

**Strategic Review of Health and Medical Research in Australia**  
**Submission of relevance to term of reference 6**  
**by David Abbott, PhD**

This one-page submission addresses **term of reference 6**: Strategies to attract, develop and retain a skilled research workforce which is capable of meeting future challenges and opportunities.

**Executive summary:**

- Career progression and security is presently inadequate, particularly for non-clinician medical researchers, such as physicists and biological scientists
- Non-clinician researchers who work closely with clinicians are currently strongly disadvantaged in a medical research funding system that has grown from, and favours, clinicians in research
- A separate category of fellowship should be established for non-clinician medical researchers working in, or substantially collaborating with, teams led by clinicians. The scheme should provide for both junior and senior scientists.

**Submission:**

Medical research has become increasingly multi-disciplinary. Appropriate consideration should be given to career progression and security particularly for non-clinician medical researchers, such as physicists and biological scientists. Non-clinician researchers are currently strongly disadvantaged in a medical research system that has grown from, and favours, clinicians in research. Non-clinician scientists must always compete with clinicians for NHMRC Fellowships (independent salary support). There is no major NHMRC fellowship offered exclusively to non-clinicians. This leads to bias against career advancement.

For example, fellowship applicants are judged on performance and leadership. A major criteria for worthiness is number of first and last author papers. However, when clinician and non-clinician scientists work together, clinicians (who ask the clinical questions) usually take these author positions, even though non-clinician scientists have done much of the work to answer the clinical questions. Clinicians usually perform NHMRC fellowship application ranking. However, clinicians have different scientific expertise to non-clinicians and are not necessarily best equipped to judge track record and potential of non-clinician medical scientists. In a chronically under-funded medical research system, clinicians may favour applications from clinicians, even though non-clinicians cannot supplement their salary via a clinical role.

Why has a non-clinician medical researcher, like me, ranked first in his field in Australia by scientific impact (citation count) been unable to secure NHMRC fellowship funding at any stage in his career? I have personally seen several excellent non-clinician researchers leave the field due to lack of reasonable career advancement options.

To improve the situation, I recommend a separate category of fellowship be established for non-clinician medical researchers working in, or substantially collaborating with, teams led by clinicians. The scheme should provide for both junior and senior scientists. This will ensure these non-clinician scientists are judged against, and by, their true peers and encourage them to stay in their most productive role.