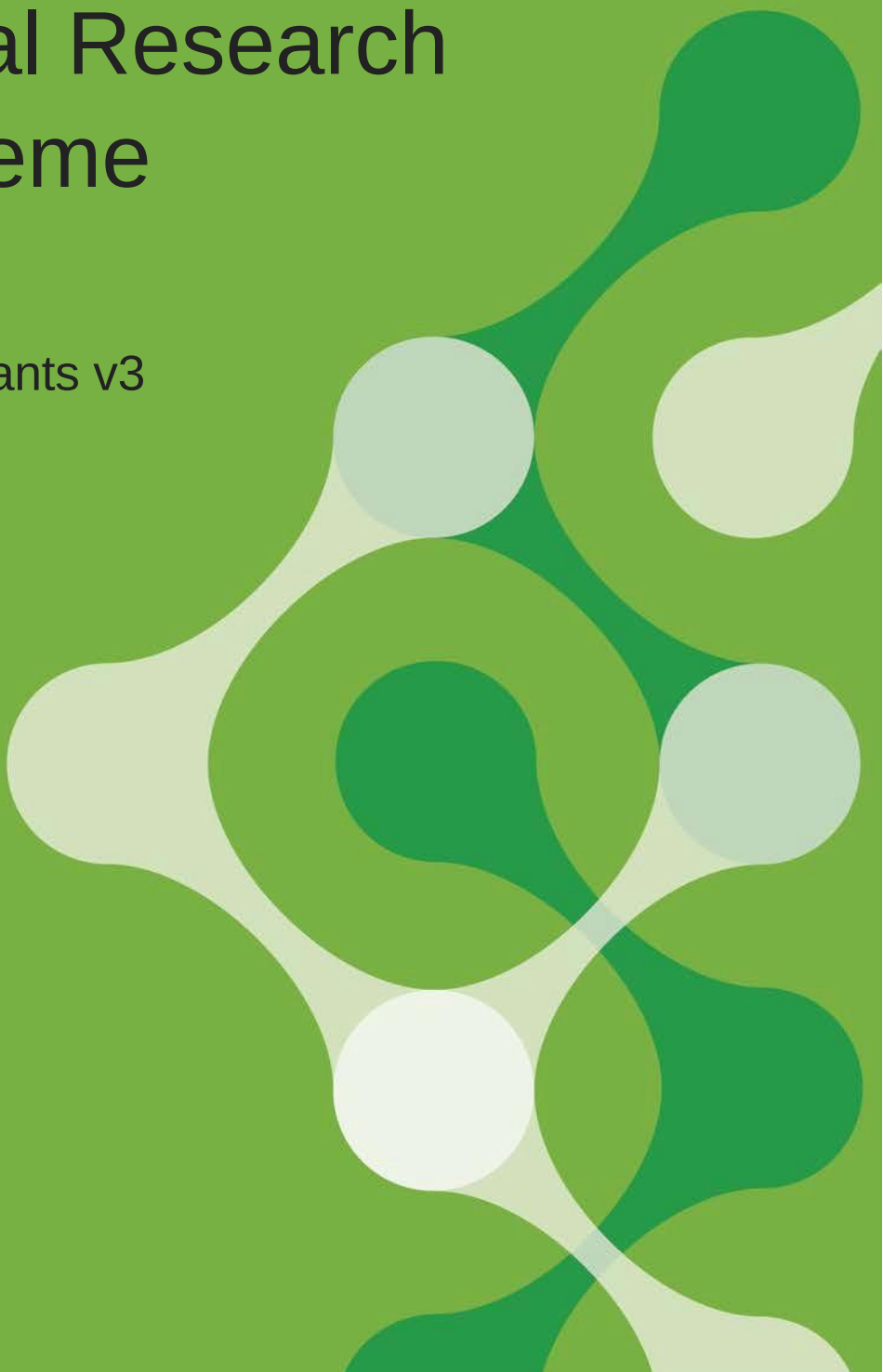
2023

HEALTH+MEDICAL RESEARCH

Translational Research Grants Scheme Round 7

Guidelines for Applicants v3



NSW GOVERNMENT

NSW Health

1 Reserve Road

St Leonards NSW 2065

(02) 9391 9228

www.health.nsw.gov.au

www.medicalresearch.nsw.gov.au

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

SHPN (OHMR) 230004

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 7. These guidelines provide information about the application and selection process and reporting requirements for the scheme.

