



2018 PRACTITIONER FELLOWSHIPS SCHEME-SPECIFIC FUNDING RULES FOR FUNDING COMMENCING IN 2019

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INTRODUCTION

The following sections provide additional information about the National Health and Medical Research Council (NHMRC) Practitioner Fellowships scheme including scheme-specific objectives, critical dates, assessment criteria, eligibility rules and funding details, and must be read in conjunction with the following supporting documents:

- the *2018 NHMRC Funding Rules*
- the *2018 Guide to NHMRC Peer Review* incorporating the *2018 Practitioner Fellowships Scheme-Specific Peer Review Guidelines, for funding commencing in 2019*
- the *2018 Advice and Instructions to Applicants* incorporating the *2018 Practitioner Fellowships Scheme-Specific Advice and Instructions to Applicants, for funding commencing in 2019*
- the [NHMRC Funding Agreement](#).

It is recommended that you read the *NHMRC Funding Rules* **before** reading these scheme-specific rules.

This is the final year that the NHMRC Practitioner Fellowships scheme will be offered. New grant funding opportunities will be available through NHMRC's new grant program for funding commencing from 2020.

1 ABOUT THE SCHEME

1.1 Description

A Practitioner Fellowship is a five year, part-time Fellowship for clinicians, public health or health service professionals to engage in research related to their professional activities.

1.2 Objectives

The Practitioner Fellowships scheme is a key element in NHMRC's commitment to accelerate bridging the gap between the acquisition of new knowledge from research and its implementation into practice and policy.

The scheme aims to support research which results in the translation of new evidence into improved clinical practice and health policy and which delivers improvements in health and healthcare to Australians.

The specific objectives of the scheme are to:

- strengthen health and public health practice and services by providing an opportunity for clinical, public and health services research practitioners to combine their research with their professional careers, to facilitate translation of research outcomes into practice
- build future capability for research and the translation of research by supporting leaders who work as health practitioners and who combine their practice with research at the highest level
- contribute to evidence-based practice and policy development in Australian health systems by supporting high quality research to cross evidence-practice gaps.

1.3 Who should apply?

The Practitioner Fellowships Scheme intends to build Australia's research capacity in translational research by assisting active clinicians and public health or health services professionals to undertake research that is linked to their practice or policy development. The Scheme is not intended to support academic researchers who may have clinical/public health responsibilities.

Practitioner Fellowships are prestigious, highly competitive, sought after awards for high performing researchers who, relative to opportunity, have sustained track records of significant and quality research output, and are performing in the top 10% of their field.

Applicants must show how they plan to combine their clinical/public health duties with their research, and be able to demonstrate that the research associated with the Practitioner Fellowship is designed to maximise the application or transfer of outputs into policy or practice.

2 KEY CHANGES

Applicants should note the following changes to the *Practitioner Fellowships Scheme-Specific Funding Rules for funding commencing in 2019*:

- *Section 9.1* The text has been revised to clarify the videoconference interview requirement for provision of contact details, including an alternate phone number.

3 CRITICAL DATES

6 December 2017	Applications open in Research Grants Management System (RGMS)
31 January 2018	Applications close in RGMS
14 March 2018	Submission of special circumstances for interviews (refer to <i>section 9.1</i>)
April 2018	Initial review outcomes available in RGMS
14 - 18 May 2018	Interviews
July/August 2018*	Notification of outcomes

**Dates are indicative and subject to change*

Completed applications must be submitted to the NHMRC in RGMS by **5:00pm AEDT** on the specified closing date. Late or incomplete applications will not be accepted.

Application outcomes are announced as peer review processes are finalised and Ministerial approvals are obtained. Refer to *sections 11.4 and 11.6* of the *NHMRC Funding Rules* for further details.

4 ASSESSMENT CRITERIA

All applicants will be assessed and ranked against the Assessment Criteria listed below:

1. Vision for the next five years, and synergy of research and practice and potential for translation.
2. Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership, including success in obtaining grants, national and international profile.
3. Achievements in translation of research into improved clinical practice or policy development and activities which facilitate implementation of research outcomes by other practitioners.
4. Contribution to research through supervision and mentoring and activities which facilitate implementation of research outcomes by other practitioners.

