

2021

HEALTH+MEDICAL RESEARCH

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# Translational Research Grants Scheme Round 6

Guidelines for Applicants



NSW Health

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[www.medicalresearch.nsw.gov.au](http://www.medicalresearch.nsw.gov.au)

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Further copies of this document can be downloaded from the NSW Health website:  
[www.medicalresearch.nsw.gov.au/translational-research-grants-scheme](http://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme)

SHPN (OHMR) 210491

## Call for Applications

NSW Health invites local health districts (LHDs), specialty health networks (SHNs), NSW Ambulance and NSW Health Pathology to apply for funding under the Translational Research Grants Scheme (TRGS) Round 6. These guidelines provide information about the application procedure, selection process, and reporting requirements for the scheme.

Further information on TRGS is available on the TRGS website. For queries please contact MOH-TRGS@health.nsw.gov.au.

## Program Outline

TRGS offers grants to facilitate high impact research that will translate into better patient outcomes, health service delivery and population health and wellbeing, and build research capability within NSW Health.

TRGS funding is available to staff within NSW LHDs, SHNs, NSW Ambulance, and NSW Health Pathology, including medical staff, nursing staff, allied health professionals and population health practitioners.

## Program Objectives

The objectives of TRGS are to:

1. Foster the generation of high-quality research that is directly relevant to clinical, health service and population health practice in NSW.
2. Support projects that have the potential to be translated into policy and practice. TRGS supports:
  - research that is translatable; that is, research that can be generalised and scaled across other LHDs/ SHNs across the state
  - translation research; that is, implementation science projects that examine how to more effectively apply best practice in models of care.
3. Reduce the time from evidence generation to practice implementation.
4. Enhance health and medical research capability and capacity within the NSW health system.

## Updates for round 6

The following changes have been made for round 6.

- A local consultation process to determine the need or evidence gap, research question, methodology, and outcomes is required.

- Engagement with relevant policy branches to ensure alignment with statewide strategy and processes must be documented in the Expression of Interest (EOI).
- A maximum budget of \$500,000 is permitted. Service delivery costs for the research will not be funded, and it is expected that each research project develops and tests a low cost and sustainable process for delivering the intervention.
- The maximum number of EOIs able to be submitted by a host organisation is five, however an additional EOI may be submitted if the sixth EOI is focused on rural/remote or Aboriginal Health.
- Host organisations are encouraged to partner with an administering organisation that can manage funds across financial years.

## Timelines

The timeline for TRGS 6 is below. Dates are subject to change.

Dates	Stage
16 June 2021	EOIs open  Information webinar for TRGS coordinators and applicants
Submission deadlines vary*	EOI applications due to TRGS coordinator in each host organisation*
5pm, 22 October 2021	EOIs due to Ministry of Health
Nov 21 - Jan 22	Review period
31 January 2022	EOI outcomes notified, feedback provided to progressing applicants
15 March 2022	Full applications due
31 May 2022	Successful applications announced
June - July 2022	Funding awarded – timing will be discussed with successful applicants

\* **Note individual host organisations may have differing internal processes and submission**

**deadlines. It is the responsibility of applicants to liaise with TRGS coordinators and comply with local requirements.**

All applications must be developed in consultation with and submitted via the TRGS Coordinator for the host organisation. A list of TRGS Coordinators is at Appendix A.

## Key Considerations

### Ethics

Ethics approval is not required at EOI or Full Application stage, but proposals should demonstrate that ethics requirements have been considered.

All proposals should be discussed with the Executive Officer of the relevant HREC for each host institution.

For research projects involving Aboriginal and Torres Strait Islander participants, consultation with the Aboriginal Health and Medical Research Council Human Research Ethics Committee is advised.

All health research projects involving persons in custodial or forensic mental health settings in NSW should consult with the Justice Health and Forensic Mental Health Network Human Research Ethics Committee.

