. • Has received major international recognition for research outcomes. 	Relative to opportunity: <ul style="list-style-type: none"> • Major transformational contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Leadership role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • Key role in clinical guideline development, review and implementation of recommendations. • Key roles in several major health 	Relative to opportunity: <ul style="list-style-type: none"> • Has extensive evidence of primary supervision and mentoring of PhD candidates (or equivalent) with successful completions. • Has had extensive involvement in the peer review of grants both nationally and internationally. • Has extensive experience in the review of publications, including Editorial roles in top international journals. • Holds leadership positions in highly regarded international scientific or professional societies. • Has demonstrated clear evidence of key contributions to the discipline in which the

			<p>initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education)</p> <ul style="list-style-type: none"> • Has demonstrated a multidisciplinary and strong collaborative approach in quality improvement in their area of specialty. • Has demonstrated evidence of key contributions to the profession, including public communication / advocacy; government advisory roles and clinical practice. 	<p>research efforts of the Fellow are undertaken, including public communications/advocacy, government advisory roles and clinical practice.</p> <ul style="list-style-type: none"> • Has a significant leadership role within a Departmental Centre or Institute.
<p>6</p> <p>A very strong application which supports the aim of the scheme and meets the assessment criteria, with only some minor weaknesses.</p> <p>It is expected that the top 5% of applications would be ranked in this category or above.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents an innovative proposal that has the potential to be transformative and is likely to be achieved within the term of the Fellowship. • Presents a research proposal that addressed an issue of major importance to human health and will have an impact. • Demonstrates a vision which is likely to advance the field and expand Australia's research capacity in this area. • Excellent level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has an established national and growing international reputation for their contribution to their field of research. • Has published research that is highly influential. • Has a demonstrated upward trajectory for research output. • Has demonstrated a multidisciplinary approach to research with good collaborations. • Has had success in obtaining major international and/or national grants as CIA. • Has been an invited speaker at major international meetings. • Has received major national recognition for research outcomes. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Major contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Key role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • Contributions to clinical guideline development, review and implementation of recommendations. • Contributions to several health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated a multidisciplinary collaborative approach in quality improvement 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has strong evidence of primary supervision and mentoring of PhD candidates or equivalent with successful completions. • Has had major involvement in the peer review of grants nationally, and some internationally. • Has very good experience in the review of publications, including Editorial roles in discipline specific journals. • Holds leadership positions in well regarded scientific or professional societies. • Has demonstrated evidence of key contributions to the profession, including public communication/advocacy. • Has a leadership role within a Departmental Centre or Institute.

			<p>in their area of specialty.</p> <ul style="list-style-type: none"> Has contributed to the profession, including public communication / advocacy; government advisory roles or clinical practice. 	
<p>5</p> <p>The applications meets the aims of the scheme or assessment criteria but has identified weakness requiring additional consideration by the panel.</p> <p>May be considered for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Presents a research proposal that has at least one innovative idea but may not be achieved within the term of the Fellowship. Presents a research proposal that addresses an issue of considerable importance to human health and may have some impact. Demonstrates a vision which may advance the applicants field of endeavour. Leadership of Large Multi-Centre Clinical Trial, crucial advocate for changes in clinical practice based on clinical trial evidence. Leadership role in design, conduct, publication and advocacy for policy and practice of seminal research. High level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Has a good national and emerging international reputation for their contribution to their field of research. Has published research that is influential. Has the beginning of an upward trajectory for research output. Has demonstrated a good collaborative approach to research. Has had success in obtaining major national grants as CIA has been an invited speaker at major national meetings. Has received national recognition for research outcomes. Intellectual Property (IP) developed in Long-Term and Major Collaboration with Biotech or Pharma or through founding a Start-Up or interaction with World Health Organisation (WHO) etc 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Made contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. Involvement in the conceptualisation of research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. Minor contributions to clinical guideline development, review and/or implementation of recommendations. Contributions to at least one health initiative (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) Has demonstrated a collaborative approach in quality improvement in their area of specialty. Has contributed to the profession in at least one public communication / advocacy; government advisory role or clinical practice initiative. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Has evidence of primary supervision and some mentoring of PhD candidates or equivalent with successful completions. Has had considerable involvement in the peer review of grants nationally and occasionally internationally. Has very good experience in the review of publications but with no Editorial roles identified. Holds minor role(s) in professional societies (senior office bearer or meeting organiser, editorial board responsibility). Has demonstrated some evidence of key contributions to the profession, including public communication/advocacy. Has an emerging leadership role within a Departmental Centre or Institute. Clear evidence of other key contributions to the profession, including public communication /advocacy. Other recognised national contribution to policy and health services development. Key responsibility for changes in concept, practice or priority of research implications, initiator through to implementation of a new

