2005 National Health and Medical Research Council - National Stakeholder Survey

A RESEARCH REPORT

Prepared for:

National Health and Medical Research Council

Client contacts:

Roland Wise

Donna Janssen

Nicole Simons

TNS consultants:

Natalie Wearne

Lindy Masya

Kate Snow

J23585

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Overview

The NHMRC has recently completed its first national stakeholder awareness and satisfaction survey. Overall, the results of the 2005 survey reflect a positive outcome for the NHMRC. Stakeholder awareness of the 'core' functions of the NHMRC, namely the role the organisation plays in **funding health and medical research,** the **provision of guidelines and advice for health and research ethics** and the **provision of public health advice**, is high.

Whilst awareness of the role the NHMRC plays in **funding health and medical research** is very high among stakeholders (97% aware), comparatively lower levels of satisfaction were experienced for some aspects of both the funding allocation and peer review processes, representing areas to be addressed. In addition, whilst awareness of the national system of regulating embryo research was generally quite low, amongst those stakeholders whose roles require them to be familiar with the NHMRC's **regulatory functions,** it is relatively high. However, knowledge of the role of the Licensing Committee and awareness of the supporting information available is not as strong.

In particular, the research findings show that in order to improve overall stakeholder satisfaction with the NHMRC's performance, the NHMRC needs to focus on improving perceptions of its ability to be **consultative and collaborative in its approach**, its ability to **respond to emerging health issues in a timely manner** and its **oversight of the allocation of grants and funding**.

There are some very strong results with regard to awareness of particular NHMRC products and services. For example, 99% of stakeholders indicated their awareness of the **NHMRC website**, and 86% noted their awareness of the *National Statement on Ethical Conduct in Research Involving Humans.* The satisfaction level of stakeholders with regard to the website is less strong. Future surveys will enable the NHMRC to assess the success of its recent website redevelopment.

The level of awareness of the **Special Expert Committees** is quite low. Given the specialised nature of these roles, this is not surprising but does indicate that their roles require better explanation and may need to be more effectively communicated. The awareness of **Consumer guides** is also relatively low suggesting a more focussed communications strategy may be needed. Conversely, satisfaction levels with the guides are quite strong.

Council and Committees are very satisfied with the communication they receive from the NHMRC and in regard to their interaction with NHMRC staff, while the results would indicate that more can be done to improve NHMRC staff satisfaction with internal communication.

Notwithstanding any future targets set by the NHMRC for stakeholder *awareness* and *satisfaction,* the key successes and challenges facing the NHMRC as identified by the National Stakeholder Survey are presented below.

Successes

The NHMRC should celebrate, and strive to maintain the positive results achieved in the following areas:
1. Satisfaction with Public Health Advice (amongst those who are aware)
2. Satisfaction with the ethics advice provided by the NHMRC
3. Awareness and usage of the National Statement on Ethical Conduct in Research Involving Humans
4. Awareness and usage of the NHMRC website
5. Satisfaction experienced by Council and Committees in relation to the information they receive from the NHMRC and their interaction with NHMRC staff
6. Researcher awareness of their intellectual property responsibilities

Challenges

The NHMRC will need to focus specific attention on the following areas:
1. Developing strategies to improve the dissemination and promotion of information on the outcomes and impacts of the research that it funds and to further encourage the application and exploitation of research results
2. The level of collaboration between Committees and between Council and Committees, and the availability of information to members on the decisions and outcomes of Council and/or other Committees
3. The accessibility of funding to new/junior researchers and the timeliness of advice on the outcome of grant applications
4. Stakeholder perceptions of the appropriateness of peer review panels
5. Promotion of NHMRC Health Advice Publications and Guidelines to key stakeholder groups with the objective of further improving awareness and usage
6. Promotion of the availability of NHMRC information and advice on the regulation of embryo research
7. NHMRC staff induction training practices and staff access to training
8. Information provided to staff on governance issues

If the findings of the survey are to be maximised, the NHMRC will need to examine the results of the National Stakeholder Survey to identify the specific areas that warrant attention and inclusion within the next triennial strategic plan. The results achieved here provide a benchmark against which future performance can be compared.

Executive summary

Background and objectives

This report examines the findings of the first National Stakeholder Survey conducted on behalf of the National Health and Medical Research Council (NHMRC) in June-July 2005 by TNS Social Research. The study sought to establish a baseline measure of both internal and external stakeholder awareness of NHMRC activities and satisfaction with NHMRC products and services.

Specifically, the purpose of the study was to examine stakeholder awareness of and satisfaction with the NHMRC in terms of:

• providing evidence-based health advice and information

• developing and applying the scientific knowledge created with NHMRC support

• ensuring high ethical standards in the conduct of research

• communicating and collaborating with a range of stakeholders in the health and medical research sector and the broader community, both nationally and internationally

• regulating research using excess assisted reproductive technology embryos and maintaining the prohibition of human cloning

• achieving high standards of governance and accountability, in particular, transparency in decision making and providing leadership within the sector.

The following stakeholder groups participated in the survey:

1. Current NHMRC grant recipients (referred to as Researchers)

2. Members of NHMRC Working Groups

3. Chairs of Human Research Ethics Committees and Animal Ethics Committees (referred to as HRECs/AECs)

4. NHMRC staff

5. Members of the NHMRC Council and Principal Committees

6. Members of Expert Committees

7. Administering Institutions

8. Professional and Scientific Organisations

9. Hospitals and Health Centres

10. Government Organisations and Non-Government Organisations

11. Community and Special Interest Groups.

Due to small sample sizes several stakeholder groups are netted together throughout the analysis:

- 'Community and Special Interest' and 'Hospitals and Health Centres' are netted together and named "Interest & Hospitals".

- 'Professional and Scientific' and 'Goes/NGOs' are netted together and named "N/GOs & Scientific".

- 'Council and Principal Committees' and 'Expert Committees' are netted together and named "Council & Committees".

- In instances where the sample size for 'Interest & Hospitals' and 'N/GOs & Scientific' are too small to report, the groups are netted together and the term "**External Stakeholders**" is used.

Methodology and response rate

The National Stakeholder Survey consisted of qualitative and quantitative phases:

- 40 **in-depth interviews** were conducted with a broad range of stakeholders to identify the key issues and 'touch points' for each stakeholder group. The insight gained from the qualitative phase informed the questionnaire design.

- A large-scale **online pilot** (n=186) was undertaken to test the proposed methodology and statistically test and refine the questionnaire. Questionnaire refinement was informed by **cognitive testing** of the questionnaire, **respondent feedback** and statistical testing of the **reliability** of the survey instrument.

- The main **online stakeholder survey** (n=1505) was conducted between 23 June and 8 July 2005. Respondents were sent a letter of invitation by the NHMRC and a follow-up email containing a unique survey link from TNS. Two reminder emails were also sent to those who were yet to reply.

In total 1691 surveys were completed, resulting in a response rate of 49%. This response rate is comparatively good and sits at the top end of the expected industry standard for unsolicited online surveys (usually between 20% and 50%). The high response rate ensures that the results are reliable and representative of the opinions of stakeholders overall and provides a high level of confidence in the results – within ±2.5% accuracy with a 99% level of confidence[1].

The findings presented within this report are based on responses to both the pilot and main study. It was possible to merge the data from the pilot with data from the main survey as, while the

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[1] Calculations of the level of confidence are based on the stakeholder population as defined by the NHMRC stakeholder database.

survey instrument and methodology were refined following the pilot, the changes were minor, with minimal impact on the reliability or comparability of the data.

Imperatives for the National Stakeholder Survey

The National Stakeholder Survey was undertaken to assist the NHMRC in reporting against key outcomes and outputs of the 2003-06 Performance Measurement Framework (PMF), and to inform the development of the NHMRC's next strategic plan. Accordingly, the summary of key findings is presented within this framework.

Summary of key findings

Role and performance of the NHMRC

The majority of stakeholders (97%) agree the NHMRC's role is to 'allocate funding for health and medical research in Australia', although satisfaction with this aspect of the NHMRC's role is rated comparatively low, with a mean score of 4.2 (on a seven-point scale). Providing 'advice and research standards for conducting research with humans' and 'expert advice in the area of research ethics' are also seen as part of the NHMRC's role by at least 90% of stakeholders. The NHMRC is seen to be performing comparatively well in these areas (mean scores of 5.3 and 5.2 respectively). In contrast, only 56% of stakeholders felt that 'providing training in areas of relevance' was part of the NHMRC's role.

Q. *How satisfied are you with the NHMRC's performance on…?*

Mean Scores

Advice/standards for human research (n=1581)	5.3
Advice/standards for animal research (n=1437)	5.2
Expert advice in research ethics (n=1526)	5.1
Expert advice in health ethics (n=1414)	5.0
Evidence-based health advice (n=1321)	4.8
Expert advice on topical/ emerging issues (n=1369)	4.7
Provider of training (n=943)	4.6
Allocation of research funding (n=1643)	4.2

1=Very dissatisfied   7=Very satisfied
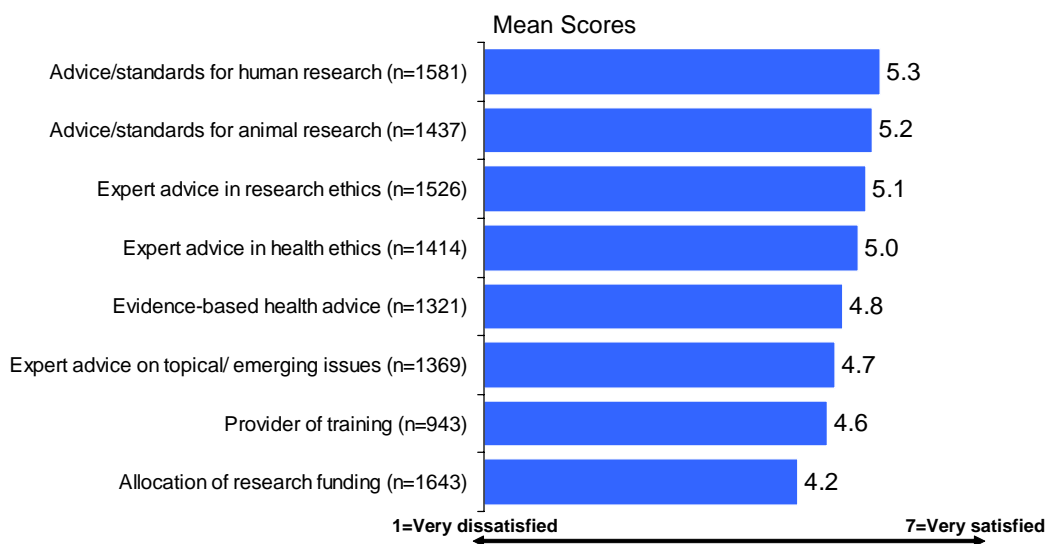
KEY FINDING: The roles most strongly associated with the NHMRC are the allocation of funding for health and medical research in Australia and the provision of advice and standards for conducting research with humans.

Indicator 1.1 & 2.2: Grant application, selection and management processes

Overall, 67% of stakeholders indicated they have applied for an NHMRC grant in the past three years, 59% indicated they have reviewed an NHMRC grant application in the past three years and 24% are involved in grant management.

Grant application processes

Overall satisfaction with the grant application and selection process is 'average', with 57% of stakeholder's satisfied (mean score of 4.4). Researchers are the least likely to be satisfied while HRECs/AECs and Administering Institutions are the most likely to be satisfied.

> **KEY FINDING:** The accessibility of funding to new/junior researchers and the timeliness of advice on the outcome of application processes are rated comparatively low, with a mean score of 3.3 and 55%-57% of stakeholders dissatisfied.

Peer review process

63% of stakeholders who have reviewed an NHMRC grant application in the last three years are satisfied with the peer review process (mean score of 4.6). The ease of completing the required peer review documentation, clarity of information and ease of accessing information are rated highly with mean scores of 5.2, 5.0 and 4.9 respectively. The appropriateness of peer review as the basis for determining funding recommendations also enjoys high levels of support with 77% of stakeholders indicating a top three rating (i.e. 5, 6, or 7 on a 7 point scale) (mean score of 5.4). The appropriateness of the process for selection of peer review panels was rated comparatively low however, with 56% of stakeholders indicating a top three rating (mean score of 4.5).

> **KEY FINDING**: Whilst there is a high level of satisfaction with the appropriateness of the peer review process, there is a comparatively lower level of satisfaction with the peer review panel selection process.

Grant management process

Overall, 59% of stakeholders who are involved in grant management are satisfied. Stakeholder ratings ranged from a mean score of 5.5 for the accuracy of payments to 4.7 for the ease of accessing information on grant management and administration.

Perceived impact of research funded by the NHMRC

Only 27% of stakeholders felt the NHMRC was good at disseminating and promoting information on the outcomes and impacts of the research that it funds and 29% felt the NHMRC was good at encouraging the application and exploitation of the results of the research.

KEY FINDING: Stakeholder ratings of the dissemination and promotion of information on the outcomes and impacts of the research that the NHMRC funds are low.

Indicator 3.1: Increased uptake of NHMRC health advice and information

Awareness and usage of Health Advice

Over 50% of stakeholders are aware of Public Health Guidelines and Clinical Practice Guidelines provided by the NHMRC. However only 27% of stakeholders are aware of Consumer Guides and only 17% are aware of 'Guidelines to assist external Guideline developers'.   Conversion from awareness to utilised for Public Health Guidelines and Consumer Guides is lower than for other types of health advice, whereas the conversion figure for Information papers and manuals is particularly high.

KEY FINDING: Researchers exhibit the highest public health advice usage rates followed by Working Group members. However, the usage levels among HRECs/AECs, External stakeholders and Council and Committee members are extremely low.

The specific NHMRC guidelines and publications with the highest levels of awareness are the Dietary Guidelines (37% aware), followed by the Australian Alcohol Guidelines (32% aware) and the Immunisation / Vaccine Guidelines (29% aware).

Satisfaction with Health Advice

Ratings of public health advice were generally good, with the majority of attributes achieving mean scores of 5.0 or above. In terms of Public Health Guidelines and Clinical Practice Guidelines the quality, usefulness and guidance provided are the highest rated attributes (mean scores of 5.4 or above).

Awareness of Expert Committees

The majority of stakeholders are not aware of the Expert Advisory Group on Antimicrobial Resistance (EAGAR) or the Special Expert Committee on Transmissible Spongiform Encephalopathy's (SECTSE) (83% are unaware) and overall only 1%-2% of stakeholders have used or sought advice from either of these Expert Committees. Awareness of Gene and Related Therapies Research Advisory Panel (GTRAP) and Animal Welfare Committee (AWC) is significantly higher - one in three stakeholders is aware of GTRAP and one in two stakeholders are aware of AWC.

Satisfaction with advice provided by Expert Committees

Stakeholders who indicated they have used or sought advice of an Expert Committee were asked to rate the advice provided. Ratings of the advice provided by SECTSE and EAGAR were the

highest (although only 1%-2% of stakeholders have used or sought advice from either of these Expert Committees), followed by AWC and GTRAP – 100% of stakeholders rated their overall satisfaction with the advice provided by SECTSE and EAGAR as good, compared to 80% for AWC and 48% for GTRAP.

> **KEY FINDING:** Overall, the advice provided by Expert Committees was rated highly by stakeholders.

Indicator 3.3: Increased commercial activity

Familiarity with intellectual property protection and management

For both Researchers and Administering Institutions the level of familiarity with the Intellectual Property Management policy of their organisation/institution was considerably higher than the level of familiarity with the *National Principles of Intellectual Property Management for Publicly Funded Research*. Only 16% of Researchers rated their familiarity with the *National Principles of Intellectual Property Management for Publicly Funded Research* as good (mean score of 3.0), compared to 64% for the Intellectual Property Management policy of their organisation (mean score of 4.8). Interestingly 51% of Researchers felt their level of familiarity with the management practices used within their organisation/institution to protect Intellectual Property was good.

> **KEY FINDING:** Although only 16% of Researchers rated their familiarity with the *National Principles of Intellectual Property Management for Publicly Funded Research,* 64% rated their familiarity with the Intellectual Property Management policy of their organisation as good and 51% felt their level of familiarity with the management practices used within their organisation/institution to protect Intellectual Property was good.

The most commonly used intellectual property management practices are keeping laboratory notebooks, having a dedicated person to manage commercial interests and patent protection. The level of compliance in regard to completing all requirements of these intellectual property management practices is rated reasonably well. The lowest compliance ratings are for sign-off on laboratory notebooks and audits to identify potential intellectual property with only 57% to 64% of Researchers rating compliance with these practices as good.

Indicator 4.1: Improved support, advice and guidance on ethics issues

Overall satisfaction with Ethics Advice

Overall 61% of stakeholders are satisfied with the ethics advice provided by the NHMRC. The highest level of satisfaction was experienced by HRECs/AECs (83% satisfied) while the lowest levels of satisfaction were experienced by Administering Institutions (53%) and Interest and

Hospitals (47%). 60% of Researchers were satisfied with the ethics advice provided by the NHMRC.

> **KEY FINDING:** The National Stakeholder Survey results show that the ethics advice provided by the NHMRC is held in high regard by stakeholders.

Ethics advice was rated highly in terms of quality and usefulness with almost 70% of stakeholders indicating the NHMRC's performance was good in these areas. Timeliness was rated comparatively low by stakeholders, but it still achieved a mean score of 5.2.

Awareness and usage of Ethics Guidelines, Support and Advice

Stakeholder awareness of their own organisation's guidelines on ethical conduct in research involving humans and the *National Statement on Ethical Conduct in Research Involving Humans* is very high – with a total awareness level of 86% and at least 62% accessing it. Overall awareness and usage of the *Australian Code of Practice for the Use of Animals for Scientific Purposes* is high - particularly given that it is not relevant to all stakeholders - with 74% of stakeholders are aware of the document and 40% access/read it.

Examining awareness and usage of ethics guidelines by HREC's and Researchers highlights that 97% of HRECs/AECs and 85% of Researchers are aware of the *National Statement on Ethical Conduct in Research Involving Humans,* while 89% and 59% respectively read or access this document. Awareness and usage of stakeholders' own organisational guidelines on ethical conduct in research involving humans was similar with 93% of HRECs/AECs and 88% of Researchers aware and 87% and 70% respectively accessing or reading the guideline.

It is not surprising that the overall level of awareness and usage of many ethics guidelines provided by the NHMRC is low, as many of the ethics guidelines are targeted at specific audiences. However, the low level of awareness and usage of the Health Ethics Helpline (only 2% of stakeholders have accessed the Helpline) indicates this support service is under-utilised.

Information used in preparing an ethics application

The most commonly used source of information in **preparing** an ethics application was the organisation's guidelines on ethical conduct in research involving humans (used by 82%) followed by the National Statement (used by 61%) and the Privacy Guidelines (used by 31%). Overall 55% of stakeholders felt their organisation's guidelines were the most useful in assisting to prepare the application and 25% felt the National Statement was the most useful.

In contrast the most commonly used source of information in **reviewing** an ethics application was the National Statement (used by 75%), followed by the organisation's guidelines (used by 65%) and the Privacy Guidelines (43%). Nearly 50% felt the National Statement was the most useful

source in reviewing an ethics application and 23% felt their organisation's guidelines were the most useful.

Indicator 5.2: Increased engagement with the community

Overall performance

The following figure presents stakeholder satisfaction with a range of activities related to the NHMRC's engagement with the community and perceptions of the importance of each activity. Each quadrant corresponds to a recommended strategy, resulting in a list of priorities which the NHMRC can use as a basis for future stakeholder related business decisions.
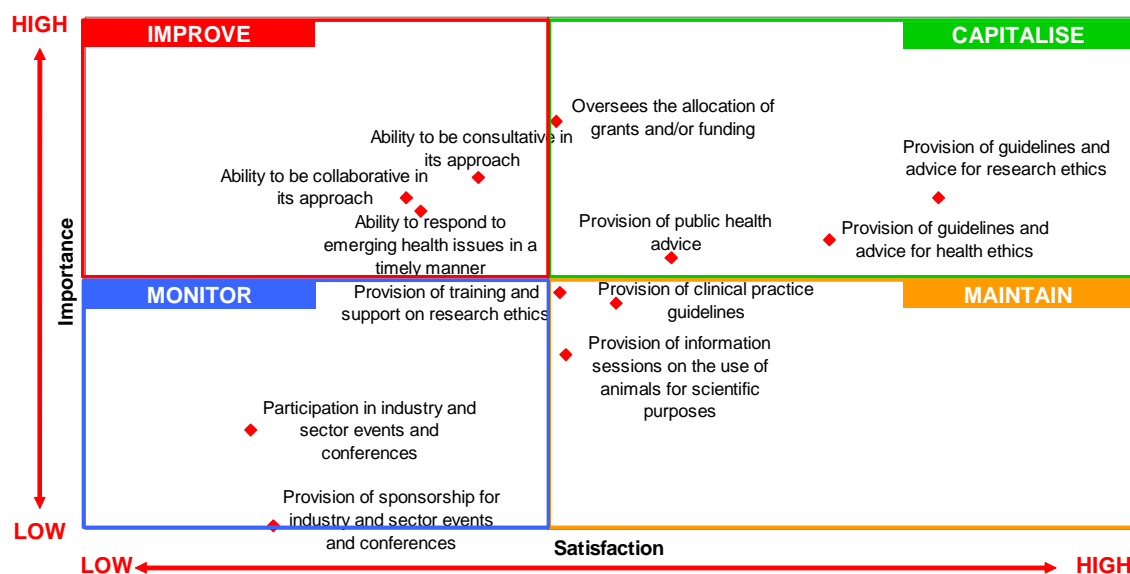
In summary, improving stakeholder perceptions of the NHMRC's ability to be consultative and collaborative in its approach, and its ability to respond to emerging health issues in a timely manner are the highest priorities for improvement. Additionally, for a number of stakeholder groups, improving satisfaction with the allocation of grants and funding is also a high priority. Conversely, the provision of guidelines and advice for research ethics and health ethics are strengths of the NHMRC that should be leveraged and reinforced through communications and promotion.

Communication issues

The NHMRC Website emerged as the preferred communication medium for all types of communication. Awareness and usage of the Website is extremely high, with 99% of stakeholders aware of the website and 36% frequently accessing it. Awareness of the NHMRC Strategic Plan (73% aware) and the Annual Report (81% aware) is also comparatively high, and one third of stakeholders read or access these documents.

Awareness of the NHMRC Performance Measurement Framework (PMF) Report, eNews and the HREC Bulletin is low, with almost one in two stakeholders not aware of these publications. Whilst this might be expected for the HREC Bulletin and the PMF as the target audiences for these publications are limited, it is a concerning result for eNews.

> **KEY FINDING:** Awareness of the NHMRC Website is very high, whilst awareness of eNews is low given the breadth of the target audience.

Indicator 6.1: An effective national system of regulation

Awareness of legislative requirements

Among stakeholders whose role requires an awareness of the national system for regulating embryo research, awareness levels are highest for the *Research Involving Human Embryos Act 2002* (80% aware) and the *Prohibition of Human Cloning Act 2002* (77% aware). With the exception of Researchers, awareness is also high for *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research – NHMRC 2004* and *Ethical Guidelines on Assisted Reproductive Technology – NHMRC 1996.* The **NHMRC Licensing Committee** achieved the lowest levels of awareness, with only 46% of Researchers and 52% of HRECs/AECs whose role requires an awareness of the national system for regulating embryo research aware of the Licensing Committee.

Awareness and usage of information provided by the NHMRC on the regulation of embryo research

Almost 50% of stakeholders are aware of NHMRC fact sheets on the regulation of embryo research and of those who are aware, 63% have utilised them. Awareness of other types of NHMRC information on this topic is lower (ranging from 31% to 15% awareness), although the conversion figures (i.e. the proportion of those who are aware of and actually utilise the publication/advice) for Information kits, Information exchange visits and Licensing Committee Bulletins are good.

> **KEY FINDING:** 42% of Researchers and 39% of HRECs/AECs, whose role requires an awareness of the national system for regulating embryo research, were not aware of any of the sources of information or advice provided by the NHMRC.

Indicator 7.3: Effective governance arrangements

Understanding of management and committee structure

98% of Council and Principal Committee members rated their understanding of the management and committee structure of the NHMRC as 'good', as did 74% of Staff, 49% of Working Group

members and 45% of Expert Committee members. Not surprisingly long term involvement with the NHMRC is seen as the most beneficial source in explaining the management and committee structure of the NHMRC.

KEY FINDING: At least 60% of each stakeholder group believes there is a need for greater promotion of the NHMRC management structure among Principal and Expert Committee members as well as the broader health community, while 82% of Staff feel there is a need for greater promotion of the NHMRC management structure among Staff.

The level of transparency in strategic and operational decision making and agenda setting is rated low, particularly by Working Groups and to a slightly lesser extent by Expert Committees and Staff. The clarity of roles and responsibilities was rated comparatively higher, although the absolute level of performance is average with 57% of Council and Committees and 34% to 43% of other internal stakeholders rating performance as good.

Responsibilities of Council and Committee

Council and Committee members rated their level of familiarity with confidentiality and conflict of interest responsibilities very highly, while familiarity with intellectual property responsibilities was rated comparatively lower.

Communication with NHMRC Staff

Overall 57% of Staff are satisfied with internal communication, while one in three Staff are dissatisfied. Email and 'Twisties' (NHMRC's weekly internal bulletin) are the preferred method of communication for receiving all types of information. Meetings and internal seminars are the second most preferred medium for receiving information on governance issues and changes to guidelines or policies, while the Intranet is the second most preferred medium for receiving information on issues in the media, Committee decisions and outcomes and information on NHMRC achievements.

Satisfaction with the provision of information on specific topics is generally rated as 'average' by staff. The provision of information on governance issues tends to be rated comparatively low by staff. The provision of information on NHMRC activities and on the decisions and outcomes of Committees tends to be rated marginally higher.

KEY FINDING: Overall 57% of Staff are satisfied with internal communication, while one in three Staff are dissatisfied. In terms of meeting the needs of Staff overall, the quality and the timeliness of information are the most influential information attributes.

Communication with Council and Committees

Almost 80% of Council and Committee members are satisfied with the communication and information they receive from the NHMRC secretariat. The timeliness and clarity of information regarding meeting arrangements and the quality and timeliness of meeting papers are rated highly. The lower-rated areas relate to collaboration and information sharing between Council and Committees, and this could be targeted for improvement.

KEY FINDING: Council and Committee member satisfaction with the communication they receive as part of their membership is high. The comparatively low rating areas relate to collaboration between Committees and between Council and Committees, and the availability of information on the decisions and outcomes of Council and/or other Committees.

Council and Committee members are generally very satisfied with the interactions they have with NHMRC Staff and secretariat, with 98% of Council/Principal Committee members, 91% of Expert Committee members and 85% of Working Group members indicating a top three rating for their overall level of satisfaction.

KEY FINDING: High levels of satisfaction are experienced by Council and Committees in relation to their interaction with NHMRC Staff.

Next steps

The 2005 National Stakeholder Survey provides a baseline measure of stakeholder awareness and satisfaction with the activities of the NHMRC. In addition to providing measures that assist in reporting against the Performance Measurement Framework it provides insight into the views and opinions of NHMRC stakeholders, and serves to focus strategies for improving stakeholder satisfaction over time.

Actioning the results

In TNS' experience it is important that management of an organisation demonstrate commitment to following-up on the feedback received as part of any stakeholder survey. Without this demonstration of commitment the survey process may loose credibility and support for future initiatives may be negatively impacted. Consequently TNS encourages the NHMRC to provide feedback to staff and key stakeholder groups regarding the key findings of the National Stakeholder Survey and also to communicate any actions taken as a result of stakeholder feedback. Communication regarding the implementation of any changes or actions taken as a result of stakeholder feedback should be provided on an ongoing basis and clearly link the action to the feedback provided through the survey.

Future surveys

The NHMRC proposes to undertake the National Stakeholder Survey on a triennial basis. The next triennial survey will allow awareness and satisfaction levels to be benchmarked against those achieved in 2005, providing the NHMRC with a quantitative measure of the impact of any improvement activities.

This report also contains several methodological recommendations that should be considered in future survey waves and these are presented in Appendices A and D of this report.

1. Introduction

This report examines the findings of the first National Stakeholder Survey conducted on behalf of the NHMRC in 2005 by independent consultants, TNS Social Research. The survey measures both internal and external stakeholder awareness of NHMRC activities, and satisfaction with NHMRC products and services. It is a tool that provides insights into the views and opinions of NHMRC stakeholders, and serves to focus strategies for improving stakeholder satisfaction over time.

This report summarises the results of the benchmark survey and makes recommendations on how the NHMRC might respond to the survey findings to improve stakeholders' regard for the NHMRC as an expert value-adding organisation.

1.1   Background and research context

The NHMRC combines the roles and responsibilities of allocating Commonwealth funds for health and medical research, providing health advice, considering ethical issues in health, and regulating sensitive medical research activities within the one organisation.

The primary vision of the NHMRC is to "provide the best possible health for all Australians" to ensure that "excellence in research, health ethics, and health advice improves the health of all Australians".

The essence of the above is outlined in the functions of the NHMRC (as determined by section 7 of the *National Health and Medical Research Council Act 1992*). The NHMRC functions to issue guidelines and inquire into and advise the community on matters relating to:

• the improvement of health

• the prevention, diagnosis and treatment of disease

• the provision of health care

• public health research and medical research

• ethical issues relating to health.

The NHMRC undertakes its work through a network of Principal Committees, Working Committees and Expert Committees. This network is consulted by the NHMRC in formulating guidelines, standards, and advice, to ensure that relevant professional and community interests are represented. The NHMRC Council also makes recommendations to the Commonwealth on expenditure relating to health and medical research and training.

The NHMRC has extensive links with the Australian community, national and international health and research agencies, and other government and non-government organisations. These bodies, together with individual researchers, human research and animal ethics committees, the general public and health consumers, form the key stakeholder groups of the NHMRC.

Within this context, the current study sought to establish a baseline measure of stakeholder awareness and satisfaction with the NHMRC's activities and services. A broad range of stakeholder groups were consulted as part of the project, however the general community were outside the scope of the research. The NHMRC broadly defines its stakeholders as internal and external stakeholders. The internal stakeholder group includes NHMRC Staff, Council, Principal Committees, Expert Committees and Working Groups, while the external stakeholder group includes all other stakeholders.

1.2   Research objectives

The overall objectives of the NHMRC National Stakeholder Survey are to assess the level of stakeholder awareness of NHMRC activities, and to measure stakeholder perceptions of the NHMRC's performance. The research forms part of the NHMRC's reporting requirements and will provide feedback on current performance, identify any areas requiring attention, and provide information and insight to assist the NHMRC in ensuring that their services and products, now and in the future, meet the expectations of key stakeholder groups.

In addition to providing measures of internal and external stakeholder awareness and satisfaction with NMHRC activities, products and services, the study will provide a benchmark and enable future triennial surveys to measure the NHMRC's progress in improving its performance and stakeholder satisfaction over time.

Specifically, the purpose of the study was to examine stakeholder awareness of, and satisfaction with, the NHMRC in terms of:

• providing evidence-based health advice and information

• developing and applying the scientific knowledge created with NHMRC support

• ensuring high ethical standards in the conduct of research

• communicating and collaborating with a range of stakeholders in the health and medical research sector and the broader community, both nationally and internationally

• regulating research using excess assisted reproductive technology embryos and maintaining the prohibition of human cloning

• achieving high standards of governance and accountability, in particular decision-making transparency, and providing leadership within the sector.

1.3 Imperatives of the study

The National Stakeholder Study was undertaken to provide measures to assist the NHMRC in reporting against key outcomes and outputs of the 2003-06 Performance Measurement Framework (PMF) and to inform the development of the NHMRC's next strategic plan.   Figure 1 outlines the PMF indicators that the National Stakeholder Study addresses.

Figure 1   NHMRC 2003-06 Performance Measurement Framework
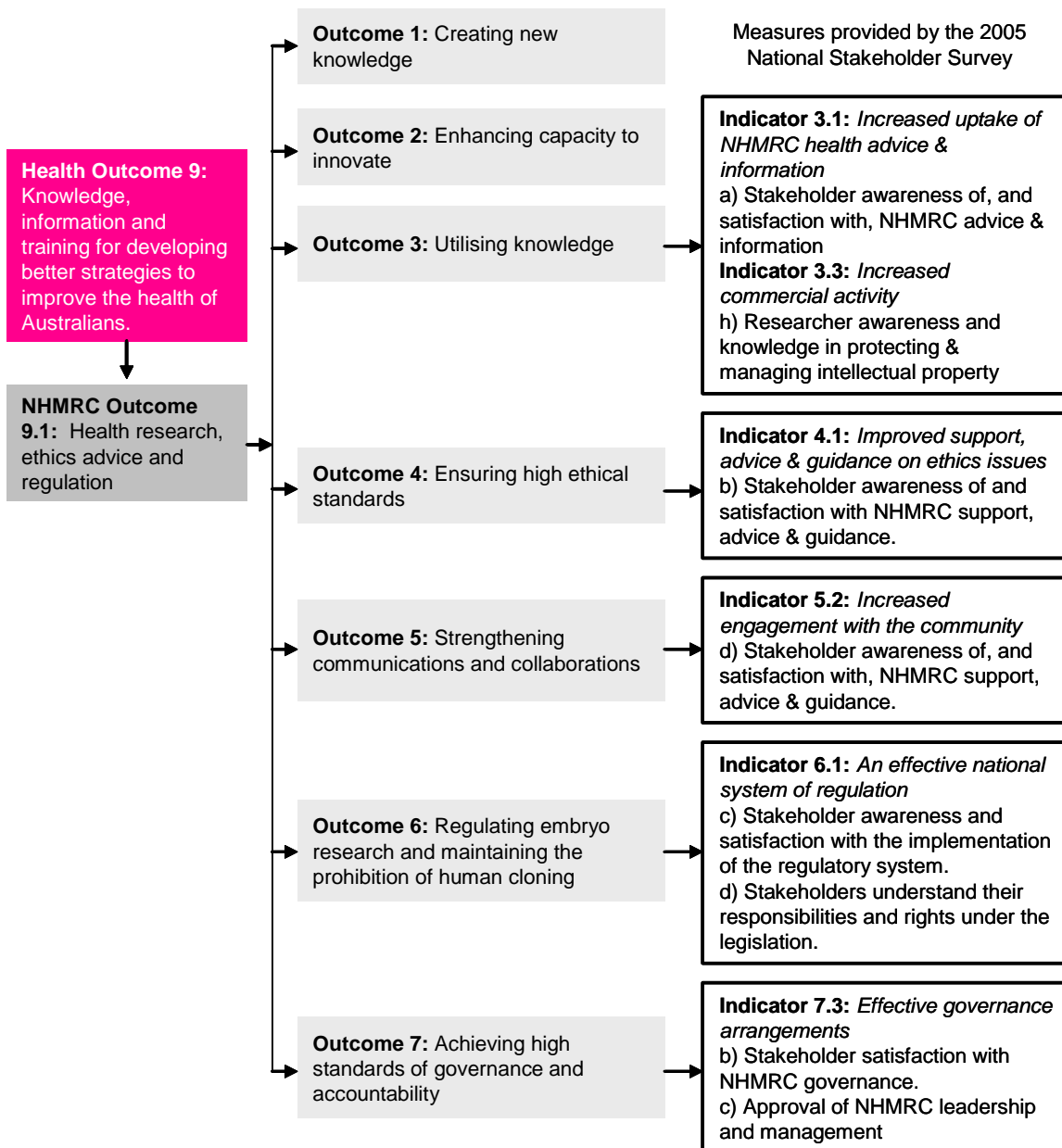
1.4   Structure of this report

In the interests of communicating the primary results of the National Stakeholder Survey, this report has been structured so that much of the detail is contained within the Appendices.

The following methodological information can be found in the Appendices:

- *Appendix A:* Survey development and methodology
- *Appendix B:* Response rate and confidence levels
- *Appendix C:* Reporting and analysis format
- *Appendix D:* Sample characteristics
- *Appendix E:* Organisations participating in the qualitative research phase
- *Appendix F:* 2005 National Stakeholder Survey questionnaire

Detailed results by stakeholder group can be found in the following Appendices:

- *Appendix G:* Engagement with the community
- *Appendix H:* Public health advice and information

A list of acronyms and abbreviations used in this report is contained in *Appendix I*.

2. Key findings by stakeholder group

The National Stakeholder Survey measured awareness and satisfaction with a wide range of products, services and advice provided by the NHMRC. The survey addressed the following general areas:

• role of the NHMRC

• community engagement, including communications with external stakeholders

• communications with internal stakeholders

• grant selection and management and peer review processes

• governance

• health advice

• ethics advice

• intellectual property.

In order to provide an indicative summary of the opinions of different stakeholder groups regarding the NHMRC's performance, key questions have been selected from each of these areas and are presented as a 'snapshot of results'. The questions selected for inclusion in the snapshot either measure 'overall satisfaction' with the area of interest, or are the most critical measure within a particular area.

The snapshot presents stakeholder opinions on up to 14 aspects of stakeholder satisfaction. Performance zones based on percentile groupings derived from the mean scores across all questions have been devised. Achievement of a mean score of 5.50 or above places a result in the top 25th percentile of comparative rankings while a mean score of 4.77 or below places a result in the bottom 25th percentile of comparative rankings. Reference to these percentile ranking zones has been made throughout the report in order to reflect the comparative order or rankings of the mean scores achieved across the different categories. Please note that as these performance zones are based on mean scores derived from a seven point scale a result falling into the bottom 25th percentile zone of comparative rankings may still indicate the majority of respondents expressing themselves to be satisfied. As such a result falling into the bottom 25th percentile zone of comparative rankings should not be interpreted as that result being in itself a 'poor' result.

Figures 2 to 10 present a 'snapshot of results' for each stakeholder group. As not all stakeholder groups completed every module of the questionnaire, the number of aspects of stakeholder satisfaction shown varies, dependant on the modules completed.

2.1 Researchers

Some comments made by Researchers:

"I feel the time from grant submission to notification of outcome is too long. There must be ways to expedite the review and decision process so researchers have more time to plan the next stage of their careers."

"I am very dissatisfied with the feedback process on unsuccessful grants, and the lack of transparency of the entire process".

As illustrated in Figure 2, five of the eleven aspects of stakeholder satisfaction measured by Researchers achieved results that places them in the middle performance percentile zone (a mean score between 4.77 and 5.50) and the remaining six aspects were rated 4.77 or below placing them in the bottom 25th percentile of comparative rankings.

Ethics advice and health advice were the highest-rated aspects, while satisfaction with the allocation of funding was the lowest-rated aspect, although it should be noted that the majority (56%) of researchers expressed satisfied with this aspect. Overall satisfaction with the peer review process and grant selection process was also rated comparatively low.

Figure 2   Researchers – snapshot of results

Aspect	Mean Score	Category
Overall satisfaction with the human research ethics advice	5.3	Ethics Advice
Rating of Information papers meeting needs overall	5.3	Health Advice
Rating of Public Health Guidelines meeting needs overall	5.2	
Satisfaction with provision of expert advice in research ethics	5.1	NHMRC Role
Satisfaction with provision of expert advice in health ethics	4.9	
Satisfaction with allocation of funding	4.0	
Overall satisfaction with grant mgt & admin. processes	4.7	Grant Mgt
Satisfaction with the website	4.6	Communications
Overall satisfaction with the peer review process	4.5	Peer Review
Familiarity with management practices used to protect IP	4.5	IP
Overall satisfaction with grant application & selection process	4.3	Grant Application

Base: n=1174

1=Very dissatisfied ← → 7=Very satisfied

2.2   HRECs/AECs

The results for Human Research Ethics Committees/Animal Ethics Committees (HRECs/AECs) show that two aspects of stakeholder satisfaction achieved results falling in the top 25th percentile of mean scores (these results are presented in Figure 3). Ethics advice achieved the highest mean score (5.7), with 83% of HRECs/AECs satisfied with the human research ethics advice provided by the NHMRC.

A further six aspects achieved mean score ratings that placed them in the middle performance percentile zone. However, satisfaction with the peer review process, the level of familiarity with management of intellectual property and satisfaction with the allocation of funding were rated in the bottom 25th percentile of comparative rankings.

Figure 3   HRECs/AECs – snapshot of results

Base: n=101, * = Caution small sample size
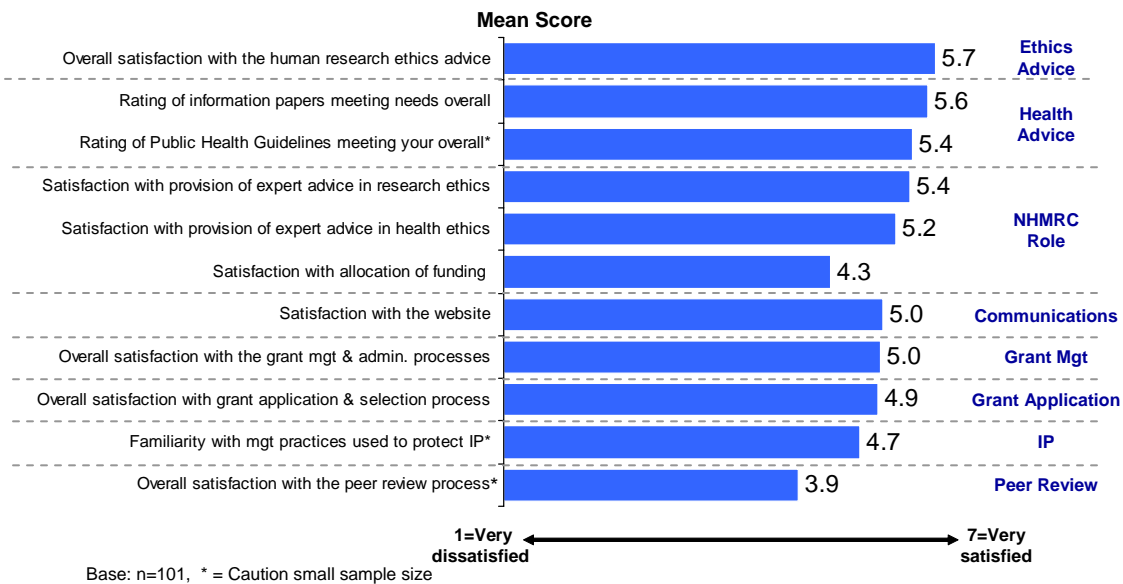
Some comments made by HRECs/AECs:

"I would find the current guidelines easier to apply if they were written in plain English. Sometimes they can be ambiguous or written in public service jargon."

"The proposed changes to the National Statement provide better advice for researchers in the humanities and creative industries sectors, which is a huge improvement on the previous edition."

2.3　Individual HREC members

Figure 4 presents a 'snapshot of results' for individual HREC members. Of the eleven aspects of stakeholder satisfaction shown in the snapshot of results, two were rated in the top 25th percentile of comparative rankings, three in the middle percentile zone and six in the bottom 25th percentile of comparative rankings.