Further information and key questions for researchers about ethics is available at <https://www.medicalresearch.nsw.gov.au/>.

### Program Logic

Applicants are required to submit a Program Logic diagram with the full application, including project aim, inputs, activities, outputs, and expected outcomes and impacts.

Note that outcomes and impacts may not be realised during the funded period, they may be projected to occur in future.

Developing a Program Logic at application stage optimises the probability of research impact. If the research is funded, the Program Logic will guide the measurement of impact throughout the project and at its conclusion.

Further information around program logic is available through [Developing and Using Program Logic: A Guide](#) and the short animation '[Exploring Program Logic](#).'

### Translational Research Framework

The Sax Institute has developed the [Translational Research Framework](#) and [Source Book](#) to assist grant

applicants to refine research questions, identify feasible research methods to answer these questions and to identify where the project fits on the Translational Research Continuum.

### Local consultation

Applications must show evidence of a local consultation process in the development of the application. Local researchers and appropriate end users, such as clinicians, executives and consumers, should be involved in:

- identifying the problem or need for the research
- developing an intervention or solution that addresses this need
- development of the research methods and outcomes, and the implementation plan.

### Statewide consultation

Applications must align with statewide strategy, policy and processes. Applicants must document consultation with statewide agencies at EOI stage.

Consultation is required with:

1. **Strategic and policy areas that are relevant to the project, for example:**
  - Value Based Care
  - Virtual Care
  - Other policy areas that relate to the specific content of the project.
2. **Research and implementation partners, for example:**
  - Agency for Clinical Innovation
  - Clinical Excellence Commission
  - eHealth
  - Health Education and Training Institute (HETI).

Further information and contacts are available on the [TRGS webpage](#).

### Research and Implementation Partners

Host Organisations must identify and engage relevant partners to support effective delivery of the research project and implementation of the outcomes in NSW.

Partners may include:

- Clinicians, patients and other end users

- Researchers from universities and medical research institutes
- NSW Health Pillars (Agency for Clinical Innovation, Clinical Excellence Commission, Health Education and Training Institute, Bureau of Health Information)
- Statewide Services (HealthShare NSW, eHealth NSW, Health Infrastructure)
- NSW Ministry of Health Branches
- other LHDs, SHNs, NSW Ambulance, and NSW Health Pathology
- LHD Aboriginal Health Units and Aboriginal Community Controlled Health Services
- Primary Healthcare Networks
- Health Research and Translation Centres
- Clinical networks
- Non-government organisations.

Where the research is likely to impact any of these groups or their policy, the appropriate partner should be included in the project Steering Committee.

## Implementation Plan

TRGS projects must have an implementation plan, developed and agreed to at the outset of the research design by the research team and local or statewide policy/practice partners, to first assess the intervention for implementation and then lead the process.

Key policy and practice partners must be included throughout the following stages:

- Co-production of the research question and design
- Development of an implementation plan, which is agreed in the research design stage
- Reviewing research findings and assessing readiness for implementation
- Implementation handover and delivery of the implementation plan if research findings are supportive of implementation
- Implementation of the research findings where appropriate
- Monitoring and evaluating implementation process to support sustainability.

When developing an implementation plan you should consider the following.

- Develop a plan for spread and scale – if the research is successful, what will happen next? Who will fund this?
- Include measurement of process data and outcomes to assess feasibility, cost, acceptability and other practical perspectives.
- Include study sites in other jurisdictions to test generalisability and scale up potential.
- Establish a governance structure that engages the right implementation partners from start to finish and develop a plan to hand over findings for implementation at the end of the study. Be clear about who will fund implementation.
- Engage end users, seeking senior executive level support where possible.
- Incorporate intervention into existing resources and infrastructure and resources as far as possible, so it can transition to business as usual after the project finishes.
- Consider priority populations and ensure there will be equity of access to the intervention.
- Consider using an implementation framework to inform your implementation plan.
- Plan a business case:
  - a. Involve a health economist in the research team
  - b. Include an economic evaluation in the application
  - c. Consider how the intervention will be delivered long term and ensure this is built into the study. The model of service delivery must be sustainable, and service delivery costs are not funded through TRGS.