				system of data collection and organisational feedback eg population-based data collections, other recognised national contribution to policy and public health practice, constructive and effective change agent in public health discipline.
<p>4</p> <p>The application only partly meets the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview (not considered a fundable proposal)</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that as some novel aspects, but predominately extends existing knowledge. • Proposed a research proposal that addresses an issue of some importance to human health and may have some impact. • Has a developing vision of their contribution to their field of endeavour. • Key and consistent but not lead role in Clinical Trial research (less involved in dialogue with health care providers) e.g. state rather than national role. • Good level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has a growing national reputation for their contribution to their field of research. • Has published research that makes specialised contributions to knowledge. • Has the potential to have an upward trajectory in research output. • Has demonstrated emerging collaborative activities. • Has had some success in obtaining major national grants but not necessarily as CIA or grant funding is primarily from specialist agencies. • Has presented orally at national meetings but not as an invited speaker. • Has received some recognition for research outcomes. • IP developed in Small-scale Collaboration with Biotech or Pharma. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Involvement in at least one section of a research translation project; either the conceptualisation of research translation projects through to implementation, evaluation, or sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • No involvement in clinical guideline development, review and/or implementation of recommendations. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated a collaborative approach in quality improvement in their area of specialty. • Has contributed to the profession in at least one public communication / advocacy; government advisory role or clinical practice initiative. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of primary supervision and joint supervision of PhD candidates or equivalent with successful completions. • Has had some involvement in the peer review of grants nationally. • Has good experience in the review of publications but with no Editorial roles identified. • Holds membership of professional societies or other evidence of emerging professional activities. • Has demonstrated little evidence of other key contributions to the profession, including public communication/advocacy. • Has a leadership role within a department. • Key and consistent but not lead role in reform of public health policy/practice.

<p>3</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that has relatively little novelty and is not particularly innovative. • Proposed a research proposal that addresses an issue of some concern to human health and may have some impact. • Plays an important role in the research but is not a driver for the project vision. • Specific and necessary but minor contribution to design of Clinical Trial, local advocate and successful change agent for clinical practice audit or other non-experimental research designs. • Low level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Is developing a national reputation for their contribution to their field of research. • Has published research that sustains the knowledge base of the discipline. • Has little evidence to suggest an upward trajectory. • Has little evidence of collaborative activities outside of their institution. • Has had some success in obtaining national grants from specialist agencies (eg Cancer Council, National Health Foundation (NHF) etc). • Has limited evidence for oral presentations at national meetings. • Has received little recognition for research outcomes. • Emerging profile in prestigious health forums. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • No involvement in any aspect of clinical guideline processes. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated little evidence of involvement in quality improvement projects in their area of specialty. • Has made little contribution to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of involvement in joint supervision of PhD candidates or equivalent with successful completions. • Has emerging evidence of involvement in the peer review of grants nationally. • Has some experience in the review of publications. • Holds membership of professional societies. • Has demonstrated little evidence of other key contributions to the profession, including public communication/advocacy. • Has a leadership role within a research laboratory. • Emerging profile in prestigious public health policy forums.
<p>2</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that follows previously well documented and studied concepts. • Proposed a research proposal that addresses an issue of only marginal concern to human health and is unlikely to yield a significant impact. • Is key but not necessarily the lead in the vision of the research proposal. • Advocacy of public health evidence into policy/practice; local practitioner; modest participation in local public or private sector governance. • Little synergy between vision 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has demonstrated little evidence of a developing reputation for their contribution to their field of research. • Has published research that has had some contribution to the knowledge base of the discipline. • Has not demonstrated an upward trajectory. • Has received grants funding primarily from local institutional sources rather than competitive grant funding. • Has little or no evidence for oral presentations at meetings. • Local practitioner. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • No involvement in any aspect of clinical guideline processes. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • No involvement in quality improvement projects in their area of specialty. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of minor involvement in supervision of PhD candidates or equivalent. • Has had little involvement in the peer review of grants nationally. • Has little experience in the review of publications. • Holds membership of some professional societies. • Has a leadership role within a research team. • Patents Lodged and Maintained, but little evidence of commercial development. • Modest participation in local public or private sector governance.