Comparing Figure 3 and Figure 4 shows that individual HREC members rated the NHMRC's performance lower than persons who chair HRECs/AECs – three aspects of performance rated in the bottom 25th percentile performance zone for HRECs/AECs compared to six aspects for individual HREC members. Across stakeholder groups, ethics and health advice achieved the highest mean scores. However, overall satisfaction with the peer review process was rated considerably higher by individual HREC members than HRECs/AECs, and satisfaction with the grant application and selection process was rated considerably lower.

Figure 4　　Individual HREC members – snapshot of results

Base: n=82, * = Caution small base size
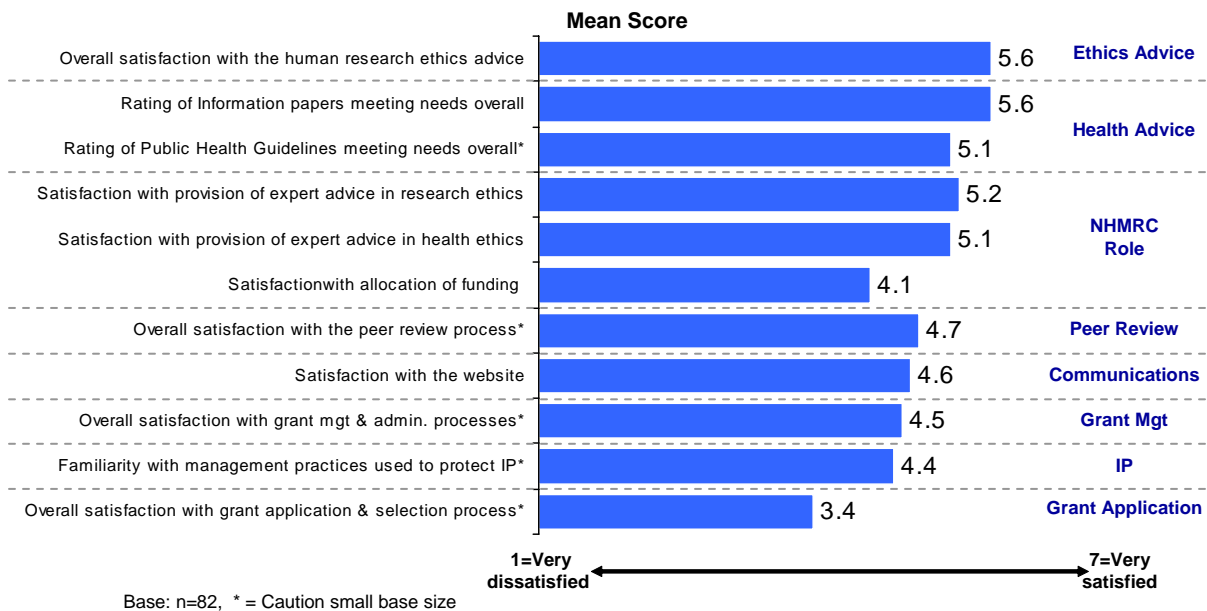
2.4   N/GOs and professional and scientific groups

Figure 5 presents a 'snapshot of results' for Non-Government and Government organisations (N/GOs) and professional and scientific groups (referred to as N/GOs and Scientific, see Appendix C for further details). However, as the sample size for statements among this group is small, the results should be viewed as indicative only.

Of the eleven aspects measured, two were rated in the top 25th percentile of comparative rankings - the level of familiarity with the management practices used within the organisation to protect intellectual property and overall satisfaction with ethics advice provided by the NHMRC. While a number of stakeholder groups rated their satisfaction with ethics advice highly, most tended to rate their familiarity with the management practices used to protect intellectual property below 5.50.

A further five aspects achieved average mean score ratings between 4.77 and 5.50 and four were given mean scores below 4.77. The lowest comparatively rated aspects of performance were related to the allocation of funding, grant selection and peer review processes and the NHMRC website.

Figure 5   N/GOs and professional/scientific groups – snapshot of results

Mean Score

Statement	Mean	Category
Familiarity with management practices used to protect IP*	6.2	**IP**
Overall satisfaction with the human research ethics advice	5.6	**Ethics Advice**
Rating of Public Health Guidelines meeting needs overall*	5.3	**Health Advice**
Rating of Information papers meeting needs overall*	4.9	
Satisfaction with provision of expert advice in research ethics*	5.1	**NHMRC Role**
Satisfaction with provision of expert advice in health ethics*	4.8	
Satisfaction with allocation of funding	4.0	
Overall satisfaction with grant mgt & admin. processes*	4.7	**Grant Mgt**
Satisfaction with the website*	4.5	**Communications**
Overall satisfaction with grant application & selection process*	4.3	**Grant Application**
Overall satisfaction with the peer review process*	4.2	**Peer Review**

1=Very dissatisfied ← → 7=Very satisfied

Base: n=31, * = Caution small base size

2.5   Hospitals/health centres and community/special interest

Hospitals and health centres and community and special interest groups (referred to as Interest and Hospitals, see Appendix C for further details) tend to rate the NHMRC's performance comparatively low (refer to Figure 6). However, as the sample size for this group is small, the results should be viewed as indicative only.

Four aspects of the NHMRC's performance achieved ratings between 4.77 and 5.50, with the highest rating achieved for 'public health guidelines meeting the needs of stakeholders'. The remaining seven aspects were rated 4.77 or below, placing them in the lower 25th percentile performance zone and indicating that attention is required. The level of familiarity with management practices used within the organisation to protect intellectual property was comparatively the lowest rating aspect, followed by satisfaction with the allocation of funding.

**Figure 6   Hospitals/health centres and community/special interest
                 – snapshot of results**

Mean Score

Aspect	Mean Score	Category
Rating of Public Health Guidelines meeting needs overall*	5.4	Health Advice
Rating of Information papers meeting needs overall*	4.8	Health Advice
Overall satisfaction with the human research ethics advice	5.2	Ethics Advice
Overall satisfaction with grant mgt & admin. processes*	4.9	Grant Mgt
Satisfaction with provision of expert advice in research ethics	4.9	NHMRC Role
Satisfaction with provision of expert advice in health ethics	4.7	NHMRC Role
Satisfaction with allocation of funding	4.1	NHMRC Role
Overall satisfaction with the peer review process*	4.6	Peer Review
Satisfaction with the website	4.5	Communications
Overall satisfaction with grant application & selection process*	4.5	Grant Application
Familiarity with management practices used to protect IP*	3.9	IP

1=Very dissatisfied ← → 7=Very satisfied

Base: n=42, * = Caution small base size

2.6   Administering Institutions

A 'snapshot of results' for Administering Institutions is presented in Figure 7. Five of the aspects measured achieved the middle performance zone with mean scores between 4.77 and 5.50 and three aspects achieved mean scores below 4.77 placing them in the lower 25th percentile of comparative performance rankings.

The NHMRC website was the comparatively lowest rated aspect of performance, followed by satisfaction with the allocation of funding and satisfaction with grant management and administration processes. These results are of concern, as they relate to the primary interaction between the NHMRC and Administering Institutions.

Figure 7   Administering Institutions – snapshot of results

Mean Score

Aspect	Mean Score	Category
Familiarity with management practices used within your organisation to protect intellectual property	5.4	IP
Overall satisfaction with the human research ethics advice	5.1	Ethics Advice
Satisfaction with provision of expert advice in research ethics	5.1	
Satisfaction with provision of expert advice in health ethics	5.0	NHMRC Role
Satisfaction with allocation of funding	4.7	
Overall satisfaction with the grant management and administration processes	5.0	Grant Mgt
Overall satisfaction with the grant application and selection process	4.7	Grant Application
Satisfaction with the website	4.5	Communications

1=Very dissatisfied ←——————————→ 7=Very satisfied

Base: n=74

Some comments made by stakeholders within Administering Institutions:

"I am generally happy with the way the NHMRC interacts with me."

"The website is set out very poorly and illogically and newcomers and irregular uses find obtaining the information they are looking for almost impossible. A great deal more thought and logic needs to be put into this valuable tool."

2.7   Council, Principal Committees and Expert Committees

As illustrated below (refer to Figure 8), four of the fourteen aspects of stakeholder satisfaction presented in the Council and Committee 'snapshot of results' achieved a comparatively high level of performance. The two top-performing aspects concern member communications – overall satisfaction with interactions with NHMRC Staff and overall satisfaction with the communications provided to members. Ethics advice and health advice are also rated highly by Council and Committee members.

A further seven aspects achieved ratings between 5.5 and 4.77. However, three of the fourteen aspects were rated below 4.77 placing them in the bottom 25th percentile zone.

Satisfaction with the grant application and selection process, satisfaction with the NHMRC website and satisfaction with the allocation of funding were the lowest comparatively rated aspects of the NHMRC's performance.

Figure 8   Council, Principal and Expert Committees – snapshot of results

Aspect	Mean Score	Category
Overall satisfaction with interactions with NHMRC staff	6.0	**Member Communications**
Overall satisfaction with communications provided to members	5.9	
Overall satisfaction with the human research ethics advice	5.6	**Ethics Advice**
Rating of information papers/manuals meeting needs overall	5.6	**Health Advice**
Rating of Public Health Guidelines meeting needs overall	5.5	
Satisfaction with provision of expert advice in research ethics	5.3	**NHMRC Role**
Satisfaction with provision of expert advice in health ethics	5.2	
Satisfaction with allocation of funding	4.5	
Understanding of the NHMRC mgt & committee structure	5.0	**Governance**
Overall satisfaction with the peer review process	4.9	**Peer Review**
Overall satisfaction with the grant mgt & administration processes	4.8	**Grant Mgt**
Familiarity with mgt practices used in organisation to protect IP	4.8	**IP**
Satisfaction with the website	4.4	**Communications**
Overall satisfaction with grant application & selection process	4.4	**Grant Application**

1=Very dissatisfied → 7=Very satisfied

Base: n=189

2.8   NHMRC Staff

Staff rated six aspects of the NHMRC's performance. As shown in Figure 9, Staff satisfaction with internal NHMRC communications and information is comparatively low (mean score of 4.3). This is in direct contrast to the results for Council and Committees (see page 32) and Working Groups (see page 34), who rate internal member communications highly (mean scores of 5.9 and 5.6 respectively).

Figure 9   NHMRC Staff – snapshot of results
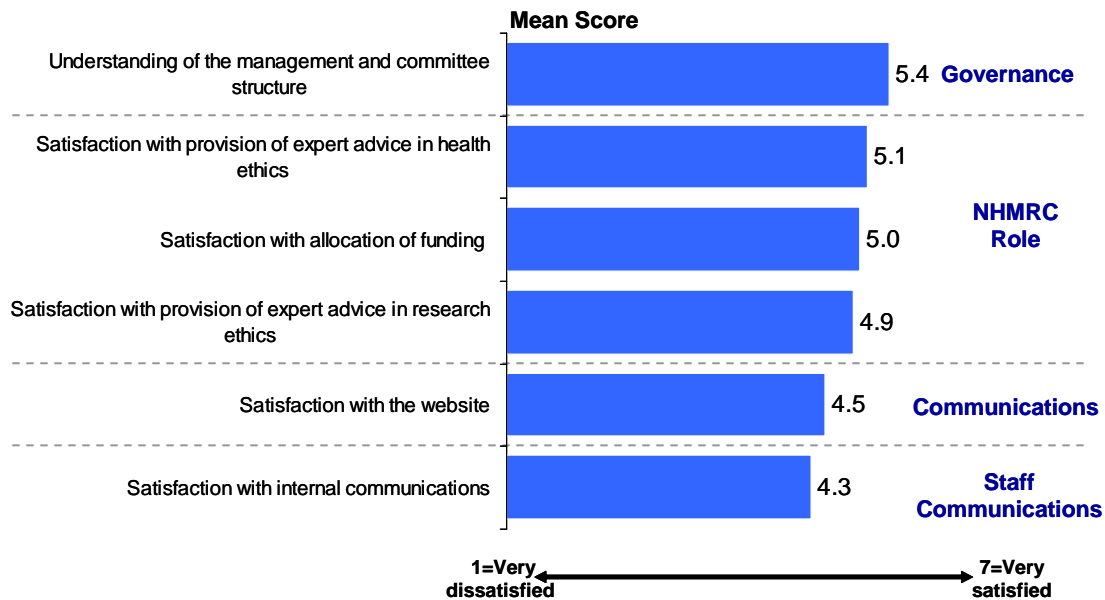
Some comments made by Staff:

"Internally, the biggest issues for me are that parts of the NHMRC act as silos."

"We never hear about the organisation's achievements if we are not in that particular area."

"I am relatively new to the public service and was disappointed at the (low) level of support and information I received."

2.9   Working Groups

As illustrated in Figure 10, member communications and health advice were the highest-rated aspects, while satisfaction with the allocation of funding was the lowest comparatively rated aspect with only 46% of Working Group members satisfied.   Understanding of the NHMRC management and committee structure, satisfaction with the website and overall satisfaction with the grant selection and application processes were also rated comparatively low, indicating a need for improvement.

Figure 10   Working Groups – snapshot of results

Mean Score

Item	Mean	Category
Overall satisfaction with interactions with NHMRC staff	5.8	**Member Communications**
Overall satisfaction with communications provided to members	5.6	
Rating of Information papers meeting needs overall	5.5	**Health Advice**
Rating of Public Health Guidelines meeting needs overall	5.4	
Overall satisfaction with the human research ethics advice	5.5	**Ethics Advice**
Satisfaction with provision of expert advice in research ethics	5.2	**NHMRC Role**
Satisfaction with provision of expert advice in health ethics	5.1	
Satisfaction with allocation of funding	4.2	
Overall satisfaction with grant mgt & admin. processes	4.8	**Grant Mgt**
Overall satisfaction with the peer review process	4.8	**Peer Review**
Familiarity with management practices used to protect IP	4.7	**IP**
Overall satisfaction with the grant application and selection process	4.5	**Grant Application**
Satisfaction with the website	4.5	**Communications**
Understanding of NHMRC mgt & committee structure	4.4	**Governance**

1=Very dissatisfied ←————————————→ 7=Very satisfied

Base: n=526

Main findings

3. Role of the NHMRC

3.1 Understanding of the role of the NHMRC

To gain a clear understanding of stakeholder perceptions regarding the role of the NHMRC, stakeholders were provided with a list of activities and asked to indicate those they felt currently formed part of the NHMRC's role. Each of the activities in the list is considered to be part of the role of the NHMRC; no red herrings or diversions intended to distract attention from the main issues were included.

As shown in Figure 11 at least 90% of stakeholders agree the NHMRC's role is to allocate funding for health and medical research in Australia (97%) and provide advice on research standards (93%) and ethics (90%). In contrast, only 56% of stakeholders felt providing training in areas of relevance was part of the NHMRC's role.

Figure 11   Activities considered to form part of the role of the NHMRC

Q. *Which of the following currently form part of the role of the NHMRC…?*

Least considered the role of the NHMRC

% answered 'yes'

56	Provide training
78	Provide evidence-based health advice
81	Provide expert advice on topical and emerging health issues
84	Provide expert advice in health ethics
85	Provide advice and standards for conducting research with animals
90	Provide expert advice in the area of research ethics
93	Provide advice and standards for conducting research with humans
97	Allocate funding for health and medical research in Australia

Most considered the role of the NHMRC

Base: n=1691

Examining opinion by stakeholder group highlights differences in perceptions regarding the role of the NHMRC (refer to Figure 12). 80% of HRECs/AECs believe that providing training forms part of the NHMRC's role, in contrast to only 36% of Interest & Hospitals. 97% of Council & Committees and 96% of HRECs/AECs consider providing expert advice in the area of research ethics to be part of the NHMRC's role, compared to only 86% of Administering Institutions.

Figure 12   Activities considered to form part of the role of the NHMRC – by stakeholder group

Highest % Agree Part of Role		Lowest % Agree Part of Role
	56 Provide training (n=943)	
80% HRECs/AEC		38% Interest & Hospitals
	78 Provide evidence-based health advice n=1321	
88% Council & Committees		70% HRECs/AECs
	81 Provide expert advice on topical and emerging issues n=1369	
89% Admin Institutions		76% Staff
	84 Provide expert advice in health ethics n=1414	
95% Interest & Hospitals HRECs/AECs		81% Admin Institution
	85 Provide advice and standards for conducting research with animals (n=1437)	
94% N/GOs & Scientific		69% Interest & Hospitals
	90 Provide expert advice in the area of research ethics (n=1526)	
97% Council &Committees 96% HRECs/AECs		86% Admin Institution
	93 Provide advice and standards for conducting research with humans (n=1581)	
99% HRECs/AECs		92% Admin Institutions
	97 Allocate funding for health and medical research in Australia (n=1643)	
100% N/GOs & Scientific 99% Researchers		92% HRECs/AECs Staff

Stakeholders were also given the opportunity to suggest any other areas they believe should form part of the NHMRC's role which are not currently part of their role. Only a small proportion of stakeholders took the opportunity to comment and many of the suggestions related to services already provided by the NHMRC. Several suggestions related to monitoring research undertaken by the pharmaceutical industry, providing advice on new and emerging issues, developing a mentoring system to assist in developing researcher careers, performing a strategic oversight role, and fostering relationships with similar bodies overseas.

3.2   Performance of the NHMRC

Stakeholders rated their satisfaction with the NHMRC's performance on each of the activities they considered to be part of the NHMRC's role. Allocation of research funding is the lowest-rated aspect of the NHMRC's performance, with only 46% of stakeholders satisfied (marking 5, 6 or 7 on a 7-point scale), although Staff are significantly more satisfied with the NHMRC's performance in this area (mean score of 5.0). The provision of training is also rated comparatively low, with a mean score of 4.6. Researchers, N/GOs & Scientific, and Interest & Hospitals tend to rate it the lowest with mean scores of 4.4, 4.1 and 4.4 respectively.

As highlighted in Figure 13, the provision of advice and standards for human research and animal research are the highest-rated aspects of performance. Almost one in two stakeholders were satisfied with the provision of advice and standards for animal research, and 60% were satisfied with the provision of advice and standards for human research.

In summary, the NHMRC is seen to be performing comparatively well with regards to providing advice and standards for human and animal research and also in terms of providing expert advice in health and research ethics. Satisfaction with performance on other key facets of the NHMRC's role is not as high - particularly satisfaction with the allocation of research funding.

Figure 13   Satisfaction with NHMRC performance

Q. *How satisfied are you with the NHMRC's performance on…?*

Mean Scores

	Mean
Advice/standards for human research (n=1581)	5.3
Advice/standards for animal research (n=1437)	5.2
Expert advice in research ethics (n=1526)	5.1
Expert advice in health ethics (n=1414)	5.0
Evidence-based health advice (n=1321)	4.8
Expert advice on topical/ emerging issues (n=1369)	4.7
Provider of training (n=943)	4.6
Allocation of research funding (n=1643)	4.2

1=Very dissatisfied   7=Very satisfied

4 Engagement with the community

4.1 Overall performance

Increased engagement with the community is a key objective for the NHMRC. Indicator 5.2 within the PMF states that achievement of this objective will be measured in terms of stakeholder awareness of, and satisfaction with, NHMRC support, advice & guidance. Based on the qualitative research phase and consultation with the NHMRC working group, the primary ways in which the NHMRC engages with its stakeholders were identified.

In the National Stakeholder Survey, respondents were asked to indicate their level of satisfaction with the NHMRC's performance in these areas and also how important it is that the NHMRC provides these services/engages in these activities. Figure 14 presents these results as a Strategic Improvement Matrix, which plots importance and satisfaction within four performance quadrants. Each quadrant corresponds to a recommended strategy. The result is a list of priorities that the NHMRC can use as a basis for future stakeholder-related business decisions.

Figure 14   Engagement with the community – Strategic Improvement Matrix
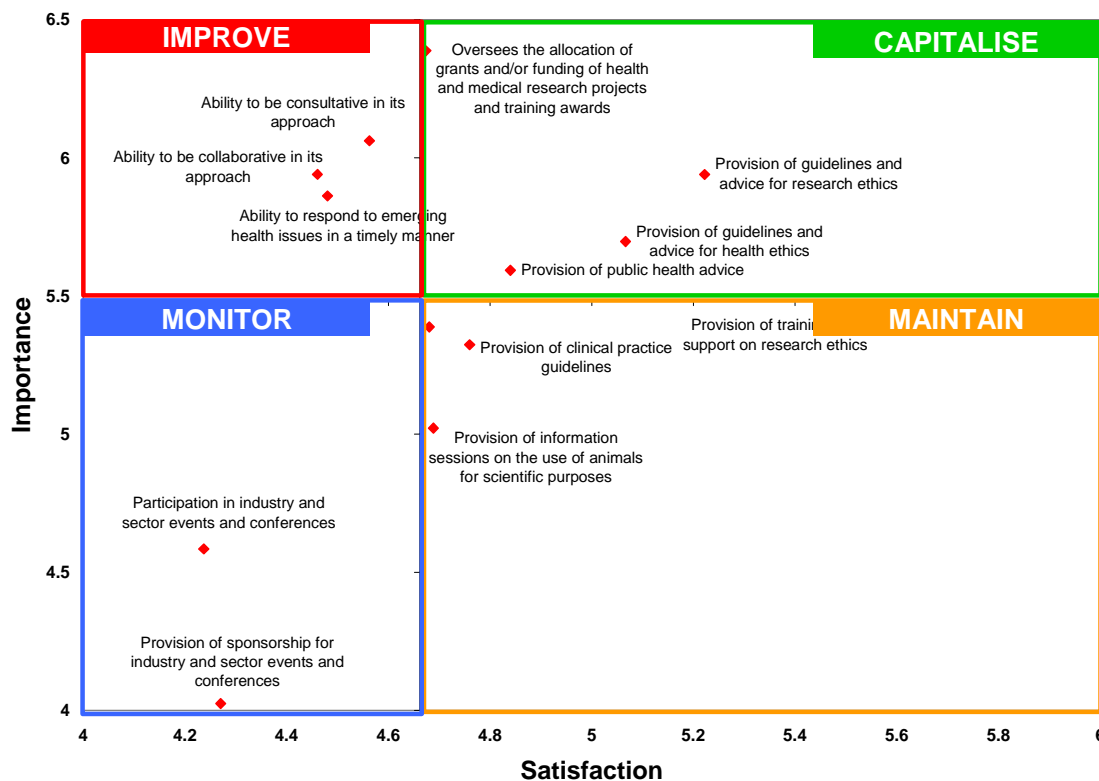
Activities falling in the "capitalise" quadrant represent areas of opportunity for the NHMRC. These activities are of relatively high importance to stakeholders and the NHMRC is perceived as performing well on these issues. This offers leveraging opportunities for the NHMRC, and these activities should be communicated and promoted to stakeholders. The activities falling in this quadrant appear to relate to the core role of the NHMRC as defined by stakeholders (refer to Section 3.1 of this report). Whilst "oversees the allocation of grants and funding" falls in the "capitalize" quadrant, it sits quite close to the quadrant that suggests improvement is required.

Activities falling in the "improve" quadrant require immediate attention, and are the first priorities for improvement. These activities are of relatively high importance to stakeholders but the NHMRC is under-performing on delivery or communication. Consequently the NHMRC needs to focus on improving stakeholder perceptions of its ability to be consultative and collaborative in its approach and its ability to respond to emerging health issues in a timely manner.

The "monitor" quadrant contains activities perceived as having relatively low importance, and the NHMRC is seen as under-performing. The recommended action for this quadrant depends on whether the activities are considered to be important by the NHMRC. If participating in and sponsoring industry and sector events and conferences are considered to be important areas of activity, these should be the second priorities for improvement.

The "maintain" quadrant of the Strategic Improvement Matrix requires the least attention by the NHMRC. The NHMRC is perceived as performing well on activities falling in the "maintain" quadrant, and these attributes are relatively unimportant to stakeholders. The NHMRC should reinforce delivery and communication of these activities for maintenance.

Strategic Improvement Matrices are presented for each stakeholder group in Appendix G of this report. The activities falling in the "improve" quadrant tend to be fairly consistent across stakeholder groups:

- "Ability to be collaborative in its approach" falls into the "improve" quadrant for all stakeholder groups, with the exception of NHMRC Staff, who rate performance at a level where it just falls into the "capitalise" rather than the "improve" quadrant.

- "Ability to respond to emerging health issues in a timely manner" falls into the "improve" quadrant for all stakeholder groups, with the exception of Interest and Hospitals, for whom it falls in the "capitalise" quadrant.

- "Oversight of the allocation of grants/funding of health and medical research projects and training awards" falls into the "improve" quadrant for HRECs/AECs, N/GOs and Scientific, individual HREC members, Working Groups and Researchers.

- "Ability to be consultative in this approach" falls into the "improve" quadrant for Interest and Hospitals, N/GOs and Scientific, Working Groups and Researchers.

Across all stakeholder groups, 'provision of sponsorship for industry and sector events and conferences' and 'participation in industry and sector events and conferences' fall into the "monitor" quadrant. If these activities are considered important by the NHMRC, they should also be priorities for improvement.

The 'provision of guidelines and advice for research ethics' and 'provision of guidelines and advice for health ethics' fall into the "capitalise" quadrant for all stakeholder groups. These activities are strengths of the NHMRC that should be leveraged and reinforced through communications and promotion.

4.2 Engagement with the community – performance by stakeholder group

The level of importance of, and satisfaction with, many aspects of the NHMRC's engagement with the community differed by stakeholder group. Figure 15 presents the proportion of stakeholders within each stakeholder group who rated the **importance** of each activity as 5, 6 or 7 on a 7-point scale.

Examining Figure 15, it is apparent that the importance of many activities is fairly consistent between stakeholder groups, although there is disparity in opinion between stakeholders regarding the importance of the NHMRCs involvement in and sponsorship of industry events, providing training/support on research ethics and information sessions on animal research. Generally Staff and HRECs/AECs feel, more so than other groups, that it is important for the NHMRC to engage in these activities.

Figure 15   Importance of NHMRC activities – by stakeholder group

(% top three rating)
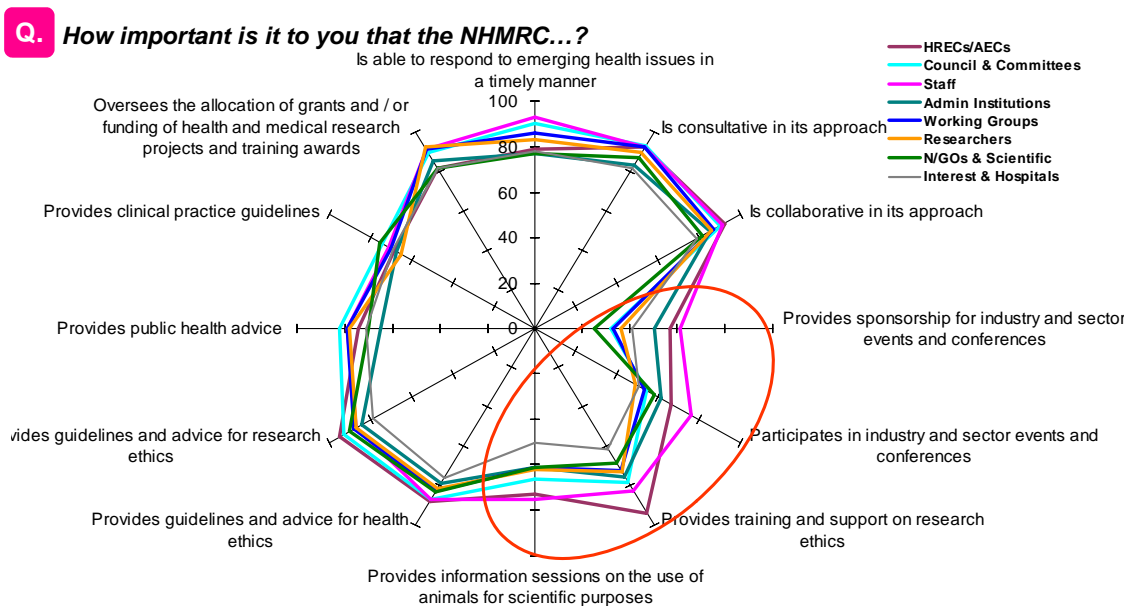
Figure 16 presents the proportion of stakeholders within each stakeholder group who rated their satisfaction with each activity as 5, 6 or 7 on the seven-point scale. There is considerable variation in opinion by stakeholder group, with HRECs/AECs and Council & Committees tending to rate their satisfaction comparatively high. The largest differences in opinion occur in relation to the provision of training and support on research ethics – with 67% of HRECs/AECs, compared to 39% of Researchers, satisfied with the NHMRC performance.

Figure 16   Satisfaction with NHMRC activities – by stakeholder group (% top three rating)

Note:N/GOs & Scientific not shown due to small sample size
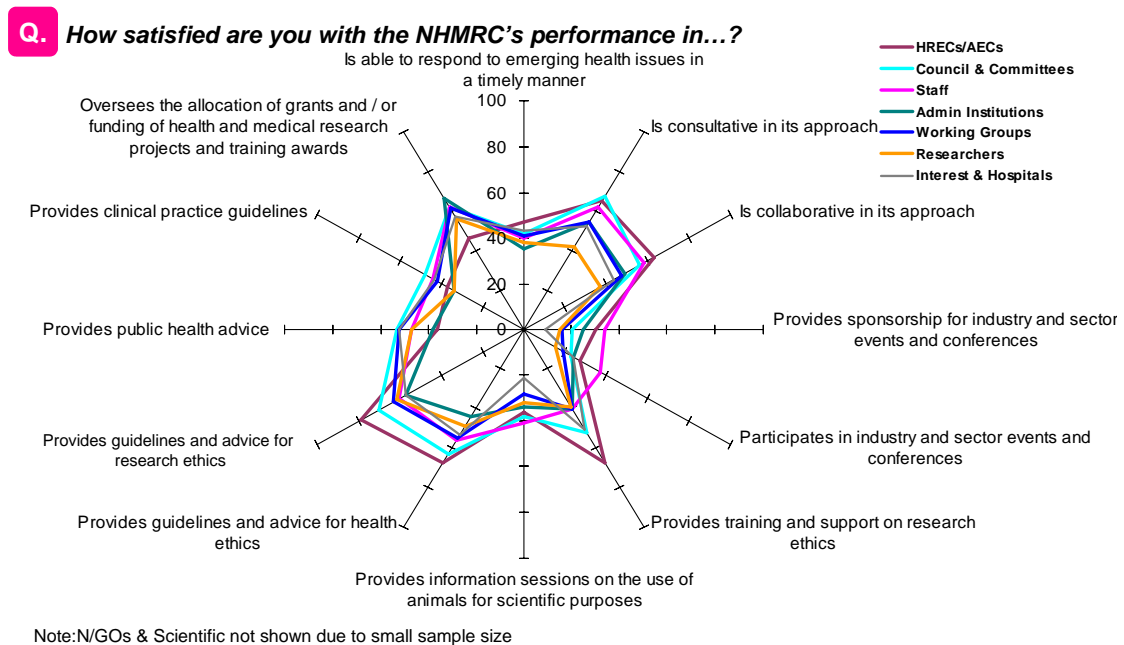
4.3   Communication with stakeholders

4.3.1   Preferred communication medium

The NHMRC website emerged as a preferred medium for all types of communications, and was the most preferred medium for communication on grant conditions and funding application information (see Figure 17).   eNews was the most preferred medium for general news and updates, and mailing lists were the most preferred medium for funding announcements, training and workshop information, promotion of new or updated guidelines, and advice documents.

Figure 17   Preferred communication medium

Q. *What is your preferred means of receiving information on…?*

Grant Conditions	
NHMRC website	57%
Mailing list	16%
eNews	13%
Do not need info	9%
Direct contact	2%
Peak bodies	2%
Phone hotline	0%
Word of mouth	0%

General News / Updates	
eNews	33%
NHMRC website	31%
Mailing list	27%
Do not need info	4%
Peak bodies	4%
Word of mouth	1%
Direct contact	0%
Phone hotline	0%

Funding Announcements	
Mailing list	37%
eNews	25%
NHMRC website	23%
Do not need info	7%
Peak bodies	4%
Direct contact	3%
Word of mouth	0%
Phone hotline	0%

Public Consultation Information	
Mailing list	28%
NHMRC website	27%
eNews	25%
Do not need info	10%
Peak bodies	8%
Direct contact	2%
Word of mouth	0%
Phone hotline	0%

NHMRC website is the most preferred communication medium for information on grant conditions and funding application.

Base: 1691

Training / Workshop Information	
Mailing list	35%
eNews	29%
NHMRC website	23%
Do not need info	6%
Peak bodies	6%
Direct contact	2%
Word of mouth	0%
Phone hotline	0%

Updated Guideline Documents	
Mailing list	33%
NHMRC website	28%
eNews	26%
Peak bodies	8%
Do not need info	4%
Direct contact	1%
Word of mouth	1%
Phone hotline	0%

Funding Application Information	
NHMRC website	54%
Mailing list	18%
eNews	14%
Do not need info	9%
Peak bodies	3%
Direct contact	1%
Word of mouth	0%
Phone hotline	0%

4.3.2   Familiarity and usage of key NHMRC communication vehicles

Awareness of the NHMRC website is extremely high, with a total awareness level of 99%. Usage is also high, with 36% of stakeholders accessing the website frequently. Staff and Administering Institutions tend to access the website the most frequently (68% and 65% respectively access frequently), while Interest & Hospitals access the website the least often (only 7% access frequently).

Awareness of the NHMRC PMF, eNews and the HREC Bulletin is low, with almost one in two stakeholders not aware of these publications. Whilst this might be expected for the HREC Bulletin and the PMF as the target audiences for these publications are limited, it is a concerning result for eNews.   Awareness of eNews tends to be highest among Administering Institutions and Staff

followed by HRECs/AECs; whilst awareness of the HREC Bulletin is highest among HRECs/AECs, with 45% accessing this publication frequently (see Appendix G).

Almost three-quarters of stakeholders are aware of the NHMRC Strategic Plan. Awareness levels are highest among N/GOs and Scientific (94%), NHMRC Staff (93%) and Council and Committees (87%) and lowest among Interest and Hospitals (66%) and HRECs/AECs (52%). Interestingly, 12% of NHMRC Staff frequently read or access the Strategic Plan and 61% read or access it occasionally.

Figure 18   Familiarity with and usage of key NHMRC communication vehicles

Q. *What is your level of usage and familiarity with …?*

Base: n=1691
Q2.3
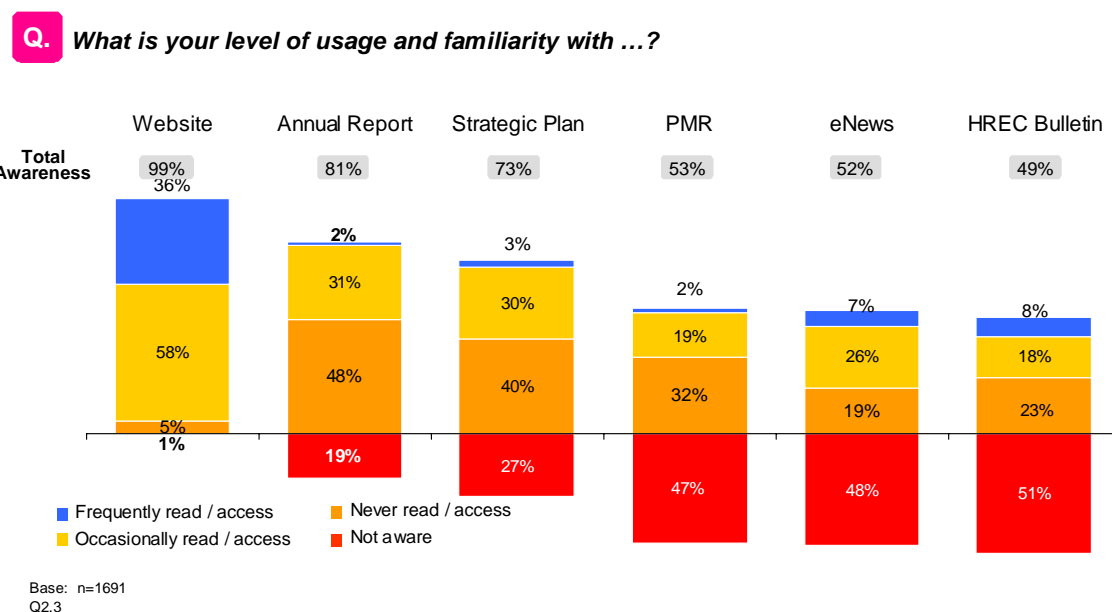
4.3.3 Satisfaction with key NHMRC communication vehicles

Figure 19 shows the satisfaction profile for stakeholders who are aware of each communication vehicle. As illustrated in Figure 19, the Strategic Plan was rated the comparative lowest across all questions, while HREC Bulletins were rated comparatively high.

Overall satisfaction ranged from a mean score of 4.6 for the Strategic Plan and the NHMRC website[2], with 24%-30% of respondents marking 6 or 7 on a 7-point scale (top two rating), to 5.0 for the HREC Bulletin with 35% top two rating. HRECs/AECs tend to rate all NHMRC communication vehicles higher than other stakeholder groups. Their overall satisfaction with

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[2] The NHMRC website has recently undergone a significant upgrade. The new website went live in July 2005, after the closing date of the National Stakeholder Survey.

HREC Bulletins and the NHMRC website is significantly higher than other stakeholders, and Staff are significantly more likely to be satisfied with the NHMRC Strategic Plan.

HRECs/AECs rate the timeliness of information provided via eNews, HREC Bulletins and the NHMRC website significantly higher than any other stakeholder group. Administering Institutions also rate the timeliness of information provided via the website significantly higher. Examining stakeholder ratings of the usefulness of information highlights a wide range of opinions across the communication vehicles. The usefulness of the website and HREC Bulletins is rated highly; with 57% and 48% top two rating respectively. The usefulness of the Strategic Plan is rated significantly lower, although Staff rate the usefulness of this document significantly higher than other stakeholders. HRECs/AECs also rate the usefulness of this document highly.

Figure 19   Stakeholder ratings of key NHMRC communication vehicles

Q. *How would you rate …?*

Q2.4 - Q2.8
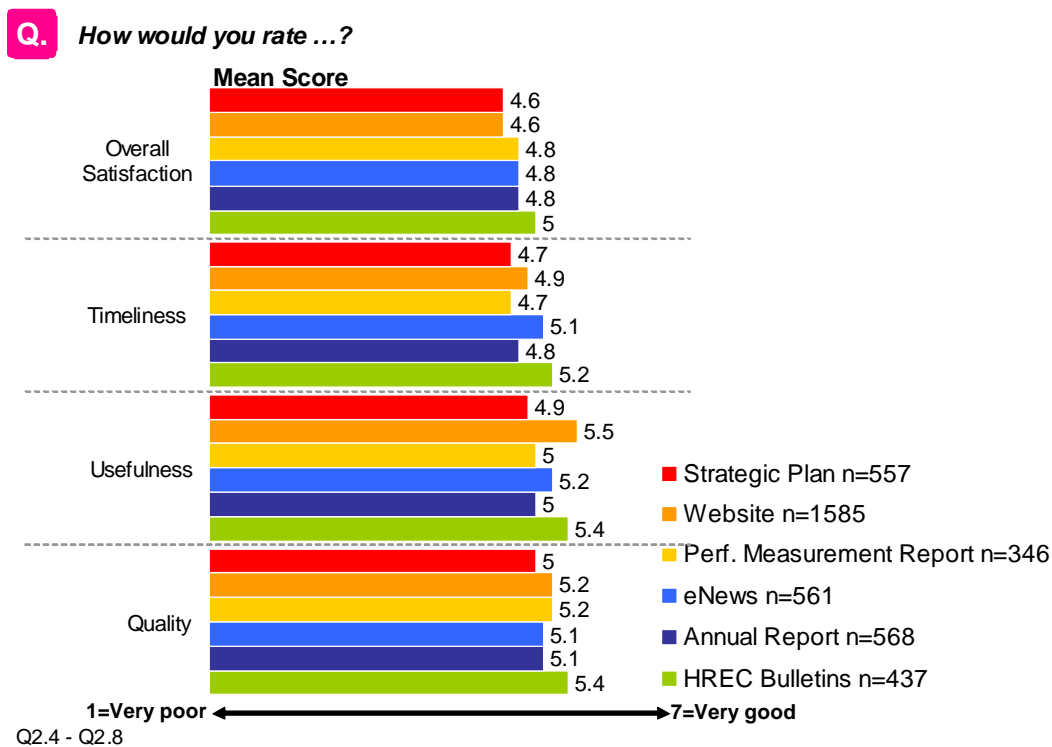
Appendix G presents the ratings of key NHMRC communication vehicles by stakeholder group.

4.3.4 Key drivers of overall satisfaction with key NHMRC communication vehicles

A regression model[3] was developed for each NHMRC communication vehicle, to identify the attributes of each publication that have the greatest influence on overall satisfaction. The resultant regression model prioritises the specific attributes that are the key drivers of stakeholder satisfaction, and can be used to guide the development of action plans.

Across all the communication vehicles addressed within the National Stakeholder Survey, the key driver of stakeholder ratings is the *quality of information*. The explanatory power of this attribute can be expressed as a proportion of the total explanatory power of the regression model – thus the proportion of variance in overall satisfaction that *quality of information* accounts for ranges from 72% in the case of eNews to 50% for the Strategic Plan. The quality of information tends to be rated highly across the communication vehicles, with 5.0 being the lowest mean score recorded (refer to Figure 19).

The second most influential attribute is dependent on the particular communication vehicle. The *usefulness of information* is the second most influential variable for eNews (it explains 28% of the variance), the HREC Bulletin (31%), the Strategic Plan (26%) and the Performance Measurement Framework Report (20%). In contrast, the *timeliness of information* is the second most influential variable for the NHMRC website (29%) and the Annual Report (18%).

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[3] Regression analysis is used to analyse the relationship between a single dependent variable and several independent (predictor) variables. A regression model identifies the independent variables that best explain or most influence the dependent variable, and quantifies the extent of that influence.

5. Internal communications

The NHMRC's communication with internal stakeholders was assessed by three modules within the questionnaire:

- An information management module completed by NHMRC Staff, which covered preferred communication mechanisms, satisfaction with the provision of information, and Staff development.

- An internal communications module completed by Council, Principal Committee, Expert Committee and Working Group members that addressed satisfaction with membership communications and interaction with NHMRC Staff.

- A governance module that examined understanding of the management and committee structure of the NHMRC, and familiarity with roles and responsibilities. This was completed by all internal stakeholders.

5.1 Communication with NHMRC Staff

5.1.1 Overall satisfaction with internal communication

Over 50% of Staff are satisfied with internal communication. However, given its mean score of 4.3 (falling in the bottom 25th percentile) and that one in three Staff are dissatisfied with internal communications, there is room for improvement.