## Priority Populations

All TRGS projects must consider the following:

- Differences in health need, service utilisation, or research participation between different priority populations (e.g. Aboriginal people, culturally and linguistically diverse (CALD) communities and low socioeconomic groups) and the broader population.
- Design, method and intervention is at least as effective for priority population groups when compared to the broader population.
- An Aboriginal Health Impact Statement, a resource that systematically considers the

needs of priority population groups, is required for all projects at Full Application stage and will assist with planning from an early stage.

- The right partners (e.g. Aboriginal Community Controlled Health Services) are involved to ensure the research approach is appropriate for different population groups, to assist with engaging patients from priority populations effectively and to assist with translating research findings.
- Aboriginal people should be included in the research investigator team if the research involves Aboriginal specific settings (e.g. Aboriginal Medical Services), a focus on Aboriginal people or includes specific design elements (e.g. data collection, intervention elements) relating to Aboriginal people.

Guidance on strengthening TRGS projects that have an identified focus on Aboriginal health is available at the [Educational Resources webpage](#).

## Value Based Care

In line with NSW Health's long-term strategic priority to move from a focus on outputs to a focus on outcomes, TRGS Round 6 applicants must demonstrate how their proposals will support the delivery of value-based healthcare.

Value based healthcare is an approach for organising health systems to improve health outcomes and experiences for patients and maximise value for the system.

All TRGS applications are encouraged to demonstrate how their projects will lead to improvements across the four essentials of value:

- health outcomes that matter to patients
- the experience of receiving care
- the experience of providing care
- the effectiveness and efficiency of care.

A rigorous approach to measurement and evaluation is fundamental to value-based healthcare. Measurement helps to inform how care is delivered, how we prioritise resources and to determine whether we are achieving the desired outcomes. TRGS applications should describe:

- how they intend to measure and evaluate their impact across all four essentials of value

- how new models of care or processes can be sustainably scaled and embedded over time as business as usual across the system.

## Resources

Information on NSW Health's approach to value can be found at: <https://www.health.nsw.gov.au/Value>

More detail on statewide initiatives supporting the move towards value based healthcare is available at: <http://internal.health.nsw.gov.au/vbhc>

Further information and advice can be provided by the NSW Ministry of Health Value Based Healthcare team at: [MOH-VBHC@health.nsw.gov.au](mailto:MOH-VBHC@health.nsw.gov.au).

## Evaluations of models of virtual care

Virtual care is any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. Examples include (but are not limited to):

- telephone or video consultations
- remote monitoring (using technology to collect and send medical data to an app, device or service)
- store and forward (where clinical information is collected and sent electronically to another person or site for evaluation or management.

NSW Health is currently developing a monitoring and evaluation approach to assess the impact of virtual care. This approach will measure impact across the four essentials of value-based health care.

The monitoring and evaluation approach will be coordinated and utilise common measures to assess patient and clinician experience from the patient cohort, service, system and care modality perspectives. The approach will be staggered and utilise a blended approach across the short, medium and longer terms.

Applicants proposing research related to virtual care should align their research with the NSW Health monitoring and evaluation approach. Please contact [MOH-TRGS@health.nsw.gov.au](mailto:MOH-TRGS@health.nsw.gov.au) for assistance with engaging with the appropriate Ministry branch.

## Digital and Information Technology Interventions

If an applicant wishes to submit an Expression of Interest that includes interventions for technologies

that may require NSW Health system integration, they must consult as early as possible with their local IT service and eHealth NSW for advice on solution architecture and integration costing. These technologies include:

- Web-based interventions
- Virtual care & Telehealth
- Apps
- Remote monitoring & wearables
- Interventions delivered via smart phone
- Clinical dashboard integrated into the eMR

It is beneficial for applicants to have a clear understanding of any need to access data held by NSW Health and to incorporate relevant privacy and security processes. Please engage early with eHealth NSW, particularly if seeking data from outside your host organisation.