	and current practice.		<ul style="list-style-type: none"> Has made no contributions to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	
<p>1</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Presents a research proposal that is not innovative or significant. Proposed a research proposal that does not address an issue of concern to human health. Demonstrated little or no evidence of a research vision. Little evidence of potential for research translation. No synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Does not have a reputation for their contribution to their field of research outside their institution. Has published some research that has had little impact on the knowledge base of the discipline. Has little evidence of research independence. Has received minimal grants funding from local institutions sources rather than competitive grant funding. Has no evidence of presentations at meetings. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> No involvement in research translation activities. No involvement in any aspect of clinical guideline processes. No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) No involvement in quality improvement projects in their area of specialty. Has made no contributions to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Has evidence of some involvement in supervision of Honours research and other higher degree candidates. Has no evidence of involvement in the peer review of grants. Has no evidence of involvement in the review of publications. Holds membership of a small national professional society. Has no evidence of leadership roles

Practitioner Fellowships Statement of Expectations

The Statement of Expectations sets out attributes and achievements within the levels of the Practitioner Fellowships scheme. In coming to decisions about the relative merits of applicants for these positions, assessors will consider research output and leadership relative to opportunity. Applicants should note the Assessment Criteria, which identify quality of research and associated outcomes. The Assessment Criteria are meant to be indicative rather than exhaustive.

Practitioner Fellow Level 1

General Standard: PF1s are expected to be making sound contributions to research either independently or as a member of a group. They will contribute significantly to their profession or discipline, linking their research directions with their professional activities. They should demonstrate effective leadership and mentoring and show capacity for significant achievement in research translation.

Practitioner Fellow Level 2

General Standard: PF2s are expected to be making original contributions to research either independently or as the leader of a group. PF2s would be expected to formulate and drive the research direction. Within their profession or discipline, they will be regarded as outstanding leaders and mentors who exemplify highly effective synergy between their research and professional activities. They should demonstrate outstanding intellectual leadership and capacity for transformative improvements in practice or policy through translation of their research. Appointment at PF2 will occur only if the applicant is considered to be exceptional.

Guidance for Assessor to assess applications against the Indigenous Research Excellence Criteria

Panel members should consider the following when assessing applications that have a focus on the health of Indigenous Australians. The following 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 thorough and a 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 will directly benefit the 'named' communities?
- Is there a history of working together with the 'named' communities e.g., 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?

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?

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?

Building Capacity

- Does the proposal outline how Aboriginal and Torres Strait Islander peoples and/or communities will benefit from capability development?
- Does the proposal outline how researchers and individuals/group associated with the research project will develop capabilities that allow them to have a greater understanding/engagement of Aboriginal and Torres Strait Islander peoples?
- Is there opportunity for two-way Chief Investigator/Associate Investigator capacity development for both non-Indigenous and Indigenous investigators?

What to expect at a Practitioner Fellowships interview

Applications will be assessed against the specified aims of the scheme and the assessment criteria. The Category Descriptors, Statement of Expectations and Guidance for Assessors to assess applications against the Indigenous Research Excellence Criteria provide guidance for the panel while assessing and scoring an application. Applicants are advised to familiarise themselves with these documents in preparation for their interview.

Panel members with a high level conflict of interest will not be present in any discussions/interviews relevant to the identified application.