Figure 20   Overall satisfaction with internal communications - Staff

Q. *At an overall level how satisfied are you with the internal NHMRC communications and information that you receive in the course of your employment with the NHMRC?*
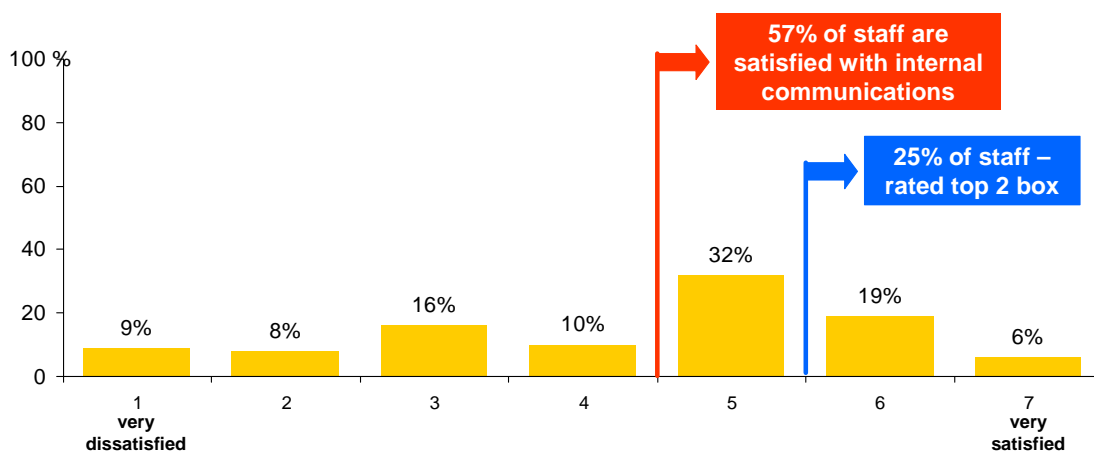
Base: n=103 Staff

5.1.2 Preferred communication medium

Email and Twisties are the preferred communication medium for receiving all types of information (see Figure 21).   Meetings and internal seminars are the second most preferred medium for receiving information on governance issues and changes to guidelines or policies, while the Intranet is the second most preferred medium for receiving information on issues in the media, Committee decisions/outcomes and information on NHMRC achievements.

Figure 21   Preferred communication medium

Q. *What is your __preferred__ way to receive information on…?*

Base: n=103 (Staff) Q3.2.1
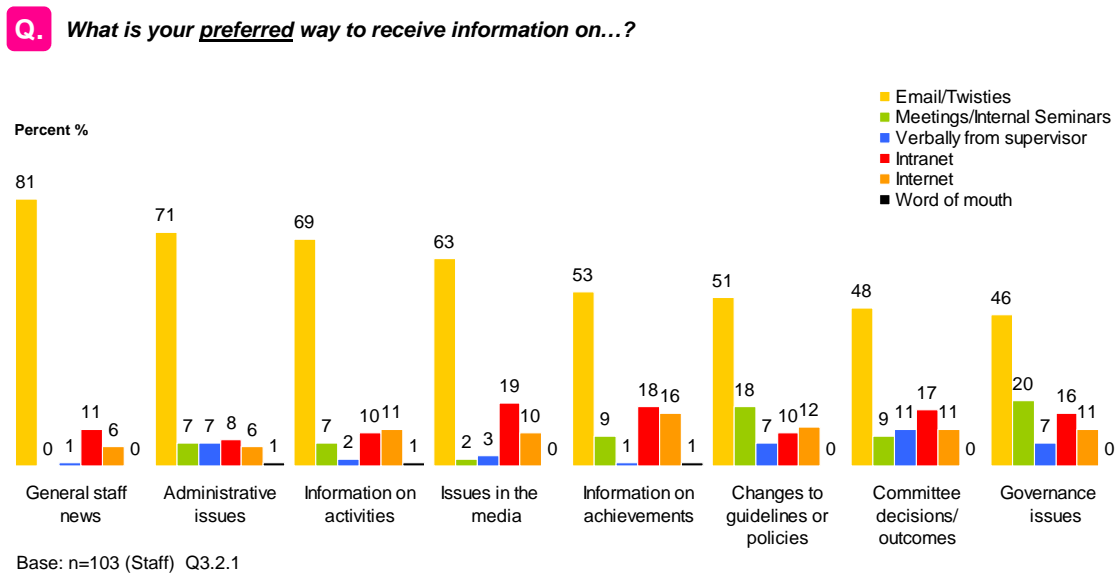
5.1.3 Satisfaction with information provided on specific topics

Staff were asked to rate the provision of information on governance issues, NHMRC achievements, changes to guidelines or policies, NHMRC activities and decisions of the committees with regard to quality, timeliness, ease of access, usefulness and meeting overall needs. As Figure 22 shows, the provision of information is rated comparatively low by Staff, the mean scores falling into the bottom 25th percentile of comparative rankings. The provision of information on governance issues tends to be rated comparatively low by Staff, and the provision of information on NHMRC activities and on the decisions and outcomes of Committees tends to be rated higher, although the difference is not significant.

Figure 22   Satisfaction with information provision

Q. *How would you rate the provision of information in regard to…?*

Mean Score

Category	Governance issues	NHMRC achievements	Changes to guidelines or policies	NHMRC activities	Decisions / outcomes of the Committees
Quality	4	4.2	4.2	4.4	4.4
Timeliness	4.1	4.1	4.1	4.2	4.2
Ease of accessing	3.9	4	4	4.1	4
Usefulness	4.1	4.1	4.2	4.3	4.6
Meeting your needs overall	4	4.2	4.2	4.3	4.3

Type of Information Provided
- Governance issues n=102
- NHMRC achievements n=102
- Changes to guidelines or policies n=101
- NHMRC activities n=102
- Decisions / outcomes of the Committees n=99

1=Very poor ←――――――――→ 7=Very good
Q3.5-Q3.6.7

It was not possible to develop a regression model to assist in understanding the key drivers of Staff satisfaction with information provision, due to the small sample size. However, the correlation between "meeting your needs overall" and the information attributes measured in the study provides a rank order of importance that can be used to guide improvement strategies.

In terms of meeting the needs of Staff overall, the following information attributes are the most influential (shown in order of importance):

1. Quality of information
2. Timeliness of information
3. Ease of accessing information
4. Usefulness of information

5.1.4 Staff development

Staff were asked several questions about training and development. As Figure 23 shows, Staff satisfaction with employment training was considerably higher than satisfaction with induction training (although less than 10% of Staff had completed induction training within the past 12 months). While 86% of Staff who undertook employment training in the past 12 months agreed the quality of training was good, only 55% felt that access to training was good.

Figure 23   Satisfaction with training

Q. *Have you undertaken training during your induction or employment?*

Induction training
(within the past 12 months)
n=103
No
92%
Yes
8%
(n=8)

63% 'satisfied' with induction training

Employment training
(within the past 12 months)
n=103
No
35%
Yes
65%
(n=69)

86% agreed training is of 'good' quality

55% of all staff agree access to training is 'good'
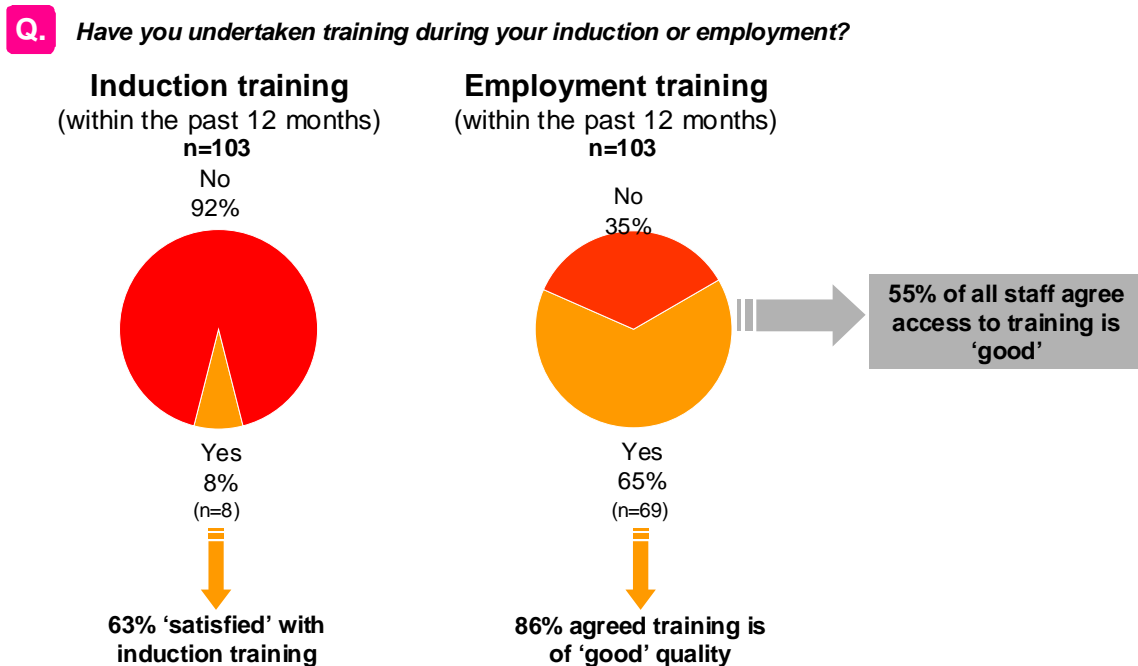
Q3.7-Q3.11
Note: 'satisfied' and 'good' = score of 7, 6 or 5 on a 7-point scale.

5.2 Communication with Council and Committees

5.2.1 Satisfaction with information provision

Almost 80% of Council and Committee members are satisfied with the communication and information they receive from the NHMRC office/secretariat as part of their membership. This result is significantly higher than the overall level of satisfaction with communication recorded for Staff – a mean score of 5.6 for Council and Committees with only 7% dissatisfied, compared to a mean score of 4.3 for Staff and 33% dissatisfied.

Figure 24   **Overall satisfaction with internal communications
– Council & Committee members**

Q. *Overall, how satisfied are you with the communications and information that you receive from the NHMRC office / secretariat as part of your membership?*
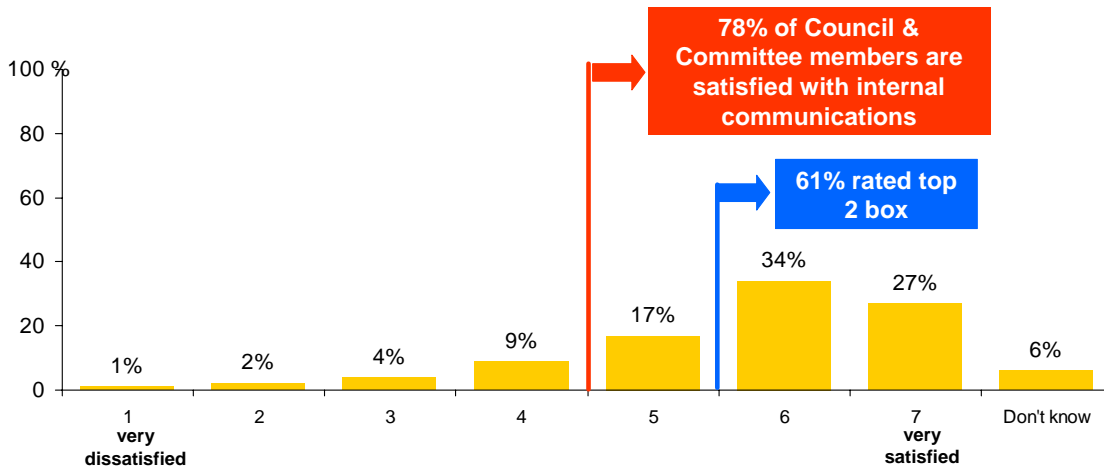
Base: n=593 Council, Committees and Working Groups

Council and Committees were also asked to rate specific aspects of the information and communications they receive as part of their membership.

Figure 25 shows that the timeliness and clarity of information regarding meeting arrangements are rated highly, as are the quality and timeliness of meeting papers. The lower-rated areas relate to collaboration and information sharing between Council and Committees, and this could be targeted for improvement.

Figure 25   Satisfaction with information provision

Q. *How would you rate …?*

Mean Score

Item	Working Groups	Council & PCs	Expert Committees*
Clarity of information re meeting arrangements	5.7	6.4	6.5
Quality of meeting papers	5.7	6.1	6.4
Timeliness of info. re meeting arrangements	5.6	6.1	6.2
Timeliness of the provision of meeting papers	5.3	5.1	5.8
Usefulness of the Members' Handbook	5.1	4.9	4.9
Clarity of information regarding entitlement	4.9	5	5.3
Usefulness of the induction session	4.9	5.1	5.1
Availability of info. on decisions of Council &/or other Committees	4.6	5.3	5.1
Collaboration bet. Committees & bet. Council & Committees	4.3	4.6	4

1=very poor   7=very good

Base:n=593 (Total), n=22 (EC), n=42 (Council & PCs), n=526 (WG)
Note: *=Caution small base size

5.2.2 Interaction with NHMRC staff/secretariat

Council and Committee members are generally very satisfied with the interactions they have with NHMRC Staff and secretariat, with 98% of Council/Principal Committee members, 91% of Expert Committee members and 85% of Working Group members indicating a top three rating for their overall level of satisfaction.

As shown in Figure 26, Council/Principal Committee and Expert Committee members tend to experience high levels of satisfaction with all aspects of their interaction with NHMRC Staff and secretariat. However, Working Group members are less likely to feel they know who to contact.

Figure 26   Interaction with NHMRC Staff and secretariat

Q. *How would you rate your interaction with the NHMRC staff / secretariat in regards to…?*

% Top 3 rating

Overall Satisfaction (means)
6.3 Expert Committees*
6.3 Council & PCs
5.8 Working Groups

	Working Groups	Council & PCs	Expert Committees*
Helpfulness	90%	98%	95%
Ease of contact / access	84%	96%	100%
Ability to answer your inquires	84%	97%	95%
Efficiency	82%	93%	95%
Meeting your needs	82%	97%	91%
Knowing who to contact	70%	93%	86%

Base: n=22 (EC's), n=42 (Council & PCs), n=526 (WG)
Note: *=Caution small base size

5.3 Governance

Effective governance arrangements are a key objective for the NHMRC. Indicator 7.3 of the PMF states that achievement of this objective will be measured in terms of stakeholder satisfaction with NHMRC governance and approval of NHMRC leadership and management. Satisfaction with the provision of information on governance issues and the preferred means of receiving information on governance issues have already been addressed in Section 5.1.3 of this report. The following discussion focuses on internal stakeholder understanding of the management and committee structure of the NHMRC, perceptions of the quality of leadership and management within the NHMRC and familiarity with governance responsibilities.

5.3.1 Understanding of management and committee structure

Many internal stakeholders rate their understanding of the management and committee structure of the NHMRC highly. 98% of Council and Principal Committee members rated their understanding as 'good', as did 74% of Staff, 49% of Working Group members and 45% of Expert Committee members. As Figure 27 shows, long-term involvement with the NHMRC is seen as the most beneficial source in explaining the management and committee structure of the NHMRC. It is not surprising then that stakeholder ratings of their understanding of the management and committee structure of the NHMRC improve as the length of time employed by the NHMRC or the duration of involvement with the NHMRC as a Committee member increases.

Figure 27   Understanding the management and committee structure

Q. *Which one source was of the most benefit in explaining the management and structure of the NHMRC?*

Overall understanding of NHMRC management and committee structure (Mean score)
6.1 Council & PCs
5.4 Staff
4.6 Expert Committees*
4.4 Working Groups

Base: n=22 (Expert Committees), n=103 (staff), n=526 (WG), n=42 (Council & PCs)
Note: *=Caution small sample size
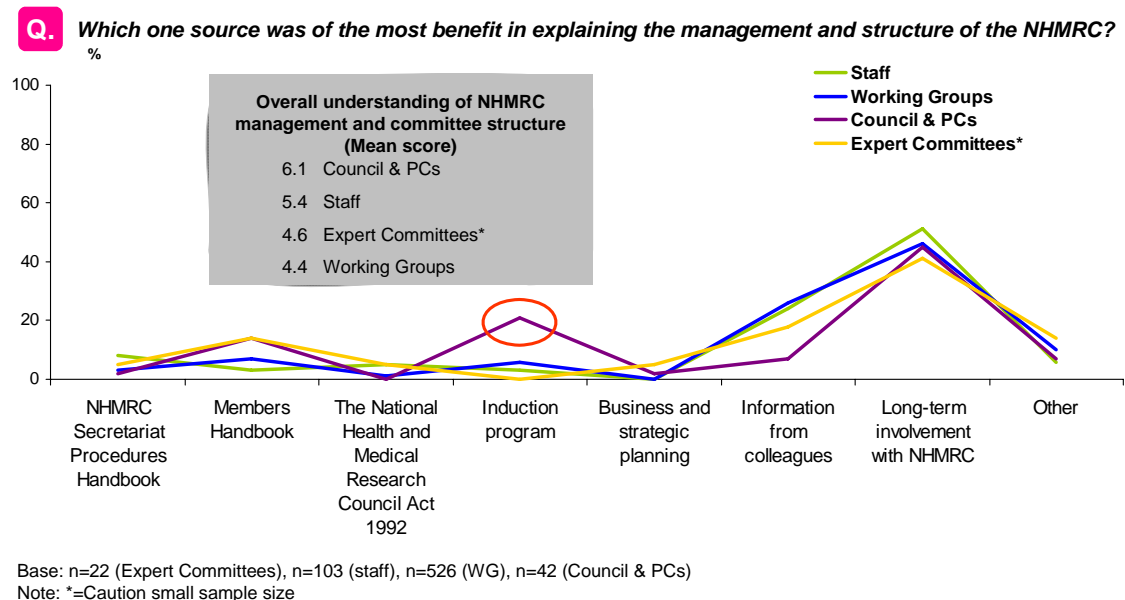
For most groups, the second most beneficial source in explaining the management and committee structure of the NHMRC was information from colleagues. For the Council and Principal Committee members, the second most beneficial source was the induction program

Internal stakeholders were also asked if they felt there was a need for greater promotion of the management and committee structure of the NHMRC among NHMRC Staff, Members of Principal Committees and Expert Advisory Committees and the broader health community. As shown in Figure 28, at least 60% of each stakeholder group believe there is a need for greater promotion of the NHMRC management structure among Principal and Expert Committee members as well as the broader health community, while 82% of Staff feel there is a need for greater promotion of the NHMRC management structure among Staff. This suggests that although Staff have rated their personal understanding of the management and committee structure highly (74% rated their understanding as good), they either believe there is still room to improve their understanding or they perceive their colleagues' understanding to be lower than their own.

Figure 28   Governance promotion

Q. *Do you think there is a need for greater promotion of the NHMRC management and committee structure?*

Greater promotion to NHMRC staff		Greater promotion to the broader health community	
	YES		YES
Staff	82%	Expert Committees* 73%	Expert Committees* 77%
Working Groups	36%	Staff 66%	Council & PCs 76%
Council & PCs	33%	Working Groups 62%	Staff 67%
Expert Committees*	27%	Council & PCs 62%	Working Groups 66%

Greater promotion to Principal / Expert Committee Members

Base: n=103 (Staff), n=526 (WG), n=42 (Council & PCs), n=22 (Expert Committees)
Note: *=Caution small sample size

The level of transparency in strategic and operational decision-making and agenda setting is rated low, particularly by Working Groups and to a slightly lesser extent by Expert Committees and Staff (refer to Figure 29). The clarity of roles and responsibilities was rated comparatively higher, although the absolute level of performance is average, with 57% of Council and Committees and 34% to 43% of other internal stakeholders rating performance as good.

Figure 29   Transparency in decision-making and clarity of roles

Q. *Thinking about the NHMRC management and committee structure, how would you rate…?*

The clarity of roles and responsibilities
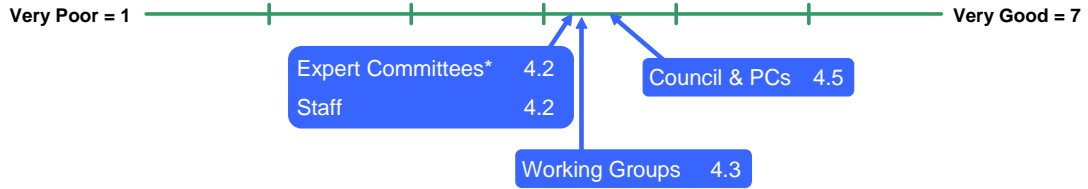
Very Poor = 1 ─────────────────────────────── Very Good = 7

| Expert Committees* | 4.2 |
| Staff | 4.2 |

Council & PCs   4.5

Working Groups   4.3

Transparency in strategic and operational decision making and agenda setting

Very Poor = 1 ─────────────────────────────── Very Good = 7

Working Groups   3.6

Council & PCs   4.4

| Expert Committees* | 3.8 |
| Staff | 3.8 |
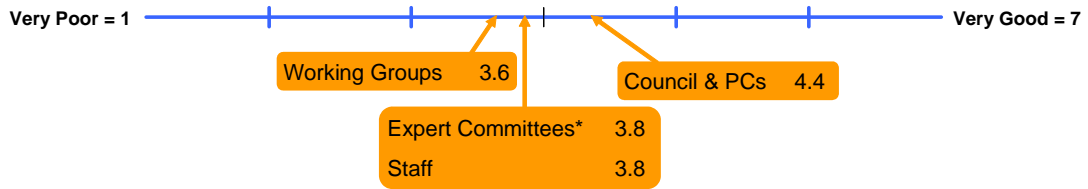
Base: n=103 (Staff), n=526 (WG), n=42 (Council & PCs), n=22 (Expert Committees)
Note: *=Caution small base size

5.3.2 Quality of leadership and management within the NHMRC

Good leadership and management is an important organisational success factor. Perceptions of the quality of management and leadership within the NHMRC differed significantly by stakeholder group - Staff tended to rate the quality of leadership and management within the NHMRC lower than other stakeholder groups (refer to Figure 30). The results ranged from 43% of Staff to 84% of Council and Committees rating the quality of management as good[4], and 49% of Staff to 76% of Council and Committees rating the quality of leadership as good.

Figure 30   Rating of leadership and management

Q. *How would you rate…?*

The quality of management within the NHMRC
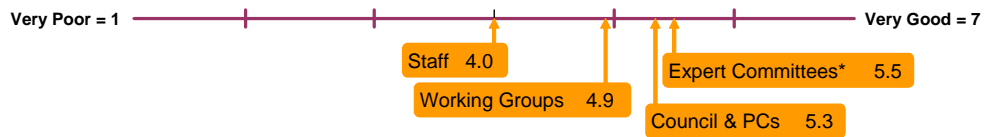
Very Poor = 1   Very Good = 7

Staff   4.0
Working Groups   4.9
Expert Committees*   5.5
Council & PCs   5.3

The quality of leadership within the NHMRC

Very Poor = 1   Very Good = 7

Staff   4.3
Working Groups   4.6
Expert Committees*   4.8
Council & PCs   5.2
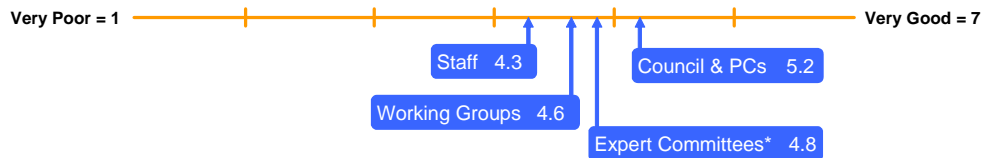
Base: n=103 (Staff), n=526 (WG), n=42 (Council & PCs), n=22 (Expert Committees)
Note: *=Caution small base size

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[4] "Good" = nett rating of 5, 6 and 7 on a 7-point scale, where 7 is very good and 1 is very poor.

5.3.3 Responsibilities of Council and Committee members

Council and Committee members were asked about their level of familiarity with a range of responsibilities as they apply to their role within the NHMRC. As Figure 31 shows, with the exception of intellectual property responsibilities, familiarity levels are extremely high.

Figure 31   Familiarity with membership responsibilities

Q. Please indicate your level of familiarity with each of the following?

% Top 3 rating

Legend:
- Council & PCs (yellow)
- Expert Committees* (green)
- Working Groups (blue)

Familiarity with confidentiality responsibilities: 98% / 96% / 89%

Familiarity with conflict of interest responsibilities: 100% / 100% / 91%

Familiarity with intellectual property responsibilities: 81% / 78% / 73%
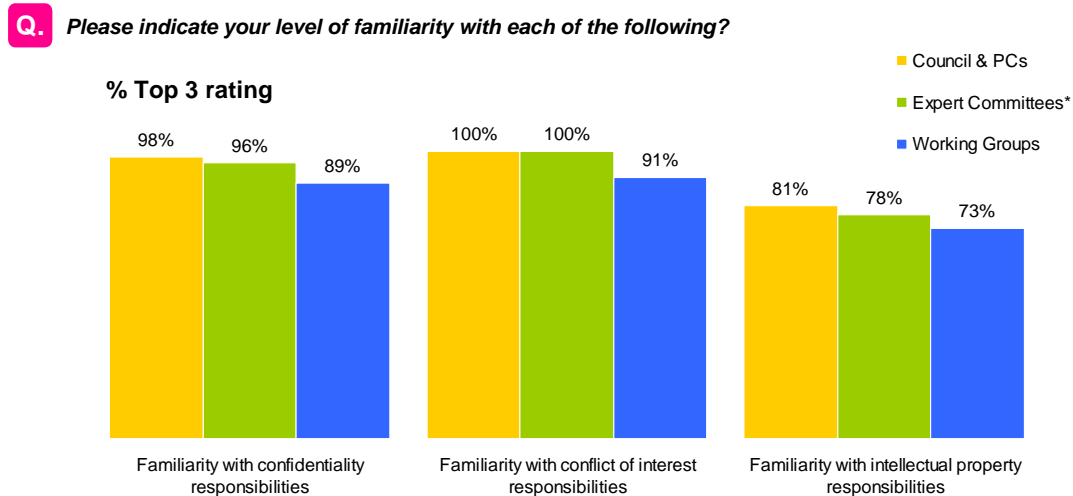
Base: n=42 (Council & PCs), n=22 (Expert Committees), n=522 (WG)
Note: *=Caution small sample size

6 Grant application, review and management

The most widely recognised role of the NHMRC involves the allocation of funding for health and medical research in Australia. As discussed in Section 3.1 of this report, 97% of stakeholders 'agree' this is part of the NHMRC's role. Indeed the qualitative research phase highlighted that for several of the NHMRC's stakeholder groups this is the only top-of-mind activity associated with the NHMRC, and for many it represents the only type of interaction they have with the NHMRC.

The framework within which the NHMRC undertakes the allocation of funding for health and medical research in Australia involves several processes that were evaluated by the National Stakeholder Survey. The Survey addressed the following issues:

- grant application and selection

- peer review

- grant management

- the impact of research funded by the NHMRC.

6.1 Involvement in grant application, selection and management processes

Overall, 67% of stakeholders indicated they have applied for an NHMRC grant in the past three years, 59% indicated they have reviewed an NHMRC grant application in the past three years and 24% are involved in grant management[5].   Researchers are significantly more likely to be involved in applying for grants and reviewing grant applications than other stakeholder groups, while HRECs/AECs are significantly more likely to be involved in grant management and administration (refer to Figure 32).

Figure 32   Involvement in grant application, selection and management
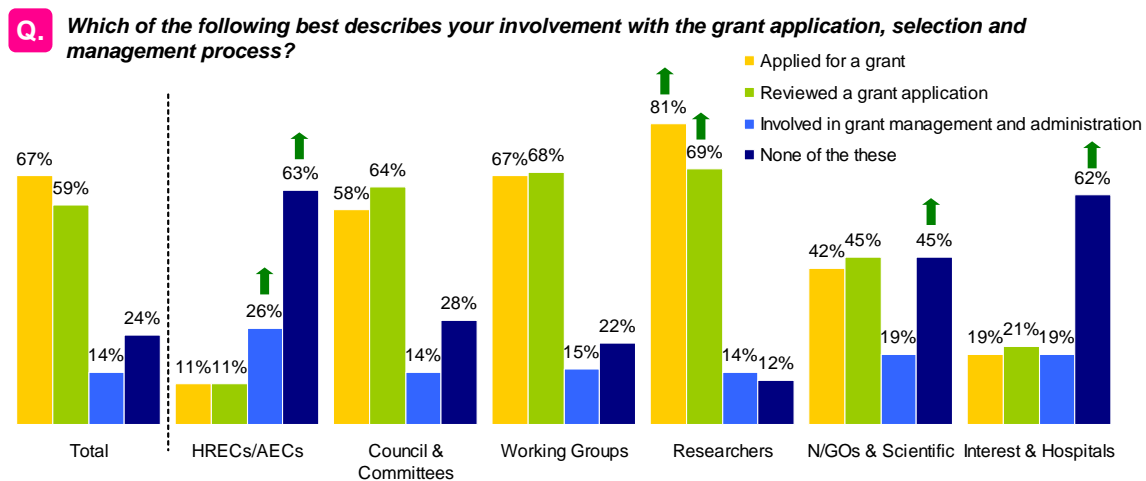
Base: n=1517 (total), n=98 (HRECs/AECs), n=187 (Council & Committees), n=519 (WG), n=1152 (Researchers),
n=31 (N/GOs & Scientific), n=42 (Interest & Hospitals)

Note: Administering Institutions were not asked Q2.10, as it was assumed they were involved in all processes and were automatically routed to subsequent questions addressing grant application, selection and management.
Note: Significantly higher rating than respondents overall.

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[5] NHMRC Staff were not asked to complete the Grant Application, Selection and Management module and are excluded from all calculations. Administering Institutions were not asked the filter question about their involvement in the NHMRC grant application, selection and management process (as presented in Figure 32), as they were automatically routed to subsequent questions in the Grant Application, Selection and Management module due to the nature of their role and interaction with the NHMRC.

6.2   Grant application and selection process

"The time it takes from the time of application for funding until the outcome is known makes planning very difficult."

"It would be good to give clear candid advice to applicants about their grant when it is unsuccessful so they can systematically address weaknesses."

"Early career support fellowships remain insufficient. This is a critical time when many drop out of research careers."

A number of stakeholders made comments about the grant application and selection process at the end of the survey and the above comments illustrate the emotive nature of these processes.

Overall satisfaction with the grant application and selection process falls in the bottom 25th percentile of comparative rankings (mean score of 4.4), with 57% of stakeholders satisfied. Researchers are the least likely to be satisfied while HRECs/AECs and Administering Institutions are the most likely to be satisfied (refer to Figure 33).

Figure 33   Overall satisfaction with grant application and selection process

Q. *Overall, how satisfied are you with the NHMRC grant application and selection process?*

	Mean Score	% Top 3 rating
Total	4.4	57%
HRECs/AECs	4.9	62%
Admin Institutions	4.7	61%
Working Groups	4.5	61%
Council & Committees	4.4	58%
External Stakeholders	4.4	57%
Researchers	4.3	55%

1=Very dissatisfied   7=Very satisfied

Base: n=1132 (Total), n=36 (HRECs/AECs), n=72 (Admin Institutions), n=366 (WG), n=114 (Council & Committees), n=30 (External), n=966 (Researchers)

Source: Q2.11Note: External Stakeholders are N/GOs & Scientific netted with Interest & Hospitals

Stakeholder satisfaction with the grant application and selection process differs depending on the success of the most recent grant application. Stakeholders whose most recent grant application was successful are significantly more satisfied with the process (65% are satisfied) than are those whose most recent grant application was unsuccessful (44% are satisfied). Those who are still awaiting a decision, fall half way between these two groups in terms of their satisfaction (53% satisfied). The year in which the last grant application was made also significantly influences overall satisfaction with the grant application and selection process; those whose last application was lodged in 2002 or before are significantly more satisfied.

Figure 34 presents the proportion of stakeholders who are satisfied with each aspect of the grant management and selection process measured in the study. The accessibility of funding to new/junior researchers and the timeliness of advice on the outcome of application processes are rated comparatively low, with a mean score of 3.3 and 55%-57% of stakeholders dissatisfied. The allocation of funding between research institutes and universities is also rated comparatively low with a mean score of 4.0 (28% dissatisfied), although it should be noted that 17% of stakeholders marked 'don't know'.

Examining the comparative ratings across stakeholder groups highlights that opinions are similar on issues related purely to process – the time given to prepare an application, ease of accessing information and clarity of information, ease of completing the required documentation and guidance provided on how to apply for funding. However, greater variation of opinion is evident for many of the other issues. For example, mean scores for timeliness of advice on the outcome of application processes range from 4.0 for Administering Institutions to 3.0 for Council and Principal Committees and mean scores for ease of determining which NHMRC grant schemes are relevant to your area of research range from 4.9 for Researchers to 4.5 for Administering Institutions.

Figure 34   **Grant application and selection process - rating of specific aspects**

% Top 3 rating
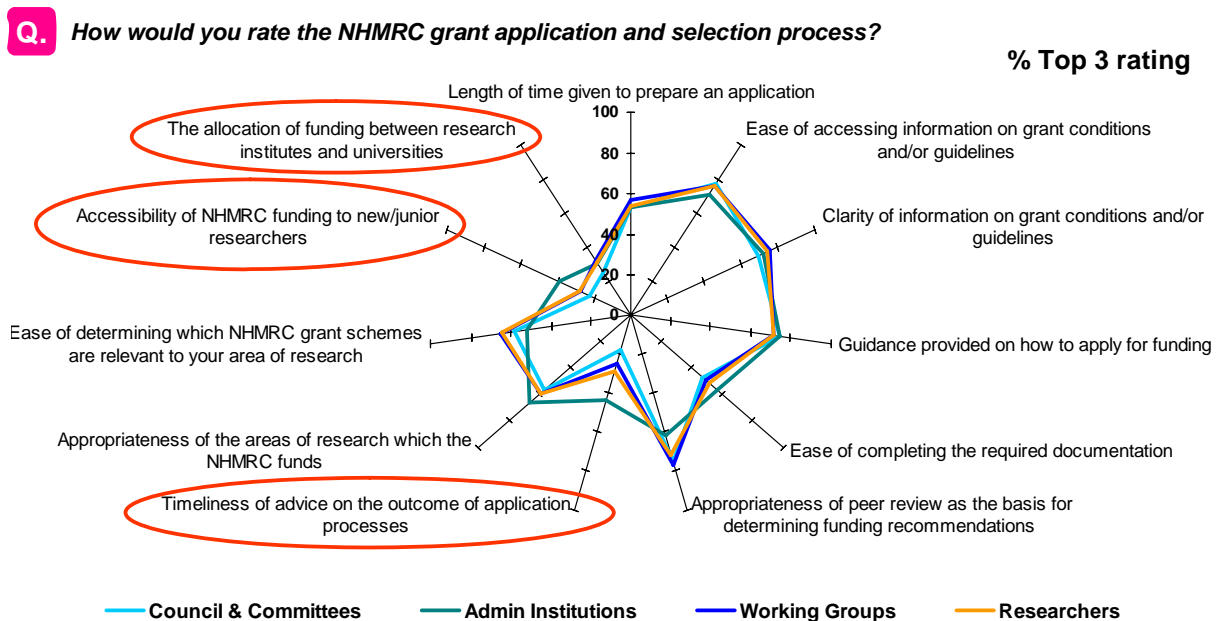
Base: n=72 (Admin Institutions), n=366 (WG), n=114 (Council & Committees), n=30 (External), n=966 (Researchers)
Note: External Stakeholders and HRECs/AECs excluded due to small sample size

6.2.1 Key drivers of overall satisfaction with grant application and selection process

The key drivers of overall satisfaction with the grant application and selection process were developed using regression analysis. As the National Stakeholder Survey measures many aspects of the NHMRC's performance, it is important to know which of these many aspects has the most impact on the likelihood of stakeholders being satisfied. This then allows follow up action to be directed at the most influential areas.

The key drivers of stakeholder ratings of the grant application and selection process, listed in order of priority, are:

1. Appropriateness of peer review as the basis for determining funding recommendations (highest impact – explains 24% of variation in the dependent)

2. Accessibility of NHMRC funding to new/junior researchers (medium impact)

3. Appropriateness of the areas of research which the NHMRC funds (medium impact)

4. The allocation of funding between research institutes and universities (medium impact)

5. Timeliness of advice on the outcome of application processes (medium impact)

6. Ease of completing the required documentation (low impact)

7. Clarity of information on grant conditions/guidelines (low impact)

While the regression analysis provides guidance regarding the areas that have the most impact on overall satisfaction with grant application and selection processes, it is important to note that the regression model only explains 52% of the variance in overall satisfaction (R^2=52%). This indicates that there are factors influencing overall satisfaction with the grant application and selection process that were not measured within the survey.

6.3 Peer review process

Peer review plays a central role in the process employed by the NHMRC to allocate funding for health and medical research in Australia. The individuals who give their time to assist in assessing NHMRC grant applications are an important stakeholder group. As Figure 35 highlights, 63% of stakeholders who have reviewed an NHMRC grant application in the last three years are satisfied with the peer review process.

Figure 35   Overall satisfaction with the peer review process

Q. *How satisfied are you with the NHMRC peer review process?*

	Mean Score	% Top 3 rating
Total	4.6	63%
Council & Committees	4.9	69%
Working Groups	4.8	68%
Researchers	4.5	61%
External Stakeholders*	4.4	47%

1=Very dissatisfied   7=Very satisfied
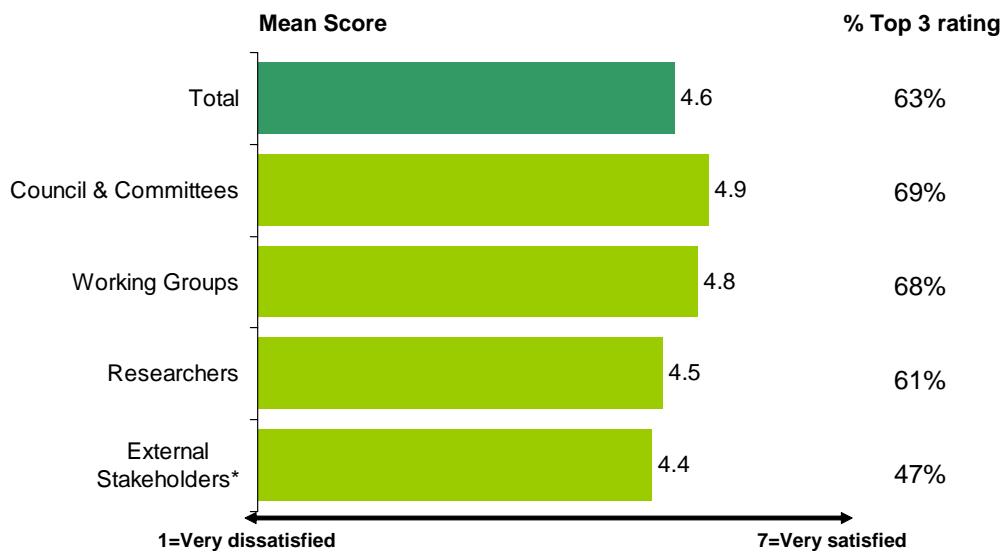
Bases: n=895 (Total), n=120 (Council & Committees), n=351 (WG), n=793 (Researchers), n=23 (External Stakeholders)
Note: * = Caution small base size, External Stakeholders are Netted "N/GOs & Scientific and Interest & Hospitals

The specific aspects of the peer review process measured within the survey are performing well[6]. The ease of completing the required peer review documentation, clarity of information and ease of accessing information are rated highly with mean scores of 5.2, 5.0 and 4.9 respectively. The appropriateness of peer review as the basis for determining funding recommendations also enjoys high levels of support, with 77% of stakeholders indicating a top three rating (mean score of 5.4). However, ratings of the appropriateness of the peer review panels were considerably lower, with 56% of stakeholders indicating a top three rating (mean score of 4.5).

Figure 36   Peer review process - rating of specific aspects
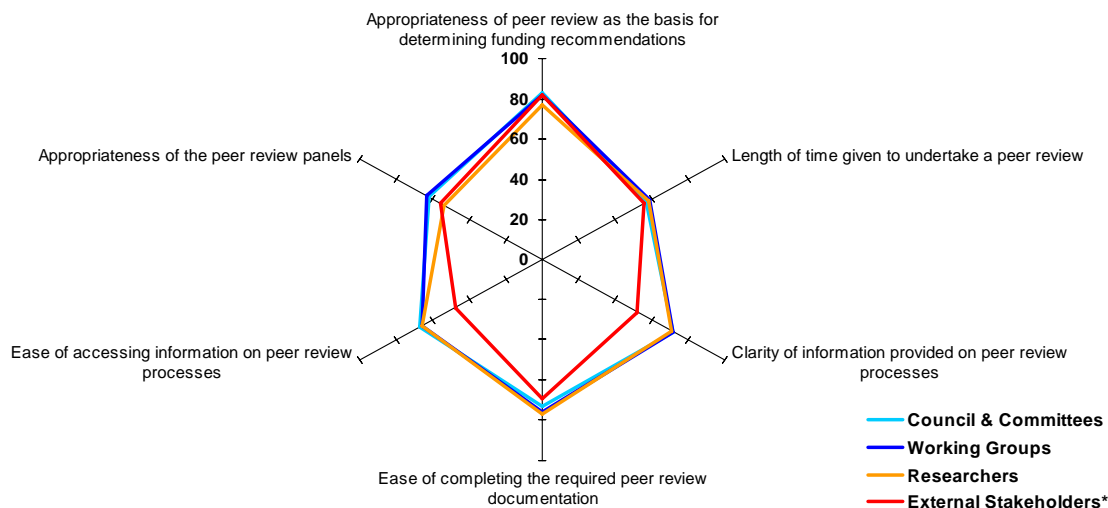
Base: n=120 (Council & Committees), n=351 (WG), n=793 (Researchers), n=23 (External Stakeholders)
Q2.14 n=895 Note: * = Caution small base size

Note: Significantly higher ⬆ rating than respondents overall.

6.3.1 Key drivers of overall satisfaction with the peer review process

The key drivers of stakeholder ratings of the peer review process, listed in order of priority, are:
1. Appropriateness of the peer review panels (highest impact – explains 43% of variation in the dependent)
2. Appropriateness of peer review as the basis for determining funding recommendations (medium impact)
3. Clarity of information provided on peer review processes (medium impact)
4. Length of time given to undertake a peer review (low impact)
5. Ease of accessing information on peer review processes (low impact)

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[6] It is important to note that the Peer Review Module was not asked of all stakeholders. Only those who had reviewed an NHMRC grant application in the past three years completed this module.

6.4   Grant management process

Overall satisfaction with grant management and administration falls in the bottom 25th percentile of comparative rankings, with 59% of stakeholders who are involved in grant management being satisfied (refer to Figure 37).   However, stakeholder ratings of specific aspects of the grant management and administration process tend to fall in the middle performance percentile zone, with mean scores ranging from 5.5 for the accuracy of payments, to 4.7 for the ease of accessing information on grant management and administration.

