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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Bias in awarding research grants

SIR,—Dr Brian Martin makes serious allegations against the National Health and Medical Research Council (NHMRC) of Australia (30 August, p 550). The context is the protracted correspondence between Dr Eva Wertheim (referred to as Dr Smith), the NHMRC, and the Commonwealth ombudsman about Dr Wertheim's unsuccessful grant applications. I am taking issue not with Dr Wertheim but with Dr Martin for the allegations of injustice, bias, misrepresentation, and falsification he makes against the NHMRC.

The case can be summarised as follows. From 1976 to 1982 project grants were rated from 1 (poor) to 6 (excellent) by two anonymous external assessors and the applicant interviewed by a multidisciplinary regional committee, which scored each project from 1 to 6 on the basis of application and interview. Dr Wertheim applied for project grants in 1976, 1979, and 1982. When the 1976 application was not funded she requested—as is her right—a commentary from the NHMRC on her application and interview. She was happy with neither the verdict nor the NHMRC response. In 1979 her application succeeded, in 1982 it was unsuccessful, as was her application for an NHMRC fellowship. Under the newly introduced Freedom of Information Act she sought documentation of her rejected grants. Among the documents was one in which an assessor's rating had been incorrectly entered on a committee member's report form.

Dr Martin says, "Although it seems certain that an injustice was perpetrated [in Dr Wertheim's case], there is no way to prove bias." The qualifier is unsustainable and the main clause misleading. Dr Wertheim, appropriately in my opinion, not satisfied with the responses she received from the NHMRC, took her case to the ombudsman. He found that various NHMRC procedures were suboptimal (and that they have since been much improved); he criticised aspects of the way the complaint had been handled but found no evidence of injustice. There are ways in which bias can be strongly suspected on a population basis, if not proved in an individual case. If

proposals written by women are much less successful than those written by men, those written by people with Central European names less (or more) successful than those written by Smith or Jones, those written by PhDs less successful than those written by medical graduates, then various sorts of bias—gender, ethnic, or clinical—may be entertained. The possibility of such biases can be examined in the NHMRC system; and until such an examination is made, and dispassionately reported, the statement that bias exists is nothing more than prejudice or spleen. In fact Dr Wertheim was successful in one out of three applications, which is almost exactly the average success rate for project grant applications in 1976-82.

Dr Martin claims, "It seems reasonable to infer that the spokesman [of the committee considering Dr Wertheim's application] misrepresented the assessors' reports to the committee." The inference here is that only the spokesman saw the external assessors' report. This is not the case; applicants for grants are interviewed by a committee, all members of which can make their own judgments on the assessors' reports. Clearly, the spokesman did not agree with one assessor who rated the project as 5/6 ("very good"); equally clearly, his opinion was shared by every other member of the interviewing committee.

Dr Martin says, "One assessor's rating was altered from 5 to 1." This refers to an error made by the spokesman, who entered 1 rather than 5 in the box reserved for the assessor's mark. To alter a rating from 5 to 1 would have entailed tampering with every copy of the assessor's report, in which the box marked 5 had been ticked; proof that the assessor's rating was not altered is that the entry on the spokesman's report could be shown to be wrong. The ombudsman makes clear that the erroneous entry had no bearing on the fate of the application.

The NHMRC, as a committee of the Department of Health, has no corporal voice; as an individual I have tried to point out the groundlessness of Dr Martin's charges. I have never been a member of NHMRC; I have served on interviewing committees and have had grant applications approved and rejected over the period in question. I share with Dr Wertheim the

feeling of dismay and disbelief when an application fails; I do not, however, share with Dr Martin the feeling that this reflects injustice, bias, and falsification by those responsible for the negative decision, in a system where on average only one application in three is funded.

In his discussion Dr Martin puts the specific charges into the wider context of peer review performed in secrecy by anonymous elites with unspecified (but five times reiterated) vested interests. Open institutions—like democratic government and peer review—are fertile ground for conspiracy theories; in closed societies the enemy is obvious, and there is no need to postulate any hidden forces to explain lack of success. The NHMRC system of peer review and awarding research grants is imperfect, like any human institution. The system was substantially refined between 1976 and 1982 and recently has become even more "user friendly." It still has some (little) way to go—for example, by providing the assessors' reports to applicants before interview. All this aside, it has emerged as a democratic and externally accountable method of ranking competing project grants in a situation where funding has been scanty and competition for limited funds fierce.

Dr Martin asks that "The discussion should encompass not only administrators and scientists but also members of the general public, all of whom have a stake in fairness and the promotion of scholarship in service to the community." Quite so; but the promotion of scholarship is not served by innuendo and insupportable allegations of injustice—all of which have been examined and dismissed by the office of the ombudsman.

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SIR,—I read with interest and concern the paper by Dr Brian Martin (30 August, p 550). He makes