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

Program Outline

TRGS offers grants to NSW Health staff to:

1. facilitate high impact research that has the potential to be translated into policy and practice, leading to improved patient outcomes, health service delivery and population health and wellbeing
2. 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, including research that can be generalised and scaled in other LHDs/SHNs across the state.
3. Reduce the time from evidence generation to practice implementation.
4. Enhance health and medical research capability and capacity within the NSW health system.

Scope of translational research

TRGS funds research that fits within five phases of the Translational Research Framework:

- feasibility and acceptability
- efficacy
- replicability and adaptability
- effectiveness
- scalability

Applicants need to identify where their project starts on the framework and where the research will take it by the end of the project.

The Sax Institute has developed the Translational Research Framework and Source Book to assist grant applicants to refine research questions, to identify feasible research methods to answer these questions and to identify where the project fits on the Translational Research Continuum.

TRGS projects must be scoped to ensure that research outcomes can be delivered within the 2.5 year timeframe.

Out of scope

This grant scheme is targeted at supporting practice-based research projects. The types of research listed below are out of scope 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 specific to one site only, unless justified because it is a proof-of-concept study. Projects that test an intervention in multiple sites will generally be prioritised.
7. Projects where the Host Organisation is not responsible for implementation of the research findings.

Details of funding

Grants ranging from $50,000 to $500,000 will be provided to successful applicants for projects lasting 2.5 years, which includes an initial 6-month establishment phase to allow time for recruitment and ethics approvals.

TRGS applicants must not submit a budget that exceeds $500,000. In rare circumstances, the Expert Review Panel and/or Executives may invite an applicant to submit a higher budget above $500,000, if the expression of interest is assessed as a high-value proposal that may benefit from further funding. Requests for funding above $500,000 should not be included in the application.

The grant requested should be appropriate for the type, stage and scale of research proposed. TRGS projects should develop and test a low cost and sustainable process for delivering the intervention.

Applications that were not funded in previous rounds may reapply but must submit on Round 7 application

forms and meet all requirements for Round 7.

Administering Organisation

Host Organisations are strongly 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 must be confirmed as part of the Full Application process.

Funds managed by Host Organisation

Where TRGS grants are managed by a NSW Health Host Organisation, funds will be paid to that Host Organisation by budget supplementation at the start of each financial year, according to the budget submitted within the application.

Host Organisations and researchers must ensure that the funding requested each financial year 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.

Grant funds must be quarantined for the purposes of the specified research project through a dedicated cost centre in the general fund.

Funding conditions and exclusions

TRGS funding may be used for costs associated with the research project and translation activities but cannot be directed towards new services and health service delivery costs.

TRGS funds also cannot be directed towards 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.

Timelines

The timeline for TRGS Round 7 is below. Dates are subject to change.

Dates	Stage
15 February 2023	EOIs open
20 February 2023	Information webinar for TRGS Coordinators and potential applicants
5pm, 1 May 2023	EOIs due to TRGS Coordinator in each Host Organisation. A list of TRGS Coordinators with their contact details are available on the TRGS webpage.
5pm, 19 June 2023	EOIs close: Due to Ministry of Health
June – October 2023	EOI review period
30 November 2023	Applicants notified of EOI outcomes Full applications open
5pm, 16 February 2024	Full applications due to TRGS Coordinator in each Host Organisation
5pm, 1 March 2024	Full applications close: Due to Ministry of Health
March – April 2024	Full application review period
May 2024	Applicants notified of full application outcome
June - July 2024	Funding awarded and projects commence

Key Considerations

Rural/remote and Aboriginal health EOIs

Expressions of Interest are limited to five for each eligible Host Organisation.

Host Organisations may submit one 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 as a subgroup in the analysis.

*To qualify as Aboriginal health research, at least 20% of the research effort and/or capacity building must relate to Aboriginal health. Please consider the '5 Principles' in the AH&MRC NSW Aboriginal Health Ethics Guidelines: Key Principles (p.4-5).

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:

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.

Areas classified MM 3 to MM 7 are considered rural or remote for the purposes of this Scheme.