Figure 37   Overall satisfaction with grant management

Q. *How satisfied are you with the NHMRC grant administration and management process?*

	Mean Score	% Top 3 rating
Total	4.7	59%
HRECs/AECs	5.0	61%
Admin Institutions	5.0	72%
External Stakeholders	4.8	64%
Working Groups	4.8	63%
Council & Committee	4.8	59%
Researchers	4.7	58%

1=Very dissatisfied   7=Very satisfied
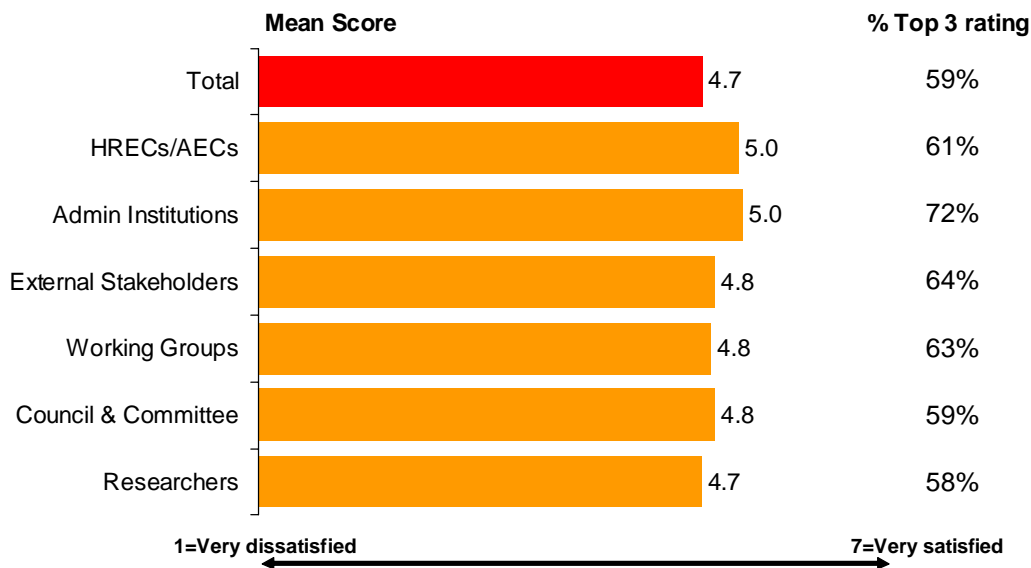
Base: n=1132 (Total) ,n=36 (HRECs/AECs), n=72 (Admin Institutions), n=114 (Council & Committees), n=30 (External Stakeholders), n=366 (WG), n=966 (Researchers)
Source: Q2.15   Note: External Stakeholders are Netted "N/GOs & Scientific and Interest & Hospitals

As shown in Figure 38, opinion differed by stakeholder group, with HRECs/AECs rating the NHMRC's performance comparatively low. Administering Institutions tended to rate the ease of accessing information and clarity of information slightly higher than other stakeholder groups. It should also be noted that a high proportion of stakeholders recorded 'don't know' responses for these questions.

Figure 38   Grant management – rating of specific aspects

Q. *How would you rate the NHMRC grant administration and management process?*
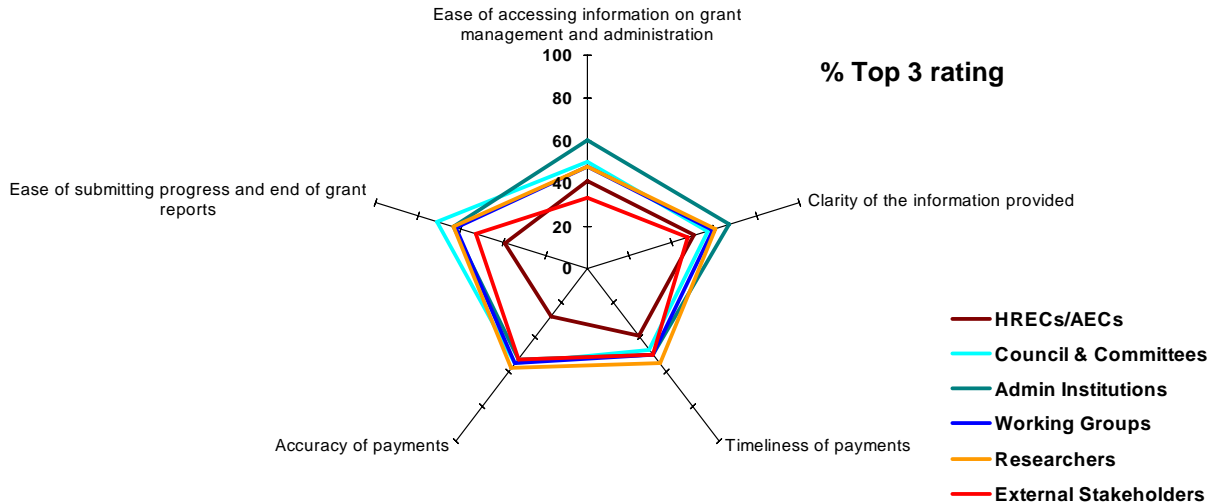
Base: n=36 (HREC/AEC), n=114 (Council & Committees) n=72 (admin institution), n=366 (WG),
n=966 (Researchers), n=30 (external)

6.5   Perceived impact of research funded by the NHMRC

Stakeholders were asked to comment on the NHMRC funding process in terms of the outcomes and impacts of research that the NHMRC funds. Only 27% of stakeholders felt the NHMRC was good at disseminating and promoting information on the outcomes and impacts of the research that it funds, and 29% felt the NHMRC was good at encouraging the application and exploitation of the results of the research. Overall a mean score of 3.7 was recorded for these aspects of the NHMRC's performance.

Figure 39 presents the opinions of different stakeholder groups. It is evident that Council and Committees and the external stakeholder group rate the NHMRC comparatively low with regard to disseminating and promoting information on the outcomes and impacts of the research that it funds. The low result for the external stakeholder group is driven by the fact that 71% of the Professional & Scientific stakeholder group felt the NHMRC's performance in this area was poor (a rating of 1, 2 or 3 on a 7-point scale).

Figure 39   Rating of NHMRC funding process

Q. *How would you rate the NHMRC funding process in terms of....?*

% Top 3 rating

HRECs/AECs: 34, 29
Admin Institutions: 32, 31
Researchers: 27, 28
Working Groups: 25, 27
Council & Committees: 18, 28
External Stakeholders: 9, 18

- Disseminating and promoting information on the outcomes and impacts of the research that it funds
- Encouraging the application and exploitation of research results
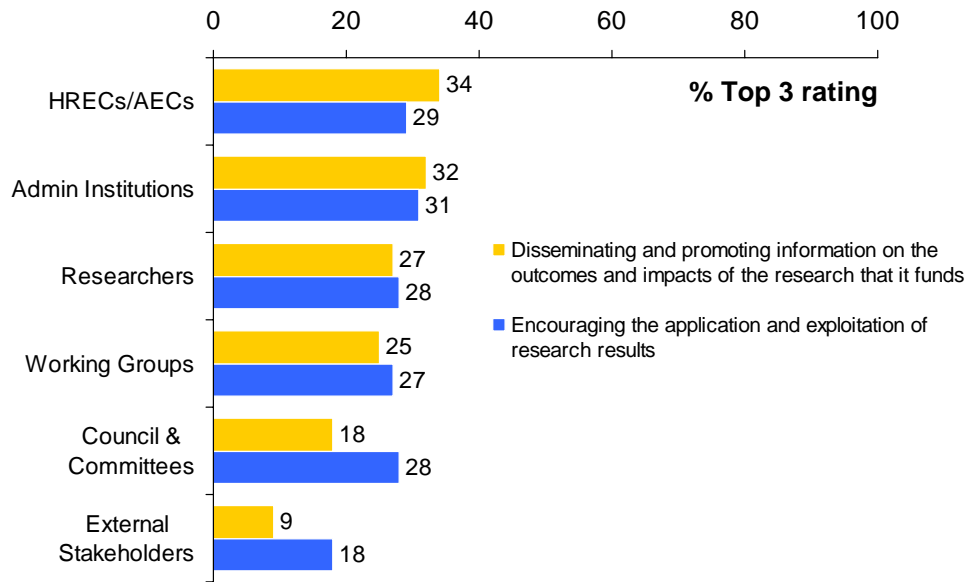
Base: n=39 (HRECs/AECs) , n=72 (Admin Institutions), n=409 (WG), n=1029 (Researchers), n=134 (Council & Committees), n=33 (External Stakeholders)

7. Health information and advice

Utilising knowledge is a key outcome for the NHMRC, and Indicator 3.1 of the PMF states that increased uptake of NHMRC health advice & information will be measured through stakeholder awareness of, and satisfaction with, NHMRC advice & information. The National Stakeholder Survey measured stakeholder awareness of, and satisfaction with, general types of health advice, and it also measured awareness and familiarity with specific health guidelines and publications[7].

7.1 Health advice – awareness, usage and satisfaction

7.1.1 Awareness and usage of health advice

Over 50% of stakeholders are aware of Public Health Guidelines and Clinical Practice Guidelines provided by the NHMRC. However only 27% of stakeholders are aware of Consumer Guides and only 17% are aware of 'Guidelines to assist external Guideline developers'.

Figure 40 presents a summary of awareness, usage and conversion rates for five types or categories of health advice. The following diagram explains how to interpret this figure; the 'aware' measure is the proportion of stakeholders aware of the health advice, the 'utilised' measure is the proportion of stakeholders who have used the health advice, and the 'conversion' figure is the proportion of those who are aware that have used the health advice. The conversion figure provides a measure of actual usage levels and market penetration among those who are aware of a particular category of health advice.
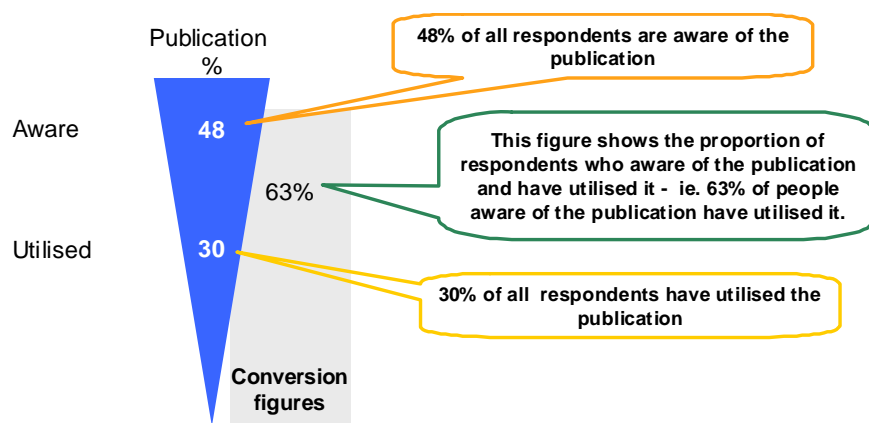
The level of conversion (from being aware to actually using) for Public Health Guidelines and Consumer Guides is lower than for other types of health advice, whereas the conversion figure for information papers and manuals is particularly high. While it is useful to examine the overall results, additional insight can be gained from exploring the results at the stakeholder group level.

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[7] NHMRC Staff and Administering Institutions were not asked to complete the Health Information and Advice Module of the questionnaire.

Figures 41, 42 and 43 present the results for each stakeholder group and illustrate that the conversion rates differ dramatically between stakeholder groups. Researchers exhibit the highest conversion rates, followed by Working Group members. Among Working Group members, the conversion rate for information papers and manuals is 24%. Among Researchers, the conversion rate for information papers and manuals, Guidelines to assist external Guideline developers and Clinical Practice Guidelines is very high (ranging from 40% to 48%). These are very good results.

Although levels of awareness are moderate to high among HRECs/AECs and Council and Committee members, the conversion figures are extremely low. Working Group members tend to exhibit similar levels of awareness to Council and Committees, but have higher conversion figures.

Figure 40   Usage of health advice

Q. *Please indicate your awareness and usage of each of the following?*
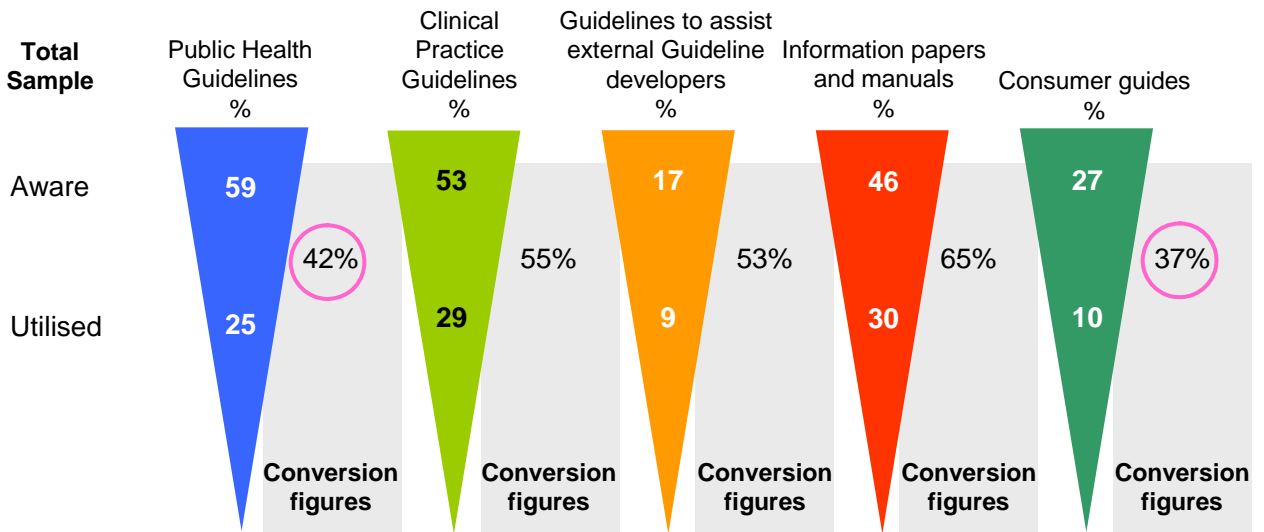
Base: n=1516

Figure 41　Usage of health advice – by HRECs/AECs and Council/Committees

HRECs / AECs

	Public Health Guidelines %	Clinical Practice Guidelines %	Guidelines to assist external Guideline developers %	Information papers and manuals %	Consumer guides %
Awareness	47	50	11	69	26
	4%	4%	0%	6%	4%
Utilised	2	2	0	4	1
	Conversion figures	Conversion figures	Conversion figures	Conversion figures	Conversion figures

Council & Committees

	Public Health Guidelines %	Clinical Practice Guidelines %	Guidelines to assist external Guideline developers %	Information papers and manuals %	Consumer guides %
Awareness	67	67	31	59	45
	6%	7%	6%	8%	7%
Utilised	4	5	2	5	3
	Conversion figures	Conversion figures	Conversion figures	Conversion figures	Conversion figures

Base: n=72 (HRECs/AECs), n=133 (Council & Committees)

Figure 42　Usage of health advice – by Researchers and WG members

Working Groups

	Public Health Guidelines %	Clinical Practice Guidelines %	Guidelines to assist external Guideline developers %	Information papers and manuals %	Consumer guides %
Awareness	64	60	24	51	35
	16%	20%	21%	24%	17%
Utilised	10	12	5	12	6
	Conversion figures	Conversion figures	Conversion figures	Conversion figures	Conversion figures

Researcher

	Public Health Guidelines %	Clinical Practice Guidelines %	Guidelines to assist external Guideline developers %	Information papers and manuals %	Consumer guides %
Awareness	60	50	14	42	24
	28%	40%	43%	48%	25%
Utilised	17	20	6	20	6
	Conversion figures	Conversion figures	Conversion figures	Conversion figures	Conversion figures

Base: n=330 (WG), n=581 (Researcher)

Figure 43   Usage of health advice – by external stakeholders

Q. *Please indicate your awareness and usage of each of the following?*
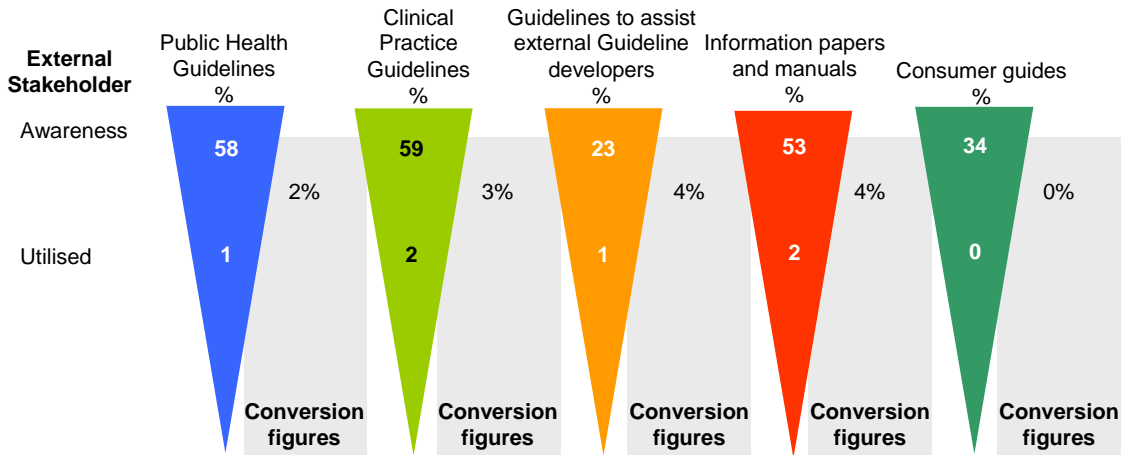
Base: n=73 (external stakeholders)

7.1.2 Satisfaction with health advice

Respondents were asked to rate each type of health advice that they are aware of and use in terms of quality, usefulness, clarity, currency, guidance provided and meeting overall needs. Ratings of public health advice were generally in the middle comparative performance zone, with the majority of attributes achieving mean scores of 5.0 or above. The results for different categories of health advice tend to be similar, as do results for different stakeholder groups, although Researchers consistently rate all aspects of health advice slightly lower than Council and Committees and Working Groups[8]. Figure 44 shows the results for "meeting your needs overall" across all categories of health advice. The results for other attributes are presented in Appendix H.

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[8] Due to small sample sizes it was not possible to calculate mean scores for HRECs/AECs or external stakeholders.

Figure 44   Rating of health advice in terms of meeting overall needs

Q. *How would you rate ..... in meeting your needs overall?*
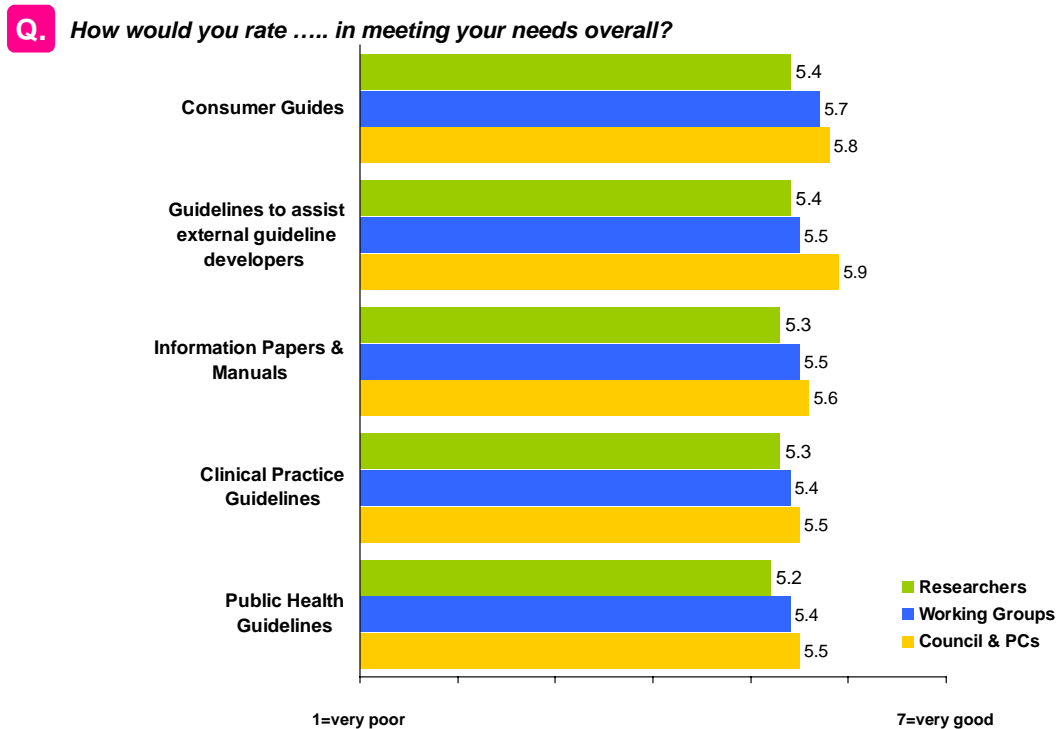
Base: Those aware of each type of health advice.

7.2   Awareness of and familiarity with specific NHMRC health guidelines and publications

Stakeholders were asked to indicate their awareness of specific NHMRC health guidelines and publications and, for those they were aware of, they were also asked to indicate their level of familiarity with the publication on a 7-point scale. Figure 45 presents the overall level of awareness of each publication and the level of familiarity with each publication. Over one in three stakeholders were not aware of any of the listed publications.

The highest levels of awareness were recorded for Dietary Guidelines (Dietary Guidelines for Australian Adults; or Dietary Guidelines for Children and Adolescents; or Dietary Guidelines for Older Australians), followed by the Australian Alcohol Guidelines and Immunisation / Vaccine Guidelines. "Assisting health care workers to manage the effects of violence in rural and remote Australia" had the lowest level of awareness, although those stakeholders who were aware of the publication rated their level of familiarity highly. Levels of awareness differed by stakeholder group, and detailed results for each stakeholder group are presented in Appendix D.

Figure 45   Awareness of and familiarity with specific NHMRC health guidelines and publications

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*

	Familiarity Mean Score	% Aware
Not aware of any of the Guidelines listed	n/a	37%
Dietary Guidelines	4.1	37%
Australian Alcohol Guidelines	4.4	32%
Immunisation / Vaccine guidelines	4.6	29%
A Guideline to the development of clinical practice guidelines	4.8	18%
Management of Overweight and Obesity in Adults	4.6	17%
Australian Drinking Water Guidelines	3.8	15%
Management and support of younger women with breast cancer	4.4	12%
Use of Blood Components	4.5	12%
Evidence-based information for the mgt of localised prostate cancer	4.3	9%
Preventing infectious diseases in child care	4.2	9%
Assisting health care workers manage effects of violence in rural/remote Aust.	4.6	5%

Bases: Aware: n=1426 Familiarity: Respondents who are aware.

Stakeholders were also asked if they were aware of any other NHMRC public health or clinical practice guidelines. The most commonly cited topic areas included:

- acute pain management
- colorectal cancer
- diabetes
- recreational water use
- management of back pain
- melanoma.

8. Ethics information and advice

Ensuring high ethical standards is a key outcome for the NHMRC. Indicator 4.1 of the PMF states that improved support, advice & guidance on ethical issues is a key measure of success. This will be assessed in terms of stakeholder awareness of, and satisfaction with, NHMRC support, advice and guidance on human research ethics. The National Stakeholder Survey measured the following aspects of the human research ethics support, advice and guidance provided by the NHMRC[9]:

• overall satisfaction with ethics advice

• familiarity and usage of human research ethics guidelines, support and advice

• rating of human research ethics, guidelines, support and advice

• sources of information used in preparing and reviewing ethics applications.

8.1 Overall satisfaction with ethics advice

Overall, 61% of stakeholders are satisfied with the ethics advice provided by the NHMRC (refer to Figure 46).

Figure 46   Overall satisfaction with ethics advice

Q. *Overall how satisfied are you with the human research ethics advice provided by the NHMRC? ?*

61% of stakeholders are satisfied with human research ethics advice

43% rated top 2 box

Don't Know 17%
1 very dissatisfied 1%
2 1%
3 3%
4 18%
5 18%
6 28%
7 very satisfied 15%

Base: N=1588   Q6.6

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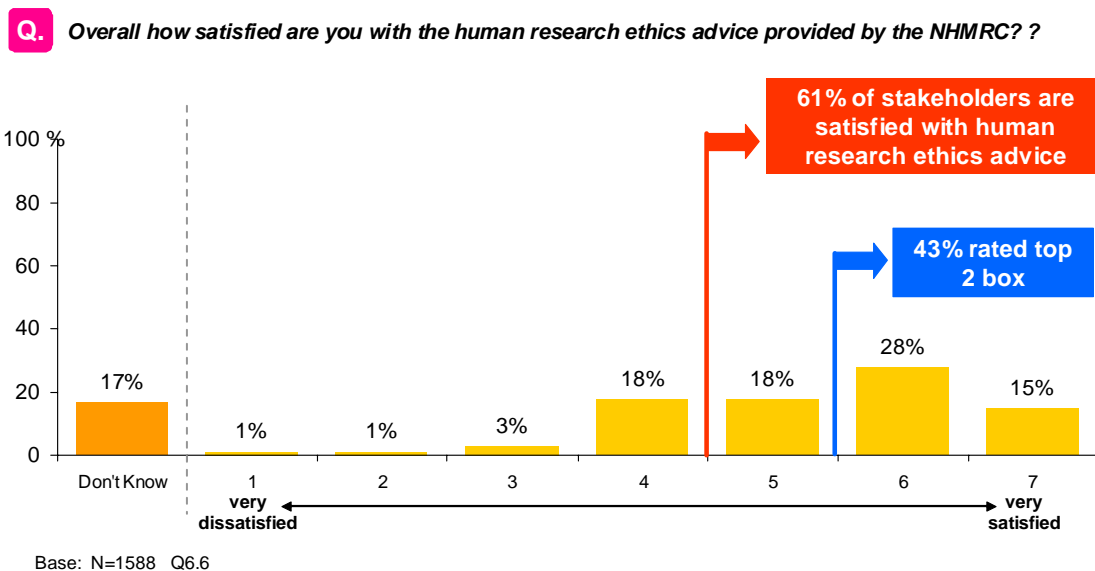
[9] NHMRC Staff and Administering Institutions were not asked to complete the Human Research Ethics Information and Advice Module of the questionnaire.

The highest level of satisfaction was experienced by HRECs/AECs (83% satisfied) while the lowest levels of satisfaction were experienced by Administering Institutions (53%) and Interest and Hospitals (47%). 60% of Researchers were satisfied with the ethics advice provided by the NHMRC. With the exception of Council and Committees and HRECs/AECs, over 10% of stakeholders did not feel able to comment on the ethics advice provided by the NHMRC (these respondents recorded a 'don't know' response to this question).

The National Stakeholder Survey results show that the ethics advice provided by the NHMRC is held in high regard by stakeholders. Ethics advice was rated highly in terms of quality and usefulness, with almost 70% of stakeholders indicating the NHMRC's performance was good in these areas. Timeliness was the lowest rated aspects of the ethics advice provided by the NHMRC, although it still achieved a mean score of 5.2.

Figure 47   Rating of ethics advice

Q. *How would you rate the human research ethics advice provided by the NHMRC on the following aspects…?*

	Means	% Top 3 rating
Quality	5.5	69%
Usefulness	5.4	69%
Meeting your needs overall	5.3	66%
Clarity	5.3	66%
Ease of access	5.3	64%
Guidance provided	5.3	64%
Timeliness	5.2	58%

Base: n=1322
Q6.7

8.2 Awareness, usage and satisfaction with human research ethics guidelines, support and advice

A stakeholder's comment:

"The long list of ethics documents in this survey illustrates the major problem for researchers, and that is the complexity and scale of the regulations. It is often easier to use one guide such as ones own institutional guide as these often paraphrase or summarise many other documents and regulations."

8.2.1 Awareness and usage of ethics advice

Stakeholder awareness of their *organisation's guidelines on ethical conduct in research involving humans* and the *National Statement on Ethical Conduct in Research Involving Humans* is very high – with a total awareness level of 86% (refer to Figure 48). Usage of these two documents is also high - considerably higher than any of the other types of ethics guidelines, support and advice explored within the National Stakeholder Survey. Examining usage of these two documents highlights that one in four stakeholders read or access their organisation's guidelines frequently (26%) and one in five access the National Statement frequently (19%). HRECs/AECs have above-average levels of usage of both documents, with 68% accessing the National Statement frequently and 57% accessing their organisation's guidelines frequently. In contrast, 12% of Hospitals and Interest groups access these documents frequently.

Figure 48   Awareness and usage of ethics advice – highest levels of awareness

Q. *Please indicate your level of usage and familiarity for each of the following?*
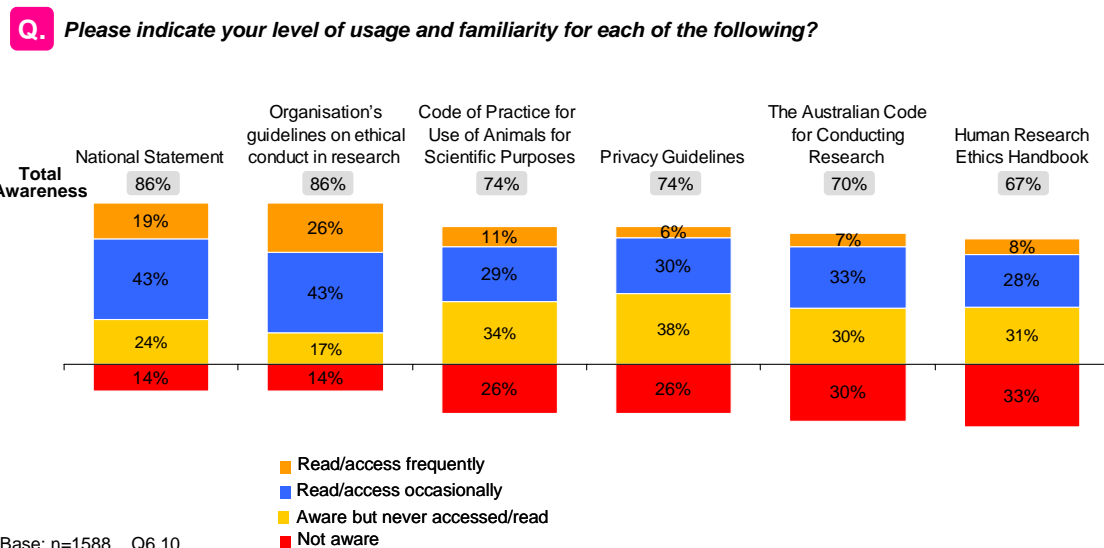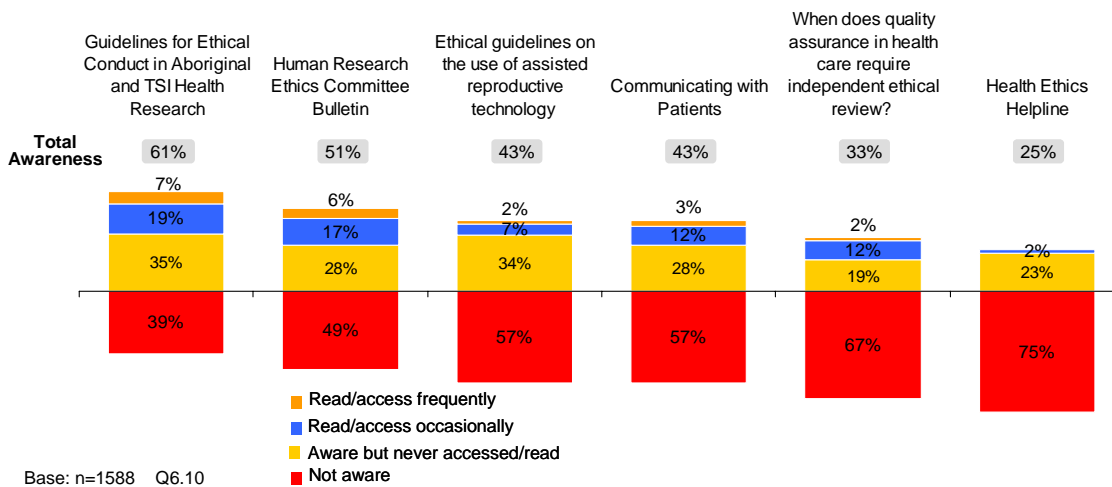
Base: n=1588   Q6.10

Figure 48 also presents the results for the *Australian Code of Practice for the Use of Animals for Scientific Purposes* (although this document relates to research involving animals rather than humans). Overall awareness and usage of this document is high - with 74% of stakeholders aware of the document and 40% accessing it - particularly considering that it is not relevant to all stakeholders.

Figure 49 presents the ethics guidelines, support and advice that have the lowest levels of awareness. Less than 50% of stakeholders are aware of *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research*, and *Communicating with Patients*, and less than 40% are aware of *When does quality assurance in health care require independent ethical review?* and the Health Ethics Helpline. As many of these guidelines are targeted at specific audiences, it is not surprising that the overall level of awareness and usage is low. However, the low level of awareness and usage of the Health Ethics Helpline (only 2% of stakeholders have accessed the Helpline) indicates this support service is under-utilised.

Figure 49   Awareness and usage of ethics advice – lowest levels of awareness

Q. *Please indicate your level of usage and familiarity for each of the following?*

	Guidelines for Ethical Conduct in Aboriginal and TSI Health Research	Human Research Ethics Committee Bulletin	Ethical guidelines on the use of assisted reproductive technology	Communicating with Patients	When does quality assurance in health care require independent ethical review?	Health Ethics Helpline
Total Awareness	61%	51%	43%	43%	33%	25%
Read/access frequently	7%	6%	2%	3%	2%	
Read/access occasionally	19%	17%	7%	12%	12%	2%
Aware but never accessed/read	35%	28%	34%	28%	19%	23%
Not aware	39%	49%	57%	57%	67%	75%

Base: n=1588   Q6.10

8.2.2 Satisfaction with ethics advice

Stakeholders were also asked to rate each type of ethics advice they have read or accessed. As shown in Figure 50, *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* and the *Australian Code of Practice for the Use of Animals for Scientific Purposes* were rated the highest by stakeholders in terms of meeting their needs overall. The Privacy Guidelines received the comparatively lowest rating.

Figure 50   Rating of ethics advice

	Meeting needs overall	Quality	Usefulness	Clarity	Currency	Guidance provided	Ease of access
Reproductive Technology guidelines (n=142)	5.7	5.7	5.7	5.6	5.6	5.6	5.7
Use of Animals for Scientific Purposes (n=563)	5.7	5.7	5.7	5.6	5.6	5.6	5.7
Own organisation's guidelines (n=1097)	5.6	5.5	5.5	5.4	5.4	5.5	5.6
Human Research Ethics Handbook (n=572)	5.6	5.6	5.5	5.5	5.3	5.5	5.5
National Statement (n=985)	5.5	5.6	5.5	5.4	5.3	5.4	5.6
Aboriginal and TSI Guidelines (n=418)	5.5	5.5	5.4	5.3	5.5	5.4	5.6
Communicating with Patients (n=235)	5.5	5.5	5.5	5.5	5.4	5.4	5.5
Quality Assurance guidelines (n=231)	5.5	5.5	5.4	5.4	5.4	5.4	5.5
Australian Code for Conducting Research (n=636)	5.4	5.4	5.3	5.3	5.1	5.3	5.3
HREC Bulletin (n=371)	5.3	5.5	5.3	5.4	5.4	5.3	5.4
Health Ethics Helpline (n=35)	5.2	5.2	5	4.9	5.3	4.9	5.1
Privacy Guidelines (n=584)	5.1	5.3	5.1	5	5.2	5	5.2

8.3   Experience completing and reviewing ethics applications

To gain an understanding of the perceived usefulness of different sources of ethics information and advice, stakeholders who had completed or reviewed an ethics application in the past three years were asked to indicate which sources of ethics information they used and which **one** source was the most useful.   Overall, 40% of stakeholders had completed an ethics application for research involving humans in the past three years. 22% had reviewed an ethics application in the past three years.

The most commonly used source of information when *preparing an ethics application* was the organisation's guidelines on ethical conduct in research involving humans (used by 82%) followed by the National Statement (used by 61%) and the Privacy Guidelines (used by 31%). Overall, 55% of stakeholders felt their organisation's guidelines were the most useful in assisting to prepare the application, while 25% felt the National Statement was the most useful.

In contrast, the most commonly used source of information when *reviewing an ethics application* was the National Statement (used by 75%), followed by the organisation's guidelines (used by 65%) and the Privacy Guidelines (43%). Nearly 50% felt the National Statement was the most useful source when reviewing an ethics application, while 23% felt their organisation's guidelines were the most useful.
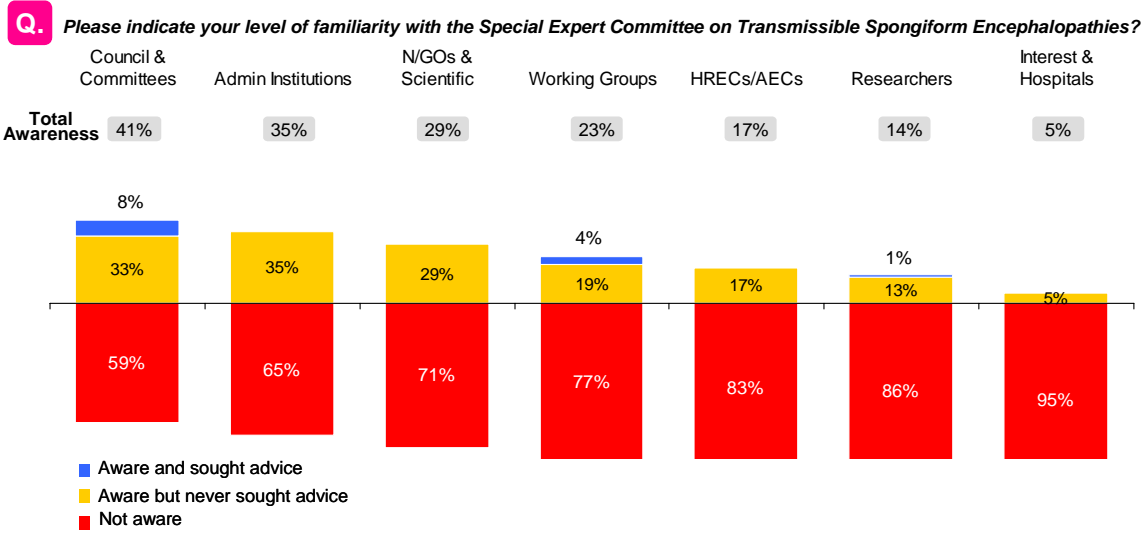
9. Scientific and technical advice

The NHMRC has several Expert Committees that provide scientific and or technical advice and information. The National Stakeholder Survey measured awareness of and satisfaction with the following Expert Committees:

• Special Expert Committee on Transmissible Spongiform Encephalopathy's (SECTSE) - The SECTSE provides independent, expert advice and scientific analysis to Australian governments, and draws on contemporary scientific data and knowledge, on all matters necessary to prevent and limit the spread of variant Creutzfeldt-Jakob Disease and other TSE in Australia.

• Expert Advisory Group on Antimicrobial Resistance (EAGAR) - The role of EAGAR is to provide expert advice to the Australian Government and State and Territory Governments, and Commonwealth Statutory authorities, on measures to reduce the risks of antimicrobial resistance.

• Gene & Related Therapies Research Advisory Panel (GTRAP) - GTRAP assists HRECs and researchers in the assessment of research proposals involving human somatic cell gene therapy and related issues, including stem cell research and xenotransplantation. A major part of GTRAP's brief includes mandatory review of all clinical trials that involve the introduction of genetic material into human subjects, prior to final approval by an HREC.

• Animal Welfare Committee - The Animal Welfare Committee provide advice on all matters pertaining to the use of animals for scientific purposes.

9.1 Awareness of Expert Committees

The majority of stakeholders are not aware of EAGAR or SECTSE (83% unaware), and overall only 1%-2% of stakeholders have used or sought advice from either of these Expert Committees. Awareness of SECTSE is slightly higher among Council and Committees, Administering Institutions and N/GOs and Scientific, although only a small proportion of these stakeholders have ever sought advice (see Figure 51). Awareness of EAGAR is higher among Council and Committees, Administering Institutions and Working Groups. Of the 12% of Hospitals and Interest Group stakeholders who are aware of EAGAR, all of them have used or sought advice (see Figure 52).

Figure 51   Level of familiarity with SECTSE

Q. *Please indicate your level of familiarity with the Special Expert Committee on Transmissible Spongiform Encephalopathies?*

	Council & Committees	Admin Institutions	N/GOs & Scientific	Working Groups	HRECs/AECs	Researchers	Interest & Hospitals
Total Awareness	41%	35%	29%	23%	17%	14%	5%
Aware and sought advice	8%			4%		1%	
Aware but never sought advice	33%	35%	29%	19%	17%	13%	5%
Not aware	59%	65%	71%	77%	83%	86%	95%

- ■ Aware and sought advice
- ■ Aware but never sought advice
- ■ Not aware

Base: n=186 (Council & Committees), n=72 (Admin Institutions), n=31 (N/GOs & Scientific), n=522 (WG), n=101 (HRECs/AECs), n=1165 (Researchers), n=42 (Interest & Hospitals)
Q6.24 (n=1588)

Figure 52   Level of familiarity with EAGAR
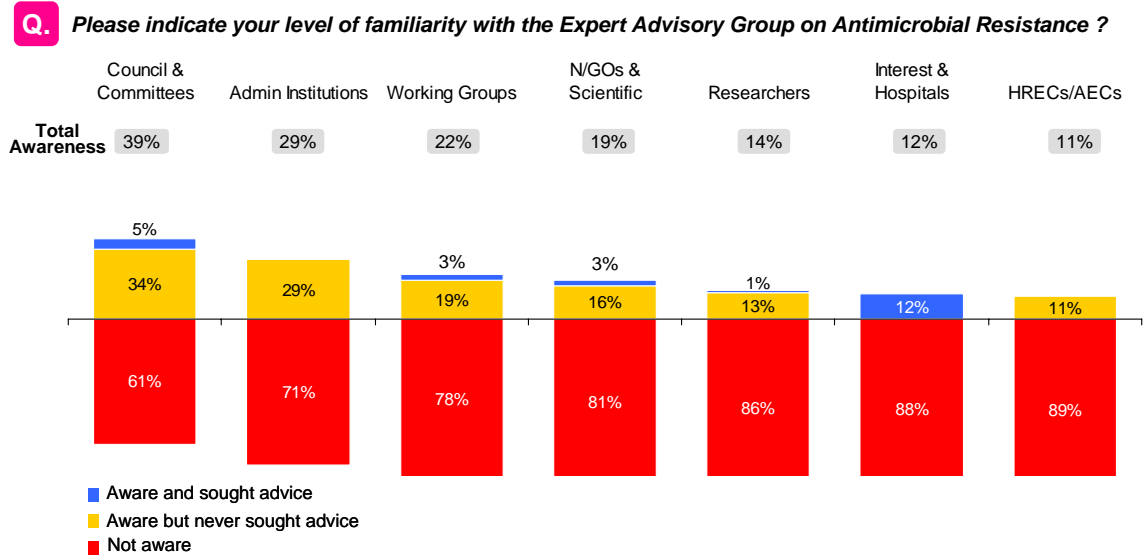
Q. *Please indicate your level of familiarity with the Expert Advisory Group on Antimicrobial Resistance ?*

	Council & Committees	Admin Institutions	Working Groups	N/GOs & Scientific	Researchers	Interest & Hospitals	HRECs/AECs
Total Awareness	39%	29%	22%	19%	14%	12%	11%
Aware and sought advice	5%		3%	3%	1%	12%	
Aware but never sought advice	34%	29%	19%	16%	13%		11%
Not aware	61%	71%	78%	81%	86%	88%	89%

- ■ Aware and sought advice
- ■ Aware but never sought advice
- ■ Not aware

Base: n=186 (Council & Committees), n=72 (Admin Institutions), n=31 (N/GOs & Scientific), n=522 (WG), n=101 (HRECs/AECs), n=1165 (Researchers), n=42 (Interest & Hospitals)
Q6.24 (n=1588)

In contrast to the awareness levels of EAGAR and SECTSE, awareness of GTRAP and AWC is significantly higher. One in three stakeholders are aware of GTRAP and one in two stakeholders are aware of AWC. Figure 53 highlights that the level of awareness of GTRAP differs by stakeholder group, with the highest levels of awareness exhibited by Administering Institutions and Council and Committees. Within the Council and Committee stakeholder group, the awareness levels of respondents identified by the NHMRC as Council and Committee members are significantly higher than they are for stakeholders who chose to opt into this stakeholder group. This pattern is evident in the awareness levels for all Expert Committees.

