Congratulations on your new appointment! What have been your primary foci since taking up the position of CEO at the National Health and Medical Research Council (NHMRC) in April?

It is a huge honour to be appointed CEO of NHMRC. The breadth of this organisation is really impressive – we don’t only fund research, we are also responsible for activities such as public health guidelines, ethical codes, clinical trials reform and policy input. When I started, my priority was to work across all of these areas, as well as engage with the sector and understand their relationships with NHMRC. So the first few months were a great opportunity to learn how NHMRC works from the inside and to meet and talk with a lot of people outside. As a result, I’ve learnt much more about the health and medical research sector than I knew in my previous roles.

I’ve also been focusing on the next triennium; we need to think deeply about some big issues and we have a new Council and new Principal Committees to help us in that. Our biggest concern is how best to use the AUS $800 million Medical Research Endowment Account that supports most of the research funded by NHMRC. The historically low funding rates we are now experiencing have major implications for the structure and morale of the medical research workforce, and make it very difficult to boost research in areas of particular need.

In 2011, only 28 per cent of employed STEM-qualified Australians aged 15 and over were women. As an internationally renowned immunology and influenza researcher, have you experienced any barriers to progress?

I had, perhaps, an unusual introduction into the sciences – my mother was a scientist before she had a family and fostered my interest in the biological sciences when I was very young. So I have been fortunate because I knew early on that there were careers for women in science and grew up with a role model who showed me it was possible.

Throughout my career, I have had very generous mentors and some brilliant colleagues who have inspired me and made me a better researcher. Nancy Millis was a wonderful role model when I was a PhD student in the then Department of Microbiology at the University of Melbourne. Later on, I was privileged to work in the labs of Don...
All institutions wishing to receive NHMRC funding must have mechanisms to support the progression and retention of women in health and medical research

Meanwhile, NHMRC has already implemented a range of initiatives to improve Australia’s ability to attract and retain female talent in health and medical research, while also supporting women researchers to develop their careers. Some of these activities involved quite substantial policy changes, such as enabling career disruption to be reflected in an applicant’s track record, working to ensure gender equity on peer-review panels and having part-time options in all our schemes. Others may seem quite small, but can help support women with caring duties; for example we do not release assessors’ reports (which need a response within 10 days) after 3 pm on any day, noting that applicants with caring duties would be likely to lose most of that day if they received it outside of school hours.

Last year, we also conducted an assessment of our Administering Institutions’ gender equity policies and practices and, though there were a few with exceptional policies in place, other institutions were doing very little. We followed this up by amending our Administering Institution policy to stipulate that all institutions wishing to receive NHMRC funding must have mechanisms to support the progression and retention of women in health and medical research. These requirements should be in place by the end of 2015 for all Australian institutions receiving NHMRC funding.

What does the funding landscape look like at present in the context of male and female recipients?

For quite some time, we have seen the worrying trend that, while women outnumber men as applicants for early career fellowships and grants, the inverse is true when it comes to our most senior fellowships. The 2014 funding year was no different. For example, 63 per cent of applicants for Early Career Research Fellowships were women, as were 62 per cent of Postgraduate Scholarship applicants. In contrast, for our Senior Research Fellowships, only 35 per cent of applicants were women and, for our Principal Research Fellowships, this figure actually fell to 11 per cent.

Interestingly, on a broad scale, our grant distribution mirrors the application distribution. That is, of the total number of applications we received last year across all schemes, 38 per cent of applicants were women. Of the total number of funded grants across all schemes, 38 per cent of recipients were women. It doesn’t always work out to be as close as this, but there is always a very strong correlation, suggesting that men and women have a similar chance of being funded by NHMRC.

The problem of falling numbers of applications for senior positions isn’t unique to Australia – it is a challenge faced by research agencies in many other countries. In the US, for example, the proportion of females applying for National Institutes of Health funding decreases at later career stages, despite comparable success and funding rates. And in the UK, only 14.5 per cent of professorial positions in science and technology are held by women.

It is a very difficult issue to solve. As CEO, I’m grateful to have the advice of the NHMRC Women in Health Sciences Committee and to see that the sector as a whole takes the issue very seriously. I hope we can work together to remove the barriers to the engagement and advancement of women in medical research over the whole of their careers.

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