Australian Government
National Health and Medical Research Council

CAREER DEVELOPMENT FELLOWSHIPS SCHEME-SPECIFIC PEER REVIEW GUIDELINES FOR FUNDING COMMENCING IN 2019

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INTRODUCTION

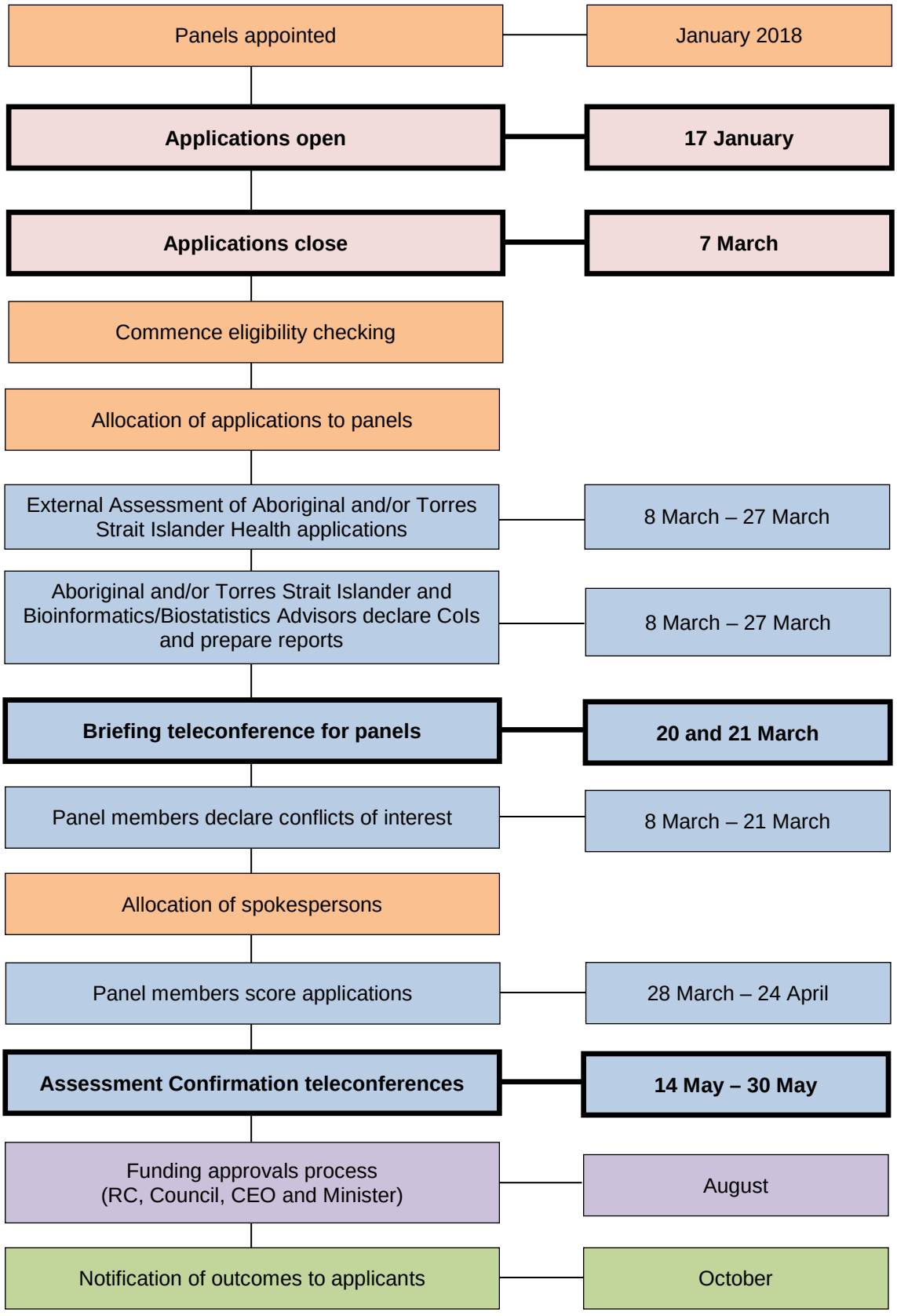
The following sections describe the specific processes, timelines and expectations that apply to the peer review of Career Development Fellowship (CDF) applications.