Sax Institute Support Service

The Sax Institute is funded to provide a range of services to NSW Health to support research translation.

During Round 7, The Sax Institute will be offering support to projects focused on Aboriginal health and rural and remote LHDs in developing applications. This will strengthen applications in priority areas and build existing research networks and capability in rural and remote LHDs.

The following LHDs are each eligible for up to 15 hours of support from the Sax Institute

- Far West LHD
- Western NSW LHD
- Northern NSW LHD
- Mid North Coast LHD
- Murrumbidgee LHD
- Southern NSW LHD

In addition, **ALL** LHDs are eligible for support from the Sax Institute for projects focusing on Aboriginal Health. A total of 30 hours of support is available across all projects focused on Aboriginal health.
The type of support that can be provided will depend on the specific needs of the project, and may include:

- Expression of Interest (EOI) phase:
  - feedback on TRGS idea
  - identification of appropriate research partners
  - advice on study design / sample size and analysis plan / scalability / implementation
  - written feedback on completed EOI.
- Full application phase:
  - any of the items in the EOI phase
  - development of program logic model / implementation plan / budget
  - written feedback on completed full application.

If you would like to access this support, please contact Alice Knight alice.knight@saxinstitute.org.au at The Sax Institute.

Ethics

Ethics approval is not required at EOI or Full Application stage, but proposals should demonstrate that ethics requirements have been considered and included in the timeline, if needed.

If successful, projects must be submitted to the relevant Human Research Ethics Committee (HREC) at each host organisation.

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 Human Research Ethics Committee.

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

Program Logic

At full application stage, applicants are required to submit a Program Logic diagram, 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 the 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.'

Local consultation

Applicants must show evidence of a local consultation process in the development of the application at EOI stage. 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/translation pathway.

At Full Application stage, the Chief Executive of each Host Organisation is required to submit a brief Statement of Support when certifying each full application. The Statement of Support should be no longer than 200 words and address the following criteria:

1. Why the problem and solution being proposed is a priority for the Host Organisation
2. How the Chief Executive of the Host Organisation will support the research project and implementation of research findings within the Host Organisation, if there is a case for change.

Statewide consultation

Applicants must consult with relevant statewide agencies and Ministry of Health Branches at EOI stage to ensure the proposal will be valuable, feasible to implement in the health system and maximises impact.

The proposed idea should not conflict with statewide priorities or duplicate existing work.

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 translation/implementation partners, for example**:
   - Agency for Clinical Innovation (see guide partnership)
   - Clinical Excellence Commission (see guide for partnership)
   - eHealth (see guide for partnership)
   - Health Education and Training Institute (see guide for partnership).

Further information and contacts are available under the 'Engaging Partners' section of the TRGS webpage.

If you need assistance contacting a specific Ministry of Health branch or statewide agency, please email MOH-TRGS@health.nsw.gov.au

Research and Translation/Implementation Partners

Host Organisations must identify and engage relevant partners early 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)
- Health organisations (NSW Ambulance, NSW Health Pathology, HealthShare NSW, eHealth NSW, Health Infrastructure, Health Protection NSW)
- NSW Ministry of Health Branches
- other LHDs/SHNs
- LHD Aboriginal Health Units and Aboriginal Community Controlled Health Services
- Primary Health Networks
- Advanced Health Research and Translation Centres
- Clinical networks
- Research networks (e.g., NSW Cardiovascular Research Network)

- Industry
- Non-government organisations.

Partners may be involved to a varying extent depending on their level of interest and capacity to contribute to the research.

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

Implementation Plan

TRGS projects must outline the pathway for implementation and translation at EOI stage and provide a detailed implementation plan, if progressing to full application stage.

The implementation plan should be 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 other LHDs/SHNs within NSW to test generalisability and scale up potential
- consider including clinician champions/ clinicians in other LHDs/SHNs in the governance structure, if the intervention is to be scaled up beyond the study sites
- 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 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, if required by decision makers to support the case for change:
    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 and communities, culturally and linguistically diverse (CALD) communities, rural and remote 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 at EOI 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 must 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, which includes a Quick Guide on Undertaking Appropriate Aboriginal Health Research.