Applications are assessed relative to opportunity, taking into consideration any career disruptions (see *NHMRC Funding Rules section 6.2*). For further information, refer to [Attachment A](#).

Applicants should address any other matters that they believe are relevant to the objectives of the Fellowship scheme. Applicants should describe their achievements relative to their field and opportunity.

4.1 Additional Criteria for Aboriginal and Torres Strait Islander Health applications

All applications that are accepted to relate to the improvement of Aboriginal and Torres Strait Islander health must also address and will be assessed against the *Indigenous Research Excellence Criteria* (see *NHMRC Funding Rules, section 6.3*).

Any applications that have applied to be considered for Aboriginal and Torres Strait Islander health which do not meet the *Indigenous Research Excellence Criteria* will be assessed as a standard Practitioner Fellowship application.

Further information on how the *Indigenous Research Excellence Criteria* are assessed is provided under *section 9, Assessment Process*, of this document.

5 ELIGIBILITY

NHMRC staff will **not** make eligibility rulings prior to an application being submitted. It is up to the applicant, in consultation with their RAO, to judge whether they will be suitable or not and to apply appropriately.

Practitioner Fellowships have eligibility criteria additional to those identified in *section 7* of the *NHMRC Funding Rules*. Applications will be excluded from consideration if eligibility requirements are not met or if NHMRC requirements have not been followed (see *section 10.7* of the *NHMRC Funding Rules*).

5.1 Who is eligible to apply for the Scheme?

- Applicants, for the majority of their non-fellowship employment time (whether full-time or part-time), must work as clinicians or in a public health practice or policy role.
- Applicants must for their non-fellowship 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.
- Applicants must be proposing to undertake research that is linked to their practice or policy activity and this research is to be undertaken in Australia (see *NHMRC Funding Rules, section 7.4*).
- Applicants must be able to demonstrate that the research associated with their Practitioner Fellowship may help translate research outcomes into revised practice or policy.

5.2 Qualifications

It is expected that applicants will hold a PhD or a qualification equivalent to the level 10 criteria of the *Australian Qualifications Framework Second Edition January 2013*. Other clinical qualifications, such as a Fellowship in a clinical college or equivalent research experience, will be considered on a case by case basis.

5.2.1 Additional requirements

In addition, applicants must confirm in their application, 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 and confirm the employer will release the applicant to conduct the research associated with this Practitioner Fellowship.

Refer to the *Practitioner Fellowships Advice and Instructions for funding commencing in 2019, section 2.12*, for further details.

5.3 Time Commitment

The combination of time committed to the Fellowship and other employment does not have to equate to a full-time equivalent (FTE). Applicants can still be part-time (in total) to be eligible for this Fellowship.

5.4 Other Salaried Awards and Full-time Employment

Recipients of a Practitioner Fellowship are not entitled to receive additional salary from another comparable Fellowship (e.g. Laureate Fellowship), full-time academic position, or other full-time position in conjunction with their Practitioner Fellowship. Fellows are required to inform the NHMRC (refer to *NHMRC Funding Rules, section 12*) if changes to their employment circumstances occur which affect their eligibility to hold a Practitioner Fellowship. If this happens, the Practitioner Fellowship will cease from the point when the change occurred.

5.5 Other Funding Sources

Applicants are required to declare the source, duration and level of funding already held for research in the area of the application, including all NHMRC funding, in order to ensure funding is not duplicated by the Commonwealth or Funding Partner.

NHMRC may liaise with other funding agencies to discuss any overlap between applications in order to avoid duplication of funding.

5.6 Citizenship

For information on citizenship, refer to *NHMRC Funding Rules, section 7.4*.

Note: Applicants who are not Australian citizens (as indicated in Part Pro-PD Personal Details of their CV in RGMS) must indicate their Permanent Resident of Australia status in the same section. Otherwise the application will be ineligible.