These scheme-specific 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 *scheme-specific Funding Rules*, which set out the rules, objectives and other considerations relevant to NHMRC funding
- the *2018 NHMRC Advice and Instructions to Applicants*, incorporating the *scheme-specific Advice and Instructions to Applicants*, 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 scheme-specific guidelines.

1 OVERVIEW OF THE PEER REVIEW PROCESS



Note: Dates are indicative and subject to change.

2 KEY CHANGES TO THE PEER REVIEW PROCESS

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

- *Section 4.10 Nomination of Applications for Discussion at Teleconference*
  - Nominations of applications for discussion at teleconference is no longer restricted to top 50% of the provisional order of merit list

3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of those participating in the CDF peer review process are identified in the Career Development Fellowship Peer Review Participants table below. These roles are specific to the CDF peer review process, and therefore take precedence over the general descriptions in section 6 of the *2018 NHMRC Guide to Peer Review.*

Career Development Fellowship Peer Review Participants

Role	Responsibilities
Assigners Academy members	Members of the NHMRC Assigners Academy may support the peer review process by: • confirming Aboriginal and/or Torres Strait Islander health research applications have at least 20% of the research effort or building capacity related to Aboriginal and/or Torres Strait Islander health.
Community Observer	The Peer Review Panels (PRPs) may have independent Community Observers present during teleconferences. Community Observers will be briefed on PRP procedures. They will not participate in the discussion of any applications. The primary duties and responsibilities of a Community Observer are to: • identify and advise the NHMRC of all real or potential conflicts of interest (CoIs) they have with applications • monitor procedural aspects of the PRPs • provide feedback to NHMRC on the consistency of procedures.
Peer Review Panel (PRP) Chair	PRP Chairs are appointed to be independent of the review of applications and to manage the process of peer review in accordance with the approved guidelines. 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 will: • familiarise themselves with the documentation relevant to the CDF scheme • identify and advise the NHMRC of all real or potential CoIs they have with applications assigned to their PRP • ensure appropriate action is taken in relation to declared CoIs • familiarise themselves with ALL applications being considered by the PRP, excluding those for which they have declared a high CoI • chair the PRP meetings ensuring procedures are followed and the discussion is focused and completed in a timely manner • promote good engagement by Spokespersons and the PRP members • ensure the PRP consistently considers the external assessment against the *Indigenous Research Excellence Criteria* provided for applications with an Aboriginal and/or

	Torres Strait Islander health focus • ensure career disruptions and any other relative to opportunity aspects are considered • assist PRP members in fulfilling their duties and responsibilities • approve relevant *Meeting Attendance Record* sheets.
PRP Member	The primary duties and responsibilities of a PRP member are to: • familiarise themselves with documentation relevant to the CDF scheme • identify and advise the NHMRC of all real or potential CoIs they have with applications assigned to their PRP • provide a fair and impartial assessment against the assessment criteria in a timely manner • consider research achievements relative to opportunity, including any career disruptions • consider the external assessment against the *Indigenous Research Excellence Criteria* provided for applications with an Aboriginal and/or Torres Strait Islander health focus • provide scores against the assessment criteria for **ALL** applications reviewed by the PRP (where a high CoI does not exist) • prepare for and participate in panel discussion of applications, paying particular attention to those applications for which they are 1SP or 2SP (see duties and responsibilities of 1SP and 2SP, below).
Primary Spokesperson (1SP)	The primary duties and responsibilities of a 1SP in addition to that of a PRP member are to: • lead the PRP teleconference discussion of the application with reference to the assessment criteria • ensure productivity relative to opportunity considerations highlighted in the application, including career disruptions, are considered by panel members in any discussion of the application • if applicable, highlight comments from Advisor and/or External Assessor reports.
Secondary Spokesperson (2SP)	The primary duties and responsibilities of a 2SP in addition to that of a PRP member are to: • ensure productivity relative to opportunity considerations highlighted in the application, including career disruptions, are considered by panel members in any discussion of the application • support the discussion of the application at the PRP teleconference on the competitiveness of the application with reference to the assessment criteria.
Bioinformatics/Biostatistics Advisor(s)	The primary duties and responsibilities of the Bioinformatics and/or Biostatistics Advisor(s) are to: • identify and advise the NHMRC of all real or potential CoIs they have with applications • confirm whether or not applicants indicating that they are bioinformaticians/biostaticians should actually be classified as bioinformaticians/biostaticians • provide written feedback on bioinformatics/biostatistics applicants for PRP members to consider. **They do not score applications.**
Aboriginal and/or Torres Strait Islander Advisor(s)	The primary duties and responsibilities of the Aboriginal and/or Torres Strait Islander Advisor(s) are to: • identify and advise the NHMRC of all real or potential CoIs they have with applications • provide written feedback on applications by people of Aboriginal