Forty minutes have been allocated for each interview, of which 20 minutes will be dedicated to a discussion with the applicant. During this discussion, the panel will explore aspects of an application which may need clarification. Panel members are expected to encourage and assist the applicant to present their case in the best light. Panel members with a high level conflict of interest will not be present or participate in any discussions relevant to the identified application.

The panel will hold a 10 minute pre interview discussion where the primary spokesperson will summarise the application, identify any concerns to be addressed with the applicant and highlight any relative to opportunity and career disruptions to be considered during the assessment of the application. The secondary spokesperson, followed by the rest of the panel, will be provided with the opportunity to highlight strengths or raise issues they feel should also be considered.

Interview Process

The applicant is welcomed to the interview by the Chair who will introduce the Panel Members.

The Chair will ask the applicant to give a three minute summary of their application and vision for research and translation for the next five years. It is important for applicants to be mindful of time. If an applicant goes over time, it may restrict opportunities for the panel to explore other issues important to the assessment of the application. The Chair will warn applicants when the time limit is approaching.

Applicants may choose to highlight:

- the expected outcomes at the end of the five year fellowship
- the quality of their research output (publications, patents, research translation)
- their national/international recognition (publications, invitations etc)
- their intellectual leadership
- their mentoring, training and supervision of postdoctorates and PhD/Research students and the achievements of these students
- their peer review activities, involvement in professional societies and the community.

The primary spokesperson will lead the discussion with the applicant, with the support of the secondary spokesperson, followed by the rest of the panel. All questions will address the assessment criteria:

- Vision for the next five years and synergy of research and practice and potential for translation
- Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership, including success in obtaining grants and national and international profile
- Achievements in translation of research into improved clinical practice or policy development and activities which facilitate implementation of research outcomes by other practitioners
- Contribution to research through supervision and mentoring and activities which facilitate implementation of research outcomes by other practitioners.

At the end of the interview, the Chair will ask the applicant to provide a brief summary statement which should include any important issues the applicant considers have not been addressed during the interview. Once the applicant has left the interview, 10 minutes will be allocated for the panel to evaluate the application and interview, and provide a score against the assessment criteria via secret ballot.

NHMRC Practitioner Fellowships Interview Run Sheet

Pre-Interview Discussion (10 minutes)

- Chair to introduce the application details (App ID, Name, Institute, Level to be interviewed)
- Chair to announce declared conflicts of interest
- Chair to ask for any newly identified conflicts of interest
- Highly conflicted panel members leave the room.
- Chair identifies the 1SP and 2SP
- Chair to remind the panel if applicant has Aboriginal and Torres Strait Islander focus
- Chair to remind the spokespersons to identify any relative to opportunity considerations or career disruptions
- 1SP to present a summary/analysis of the application strengths and weaknesses
- 2SP to raise any additional concerns
- All Panel members given opportunity for open discussion
- 1SP to clarify who will raise specific issues during the interview.

Applicant Interview (20 minutes)

- It is the applicant's responsibility to join the meeting on the number provided at least five minutes prior to the scheduled interview time
- Chair to welcome the applicant and determine if applicant is ready for interview
- Chair to ask panel members to identify themselves
- Chair to confirm sound clarity with applicant
- Chair to ask applicant to provide a three minute summary of their vision for research and translation for the next five years
- Spokespersons to ask questions relevant to assessment criteria and in line with pre interview discussion
- All panel members given opportunity to ask question relevant to assessment criteria
- Chair to ask applicant to provide a three minute summary highlighting any issues considered important by the applicant which were not addressed by the panel and include any cv updates they wish to highlight to the panel
- Chair to ask applicant to confirm connection was clear.

Post interview discussion and Scoring (10 minutes)

- Spokespersons to provide final comments on interview and application in relation to the assessment criteria
- Chair to invite other panel members to comment if required
- 1SP to declare their score for each assessment criterion
- Chair to invite panel to address any concerns with the 1SP score (especially if scoring two or more away from 1SP score)
- Panel members to clearly record their scores for each assessment criterion in-confidence on ballot slip provided
- Secretariat to collect ballot slips from panel members and enter scores into score sheet.