6 CATEGORIES OF AWARD

There are two categories of awards as follows:

6.1 Practitioner Fellowships: 0.4 to 0.7 FTE

These are renewable in the fifth year. Fellows may also apply for “Promotion out of Synchrony” and if successful, a new five year Fellowship will be awarded (refer to *subsection 7.3.1* of this document).

6.2 Honorary Practitioner Fellowship

Honorary Practitioner Fellowships are awarded in certain circumstances, for example when a current Practitioner Fellow accepts an appointment to another prestigious position in health and medical research.

The following conditions apply in relation to Honorary Practitioner Fellowships:

- Honorary Fellowships are only available to current Practitioner Fellowship holders
- The alternative appointment must be for the conduct of health and medical research
- The alternative appointment must be based in Australia
- The Honorary Practitioner Fellowship cannot be held for longer than the five year period for which the Practitioner Fellowship was originally awarded
- the Fellow must demonstrate that the aims of a non-NHMRC appointment are compatible with the aims of the Practitioner Fellowships scheme
- Remuneration under the Practitioner Fellowship will not be provided by NHMRC during the term of an Honorary Practitioner Fellowship

- If the alternative appointment ceases before the end of the five-year Practitioner Fellowship, the Fellow can re-enter the Practitioner Fellowship scheme and remuneration will recommence for the remainder of the fellowship. However, the total value of the fellowship will be reduced according to the period over which it has been held in an honorary capacity; if the duration of the other health research appointment extends beyond the expiration date of the Practitioner Fellowship, a current Honorary Practitioner Fellow can apply for re-application/promotion of their Practitioner Fellowship, but if successful, must resign from their current appointment before they can commence their new fellowship
- Honorary Fellowships are not available to Fellows who accept remunerated academic positions, institute directorships or equivalent positions where their non-research duties and administrative responsibilities are not aligned with the aims of the Practitioner Fellowships scheme.

Fellows who wish to apply for honorary status should contact the Research Administration Officer (RAO) at their Administering Institution for advice.

7 TYPES OF APPLICANT

Each year, NHMRC receives applications from current NHMRC Practitioner Fellowship Level 1 (PF1) and Practitioner Fellowship Level 2 (PF2) Fellows, previous Practitioner Fellows and from researchers who have never held a Fellowship. All applicants are subject to the same peer review process and assessment criteria. The final rankings are established on merit, regardless of the applicant's previous Fellowship status. However, applicants who hold or who have previously held a NHMRC Practitioner Fellowship should note the rules regarding their eligibility in relation to the level at which they apply, as selection of the incorrect level may result in an application being ruled as ineligible. Details on type of applicants are outlined below.

Applicants should familiarise themselves with the *Statement of Expectations* ([Attachment B](#)) for details on the two NHMRC Practitioner Fellowship levels that are available.

Applicants may only submit one application for a Practitioner Fellowship in a funding round.

7.1 Initial Applicants

"Initial Applications" should be submitted by applicants who have never previously held a NHMRC Practitioner Fellowship.

Applicants should consider their requested application level referring to the *Statement of Expectations* ([Attachment B](#)) and apply at the level commensurate with their research experience and profile.

7.2 Reapplications

"Reapplications" should be submitted by applicants who currently hold or have previously held a Practitioner Fellowship. "Reapplications" cannot be made at a level lower than the applicants' most recently held Practitioner Fellowship. Current Fellows can only reapply in the fifth year of their Fellowship and will not automatically be granted an interview. There is no limit to the number of times a Fellow may reapply to the scheme.

Note: If a returning applicant submits a "Reapplication" at a level higher than their most recently held Practitioner Fellowship, their application will be assessed only at the level at which they applied. No dual assessment of these applications will be made in relation to a previously held level.

7.3 Reapplications with Promotion

"Reapplication with Promotion" should be submitted by applicants who hold a current Practitioner Fellowship Level 1 and are seeking promotion to Level 2. Promotions are usually sought in synchrony with reapplication in the fifth year of a current Fellowship. However, Fellows may apply for a "Promotion out of Synchrony" (refer to *subsection 7.3.1* below).

"Reapplication with Promotion" will be assessed at the level of promotion and the Fellow's current level. Applicants will be awarded Fellowships at the highest level at which they are considered competitive within available funding.

