

Deeble-Scotton Prize for Policy Impact

Purpose

John Deeble along with Dick -Scotton, laid the foundations for Medicare when they worked at the Melbourne Institute in the late 1960s, and John went on to establish the Australian Institute of Health and Welfare, and was also involved in establishing AHES. Both Deeble and Scotton made major impacts on health policy in Australia, and so it is this part of their legacy that AHES would like to focus on in awarding this prize.

Eligibility

- Any AHES member (current membership at the time of nomination) who has lived and worked in Australia for at least 5 of the last 10 years will be eligible to receive this award.
- Nominations – self-nominations and nominations by others will be accepted.
- Impact can be cumulative (over the past 10 years maximum) or it can be specific for a specific paper or project that has had an impact.
- Impact should be related to a person’s research.
- Evidence of impact. Similar to the NHMRC rules the applicant will be required to provide evidence to verify their impact claims (please see examples of evidence listed in Table 1).
- AHES will consider nominations of individuals who have had career interruptions, which when taken into account, would qualify them for nomination.
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Selection

Selection is determined by a small expert panel (4-5 people) appointed by AHES Executive Committee to judge the prize.¹The expert panel will include a policy maker or someone who has worked in government or the health sector. The committee will ideally be gender and geographically balanced. The committee will comprise AHES President (Chair)², the two keynote speakers for the AHES Conference, one policy/decision-maker and one ECR representative. Nominations are to be received by the AHES Secretary, who will check for eligibility and completeness and pass all eligible applications on to the expert panel. The expert panel is to reach a decision in time for the Award to be announced at the next AHES conference.

Announcement and Presentation

The Deeble-Scotton Prize for Policy Impact will be awarded every other year commencing in 2020.

Details of the Award: The award includes a certificate and gift voucher to the value of \$750. The awardee will be featured on the AHES website.

Obligations: The successful awardee will be expected to present a lecture at the 45th Annual AHES Conference in Sydney, NSW, where the award will be presented.

Notes: ¹ Judging panel members are not eligible to apply for this award.

² AHES Vice President will act as Chair if the AHES President is unavailable or if there is a conflict of interest.

Examples of evidence are listed in Table 1 and are reflective of NHMRC guidelines. Evidence examples may be relevant to **more than one research impact type**.

Table 1: Types of Research Impact and Examples of Evidence of Research Impact

Type of impact	Description of research impact	Examples of evidence (not exhaustive)
Knowledge impact	New knowledge, demonstrating the benefits emerging from adoption, adaption or use of new knowledge to inform further research, and/or understanding of what is effective.	<ul style="list-style-type: none"> • recognition of research publications (e.g. citation metrics, particularly field weighted) • data sharing • contribution to registries or biobanks • prizes and conference presentations • uptake of research tools and techniques • evidence of uptake of the research by other disciplines
Health impact	Improvements in health through new therapeutics, diagnostics, disease prevention or changes in behaviour; or improvements in disease prevention, diagnosis and treatment, management of health problems, health policy, health systems, and quality of life.	<ul style="list-style-type: none"> • policy or program adopted • a clinical guideline adopted • international or national practice standards adopted • improved service effectiveness • Phase I, Phase II and Phase III clinical trials underway or completed • improved productivity due to research innovations (e.g. reduced illness, injury) • Quality-Adjusted Life Years, Disability-Adjusted Life Years, Potential Years of Life Lost, Patient Reported Outcome Measure and other relevant indicators • relative stay index for multi-day stay patients, hospital standardised mortality ratio, cost per weighted separation and total case weighted separation • reports (including community and government)

<p>Economic impact</p>	<p>Improvements in the nation’s economic performance through creation of new industries, jobs or valuable products, or reducing health care costs, improving efficiency in resource use, or improving the welfare/well-being of the population within current health system resources. An economic impact may also contribute to social or health impacts, including human capital gains and the value of life and health.</p>	<p>Health Care System Savings</p> <ul style="list-style-type: none"> • relative stay index for multi-day stay patients, hospital standardised mortality ratio, cost per weighted separation and total case weighted separation • reduction in Medicare Benefits Schedule/Pharmaceutical Benefits Scheme costs • improved productivity due to research innovations (e.g. reduced illness, injury) • improved service effectiveness <p>Product Development</p> <ul style="list-style-type: none"> • a research contract with an industry partner and an active collaboration • granting of a patent • execution of a licensing agreement with an established company • income from intellectual property • raising funding from venture capital or other commercial sources or from government schemes that required industry co-participation • successful exit from start-up company (public market flotation, merger or acquisition) • development of pre-good manufacturing practice prototype • successful generation or submission of: <ul style="list-style-type: none"> ○ a regulatory standard data set ○ applications for pre-market approval of a medical device ○ a new drug or device for registration (e.g. by Food and Drug Administration, European Medicines Agency, Therapeutic Goods Administration) □ product sales
<p>Social impact</p>	<p>Improvements in the health of society, including the well-being of the end user and the community. This may include improved ability to access health care services, to participate socially (including empowerment and participation in decision making) and to quantify improvements in the health of society.</p>	<ul style="list-style-type: none"> • uptake or demonstrated use of evidence by decision makers/policy makers • qualitative measures demonstrating changes in behaviours, attitudes, improved social equity, inclusion or cohesion • improved environmental determinants of health • improved social determinants of health • changes to health risk factors

Demonstrating Research Impact

Applicants will be asked to indicate in the application which of the research impact types they would like considered in the assessment of their application. If the research program can be used to demonstrate multiple impacts, the overall research impact score is determined holistically and on balance across the four types (it is not additive). This means that an applicant with one type of impact can score as well as or better than an applicant with multiple types of impact.

Whilst it is expected that the research impact is recent, the research program that contributed to the research impact may be from any time over the last 10 years.

Applicants should provide robust, verifiable evidence (qualitative and/or quantitative, see Table 1) to support the claimed research impact that can be independently assessed by the award selection committee.