For all TRGS enquiries for eHealth NSW, contact [Heidi.Mueller@health.nsw.gov.au](mailto:Heidi.Mueller@health.nsw.gov.au).

## Intellectual Property

Intellectual property (IP) arrangements should be agreed between the host and partner organisations, according to local policy. IP arrangements must cover both background IP and IP that is developed during the project. The arrangements should be detailed in the Full Application, if applicable.

## PhD Students

NSW Health encourages TRGS applicants to consider including funding for a PhD Student in the application. The PhD student must be supervised by an Academic Supervisor at a partnering University.

NSW Health will provide \$20,000 per annum for three to four years as a contribution to a stipend for the PhD student and the partnering University must provide \$20,000 per annum to match NSW Health's contribution, bringing the PhD student's total stipend to \$40,000 per annum.

Applications should include NSW Health's financial contribution towards the PhD student in the requested budget for the project and ensure the budget does not exceed \$500,000.

Further details regarding the PhD student will be required if the application progresses to the Full Application stage. Recruitment of the PhD candidate is

not required until after the outcome of the Full Application is known.

## Educational Resources

Educational resources providing guidance on designing a research study, analysing research data, translating research findings and commercialising research ideas are available at the [Educational Resources webpage](#).

Frequently asked questions (FAQs) about TRGS processes and requirements are available at the [TRGS webpage](#).

## Details of funding

Grants ranging from \$50,000 to \$500,000 will be provided to successful applicants for projects of a two-year duration. Applications at EOI stage that are considered by the review panel and the Ministry to be justified for funding above \$500,000 may be invited to submit higher budgets at Full Application stage. Budgets must not exceed \$500,000 unless this occurs.

Applications that were not funded in previous rounds may reapply but must submit on round 6 application forms and meet all requirements for round 6.

Funding is provided over a 2.5-year period, including an initial 6-month establishment phase to allow time for recruitment and ethics approvals. An indicative funding split over the 2.5 years is shown in the table below. The proportion of funding requested for each tranche is flexible with appropriate justification.

Host organisations and researchers must ensure that each requested funding tranche can be spent or otherwise managed across financial years. The Ministry cannot assist with managing funds and scheduled budget supplementations cannot be modified according to project underspends. If required, host organisations should partner with an administering organisation that can manage funds for the project.

Funding tranche	Timing of payment	Approximate proportion of total funding
Year 1 - initial payment for establishment phase	June - July 2022	20%
Year 2 - second payment	July 2023	40%
Year 3 - third payment	July 2024	40%

Note: in consultation with host and/or administering organisations, the Ministry may distribute full project funding at the start of the project. Funding should be expended across each year of the project as per the budget submitted with the application.

## Funding conditions and exclusions

Grant funds must be quarantined for the purposes of the specified research project through a dedicated cost centre in the general fund, unless held by an eligible administering organisation. TRGS funding may be used for costs associated with the research project and translation activities, but cannot be directed research administration costs, capital works, general maintenance costs, telephone/ communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities.

## Administering organisation

Host organisations are encouraged to partner with an administering organisation to hold the grant funds for the period of the grant.

The administering organisation will enter into a funding agreement with NSW Health, manage the funds, submit financial reports and coordinate other reporting requirements as outlined in the funding agreement.

Where grant funds are paid to an administering organisation that can manage funds across financial years, the full grant amount may be paid upfront. Administration costs will not be funded and should not be charged by the administering organisation.

The administering organisation must be a university, medical research institute, or non-government organisation that conducts health and medical research in NSW. If the Chief Investigator does not hold an appointment at the administering organisation, the administering organisation should be a named research partner in the project.