The variation in awareness is even more marked for the AWC, ranging from an awareness level of 70% among Administering Institutions to 21% among Hospital and Interest groups. The proportion of stakeholders who have used or sought advice is higher for AWC than for any other Expert Committee. As shown in Figure 54, 25% of HRECs/AECs and 21% of Hospital & Interest groups have sought advice from AWC.

Figure 53   Level of familiarity with GTRAP

Q. *Please indicate your level of familiarity with the Gene & Related Therapies Research Advisory Panel?*

Base: n=186 (Council & Committees), n=72 (Admin Institutions), n=31 (N/GOs & Scientific), n=522 (WG), n=101 (HRECs/AECs), n=1165 (Researchers), n=42 (Interest & Hospitals)
Q6.24 (n=1588)

Figure 54   Level of familiarity with AWC

Q. *Please indicate your level of familiarity with the Animal Welfare Committee?*

	Admin Institutions	Council & Committees	HRECs/AECs	N/GOs & Scientific	Working Groups	Researchers	Interest & Hospitals
Total Awareness	70%	60%	58%	55%	52%	52%	21%
Aware and sought advice	6%	11%	25%	3%	8%	6%	21%
Aware but never sought advice	64%	49%	33%	52%	44%	46%	
Not aware	30%	40%	42%	45%	48%	48%	79%

- ■ Aware and sought advice
- ■ Aware but never sought advice
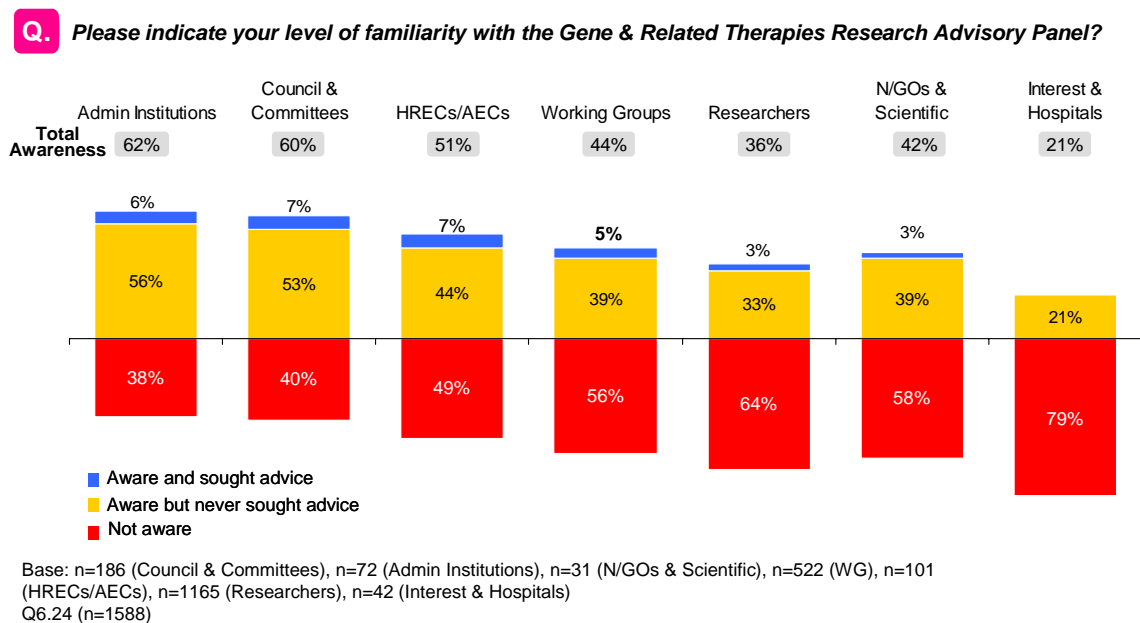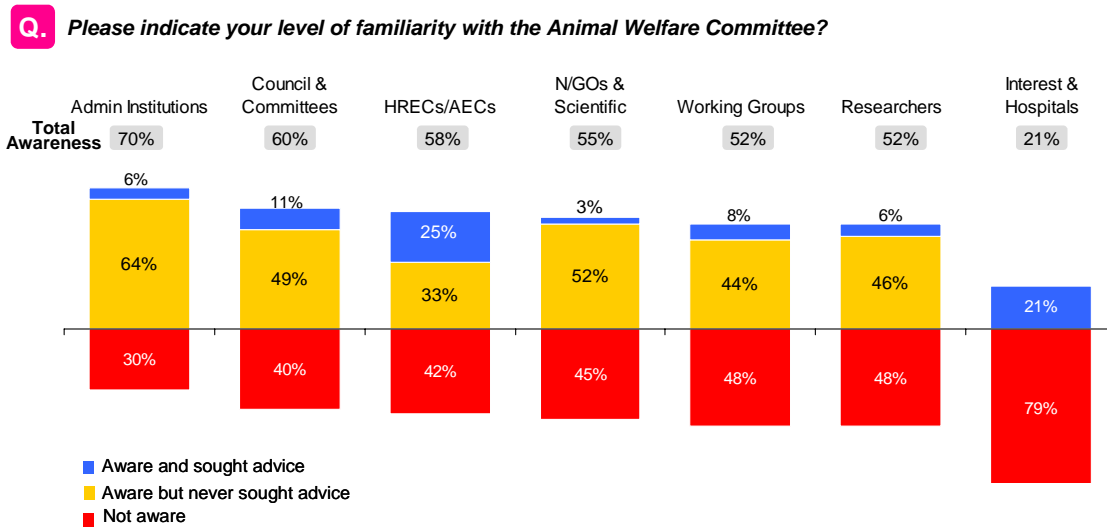- ■ Not aware

Base: n=186 (Council & Committees), n=72 (Admin Institutions), n=31 (N/GOs & Scientific), n=522 (WG), n=101 (HRECs/AECs), n=1165 (Researchers), n=42 (Interest & Hospitals)

9.2   Satisfaction with advice provided by Expert Committees

Stakeholders who indicated they have sought the advice of an Expert Committee were asked to rate the advice provided using a 7-point scale (where 1=very poor and 7=very good) on the following attributes:

- Overall satisfaction with the advice

- Meeting your needs

- Guidance provided

- Quality of the advice

- Usefulness of the advice

- Ease of accessing advice

- Clarity of the advice

- Timeliness of the advice

As discussed in the previous section of this report, the proportion of stakeholders who have actually used or sought advice from an Expert Committee is low; consequently the results for EAGAR and SECTSE are indicative only.

Overall, the advice provided by Expert Committees was rated highly by stakeholders. Ratings of the advice provided by SECTSE and EAGAR were the highest, followed by AWC and GTRAP – 100% of stakeholders rated their overall satisfaction with the advice provided by SECTSE and EAGAR as good, compared to 80% for AWC and 48% for GTRAP. With the exception of the AWC, stakeholder ratings tend to be comparatively lower for the timeliness, clarity and ease of accessing the advice than for the quality, usefulness and guidance provided by the advice.

Figure 55   Rating of advice provided by Expert Committees

Q. *How would you rate the advice provided by Expert Committees?*

	SECTSE n=28*	EAGAR n=20*	GTRAP n=53	AWC n=107
Your overall satisfaction with the advice	6.3	6.1	4.9	5.5
Meeting your needs	6.3	5.8	4.9	5.5
Guidance provided	6.3	6.0	4.9	5.5
Quality of the advice	6.4	6.0	5.0	5.6
Usefulness of the advice	6.2	5.7	4.9	5.6
Ease of accessing advice	6.0	5.2	4.7	5.5
Clarity of the advice	6.0	5.7	4.6	5.5
Timeliness of the advice	5.9	5.4	4.6	5.6

* = small base size. Indicative results only
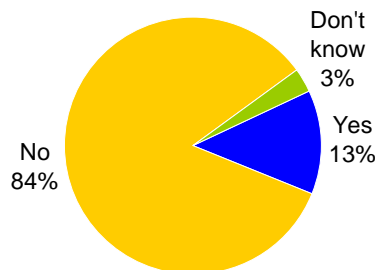
10. Regulating embryo research

Outcome 6 of the PMF relates to the regulation of embryo research and maintenance of the prohibition of human cloning. The National Stakeholder Survey provides measures to assess the achievement of Indicator 6.1 - *An effective national system of regulation*, namely *s*takeholder awareness and satisfaction with the implementation of the regulatory system, and the level of stakeholder understanding of responsibilities and rights under the legislation.

10.1 Awareness of the national system for regulating embryo research

Figure 56 provides insight regarding the proportion of NHMRC stakeholders acting in a role that requires awareness of the national system for regulating embryo research[10]. Awareness levels range from 32% of HRECs/AECs and 26% of Hospitals and Interest groups, to 9% of Researchers.

Figure 56   Awareness of national system for regulating embryo research

Q. *Does your role require you to be aware of the national system for regulating embryo research?*

Don't know 3%

Yes 13%

No 84%

% awareness of national system for regulating embryo research for each stakeholder group	
HRECs / AECs (n=98)	**32%**
Interest & Hospitals (n=42)	**26%**
Council & Committees (n=187)	**24%**
N/GOs & Scientific (n=31)	**19%**
Working Groups (n=522)	**11%**
Researchers (n=1158)	**9%**

Base: n=1524

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[10] NHMRC Staff and Administering Institutions were not asked to complete the module addressing the National System for Regulating Embryo Research.

10.2 Awareness and familiarity with legislative requirements

Stakeholders who indicated that their role requires an awareness of the national system for regulating embryo research were asked about their awareness and level of familiarity with the acts, guidelines, codes of practice and organisations that affect the regulation of embryo research.

As shown in Figure 57, awareness levels are highest for *Research Involving Human Embryos Act 2002* and *Prohibition of Human Cloning Act 2002*. With the exception of Researchers, awareness is also high for *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research – NHMRC 2004* and *Ethical Guidelines on Assisted Reproductive Technology – NHMRC 1996.* The *NHMRC Licensing Committee* achieved the lowest levels of awareness, with only 46% of Researchers and 52% of HRECs/AECs whose role requires an awareness of the national system for regulating embryo research aware of the Licensing Committee.

Figure 57   Awareness and familiarity with legislative requirements

Q. *Which of the following are you aware of? How would you rate your familiarity…?*

	HRECs/ AECs		Council & Committees		Working Groups		Researcher	
	Awareness	Familiarity*	Awareness	Familiarity	Awareness	Familiarity	Awareness	Familiarity
Prohibition of Human Cloning Act 2002 n=147	81%	4.0	86%	5.2	86%	5.3	76%	4.3
Ethical guidelines on the use of assisted reproductive technology in clinical practice and research – NHMRC 2004 n=137	81%	5.0	80%	5.3	79%	5.1	59%	5.0
Ethical Guidelines on Assisted Reproductive Technology – NHMRC 1996 n=116	74%	4.6	68%	5.2	70%	5.1	47%	4.2
Research Involving Human Embryos Act 2002 n=154	74%	4.2	91%	5.1	86%	5.1	80%	4.2
NHMRC Licensing Committee n=102	52%	4.3	80%	6.0	61%	5.6	46%	4.7

Base: n=192 (those aware), n=31/23 (HRECs/AECs aware/familiar), n=44/40 (Council & Committees aware/familiar)

Q5.3 – Q5.4 Note: *=Caution small base size

The level of familiarity with *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* is consistent across all stakeholder groups. In contrast, familiarity levels with other acts, guidelines, and organisations that affect the regulation of embryo research differ by stakeholder group.

10.3 Awareness, usage and satisfaction with information provided on the regulation of embryo research

The NHMRC provides information and advice on the regulation of embryo research by utilising a range of mediums including fact sheets, information kits, Licensing Committee Bulletins, procedural advice provided by the Licensing Committee, and information exchange visits. Stakeholders who indicated that their role requires an awareness of the national system for regulating embryo research (13% of all stakeholders) were asked a series of questions in relation to these NHMRC communications.

10.3.1 Awareness and usage of information on the regulation of embryo research

Almost 50% of stakeholders are aware of fact sheets and of those who are aware, 63% have utilised them. Awareness of other types of NHMRC information on the regulation of embryo research is lower (ranging from 31% to 15% awareness), although the conversion figures (i.e. the proportion of those who are aware that actually utilise the publication/advice) for information kits, Information exchange visits and Licensing Committee Bulletins are good. In contrast, whilst the awareness level for procedural advice provided by the Licensing Committee was the second highest at 31%, the conversion figure is comparatively low (29%).

Figure 58   Awareness and usage of information provided by the NHMRC on the regulation of embryo research

Q. *Please indicate your awareness and usage of each of the following?*
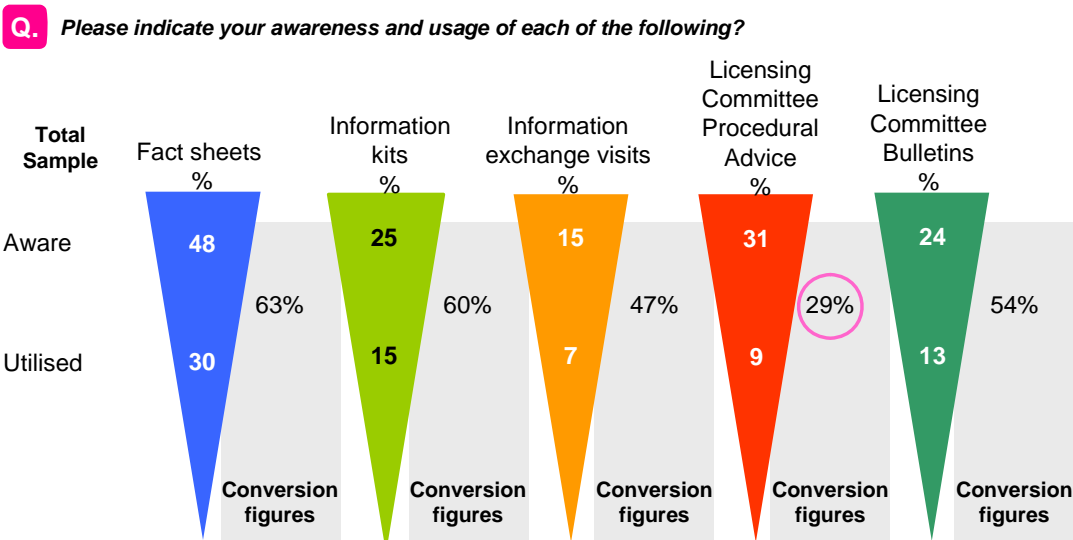
Base: n=192 (Total) (Based on respondents whose role requires awareness of embryo research at Q5.1)
Q5.5 – Q5.6

It is also important to note that 42% of Researchers and 39% of HRECs/AECs, who require an awareness of the national system for regulating embryo research as part of their role, were not aware of any of the sources of information or advice provided by the NHMRC.

10.3.2 Satisfaction with information on the regulation of embryo research

Stakeholders were also asked to rate each source of information or advice they had utilised in terms of:

- meeting your needs overall

- helpfulness in assisting you to know whether you need a licence

- usefulness in assisting you to apply for a licence

- clarity and ease of understanding the information provided

- comprehensiveness of the information provided.

The results are presented in Figure 59 (over the page), however, due to the small proportion of stakeholders able to answer these questions, the results should be treated as indicative only[11]. Stakeholder ratings were similar for fact sheets and information kits and both sources of information were rated comparatively low in regard to 'helpfulness in assisting you to know whether you need a licence' and 'usefulness in assisting you to apply for a licence'. However, it should be noted that only 3% of stakeholders have applied for a licence and only 3% have ever considered applying.

10.3.3 Licence requirements

Overall, 71% of stakeholders believe a licence may be required when planning to undertake research using excess assisted reproductive technology (ART) embryos, 51% when planning to undertake research using human stem cells and 27% when planning to undertake research involving patients undergoing IVF treatments. One in five stakeholders do not believe a licence is required in any of these situations. Figure 60 presents the results by stakeholder group.

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[11] The sample sizes for information exchange visits, the Licensing Committee Bulletin and procedural advice provided by the Licensing Committee were insufficient to allow reporting.

**Figure 59   Rating of fact sheets and information kits**

Q. *How would you rate the information source on the following…?*

Fact Sheets n=57	Total	Researcher*	Internal Stakeholder*
Meeting your needs overall	5.3	5.1	5.6
Assisting to know if a licence is needed	5.1	4.9	5.5
Assisting you to apply for a licence	4.9	4.6	5.1
Clarity and ease of understanding information	5.4	5.2	5.5
Comprehensiveness of the information	5.3	4.9	5.6
Information Kits n=29*	Total*	Researcher*	Internal Stakeholder*
Meeting your needs overall	5.3	5.3	5.4
Assisting to know if a licence is needed	5.1	5.2	5.2
Assisting you to apply for a licence	4.7	5	4.8
Clarity and ease of understanding information	5.2	5.2	5.4
Comprehensiveness of the information	5.2	5.1	5.4

Base: Those who aware in Q5.4, n=27 (Researcher), n=28 (Internal Stakeholder)
Q5.7.1 –Q5.7.2 (n=57) Note: * = Caution small base size
Internal Stakeholder is a nett of: Council & Committees, Working Groups

Figure 60   Circumstances requiring a licence

Q. *In which of the following circumstances do you think you may require a licence?*
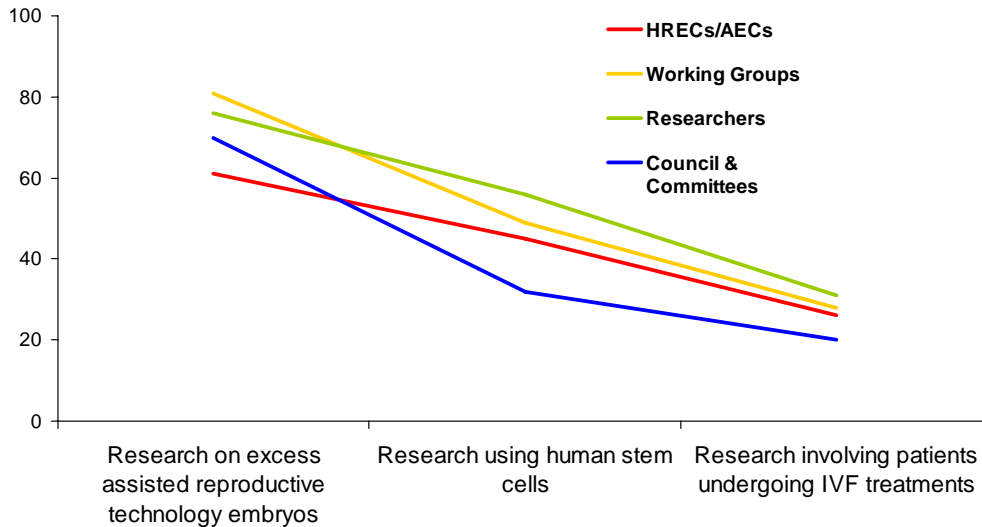
Base: n=192 (Based on role requires awareness of embryo research at Q5.1), n=31 (HRECs/AECs), n=57 (WG),
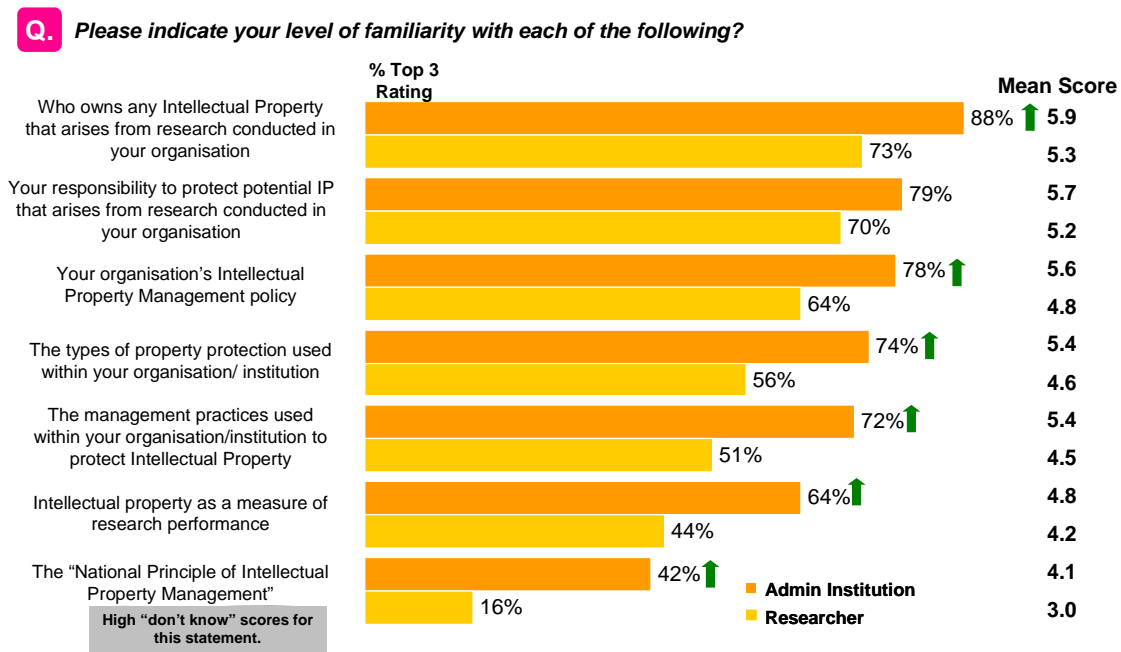n=103 (Researchers), n=44 (Council & Committees)   Source: Q5.8

11. Intellectual property

Utilising knowledge is a key outcome for the NHMRC, and Indicator 3.3 of the PMF states that increased commercial activity will be measured through researchers' awareness and knowledge in protecting and managing intellectual property created as a result of all research funded by the NHMRC. The National Stakeholder Survey measured the familiarity of Researchers and Administering Institutions[12] with intellectual property protection and management practices and principles, as well as the types of intellectual property management practices currently in place.

11.1 Familiarity with intellectual property protection and management

Figure 61 presents the level of familiarity of Researchers and Administering Institutions with a range of intellectual property (IP) protection and management practices.

Figure 61   Familiarity with IP protection and management

Q. *Please indicate your level of familiarity with each of the following?*

Statement	% Top 3 Rating	Mean Score
Who owns any Intellectual Property that arises from research conducted in your organisation	88% / 73%	5.9 / 5.3
Your responsibility to protect potential IP that arises from research conducted in your organisation	79% / 70%	5.7 / 5.2
Your organisation's Intellectual Property Management policy	78% / 64%	5.6 / 4.8
The types of property protection used within your organisation/ institution	74% / 56%	5.4 / 4.6
The management practices used within your organisation/institution to protect Intellectual Property	72% / 51%	5.4 / 4.5
Intellectual property as a measure of research performance	64% / 44%	4.8 / 4.2
The "National Principle of Intellectual Property Management"	42% / 16%	4.1 / 3.0

High "don't know" scores for this statement.

■ Admin Institution
■ Researcher

Base: n=74 (Admin institutions), n=1174 (Researchers)
Source: Q7.1(n=1296)   Note: Significantly higher ⬆ rating than respondents overall.

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[12] Only Researchers and Administering Institutions were asked to complete the Intellectual Property Module of the questionnaire.

Familiarity levels are highest for understanding of the *responsibility* to protect potential intellectual property and the *ownership* of potential intellectual property that arises from research – over 70% of stakeholders rated their familiarity with these issues as good.

For both Researchers and Administering Institutions the level of familiarity with the intellectual property management policy of their organisation/institution was considerably higher than the level of familiarity with the *National Principle of Intellectual Property Management*. In fact, only 16% of researchers rated their familiarity with the *National Principle of Intellectual Property Management* as good (mean score of 3.0), compared to 64% for the intellectual property management policy of their organisation (mean score of 4.8). Perhaps of more concern is the fact that only 51% of researchers felt their level of familiarity with the management practices used within their organisation/institution to protect intellectual property was good.

11.2 Intellectual property management practices and compliance

The most commonly used intellectual property management practices are: keeping laboratory notebooks, having a dedicated person to manage commercial interests and patent protection. Audits to identify potential intellectual property and sign-off on laboratory notebooks are less common practices (refer to Figure 62).

Researchers and Administering Institutions were also asked to comment on the level of compliance within their organisation, in regard to completing all requirements of these intellectual property management practices. Figure 63 highlights that compliance levels are rated reasonably well. The lowest compliance ratings are for sign-off on laboratory notebooks and audits to identify potential intellectual property, with only 57% to 64% of Researchers rating compliance with these practices as good.

**Figure 62   IP management practices used within the organisation**

Q. *Which of the following management practices are used within your organisation to protect IP?*

% Yes – practice used

Keeping laboratory notebooks
- Admin Institution: 53%
- Researcher: 64%

A dedicated person to manage commercial interests
- Admin Institution: 55%
- Researcher: 52%

Patent protection
- Admin Institution: 54%
- Researcher: 52%

Sign-off on laboratory notebooks
- Admin Institution: 38%
- Researcher: 31%

Audits to identify potential intellectual property
- Admin Institution: 26%
- Researcher: 15%

■ Admin Institution
■ Researcher
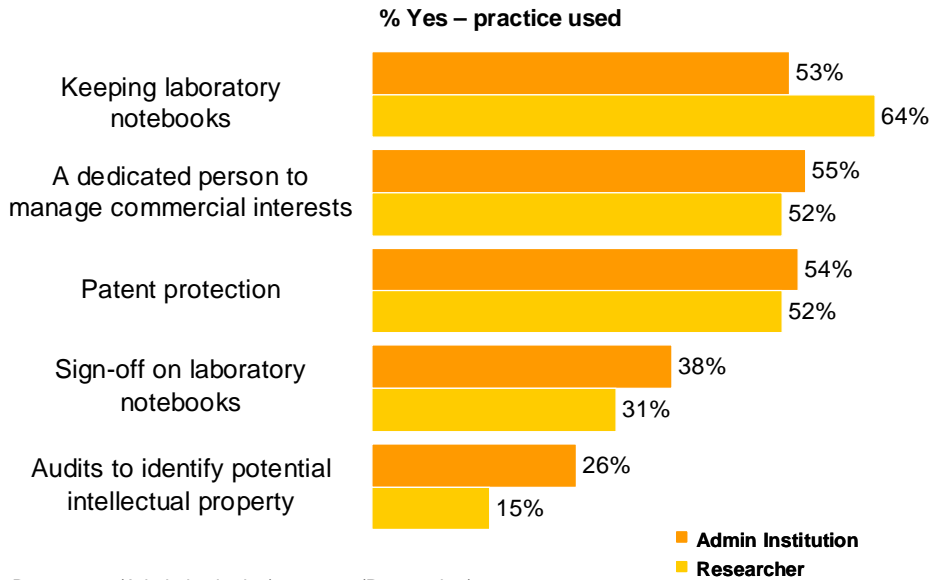
Base: n=74 (Admin institution), n=1174 (Researcher)
Source: Q7.2 (n=1296)

Figure 63   Compliance with IP management practices

Q. *Overall, how would you rate the level of compliance within your organisation in regard to completing all requirements of the following Intellectual Property management practices?*

Mean Score

Keeping laboratory notebooks
n=812
- Admin Institution: 5.9
- Researcher: 5.5

Patent protection
n=677
- Admin Institution: 5.9
- Researcher: 5.4

Sign-off on laboratory notebooks
n=397
- Admin Institution: 5.7
- Researcher: 4.6

Audits to identify potential intellectual property
n=210
- Admin Institution: 5.8 *
- Researcher: 5.1

■ Admin Institution
■ Researcher
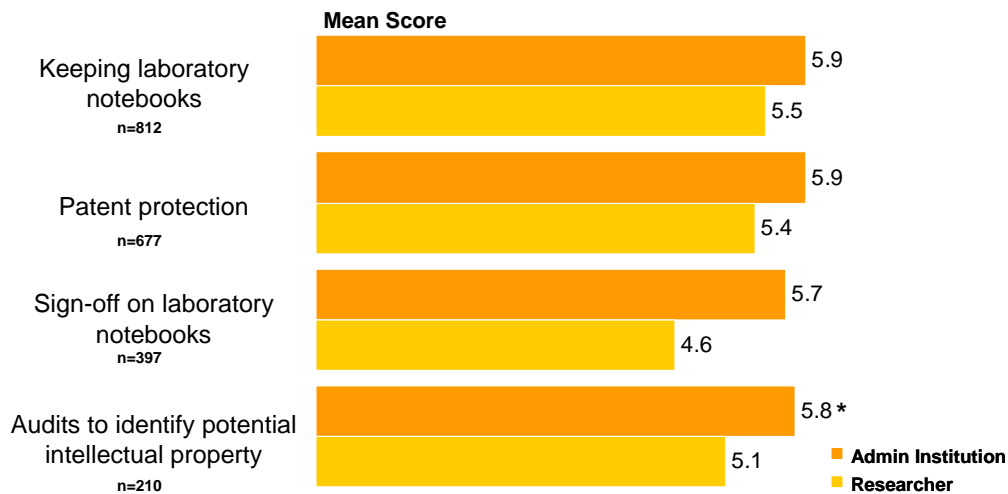
Base: n=74 (Admin institution), n=1174 (Researcher)
Q7.3 (n=1296) Note: *=Caution small base size

Appendix A

Survey development and methodology

A.1 Survey development

The National Stakeholder Survey is"indicative" survey providing broad, big-picture information across a range of services and products provided by the NHMRC to their stakeholders. In addition to input from the Performance Measurement Framework, development of the survey included the following key steps:

• discussions with the NHMRC Working Group

• in-depth interviews with 45 stakeholders

• review of NHMRC documentation, including the PMF

• peer review of the questionnaire

• a survey workshop with the NHMRC Working Group

• an extensive pilot test of the questionnaire, including cognitive testing.

A.1.1 Discussions with NHMRC Working Group

TNS engaged in discussions with the NHMRC Working Group to scope the project and inform the issues to be covered in the qualitative phase. The survey methodology and sampling strategy were also discussed in detail with the Working Group.

A.1.2 In-depth interviews with stakeholders

In-depth interviews were conducted with stakeholders to inform the development of a model for the questionnaire and specifics for survey content. The main purpose of conducting preliminary qualitative research was to ensure that the survey represented the key issues and concerns across all the key stakeholder groups identified, from the stakeholder's perspective. As the NHMRC had not previously conducted a study of this nature, it was critical to gain insight regarding the issues that are important to stakeholders, and to engage stakeholders in the survey process.

Consultation with a representative selection of the NHMRC's key stakeholders was undertaken between 10th and 27th May 2005. In total, 40 in-depth interviews were conducted and 45 stakeholders participated (full details of the organisations and stakeholder groups that participated in the qualitative phase are outlined in Appendix E). All interviews were conducted by senior TNS researchers and lasted for approximately one hour. The majority of interviews were conducted face-to-face, and all interviews were confidential.

A.1.3 Review of NHMRC documentation

The questionnaire was informed through a review of NHMRC documentation and publications. The NHMRC PMF was a key input to the survey development process.

A.1.4 Peer review

An academic peer review of the questionnaire was undertaken by Mark Francas, National Director TNS Social Research. This academic review considered the alignment between the survey and the theoretical aspects it encompasses, specifically satisfaction, and evaluated the survey in light of the feedback required to meet the objectives of the survey program.

A.1.5 Workshop with the NHMRC Working Group

A two-hour workshop with the NHMRC Working Group was conducted to discuss the draft questionnaire framework, modules, routing and content. The objective of this workshop was to ensure that the questionnaire included appropriate measures that are relevant to current stakeholder issues, whilst being cognisant of comparability issues. There was also a need to establish benchmarks and key performance indicators for comparison in future evaluations.

A.1.6 Pilot test

The questionnaire was also further refined following a large-scale pilot test of the survey methodology and instrument. A comprehensive discussion of the pilot phase, and the resultant refinements to both the questionnaire and the methodology, is presented in the *NHMRC National Stakeholder Survey Pilot Test Report* prepared in June 2005 by TNS.

In broad terms, the pilot phase involved a full test of the survey methodology and instrument (with a sample of n=186 stakeholders), cognitive testing and statistical testing and refinement of the survey instrument. The pilot allowed for the early detection of any problems with regards to question wording and structure, and provided an important quality control step. More specifically, the pilot allowed for the sample management strategy to be tested and refined, the identification of potential technical difficulties, and the opportunity to statistically test the reliability of the questionnaire and the robustness of the models of stakeholder satisfaction.

Information sources used to inform refinements to the questionnaire and methodology included:

• Feedback provided by respondents on the questionnaire structure, content or format (over 30 comments were provided on these aspects of the survey).

• Feedback provided through cognitive interviews on the overall survey experience and any phrases, words or instructions that were not clear.

- Analysis of surveys that were started but not completed.

- Internal quality assurance processes and survey testing.

- Statistical analysis of the pilot data - regression analysis was undertaken to identify any weak regression models (e.g. low correlation between the dependent and any independent, high levels of multicollinearity etc).

A.2   Survey methodology

Fieldwork for the 2005 National Stakeholder Survey was conducted in three distinct phases:

- A series of **in-depth interviews**, with a broad range of stakeholders identifying the key issues and 'touch points' for the stakeholder groups. This informed the questionnaire design (as discussed in Section A.1).

- A large-scale **online pilot** to test the proposed methodology and statistically test and refine the questionnaire. Questionnaire refinement was informed by **cognitive testing** of the questionnaire, **respondent feedback** and statistical testing of the **reliability and robustness** of the survey instrument.

- The main **online stakeholder survey**.

A.2.1   Online methodology

The National Stakeholder Survey was conducted using an online methodology. The online methodology allowed respondents to complete the survey at a time convenient to them, and represented a cost-effective means of collecting data across a large and geographically dispersed sample. Whilst computer literacy of the target audience and the level of internet access was high, in about a dozen cases the survey was administered over the telephone by a TNS researcher as the respondent was not able to access the survey due to firewall restrictions or low levels of computer literacy.

The 'look and feel' of the online survey was aligned with the NHMRC's brand image, and the survey featured the NHMRC logo and colours. The pilot survey was in field for one week (3 to 10 June 2005) and a reminder email was sent to those who had not responded to the survey two days before the closing date. The main survey was in field for two weeks (23 June to 8 July 2005), and respondents were sent two reminder emails; the first after one week in field and the second two days before the closing date.

Several important features of the online methodology employed for this survey positively influenced the response rate and the integrity of the data:

- **Partial completion** - the capability of allowing respondents to go back into surveys that are partially completed. This assists in reducing respondent fatigue and increases the likelihood of receiving completed surveys.

- **Unique survey links** - all respondents were sent, by e-mail, a unique link, and each link was only able to be completed once. On completion of the survey, the unique link is registered as having been used and will not allow the respondent to access the survey again.

- **Quality assurance and validation** – in-built quality checks and validation filters to identify respondents who give conflicting responses.

A.2.2 Sampling

The contact lists used to distribute links inviting stakeholders to participate in both the pilot and main survey were developed specifically for this study by the NHMRC. The NHMRC provided TNS with contact lists for each stakeholder group and TNS cleansed these lists to eliminate duplicate records.   As the stakeholder groups were defined based on the nature of interaction and involvement with the NHMRC and were not mutually exclusive, it was possible for individual stakeholders to belong to more than one stakeholder group.   The following stakeholder groups participated in the survey:

1. Current NHMRC grant recipients (referred to as Researchers)

2. Members of NHMRC Working Groups

3. Chairs of Human Research Ethics Committees and Animal Ethics Committees (referred to as HRECs/AECs)

4. NHMRC Staff

5. Members of the NHMRC Council and Principal Committees

6. Members of Expert Committees

7. Administering Institutions

8. Professional and Scientific Organisations

9. Hospitals and Health Centres

10. Government Organisations and Non-Government Organisations

11. Community and Special Interest Groups (including IVF stakeholders).

The first six stakeholder groups define specific individuals, whilst the last five groups define organisations. For the last five stakeholder groups the NHMRC identified the key individuals who

interact with or have involvement with the NHMRC and the survey was personally addressed to these individuals.

The pilot survey was distributed to a stratified random sample of 401 stakeholders drawn from the total sample. The sample was stratified by stakeholder group, and small stakeholder groups were boosted to a minimum sample size of ten.

Prior to the main survey going into field and after the sampling frame for the survey was set, as a separate initiative the NHMRC invited the Chairs of HRECs to provide the names of individual members of their HREC who may wish to participate in the survey. The individual HREC members whose names were provided as part of this process were then also invited to participate and as a result, 82 individuals opted into the survey.

It should be noted that this stakeholder group is outside of the original sampling frame. Consequently, they were not classified as members of the HREC/AEC stakeholder group, nor were they classified within any other particular stakeholder group. Also, as this group came from less than 10% of all HRECs, this sample may not be representative of all individual HREC members.

The main survey was distributed to all stakeholders who did not take part in the pilot. It was initially anticipated that sampling would be required for the main survey. However, following cleansing and the removal of duplicates, the resultant stakeholder population was such that given a target of 1,500 completed surveys, a questionnaire was sent to the total sample list.

A.2.3 Questionnaire content and structure

The questionnaire shown in Appendix F follows a modular structure. The questionnaire contains a set of generic questions about the role of the NHMRC that are asked of all stakeholder groups, and a series of modules addressing specific types of interactions with the NHMRC and specific services and products provided by the NHMRC. Each module is only asked of respondents fitting specific screening criteria – these criteria may be based on responses to previous questions within the survey, or the stakeholder group/s the respondent was pre-identified as belonging to by the NHMRC.

Figure 64 presents an overview of the structure of the questionnaire. Each module was designed to provide the NHMRC with information on the two discrete areas of inquiry set out in the brief, namely:

1. Quantification of the awareness of stakeholders regarding the NHMRC's activities; and

2. Satisfaction with the usefulness, quality, accessibility and timeliness of the NHMRC's products and services.

Figure 64   **Overview of questionnaire modules**

Role of the NHMRC

Engagement with the Community

Application & Review of Grants

Internal Communications

Governance

Regulating Embryo Research

Health Information

Ethics Information

Scientific & Technical Advice

Intellectual Property
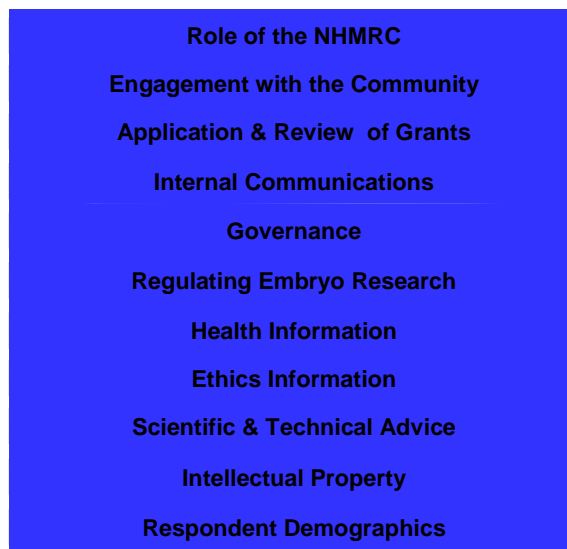
Respondent Demographics

Figure 65 diagrammatically depicts the questionnaire routing and structure based on stakeholder group membership. The length of the questionnaire for any individual respondent could range from 10 to 45 minutes, depending on the breadth and extent of interaction and involvement with the NHMRC.

Figure 65   Overview of questionnaire structure and routing

		Staff	Council and PCs, Expert Committee & Working Committee	2004 Researchers	HRECs and AECs	Admin Institutions	GOs and NGOs	Professional and Scientific	Community and Special Interest	Hospitals and Health Centres
Section 1	Role of NHMRC	✓	✓	✓	✓	✓	✓	✓	✓	✓
Section 2A (Q2.1.1-Q2.9)	Community Engagement	✓	✓	✓	✓	✓	✓	✓	✓	✓
Q2.10		Self determining "apply for a grant / review a grant / grant admin"								
Section 2B (Q2.11-Q2.12)		X	If applied for grant	If applied for grant	If applied for grant	✓	If applied for grant	If applied for grant	If applied for grant	If applied for grant
Section 2C (Q2.13-Q2.14)		X	if reviewed grant application	if reviewed grant application	if reviewed grant application	if reviewed grant application	if reviewed grant application	if reviewed grant application	if reviewed grant application	if reviewed grant application
Section 2D (Q2.15-Q2.16)		X	if involved in grant admin	if involved in grant admin	if involved in grant admin	✓	if involved in grant admin	if involved in grant admin	if involved in grant admin	if involved in grant admin
Section 2E (Q2.17)		X	apply/review/admin	apply/review/admin	apply/review/admin	✓	apply/review/admin	apply/review/admin	apply/review/admin	apply/review/admin
Section 3A (Q3.1-Q3.11)	Information Management (Staff)	✓	X	X	X	X	X	X	X	X
Section 3B (Q3.12-Q3.15)	Information Management (Council)	X	✓	X	X	X	X	X	X	X
Section 4	Governance	✓	✓	X	X	X	X	X	X	X
Section 5 (Q5.1)	Embryo Research	Self determining "role requires awareness"								
Section 5 (Q5.2-Q5.9)	Embryo Research	X	if role requires awareness	if role requires awareness	if role requires awareness	X	if role requires awareness	if role requires awareness	if role requires awareness	if role requires awareness
Section 6A (Q6.1-Q6.4.3)	Health Advice	X	✓	✓	✓	✓	✓	✓	✓	✓
Section 6B (Q6.5-Q6.20.2)	Ethics Advice	X	✓	✓	✓	✓	✓	✓	✓	✓
Section 6B (Q6.21.1-Q6.21.3)	Ethics Advice	X	If completed ethics application	If completed ethics application	If completed ethics application	If completed ethics application	If completed ethics application	If completed ethics application	If completed ethics application	If completed ethics application
Section 6C (Q6.22.1-Q6.23)	Ethics Advice	X	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application	if reviewed ethics application
Section 6D (Q6.24-Q6.30)	Scientific/ technical advice	X	as applicable	as applicable	as applicable	as applicable	as applicable	as applicable	as applicable	as applicable
Section 7	Intellectual Property	X	X	✓	X	✓	X	X	X	X

A.2.4 Data collection

Prior to receiving the survey link from TNS, stakeholders received a letter of endorsement from Professor Alan Pettigrew, the Chief Executive Officer of the NHMRC. The letter was distributed to all stakeholders via email. The letter had the following communication objectives:

• explain the purpose and importance of the study

• encourage participation

• explain the survey process and introduce TNS

• provide a contact point for those who had further questions

• emphasise that participation is voluntary and entirely confidential.

