EARLY CAREER FELLOWSHIPS
SCHEME-SPECIFIC PEER REVIEW GUIDELINES

For funding commencing in 2019
INTRODUCTION

The following sections describe the specific processes, timelines and expectations that apply to the peer review of Early Career Fellowship (ECF) 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

Panels appointed
January

Applications Open
10 January

Applications close
28 February

Commence eligibility checking

Allocation of applications to panels

Panel members declare conflicts of interest
5 March

Briefing teleconference for panels
7 and 8 March

Allocation of Spokespersons

External Assessment of Aboriginal or Torres Strait Islander Health applications
March

Panel members score applications
12 March - 9 April

Assessment confirmation teleconferences
17 April – 4 May

Funding approvals process
(RC, Council, CEO and Minister) *
August/September

Notification of outcomes to applicants *
October

Note: * Dates are indicative and subject to change
2 KEY CHANGES TO THE PEER REVIEW PROCESS

- *Section 4.9* Nomination of Applications for discussion at teleconference.
  - Nomination of applications for discussion at teleconference is no longer restricted to the top 50% of the provisional order of merit list.

3 ROLES AND RESPONSIBILITIES

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

**Early Career Fellowship Peer Review Participants Table**

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
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</thead>
<tbody>
<tr>
<td><strong>Assigners Academy members</strong></td>
<td>Members of the NHMRC Assigners Academy may support the peer review process by:</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td><strong>Community Observer</strong></td>
<td>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.</td>
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<tr>
<td></td>
<td>The primary duties and responsibilities of Community Observer are to:</td>
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<tr>
<td></td>
<td>- identify and advise NHMRC of all real or potential conflicts of interest (Cols) they have with applications</td>
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<td></td>
<td>- monitor procedural aspects of the PRPs</td>
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<tr>
<td></td>
<td>- provide feedback to NHMRC on the consistency of procedures.</td>
</tr>
<tr>
<td><strong>Peer Review Panel (PRP) Chair</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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:</td>
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<tr>
<td></td>
<td>- familiarise themselves with the documentation relevant to the ECF scheme</td>
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<tr>
<td></td>
<td>- identify and advise the NHMRC of all real or potential Cols they have with applications assigned to their PRP</td>
</tr>
<tr>
<td></td>
<td>- ensure appropriate action is taken in relation to declared Cols</td>
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<tr>
<td></td>
<td>- familiarise themselves with ALL applications being considered by the PRP, excluding those for which they have declared a high Col chair the PRP meetings ensuring procedures are followed and that the discussion focused and completed in a timely manner</td>
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<tr>
<td></td>
<td>- promote good engagement by the PRP members</td>
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<td></td>
<td>- ensure the PRP consistently considers the external assessment against the <em>Indigenous Research Excellence Criteria</em> for applications with an Aboriginal and Torres Strait Islander health focus</td>
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<tr>
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<td>- ensure career disruptions and any other ‘relative to opportunity’ aspects are considered</td>
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<tr>
<td></td>
<td>- assist PRP members in fulfilling their duties and responsibilities</td>
</tr>
<tr>
<td></td>
<td>- approve relevant Meeting Attendance Record sheets.</td>
</tr>
<tr>
<td><strong>PRP Member</strong></td>
<td>The primary duties and responsibilities of a PRP member are to:</td>
</tr>
</tbody>
</table>

- familiarise themselves with documentation relevant to the ECF scheme
- identify and advise 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 Torres Strait Islander 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
- Indigenous Health Research Experts from the Indigenous panel will write external assessments for those applications that have applied in a different category
- if applicable, highlight comments from external advisor 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.

### Senior NHMRC Staff

NHMRC staff with doctoral degrees or extensive research expertise will be involved in:

- confirming Electromagnetic Energy Research (EME) applications comply with NHMRC/ARPANSA requirements
- 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.