Details of administering organisations are not required at EOI stage but will be part of the Full Application process.

## Eligibility Criteria

1. The project must be conducted in NSW, within a Local Health District (LHD), Specialty Health Network (SHN), NSW Ambulance, or NSW Health Pathology.
2. The Host Organisation for the project must be a LHD, SHN, NSW Ambulance or NSW Health

Pathology (see Host Organisation criteria below).

3. Host organisations that cannot manage funds across financial years are encouraged to partner with an Administering Organisation. Funds will be paid to this administering organisation.
4. The project cannot be specific to one site only, unless justified because it is a proof of concept study. Projects involving collaborations across multiple sites within an LHD, or between one or more LHD/SHN or NSW Ambulance/NSW Health Pathology will generally be prioritised.
5. Host Organisations must provide financial and in-kind support for the research and translation activities.
6. The Chief Executive of the Host Organisation must certify that the project findings will be implemented if the results are positive.

## Out of scope

This grant scheme is targeted at supporting practice-based research projects. The types of research listed below are out of scope for this grants scheme and will not be funded.

1. Basic science research
2. Research occurring only in a primary health care network
3. Commercially sponsored clinical trials
4. Descriptive research – research that is ‘idea generation’ or ‘monitoring’ as described in the Translational Research Framework
5. Projects with a primary focus on cancer - funding in this area is provided by the Cancer Institute NSW
6. Projects where the host organisation is not responsible for implementation of the research findings.

## Application and selection process

The application and selection process includes two stages:

- Stage 1: Expression of Interest
- Stage 2: Full Application.

## Stage 1: Expression of Interest (EOI)

### Rural/remote and Aboriginal health EOIs

Each eligible Host Organisation may submit five Expressions of Interest.

Host Organisations may submit an additional application above the maximum of five, if the sixth application is focused on rural, remote and/or Aboriginal health.

Projects focused on **Aboriginal health** are those that:

- Are focused entirely on Aboriginal people, or
- Include a broader population but have a significant focus on Aboriginal people, where Aboriginal people will be a subgroup in the analysis.

Projects focused on Aboriginal Health will require Aboriginal Health and Medical Research Council (AH&MRC) ethics approval if funded.

TRGS projects focused on **rural health** must satisfy both of the following:

For a TRGS project to be considered to focus on rural health, it must satisfy both of the following:

1. The project is targeted to improving the health and wellbeing of people living in rural or remote areas, and
2. At least one Chief Investigator for the project is from an organisation based in a rural area and works in a rural or remote location.

For guidance on what is considered a rural or remote area, please refer to the Modified Monash Model at <https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model>.

Areas classified MM 2 to MM 7 are considered rural or remote for the purpose of the EOI stage.

### Selection Criteria – EOI

The purpose of the EOI is to enable the Ministry to assess the following. All three criteria are of equal weighting at EOI stage.

1. The value of the idea and the aims of the project (33% weighting)
2. Alignment with local needs and statewide strategy and processes, demonstrated through meaningful engagement with local and

statewide agencies and partners (33% weighting)

#### 3. Feasibility of the project, including

- a. Appropriate timeframe, team and budget (17% weighting)
- b. Proposed methods that will address the aims of the research (17% weighting)

Expressions of Interest must be certified by the Host Organisation and TRGS Coordinators of all sites where the project will be conducted. Partners such as statewide agencies do not need to sign application but should be consulted in the development of the application. Each Host Organisation has its own review processes to ensure that applications meet the intent and address the selection criteria for TRGS.

Applicants are encouraged to consult with the Research Director and TRGS Coordinator of their Host Organisation and to partner with other LHDs, universities and medical research institutes well in advance of drafting an Expression of Interest.

The EOI will be forwarded to reviewers for shortlisting purposes. It should aim to clearly justify that the research topic under investigation is important for the host organisation, and that the research proposed can provide strong evidence and be translated into policy and practice.

