Excellence in Research for Australia (ERA) Initiative

Submission in Response to the ERA Consultation Paper

June 2008
## EXCELLENCE IN RESEARCH FOR AUSTRALIA (ERA) INITIATIVE: CONSULTATION PAPER

### Submission Cover Page

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<tr>
<th>Organisation Name (if applicable)</th>
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Does the organisation consent to having its submission identified in a report on the outcomes of this submission process to be prepared by the ARC, which could be made publicly available on the ARC’s website? (Y/N)  
Yes

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Please ensure that all details on this page are completed.
Issues for Response

The ARC is seeking feedback from the sector on the issues raised in the Consultation Paper. These issues are highlighted in the pink boxes throughout the Consultation Paper and listed below.

**Measures of Research Activity and Intensity, pages 7 and 8**

1. *For the 2008 clusters of ERA, research activity and intensity data will be collected at the two-digit FoR level. Collecting this data at four-digit FoR level over the longer term would provide greater granularity of analysis and reporting. We welcome feedback on any implications that this requirement will have for the span of the reference period in terms of retrospective data collection.*

RESPONSE:

For the 2008 clusters of the ERA, research activity and intensity data will be collected at the two-digit field of research (FoR) level, and at the 4-digit FoR level in the longer term. The majority of Schools and Faculties of Nursing and Midwifery would maintain a database of measures pertaining to research activity, including research income, higher degree by research (HDR) student load, completions, and staff full time equivalent. Many Schools will have honorary staff members contributing to these outputs and will need to be monitored in some way to track their activities and be included in any data collection. Comprehensive documentation of research income and student loads relating to research groups who are multidisciplinary in nature, often in collaboration with partners outside a University, will need to be carefully managed to ensure complete information can be supplied retrospectively at the time of data collection.

2. *We recognise that non-salaried staff (honorary and adjunct) often contribute to the overall research effort of an institution. Therefore, we are seeking comments on the extent (if any) to which these researchers should be incorporated into staff FTE reporting.*

RESPONSE:

Many Schools and Faculties of Nursing and Midwifery will have honorary staff who are active contributors to the research productivity of the institution. They should therefore be included in staff FTE reporting.

**Indicators of Research Quality, page 8**

3. *Are there other core indicators of research quality that could readily be included?*

RESPONSE:

Core indicators for research publications and bibliometrics, other than the ones mentioned on p. 8 could include invited editorials and commentaries in international peer-reviewed journals.
4. **What other discipline-specific measures of excellence in applied research and translation of research outcomes should be considered by the Indicators Development Group, and how should they be benchmarked?**

RESPONSE:

The discipline-specific measures of excellence in applied research and translation research outcomes that are of relevance for Nursing and Midwifery include: research outcome awarded in collaboration with end users (e.g. ARC Linkage Project grants with partner organisations with a key product as an outcome); licence income generated from marketing of products; and publications and presentations in practitioner focused outlets.

In nursing and midwifery, we have a growing Practice Development system which seeks to facilitate the implementation of evidence based findings into clinical practice via collaboration with clinicians and managers. We believe these activities should be recognised in any measure of ‘research impact’.

5. **We would welcome suggestions regarding types of practitioner-focused outlets that may indicate excellence in applied research or translation.**

RESPONSE:

The types of practitioner focused outlets that would be applicable for Nursing and Midwifery include peer-led workshops at conferences, seminars at hospital settings and development of research reports that are disseminated through electronic means, policy committees of relevant government offices such as DoHA.

6. **How feasible is it to collect category 2-4 research income data at four-digit FoR? Are there specific issues for each category for retrospective collection? Are there specific issues for future collections in Category 3?**

RESPONSE:

In relation to Schools and Faculties of Nursing and Midwifery, data relating to category 2 to 4 research outcome is routinely collected. There are therefore no specific issues in relation to retrospective data collection for information relating to these categories.
7. Are all the income categories necessary or appropriate? What additional income streams could be collected under Category 5?