### 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
- determine eligibility
- assign applications to the appropriate panels and assign Spokespersons
- provide a briefing to panel members
- 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:
  - facilitate use of RGMS
  - provide policy advice to the PRP Chair and members including on
<table>
<thead>
<tr>
<th>the management of CoIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>o maintain accurate records of CoIs</td>
</tr>
<tr>
<td>o ensure that the Chair and panel members are aware of all CoI declared by members</td>
</tr>
<tr>
<td>o provide advice on the treatment of declared CoIs</td>
</tr>
<tr>
<td>o provide advice on dealing with sensitive career disruptions.</td>
</tr>
</tbody>
</table>

- 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 of the 2018 NHMRC Funding Rules).

All applications are assessed against the Assessment Criteria as set out in the 2018 Early Career Fellowship 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 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 6.2.1 of the 2018 NHMRC Funding Rules).

An overview of the Early Career Fellowship 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 ECF 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 of the 2018 NHMRC Funding Rules).

4.2. Assignment of Applications to PRPs

Applications are assigned to a PRP based on the category of ECF 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 for 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.

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.

4.4. Allocation of Spokespersons

Taking into account Cols, 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. 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 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 research that are not in the Aboriginal and Torres Strait Islander health focus category, NHMRC will endeavour to obtain at least one external assessment from a member of the Indigenous health PRP.

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

See: Guidance for Assessing applications against the Indigenous Research Excellence Criteria for further information at Attachment B.

4.6. Briefing

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

4.7. Initial Scoring

PRP members must assess and score all applications assigned to their panel against the Assessment Criteria using the ECF 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).

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 ECF assessment criterion.
- Uploaded documents which include the
  - ‘Grant Proposal’ PDF,
  - ‘Evidence of Career Disruption’ PDF(s) (for applicants with career disruptions only),
  - Explanation letter if not changing either their PhD Research Team, Department or Medical Research Institute (if applicable);
When scoring applications with an Aboriginal and Torres Strait Islander health research focus, PRP members should take into account the external assessment against the Indigenous Research Excellence Criteria and the additional information provided at Attachment B.

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 completely independent scores.

PRP members must ensure prompt completion of scores within RGMS.

A quorum of at least 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.

4.8. Frank Fenner Awardee

Panel members within the Biomedical and Public Health panels are asked to identify any applicants whose research focus is in an area of international Public Health and best reflects the qualities exemplified in Professor Fenner’s career. The highest ranked, funded applicant from across the Biomedical and Public Health panels that is found to be eligible for this award will be the Frank Fenner awardee.

4.9. Nomination of Applications for Discussion at Teleconference

PRP members will each be given the opportunity to nominate up to two applications for discussion at teleconference. PRP members will be required to submit their nominations to NHMRC by the nominated date prior to the assessment confirmation teleconference. NHMRC will then circulate a list of applications nominated for discussion to the panel members in advance of the teleconference. The nominated applications will be the only applications discussed by the panel at 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 and no applications have been nominated for discussion the assessment confirmation teleconference will not be required. NHMRC will confirm in writing that no assessment confirmation teleconference is required because the panel is satisfied with the final order of merit list.

Note: NHMRC may at its discretion identify applications for discussion at the Assessment Confirmation Teleconference.

4.10. 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 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.

4.11. 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 are aware that by re-scoring an application, it may cause the application to move up or down in the preliminary order of merit 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 any re-scoring process undertaken.

4.12. 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.

4.13. 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.


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.
ECF Category Descriptors
The following scoring descriptors are to be used as a guide to score an application against each of the assessment criteria. The category descriptors are indicative, rather than definitive or exhaustive. Evaluation of performance will take into account opportunity, research discipline and overall summation of research contribution.

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.