Stakeholders were then approached by TNS via email and invited to participate in the survey. The email invitation reinforced the messages contained within the original invitation from the NHMRC and contained a unique link to the survey.

The National Stakeholder Survey was complemented with a communications strategy managed by the NHMRC. The communications strategy, run both before and during the study, had a clear message: that the survey results would be used to make a difference, and that participating in the survey was worthwhile and would help improve the NHMRC's service delivery.

The communications strategy incorporated an internal and external component to ensure all stakeholder groups were reached. In addition to direct personalised communications to all stakeholders, the NHMRC included a link and information about the survey on their website and in internal electronic newsletters and publications. Throughout the survey period, responses were monitored by TNS and email reminders were sent to those who had yet to reply.

Appendix B

Response rate and confidence levels

B.1   Response rate

The overall response rate for the NHMRC National Stakeholder Survey was 49%. This response rate is comparatively good and sits at the top end of the industry-expected standard for unsolicited online surveys (usually between 20% and 50%). The high response rate ensures that the results are reliable and representative of the opinions of stakeholders overall.

In the pilot phase, survey links were emailed to 401 stakeholders. A total of 186 surveys were completed - 27 were unable to be completed due to an incorrect email address (bounce back), the stakeholder being away during the survey period, or incorrect inclusion in the sample - resulting in a response rate of 50% (refer to Figure 66).

A strict policy on the management of bounce back surveys was employed throughout the pilot and main study, to ensure that an accurate record of response rates and completions was achieved. Bounced emails were logged and sent back to the NHMRC for verification of the address. Where possible an invitation was re-issued. In the case of a respondent who was selected for inclusion in the pilot survey being away during the survey period, a replacement was randomly drawn for inclusion in the pilot and the original respondent transferred to the main survey sample.

Survey links were emailed to 3356 stakeholders for the main survey and less than 10% were returned as a bounce back, or due to the stakeholder being away during the survey period, or incorrect inclusion in the sample. 1505 surveys were completed during the two-week field period, resulting in a response rate of 49% (refer to Figure 66).

Figure 66   Response rate

ORIGINAL SAMPLE	ADJUSTED SAMPLE SIZE	NUMBER OF SURVEY RESPONSES	RESPONSE RATE
Pilot N=401	Pilot N=374	Pilot Complete N=186 Incomplete N=46	50%
Main N=3356	Main N=3068	Main Complete N=1505 Incomplete N=376	49%
	Reasons for sample size reduction: • Out of office during the survey period • Advised inability to participate in response to invitation letter • Not enough interaction to comment • Incorrect email address	**Reasons for incomplete survey responses:** • Clicked on the link only • Stopped answering before the end of the survey	
TOTAL N=3757	**TOTAL N=3442**	**TOTAL N=1691**	**49%**

This report presents "Total" results, which include the sample obtained from both the pilot and the main survey. Due to the similarity between the methodology and survey instrument employed for the pilot and the main study, the data was integrated for analysis purposes. This approach was endorsed by the NHMRC Working Group as the short timeframe between the pilot and the main study, the comparability of the methodological approach and questionnaire and the statistical analysis of the resultant data supported the integrity of merging the two data sets.

Whilst the number of completed surveys (n=1691, n=186 in the pilot and n=1505 in the main) exceeds the NHMRC's target of n=1500, it had been anticipated that the response rate for the main survey would exceed the pilot due to the survey being in field for twice the period of time. It is hypothesised that the communications that accompanied the pilot survey and emphasised the important role of the pilot in shaping and informing the final survey contributed to the response rate achieved with only one week in field.

RECOMMENDATION 1

Communications that accompany the next wave of the National Stakeholder Survey should have a greater emphasis on the importance and role of the survey, and in particular, reinforce that each respondent has been specifically selected to participate in the survey.

B.2 Improving the response rate

In devising strategies to further improve the response rate in subsequent survey waves, it is useful to investigate factors that potentially influenced the response rate achieved for the 2005 National Stakeholder Survey. The sheer volume of emails TNS received from stakeholders explaining the reasons they were unable to participate in the survey[13], indicates a high level of involvement and commitment to the NHMRC that could be harnessed in future surveys, if the barriers to participation were removed. A number of factors were identified that potentially impacted the response rate:

- Overlap in the **timing** of the survey period with the **NHMRC grant review processes** – This is an issue that was raised by a number of participants, with many feeling they were already committing a great deal of time to the NHMRC on a voluntary basis and it was unrealistic of the NHMRC to expect them to give any additional time at this stage in the funding cycle.

- **Timing** of the National Stakeholder Survey with regards to the **NHMRC 10 Year retrospective survey process**. The National Stakeholder Survey closely followed a very lengthy online survey which sought information from grant recipients regarding the outcomes they achieved from NHMRC funding they had been awarded over the past 10 years. Although the timing of this particular survey was considered in planning the National Stakeholder Survey, a six month delay in the timing of the 10 Year retrospective survey resulted in the two surveys falling within a few months of each other.

  The impact of this was twofold. Having recently completed a lengthy survey for the NHMRC, a number of respondents replied indicating they did not wish to complete *another* survey; whilst other respondents thought this was the same survey and indicated they had already completed it.

- A number of respondents were away or **out of the office** during the survey period.

- Several respondents were not able to access the online survey due to institutional **firewall restrictions**, low levels of computer literacy or lack of access to the internet. Whilst many of these respondents completed the survey via a telephone interview, it is likely that some respondents experiencing these types of issues did not contact TNS to arrange an alternative survey completion mechanism.

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[13] The number of explanatory emails received was in excess of 150. In TNS' experience it is unusual to receive such a large number of personal replies in response to an online survey.

RECOMMENDATION 2

The timing of the next wave of the National Stakeholder Survey should be carefully considered to ensure it does not coincide with other NHMRC commitments and processes.

B.3   Confidence levels

The market research industry uses a rule of thumb to calculate acceptable levels of confidence in survey samples. In general, 95% accuracy with a confidence level of
+/- 5% is considered an acceptable level of sampling error.

The sample size and resultant response rate achieved in the National Stakeholder Survey gives the total results +/-2.5% accuracy with a 99% level of confidence, thus ensuring the results are reliable and representative of the opinions of NHMRC stakeholders.

Appendix C

Reporting and analysis format

C. Reporting and analysis format

To assist the NHMRC in interpreting stakeholder opinions, the survey findings are generally reported visually in charts as means and/or proportion results based on the critical findings.

Means allow for a quick and easy visual comparison of results and have been calculated for questions that stakeholders answer on a 7-point scale. A range of 7-point scales were employed in the questionnaire and stakeholders also had the option of choosing "don't know/not applicable", as shown below.

1	2	3	4	5	6	7	99
Very dissatisfied			Neither satisfied nor dissatisfied			Very satisfied	Don't Know
Very poor			Neither good nor poor			Very good	Don't Know
Very unfamiliar			Neither familiar nor unfamiliar			Very familiar	Don't Know
Very unimportant			Neither important nor unimportant			Very important	Don't Know

Following industry best practice, all mean calculations exclude 'don't know' responses. However when proportions are reported, 'don't know' responses are included.

Results are also reported based on the proportion of respondents marking the top three response options – that is, 5, 6, or 7 on a 7-point scale. The top three response options indicate a 'positive' response, and these results may be referred to as the proportion who are 'satisfied' or 'familiar' or who rate an aspect of performance as 'good' or 'important'.

Overall results are reported for all questions; that is, the result for all stakeholders who answered a particular question. For the purposes of this evaluation, these overall results are referred to as "Total". Due to the short timeframe and similarity between the pilot study and the main study, the pilot data has been merged with the data from the main study. Thus the total number of respondents is n=1691. It was possible to merge the data from the pilot with the data from the main survey as, while the survey instrument and methodology were refined following the pilot, the changes were minor, with minimal impact on the reliability or comparability of the data.

As previously discussed in Section A.2.2, the survey sample includes n=82 individual members of organisational HRECs. To comply with the NHMRC's requirements, throughout this report "Total" results include this stakeholder group. However, this group is not included as part of the HRECs/AECs stakeholder group, as they are outside of the original sampling frame. This additional stakeholder group is included when "Total" results are being reported, as they formed

part of the survey sample. At less than 5% of the total sampling frame, the responses of this group are not considered to have a significant impact on the "Total" response.

In order to identify any differences of opinion, stakeholder opinions were segmented according to stakeholder group. As respondents may have more than one type of interaction with the NHMRC, membership of multiple stakeholder groups is possible. Consequently, when analysis is being undertaken by stakeholder group, the base sizes relate to the number of responses rather than the number of respondents. Also, due to the complex routings and modular nature of the questionnaire, base sizes relate to the number of respondents eligible to answer a module or question as related to stakeholder group membership.

Throughout this report, any reference to a significant difference in opinion indicates that the difference is statistically significant at a 95% confidence level. That means that there is at least a 95% certainty that such a difference in scores has not occurred by chance, and that the difference is stable and reliable at the time of the study.

Appendix D

Sample characteristics

D.1   Stakeholder group profile

Table 1 shows the overall sample distribution by stakeholder group. Stakeholder group membership is based on either self-classification by the respondent (where a respondent selects a particular type of interaction or involvement with the NHMRC), or prior classification by the NHMRC (where the NHMRC has previously identified that a stakeholder belongs to a particular stakeholder group, and that information is loaded with the sample and linked to each unique survey link). As many of the modules within the questionnaire are filtered based on the nature of interaction or involvement with the NHMRC (i.e. stakeholder group), stakeholder group membership is critical to the specific questions a respondent is asked.

The rationale for the dual classification methodology was to ensure stakeholders were routed to questionnaire modules which the NHMRC felt were relevant to the nature of their interaction or involvement with the NHMRC, whilst also allowing stakeholders the freedom to self-select particular types of interaction with the NHMRC. An additional benefit of prior classification of stakeholder group membership is that it ensures stakeholders are asked to answer all questionnaire modules relevant to their interaction with the NHMRC. In the case of a pure self-selection methodology, respondents may choose to skip sections of the questionnaire to reduce the required completion time. This is of particular concern for a comparatively lengthy survey.

The second column of Table 1 shows the number of respondents classified as belonging to each stakeholder group by the NHMRC. The third column shows the total number of respondents within each stakeholder grouping - those who self-classified themselves (or "opted in") as well as those who were classified by the NHMRC.

Table 1   Stakeholder group profile

STAKEHOLDER GROUP	NHMRC Sample Classification	NHMRC Sample Classification & Opted in
2004 Researchers	976	1174
NHMRC Working Groups	447	526
Council & PCs / Expert Committees	62*	189
Staff	93	103
HRECs and AECs	101	101
Admin Institutions	74	74
Individual HREC members	82	82
Community & Special Interest	24	24
Hospitals & Health Centres	18	18
Professional & Scientific	24	24
GOs and NGOs	7	7

*Note: Two respondents were classified as both an Expert Committee and Council & PC member

Due to small sample sizes, several stakeholder groups are netted together throughout the analysis:

- 'Community and Special Interest' and 'Hospitals and Health Centres' are netted together and named "Interest & Hospitals".

- 'Professional and Scientific' and 'GOs / NGOs' are netted together and named "N/GOs & Scientific".

- 'Council and Principal Committees' and 'Expert Committees' are netted together and named "Council & Committees".

- In instances where the sample size for 'Interest & Hospitals' and 'N/GOs & Scientific' are too small to report, the groups are netted together and the term "External Stakeholders" is used.

As was previously noted in Section A.2.2 and highlighted in Table 1, the survey sample includes n=82 individual members of organisational HRECs. Throughout this report, "Total" results include this stakeholder group. However, this group is not included as part of the HRECs/AECs stakeholder group as they are outside of the original sampling frame[14]. The results for Individual HREC members are discussed in Section 2.3 of this report.

D.2   Discrepancies in stakeholder classification

It is interesting to examine the extent of the discrepancy between the NHMRC's classification of stakeholders and respondents self-classification of the nature of their involvement and interaction with the NHMRC. Table 2 presents this information on the stakeholder groupings for which there is a direct match between the NHMRC-defined stakeholder groupings and the self-classification interaction/involvement types.

Table 2 highlights that 400 respondents who are NHMRC grant recipients elected to describe their interaction with the NHMRC in a different way. While another 198 respondents thought of themselves as grant recipients but were not recognised by the NHMRC as such. Similarly, 79 respondents opted-in as Working Group members while 229 who are Working Group members according to the NHMRC, did not describe their interaction with the NHMRC in this way. These phenomena may be the result of incorrect classification by the NHMRC, or may simply reflect differences in respondents' perceptions of their involvement with the NHMRC, compared to the way the NHMRC views their involvement. If differing perception is the cause of the discrepancy, this has implications for the way in which the NHMRC communicates with these groups.

There are also a considerable number of respondents who identified as Council/Principal Committee/Expert Committee members but were not classified as such by the NHMRC. It is likely that this results from previous Council and Committee members selecting this option, whilst the sample provided by the NHMRC contained only current Council and Committee members. It is also interesting to note that 71% of respondents who opted into to the Council and Committee stakeholder group were also classified as Working Group members by the NHMRC, and 50% were classified as Researchers.

While it is not possible to determine the exact reason why 127 stakeholders opted-in as Council and Committee members, it is likely that past Council and Committee members opted into this group and that some Working Group members may have misunderstood the stakeholder group categories.

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[14] The sample frame for the HRECs/AECs stakeholder group is made up of Chairs of Human Research Ethics Committees and Animal Ethics Committees.

RECOMMENDATION 3

The next National Stakeholder Survey should include an explicit definition of the Council and Committees stakeholder group, including an explanation of the basis for membership.

Table 2   Summary of discrepancies in stakeholder classification

STAKEHOLDER GROUP	Classified in NHMRC Sample AND Opted in to Classification	Opted in to Classification NOT Classified in NHMRC Sample	Classified in NHMRC Sample DID NOT Opt in to Classification
2004 Researchers	976	198	400
NHMRC Working Groups	447	79	229
Council / Principal Committees / Expert Committees	62	127	3
Staff	93	10	1

Consistency between NHMRC classification and respondent description of interaction with the NHMRC

Inconsistency between NHMRC classification and respondent description of interaction with the NHMRC

RECOMMENDATION 4

The next National Stakeholder Survey should inform respondents of the capacity in which they have been selected to participate in the survey, while still providing the opportunity to self-select additional types of interaction or involvement with the NHMRC.

Appendix E

Organisations participating in the qualitative research phase

Participating Organisations

Researchers
n=7 interviews

Australian National University

Edith Cowan University

University of Queensland

2 x University of Sydney

2 x University of Western Australia

Admin Institutions
n=9 interviews

Australian National University (4 participants)

Howard Florey Institute

Queensland Institute of Medical Research

Murdoch Children's Research Institute

The Canberra Hospital

University of New South Wales

University of Sydney

University of Tasmania

University of Western Australia

Ethics Committees
n=7 interviews

Australian Sports Commission

Garvan Institute of Medical Research

Griffith University

Monash University (3 participants)

St Vincent's Hospital

The Walter and Eliza Hall Institute

University of Technology in Sydney

Others
n=7

Australian Department of Health & Ageing

Monash IVF

Office of the Gene Technology Regulator

Royal Children's Hospital (Brisbane)

Sydney IVF

The Australian Society for Medical Research

The Therapeutic Goods Administration

**Another 10 interviews were conducted with
internal NHMRC stakeholders**

Appendix F

2005 National Stakeholder Survey questionnaire

NHMRC Stakeholder Survey

Hello from TNS Australia.

Thank you for agreeing to participate in this survey.

Please remember:

- Your views are important to us and your answers will be kept in the strictest confidence.

- None of the responses you give are directly linked to you as an individual. They are used purely for statistical purposes and all reporting is at an aggregated level. To see our privacy statement click here. Privacy Policy.

To answer a question: Most questions have a round button to click or a tick box to check. Click on the box or button that best describes your answer to each question. Sometimes you may need to type in your answer in the spaces provided.

If you forget to answer a question, or miss part of a question, then a message reminding you that the question needs to be answered will appear. If this happens, you need to complete your answer to carry on with the survey. Sometimes you'll need to scroll across or down the page to see all of the possible answers.

To change an answer: For questions with a single choice, click on a different button. For questions with multiple choices (tick boxes), click again on your original answer to clear the box and make a new choice. Please note you won't be able to revisit screens you have completed.

To go to the next question: When you've finished answering a question, click the Next button at the bottom of the screen.

To pause the survey and return to it later: Simply close the window and click on the link in the invitation e-mail to resume.

Dial-up users: If you are on a dial up modem or other slow connection, some of the questions may take a few moments to load.

To indicate your consent to commence the survey, click on the button below. As you move through the survey please do not use your browser buttons - use the buttons at the bottom of each screen.

SECTION 1 – OVERALL

ASK ALL

Q1.1.1 Which of the following best describes the **primary** type of interaction and / or   involvement
that you have with the NHMRC? *Please select one only*. **[SR]** (On the following screens
you will be asked to indicate your secondary and tertiary interaction with the NHMRC)

Primary interaction and / or involvement with the NHMRC	
A. As an employee of the NHMRC	1
B. Through your membership of the NHMRC Council, a Principal Committee of the NHMRC or an NHMRC Expert Advisory Committee	2
C. As an NHMRC grant recipient, holder of an NHMRC Fellowship, Career Development Award or Scholarship	3
N. Through your membership of an NHMRC Working Committee (eg Review Panels)	13
O. Assessing NHMRC grant applications	14
D. As an academic or researcher	4
E. Through your use of information, guidelines or advice provided by the NHMRC (eg. information on grant schemes or conditions, ethics advice, clinical practice guidelines, health information)	5
F. Through your involvement with or membership of a professional or scientific college or association	6
G. Through your employment or involvement with a hospital or health centre (including an IVF centre)	7
H. Through your employment or involvement with a higher education institution	8
I. Through your employment or involvement with a research institute	9
J. Through your involvement with or membership of a Non-Government Organisation	10
K. Through your involvement with or membership of a consumer group or special interest group (such as a water industry association or authority)	11
L. Through you employment or involvement with a Government department or agency	12
M. Other type of interaction. Please specify_____	96

EXCLUDE FROM GRID THE OPTION SELECTED IN Q1.1.1

Q1.1.2 Which of the following best describes the **secondary** type of interaction and / or involvement that you have with the NHMRC? *Please select one only*. **[SR]**

Secondary interaction and / or involvement with the NHMRC	
No other type of interaction/involvement =>SKIP TO Q1.2	99
A. As an employee of the NHMRC	1
B. Through your membership of the NHMRC Council, a Principal Committee of the NHMRC or an NHMRC Expert Advisory Committee	2
C. As an NHMRC grant recipient, holder of an NHMRC Fellowship, Career Development Award or Scholarship	3
N. Through your membership of an NHMRC Working Committee (eg Review Panels)	13
O. Assessing NHMRC grant applications	14
D. As an academic or researcher	4
E. Through your use of information, guidelines or advice provided by the NHMRC (eg. information on grant schemes or conditions, ethics advice, clinical practice guidelines, health information)	5
F. Through your involvement with or membership of a professional or scientific college or association	6
G. Through your employment or involvement with a hospital or health centre (including an IVF centre)	7
H. Through your employment or involvement with a higher education institution	8
I. Through your employment or involvement with a research institute	9
J. Through your involvement with or membership of a Non-Government Organisation	10
K. Through your involvement with or membership of a consumer group or special interest group (such as a water industry association or authority)	11
L. Through you employment or involvement with a Government department or agency	12
M. Other type of interaction. Please specify_____	96

EXCLUDE FROM GRID THE OPTION SELECTED IN Q1.1.1 AND Q1.1.2

Q1.1.3 Which of the following best describes the tertiary type of interaction and / or   involvement
that you have with the NHMRC? *Please mark one only.* **[SR]**

Tertiary interaction and / or involvement with the NHMRC	
No other type of interaction/involvement =>SKIP TO Q1.2	99
A. As an employee of the NHMRC	1
B. Through your membership of the NHMRC Council, a Principal Committee of the NHMRC or an NHMRC Expert Advisory Committee	2
C. As an NHMRC grant recipient, holder of an NHMRC Fellowship, Career Development Award or Scholarship	3
N. Through your membership of an NHMRC Working Committee (eg Review Panels)	13
O. Assessing NHMRC grant applications	14
D. As an academic or researcher	4
E. Through your use of information, guidelines or advice provided by the NHMRC (eg. information on grant schemes or conditions, ethics advice, clinical practice guidelines, health information)	5
F. Through your involvement with or membership of a professional or scientific college or association	6
G. Through your employment or involvement with a hospital or health centre (including an IVF centre)	7
H. Through your employment or involvement with a higher education institution	8
I. Through your employment or involvement with a research institute	9
J. Through your involvement with or membership of a Non-Government Organisation	10
K. Through your involvement with or membership of a consumer group or special interest group (such as a water industry association or authority)	11
L. Through you employment or involvement with a Government department or agency	12
M. Other type of interaction. Please specify_____	96

The following questions are about the role of the NHMRC.

Q1.2.1 Which of the following areas do you believe currently form part of the role of the NHMRC?

Part of NHMRC's Role	Yes, part of the role	No, not part of the role
A. The provision of expert advice in the area of research ethics	1	2
B. The provision of expert advice in the area of health ethics	1	2
C. The allocation of funding for health and medical research in Australia	1	2
D. The provision of evidence-based health advice	1	2
E. The provision of advice and standards for conducting research with animals	1	2
F. The provision of advice and standards for conducting research with humans	1	2
G. The provision of expert advice on topical and emerging health issues	1	2
H. As a provider of training in areas of relevance	1	2

ASK ALL
Q1.2.2 Are there any other areas you believe should form part of the NHMRC's role which are not currently part of their role?

_____

_____

ONLY ASK Q1.3 FOR THOSE AREAS INDICATED YES AT Q1.2.1

Q1.3   For each of these areas that form part of the role of the NHMRC, please indicate how satisfied you are with the NHMRC's performance in these areas.

	Very dissat isfied	Neither satisfied or dissatisfied					Very satisfi ed	Don't know
A. The provision of expert advice in the area of research ethics	1	2	3	4	5	6	7	9
B. The provision of expert advice in the area of health ethics	1	2	3	4	5	6	7	9
C. The allocation of funding for health and medical research in Australia	1	2	3	4	5	6	7	9
D. The provision of evidence-based health advice	1	2	3	4	5	6	7	9
E. The provision of advice and standards for conducting research with animals	1	2	3	4	5	6	7	9
F. The provision of advice and standards for conducting research with humans	1	2	3	4	5	6	7	9
G. The provision of expert advice on topical and emerging health issues	1	2	3	4	5	6	7	9
H. As a provider of training in areas of relevance	1	2	3	4	5	6	7	9

Q1.4 Not currently asked

SECTION 2   - ENGAGEMENT WITH THE COMMUNITY

ASK ALL

Q2.1.1 How **important** is it to you that the NMHRC ……

	Very unimportant			Neither important nor unimportant			Very important	Don't know
A. Is able to respond to emerging health issues in a timely manner	1	2	3	4	5	6	7	9
B. Is consultative in its approach	1	2	3	4	5	6	7	9
C. Is collaborative in its approach	1	2	3	4	5	6	7	9
D. Provides sponsorship for industry and sector events and conferences	1	2	3	4	5	6	7	9
E. Participates in industry and sector events and conferences	1	2	3	4	5	6	7	9
F. Provides training and support on research ethics	1	2	3	4	5	6	7	9
G. Provides information sessions on the use of animals for scientific purposes	1	2	3	4	5	6	7	9
H. Provides guidelines and advice for health ethics	1	2	3	4	5	6	7	9
I. Provides guidelines and advice for research ethics	1	2	3	4	5	6	7	9
J. Provides public health advice	1	2	3	4	5	6	7	9
K. Provides clinical practice guidelines	1	2	3	4	5	6	7	9
L. Oversees the allocation of grants and / or funding of health and medical research projects and training awards	1	2	3	4	5	6	7	9

Q.2.1.2 How **satisfied** are you with the NHMRC's performance in these areas?

	Very unsatisfied			Neither satisfied nor unsatisfied			Very satisfied	Don't know
A. Its ability to respond to emerging health issues in a timely manner	1	2	3	4	5	6	7	9
B. Its ability to be consultative in its approach	1	2	3	4	5	6	7	9
C. Its ability to be collaborative in its approach	1	2	3	4	5	6	7	9

D.	Its provision of sponsorship for industry and sector events and conferences	1	2	3	4	5	6	7	9
E.	Its participation in industry and sector events and conferences	1	2	3	4	5	6	7	9
F.	Its provision of training and support on research ethics	1	2	3	4	5	6	7	9
G.	Its provision of information sessions on the use of animals for scientific purposes	1	2	3	4	5	6	7	9
H.	Its provision of guidelines and advice for health ethics	1	2	3	4	5	6	7	9
I.	Its provision of guidelines and advice for research ethics	1	2	3	4	5	6	7	9
J.	Its provision of public health advice	1	2	3	4	5	6	7	9
K.	Its provision of clinical practice guidelines	1	2	3	4	5	6	7	9
L.	Its oversight of the allocation of grants and / or funding of health and medical research projects and training awards	1	2	3	4	5	6	7	9

Q2.2   Thinking about the different types of information communicated to you by the NHMRC, what is your **preferred means** of receiving this communication.

	I don't need this type of information	From NHMRC website	From hotline / 1800 number	Direct contact (e.g. telephone)	Alerts/ Subscriptions to an NHMRC mailing list	Word of mouth	eNews	Peak bodies and professional networks
A. Grant Conditions	99	1	2	3	4	5	7	8
B. General news & updates	99	1	2	3	4	5	7	8
C. Funding announcements	99	1	2	3	4	5	7	8
D. Information about public consultations	99	1	2	3	4	5	7	8
E. Information about training and workshops	99	1	2	3	4	5	7	8
F. Promotion of new or updated guidelines and advice documents	99	1	2	3	4	5	7	8
G. Information on how to apply for funding	99	1	2	3	4	5	7	8

Q2.3 For each of the information sources or publications listed below please indicate your level of usage and familiarity?

	Not aware	Aware but never accessed / read	Read / access occasionally	Read / access frequently
A. NHMRC Website	1	2	3	4
B. NHMRC eNews	1	2	3	4
C. HREC bulletins	1	2	3	4
D. NHMRC Performance Measurement Report 2000 - 2003	1	2	3	4
E. NHMRC Strategic Plan	1	2	3	4
F. NHMRC Annual Report	1	2	3	4

FOR EACH INFORMATION SOURCES OR PUBLICATION ACCESSED / READ EITHER OCCASSIONALY OR FREQUENTLY (CODES 3 – 4 FROM Q2.3) ASK

Q2.4 Overall, how would you rate your **satisfaction** with …

	Very poor	Neither good nor poor				Very good	Don't know / Not Applicable
A. NHMRC Website	1	2	3	4	5	6	7	9
B. NHMRC eNews	1	2	3	4	5	6	7	9
C. HREC bulletins	1	2	3	4	5	6	7	9
D. NHMRC Performance Measurement Report 2000 - 2003	1	2	3	4	5	6	7	9
E. NHMRC Strategic Plan	1	2	3	4	5	6	7	9
F. NHMRC Annual Report	1	2	3	4	5	6	7	9

FOR EACH INFORMATION SOURCES OR PUBLICATION ACCESSED / READ EITHER OCCASSIONALY OR FREQUENTLY (CODES 3 – 4 FROM Q2.3) ASK

Q2.5   How would you rate the **quality** of the information provided via…

	Very poor			Neither good nor poor			Very good	Don't know / Not Applicable
A. NHMRC Website	1	2	3	4	5	6	7	9
B. NHMRC eNews	1	2	3	4	5	6	7	9
C. HREC bulletins	1	2	3	4	5	6	7	9
D. NHMRC Performance Measurement Report 2000 - 2003	1	2	3	4	5	6	7	9
E. NHMRC Strategic Plan	1	2	3	4	5	6	7	9
F. NHMRC Annual Report	1	2	3	4	5	6	7	9

FOR EACH INFORMATION SOURCES OR PUBLICATION ACCESSED / READ EITHER OCCASSIONALY OR FREQUENTLY (CODES 3 – 4 FROM Q2.3) ASK

Q2.6   How would you rate the **usefulness** of the information provided via…

	Very poor			Neither good nor poor			Very good	Don't know / Not Applicable
A. NHMRC Website	1	2	3	4	5	6	7	9
B. NHMRC eNews	1	2	3	4	5	6	7	9
C. HREC bulletins	1	2	3	4	5	6	7	9
D. NHMRC Performance Measurement Report 2000 - 2003	1	2	3	4	5	6	7	9
E. NHMRC Strategic Plan	1	2	3	4	5	6	7	9
F. NHMRC Annual Report	1	2	3	4	5	6	7	9

Q2.7 Not currently asked

FOR EACH INFORMATION SOURCES OR PUBLICATION ACCESSED / READ EITHER OCCASSIONALY OR FREQUENTLY (CODES 3 – 4 FROM Q2.3) ASK

Q2.8   How would you rate the **timeliness and / or currency** of the information provided via …

	Very poor			Neither good nor poor			Very good	Don't know / Not Applicable
A. NHMRC Website	1	2	3	4	5	6	7	9
B. NHMRC eNews	1	2	3	4	5	6	7	9
C. HREC bulletins	1	2	3	4	5	6	7	9
D. NHMRC Performance Measurement Report 2000 - 2003	1	2	3	4	5	6	7	9
E. NHMRC Strategic Plan	1	2	3	4	5	6	7	9
F. NHMRC Annual Report	1	2	3	4	5	6	7	9

Q2.9 Not currently asked

DO NOT ASK Q2.10 TO Q2.17 IF ANSWERED (CODE 1 'A') IN Q1.1.1-Q1.1.3 OR IF (CODE 'D') IN SAMPLE LIST.

DO NOT ASK Q2.10 IF (CODE 'E') IN SAMPLE LIST.

Q2.10   Which of the following, if any, best describes your involvement in the NHMRC grant application, selection and management process? *Please select all that apply.*

  1.   I have applied for an NHMRC grant in the past three years =>**CONTINUE**

  2.   I have reviewed an NHMRC grant application in the past three years
          =>**GO TO Q2.13**

  3.   My role involves grant management and administration in an administering
          institution =>**CONTINUE**

  4.   None of the above => **GO TO Q3.1**

ASK Q2.11 AND Q2.12 IF INDICATED '1' OR '3' AT Q2.10 OR IF (CODE 'E' IN SAMPLE LIST)

Q2.11 At an overall level how satisfied are you with the NHMRC **grant application and selection process**?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q2.12 Thinking about the NHMRC **grant application and selection process**, how would you rate the …. **[SR, Rotate statements]**

	Very poor			Neither good nor poor			Very good	Don't know
A. Length of time given to prepare an application	1	2	3	4	5	6	7	9
B. Ease of accessing information on grant conditions and/or guidelines	1	2	3	4	5	6	7	9
C. Clarity of information on grant conditions and/or guidelines	1	2	3	4	5	6	7	9
D. Guidance provided on how to apply for funding	1	2	3	4	5	6	7	9
E. Ease of completing the required documentation	1	2	3	4	5	6	7	9
F. Appropriateness of peer review as the basis for determining funding recommendations	1	2	3	4	5	6	7	9
G. Timeliness of advice on the outcome of application processes	1	2	3	4	5	6	7	9
H. Appropriateness of the areas of research which the NHMRC funds	1	2	3	4	5	6	7	9
I. Ease of determining which NHMRC grant schemes are relevant to your area of research	1	2	3	4	5	6	7	9
K. Accessibility of NHMRC funding to new/junior researchers	1	2	3	4	5	6	7	9
L. The allocation of funding between research institutes and universities	1	2	3	4	5	6	7	9

ASK Q2.13 AND Q2.14 IF INDICATED '2' AT Q2.10

Q2.13 Thinking about your role as a peer reviewer. At an overall level how satisfied are you with the NHMRC **peer review process**?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q2.14 Thinking about your role in the NHMRC **peer review process**, how would you rate the ….
[SR, Rotate statements]

	Very poor			Neither good nor poor			Very good	Don't know
A. Appropriateness of peer review as the basis for determining funding recommendations	1	2	3	4	5	6	7	9
B. Length of time given to undertake a peer review	1	2	3	4	5	6	7	9
C. Clarity of information provided on peer review processes	1	2	3	4	5	6	7	9
D. Ease of completing the required peer review documentation	1	2	3	4	5	6	7	9
E. Ease of accessing information on peer review processes	1	2	3	4	5	6	7	9
F. Appropriateness of the peer review panels	1	2	3	4	5	6	7	9

ASK Q2.15 AND Q2.16 IF INDICATED '1' OR '3' AT Q2.10 OR (CODE 'E') IN THE SAMPLE LIST

Q2.15 At an overall level how satisfied are you with NHMRC **grant management and administration processes**?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q2.16 Thinking about the NHMRC **grant management and administration processes,** how would you rate the …. **[SR, Rotate statements]**

	Very poor			Neither good nor poor			Very good	Don't know
A. Ease of accessing information on grant management and administration	1	2	3	4	5	6	7	9
B. Clarity of the information provided	1	2	3	4	5	6	7	9
C. Timeliness of payments	1	2	3	4	5	6	7	9
D. Accuracy of payments	1	2	3	4	5	6	7	9
E. Ease of submitting progress and end of grant reports	1	2	3	4	5	6	7	9

ASK Q2.17 IF INDICATED '1-3' AT Q2.10 OR (CODE 'E') IN THE SAMPLE LIST

Q2.17 Thinking about the NHMRC funding process, how would you rate the NHMRC in terms of ….

[SR, Rotate statements]

	Very poor			Neither good nor poor			Very good	Don't know
A. Disseminating and promoting information on the outcomes and impacts of the research that it funds	1	2	3	4	5	6	7	9
B. Encouraging the application and exploitation of the results of the research	1	2	3	4	5	6	7	9

SECTION 3 - INFORMATION MANAGEMENT (Internal stakeholders only)

Q3.1 TO Q3.11: ONLY ASK FOR THOSE WHO ARE IDENTIFIED AS EMPLOYEES IN THE SAMPLE LIST (D) OR WHO RESPONDED A (EMPLOYEES OF NHMRC) TO Q1.1.1 OR Q1.1.2 OR Q1.1.3 – ALL OTHERS SKIP TO Q3.12

Q3.1　At an overall level how satisfied are you with the internal NHMRC communications and information that you receive in the course of your employment with the NHMRC?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q3.2.1 Thinking about the different types of internal NHMRC communications and information that you receive, what is your **preferred way** to receive information on …**[SR, Rotate statements]**

		Email / Twisties	Meetings / Internal seminars	Verbally from supervisor	Intranet	Internet	Word of mouth	Other	Don't receive this information
A	Administrative issues	1	3	4	5	6	7	8	9
B	General staff news (including job opportunities and staff movements)	1	3	4	5	6	7	8	9
C	Decisions/outcomes of the Committees	1	3	4	5	6	7	8	9
E	Information on NHMRC activities	1	3	4	5	6	7	8	9
F	Governance issues (eg. Structure of NHMRC, delegations)	1	3	4	5	6	7	8	9
H	Issues in the media relevant to the NHMRC	1	3	4	5	6	7	8	9
I	Changes to guidelines or policies	1	3	4	5	6	7	8	9
J	Information on NHMRC achievements	1	3	4	5	6	7	8	9

FOR EACH NOT RECEIVED (CODE 9 AT Q3.2.1) ASK

Q3.2.2 Would you like to receive this type of information?

		Yes	No
A	A. Administrative issues	1	2
B	B. General staff news (including job opportunities and staff movements)	1	2
C	C. Decisions/outcomes of the Committees	1	2
E	D. Information on NHMRC activities	1	2
F	E. Governance issues (eg. Structure of NHMRC, delegations)	1	2
H	F. Issues in the media relevant to the NHMRC	1	2
I	G. Changes to guidelines or policies	1	2
J	H. Information on NHMRC achievements	1	2

Q3.3 Not currently asked

Q3.4 Not currently asked

ASK IF RECEIVE INFORMATION (CODES 1 TO 8) ON ITEM C AT Q3.2.1

Q3.5 How would you rate the provision of information on **decisions / outcomes of the Committees** with regard to …

	Very poor			Neither			Very good	Don't know
A. Meeting your needs overall	1	2	3	4	5	6	7	9
B. Timeliness	1	2	3	4	5	6	7	9
C. Quality	1	2	3	4	5	6	7	9
D. Usefulness	1	2	3	4	5	6	7	9
E. Ease of accessing	1	2	3	4	5	6	7	9

Q3.6.1 Not currently asked

ASK IF RECEIVE INFORMATION (CODES 1 TO 8) ON ITEM E AT Q3.2.1

Q3.6.2 How would you rate the provision of information on **NHMRC activities** with regard to   …

	Very poor			Neither			Very good	Don't know
A. Meeting your needs overall	1	2	3	4	5	6	7	9
B. Timeliness	1	2	3	4	5	6	7	9
C. Quality	1	2	3	4	5	6	7	9
D. Usefulness	1	2	3	4	5	6	7	9
E. Ease of accessing	1	2	3	4	5	6	7	9

ASK IF RECEIVE INFORMATION (CODES 1 TO 8) ON ITEM F AT Q3.2.1

Q3.6.3 How would you rate the provision of information on **governance issues** with regard to   …

	Very poor			Neither			Very good	Don't know
A. Meeting your needs overall	1	2	3	4	5	6	7	9
B. Timeliness	1	2	3	4	5	6	7	9
C. Quality	1	2	3	4	5	6	7	9
D. Usefulness	1	2	3	4	5	6	7	9
E. Ease of accessing	1	2	3	4	5	6	7	9

Q3.6.4 Not currently asked

Q3.6.5 Not currently asked

ASK IF RECEIVE INFORMATION (CODES 1 TO 8) ON ITEM I AT Q3.2.1

Q3.6.6 How would you rate the provision of information on **changes to guidelines or policies** with regard to …

	Very poor			Neither			Very good	Don't know
A. Meeting your needs overall	1	2	3	4	5	6	7	9
B. Timeliness	1	2	3	4	5	6	7	9
C. Quality	1	2	3	4	5	6	7	9
D. Usefulness	1	2	3	4	5	6	7	9
E. Ease of accessing	1	2	3	4	5	6	7	9

ASK IF RECEIVE INFORMATION (CODES 1 TO 8) ON ITEM J AT Q3.2.1

Q3.6.7 How would you rate the provision of information **on NHMRC achievements** with regard to …

	Very poor			Neither			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Timeliness	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Ease of accessing	1	2	3	4	5	6	7	9

Q3.7 Have you undertaken any NHMRC specific induction training in the past 12 months?
1. Yes => Go to Q3.8
2. No => Go to Q3.9

Q3.8 Overall, how satisfied are you with the NHMRC specific induction training that you received?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q3.9   How would you rate the access that the NHMRC provides to you for training opportunities?

Very poor			Neither good nor poor			Very good	Don't know
1	2	3	4	5	6	7	9

Q3.10 Have you undertaken any training, in the course of your employment with the NHMRC, in the past 12 months?
1. Yes => Go to Q3.11
2. No   => Go to Q3.12

Q3.11 How would you rate the quality of the training undertaken in the course of your employment with the NHMRC in the past 12 months?

Very poor			Neither good nor poor			Very good	Don't know
1	2	3	4	5	6	7	9

Q3.12 to Q3.15: Only ask for those who were identified as Council/PC/EC/Working Group members in the sample list (B,C,F) or who responded B or N (Council, PC, EC member, WG member) to Q1.1.1 or Q1.1.2 or Q1.1.3 All others skip to Q4.1

Q3.12 Overall, how satisfied are you with the communications and information that you receive from the NHMRC office / secretariat as part of your membership of the NHMRC Council, a Principal Committee, an Expert Advisory Committee or a Working Committee (including Review Panels)?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	DK
1	2	3	4	5	6	7	9

Q3.13 Thinking about your membership of the NHMRC Council, a Principal Committee, an Expert Advisory Committee or a Working Committee (including Review Panels). Overall, how would you rate the …. **[SR, Rotate statements]**

		Very poor			Neither good nor poor			Very good	Don't know
C	Timeliness of the provision of meeting papers	1	2	3	4	5	6	7	9
D	Quality of meeting papers	1	2	3	4	5	6	7	9
E	Clarity of information regarding meeting arrangements	1	2	3	4	5	6	7	9
F	Timeliness of the provision of information regarding meeting arrangements	1	2	3	4	5	6	7	9
G	Clarity of information regarding entitlement	1	2	3	4	5	6	7	9
I	Availability of information on the decisions/ outcomes of Council and/or other Committees	1	2	3	4	5	6	7	9
J	Usefulness of the induction session conducted at the beginning of the current triennium / or your appointment	1	2	3	4	5	6	7	9
K	Usefulness of the Members' Handbook	1	2	3	4	5	6	7	9
M	Collaboration and information sharing between Committees and between Council and Committees	1	2	3	4	5	6	7	9

Q3.14 At an overall level how satisfied are you with the interactions that you have with NHMRC staff and / or secretariat?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	Don't know
1	2	3	4	5	6	7	9

Q3.15 And please rate the following aspects of your interaction with NHMRC staff and / or secretariat…**[SR, Rotate statements]**

	Very poor			Neither			Very good	Don't know
Meeting your needs	1	2	3	4	5	6	7	9
Helpfulness	1	2	3	4	5	6	7	9
Efficiency	1	2	3	4	5	6	7	9
Ability to answer your inquires	1	2	3	4	5	6	7	9
Ease of contact / access	1	2	3	4	5	6	7	9
Knowing who to contact	1	2	3	4	5	6	7	9

SECTION 4 – GOVERNANCE (Internal stakeholders only)

NOTE: Q4.1 TO 4.6 - ONLY TO BE COMPLETED BY RESPONDENTS IDENTIFIED AS EMPLOYEES OR COUNCIL /PRINCIPAL COMMITTEE/EXPERT COMMITTEE/ WORKING GROUP MEMBERS IN THE SAMPLE LIST (B,C,D,F) OR RESPONDENTS WHO ANSWERED A, B OR N TO Q1.1.1 OR Q1.1.2 OR Q1.1.3 All others skip to Q5.1

Q4.1   How would you rate your understanding of the management and committee structure of the NHMRC?