RESPONSE:

In disciplines such as Nursing and Midwifery, research funding, other than Australian competitive grants, are important sources. Bodies such as public and private hospitals, registration bodies, and state and commonwealth government bodies may fund researchers to enable them to undertake research, much of which leads to translation of research outcomes to the wider community. Examples include: the Department of Human Services, Nurses Registration Boards and Commonwealth Department of Health and Ageing.

Success in securing teaching and learning funds, such as those managed by the Australian Teaching and Learning Council (nee Carrick) should also be included.

8. What would the most useful research income reference period be for ERA, considering this does not need to be the same as the six-year publications reference period (see page 10)?

RESPONSE:

A useful research income reference period for the ERA would be six years to coincide with the six-year publication period. Aside from the issue of consistency, this reporting period will enable information to be gathered about progression of research work and outputs. Grants tend to be of a three-year cycle and a six-year reporting period will facilitate data to be gathered about follow-on work arising from previous research.

9. How practical is it to request numbers of successful grants in addition to research income?

RESPONSE:

It is practical and feasible to request information about the number of successful grants in addition to research income.

Research Publications Data, page 10

10. A list of other possible publications types is provided in Appendix B of the Consultation Paper. We are seeking feedback on whether there is support for these types to be included for individual disciplines and whether these categories are appropriately identified.

RESPONSE:

In disciplines such as Nursing and Midwifery, research is disseminated in a number of different ways aside from research articles and books. The types outlined in Appendix B are relevant to these disciplines.
Publication Reference Period(s), page 10

11. Should all non-publication data be collected over a shorter reference period? If so, what would that period be?

RESPONSE:

A six-year collection period for research outcome and research training Attribution, pages 10 and 11

12. Please provide comment on the above approaches for attributing publications.

RESPONSE:

The institution affiliation approach should be used in attributing publications. Many MRIs rely on attribution to their affiliation when disseminating funding to research groups eg MCRI. The infrastructure, mentorship and additional funding provided by an institution during the course of a project and subsequent production of outputs should be recognised. This contribution should be recognised by the attribution of publications using the institutional approach.

Data Suppliers, page 12

13. Which citation data suppliers in your experience result in the most meaningful citation analysis for each of the disciplines?

RESPONSE:

Both Thomson ISI and Scopus may not be appropriate suppliers for meaningful citation analysis for the disciplines of Nursing and Midwifery. The CDNM has previously provided a discipline-specific list of journal rankings to (then) DEST in preparation for the (then) RQF. It’s strongly advised that this ranking be used in the ERA.

Research Training Data, pages 12 and 13

14. Please provide comments regarding research training indicators. Is it possible to provide HDR completions data retrospectively at the four-digit FoR level?

RESPONSE:

Nursing and Midwifery Schools and Faculties should be able to provide data at four-digit FoR level.
15. Do you see value in tagging research outputs as authored by HDR students and value in the analyses this will produce?

RESPONSE:
Indicating those publications arising from HDR work is an important indicator of research capacity in an organisation and should be tagged as such.

Submission, page 13

16. Institutions are invited to comment on the ease or otherwise of meeting any of the data requirements outlined in this document in addition to the specific questions addressed under particular headings.

RESPONSE:

Reporting, pages 14 and 15

17. We propose there is considerable value in having maximum flexibility and utility with respect to reporting, however, we also recognise the workload involved for institutions in assigning reporting codes. We welcome feedback on this issue in respect to both the feasibility and value of such an approach.

RESPONSE:
Reporting should be done at Departmental level.

Examples of Indicators Outputs – Research Training, pages 16 and 17

18. Institutions are invited to comment on the feasibility or otherwise of institutions identifying student authorship in previous HERDC collections.

RESPONSE:
All papers by HDR students in Nursing and Midwifery Schools and Faculties are included in the annual Higher Education Research Data Collection.