7.3.1 Promotion out of Synchrony

Applications for “Promotion out of Synchrony” can be made by a current Fellow, in year two or three of their current five year Practitioner Fellowship. Promotions will not be considered in years one or four of a current Fellowship.

Periods of suspension (see *section 10.2* of this document) do not contribute to Fellowship time and cannot be included as part of actual Fellowship time that has elapsed. For example, if a Fellow takes a twelve month suspension at the end of the second year of their Fellowship and returns at the beginning of the fourth year, they would be able to apply for “Promotion out of Synchrony”. They would be in the third year of their Fellowship, even though four calendar years had elapsed since it commenced.

“Promotion out of Synchrony” will not be considered for current Practitioner Fellowships held in an honorary capacity.

Applicants who are successful in gaining a “Promotion out of Synchrony” will commence a new five year Fellowship. Applicants who are not successful in gaining a “Promotion out of Synchrony” will continue at their existing level for the remainder of their current Fellowship.

All applications for “Promotion out of Synchrony” must be submitted as part of the annual cycle of Practitioner Fellowship applications.

8 FUNDING

For information on the number of Practitioner Fellowship grants awarded in previous funding rounds, refer to the [NHMRC website](#).

8.1 Level and Duration of Funding

There are two Practitioner Fellowship levels available:

- Practitioner Fellowships Level 1 (lower designation)
- Practitioner Fellowships Level 2 (higher designation).

Each level provides a salary package for five years; this package is based on the percentage of time nominated at application. Salary package amounts, per annum, can be found on the [NHMRC website](#).

Applicants who are successful in obtaining a Fellowship, are expected to commence their Fellowship on 1 January of the first year of the award.

8.2 Use of Funds

NHMRC will provide a Fellowship package of between 0.4 and 0.7 FTE. The funding provided by the package will apply for the duration of the Fellowship. With the exception of annual indexation, no additional funds will be provided. No additional claims may be made to NHMRC over and above the package, including additional claims for salary on-costs (payroll tax, workers compensation, superannuation, long service leave).

The employer must agree to make the specified proportion of time available for the proposed research. That is, the NHMRC will provide a package to support the proportion of time specified by the applicant with the remainder to be provided by the applicant’s clinical care and/or public health employer (e.g. hospital, primary care facility, government department).

Pro-rata support will be based on an NHMRC Practitioner Fellowship Package and is intended to fund the agreed amount of time to be allocated to research. Continuation of NHMRC support will be dependent on continuation of support from a health care authority for the balance of the applicant’s salary for the duration of the award. Fellows are required to inform the NHMRC if changes to their health care authority support occur.

8.2.1 Research Grant Support

Applicants must either have already obtained financial support for their research activity or have an application pending. Applicants are encouraged to have research grant support from both the NHMRC and other external funding bodies. Research grant support from NHMRC is available through either the Program or Project Grants schemes. Information regarding NHMRC funding schemes is available on the [NHMRC website](#). Applicants should refer to the scheme-specific funding rules to confirm any conditions or provisions in relation to payment of salary.

9 ASSESSMENT PROCESS

Information about the peer review process is available in the *Practitioner Fellowships Scheme-Specific Peer Review Guidelines for funding commencing in 2019*.

9.1 Interviews

Applicants who have been invited to participate in an interview must make themselves available for their interview at the time and date nominated by NHMRC. All interviews will be conducted by videoconference and are scheduled to be held from 14 - 18 May 2018. The interview schedule will not be altered after the advice specifying interview times has been sent to applicants. Where the applicant is planning overseas travel during the period of interviews or has a disability that will affect their participation in an interview by videoconference, they should complete this [webform](#) **no later than COB 14 March 2018** so that suitable times or arrangements can be agreed. Whilst every effort is made to consider different time zones, it may not be possible to schedule the interview within business hours of the relevant time zone.

Note: If an applicant is invited to interview, they will be provided with details on how to connect via videoconference and must accept the invitation by submitting their preferred contact details, including a suitable alternate contact phone number to be used for their interview. If contact details are not received by NHMRC by the nominated date (to be advised at time of initial review outcomes), NHMRC will assume the applicant has declined the invitation for interview and the application will be withdrawn.