Very poor			Neither good nor poor			Very good	Don't know
1	2	3	4	5	6	7	9

Q4.2   Which of the below resources was of the **most benefit** to you in terms of explaining the management and committee structure of the NHMRC? *Please mark one only*.

1. NHMRC Secretariat Procedures Handbook
2. Members Handbook
3. The National Health and Medical Research Council Act 1992
4. Induction program
5. Business and strategic planning
6. Information from colleagues
7. Your experience within the NHMRC
96. Other, please specify_____

Q4.3   Do you think that there is a need for greater promotion of the management and committee structure of the NHMRC among …..

	Yes	No
A. NHMRC staff	1	2
B. Members of Principal Committees or Expert Advisory Committees	1	2
C. The broader health community	1	2

Q4.4   Still thinking about the management and committee structure of the NHMRC, how would you rate….

	Very poor			Neither good nor poor			Very good	Don't know
A. The clarity of roles and responsibilities within the NHMRC	1	2	3	4	5	6	7	9
B. The level of transparency in strategic and operational decision making and agenda setting	1	2	3	4	5	6	7	9

Q4.5   And how would you rate..

	Very poor			Neither good nor poor			Very good	Don't know
A. The quality of leadership within the NHMRC	1	2	3	4	5	6	7	9
B. The quality of management within the NHMRC	1	2	3	4	5	6	7	9

DO NOT ASK IF ANSWERED (CODE 1 'A') AT Q1.1.1-Q1.1.3 OR (CODE 'D') IN SAMPLE LIST

4.6   Please indicate your level of familiarity with each of the following

	Very unfamiliar			Neither familiar nor unfamiliar			Very unfamiliar	Don't know
A. Your responsibilities with regard to **confidentiality** as it applies to your role within the NHMRC	1	2	3	4	5	6	7	9
B. Your responsibilities with regard to **conflict of interest** as it applies to your role within the NHMRC	1	2	3	4	5	6	7	9
C. Your responsibilities with regard to **intellectual property** as it applies to your role within the NHMRC	1	2	3	4	5	6	7	9

SECTION 5 – NATIONAL SYSTEM FOR REGULATING EMBRYO RESEARCH

DO NOT ASK Q5.1 TO Q5.9 IF (CODE 'D' OR 'E') IN SAMPLE LIST

Q5.1   Does your role require you to be aware of the national system for regulating embryo research?

    1. Yes = > Go to Q5.3

    2. No = > Go to Q6.1

    9. Don't know = > Go to Q6.1

Q5.2 Not currently asked

Q5.3   Which of the following Acts, guidelines, codes of practice or organisations that affect the regulation of embryo research are you aware of? *Please select all you are aware of.* **[MR]**

A. Research Involving Human Embryos Act 2002	1
B. Prohibition of Human Cloning Act 2002	2
C. Ethical Guidelines on Assisted Reproductive Technology – NHMRC 1996	3
D. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research – NHMRC 2004	4
E. NHMRC Licensing Committee	6
F. None of the above	9

ONLY ASK FOR THOSE AREAS INDICATED AT Q5.3

Q5.4   How would you rate your level of familiarity with each of these? **[SR]**

	Very unfamiliar			Neither familiar nor unfamiliar			Very familiar	Don't know
A. Research Involving Human Embryos Act 2002	1	2	3	4	5	6	7	9
B. Prohibition of Human Cloning Act 2002	1	2	3	4	5	6	7	9
C. Ethical Guidelines on Assisted Reproductive Technology – NHMRC 1996	1	2	3	4	5	6	7	9
D. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research – NHMRC 2004	1	2	3	4	5	6	7	9
E. NHMRC Licensing Committee	1	2	3	4	5	6	7	9

Q5.5   Which of the following types of information provided by the NHMRC on the regulation of embryo research are you aware of? *Please select all you are aware of.* **[MR]**

A. Fact sheets	1
B. Information kit	2
C. Information exchange visits	3
D. Procedural advice provided by the Licensing Committee	4
E. Licensing Committee Bulletins	5
F. None of the above	9

ONLY ASK FOR THOSE AREAS INDICATED AT Q5.5

Q5.6   And which of these have you utilised? *Please mark all that you have utilised.* **[MR]**

A. Fact sheets	1
B. Information kit	2
C. Information exchange visits	3
D. Procedural advice provided by the Licensing Committee	4
E. Licensing Committee Bulletins	5
G. None of the above	9

ONLY ASK IF INDICATED A AT Q5.6

Q5.7.1 Thinking about the **fact sheets**, how would you rate them on the following aspects? **[SR]**

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Helpfulness in assisting you to know whether you need a licence	1	2	3	4	5	6	7	9
Usefulness in assisting you to apply for a licence	1	2	3	4	5	6	7	9
Clarity and ease of understanding the information provided	1	2	3	4	5	6	7	9
Comprehensiveness of the information provided	1	2	3	4	5	6	7	9

ONLY ASK IF INDICATED B AT Q5.6

Q5.7.2 Thinking about the **information kit**, how would you rate it on the following aspects? **[SR]**

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Helpfulness in assisting you to know whether you need a licence	1	2	3	4	5	6	7	9
Usefulness in assisting you to apply for a licence	1	2	3	4	5	6	7	9
Clarity and ease of understanding the information provided	1	2	3	4	5	6	7	9
Comprehensiveness of the information provided	1	2	3	4	5	6	7	9

ONLY ASK IF INDICATED C AT Q5.6

Q5.7.3 Thinking about the **information exchange visit**, how would you rate it on the following aspects? **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Clarity and ease of understanding the information provided	1	2	3	4	5	6	7	9
Provided an opportunity to share and learn new information	1	2	3	4	5	6	7	9
Relevance of requested information to the purpose of the licence/visit	1	2	3	4	5	6	7	9
Level of expertise and knowledge of the staff member conducting the visit	1	2	3	4	5	6	7	9

ONLY ASK IF INDICATED D AT Q5.6

Q5.7.4 Thinking about the **procedural advice provided by the Licensing Committee**, how would you rate it on the following aspects? **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Helpfulness in assisting you to know whether you need a licence	1	2	3	4	5	6	7	9
Usefulness in assisting you to apply for a licence	1	2	3	4	5	6	7	9
Clarity and ease of understanding the information provided	1	2	3	4	5	6	7	9

ONLY ASK IF INDICATED E AT Q5.6

Q5.7.5 Thinking about the Licensing Committee Bulletins, how would you rate it on the following aspects? **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Timeliness of the information	1	2	3	4	5	6	7	9
Usefulness of the information	1	2	3	4	5	6	7	9
Clarity and ease of understanding the information provided	1	2	3	4	5	6	7	9

Q5.8   In which of the following circumstances do you think that you may need a licence?
        Please select all that apply. **[MR]**
        1. When planning to undertake research on human embryos left over from invitro
            fertilisation (IVF)
        2. When planning to undertake research using human stem cells
        3. When planning to undertake research involving patients undergoing IVF treatments
        4. None of the above

Q5.9   Have you ever applied for a licence or considered applying for a licence? **[SR]**
        1. Yes, I have applied for a licence **GO TO Q6.1**
        2. Yes, I have considered applying for a licence =>**GO TO Q6.1**
        3. No, I have never applied or considered applying for a licence =>**GO TO Q6.1**

SECTION 6 – HEALTH & ETHICS INFORMATION (EXTERNAL STAKEHOLDERS)

DO NOT ASK Q6.1 TO Q6.30 IF (CODE 'D') IN SAMPLE LIST
DO NOT ASK Q6.1 TO Q6.4.3 IF (CODE 'E') IN SAMPLE LIST
DO NOT ASK SECTION 6 IF (CODE 1 'A') TO Q1.1.1-Q1.1.3

HEALTH ADVICE

Q6.1   Which of the following types of health advice provided by the NHMRC are you aware of?
Please mark all you are aware of. **[MR]**

A. Public Health Guidelines	1
B. Clinical Practice Guidelines	2
C. Guidelines to assist external Guideline developers	3
D. Information papers and manuals	4
E. Consumer guides	5
F. None of the above	9

ONLY ASK FOR THOSE AREAS INDICATED AT Q6.1

Q6.2   And which of these have you utilised? *Please mark all that you have utilised.* **[MR]**

A. Public Health Guidelines	1
B. Clinical Practice Guidelines	2
C. Guidelines to assist external Guideline developers	3
D. Information papers and manuals	4
E. Consumer guides	5
F. None of the above	9

ASK IF INDICATED 'A' at Q6.2

Q6.3.1Thinking about the **Public Health Guidelines** provided by the NHMRC, how would you rate them on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

ASK IF INDICATED 'B' at Q6.2

Q6.3.2Thinking about the **Clinical Practice Guidelines** provided by the NHMRC how would you rate them on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9

ASK IF INDICATED 'C' at Q6.2

Q6.3.3Thinking about the **Guidelines to assist external Guideline developers** provided by the NHMRC how would you rate them on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9

ASK IF INDICATED 'D' at Q6.2

Q6.3.4 Thinking about the **information papers and manuals** provided by the NHMRC how would you rate them on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9

ASK IF INDICATED 'E' at Q6.2

Q6.3.5 Thinking about the **consumer guides** provided by the NHMRC how would you rate them on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9

Q6.4.1 Please indicate which of the following you are aware of….*Please select all that apply.* **[MR]**

A. Australian Drinking Water Guidelines	1
B. Dietary Guidelines for Australian Adults; or Dietary Guidelines for Children and Adolescents; or Dietary Guidelines for Older Australians	2
C. Australian Alcohol Guidelines: Health Risks and Benefits	3
D. When it is right in front of you: Assisting health care workers to manage the effects of violence in rural and remote Australia	4
E. Staying Healthy in Child Care: Preventing infectious diseases in child care	5
F. A guideline to the development, implementation and evaluation of clinical practice guidelines	6
G. Clinical Practice Guidelines: Use of Blood Components	7
H. Clinical Practice Guidelines: Management of Overweight and Obesity in Adults	8
I. Clinical Practice Guidelines: Evidence-based information and recommendations for the management of localised prostate cancer	9
J. Clinical Practice Guidelines: Management and support of younger women with breast cancer	10
L. Immunisation / vaccine guidelines	11
K. None of the above	99

Q6.4.2 What other NHMRC public health or clinical practice guidelines are you aware of? Please type in the names below.

_____

_____

ONLY ASK FOR THOSE AREAS INDICATED AT Q6.4.1

Q6.4.3 How would you rate your level of familiarity with each of these? **[SR]**

	Very unfamiliar		Neither familiar nor unfamiliar				Very familiar	Don't know
A. Australian Drinking Water Guidelines	1	2	3	4	5	6	7	9
B. Dietary Guidelines for Australian Adults; or Dietary Guidelines for Children and Adolescents; or Dietary Guidelines for Older Australians	1	2	3	4	5	6	7	9
C. Australian Alcohol Guidelines: Health Risks and Benefits	1	2	3	4	5	6	7	9
D. When it is right in front of you: Assisting health care workers to manage the effects of violence in rural and remote Australia	1	2	3	4	5	6	7	9
E. Staying Healthy in Child Care: Preventing infectious diseases in child care	1	2	3	4	5	6	7	9
F. A guideline to the development, implementation and evaluation of clinical practice guidelines (and associated toolkits)	1	2	3	4	5	6	7	9
G. Clinical Practice Guidelines: Use of Blood Components	1	2	3	4	5	6	7	9
H. Clinical Practice Guidelines: Management of Overweight and Obesity in Adults	1	2	3	4	5	6	7	9
I. Clinical Practice Guidelines: Evidence-based information and recommendations for the management of localised prostate cancer	1	2	3	4	5	6	7	9
J. Clinical Practice Guidelines: Management and support of younger women with breast cancer	1	2	3	4	5	6	7	9
L. Immunisation / vaccine guidelines	1	2	3	4	5	6	7	9

ETHICS ADVICE

Q6.5   How would you rate your familiarity with the ethics requirement for research involving humans?

Very unfamiliar			Neither familiar nor unfamiliar			Very familiar	Don't know
1	2	3	4	5	6	7	9

Q6.6   Overall how satisfied are you with the human research ethics advice provided by the NHMRC?

Very Dissatisfied			Neither satisfied nor dissatisfied			Very Satisfied	Don't know
1	2	3	4	5	6	7	9

IF Q6.6=(code 9) SKIP TO Q6.10

Q6.7   And how would you rate the human research ethics advice provided by the NHMRC on the following aspects …… **[SR]**

	Very poor			Neither good nor poor			Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Timeliness	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

QUESTIONS 6.8, 6.9 NOT CURRENTLY ASKED

Q6.10 For each of the information sources or publications listed below please indicate your level of usage and familiarity...

	Not aware	Aware but never accessed / read	Read / access occasionally	Read / access frequently
A. National Statement on Ethical Conduct in Research Involving Humans	1	2	3	4
B. Privacy Guidelines -Guidelines under Section 95 of the Privacy Act 1988 and Guidelines approved under Section 95A of the Privacy Act 1988	1	2	3	4
C. Your organisation/institution's guidelines on ethical conduct in research involving humans	1	2	3	4
D. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research	1	2	3	4
E. Communicating with Patients	1	2	3	4
F. Human Research Ethics Handbook	1	2	3	4
G When does quality assurance in health care require independent ethical review? Advice to institutions, HREC's and Health Care Professionals	1	2	3	4
H. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004	1	2	3	4
I. Health Ethics Helpline	1	2	3	4
J. Human Research Ethics Committee (HREC) Bulletin	1	2	3	4
K. Joint NHMRC / AVCC Statement and Guidelines on Research Practice, (The Australian Code for Conducting Research)	1	2	3	4
L. Australian Code of Practice for the Use of Animals for Scientific Purposes	1	2	3	4

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'A' at Q6.10 SKIP TO Q6.12

Q6.11 You indicated that you are aware of the **"National Statement on Ethical Conduct in Research Involving Humans"**. How would you rate the "National Statement on Ethical Conduct in Research Involving Humans" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'B' at Q6.10 SKIP TO Q6.13

Q6.12 You indicated that you are aware of the **Privacy Guidelines**. How would you rate the Privacy Guidelines in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'C' at Q6.10 SKIP TO Q6.14

Q6.13 You indicated that you are aware of **your organisation/institution's guidelines on ethical conduct in research involving humans**. How would you rate your organisation/ institution's guidelines on ethical conduct in research involving humans in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'D' at Q6.10 SKIP TO Q6.15

Q6.14 You indicated that you are aware of "**Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research**". How would you rate the "Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'E' at Q6.10 SKIP TO Q6.16

Q6.15 You indicated that you are aware of the publication "**Communicating with Patients**". How would you rate "Communicating with Patients" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'F' at Q6.10 SKIP TO Q6.17

Q6.16 You indicated that you are aware of the "**Human Research Ethics Handbook**". How would you rate the "Human Research Ethics Handbook" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'G' at Q6.10 SKIP TO Q6.18

Q6.17 You indicated that you are aware of "**When does quality assurance in health care require independent ethical review? Advice to institutions, HRECs and Health Care Professionals**". How would you rate "When does quality assurance in health care require independent ethical review? Advice to institutions, HRECs and Health Care Professionals"" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'H' at Q6.10 SKIP TO Q6.19

Q6.18 You indicated that you are aware of the "**Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004**". How would you rate the "Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004" in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'I' at Q6.10 SKIP TO Q6.20.1

Q6.19 You indicated that you are aware of the **Health Ethics Helpline**. How would you rate the Health Ethics Helpline in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'J' at Q6.10 SKIP TO Q6.20.2

Q6.20.1 You indicated that you are aware of the **Human Research Ethics Committee (HREC) Bulletin**. How would you rate the HREC Bulletin in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'K' at Q6.10 SKIP TO Q6.20.3

Q6.20.2 You indicated that you are aware of the **Joint NHMRC / AVCC Statement and Guidelines on Research Practice**,. How would you rate the Joint NHMRC / AVCC Statement and Guidelines on Research Practice in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

IF NOT AWARE or AWARE BUT NEVER READ (code 1-2) 'L' at Q6.10 SKIP TO Q6.20.4

Q6.20.3 You indicated that you are aware of the **Australian Code of Practice for Use of Animals for Scientific Purposes**. How would you rate the Australian Code of Practice for Use of Animals for Scientific Purposes in terms of …[**SR**]

	Very poor		Neither good nor poor				Very good	Don't know
Meeting your needs overall	1	2	3	4	5	6	7	9
Quality	1	2	3	4	5	6	7	9
Usefulness	1	2	3	4	5	6	7	9
Clarity	1	2	3	4	5	6	7	9
Currency	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Ease of access	1	2	3	4	5	6	7	9

Q6.20.4 Do you have any experience completing or reviewing ethics applications for research involving humans?

1. Yes =>**CONTINUE**
2. No => **GO TO Q6.24**
3. Don't know => **GO TO Q6.24**

Q6.20.5 Which of the following describes your experience of completing or reviewing ethics applications for research involving humans? MR

1. I have completed an ethics application for research involving humans in the past 3 years. **=> GO TO Q6.21.2**
2. I have reviewed an ethics application for research involving humans in the past 3 years. **=> GO TO Q6.22.2**
3. Neither of the above => **GO TO Q6.24**

Q6.21.1 Not currently asked

Q6.21.2 Which of the following sources of information did you use in the preparation of your ethics application

A. National Statement on Ethical Conduct in Research Involving Humans	1
B. Privacy Guidelines -Guidelines under Section 95 of the Privacy Act 1988 and Guidelines approved under Section 95A of the Privacy Act 1988	2
C. Your organisation/institution's guidelines on ethical conduct in research involving humans	3
D. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research	4
E. Communicating with Patients	5
F. Human Research Ethics Handbook	6
G. When does quality assurance in health care require independent ethical review? Advice to institutions, HREC's and Health Care Professionals	7
H. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004	8
I. Health Ethics Helpline	9
J. Human Research Ethics Committee (HREC) Bulletin	10
K. Joint NHMRC / AVCC Statement and Guidelines on Research Practice,	11

(The Australian Code for Conducting Research)	
L. Other please specify	96
M. None of the above	99

IF ONLY ONE RESPONSE at Q6.21.2 SKIP TO Q6.22.1

Q6.21.3 And which **one source** was the most useful to you? **[SR]**

A. National Statement on Ethical Conduct in Research Involving Humans	1
B. Privacy Guidelines -Guidelines under Section 95 of the Privacy Act 1988 and Guidelines approved under Section 95A of the Privacy Act 1988	2
C. Your organisation/institution's guidelines on ethical conduct in research involving humans	3
D. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research	4
E. Communicating with Patients	5
F. Human Research Ethics Handbook	6
G. When does quality assurance in health care require independent ethical review? Advice to institutions, HREC's and Health Care Professionals-	7
H. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004	8
I. Health Ethics Helpline	9
J. Human Research Ethics Committee (HREC) Bulletin	10
K. Joint NHMRC / AVCC Statement and Guidelines on Research Practice, (The Australian Code for Conducting Research)	11
L. Other please specify	96
M. None of the above	99

Q6.22.1 Not currently asked

Q6.22.2 Which of the following sources of information did you use in your review(s).

A. National Statement on Ethical Conduct in Research Involving Humans	1
B. Privacy Guidelines -Guidelines under Section 95 of the Privacy Act 1988 and Guidelines approved under Section 95A of the Privacy Act 1988	2
C. Your organisation/institution's guidelines on ethical conduct in research involving humans	3
D. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research	4
E. Communicating with Patients	5
F. Human Research Ethics Handbook	6
G. When does quality assurance in health care require independent ethical review? Advice to institutions, HREC's and Health Care Professionals-	7
H. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004	8
I. Health Ethics Helpline	9
J. Human Research Ethics Committee (HREC) Bulletin	10
K. Joint NHMRC / AVCC Statement and Guidelines on Research Practice, (The Australian Code for Conducting Research)	11
L. Other please specify	96
M. None of the above	99

IF ONLY ONE RESPONSE at Q6.22.2 SKIP TO Q6.24

Q6.23 And which **one source** was the most useful to you? **[SR]**

A. National Statement on Ethical Conduct in Research Involving Humans	1
B. Privacy Guidelines -Guidelines under Section 95 of the Privacy Act 1988 and Guidelines approved under Section 95A of the Privacy Act 1988	2
C. Your organisation/institution's guidelines on ethical conduct in research involving humans	3
D. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research	4
E. Communicating with Patients	5
F. Human Research Ethics Handbook	6
G. When does quality assurance in health care require independent ethical review? Advice to institutions, HREC's and Health Care Professionals	7
H. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research - 2004	8
I. Health Ethics Helpline	9
J. Human Research Ethics Committee (HREC) Bulletin	10
K. Joint NHMRC / AVCC Statement and Guidelines on Research Practice, (The Australian Code for Conducting Research)	11
L. Other please specify	96
M. None of the above	99

SCIENTIFIC/TECHNICAL ADVICE

Q6.24 Please indicate your **level of familiarity** with the following NHMRC Expert Committees that provide scientific/technical advice and information. **[SR]**

	Not Aware	Aware, but have not used/ sought advice	Aware, and have used/ sought advice
A Special Expert Committee on Transmissible Spongiform Encephalopathy's (SECTSE)	1	2	3
B. Expert Advisory Group on Antimicrobial Resistance (EAGAR)	1	2	3
C. Gene and Related Therapies Research Advisory Panel (GTRAP)	1	2	3
D. Animal Welfare Committee (AWC)	1	2	3

ONLY ASK FOR THOSE WHO INDICATED 'AWARE & USED ADVICE' (code 3) to A AT Q6.24 – OTHERS SKIP TO Q6.26

Q6.25 You indicated that you have used or sought the advice of the Special Expert Committee on Transmissible Spongiform Encephalopathy's.

Thinking about the advice provided by the **Special Expert Committee on Transmissible Spongiform Encephalopathy's**, how would you rate that advice, in terms of …

	Very poor		Neither good nor poor				Very good	Don't know
Your overall satisfaction with the advice	1	2	3	4	5	6	7	9
Meeting your needs	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Quality of the advice	1	2	3	4	5	6	7	9
Usefulness of the advice	1	2	3	4	5	6	7	9
Ease of accessing advice	1	2	3	4	5	6	7	9
Clarity of the advice	1	2	3	4	5	6	7	9
Timeliness of the advice	1	2	3	4	5	6	7	9

ONLY ASK FOR THOSE WHO INDICATED 'AWARE & USED ADVICE' (code 3) to B AT Q6.24– OTHERS SKIP TO Q6.27

Q6.26 You indicated that you have used or sought the advice of the Expert Advisory Group on Antimicrobial Resistance.

Thinking about the advice provided by the **Expert Advisory Group on Antimicrobial Resistance**, how would you rate that advice, in terms of …

	Very poor		Neither good nor poor				Very good	Don't know
Your overall satisfaction with the advice	1	2	3	4	5	6	7	9
Meeting your needs	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Quality of the advice	1	2	3	4	5	6	7	9
Usefulness of the advice	1	2	3	4	5	6	7	9
Ease of accessing advice	1	2	3	4	5	6	7	9
Clarity of the advice	1	2	3	4	5	6	7	9
Timeliness of the advice	1	2	3	4	5	6	7	9

ONLY ASK FOR THOSE WHO INDICATED 'AWARE & USED ADVICE' (code 3) to C AT Q6.24– OTHERS SKIP TO Q6.28

Q6.27 You indicated that you have used or sought the advice of the Gene and Related Therapies Research Advisory Panel.

Thinking about the advice provided by the **Gene and Related Therapies Research Advisory Panel**, how would you rate that advice, in terms of …

	Very poor		Neither good nor poor				Very good	Don't know
Your overall satisfaction with the advice	1	2	3	4	5	6	7	9
Meeting your needs	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Quality of the advice	1	2	3	4	5	6	7	9
Usefulness of the advice	1	2	3	4	5	6	7	9

	Very poor			Neither good nor poor			Very good	Don't know
Ease of accessing advice	1	2	3	4	5	6	7	9
Clarity of the advice	1	2	3	4	5	6	7	9
Timeliness of the advice	1	2	3	4	5	6	7	9

ONLY ASK FOR THOSE WHO INDICATED 'AWARE & USED ADVICE' (code 3) to D AT Q6.24– OTHERS SKIP TO Q7.1

Q6.28 You indicated that you have used or sought the advice of the Animal Welfare Committee. Thinking about the advice provided by the **Animal Welfare Committee**, how would you rate that advice, in terms of …

	Very poor			Neither good nor poor			Very good	Don't know
Your overall satisfaction with the advice	1	2	3	4	5	6	7	9
Meeting your needs	1	2	3	4	5	6	7	9
Guidance provided	1	2	3	4	5	6	7	9
Quality of the advice	1	2	3	4	5	6	7	9
Usefulness of the advice	1	2	3	4	5	6	7	9
Ease of accessing advice	1	2	3	4	5	6	7	9
Clarity of the advice	1	2	3	4	5	6	7	9
Timeliness of the advice	1	2	3	4	5	6	7	9

Q6.29 Not currently asked

Q6.30 Not currently asked

SECTION 7 – INTELLECTUAL PROPERTY

NOTE: SECTION 7 ONLY TO BE COMPLETED BY RESPONDENTS IDENTIFIED AS GRANT RECIPIENTS / RESEARCHERS IN THE SAMPLE LIST (G) OR RESPONDENTS WHO ANSWERED C TO Q1.1.1 OR Q1.1.2 OR Q1.1.3 AND RESPONDENTS IDENTIFIED AS (CODE 'E') IN SAMPLE LIST

ALL OTHERS GO TO D1

These next questions are about Intellectual Property.

Q7.1   Please indicate your level of familiarity with each of the following....

	Very poor			Neither good nor poor			Very good	Don't know
Intellectual property as a measure of research performance	1	2	3	4	5	6	7	9
Your organisation/institution's Intellectual Property Management policy	1	2	3	4	5	6	7	9
The "National Principle of Intellectual Property Management"	1	2	3	4	5	6	7	9
Your responsibility to protect potential Intellectual Property that arises from research conducted in your organisation/ institution	1	2	3	4	5	6	7	9
Who owns any Intellectual Property that arises from research conducted in your organisation/ institution	1	2	3	4	5	6	7	9
The types of Intellectual Property protection used within your organisation/ institution	1	2	3	4	5	6	7	9
The management practices used within your organisation/institution to protect Intellectual Property (such as registers)	1	2	3	4	5	6	7	9

Q7.2 What specific management practices are used within your organisation/institution to protect and manage Intellectual Property? *Please select all that apply.* **[MR]**
1. Keeping laboratory notebooks
2. Sign-off on laboratory notebooks
3. Patent protection
4. Audits to identify potential Intellectual Property
5. A dedicated person to manage commercial interests
96. Other, please specify_____
99. Don't know

ASK FOR ALL INDICATED AT Q7.2

Q7.3 Overall, how would you rate the level of compliance within your organisation/ institution in regard to completing all requirements of the following Intellectual Property management practices?

	Very poor	Neither good nor poor					Very good	Don't know
A. Keeping laboratory notebooks	1	2	3	4	5	6	7	9
B. Sign-off on laboratory notebooks								
C. Patent protection	1	2	3	4	5	6	7	9
D. Audits to identify potential Intellectual Property	1	2	3	4	5	6	7	9

DEMOGRAPHIC INFORMATION

ONLY ASK FOR THOSE ANSWER (Code 1) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3

D1 How long have you worked for the NHMRC?

1. less than 12 months
2. 1 to 2 years
3. 3 to 4 years
4. 5 to 6 years
5. 7 or more years

ONLY ASK FOR THOSE ANSWER (Code 1) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3

D2 What is your current level (either acting or substantive) within the NHMRC

1. APS 1 to APS 6
2. EL 1 or EL 2
3. SES

ONLY ASK FOR THOSE ANSWER (Code 2 or 13) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3

D3. How long have you been involved with, or a member of, the NHMRC Council, a Principal Committee of the NHMRC, an NHMRC Expert Advisory Committee, or an NHMRC Working Committee (eg. Review Panel)?

1. less than 12 months
2. 1 to 2 years
3. 3 to 4 years
4. 5 to 6 years
5. 7 or more years

ONLY FOR THOSE ANSWER (Code 3) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3 OR IDENTIFIED AS 'G' or 'C' in SAMPLE LIST

D4. In what year was your most recent NHMRC grant, fellowship or scholarship application lodged?

1. 2005
2. 2004
3. 2003
4. 2002 or before
5. I have never lodged an NHMRC grant, fellowship or scholarship application

ONLY FOR THOSE ANSWER (Code 3) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3 OR IDENTIFIED AS 'G' or 'C' in SAMPLE LIST

D5.   Was your most recent grant application successful?

1.   Yes

2.   No

3.   Still awaiting decision

ONLY FOR THOSE ANSWER (Code 3) AT AND / OR Q1.1.1, Q1.1.2, Q1.1.3 OR IDENTIFIED AS 'G' or 'C' in SAMPLE LIST

D6.   What area of research are you involved with?

1.   Social Science and Humanities

2.   Health and Medical research

3.   Public or Population Health

4.   Behavioural Science

96. Other please specify_____

ASK ALL

D7.   Please indicate if any of the following describe your role**: [MR]**

1.   I am involved in grant administration (eg. RAO)

2.   I am a member of my organisation/institution's Human Research Ethics Committee

3.   I am a member of my organisation/institution's Animal Ethics Committee

4.   I am involved in the commercialisation/development arm of my organisation/institution

9.   None of the above

ASK ALL

D8 Are there any other comments or suggestions you would like to make?

_____

_____

Thank you for completing the survey.

Your feedback is appreciated and will be used by the NHMRC in the development of their next triennial Strategic Plan.

We would like to assure you once again that your responses are confidential. None of the answers you give are directly linked to you as an individual and all reporting will be at an aggregate level only.

If you wish to discuss this survey or have any questions please email Natalie.

You can now safely close the internet browser.

Appendix G

**Engagement with the community -
detailed results by stakeholder group**

Figure 67   Strategic Improvement Matrix – Council and Committees
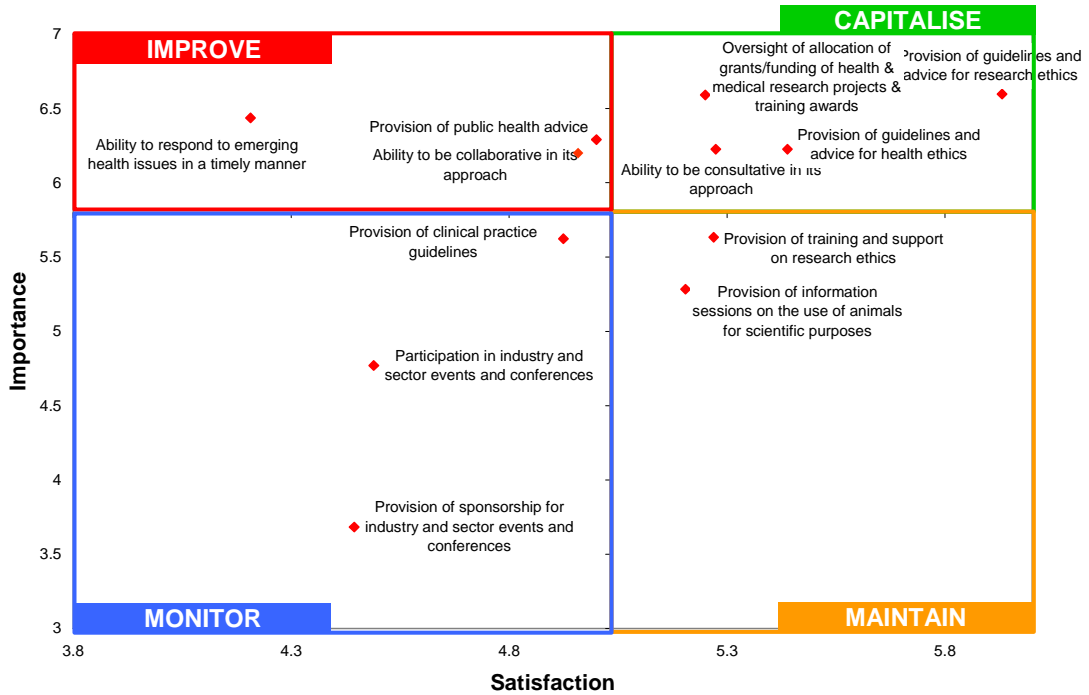
Figure 68   Strategic Improvement Matrix – HRECs/AECs
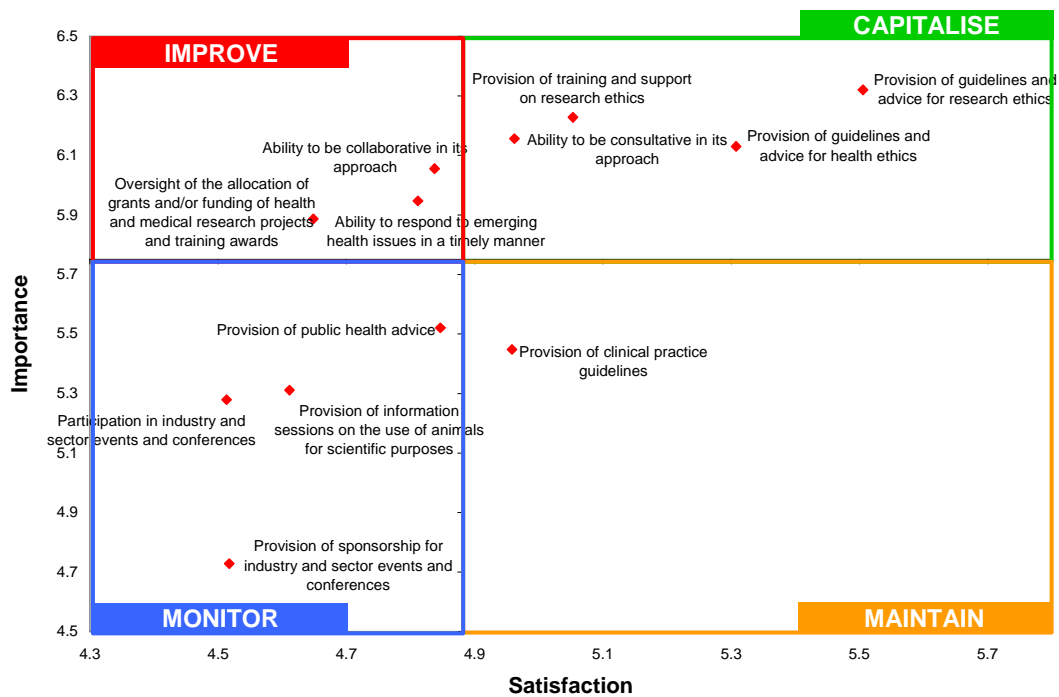
Figure 69   **Strategic Improvement Matrix - N/GOs & Scientific**
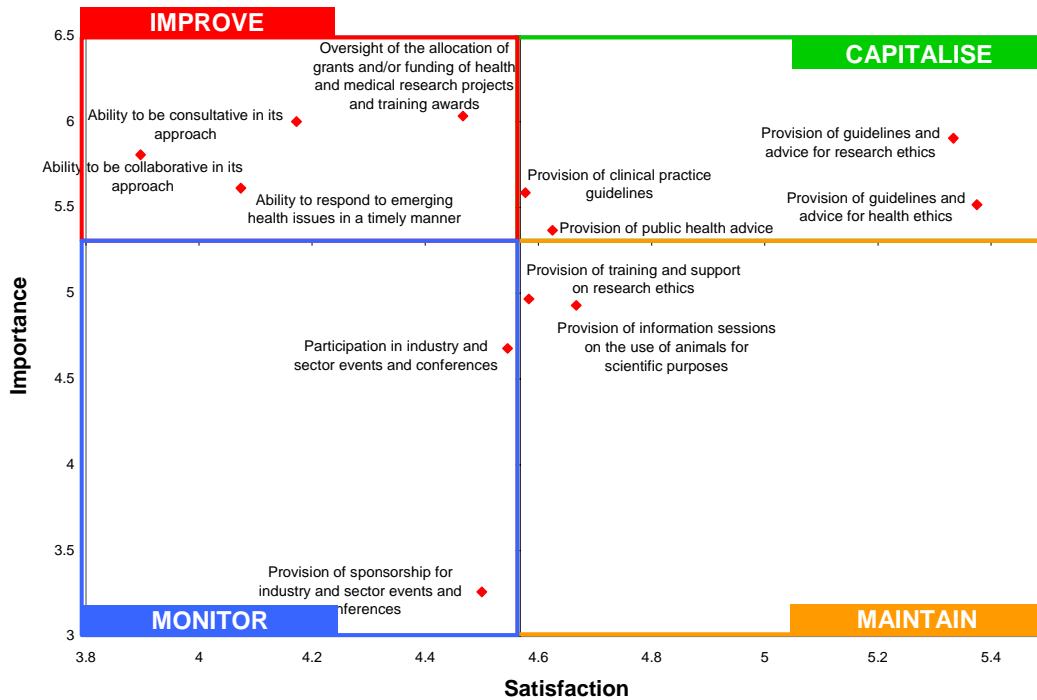
Figure 70   **Strategic Improvement Matrix – Opt-in HRECs**
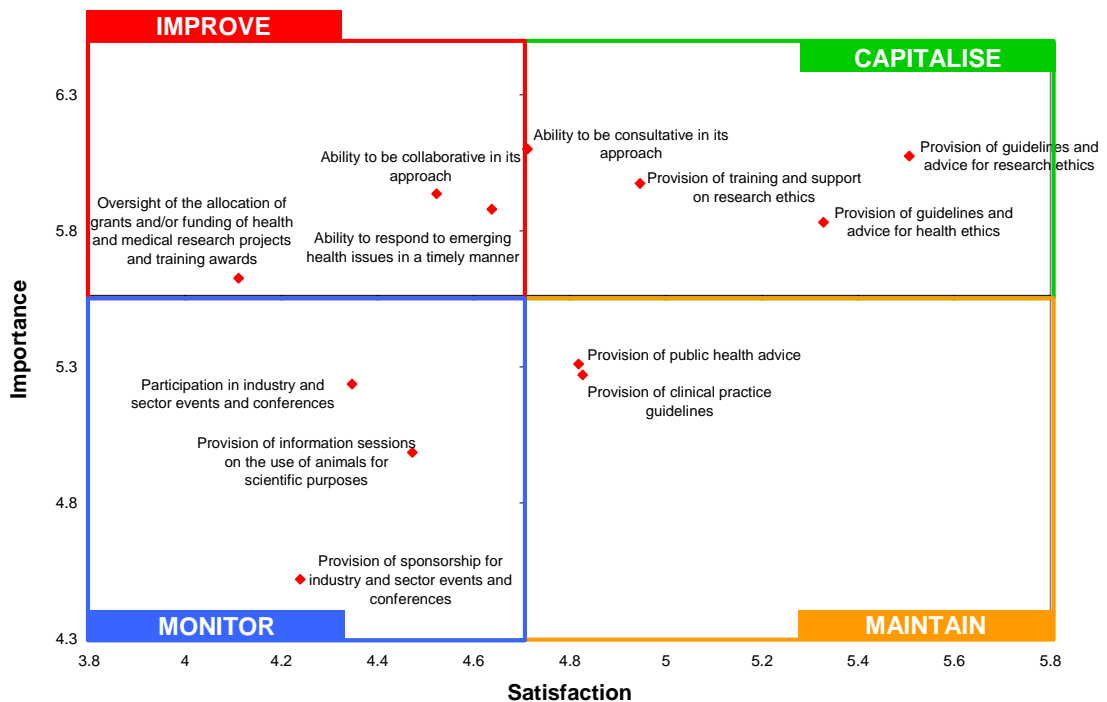
Figure 71   Strategic Improvement Matrix - Administering Institutions
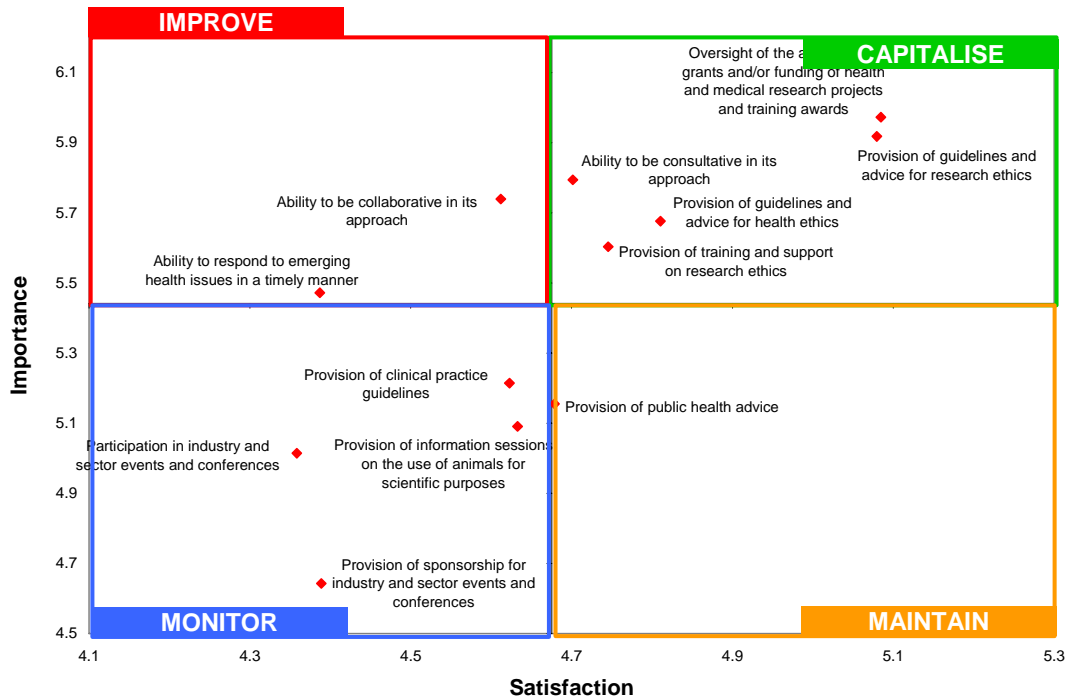
Figure 72   Strategic Improvement Matrix – NHMRC Staff
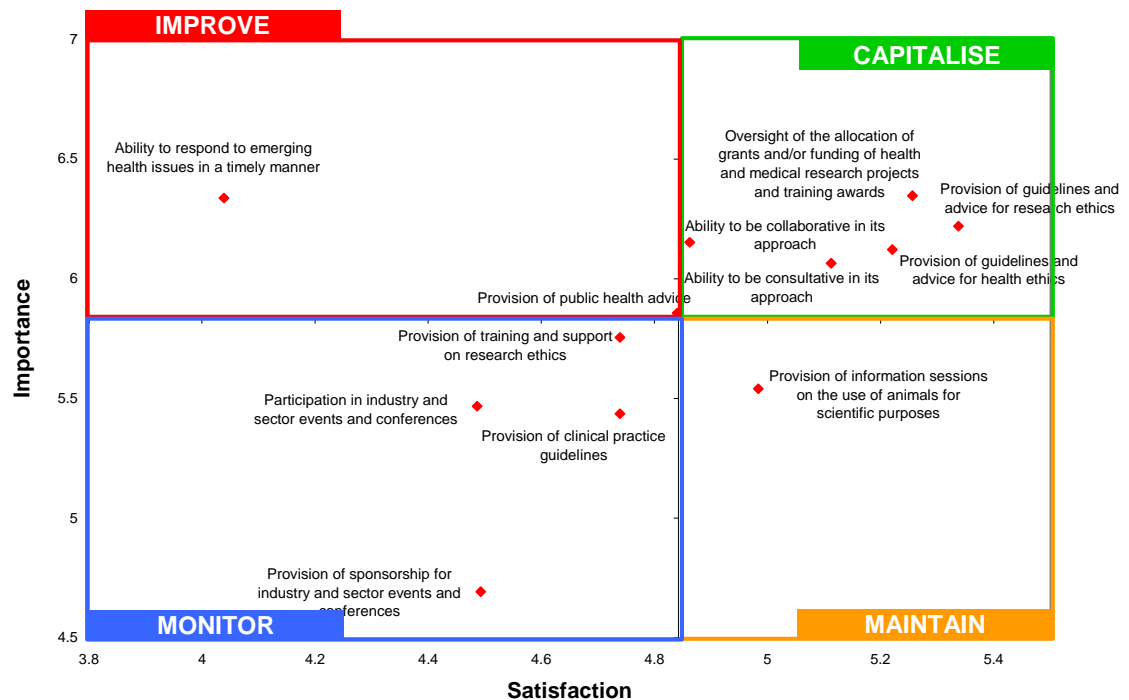
Figure 73   Strategic Improvement Matrix – NHMRC Working Groups
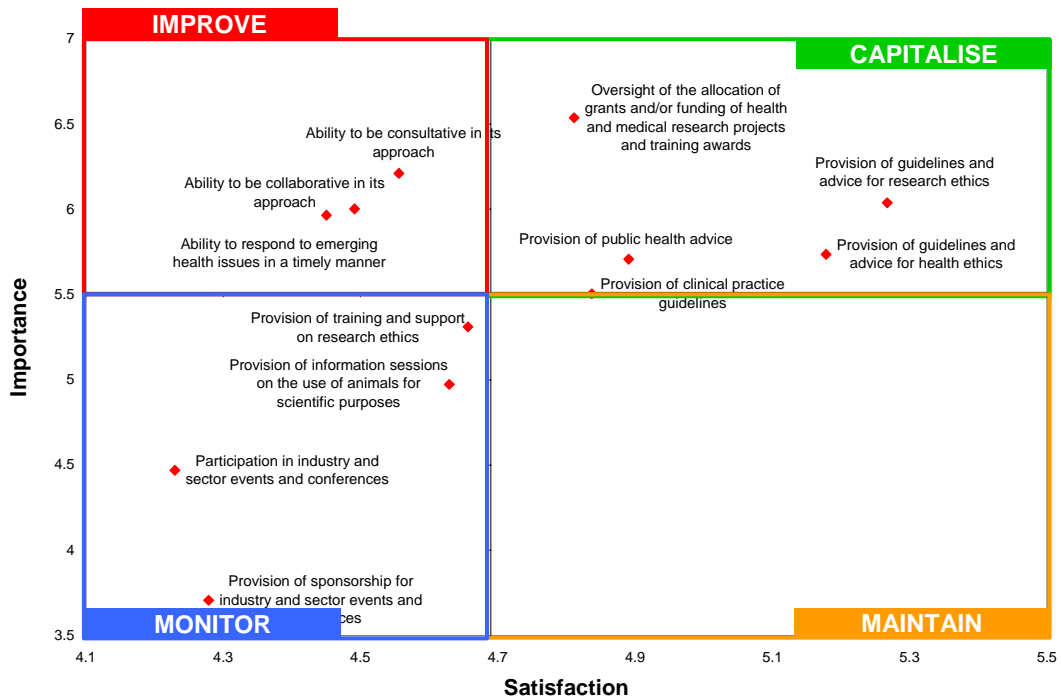
Figure 74   Strategic Improvement Matrix – Researchers
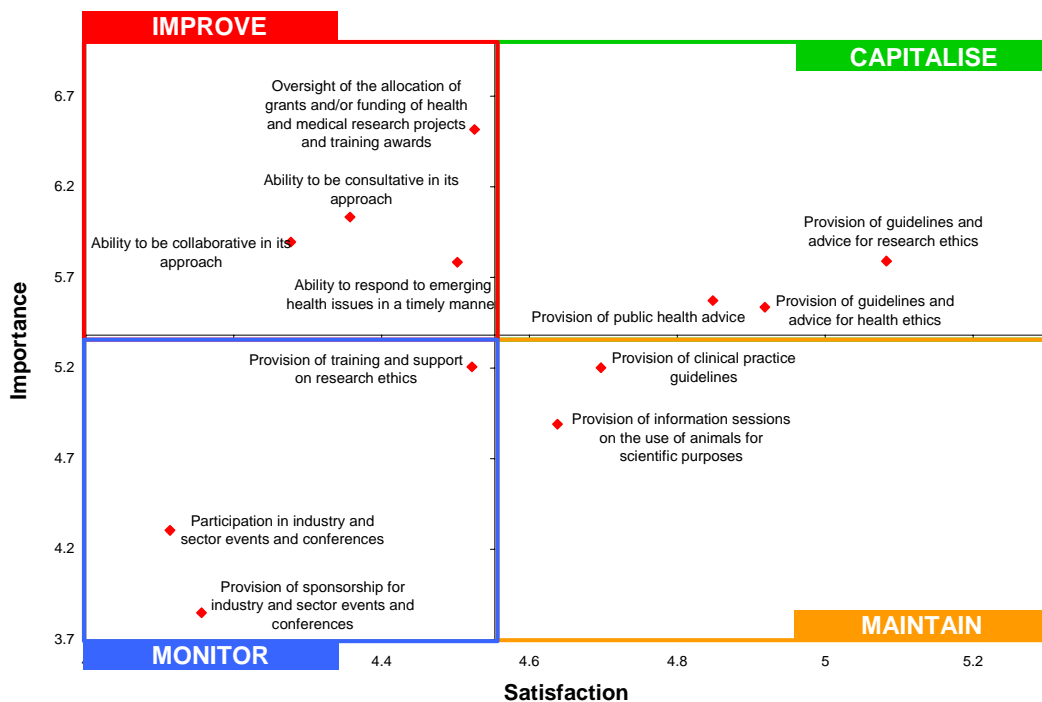
Figure 75   Strategic Improvement Matrix – Interest and Hospitals
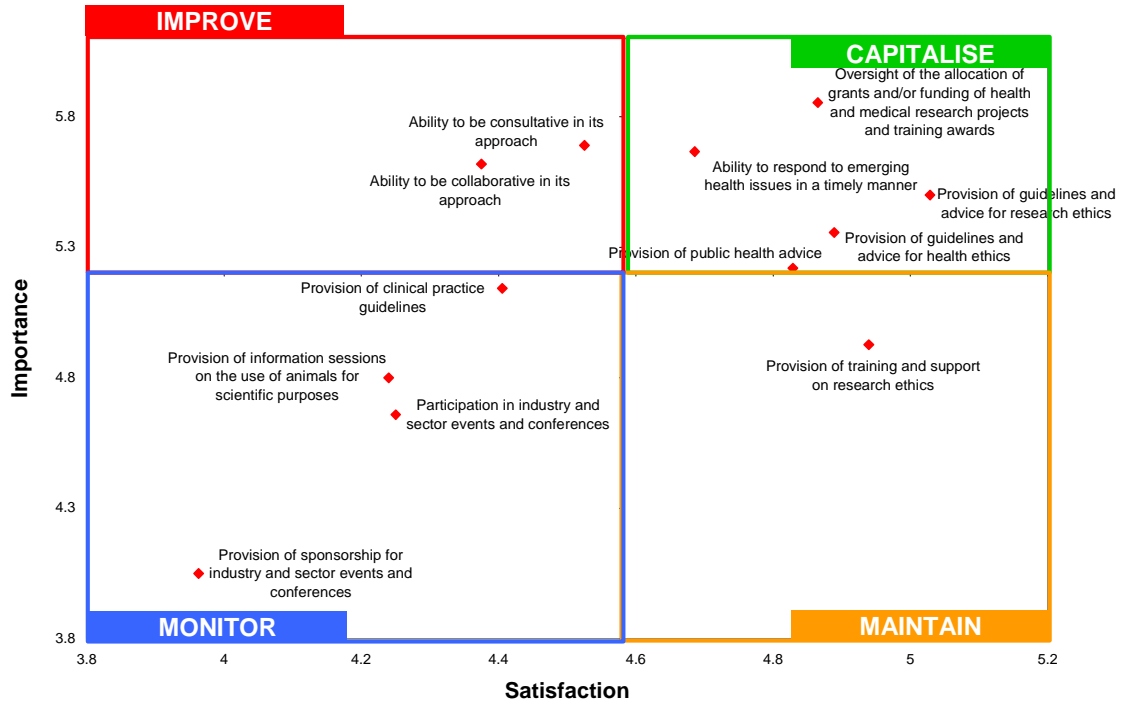
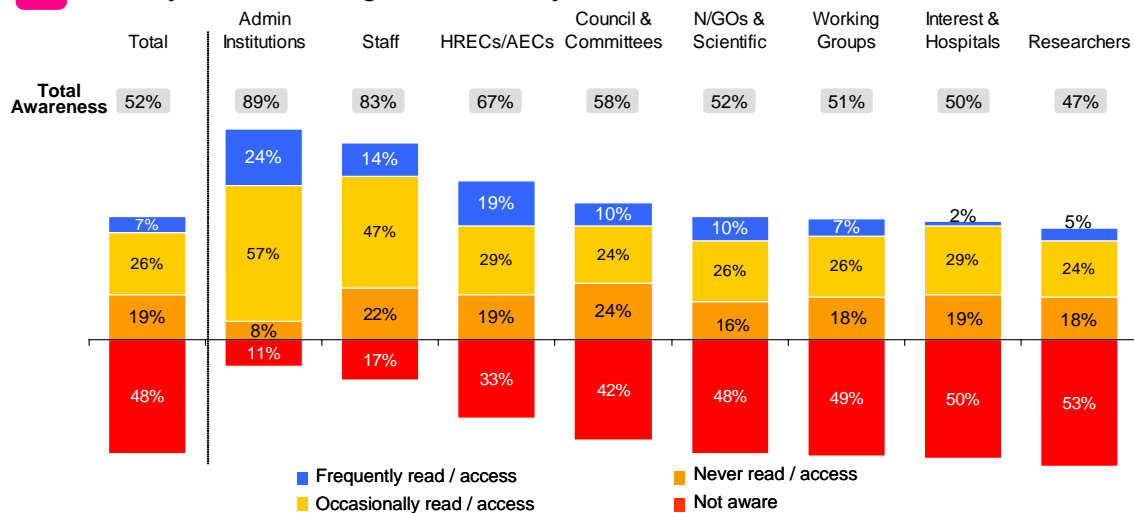**Figure 76   Usage and familiarity with NHMRC website**

