ACM Response to the ANZSRC Review of the Australian and New Zealand Standard Research Classification (ANZSRC)

ANZSRC Principles	
1. Are the principles of the Review outlined in Section 2 of the Discussion Paper appropriate and sufficient?	Yes.
1b. Do any further overarching principles need to be considered in developing the revised ANZSRC?	No, the principles seem appropriate and comprehensive.
ANZSRC Classifications	
Type of Activity (ToA)s	
2. What suggestions do you have to improve the ToA component of the classification?	Translational research should be recognised - whereby concepts / applications may not be new but specific settings and requirements need to be considered. Translational research is broader than the traditional term 'applied research'. Service evaluations and audits are also not recognised and are difficult to code.
3. Are there any other categories that should be added to the ToA? If so, how would they be defined?	Translational Research.
4. Is there ambiguity in the existing ToA categories? How could this be improved?	Yes. There is a need for clearer definitions and inclusion of classification that differentiates between applied and translational research.
5. Should ANZSRC adopt the Frascati Manual 2015 ToA definitions?	Yes, as the Fascato Manual 2015 definitions are more clear than the current ANZSRC definitions. However, an additional fourth definition would need to added for translational research. Health science and clinical research would need to be more clearly defined if these were adopted.
Fields of Research (FoR)	

6. Is the current overall structure appropriate?	No. It is not acceptable that midwifery, being a discrete profession is a field subset of the Nursing group. Nursing and Midwifery must be in two separate **groups** (as part of the Division 11, Medical and Health Sciences) this is particularly important as midwifery and nursing have difference philosophies which underpin and define practice and associated research and as such the different fields of research will utilise different methodologies and it is important to be able to report against these. Midwifery philosophy is woman-centred and founded in a wellness model, where everything is about the woman, as a whole and her care and subsequent outcomes. Nursing has in recent times changed their focus to be patient-centred, and continues to be an illness model focussed on care and treatment.
a. Should there be more or fewer levels to the hierarchy?	The current levels are satisfactory.
b. Would it be useful to have broad themes or 'one digit' classifications such as Sciences, Medicine, Social Sciences and Humanities, similar to the 'Sector' level of SEO?	Possibly. We hold no strong view of this.
7. What criteria, in your view, should be applied to determine the classification of research?	The professional focus of the primary research output.
a. What criteria should be applied to determine the boundaries between Division, Group and Field classifications?	Discrete professional groups – nursing and midwifery. The Broad Division of FR 11 is fine. However, Nursing and Midwifery are now recognised in regulation as separate disciplines/professions, so each must have their own unique 4-digit code as separate Groups. Midwifery is an independent profession whose research has a unique scope and impact, and accordingly has different funding opportunities from nursing. It is not reasonable for midwifery research to be classified as nursing research as this obscures the development of the midwifery field of research and the demonstration of its impact, while inflating the FoR Nursing.
b. Should research methodologies, publication practices, or any other factors be considered as key criteria for classifying research?	No. The period where a professional field might subscribe to particular methodology or discipline of research is well and truly passed. Continuing to classify research outputs according to methodology when the boundaries between methodologies themselves are no longer discrete seems redundant. Mixed methods research and even hybridised methodologies have achieved broad acceptance in peer reviewed research.

c. Apart from the Principles described in Section 2, are there any other specific criteria that should be applied?	Criteria for classifying research should be considered where there is • a self-identifying community of scholars, with • evidence of a citation network (including co-citation), an • Identifiable body of research and scholarship in the field; with • Journals and conferences that identify the field Midwifery currently meets all of these elements with separate Schools of education, Professorial Leadership, bodies of research, International Confederation, discretely identified Journals and conferences internationally.
8. Where should the classifications change (at the Division, Group or Field level)? Please identify specific codes, where appropriate. In particular:	DIVISION 11 MEDICAL AND HEALTH SCIENCES Midwifery requires a distinct 'Group' code, separate to Nursing (1110). Suggest a new four digit code within Division 11.
a. What new or emerging areas of research should be allocated FoR codes (and at which level)?	Midwifery needs its own code as is no longer a sub-specialty of nursing. The Broad Division of FR 11 is fine. However, Nursing and Midwifery are now recognised in regulation as separate disciplines/professions, so each must have their own unique 4-digit code as separate Groups. Midwifery is an independent profession whose research has a unique scope and impact, and accordingly has different funding opportunities from nursing. It is not reasonable for midwifery research to be classified as nursing research as this obscures the development of the midwifery field of research and the demonstration of its impact, while inflating the FoR Nursing. Midwifery no longer requires a nursing qualification in Australia nor New Zealand and therefore many midwives now are not dual qualified. Thus, a midwife researcher (without a nursing qualification) doing research in their field currently is in some ways invisible and misaligned.
b. Should any of the existing FoR codes be split, deleted or merged?	As noted earlier FoR DIVISION 11 MEDICAL AND HEALTH SCIENCES - allocate Midwifery a separate entry at Group Level.
c. Should any of the existing Group or Field codes be moved to other places in the classification?	No comment.
d. Is there ambiguity or redundancy in the existing FoR codes? (e.g. areas where research could reasonably be classified in two or more different codes)	Group 1110 is ambiguous and therefore potentially redundant as currently the profession of midwifery, a distinct and separate profession is subsumed within this group. This means that much of the data captured in this group