Additional information pertaining to an application will not be accepted nor provided to the panel at any time of the peer review process.

10 GRANT ADMINISTRATION

Administrative obligations and processes specific to Practitioner Fellowship awardees are outlined below. Unless otherwise stated, these are in addition to the general requirements set out in the [NHMRC Funding Agreement](#), section 12.3 of the [NHMRC Funding Rules](#) and on the [NHMRC website](#).

10.1 Variations

Requests to vary the terms of a Practitioner Fellowship should be made to NHMRC by submitting a grantee variation request via RGMS through the RAO of your Administering Institution. Additional information can be found in *section 12.5* of the *NHMRC Funding Rules* and on the [NHMRC website](#).

10.2 Suspension of Practitioner Fellowships for Family or Personal Reasons

Practitioner Fellows may apply for suspension of their Fellowship for family-related or personal reasons, including pregnancy, major illness and carer responsibilities including parental leave. Requests to suspend the Fellowship will be considered on a case-by-case basis. The Fellowship will be extended by a period of time equal to the duration of the suspension and payments will be deferred until after the period of suspension. Remuneration will not be provided by NHMRC during the period of the suspension. Refer to the *NHMRC Funding Rules*, *section 12.6*, for further information.

10.3 Parental Leave

Parental leave is paid in accordance with the arrangements applicable at the fellow's Administering Institution, up to a limit of 12 weeks per instance of parental leave. Leave taken beyond the 12 weeks is permitted, but is not paid by NHMRC. The institution may, however, continue payments under its Enterprise Bargaining Agreement. If the fellow wishes to take parental leave, they will need to suspend their fellowship (see *section 10.2*).

Parental leave required under State and Territory legislation will be managed separately by the Administering Institution.

10.4 Request to reduce time commitment

NHMRC recognises that the personal circumstances of Fellows can change over time and that for a period of time, the Fellow may need to alter the time commitment associated with their Fellowship.

Fellows may apply to undertake a period of their award on a reduced time basis for such personal reasons as providing parental or family support.

In all cases where the reduction in time commitment is approved, the duration of the Fellowship will be extended to compensate for the nominated period. Remuneration will be adjusted pro-rata for the part-time period.

10.5 Reporting

Refer to the [NHMRC website](#) for information regarding reporting requirements.

11 ATTACHMENTS

Attachment A - Practitioner Fellowships Category Descriptors

Attachment B - Practitioner Fellowships Statement of Expectations

ATTACHMENT A - PRACTITIONER FELLOWSHIPS CATEGORY DESCRIPTORS

Assessing Indigenous 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.

Score	Criterion 1	Criterion 2	Criterion 3	Criterion 4
	<p>VISION Vision for the next five years, synergy of research and practice and potential for translation.</p> <p style="text-align: right;">Weight 20%</p>	<p>RESEARCH OUTPUT AND LEADERSHIP Quality of research output (with particular emphasis on the past five years and demonstrating an upward trajectory) and intellectual leadership including success in obtaining grants and national and international profile.</p> <p style="text-align: center;">Weight 45%</p>	<p>RESEARCH TRANSLATION Achievements in translation of research into improved clinical practice or policy development, and activities which facilitate implementation of research outcomes by other practitioners.</p> <p style="text-align: right;">Weight 20%</p>	<p>CONTRIBUTION TO RESEARCH Contribution to research through supervision and mentoring and other activities which facilitate implementation of research outcomes by other practitioners.</p> <p style="text-align: right;">Weight 15%</p>
The following category descriptors are to be used as a guide to score an application against each of the assessment criteria. The descriptors are indicative rather than exhaustive. Evaluation of performance will take into account opportunity, research discipline and be an overall summation of research contribution				
<p>7</p> <p>An exceptionally strong application which clearly supports the aim of the scheme and meets all the assessment criteria, with essentially no weaknesses.</p> <p>It is expected that only the top 2-3% of applications would be ranked in this category.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a highly innovative research proposal that is transformative and achievable within the term of the Fellowship. • Presents a research proposal that addresses an issue of utmost importance to human health and will have a significant impact. • Demonstrates a clear vision which will advance the field and expand Australia's research capacity in this area. • Outstanding level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Is highly recognised, or has emerging high recognition, internationally for their contribution to their field of research. • Has consistently published research that is highly influential. • Has a demonstrated clear, rapid and continuing upward trajectory for research output. • Has demonstrated a multidisciplinary and strong collaborative approach to research. • Has had consistent success in obtaining major international and/or national grants as Chief Investigator A (CIA). • Has given several key plenary presentations at major international meetings. • Has received major international recognition for research outcomes. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Major transformational contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Leadership role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • Key role in clinical guideline development, review and implementation of recommendations. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has extensive evidence of primary supervision and mentoring of PhD candidates (or equivalent) with successful completions. • Has had extensive involvement in the peer review of grants both nationally and internationally. • Has extensive experience in the review of publications, including Editorial roles in top international journals. • Holds leadership positions in highly regarded international scientific or professional societies. • Has demonstrated clear evidence of key contributions to the discipline in which the research efforts of the Fellow are undertaken, including public communications/advocacy, government advisory roles and