	and/or Torres Strait Islander descent for PRP members to consider. **They do not score applications.**
Indigenous Research External Assessor(s)	The primary duties and responsibilities of the Indigenous Research External Assessor(s) are to: • identify and advise the NHMRC of all real or potential CoIs they have with applications • provide written feedback against the *Indigenous Research Excellence Criteria* on applications with an Aboriginal and/or Torres Strait Islander health research focus for PRP members to consider. **They do not score applications.**
Senior NHMRC Staff	Senior NHMRC staff with doctoral degrees or extensive research expertise will be involved in: • reviewing allocation of applications to panels • establishing the peer review panels • reviewing sensitive career disruptions • assisting and advising on the peer review process.
NHMRC Staff	Under direction from the CEO, NHMRC staff will be responsible for overall administration of the peer review process and for the conduct of specific activities, including: • approach potential PRP members and Chairs • rule on level of declared CoIs • assign applications to the appropriate panels and assign Spokespersons • provide a briefing to panel members • review sensitive career disruptions • determine eligibility • act as an alternative independent Chair when the PRP Chair has a CoI with the application under consideration • provide the following administrative support and advice to the Chair and members: o facilitate use of RGMS o provide advice to the PRP Chair and members including on the management of CoIs o maintain accurate records of CoIs o ensure that the Chair and panel members are aware of all CoI declared by members o provide advice on the treatment of declared CoIs o provide advice on dealing with sensitive career disruptions • ensure that Community Observers are fully aware of the names and affiliations of the applicants under discussion to ensure CoI guidelines are followed • ensure that all PRP members and assessors are provided with the necessary information to review each application • maintain scoring records for each application • record outcome of PRP recommendations • act as the first point of contact for PRP members and Community Observers • seek feedback from Chairs, PRP members and Community Observers on improvements for future processes.

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, to ensure only the highest quality, value for money research is recommended for funding (section 11.2, *2018 NHMRC Funding Rules*).

All applications are assessed against the assessment criteria as set out in the *Career Development Fellowship Scheme-Specific Funding Rules for funding commencing in 2019,* using the *Category Descriptors* at Attachment A. Applications that are accepted by NHMRC as relating to the improvement of Aboriginal and/or Torres Strait Islander health are also assessed against the *Indigenous Research Excellence Criteria* as set out in section 6.3 of the 2018 *NHMRC Funding Rules*. Further guidance on assessing applications against the *Indigenous Research Excellence Criteria* is provided at Attachment B.

Applications are assessed relative to opportunity, taking into consideration any career disruptions (see section 6.2 of the *2018 NHMRC Funding Rules*).

An overview of the CDF 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 CDF applications meet eligibility criteria. Applicants will be advised if their application is ineligible. However, in some instances these applications will remain in the peer review process until their ineligibility is confirmed by NHMRC staff. Eligibility rulings may be made at any point in the peer review process (refer to section 7.1, *2018 NHMRC Funding Rules*).

4.2. Assignment of Applications to PRPs

Applications are assigned to a PRP based on the category of CDF and/or fields of research chosen by applicants within their application.

4.3. Identification of CoIs

Panel members will be provided access, via NHMRC's RGMS, to the Summary Snapshot Report of each application assigned to their PRP, and will declare their CoI in accordance with the guidelines provided on the NHMRC website.

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

Some members may have a CoI for which they require a ruling. For these, NHMRC will assess the information in the declaration made by the member and specify a level of participation in RGMS. Members are requested to ensure they include sufficient detail in their declaration to ensure an accurate CoI assessment can be made by NHMRC staff. All CoI declarations and rulings will be made available to the Panel Chair and members to review. If the Panel Chair or a member is uncomfortable with a ruling level, they can raise this with NHMRC staff and request a review.