NSW Future Health Strategy

Applicants are encouraged to consider Future Health: Guiding the next decade of health care in NSW 2022-2032. How does your proposed research question relate to NSW Health's vision for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled? Please consider how the research proposal will achieve and measure impact against one or more of the strategic outcomes outlined in Future Health Strategic Framework. Note that some strategic outcomes may be more relevant to some projects than others, but applicants are encouraged to consider the impact of the research against the six strategic outcomes. More information is available here.

Value Based Healthcare

TRGS applications that focus on health service delivery should consider how the proposal will achieve and measure impact 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.

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

Please contact MOH-TRGS@health.nsw.gov.au if you need further information and advice from the NSW Ministry of Health Value Based Healthcare team.

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 developed the NSW Virtual Care Strategy 2021-2026 that outlines the steps NSW Health will take to further integrate virtual care as a safe, effective, accessible option for health care delivery in NSW. The strategy aims to achieve key outcomes focused on patient centeredness, equity of access to care, and building the confidence of consumers and virtual care providers.

NSW Health has developed 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 – patient outcomes, patient and carer experience, clinician experience and effectiveness and efficiency.

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 Virtual Care Strategy and NSW Health monitoring and evaluation approach, and conduct a strong evaluation of patient safety and reliability of safe care.

Please contact MOH-TRGS@health.nsw.gov.au if you need further information and advice from the NSW Ministry of Health Virtual Care team.

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 and activities include:

- web-based interventions
- virtual care & telehealth
- apps
- remote monitoring & wearables
- interventions delivered via smart phone
- clinical dashboard integrated into the eMRdata extractions and/or data Lake.

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 sofia.haidar@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

PhD students may be included in the team and contribute to the TRGS project. Research outcomes for the TRGS project need to be finalised within the 2.5 year timeframe. The PhD student must be supervised by an Academic Supervisor at a partnering university.

If a PhD student is included in the team, arrangements for ongoing research by the student and supervision by the partnering University during and beyond the TRGS project must be outlined in the full application. This includes articulation of the role and deliverables of the PhD student, which must contribute to the TRGS project and also benefit the student's PhD studies.

Applications can 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.

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.

Eligibility Criteria

Host Organisation

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.
3. Projects led by NSW Ambulance or NSW Health Pathology must partner with a LHD and/or SHN, if the intervention impacts these jurisdictions or health services.
4. Host Organisations must provide financial and in-kind support for research and translation activities.
5. 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.
6. The Chief Executive of the Host Organisation must provide a statement of support for the project at full application stage and certify that the project findings will be implemented if the results are positive.

Chief Investigator

1. The project can be co-led by a maximum of two Chief Investigators.
2. At least one Chief Investigator must be employed by an eligible Host Organisation in NSW (see Host Organisation criteria).
3. The Chief Investigator must be employed at the Host Organisation for the duration of the project.

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)

Application Submission Process

Stage 1: EOIs submitted to TRGS Coordinator in each Host Organisation

Applicant(s) must email the completed EOI form and 'Request for Partnering Organisation Approval' forms to the TRGS Coordinator of the Host Organisation by **5pm, 1 May 2023.**

The EOI form is available at here.

The 'Request for Partnering Organisation Approval' form is available here.

A list of TRGS Coordinators with their contact details are available on the TRGS webpage.

Each Host Organisation has its own review processes to ensure that applications meet the intent of TRGS and addresses the selection criteria.

TRGS Coordinators of the Host Organisation are responsible for obtaining sign off from the Chief Executive of the Host Organisation and sign off from the TRGS Coordinator of Partnering Organisations (i.e. LHDs, SHNs, NSW Ambulance, NSW Health Pathology) for each site where the project will be conducted prior to submitting the EOI to the Ministry of Health.

Research and translation/implementation partners such as statewide agencies and Ministry of Health branches do not need to certify the application.

Applicants are encouraged to consult with the Research Director and TRGS Coordinator of their Host Organisation and to partner with other LHDs/SHNs, NSW Ambulance, NSW Health Pathology, universities, statewide agencies and Ministry of Health branches well in advance of drafting an EOI.

Stage 2: EOIs submitted to Ministry of Health

1. **Who should submit?**

The TRGS Coordinator (or delegate) of the Host Organisation is responsible for submitting each EOI in Word and PDF format (including Host Organisation sign off) and signed 'Request for Partnering Organisation Approval' forms on behalf of the Chief Investigator by **5pm, 19 June 2023.**

EOIs are limited to a maximum of five for each eligible Host Organisation, however an additional EOI may be submitted if the sixth EOI is focused on rural/remote or Aboriginal Health.

