# Medical Research Future Fund

# KEY FINDINGS AND OUTCOMES OF THE HEALTH AND MEDICAL RESEARCH EARLY TO MID-CAREER RESEARCHERS STAKEHOLDER ROUNDTABLE

## INTRODUCTION

Following the Early to Mid-Career Researchers (EMCRs[1]) Roundtable held on Thursday 6 May 2021, the Minister for Health and Aged Care, the Hon Greg Hunt MP, asked the Department of Health (the Department) to convene a Roundtable with EMCR stakeholders[2] to discuss how stakeholders could support EMCRs to remain within the health and medical research sector.

The virtual Health and Medical Research EMCRs Stakeholder Roundtable (the Roundtable) took place on Thursday 14 October, 1-4pm AEDT. Prior to the Roundtable, written input and nominees were sought from 30 stakeholders. Twenty-two stakeholders nominated representatives to attend the Roundtable, and 9 provided written input prior to the Roundtable. The written input was used as the basis for Roundtable discussion and was included in a background paper provided to the participants prior to the Roundtable.

The Roundtable comprised of:

- 29 stakeholder representatives, from Australian academies, university and medical research institute representative groups, industry and peaks, policy, societies, and population groups,
- 3 EMCRs selected from a subset of the May Roundtable EMCRs who had expressed interest to attend to present views and outcomes from the May Roundtable to the stakeholders, and
- 11 observers
    - 6 from the Health and Medical Research Office (HMRO), responsible for overseeing investments from the Medical Research Future Fund (MRFF)
    - 3 from the National Health and Medical Research Council
    - 2 from the Australian Research Council

The EMCR representatives presented a summary of the EMCR Roundtable held on 6 May 2021. The 5 key topics of concern from EMCRs were security of employment, access to grant funding, workplace culture, provision of training and support, and support for diversity. The takeaway messages from the EMCRs were support the new to shine through; pathways to workforce stability; pay for what you want; and EMCRs are the future of research in Australia.

Participants were then divided into six working groups to discuss current strategies and potential opportunities for stakeholders to address the EMCRs' areas of concern. Each group included 1-2 observers to support and listen to the discussion.

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[1] The Department defines EMCRs as emerging researchers within their first ten years of academic or other research-related employment, following completion of postgraduate research training (with consideration for career disruptions). There is no age limit on who can be an EMCR.
[2] Stakeholders that would be interested in and could contribute to this space were identified through internal consultation within the Department and discussions with broader stakeholders as part of the 6 May Roundtable.

Not all challenges faced by EMCRs can be solved by Government funding and/or policies, especially in the short-medium term. Health and medical sector engagement and collective effort is required to effectively address challenges being faced by EMCRs. Noting this, the focus of the Roundtable was on sharing ideas on what organisations are doing and could do to best support EMCRs.

The five topics listed below were discussed during the Roundtable, noting that there are many intersections between them. Participants were asked to discuss what strategies were already being deployed, were being considered, or could be considered by organisations to address the issues listed below, including what the levers and barriers were.

A summary of the ideas discussed in alignment with the Roundtable purpose is presented below.

**Topic 1: Security of employment**

Written stakeholder feedback prior to the Roundtable suggested that EMCR employment could be supported through fellowship schemes, maximising contract lengths, supporting clinician researchers, and mentoring programs. The reported barriers included gaps between research funding and actual salary costs, insufficient funding opportunities targeted at EMCRs, and COVID-19 limiting the opportunities for networking.

Strategies pertaining to the Roundtable purpose and barriers included:

| Strategies | Barriers |
|---|---|
| <ul><li>Seed funding allowing EMCRs to develop their skills, ideas, and track record</li><li>Bridging funding providing employment security between grants</li><li>Near miss funding supporting promising EMCRs with promising ideas to further develop those ideas and their track record</li><li>Naming EMCR researchers on grant applications</li><li>Programs that allow EMCRs to be more mobile i.e. able to pursue careers in academia and beyond (an example shared was the CSIRO Early Research Career (CERC) Fellowships Program)</li><li>Promoting a range of career paths for trained researchers including in and out of government, industry, and teaching (an example shared was the Researcher Exchange and Development within Industry Initiative supports the transition between academic and industry sectors to build research workforce)</li><li>Requiring EMCR employment contracts to be routinely offered for the total duration of the grant funded</li></ul> | <ul><li>Need for research leaders to maintain flexibility in their unit's staffing</li><li>Pressure on EMCRs to fund their salary gaps</li><li>Differences in superannuation and on-costs being paid by institutions</li><li>Unclear reporting lines for EMCRs with both clinical and academic workload</li><li>University sector stretched due to COVID-19 impacts making it difficult to implement any strategies that require more money</li><li>Limited grant funding from external sources to help support EMCR workforce</li><li>Lack of understanding of research workforce needs across the system</li></ul> |
| *Note that there was a high level of crossover between security of employment and access to grant funding* ||