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

4.4. Allocation of Spokespersons

Taking into account CoIs, NHMRC staff will assign each application a 1SP and 2SP. It is expected that each member of the PRP (apart from the Chair) will be allocated a similar proportion of applications as 1SP and 2SP.

4.5. Bioinformatics and/or Biostatistics Advisor(s)

To support capacity building in bioinformatics and biostatistics, senior bioinformaticians and/or biostatisticians will be involved as advisors in the peer review of CDF applications. This advisor will only

be required if applications are received from bioinformaticians or biostatisticians. Advisors will provide a report on the applicant(s), to be considered by PRP members when scoring.

4.6. Aboriginal and Torres Strait Islander Advisor(s)

An Aboriginal and/or Torres Strait Islander Advisor will be involved in the peer review of CDF applications received from applicants of Aboriginal and/or Torres Strait Islander descent. This advisor will not be required if no such applications are received. This advisor will provide a report on the applicant(s), which is to be considered by PRP members when scoring.

4.7. Assessment of applications with an Aboriginal and/or Torres Strait Islander health focus

Applications relating specifically to Aboriginal and/or Torres Strait Islander Peoples' health will be identified by information provided in the application. NHMRC Assigners Academy members with Aboriginal and/or 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/or Torres Strait Islander health.

For applications confirmed as relating specifically to Aboriginal and/or Torres Strait Islander health research, NHMRC will endeavor to obtain at least one external assessment from a relevant expert.

The External Assessor's review will have a particular focus on the *Indigenous Research Excellence Criteria* (see section 6.3, *2018 NHMRC Funding Rules*). This assessment is to be considered by PRP members when scoring.

Further information is available at Attachment C: *Guidance for Assessors to assess applications against the Indigenous Research Excellence Criteria*.

4.8. Briefing

NHMRC will conduct panel briefing teleconferences to discuss PRP member duties and responsibilities associated with the CDF peer review process. Any changes to the scheme for the current application round will also be highlighted and discussed as necessary.

4.9. Initial Scoring

PRP members must assess and score **all** applications assigned to their panel against the Assessment Criteria using the *CDF Category Descriptors* (*Attachment A*), taking into account career disruptions and other relative to opportunity considerations (for explanation of these concepts refer to sections *6.2 Relative to Opportunity* and *6.2.1 Career Disruption of the 2018 NHMRC Funding Rules)*. The *Statement of Expectations* (*CDF Scheme-Specific Funding Rules for funding commencing in 2019, Attachment B*) may also be of assistance when scoring.

PRP members will be given access to applications via RGMS. The following documents are required to review an application:

- Assessor Snapshot. This document contains relevant sections of the application and *Profile and CV* required to assess the application. The contents page of this document directs assessors to the information relevant to each CDF assessment criterion.
- Uploaded documents which include the
    - 'Grant Proposal' PDF
    - 'Evidence of Career Disruption' PDF(s) (for applicants with career disruptions only)
    - 'Employer Letter of Support' PDF (for part-time CDF applications only)
    - 'Industry Partner Letter of Support' PDF (for Industry CDF applications only).

When scoring applications, particular emphasis should be placed on the last five years (or equivalent). Panel members should take into account the written feedback provided by the Bioinformatics,

Biostatistics and Aboriginal and/or Torres Strait Islander Advisor(s) where applicable, and for applications with an Aboriginal and/or Torres Strait Islander health research focus, the external assessment against the *Indigenous Research Excellence Criteria.*

For assessing applications in the Industry CDF category, further information is available at Attachment D: Guide to Evaluating Industry-Relevant Experience, which may provide assistance when scoring.

The PRP will be required to enter their scores in RGMS. PRP members should not discuss applications prior to the teleconference. This is to ensure PRP members provide independent scores.

PRP members must ensure prompt completion of scores within RGMS.

A quorum of more than 50% of panel members must be involved for an application to be reviewed and scored by a PRP.

The criterion scores from PRP members will be averaged and weighted to create a provisional order of merit list of applications (tailored for CoIs). This list will be available in RGMS to PRP members prior to the assessment confirmation teleconference.

4.10. Nomination of Applications for Discussion at Teleconference

PRP members will each be given the opportunity to nominate up to two applications for discussion at the assessment confirmation teleconference. PRP members will be required to submit their nominations in RGMS by the nominated date prior to the assessment confirmation teleconference. NHMRC may at its discretion identify applications for discussion at the assessment confirmation teleconference.