			<ul style="list-style-type: none"> • Key roles in several major health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated a multidisciplinary and strong collaborative approach in quality improvement in their area of specialty. • Has demonstrated evidence of key contributions to the profession, including public communication / advocacy; government advisory roles and clinical practice. 	<p>clinical practice.</p> <ul style="list-style-type: none"> • Has a significant leadership role within a Departmental Centre or Institute.
<p>6</p> <p>A very strong application which supports the aim of the scheme and meets the assessment criteria, with only some minor weaknesses.</p> <p>It is expected that the top 5% of applications would be ranked in this category or above.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents an innovative proposal that has the potential to be transformative and is likely to be achieved within the term of the Fellowship. • Presents a research proposal that addressed an issue of major importance to human health and will have an impact. • Demonstrates a vision which is likely to advance the field and expand Australia's research capacity in this area. • Excellent level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has an established national and growing international reputation for their contribution to their field of research. • Has published research that is highly influential. • Has a demonstrated upward trajectory for research output. • Has demonstrated a multidisciplinary approach to research with good collaborations. • Has had success in obtaining major international and/or national grants as CIA. • Has been an invited speaker at major international meetings. • Has received major national recognition for research outcomes. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Major contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Key role in the conceptualisation of major research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • Contributions to clinical guideline development, review and implementation of recommendations. • Contributions to several health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has strong evidence of primary supervision and mentoring of PhD candidates or equivalent with successful completions. • Has had major involvement in the peer review of grants nationally, and some internationally. • Has very good experience in the review of publications, including Editorial roles in discipline specific journals. • Holds leadership positions in well regarded scientific or professional societies. • Has demonstrated evidence of key contributions to the profession, including public communication/advocacy. • Has a leadership role within a Departmental Centre or Institute.