	(specifically 111006) does not, in fact, accurately reflect or contribute to the research knowledge of nursing.
e. Where changes are proposed, please explain why the changes are necessary and what criteria you have used to determine the need for change.	Although they have long been recognised as philosophically distinct professions it is only in recent times, that nursing and midwifery have been recognised as separate professions in the *Health Practitioner Regulation National Law (2017).* Changes to the way research data is classified in accordance with the philosophical, methodological and professional foci is warranted.
9. How can the FoR codes better capture Aboriginal and Torres Strait Islander Studies, Māori Studies, and Pacific Peoples Studies research, and at what level (e.g. Field, Group, Division)?	Field level.
10. How can the FoR codes better capture interdisciplinary/multidisciplinary research, and at what level (e.g. Field, Group, Division)?	Look at the classification of the groups. For example, if reproductive medicine and paediatrics were split into two groups the fields could be structured to include a multidisciplinary focus. • The Group Paediatrics could include fields for Pediatric medicine, neonatology, Child and youth health nursing, paediatric nursing, paediatric mental health, etc. • The group Reproductive medicine, could be renamed Human Reproduction and incorporate the fields of reproductive medicine, obstetrics, fetal medicine, midwifery, perinatal mental health, perinatal continence, etc There may be categories that may get lost in this. For example Nursing is already a group – if other groups contained a field of nursing specific to that group (e.g. paediatric nursing or mental health nursing) there would be a lot of theoretical research that may not have a place – e.g. workforce issue, shiftwork, education. Perhaps this could be covered under a specific group such as health care administration. Alternatively, a simple checkbox for each discipline, whether field, group or division would be helpful.
Socio-economic Objective (SEO)	
11. Is the current overall structure appropriate?	Broadly, yes

a. Should there be more or fewer levels to the hierarchy?	Same
b. Would it be desirable to change the Sector codes to numerical, rather than alphabetic, identifiers?	No comment.
12. Are the Sector level categories well defined enough to capture all types of socio-economic objectives?	From our perspective, yes
a. Do you have specific feedback on the usability and interpretability of the current Sector categories?	No comment
13. Do the Division level categories appropriately capture all types of research objectives?	No comment
a. Do you have specific feedback on the usability and interpretability of the current Division categories?	No comment
b. Are there emerging areas of economic development that should be better defined?	No comment.
14. Should any of the existing SEO codes be split, deleted or merged?	
a. Where changes are proposed, please explain why the changes are necessary and what criteria you have used to determine the need for change.	Currently, the research output from the profession of midwifery is not able to be captured within the SEO codes. It does not appear at Code, Division or Group level. Midwifery is a recognised and established profession internationally. The WHO reports that midwifery is one of the single biggest public health interventions capable of reducing maternal and child mortality globally and maintains that midwifery makes "... a significant contribution to delivering commitments made in the Astana declaration on Primary Health Care and the Global Action Plan on Health Lives and Well-Being." [1] It is fundamentally important that the work and evidence produced from midwifery research is recognised within the SEO codes.
15. Is it easy or difficult to categorise large or complex research projects or programs under SEO? How could categorisation be simplified?	Challenging. A simple checkbox for multiple codes could be useful.
Implementation	
16. How do you (or your organisation) currently use ANZSRC?	Current FoR data which collates at group level is of limited value in that it collects data of a completely separate profession (nursing) within it.
17. How would you (or your organisation) be affected if ANZSRC changes?	If the above recommendations are adopted, we would, for the first time, be able to collect, monitor and analyse research outputs discretely offered by the profession of midwifery. As the peak professional body for midwifery in

	Australia, this would enable strategic planning for funding of future research and aligning with National Research Priorities. Visibility for reporting and setting national and international policy agenda would be enabled. Finally, the health outcomes that R&D activity within midwifery aims to improve, within Australia and New Zealand could be reported.
18. What support do you need to implement ANZSRC (e.g. concordances for time-series mapping, coding tools etc.)?	Visibility of research outputs for midwifery through a change in the ANZSRC
19. How frequently should the ANZSRC be updated in the future? What advantages or disadvantages would there be if, in future, ANZSRC was updated dynamically and on an ongoing basis in response to stakeholder feedback?	No comment.

[1] https://apps.who.int/iris/bitstream/handle/10665/324738/9789241515849-eng.pdf?ua=1&fbclid=IwAR0rbr7TWAx9OrohkwDCTG9JKUAUh_WVsWdxWE-mH97T2AywXvrTgrUyo-g