**Topic 2: Access to grant funding**

Written stakeholder feedback prior to the Roundtable suggested that EMCR access to grant funding could be supported through internal investments, training and development, dissemination of information, and encouraging team-based research. The reported barriers included insufficient external funding opportunities for EMCRs, limited internal funding, time pressures, and competing priorities.

Strategies pertaining to the Roundtable purpose and barriers included:

| Strategies | Barriers |
|---|---|
| <ul><li>Seed funding to develop ideas, build track record, develop leadership skills, develop management skills (an example shared was the CSIRO ACORN grants for research)</li><li>Bridging funding to allow EMCRs to stay "in the game" until their next successful grant</li><li>Funding for writing grants and papers</li><li>Mentoring</li><li>Leadership training for EMCRs</li><li>Suggestion of a 'reverse Harkness' where cross disciplinary groups of researchers are given opportunities to meet with health service providers, senior policy agencies etc. to learn how to design for impact and so they can consider other career opportunities</li><li>Support officers for grant writing provided by organisations</li><li>Multiple rounds of peer review of draft applications before submission</li><li>Leveraging success to build more collaborations and research networks</li><li>Role for academies to support EMCRs to network and collaborate in a non-competitive environment</li><li>Redefining what "excellence" for funding looks like – ensuring community impact (e.g. in rural areas), not just publication numbers is considered</li><li>Promoting a team culture within organisations – it may also help address unconscious bias</li></ul> | <ul><li>Mental load and time taken to submit applications</li><li>COVID-19 and the acute stress on the sector as a result – 'breaking point moment'</li><li>EMCRs 0-15 years post PhD are a heterogenous group requiring different streams of funding– the needs of early and mid-career researchers can be very different</li><li>Existing competitive grant funding paradigm</li><li>Burden on university sector to support PhD graduates – (1) No integrated R&D component within Australian public health system, (2) immature industry sector in Australia</li></ul> |
| *Note that there was a high level of crossover between security of employment and access to grant funding* ||

**Topic 3: Workplace culture**

Written stakeholder feedback prior to the Roundtable suggested that workplace culture could be improved through organisations offering support such as parental leave, provision for caring responsibilities, flexible working arrangements, and recognition of the full ecosystem of research impact (rather than just publications). However, issues such as the hypercompetitive nature of research, expectations that sacrifice is required for success, and high workloads particularly in relation to grant writing continue to be barriers.

Strategies pertaining to the Roundtable purpose and barriers included:

| Strategies | Barriers |
|---|---|
| • Role modelling in a way that is modern/appropriate/fit for purpose<br>• Acknowledging many different types of successes/wins<br>• Early intervention mentoring<br>• Sharing of resources between research groups to alleviate administrative burden<br>• Recognition of achievements and measuring research output relative to opportunity<br>• Many things are done and not noticed, so effort and work need to be recognised<br>• Transparent policies and procedures<br>• Respecting need for time-off work<br>• Giving EMCRs a voice and autonomy (an example shared was the University of the Sunshine Coast giving EMCRs a budget, autonomy, responsibility, and ability to hold leaders to account) | • Decreasing numbers of administrative and support staff<br>• Clinician researchers working for two organisations or at times doing unpaid work<br>• Flexible hours in some instances are increasing workload<br>• Mentoring is not always fit for purpose |

**Topic 4: Provision of training and support**

Written stakeholder feedback prior to the Roundtable showed that many institutions acknowledged the importance of mentoring, development programs, and networking opportunities. However, the main barriers were the capacity and resourcing to deliver programs, and difficulty engaging senior researchers as mentors.