Q. *What is your level of usage and familiarity with the NHMRC Website?*
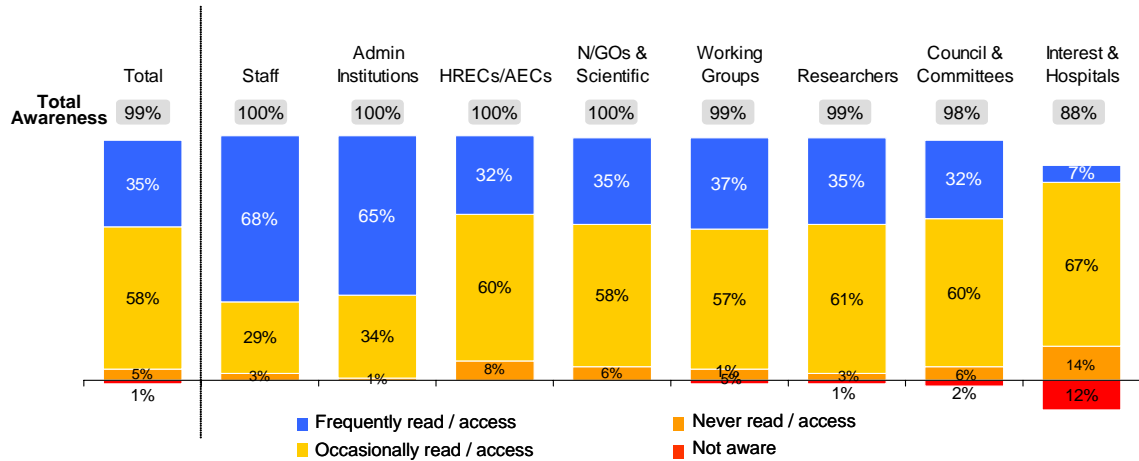
Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
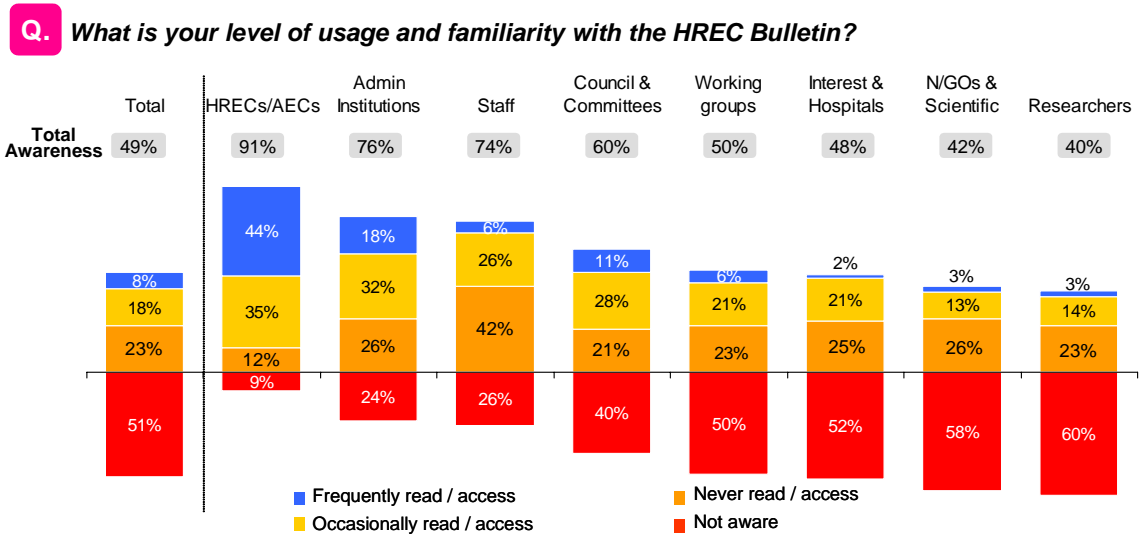Q2.3

Figure 77   Usage and familiarity with NHMRC Annual Report

Q. *What is your level of usage and familiarity with the NHMRC Annual Report?*
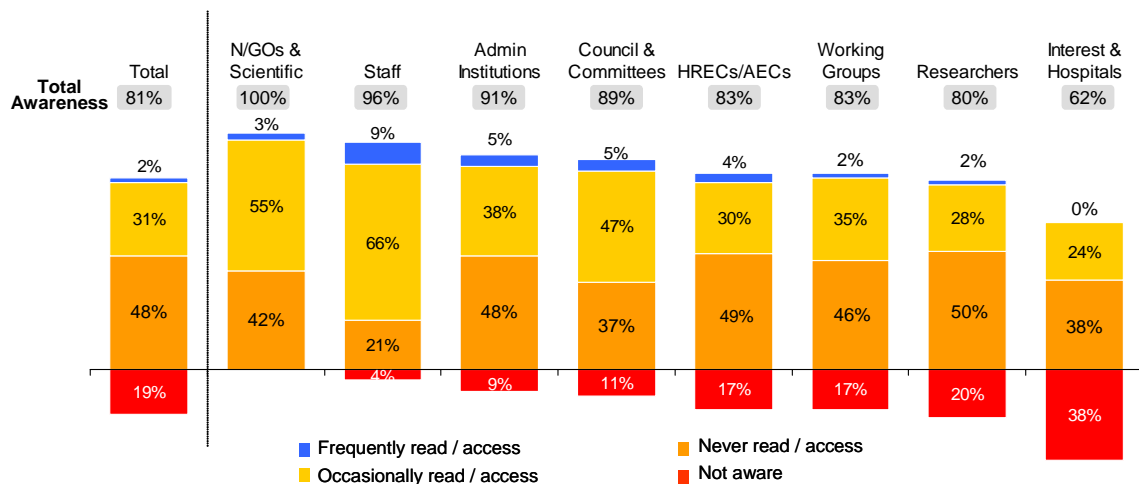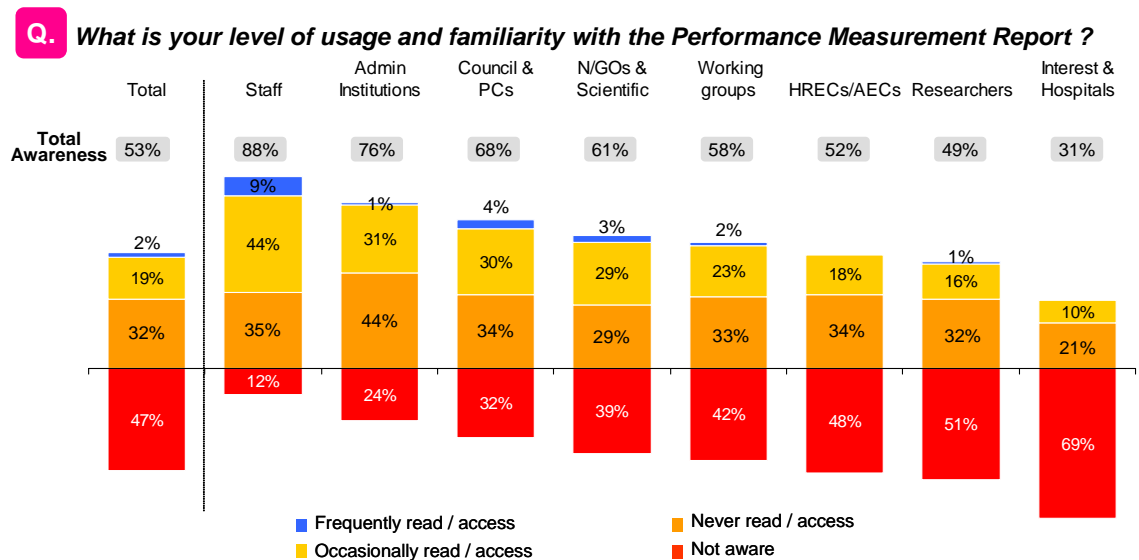

Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
Q2.3

Figure 78   Usage and familiarity with NHMRC Strategic Plan

Q. *What is your level of usage and familiarity with the NHMRC Strategic Plan?*
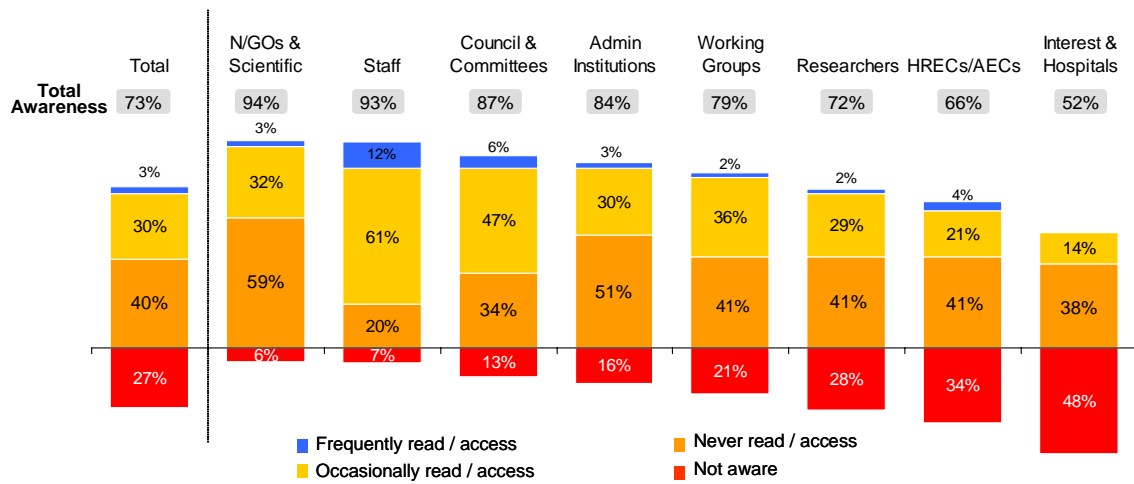
Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
Q2.3

Figure 79   Usage and familiarity with eNews

Q. *What is your level of usage and familiarity with eNews?*

Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
Q2.3

Figure 80   Usage and familiarity with HREC Bulletin

Q. *What is your level of usage and familiarity with the HREC Bulletin?*

Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
Q2.3

Figure 81   Usage and familiarity with Perfomance Measurement Report

Q. *What is your level of usage and familiarity with the Performance Measurement Report ?*

Base: n=1691 (Total), n=101 (HRECs/AECs), n=189 (Council & Committees), n=74 (Admin Institutions), n=526 (WG), n=1174 (Researchers), n=31 (N/GOs & Scientific), n=41 (Interest & Hospitals)
Q2.3

Figure 82 **Overall satisfaction with NHMRC information sources**

Q. *Overall, how would you rate your satisfaction with…?*

	Total	HRECs/ AECs	Council & Committees	Staff	Admin Institutions	Working Groups	Researchers
HREC Bulletins n=437	5.0	5.5 ⬆	4.9	4.6	5.0	4.9	4.8
Annual Report n=568	4.8	4.9	5.0	5.1	4.7	4.8	4.7
eNews n=561	4.8	5.1	4.9	4.7	4.8	4.8	4.7
PMR n=346	4.8	5.0	5.0	5.0	4.5	4.7	4.8
Website n=1585	4.6	5.0 ⬆	4.4	4.5	4.5	4.5	4.6
Strategic Plan n=557	4.6	5.1	4.8	5.0 ⬆	4.7	4.6	4.5

Source: Q2.4
Note: Significantly higher ⬆ rating than respondents overall.

Figure 83 **Rating of the quality of NHMRC information sources**

Q. *How would you rate the quality of…?*

	Total	HRECs/ AECs	Council & Committees	Staff	Admin Institutions	Working Groups	Researchers
HREC Bulletins n=437	5.4	5.8	5.3	4.9	5.4	5.4	5.2
PMR n=346	5.2	5.3	5.4	5.4	5.1	5.2	5.1
Website n=1585	5.2	5.6 ⬆	5.1	5.1	5.1	5.1	5.1
Annual Report n=568	5.1	5.3	5.3	5.3	5.1	5.1	4.9
eNews n=561	5.1	5.4	5.1	5.0	5.3	5.2	5.0
Strategic Plan n=557	5.0	5.5	5.3	5.3	5.1	5.1	4.9

Source: Q2.5
Note: Significantly higher ⬆ rating than respondents overall.

Figure 84   Rating of the usefulness of NHMRC information sources

Q. *How would you rate the usefulness of…?*

	Total	HRECs/ AECs	Council & Committees	Staff	Admin Institutions	Working Groups	Researchers
Website n=1585	5.5	5.8 ⬆	5.5	5.5	5.6	5.5	5.5
HREC Bulletins n=437	5.4	5.9	5.4	5.2	5.2	5.4	5.3
eNews n=561	5.2	5.5	5.4	4.9	5.2	5.3	5.1
PMR n=346	5.0	5.3	5.0	5.4	5.1	4.9	4.9
Annual Report n=568	5.0	5.2	5.1	5.4 ⬆	4.8	4.9	4.8
Strategic Plan n=557	4.9	5.8	5.0	5.3 ⬆	4.7	4.9	4.8

Source: Q2.6
Note: Significantly higher ⬆ rating than respondents overall.

Figure 85   Rating of the timeliness of NHMRC information sources

Q. *How would you rate the timeliness of…?*

	Total	HRECs/ AECs	Council & Committees	Staff	Admin Institutions	Working Groups	Researchers
eNews n=561	5.1	5.6 ⬆	5.1	4.8	5.3	5.1	5.1
HREC Bulletins n=437	5.2	5.5 ⬆	5.1	4.9	5.1	5.2	5.1
PMR n=346	4.7	4.9	4.8	4.9	4.6	4.5	4.6
Annual Report n=568	4.8	5.0	4.9	5.1	4.9	4.6	4.7
Strategic Plan n=557	4.7	5.4	4.8	4.9	4.8	4.5	4.7
Website n=1585	4.9	5.6 ⬆	4.9	4.8	5.3 ⬆	4.8	4.9

Source: Q2.8
Note: Significantly higher ⬆ rating than respondents overall.

Appendix H

Health and ethics advice - detailed results by stakeholder group

Figure 86   Rating of Public Health and Clinical Practice Guidelines

Q. *How would you rate the Public Health and Clinical Practice Guidelines on the following aspects?*

	Public Health Guidelines	Clinical Practice Guidelines		Public Health Guidelines	Clinical Practice Guidelines
Meeting your needs overall			**Clarity**		
Council & Committees	5.5	5.5	Council & Committees	5.5	5.8
Working Groups	5.4	5.4	Working Groups	5.4	5.5
Researchers	5.2	5.3	Researchers	5.0	5.5
Quality			**Guidance provided**		
Council & Committees	5.8	5.9	Council & Committees	5.7	5.7
Working Groups	5.6	5.6	Working Groups	5.5	5.5
Researchers	5.5	5.5	Researchers	5.4	5.4
Usefulness			**Currency**		
Council & Committees	5.7	5.8	Council & Committees	5.4	5.1
Working Groups	5.5	5.4	Working Groups	5.0	4.9
Researchers	5.4	5.4	Researchers	4.9	5.0

Base: Public Health: n=375 (based on those aware at Q6.2), n=58 (Council & Committees), n=146 (WG), n=259 (Researchers)
Base: Clinical Practice: n=438 (based on those aware at Q6.2), n=72 (Council & Committees), n=177 (WG), n=298 (Researchers)
Q6.3.1-Q6.3.2

Figure 87   Rating of Guidelines to assist external guideline developers

Q. *How would you rate the Guidelines to assist external guideline developers on the following aspects?*

Meeting your needs overall		**Clarity**	
Council & Committees*	5.9	Council & Committees*	5.8
Working Groups	5.5	Working Groups	5.4
Researchers	5.4	Researchers	5.4
Quality		**Guidance provided**	
Council & Committees*	6.0	Council & Committees*	6.0
Working Groups	5.7	Working Groups	5.5
Researchers	5.6	Researchers	5.4
Usefulness		**Currency**	
Council & Committees*	5.9	Council & Committees*	5.7
Working Groups	5.5	Working Groups	5.3
Researchers	5.4	Researchers	5.3

Base: n=141 (based on those aware at Q6.2), n=28 (Council & Committees), n=82 (WG), n=86 (Researchers)
Q6.3.3

**Figure 88   Rating of information papers/manuals and consumer guides**

Q. *How would you rate the information papers/manuals and consumer guides on the following aspects?*

	Information papers/manuals	Consumer guides		Information papers/manuals	Consumer guides
Meeting your needs overall			**Clarity**		
Council & Committees	5.6	5.8	Council & Committees	5.6	5.9
Working Groups	5.5	5.7	Working Groups	5.5	5.8
Researchers	5.3	5.4	Researchers	5.4	5.6
Quality			**Guidance provided**		
Council & Committees	5.6	6.0	Council & Committees	5.6	5.9
Working Groups	5.6	5.9	Working Groups	5.6	5.8
Researchers	5.5	5.6	Researchers	5.4	5.5
Usefulness			**Currency**		
Council & Committees	5.6	5.9	Council & Committees	5.2	5.6
Working Groups	5.5	5.8	Working Groups	5.3	5.4
Researchers	5.4	5.6	Researchers	5.2	5.2

Base: info papers: n=461 (based on those aware at Q6.2), n=78 (Council & Committees), n=178 (WG), n=300 (Researchers)
Base: Consumer guides: n=158 (based on those aware at Q6.2), n=43 (Council & Committees), n=88 (WG), n=90 (Researchers)
Q6.3.4-Q6.3.5

**Figure 89   Familiarity with Public Health Information
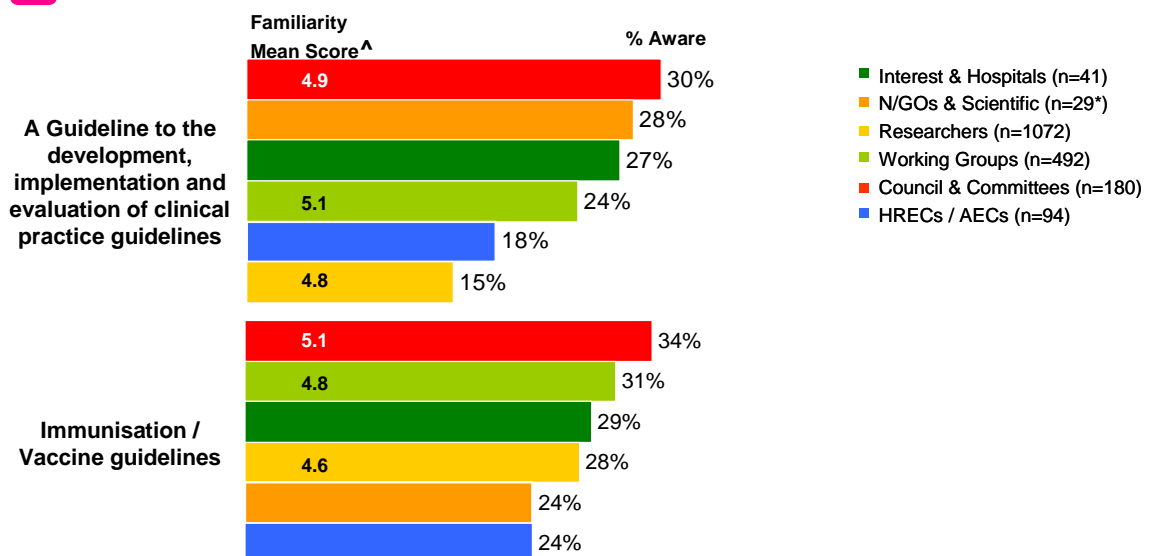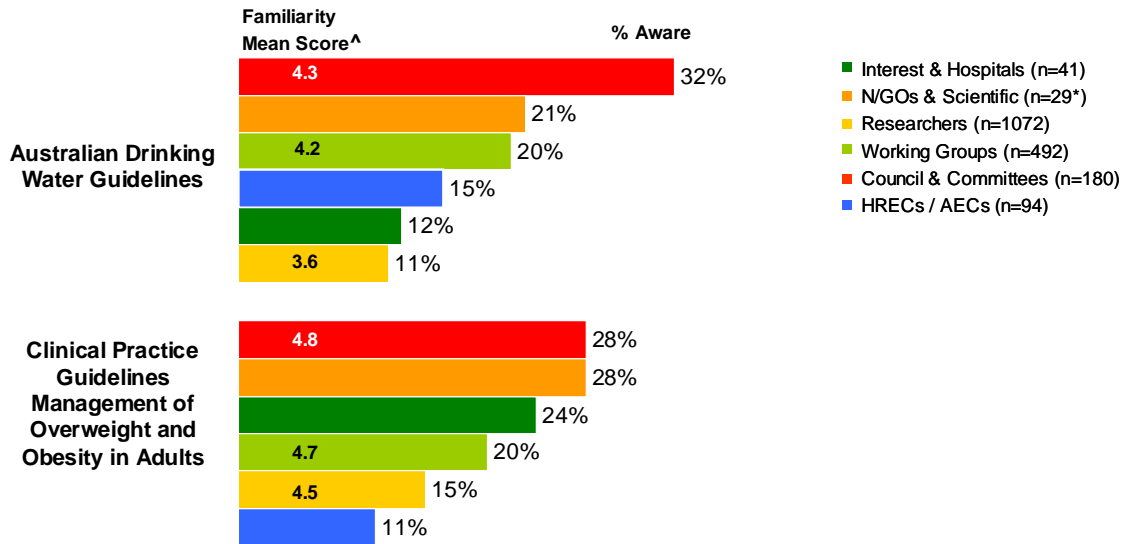   – Alcohol and Dietary Guidelines**

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*
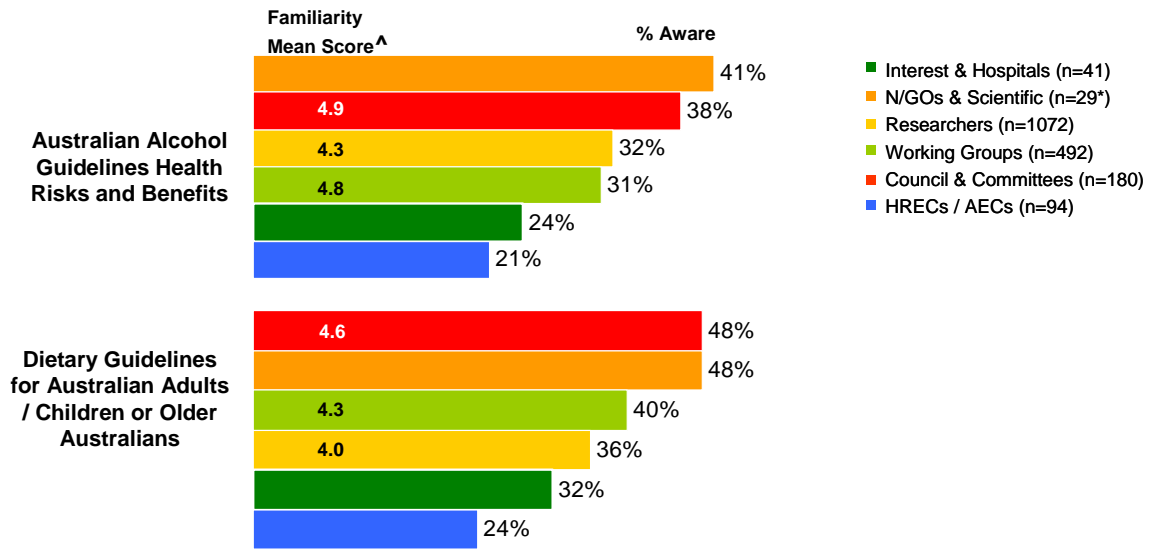
Familiarity Bases: (top/bottom) n=68/87 (Council & Committee), n=151/199 (WG), n=343/385 (Researcher)
Q6.4.1 & Q6.4.3 Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, * = caution small base size

**Figure 90   Familiarity with Public Health Information – Development of Clinical
                     Practice Guidelines and Immunisation Guidelines**

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*

Familiarity Bases: (top/bottom) n=54/67 (Council & Committee), n=118/179 (WG), n=158/379 (Researcher)
Q6.4.1 & Q6.4.3 Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, * = caution small base size

Figure 91 **Familiarity with Public Health Information – Drinking Water Guidelines and Mgt of Obesity Clinical Practice Guidelines**

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*
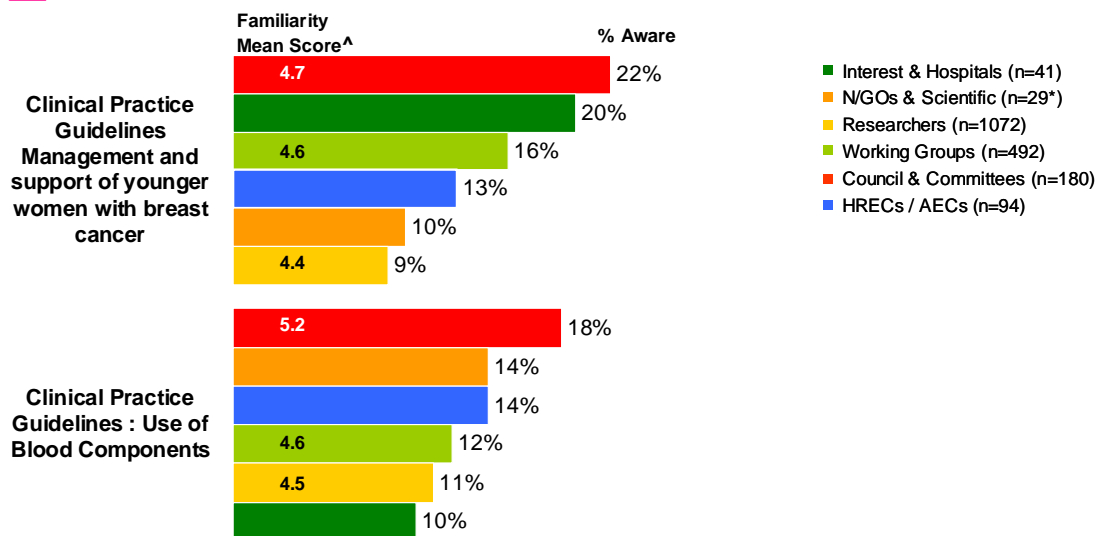

Familiarity Bases: (top/bottom) n=58/50 (Council & Committee), n=100/95 (WG), n=123/165 (Researcher)
Q6.4.1 & Q6.4.3 * = caution small base size
Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, scores are based on a 7-point scale.

Figure 92 **Familiarity with Public Health Information – Mgt and Support of Younger Women with Breast Cancer and Use of Blood Components Guidelines**

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*
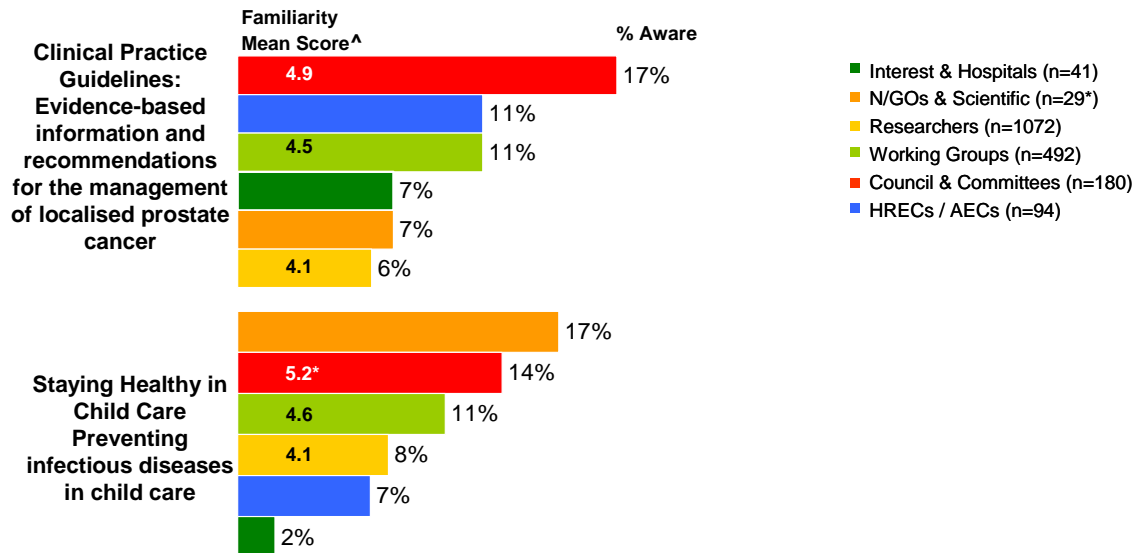

Familiarity Bases: (top/bottom) n=40/33 (Council & Committee), n=81/61 (WG), n=98/121 (Researcher)
Q6.4.1 & Q6.4.3 * = caution small base size
Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, scores are based on a 7-point scale.

Figure 93   Familiarity with Public Health Information – Management of Prostate Cancer and Staying Healthy in Child Care

**Q.** *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*

Familiarity Bases: (top/bottom) n=31/26 (Council & Committee), n=55/52 (WG), n=68/83 (Researcher)
Q6.4.1 & Q6.4.3   * = caution small base size
Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, scores are based on a seven-point scale.

Figure 94   Familiarity with Public Health Information – Assisting health care workers manage the effects of violence in rural & remote Australia

Q. *Which of the following are you aware of? IF AWARE How would you rate your level of familiarity?*
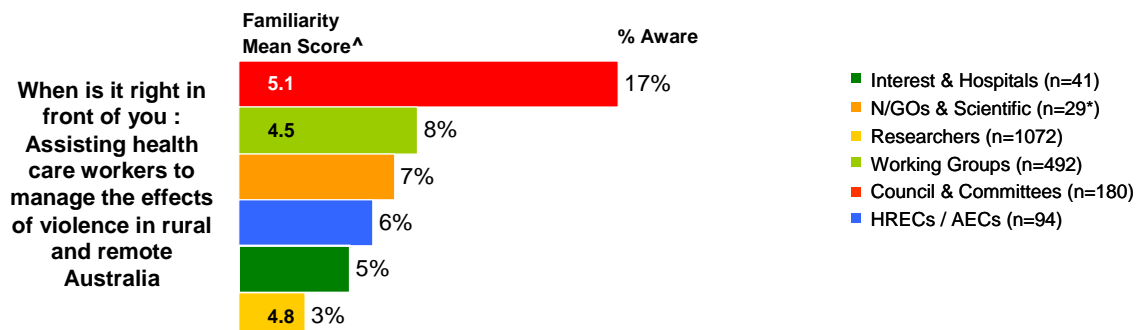
Familiarity Bases: n=30 (Council & Committee), n=41 (WG), n=33 (Researcher)
Q6.4.1 & Q6.4.3   * = caution small base size
Note: ^= Means only shown for stakeholders with sufficient base size for familiarity, scores are based on a seven-point scale.

Appendix I

List of acronyms

Acronyms and abbreviations used in this report

AEC	Australian Ethics Committee
ART	Assisted reproductive technology
AWC	Animal Welfare Committee
EAGAR	Expert Advisory Group on Antimicrobial Resistance
GO	Government Organisation
GTRAP	Gene and Related Therapies Research Advisory Panel
HREC	Human Research Ethics Committee
IP	Intellectual Property
IVF	In vitro Fertilisation
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
PC	Principal Committee
PMF	Performance Measurement Framework
SECTSE	Special Expert Committee on Transmissible Spongiform Encephalopathy's
TNS	a trade mark of Taylor Nelson Sofres