



## Consultation Submission

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### Current and emerging issues for NHMRC Fellowship Schemes

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#### 1. About this submission

This submission is made on behalf of Orygen – The National Centre of Excellence in Youth Mental Health. The purpose of this submission is to provide a brief response to a number of issues identified in the NHMRC’s Consultation Paper: Current and Emerging Issues for NHMRC Fellowship Schemes.

#### 2. About Orygen – The National Centre for Youth Mental Health

Orygen, The National Centre of Excellence in Youth Mental Health is the world’s leading research and knowledge translation organisation focusing on mental ill-health in young people. The organisation conducts clinical research, runs clinical services (four headspace centres), supports the professional development of the youth mental health workforce and provides policy advice to the Commonwealth Government relating to young people’s mental health.

Orygen’s current research strengths include early psychosis, personality disorders, functional recovery and neurobiology. Other areas of notable research activity include emerging mental disorders, mood disorders, online interventions and suicide prevention. Priority research areas for further development include disengaged and vulnerable young people, addiction and eating disorders. Orygen supplements its clinical research with a developing health economic programme that spans the range of its research areas.

Orygen is a not-for-profit company limited by guarantee. It is a charitable entity with Deductible Gift Recipient Status and is an approved research institute. The Company has three Members: the Colonial Foundation, The University of Melbourne and Melbourne Health.

### 3. Response to specific items in the consultation paper

#### **Issue 1: The balance is changing between the number of research grants available and the number of Fellowships.**

Question 1. How should NHMRC's funding balance between research grants and fellowships be adjusted as the total number of Project Grants available falls progressively over the next few years?

**Recommendation:** We recommend that there be no movement of funding away from Fellowships and towards Project Grants.

#### **Issue 2: Is the structure of NHMRC fellowship schemes still appropriate?**

Question 2. To increase the turnover of NHMRC Research Fellows, should these schemes be seen as 'up and out schemes', whereby Fellows wishing to reapply can only do so at a higher level?

**Recommendation:** We recommend against the adoption of an "up and out" approach as we anticipate that the likely consequence will be a loss of experienced and capable researchers who for many reasons, such as clinical and teaching commitments may not progress to the most senior research roles, but who have much to contribute at middle levels.

Question 3. Are there too many Fellowship levels? Does this structure impede the career progression of rapidly rising stars in health and medical research?

**Recommendation:** We do not recommend any change to the number of Fellowship levels and view the current levels as appropriate to the career needs of health and medical researchers.

Question 4. Taking into account that awarding longer grants means fewer grants overall in steady state funding, should NHMRC extend the duration of Early Career Fellowships to more than four years? Should the Career Development Fellowship be extended beyond 5 years to, say, seven or ten years?

**Recommendation:** We recommend that ECF and CDF should both be 5 years.

### **Issue 3: Should there be a stronger strategic approach to granting Fellowships?**

Question 5. Should NHMRC identify particular areas that require capacity building for the future and maintain support for those areas for long enough time to make a difference?

**Recommendation:** We believe that the current bio-medical, clinical and public health funding categories do not adequately distinguish between the different means by which quality and impact is most appropriately ascertained between clinical areas. For example, mental health research findings may inform service reforms that significantly improve health outcomes, yet are unlikely to appear in some of the high impact journals in which important cancer and immunology discoveries may be published. We would welcome sustained effort to build the capacity of mental health research and would recommend that one component of such an approach be ensuring approaches to quality/impact assessment are appropriate to topic areas.

What else should be done to support women and increase participation and success by Aboriginal and Torres Strait Islander researchers?

**Recommendation:** We recommend that instead of years post PHD, the measure used to assess career stage is full time equivalent years in research. Such a measure would help ensure that individuals (frequently women) who take career breaks / part time work for family caring roles are judged against peers with similar levels of experience.

Question 6. Is there a better solution to encouraging diversity in careers than those based on years post-PhD?

**Recommendation:** As above (previous answer).

**Issue 4: Responsibilities of employing institutions and the health and medical research sector.**

Question 7. Should employing institutions be expected to provide more certainty to their employees than now?

**Recommendation:** We believe extending ECF's to 5 years is a preferable alternative strategy to providing additional career security.

Question 8. Would this be achieved if NHMRC required institutions to commit to one or more years of ongoing support for researchers exiting from NHMRC Fellowships?

**Recommendation:** As above (previous response).

Question 9: Should this be restricted to Early Career and Career Development Fellows?

**Recommendation:** As above (previous response).

**4. Further contact**

For further contact and follow up relating to this submission, please contact Matthew Hamilton, Senior Policy Analyst at:  
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