NHMRC will circulate a list of applications nominated for discussion to the panel members in advance of the assessment confirmation teleconference. The nominated applications will be the only applications discussed by the Panel at the assessment confirmation teleconference and will be grouped so as to best cater for any CoIs that may exist.

If the Panel is satisfied with the provisional order of merit list and no applications have been nominated for discussion, the assessment confirmation teleconference will not be required. NHMRC will confirm in writing to the Panel that no assessment confirmation teleconference is required because the Panel is satisfied with the final order of merit list. The Panel Chair will confirm this outcome in writing.

4.11. PRP Assessment Confirmation Teleconference

Each panel will meet via teleconference to confirm the scores of applications nominated for discussion. The purpose of the teleconference is not for individual PRP members to regress their scores to the panel mean. It is an opportunity to highlight divergent opinions or aspects of an application that a PRP member may have overlooked and adjust their scores if necessary and agreed to by the Panel. PRP members do not have to change their scores and it is expected that members will have different opinions. However, PRP members should be able to justify how their scores align with the category descriptors.

The process for the teleconference is as follows:

1. The Chair will outline the format of the process for the teleconference.
2. With overall discussion being led by the Chair, the PRP should consider the applications nominated for discussion.
    i. For an application under discussion:
        a. Where a panel member has a high CoI with an application(s), the panel member will be excluded from participating in the discussion of that application(s). The PRP member will be required to disconnect from the teleconference for the discussion of that application(s).
        b. The panel member who nominated the application will be invited to explain why that application was nominated.
        c. The 1SP will be invited to summarise the applicant's case to the rest of the Panel ensuring they communicate any relative to opportunity considerations, including

career disruptions along with any additional areas of concern (e.g. level of independence, track record, applicant's potential for a future high level research career etc.). If applicable, the 1SP will outline comments received from the Advisor(s) and/or External Assessor.

d. The 2SP will be invited to add any additional comments.
e. Other PRP members will then be invited to discuss the strengths and weaknesses of the application against the assessment criteria only.
f. It is important that the PRP consider the merits of the application in relation to the assessment criteria rather than whether the application is considered fundable.

ii. Scores of applications nominated for discussion should only be altered if there is no objection from the Panel regarding the justification for rescoring.

4.12. Re-scoring of applications

Following the discussion of a nominated application, panel members will be given the opportunity to alter their score for each criterion in RGMS. **Note**: Panel members can choose not to change their score during the re-scoring process.

It is imperative that panel members realise that by re-scoring an application, it may cause the application to move up or down in the preliminary order of merit list by multiple places, and NHMRC may not be able to inform the Panel on where the application has moved to in the list following its re-scoring. The Panel will not be provided with a revised list of applications following the re-scoring process undertaken.

4.13. Funding Recommendation

After the PRP assessment confirmation teleconference, scores are normalised across all panels. These normalised final scores are used to produce a final ranked list.

This final ranked list will be used in preparing the funding recommendations for NHMRC's Research Committee (refer to section 11.4 of the *2018 NHMRC Funding Rules* for further information).

Those applications that are below the funding level but considered to be competitive will serve as the reserve placement listing.

4.14. 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 the final scores have been determined. After this time, notes, both hard copy and electronic, should be disposed of appropriately.

4.15. Notification of outcomes

Feedback will be provided to all applicants in the form of an Application Assessment Summary. It will contain numerical information on the competitiveness of the application that will be drawn from the scores given by panel members.

For further information about outcome notifications, refer to section 11.6 of the *2018 NHMRC Funding Rules*.

Career Development Fellowships Category Descriptors

******IMPORTANT NOTES******

For All Applications:

The following category descriptors are to be used as a guide to assist in scoring an application against each of the assessment criteria.
The descriptors are intended to illustrate indicative levels of performance only.
They are not intended to be an exhaustive list of achievements that must be attained.
Individual applicants may exhibit a range of achievements not included here, or the ones listed may not be relevant to the applicant's research area or career stage.
Evaluation of performance will take into account opportunity, research discipline, and be an overall summation of research contribution.

ALL CRITERIA ARE ASSESSED RELATIVE TO OPPORTUNITY

Assessing Aboriginal and Torres Strait Islander 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.