			<ul style="list-style-type: none"> • Has demonstrated a multidisciplinary collaborative approach in quality improvement in their area of specialty. • Has contributed to the profession, including public communication / advocacy; government advisory roles or clinical practice. 	
<p>5</p> <p>The applications meets the aims of the scheme or assessment criteria but has identified weakness requiring additional consideration by the panel.</p> <p>May be considered for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that has at least one innovative idea but may not be achieved within the term of the Fellowship. • Presents a research proposal that addresses an issue of considerable importance to human health and may have some impact. • Demonstrates a vision which may advance the applicants field of endeavour. • Leadership of Large Multi-Centre Clinical Trial, crucial advocate for changes in clinical practice based on clinical trial evidence. • Leadership role in design, conduct, publication and advocacy for policy and practice of seminal research. • High level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has a good national and emerging international reputation for their contribution to their field of research. • Has published research that is influential. • Has the beginning of an upward trajectory for research output. • Has demonstrated a good collaborative approach to research. • Has had success in obtaining major national grants as CIA has been an invited speaker at major national meetings. Has received national recognition for research outcomes. • Intellectual Property (IP) developed in Long-Term and Major Collaboration with Biotech or Pharma or through founding a Start-Up or interaction with World Health Organisation (WHO) etc. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Involvement in the conceptualisation of research translation projects through to implementation, evaluation, and sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • Minor contributions to clinical guideline development, review and/or implementation of recommendations. • Contributions to at least one health initiative (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated a collaborative approach in quality improvement in their area of specialty. • Has contributed to the profession in at least one public communication / advocacy; 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has evidence of primary supervision and some mentoring of PhD candidates or equivalent with successful completions. • Has had considerable involvement in the peer review of grants nationally and occasionally internationally. • Has very good experience in the review of publications but with no Editorial roles identified. • Holds minor role(s) in professional societies (senior office bearer or meeting organiser, editorial board responsibility). • Has demonstrated some evidence of key contributions to the profession, including public communication/advocacy. • Has an emerging leadership role within a Departmental Centre or Institute. • Clear evidence of other key contributions to the profession, including public communication /advocacy. • Other recognised national contribution to policy and health services development. • Key responsibility for changes in concept, practice or priority of research implications, initiator through to implementation of a new system of data collection and

			government advisory role or clinical practice initiative.	organisational feedback eg population-based data collections, other recognised national contribution to policy and public health practice, constructive and effective change agent in public health discipline.
<p>4</p> <p>The application only partly meets the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview (not considered a fundable proposal)</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that as some novel aspects, but predominately extends existing knowledge. • Proposed a research proposal that addresses an issue of some importance to human health and may have some impact. • Has a developing vision of their contribution to their field of endeavour. • Key and consistent but not lead role in Clinical Trial research (less involved in dialogue with health care providers) e.g. state rather than national role. • Good level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has a growing national reputation for their contribution to their field of research. • Has published research that makes specialised contributions to knowledge. • Has the potential to have an upward trajectory in research output. • Has demonstrated emerging collaborative activities. • Has had some success in obtaining major national grants but not necessarily as CIA or grant funding is primarily from specialist agencies. • Has presented orally at national meetings but not as an invited speaker. • Has received some recognition for research outcomes. • IP developed in Small-scale Collaboration with Biotech or Pharma. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • Involvement in at least one section of a research translation project; either the conceptualisation of research translation projects through to implementation, evaluation, or sustainability monitoring to ensure that the change is embedded in practice/culture/policy/system. • No involvement in clinical guideline development, review and/or implementation of recommendations. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated a collaborative approach in quality improvement in their area of specialty. • Has contributed to the profession in at least one public communication / advocacy; government advisory role or clinical practice initiative. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of primary supervision and joint supervision of PhD candidates or equivalent with successful completions. • Has had some involvement in the peer review of grants nationally. • Has good experience in the review of publications but with no Editorial roles identified. • Holds membership of professional societies or other evidence of emerging professional activities. • Has demonstrated little evidence of other key contributions to the profession, including public communication/advocacy. • Has a leadership role within a department. • Key and consistent but not lead role in reform of public health policy/practice.