The summary should be succinct and written in plain English, and the format should be easy to follow.

### Review Process

Expressions of Interests will be reviewed by the TRGS EOI Review Panel. Expressions of Interest must meet all eligibility criteria.

The NSW Ministry of Health will engage with a range of policy and health service stakeholders on specific applications throughout the review process.

Applicants will be informed as to whether they have been selected to progress to Full Application stage. The EOI Review Panel decision is final. General feedback on Expressions of Interest will be made available.

## Stage 2: Full Application

### Development and Submission Process

Following the review of Expressions of Interest, applicants will be advised of their success in progressing to the Full Application stage. Successful applicants may be provided with feedback on their application.

Where applicants from two or more LHDs submit similar proposals, and there may be benefits of working together, the EOI Review Panel may recommend a meeting of relevant applicants.

Development of the Full Application is the responsibility of the research team. Participation in Stage 2 of the process is not a guarantee of funding.

### Review Process

Full Applications will be reviewed against the selection criteria by the TRGS Expert Review Panel. The panel may contact applicants in order to clarify or confirm information in the application.

All applicants and their host organisations will be informed as to whether they have been awarded funding. This decision is final and may not be appealed. Successful projects may be required to adjust the project based on feedback from the panel.

Where the funds will be administered by an Administering Organisation such as a university, the NSW Ministry of Health will enter into a funding agreement with the administering organisation, with the Host Organisation named in that agreement. If the funds are to be managed by the Host Organisation (an LHD, SHN, NSW Ambulance or NSW Pathology), the Ministry will contact the Host Organisation for each successful applicant to establish budget supplementation letters between the Host Organisation and NSW Ministry of Health. Funds may not be drawn down until the budget supplementation letter is reviewed and certified by the Chief Executive of the Host Organisation. TRGS Coordinators will be responsible for submitting the signed budget supplementation letter to the NSW Ministry of Health.

### Selection Criteria – Full Application

Full Applications will be assessed against the following selection criteria.

#### 1. Research Project (60% weighting)

A clear and detailed description and justification for the project is required, including aims, methodology, and

expected outputs and outcomes.

The research project will be assessed according to the following criteria:

- evidence of a gap in knowledge and a clearly articulated need for the research
- the value and appropriateness of the proposed intervention
- the extent to which the proposed research is innovative and novel
- strength, rigour and appropriateness of the research methodology
- alignment of the project with value based care principles
- alignment of the project with statewide policy and processes
- potential outputs and outcomes of the research and how the research will improve clinical practice and/or patient outcomes in the short or long term
- consideration of priority population groups and health equity
- ability to deliver the research outputs, outcomes and/or objectives within the grant period
- the plan and potential for research translation and impact
- scalability and generalisability of results, if appropriate
- relationship to existing research undertaken by the host organisation and the research team.

#### 2. Team, Partners and Timeframe (40% weighting)

The following criteria will be considered by reviewers:

- Strength, experience and diversity of the proposed research team that are relevant to the project, and each team member's ability to contribute meaningfully to the research
- Ability of research team to carry out the proposed project in the specified timeframe
- Key stakeholders involved in research design and implementation
- Strong project governance including evidence of appropriate partnerships
- Consultation undertaken in the development of the proposal and clear links to the

stakeholders that will implement the outcomes from the research.

Recipients are also required to report on ongoing implementation of research findings beyond the funding period for their project.

### 3. Budget

The review process will consider the extent to which the requested budget is reasonable and well-justified.

The requested funds should include all anticipated TRGS funding required for the research project, including project management, external expertise required, and activities to support translation. For salaries, please specify the salary level, maximum on-costs and FTE.

Budgets may be adjusted at full application stage to accommodate feedback from EOI stage but must not exceed the specified total maximum budget.

Note that costs associated with service delivery of the intervention under study will not be funded.