Criterion Score and Indicator of Performance	**Criterion 1 50%**	**Criterion 2 25%**	**Criterion 3 25%**
	Research output and potential for further career development in health and medical research	**Research leadership**	**Vision for the next four years, and career development strategy, taking into account the aims of the CDF scheme and quality of the research environment**
7 Exceptional For this criterion the application comprehensively supports the aims of the scheme and completely fulfils criterion requirements with no weakness. *(It is expected that only the top 2% of applicants would achieve this score)*	**Relative to opportunity and to their field**, the applicant demonstrates **exceptional** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **exceptional** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Community engagement activities associated with health research, practice or policy	The applicant demonstrates an **exceptional** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is near flawless in design • Is highly feasible and almost certain to be achieved within the term of the fellowship • Makes an exceptional case for the research to be important in addressing a human health issue • Emphasises and integrates translational outcomes The **environment:** • Is **extremely well matched** to the applicant's proposed project • Includes **extremely high quality** administrative and technical support systems for the applicant, • Offers exceptional collaborative and mentoring opportunities for the applicant, • Offers exceptional potential for team building for the applicant

Criterion Score and Indicator of Performance	Criterion 1 50% **Research output and potential for further career development in health and medical research**	Criterion 2 25% **Research leadership**	Criterion 3 25% **Vision for the next four years, and career development strategy, taking into account the aims of the CDF scheme and quality of the research environment**
6 Outstanding For this criterion, the application strongly supports the aims of the scheme and meets criterion requirements with negligible weakness. *(It is expected that the top 15% of applicants would achieve this score or better)*	**Relative to opportunity and to their field**, the applicant demonstrates **outstanding** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **outstanding** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates an **outstanding** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of outstanding design with negligible weakness • Is feasible and almost certain to be achieved within the term of the fellowship • Makes an outstanding case for the research to be important in addressing a human health issue • Integrates translational outcomes The **environment:** • Is **very well matched** to the applicant's proposed project • Includes **very high quality** administrative and technical support systems for the applicant, • Offers outstanding collaborative and mentoring opportunities for the applicant, • Offers outstanding potential for team building for the applicant
5 Excellent For this criterion, the application supports the aims of the scheme and meets criterion requirements with strengths significantly outweighing weaknesses. *(It is expected that the top 35% of applicants would achieve this score or better)*	**Relative to opportunity and to their field**, the applicant demonstrates **excellent** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **excellent** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates an **excellent** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of excellent design with strengths significantly outweighing weaknesses • Is feasible and highly likely to be achieved within the term of the fellowship • Makes an excellent case for the research to be important in addressing a human health issue • Includes translational outcomes The **environment:** • Is **well matched** to the applicant's proposed project • Includes **high quality** administrative and technical support systems for the applicant, • Offers excellent collaborative and mentoring opportunities for the applicant, • Offers good potential for team building for the applicant

Criterion Score and Indicator of Performance	Criterion 1 50% **Research output and potential for further career development in health and medical research**	Criterion 2 25% **Research leadership**	Criterion 3 25% **Vision for the next four years, and career development strategy, taking into account the aims of the CDF scheme and quality of the research environment**
4 Very Good For this criterion, the application supports the aims of the scheme and meets criterion requirements, with strengths outweighing weaknesses. *(It is expected that the top 65% of applicants would achieve this score or better)*	**Relative to opportunity and to their field**, the applicant demonstrates **very good** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **very good** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates a **very good** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of very good design with strengths outweighing weaknesses • Is likely to be feasible and to be achieved within the term of the fellowship • Makes a very good case for the research to be important in addressing a human health issue • Recognises translational outcomes although they may not be well integrated The **environment:** • Is **suited** to the applicant's proposed project • Includes **very good quality** administrative and technical support systems for the applicant, • Offers very good collaborative and mentoring opportunities for the applicant, • Offers potential for team building for the applicant
3 Good For this criterion, the application supports the aims of the scheme and meets criterion requirements, with more strengths than weaknesses. *(It is expected that the bottom 35% of applicants would achieve this score or lower)*	**Relative to opportunity and to their field**, the applicant demonstrates **good** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **good** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates a **good** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of good design with some weakness • May be feasible and should be achievable within the term of the fellowship • Makes a good case for the research to be important in addressing a human health issue • Includes translational aspects but with poor integration The **environment:** • Is **somewhat suited** to the applicant's proposed project • Includes **good quality** administrative and technical support systems for the applicant, • Offers good collaborative and mentoring opportunities for the applicant, • Offers some potential for team building for the applicant