<p>3</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that has relatively little novelty and is not particularly innovative. • Proposed a research proposal that addresses an issue of some concern to human health and may have some impact. • Plays an important role in the research but is not a driver for the project vision. • Specific and necessary but minor contribution to design of Clinical Trial, local advocate and successful change agent for clinical practice audit or other non-experimental research designs. • Low level of synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Is developing a national reputation for their contribution to their field of research. • Has published research that sustains the knowledge base of the discipline. • Has little evidence to suggest an upward trajectory. • Has little evidence of collaborative activities outside of their institution. • Has had some success in obtaining national grants from specialist agencies (eg Cancer Council, National Health Foundation (NHF) etc. • Has limited evidence for oral presentations at national meetings. • Has received little recognition for research outcomes. • Emerging profile in prestigious health forums. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • No involvement in any aspect of clinical guideline processes. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • Has demonstrated little evidence of involvement in quality improvement projects in their area of specialty. • Has made little contribution to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of involvement in joint supervision of PhD candidates or equivalent with successful completions. • Has emerging evidence of involvement in the peer review of grants nationally. • Has some experience in the review of publications. • Holds membership of professional societies. • Has demonstrated little evidence of other key contributions to the profession, including public communication/advocacy. • Has a leadership role within a research laboratory. • Emerging profile in prestigious public health policy forums.
<p>2</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Presents a research proposal that follows previously well documented and studied concepts. • Proposed a research proposal that addresses an issue of only marginal concern to human health and is unlikely to yield a significant impact. • Is key but not necessarily the lead in the vision of the research proposal. • Advocacy of public health evidence into policy/practice; local practitioner; modest participation in local public or private sector governance. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has demonstrated little evidence of a developing reputation for their contribution to their field of research. • Has published research that has had some contribution to the knowledge base of the discipline. • Has not demonstrated an upward trajectory. • Has received grants funding primarily from local institutional sources rather than competitive grant funding. • Has little or no evidence for oral presentations at meetings. • Local practitioner. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Made minor contributions to research translation either via commercialisation, improvements to clinical practice, improvements to public health or fundamental changes to health policy or system. • No involvement in any aspect of clinical guideline processes. • No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) • No involvement in quality improvement projects in their 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> • Has some evidence of minor involvement in supervision of PhD candidates or equivalent. • Has had little involvement in the peer review of grants nationally. • Has little experience in the review of publications. • Holds membership of some professional societies. • Has a leadership role within a research team. • Patents Lodged and Maintained, but little evidence of commercial development. • Modest participation in local public or private sector governance.

	<ul style="list-style-type: none"> Little synergy between vision and current practice. 		<ul style="list-style-type: none"> area of specialty. Has made no contributions to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	
<p>1</p> <p>The application does not meet the aims of the scheme or assessment criteria. Should not proceed to further peer review.</p> <p>Not recommended for interview.</p>	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Presents a research proposal that is not innovative or significant. Proposed a research proposal that does not address an issue of concern to human health. Demonstrated little or no evidence of a research vision. Little evidence of potential for research translation. No synergy between vision and current practice. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Does not have a reputation for their contribution to their field of research outside their institution. Has published some research that has had little impact on the knowledge base of the discipline. Has little evidence of research independence. Has received minimal grants funding from local institutions sources rather than competitive grant funding. Has no evidence of presentations at meetings. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> No involvement in research translation activities. No involvement in any aspect of clinical guideline processes. No involvement in any health initiatives (e.g. national disease register, health system review, clinical trials, immunisation programs, community health engagement/education) No involvement in quality improvement projects in their area of specialty. Has made no contributions to the profession in public communication / advocacy; government advisory roles or clinical practice initiatives. 	<p>Relative to opportunity:</p> <ul style="list-style-type: none"> Has evidence of some involvement in supervision of Honours research and other higher degree candidates. Has no evidence of involvement in the peer review of grants. Has no evidence of involvement in the review of publications. Holds membership of a small national professional society. Has no evidence of leadership roles

PRACTITIONER FELLOWSHIPS STATEMENT OF EXPECTATIONS

The Statement of Expectations sets out attributes and achievements within the levels of the Practitioner Fellowships scheme. In coming to decisions about the relative merits of applicants for these positions, assessors will consider research output and leadership relative to opportunity. Applicants should note the Assessment Criteria, which identify quality of research and associated outcomes. The Assessment Criteria are meant to be indicative rather than exhaustive.

Practitioner Fellow Level 1

General Standard: PF1s are expected to be making sound contributions to research either independently or as a member of a group. They will contribute significantly to their profession or discipline, linking their research directions with their professional activities. They should demonstrate effective leadership and mentoring and show capacity for significant achievement in research translation.

Practitioner Fellow Level 2

General Standard: PF2s are expected to be making original contributions to research either independently or as the leader of a group. PF2s would be expected to formulate and drive the research direction. Within their profession or discipline, they will be regarded as outstanding leaders and mentors who exemplify highly effective synergy between their research and professional activities. They should demonstrate outstanding intellectual leadership and capacity for transformative improvements in practice or policy through translation of their research. Appointment at PF2 will occur only if the applicant is considered to be exceptional.