NHMRC Fellowships for Early/Mid and Senior Clinician-Researchers: Problems We CAN Solve
August, 2012

Executive Summary

1. **Problem 1: The NHMRC Fellowships for early/mid and senior clinician-researchers exclude non-FTE employees**. Therefore, those particularly likely to be excluded are primary parents and carers of the sick, disabled and elderly. Therefore, those particularly likely to be excluded are women. Relatively little is needed to solve this problem- just rewording of the CDF and Practitioner Fellowship funding rules and educating the fellowship application reviewers. More fair would be the allocation of specific fellowships for part-time mid-senior career workers. These solutions need not impact on the current NHMRC budget.

2. **Problem 2. The NHMRC Fellowships for early/mid and senior clinician researchers discriminate against specialised clinician-researchers.** Rewording of the fellowship rules, as indicated above will help solve this problem. However, to fully solve it we will need a paradigm shift away from our past definition of medical research (a part-time, interrupted activity, largely conducted in the full-time clinician's spare time). A successful clinician-researcher (actually, researcher-clinician) is unlikely to sustain a full-time clinical role and significant research activity. We need to support clinical research as a long term, uninterrupted career in its own right.

3. **Other problems with NHMRC funding rules:** Regular attendance at national and international meetings is essential for conducting research and evidence translation. It is a major cost that needs to be covered by grant applications. However, a recent ruling is that in project grant applications, **travel** cannot be listed as a cost. This is easily corrected. Further, in view of our distance from the east coast of America and parts of Europe, premium economy for the long haul parts of trips should be allowed so researchers are in reasonable shape on arrival at the meeting and on return home. In addition, there is some trouble regarding a recent rule that NHMRC funds will only be administered where the recipient has an **appointment**. While this ruling itself is OK, it is causing trouble in its interpretation for applicants, like me, who do not yet have an appointment at a place where they would do research if the application was successful. Institutions are now demanding appointments before you can apply (which wastes time if employment is grant dependent and grants are not subsequently awarded). It should be made clear that NHMRC funds will only flow once an appointment at the place of the relevant work is in place. This is also easily corrected.

Details

I have just discovered a major problem regarding NHMRC fellowships for clinician/researchers (clinicians who want to maintain meaningful research). The NHMRC Fellowship schemes for early/mid and senior clinician-researchers (the Clinical CDF Fellowships and Practitioner Fellowships, respectively) exclude people, like myself, who work less than full-time in paid employment. This approach seriously and unfairly discriminates against those who simply cannot commit to full time paid work for their entire career. Women, in particular, will fall into this category. No wonder women are so few in mid-senior research positions.

This NHMRC fellowship ruling also discriminates against the clinician who becomes a specialised clinical- researcher (emphasis on researcher). To become a specialised clinical-researcher one needs to give up most of routine clinical practice. Therefore, once at the mid-senior researcher level, it is highly UNLIKELY the specialised clinician-researcher will have the track record required for a full-time clinical role (particularly for hospital practice). It is also highly UNLIKELY that clinician researcher (if they want to continue meaningful research) will ever be in a position to accept a full-time clinical role. We must acknowledge that meaningful clinical research (discovering new knowledge) is a job in its own right and distinguish it from clinical practice (implementing current knowledge). We must adapt our funding schemes accordingly.

Please refer to the citations below:

A. CAREER DEVELOPMENT FELLOWSHIPS FUNDING RULES for funding commencing in 2013

11.2.2 Applicants for CDFs are generally **expected to be working full-time** on the development of their careers. R.D. Wright Biomedical and Industry *Career Development Fellowships Funding Rules for funding commencing in 2013* 14 Fellowships are only available for full-time research, however, Clinical and Population Health Fellowships are available for full-time or part-time research. **Part-time researchers may spend between 30% and 70% of their time on clinical or other related professional work with the balance on research**.