Criterion Score and Indicator of Performance	Criterion 1 50% **Research output and potential for further career development in health and medical research**	Criterion 2 25% **Research leadership**	Criterion 3 25% **Vision for the next four years, and career development strategy, taking into account the aims of the CDF scheme and quality of the research environment**
2 Satisfactory For this criterion, the application meets the aims of the scheme or criterion requirements at the most basic level, with strengths and weaknesses balanced. *(It is expected that the bottom 15% of applicants would achieve this score or lower)*	**Relative to opportunity and to their field**, the applicant demonstrates **satisfactory** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **satisfactory** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates a **satisfactory** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of satisfactory design quality with prominent weaknesses • Has unclear feasible or has unclear achievability within the term of the fellowship • Makes a reasonable case for the research to be important in addressing a human health issue • Includes translational aspects but with little to no integration The **environment:** • Is **not clearly suited** to the applicant's proposed project • Includes administrative and technical support systems for the applicant, • Offers some collaborative and mentoring opportunities for the applicant, • Offers some potential for team building for the applicant
1 Weak For this criterion, the application fails to, or only marginally meets the aims of the scheme or assessment criteria. Shortcomings or deficiencies predominate. *(It is expected that fewer than 5% of applicants would achieve this score)*	**Relative to opportunity and to their field**, the applicant demonstrates **weak** performance in relation to: • The number, quality and influence of publications and their authorship contributions • Grant success as indicated by the number held and significance of their investigator role, especially of tier one grants • The number and type of speaking invitations at international and/or national conferences • Attainment of prizes and awards • Where relevant, their role in developing Intellectual Property, role in commercialisation of research and/or contributions to clinical or public health policy, practice or health services development	**Relative to opportunity and to their field**, the applicant demonstrates **weak** performance in relation to: • Research higher degree (Honours, PhD candidate) supervisions and completions • Mentoring • Contribution to training • Development of a research team • Peer review contributions to grant schemes and journal publications • Influence of contributions to clinical or public health policy, practice or health services development • Community engagement activities associated with health research, practice or policy	The applicant demonstrates a **weak** approach to the articulation and implementation of their **career development strategy** in relation to the following, where applicable: • The quality of their strategies for building research independence • The extent to which they have planned the further development of their research leadership capabilities The **research proposal**: • Is of weak design quality -shortcomings predominate • Is unlikely to be feasible or achievable within the term of the fellowship • Makes a weak case for the research to be important in addressing a human health issue • Does not recognise translational aspects or does not integrate them The **environment:** • Is **poorly suited** to the applicant's proposed project • Includes some administrative and technical support systems for the applicant, • Offers limited collaborative and mentoring opportunities for the applicant, • Offers limited potential for team building for the applicant

ATTACHMENT B

Statement of Expectations

The Statement of Expectations sets out **broad descriptors** of baseline activity expected of applicants within the levels of the NHMRC Career Development Fellowship scheme. In coming to decisions about the relative merit of applicants for these positions, assessors will take into account research achievements relative to opportunity. Applicants should refer to the Category Descriptors (Attachment A), which identify the quality of research and associated outcomes. The list of Category Descriptors is meant to be indicative rather than exhaustive.

General Standards:

Career Development Fellow Level 1

An NHMRC Career Development Fellow Level 1 is expected to carry out research as part of a research team, and engage in activities that will develop their expertise in biomedical, clinical, public health and/or health service delivery research. They will work with support, guidance and/or direction from more senior colleagues in establishing their research careers.

Career Development Fellow Level 2

An NHMRC Career Development Fellow Level 2 is expected to carry out research independently, with limited guidance or direction from more senior colleagues in establishing their research careers. This level of appointment recognises marked distinction in the Career Development Fellow's research and scholarship compared to a Level 1 CDF.

ATTACHMENT C

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?

ATTACHMENT D

Guide to Evaluating Industry-Relevant Experience

Principles

NHMRC is committed to ensuring that knowledge from health and medical research is translated through commercialisation (e.g. by pharmaceutical or medical devices companies), improvements to policy, health service delivery and clinical practice.