Strategies pertaining to the Roundtable purpose and barriers included:

| Strategies | Barriers |
|---|---|
| • Mentoring programs that are set up in a way that is effective and efficient for senior researchers as well as EMCRs (e.g. group mentoring) (examples shared were the Australian Academy of Health and Medical Sciences (AAHMS) mentoring program for Level D and early Level E researchers; The Health Services Research Association Australia New Zealand (HSRAANZ) Mentoring Program; and The Industry Mentoring Network in STEM (IMNIS) by the Australian Academy of Technology and Engineering (ATSE))<br>• Developing senior researchers' mentoring skills<br>• Policies that promote leadership opportunities for EMCRs<br>• Engaging with groups outside one organisation, i.e. increased networking (examples shared were Franklin Women, a social enterprise that connects individuals and organisations within the health and medical research sector; and Life as a Clinician-Scientist events by AAHMS)<br>• Career path mentoring, not just mentoring on how to secure next grant | • Funding for positions and training are in competition<br>• Expectation to engage with mentoring/training outside in personal time on top of normal workload<br>• Senior researchers don't necessarily have mentoring skills<br>• Diverse career pathways are not apparent<br>• Mentoring is a skill and seniority in a field is not an indicator of level of mentoring skill |

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| • Training and programs that focus on leadership development, emerging leaders, communication and media training, improving collaboration (an example shared was the Superstars of STEM program by Science and Technology Australia that increases public visibility of women in STEM)<br>• Staff members/local support to help write applications | |

**Topic 5: Support for diversity**

Written feedback prior to the Roundtable showed that institutions deployed strategies to address diversity such as policies, diversity metrics, representation in leadership, support schemes for specific groups, and unconscious bias training. The reported barriers included the lack of diversity in senior researchers despite efforts to improve this, the challenge of providing a robust evidence base for policies and processes, and ingrained expectations of success in academia (i.e. numbers of Category 1 grants and many peer reviewed publications).

Strategies pertaining to the Roundtable purpose and barriers included:

| Strategies | Barriers |
|---|---|
| • Statement of support for diversity from leadership to set the tone<br>• Actions supporting diversity from leadership<br>• Good chairpersons who can encourage all to speak and support constructive discussions<br>• Head of program shares their performance agreement at start of year for transparency<br>• Provide shadowing opportunities for EMCRs to attend meetings to build their soft skills (learn about how meetings are run, when to speak, committee politics)<br>• Generous parental leave<br>• Encouraging retention of EMCRs in scientific fields especially after a career break/ parental leave (an example shared was the Advance Queensland Women's Research Assistance Program by the Queensland Government, that supports women researchers following maternity or adoption leave)<br>• Flexible working arrangements to suit different needs, for example those who have a disability or are not neuro typical<br>• Transparency in decision making<br>• Opportunities for broad, organisation-wide feedback into strategic decisions<br>• Anonymous feedback, being able to call out bad behaviour<br>• Making workplaces more welcoming to diversity and inclusive by taking small but powerful actions for example saying you're an ally, ally sticker on office door, accommodating working from home | • Lack of evidence to evaluate success of programs/initiatives<br>• Lack of transparency at EMCR level in strategic decision making within organisations<br>• A single 'diverse' person contributing to a variety of service and Governance roles (e.g. on Boards and Committees) is not a true representation of diversity<br>• Lack of accountability |

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| <ul><li>Quotas and KPIs that are reported on annually – if not met, action plans articulated to address them</li><li>Organisations to report staff surveys to government funders and/or publish – potential impacts on funding access and broader reputation</li><li>Diverse representation on committees and regular turnover of members of diversity committees – to help with workload and give others opportunities to network and be visible to executive</li><li>Support rural researchers to become reviewers as they may better be able to identify the true community impact that similar researchers are having</li></ul> |

## NEXT STEPS

The Roundtable highlighted several examples of success and strategies that may have potential to be refined and/or adopted by other organisations more broadly. Stakeholders are strongly encouraged to reflect on the discussion and ideas raised and consider incorporating these ideas, where possible, as part of ongoing efforts to better support EMCRs within the health and medical research sector.

The Department may follow-up with organisations in due course, via a survey or other mechanisms to discuss implementation of EMCR support strategies.