11.2.3 For part-time fellowships, payments are adjusted pro-rata to the level of the part-time award. **The applicant's employer (e.g. hospital or government agency) is expected to fund the balance of the applicant's time**. If the employer's support is withdrawn, the award will terminate unless there is support from another employer for the remaining term of the award. Award holders must advise NHMRC through their Administering Institution if such an event occurs. **Applicants for part-time fellowships must submit a written undertaking from their employer confirming that they have an appropriate and complementary salaried position for the period of the award.**

B. PRACTITIONER FELLOWSHIPS FUNDING RULES for funding commencing in 2013

7. Eligibility
Applications for all NHMRC funding schemes are subject to eligibility rules. Applications which do not meet these eligibility guidelines **may be removed** from the assessment process (refer to Part 2, Universal Funding Rules, *Removal of Applications*).

7.1. Who is eligible for the Scheme?
• Applicants, **for the majority of their non-research time, must be engaged in clinical or public health practice.**
• Applicants must for their non-research time be employed by a health care authority (e.g. a hospital, primary care facility, or a state or territory health department) to provide clinical care, or to provide public health services, or be employed in a policy development role in the health sector, and includes applicants who are self-employed clinicians in private practice….

7.2. Additional Requirements

In addition applicants must:
• hold a PhD or equivalent research/clinical qualification such as a Fellowship in a clinical college. All equivalent research/clinical qualifications will be considered on a case by case basis;
• demonstrate a track record in independent research as evidenced by appropriate publications and grant acquisition;
• as part of their application, provide letters from their clinical/public health employers confirming;
1. that they hold or have been offered a funded position in clinical, public health or equivalent practice, or that they are self-employed in private practice,
2. the FTE of this position, and
3. that this employer will release the applicant to conduct the research associated with this Practitioner Fellowship.
• provide letters from all other employers confirming the nature of the work in this position and the FTE of their employment contract.
My own experience as an example

I was fortunate to obtain an NHMRC 'Training Fellowship' which specifically accommodated carers, and people like myself, who simply cannot commit to full time paid employment during their entire adult life. Someone has to have and look after the children, look after the aged and those with illness and disability. (We have not done nearly enough research to prevent illness, disability and problems associated with aging :).

However, there is no NHMRC Fellowship to support me through the mid and senior career stages. I have excelled with the support I have had so far. I am the world leader in my field and I am improving policy and practice on the global scale. When fully translated, each year in the USA alone, >100,000 patients will be spared unnecessary, dangerous procedures and billions of health care dollars will be saved. However, I have no further NHMRC Fellowship support options. This problem will significantly limit my means (and the community's means) to capitalise on what I have done so far- the most valued added stage of my career will not be supported by an NHMRC Fellowship. And other institutions offering fellowships probably follow the same NHMRC thinking, as perhaps would most reviewers (consciously or subconsciously) who are most likely to be full-time males.

It appears to me that our model of clinical research is definitely based on the traditional life of a full-time healthy male who can work full-time (or more) and leave any significant carer roles to his spouse or someone else. For many women their carer roles continue for most of their adult life, beyond time out for childbirth.

Our current model of medical research is also one that has grown from an era when clinical research was done in the fulltime clinician's spare time for a limited duration (hence the Fellowship idea of an opportunity to 'release' the full time clinician from his full-time clinical role to do a part-time research project over a year or two or occasionally longer). We may have put up with this model in the past but it is clearly inadequate for a truly, efficient, evidence-rich health care system. We need to develop long term, uninterrupted career options which emphasise the research element, not just the long term clinical element, if we are to have truly effective (and more than a few) clinician-researchers.

Can we please fix this? For a start we need to acknowledge that part-time paid workers can be just as valuable for medical research, even more valuable, than full-time paid workers. We can

start by simply adapting the NHMRC clinician-researcher fellowship rules. Better still, have some mid-senior researcher fellowships just for part-time workers. These changes will not even impact on the amount the NHMRC pays out.

Then we need to support medical research (the discovery of new medical knowledge) as a career in its own right, in distinction from a clinical career (the implementation of current medical knowledge). In addition, we need to recognise a perhaps separate skill/occupation, the bringing of new knowledge to routine practice (translation).

The other problems I listed in the executive summary are easily solved, as I indicated there.

I hope you can help.
Many thanks,
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