Therefore, as a complement to other measures of research excellence (e.g. publication and citation rates), NHMRC considers industry-relevant skills, experience and achievements in its assessment of applicants' track records.

These measures recognise that applicants who have invested their research time on technology transfer, commercialisation or collaborating with industry, may have gained highly valuable expertise or outputs relevant to research translation. However, NHMRC acknowledges that these researchers will necessarily have had fewer opportunities to produce traditional academic research outputs (e.g. peer reviewed publications).

Therefore, peer reviewers should:

- Appropriately recognise applicants' industry-relevant experiences and results
- Allow for the time applicants have spent in commercialisation/industry for *"Relative to Opportunity"* considerations (refer to Section 6 of the *2018 NHMRC Funding Rules*)

Who might have industry experience or be preparing for industry experience?

Many applicants to NHMRC may have had industry experiences of various kinds. Examples include, but are not limited to:

1. Researchers who have left academia to pursue a full time career in industry (e.g. in pharmaceutical, biotechnology or start-up companies). In such instances, outputs must be assessed 'relative to opportunity', as there may have been restrictions in producing traditional research outputs (such as peer reviewed publications), but highly valuable expertise gained or outputs produced relevant to research translation (such as patents or new clinical guidelines). Refer to Section 6.1 of the *2018 NHMRC Funding Rules*.
2. Academic researchers whose work has a possible commercial focus. These researchers might not have yet entered into commercial agreements with industry and have chosen to forego or delay publication in order to protect or extend their intellectual property (IP).
3. Academic researchers who have translated their discovery into a collaborative agreement with industry. The researcher may be collaborating with the company in further research and development; may have a licensing agreement; or may have licensed or assigned their IP to the company. A researcher may ultimately leave the academic institution and become Chief Executive Officer, Chief Scientific Officer, Chief Technology Officer, Scientific Advisory Board Member or consultant for a start-up or other company, based on their experience.
4. Academic researchers who are actively collaborating with companies, for example by providing expert research services for fees. Publications of such work might be precluded or delayed according to contract arrangements. The specialised nature of this research might also restrict publication to specialised journals only, as opposed to generalist journals.

Relevant industry outputs

Level of experience/ output	IP	Collaboration with an industry partner	Established a start-up company	Product to market	Clinical trials or regulatory activities	Industry participation
Advanced	• Patent granted: consider the type of patent and where it is granted. It can be more difficult to be granted a patent in, for example, the US or Europe than in Australia, depending on the patent prosecution and regulatory regime of the intended market • National phase entry and prosecution or specified country application	• Executed a licensing agreement with an established company • Significant research contract with an industry partner • Long term consultancy with an industry partner	• Achieved successful exit (public market flotation, merger or acquisition) • Raised significant (>$10m) funding from venture capital or other commercial sources (not grant funding bodies) • Chief Scientific Officer, Executive or non-executive role on company boards	• Produce sales • Successful regulator submission to US Food and Drug Administration (FDA), European Medicines Agency, TGA etc. • Medical device premarket submission e.g. FDA 510(k) approved	• Phase II or Phase III underway or completed	• Major advisory or consultancy roles with international companies
Intermediate	• Patent Cooperation Treaty (PCT) or 'international application' • Provisional patent	• Established a formal arrangement such as a consultancy or research contract and actively collaborating	• Incorporated an entity and established a board • Has raised moderate (>$1m) funding from commercial sources or government schemes that required industry co-participation (e.g. ARC Linkage, NHMRC Development Grant)	• Generated regulatory standard data set • Successful regulatory submission to Therapeutic Goods Administration or European Conformity (CE) marking • Medical device: applications for pre-market approval	• Phase I underway or completed • Protocol development • Patient recruitment	• Advisory or consultancy role with a national company
Preliminary	• IP generated • Patent application lodged • Invention lodged with Disclosure/s with Technology Transfer/Commercialisation Office	• Approached and in discussion with an industry partner under a non-disclosure agreement. No other formal contractual arrangements.	• Negotiated licence to IP from the academic institution	• Developed pre-good manufacturing practice (GMP) prototype and strong supporting data • Established quality systems	• Drug candidate selected or Investigative New Drug application filed • Preclinical testing	