### Ongoing requirements for funded projects

Funding is conditional on the Host Organisation and Research Team remaining compliant with all eligibility criteria for the duration of the funding period for TRGS Round 6. Recipients must meet all reporting and evaluation requirements set out in the budget supplementation letter or funding agreement with the administering organisation.

The NSW Ministry of Health will not provide additional funding beyond the amount specified in the budget supplementation letter or funding agreement.

Underspends at the conclusion of the project may be spent on translation activities, with Ministry approval.

### Reporting Requirements

Successful applicants must provide scheduled financial acquittals and forecasts, and progress reports on research and implementation activities as set out in the budget supplementation letter or funding agreement.

Funding for the subsequent year will be dependent on these reports showing satisfactory progress. Should the project cease for any reason, remaining project funds will need to be returned to the NSW Ministry of Health.

TRGS recipients must submit a detailed final report including research findings, translation and implementation, and may be required to present to the Ministry and other statewide agencies at the conclusion of their research.

### TRGS Implementation Assessment

TRGS is subject to ongoing assessment to ensure it is meeting its objectives. This may include face-to-face meetings for which all parties will be required to make themselves available. Feedback received will inform the future direction of the Scheme.

## Appendix A – TRGS coordinators

Name	Email address	Host Organisation
Sandra Ware	<a href="mailto:Sandra.Ware@health.nsw.gov.au">Sandra.Ware@health.nsw.gov.au</a>	NSW Ambulance
Ms Katherine Bolton	<a href="mailto:Katherine.Bolton@health.nsw.gov.au">Katherine.Bolton@health.nsw.gov.au</a>	CCLHD
Dr Kathryn Reilly	<a href="mailto:kathryn.reilly@health.nsw.gov.au">kathryn.reilly@health.nsw.gov.au</a>	HNELHD
Dr Lyndel Hewitt	<a href="mailto:Lyndel.Hewitt@health.nsw.gov.au">Lyndel.Hewitt@health.nsw.gov.au</a>	ISLHD
Dr Julia Bowman Michelle Eason	<a href="mailto:Julia.Bowman@health.nsw.gov.au">Julia.Bowman@health.nsw.gov.au</a> <a href="mailto:michelle.eason@health.nsw.gov.au">michelle.eason@health.nsw.gov.au</a>	J&FMHN
Nicole Raschke Dr Andrew Bailey	<a href="mailto:Nicole.Raschke@health.nsw.gov.au">Nicole.Raschke@health.nsw.gov.au</a> <a href="mailto:Andrew.Bailey@health.nsw.gov.au">Andrew.Bailey@health.nsw.gov.au</a>	MNCLHD
Marietta Coutinho	<a href="mailto:Marietta.Coutinho@health.nsw.gov.au">Marietta.Coutinho@health.nsw.gov.au</a>	NBMLHD
Dr Alexandre Stephens	<a href="mailto:Alexandre.Stephens@health.nsw.gov.au">Alexandre.Stephens@health.nsw.gov.au</a>	NNSWLHD
Rebeka Freckleton	<a href="mailto:rebeka.freckleton@health.nsw.gov.au">rebeka.freckleton@health.nsw.gov.au</a>	NSLHD
Bente Talseth-Palmer	<a href="mailto:NSWPATH-Research@health.nsw.gov.au">NSWPATH-Research@health.nsw.gov.au</a> <a href="mailto:Bente.TalsethPalmer@health.nsw.gov.au">Bente.TalsethPalmer@health.nsw.gov.au</a>	NSW Health Pathology
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Wendy Gleeson	<a href="mailto:Wendy.Gleeson@health.nsw.gov.au">Wendy.Gleeson@health.nsw.gov.au</a>	FWLHD
Barbara Taylor	<a href="mailto:Barbara.Taylor@health.nsw.gov.au">Barbara.Taylor@health.nsw.gov.au</a>	MLHD