<table>
<thead>
<tr>
<th>Score</th>
<th>Criterion 1</th>
<th>Criterion 2</th>
<th>Criterion 3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Research Output – Relative to Opportunity 50%</td>
<td>Research Proposal and Environment 30%</td>
<td>Professional Contribution – Relative to Opportunity 20%</td>
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<tr>
<td>7 Exceptional</td>
<td>• Has an exceptional record of research output relative to their discipline as assessed in terms of (for example):</td>
<td>• The research proposal:</td>
<td>• Is an exceptional contributor to research as assessed in terms of (for example):</td>
</tr>
<tr>
<td></td>
<td>o quantity and quality of research publications in their field</td>
<td>o has objectives that are extremely well-defined</td>
<td>o recognition through prizes and awards</td>
</tr>
<tr>
<td></td>
<td>o grant funding</td>
<td>o is near flawless by design</td>
<td>o supervisory experience</td>
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<td></td>
<td>o conference presentations</td>
<td>o will be achieved</td>
<td>o broader community engagement as well as contribution to the research community</td>
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<td></td>
<td>o influence on policy or practice (including relevant industry experience)</td>
<td>o addresses an issue of utmost importance to human health</td>
<td>o peer review experience</td>
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<tr>
<td></td>
<td>o patents</td>
<td>• The research environment:</td>
<td>• Is an outstanding contributor to research as assessed in terms of (for example):</td>
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<td></td>
<td></td>
<td>o is extremely appropriate for the proposed research</td>
<td>o recognition through prizes and awards</td>
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<td>o provides exceptional mentoring and training arrangements.</td>
<td>o supervisory experience</td>
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<td></td>
<td></td>
<td>• Justification for remaining in the same research group is sound (if applicable).</td>
<td>o broader community engagement as well as contribution to the research community</td>
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<td></td>
<td>o peer review experience</td>
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<tr>
<td>6 Outstanding</td>
<td>• Has an outstanding record of research output relative to their discipline as assessed in terms of (for example):</td>
<td>• The research proposal:</td>
<td>• Is an outstanding contributor to research as assessed in terms of (for example):</td>
</tr>
<tr>
<td></td>
<td>o quantity and quality of research publications in their field</td>
<td>o has objectives that are very well-defined</td>
<td>o recognition through prizes and awards</td>
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<tr>
<td></td>
<td>o grant funding</td>
<td>o is highly feasible</td>
<td>o supervisory experience</td>
</tr>
<tr>
<td></td>
<td>o conference presentations</td>
<td>o addresses an issue of significant importance to human health.</td>
<td>o broader community engagement as well as contribution to the research community</td>
</tr>
<tr>
<td></td>
<td>o influence on policy or practice (including relevant industry experience)</td>
<td>• The research environment:</td>
<td>o peer review experience</td>
</tr>
<tr>
<td></td>
<td>o patents</td>
<td>o is highly appropriate for the proposed research</td>
<td>• Is an outstanding contributor to research as assessed in terms of (for example):</td>
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<td></td>
<td></td>
<td>o provides outstanding mentoring and training arrangements.</td>
<td>o recognition through prizes and awards</td>
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<td></td>
<td></td>
<td>• Justification for remaining in the same research group is sound (if applicable).</td>
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<td></td>
<td>o broader community engagement as well as contribution to the research community</td>
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<td></td>
<td></td>
<td>o peer review experience</td>
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<tr>
<td></td>
<td>It is expected that the top 2% of applications would be ranked in this category.</td>
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<td></td>
<td>It is expected that the top 15% of applications would be ranked in this category or higher.</td>
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<tr>
<td>Score</td>
<td>Criterion 1</td>
<td>Criterion 2</td>
<td>Criterion 3</td>
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</tbody>
</table>
| **5 Excellent** | An application which supports the aims of the scheme and meets the assessment criteria with only some minor weaknesses.  
It is expected that the top 35% of applications would be ranked in this category or higher. |                                                                                                                                 |                                                                                                                                 |
|            | • Has an excellent record of research output relative to their discipline as assessed in terms of (for example):  
  o quantity and quality of research publications in their field  
  o grant funding  
  o conference presentations  
  o influence on policy or practice (including relevant industry experience)  
  o patents.  
• The research proposal:  
  o has objectives that are well-defined  
  o is very well designed  
  o is highly feasible  
  o addresses an issue of great importance to human health.  
• The research environment:  
  o is highly appropriate for the proposed research  
  o provides excellent mentoring and training arrangements.  
• Justification for remaining in the same research group is sound (if applicable). |                                                                                                                                 | • Is an excellent contributor to research as assessed in terms of (for example):  