Review Process

Step 1: Eligibility check

Following the closing date for applications, NSW Health will determine if each application has satisfied the eligibility criteria.

Step 2: Assessment by relevant statewide agencies and Ministry of Health branches

Relevant statewide agencies and Ministry of Health branches will assess each eligible EOI against the selection criteria and provide input to the Expert Review Panel for consideration.

Step 3: Review by Expert Review Panel

The Expert Review Panel will assess and score each eligible EOI against the selection criteria.

Step 4: Recommendation to NSW Health Executives

The eligible EOIs will be ranked and recommendations made to NSW Health Executives on which EOIs should progress to full application stage.

Applicants may be required to respond to key questions or concerns in writing within one week to inform the decision on whether to progress the EOI to full application stage.

Step 5: Decision and notification

NSW Health will determine which EOIs will progress to full application. Applicants will be notified and provided feedback on their EOI. Successful applicants will be expected to address the feedback in their full application.

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

Participation in Stage 2 of the process is not a guarantee of funding.

Selection Criteria for EOI Stage

EOIs will be assessed against the following selection criteria outlined in Appendix A.

Selection criterion	Weighting
Need for the research in NSW	35%

Quality of the research proposal	30%
Feasibility of implementation in the NSW health system	35%

Appendix A outlines full selection criteria and key points to consider when addressing the selection criteria.

Stage 2: Full Application

Application Submission Process

Stage 1: Full application submitted to TRGS Coordinator in each Host Organisation

Development of the Full Application is the responsibility of the research team.

Applicant(s) must email the completed Full Application form and 'Request for Partnering Organisation Approval' forms to the TRGS Coordinator of the Host Organisation by **5pm, 16 February 2024**

The Full Application form is available here.

The 'Request for Partnering Organisation Approval' form is available here.

A list of TRGS Coordinators with their contact details are available on the TRGS webpage.

The TRGS Coordinator of the Host Organisation is responsible for obtaining sign off and a statement of support for the full application from the Chief Executive of the Host Organisation and sign off from Chief Executives of Partnering Organisations for all sites where the project will be conducted prior to submission of the full application to the Ministry of Health.

Partners such as statewide agencies and Ministry of Health branches do not need to certify the application. However, OHMR will confirm partnership and extent of support for TRGS projects with relevant statewide agencies and Ministry of Health branches following the submission of applications to the Ministry of Health.

Applicants are encouraged to consult with the Research Director and TRGS Coordinator of their Host Organisation and to partner with other LHDs/SHNs, NSW Ambulance, NSW Health Pathology, universities, statewide agencies and Ministry of Health branches well in advance of drafting the full application.

Stage 2: Full applications submitted to Ministry of Health

1. **Who should submit?**

The TRGS Coordinator of the Host Organisation is responsible for submitting each full application in Word and PDF format (including Host Organisation statement of support and sign off) and the signed 'Request for Partnering Organisation Approval' forms on behalf of the Chief Investigator by **5pm, 1 March 2024.**

Please note that The Office for Health and Medical Research will advise how to submit the full application to the Ministry of Health prior to the commencement of the full application stage.

Review Process

Step 1: Partnerships confirmed with statewide agencies and Ministry of Health branches

OHMR will contact relevant statewide agencies and Ministry of Health branches to confirm partnerships and extent of support for all full applications.

Step 2: Review by Expert Review Panel

The Expert Review Panel will assess and score each full application against the selection criteria.

Step 3: Recommendation to NSW Health Executive

The full applications will be ranked and a recommendation for funding made to NSW Health Executives.

Applicants may be required to respond to key questions or concerns in writing within one week to inform the decision on funding the application.

Step 4: Decision and notification

NSW Health will determine grant recipients and amounts. Applicants will be notified and provided feedback on their full application. The decision is final and may not be appealed.

Successful applicants may be required to adjust the project based on feedback from the panel and/or Executives.

Step 5: Funding Agreements

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.

Selection Criteria for Full Application Stage

Full applications will be assessed against the following selection criteria outlined in Appendix B.