  o recognition through prizes and awards  
  o supervisory experience  
  o broader community engagement as well as contribution to the research community  
  o peer review experience. |
| **4 Very good** | An application which supports the aims of the scheme and meets the assessment criteria, but with numerous minor weaknesses.  
It is expected that the top 65% of applications would be ranked in this category or higher. |                                                                                                                                 |                                                                                                                                 |
|            | • Has a very good record of research output relative to their discipline as assessed in terms of (for example):  
  o quantity and quality of research publications in their field  
  o grant funding  
  o conference presentations  
  o influence on policy or practice (including any relevant industry experience)  
  o patents.  
• The research proposal:  
  o has objectives that are clear  
  o is well designed  
  o is feasible  
  o addresses an issue of importance to human health.  
• The research environment:  
  o is highly suitable for the proposed research  
  o provides very good mentoring and training arrangements.  
• Justification for remaining in the same research group is sound (if applicable). |                                                                                                                                 | • Is a very good contributor to research as assessed in terms of (for example):  
  o recognition through prizes and awards  
  o supervisory experience  
  o broader community engagement as well as contribution to the research community  
  o peer review experience. |
| **3 Good**   | An application which supports the aims of the scheme and meets the assessment criteria, but with at least one moderate weakness.  
It is expected that the bottom 35% of applications would be ranked in this category or lower. |                                                                                                                                 |                                                                                                                                 |
|            | • Has a good record of research output relative to their discipline as assessed in terms of (for example):  
  o quantity and quality of research publications in their field  
  o grant funding  
  o conference presentations  
  o influence on policy or practice (including any relevant industry experience)  
  o patents.  
• The research proposal:  
  o has objectives that are adequately-defined  
  o is overall clear in respects to design  
  o is likely to be successfully achieved  
  o addresses an issue of some importance to human health.  
• The research environment:  
  o is appropriate for the proposed research  
  o provides sound mentoring and training arrangements.  
• Justification for remaining in the same research group is poor (if applicable). |                                                                                                                                 | • Is a good contributor to research as assessed in terms of (for example):  
  o recognition through prizes and awards  
  o supervisory experience  
  o broader community engagement as well as contribution to the research community  
  o peer review experience. |
<table>
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</tr>
</tbody>
</table>
| **2 Satisfactory** | • Has a fair record of research output relative to their discipline as assessed in terms of (for example):  
  o quantity and quality of research publications in their field  
  o grant funding  
  o conference presentations  
  o influence on policy or practice (including any relevant industry experience)  
  o patents. | • The research proposal:  
  o has objectives that are somewhat unclearly-defined  
  o raises some concerns with respect to research design  
  o raises some concerns in regards to the feasibility of the research proposal  
  o addresses an issue of some concern to human health. | • Is a satisfactory contributor to research as assessed in terms of (for example):  
  o recognition through prizes and awards  
  o supervisory experience  
  o broader community engagement as well as contribution to the research community  
  o peer review experience. |
|       | **An application which partly meets the aims of the scheme or assessment criteria with noticeable deficiencies or shortcomings evident by some moderate weaknesses** |       |       |
|       | **It is expected that the bottom 15% of applications would be ranked in this category or lower.** |       |       |
| **1 Weak** | • Has a limited record of research output relative to their discipline as assessed in terms of (for example):  
  o quantity and quality of research publications in their field  
  o grant funding  
  o conference presentations  
  o influence on policy or practice (including any relevant industry experience)  
  o patents. | • The research proposal:  
  o has objectives that are unclear  
  o raises major concerns with respect to the research design  
  o raises major concerns in regards to the feasibility of the research proposal  
  o does not address an issue of more than marginal concern to human health. | • Is a minimal contributor to research as assessed in terms of (for example):  
  o recognition through prizes and awards  
  o supervisory experience  
  o broader community engagement as well as contribution to the research community  
  o peer review experience. |
|       | **An application which marginally meets the aims of the scheme or assessment criteria. Shortcomings or deficiencies against most criteria or aims predominate** |       |       |
|       | **It is expected that the bottom 5% of applications would be ranked in this category or lower.** |       |       |
GUIDANCE FOR ASSESSING 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 capability
- 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?