Selection criterion	Weighting
Need for the research in NSW	25%
Quality of the research proposal	50%
Feasibility of implementation in the NSW health system	25%

Appendix B outlines full selection criteria and key points to consider when addressing the selection criteria.

Please note that weightings are different at full application stage to those at EOI stage. Criteria that are additional to those assessed at EOI stage are highlighted in bold in Appendix B.

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 7.

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 and Evaluation Requirements

A schedule for reporting will be outlined in the budget supplementation letter or funding agreement with the Administering Organisation and will include a requirement to provide:

- annual progress reports
- annual financial reports, which includes a financial acquittal and forecasts
- a final report and financial acquittal following conclusion of the grant.

Funding for each subsequent year will be dependent on projects 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 is subject to ongoing assessment to ensure it is meeting its objectives.

TRGS recipients, Host/Administering Organisations may be required to provide further information beyond the funding period for a project, such as information around ongoing implementation of research findings.

Recipients may also be required to meet with NSW Health staff to support evaluation of the program.

Appendix A:

Key points to consider when addressing the selection criteria for EOI stage

Need for the research in NSW (weighted 35%)

Selection criteria		Considerations for each criterion
1.1.	Clearly defines the problem and evidence gap being addressed	• What is the problem your proposal seeks to address? • Does the proposal address an evidence gap? • Will the research generate new and relevant evidence for clinical health service and/or population health practice in NSW?
1.2.	Clearly articulates why the problem is of significance in NSW and why it matters to NSW Health	• Why is the research needed in NSW now? • Why is it a significant problem locally, regionally or across NSW? • Why is it a significant problem for the community or priority population groups in NSW? • Will the research address an identified need in NSW Health?
1.3.	Clearly explains how the problem or need was identified	• How did you identify this problem? • Do key stakeholders agree this is a problem that needs to be addressed?

1.4.	Proposed research is novel or fills a defined evidence gap	• Have you reviewed available research in the field?
		• Does the proposed research build on cumulative science or yield new technology, techniques or methods to address an important problem in NSW?
		• Is there an evidence-based rationale for why your intervention is better than other available interventions?
		• If relevant, demonstrate how existing evidence informs the research proposal:
		  ○ Specify if the intervention has been evaluated, tested or validated before
		  ○ If a replication of work done elsewhere is proposed, justify this
		  ○ Provide any pilot data with a description of preliminary findings and how they will be built on through the proposed intervention

1.5.	Proposed research does not duplicate existing work in NSW or interstate	• Review research and initiatives in the field occurring in NSW and interstate, and consult with relevant stakeholders such as the statewide agencies and MoH branches to ensure research isn't duplicating existing work
1.6.	Proposed research has the potential to achieve impact against *one or more* of the strategic outcomes of the Future Health Strategic Framework	• Refer to strategic outcomes of the Future Health: Strategic Framework • See the 'Future Health: Guiding the next decade of care in NSW 2022-2032' for further information • *Note some outcomes may be more relevant to each project than others but we encourage you to consider the impact of the research against the six strategic outcomes.*

Quality of the research proposal (weighted 30%)

This includes four parts:
a. Aim, design, methods, outcome measures
b. Research Team and Partners
c. Timeline
d. Budget

a. Aim, design, methods, outcome measures	
Selection criteria	**Considerations for each criterion**
2a.1. Relevant, clear and succinct research aims, research questions and hypotheses	• Ensure aims, research questions and hypotheses build on existing knowledge (where relevant) and address the evidence gap
2a.2. Research design, intervention, methods and outcome measure(s) are clearly defined and appropriate for the research question(s)	Note that detailed methods are not required at EOI stage**.** The following factors should be considered, as appropriate: • Clear identification and appropriate use of study type • Patient/provider population and allocation of study participants • Appropriate comparison/reference/control group(s) and/or control site(s) • Baseline, intervention and follow up period(s) • Data sources or qualitative tools/instruments • Effect size, sample size • Statistical analysis and data linkage approach • Costing component or economic evaluation details • Study design and methods are culturally safe, appropriate, and acceptable for Aboriginal people and other priority populations • Data disaggregated by Aboriginal status, where appropriate

2a.3. Proposal considers how the chosen outcome measures will evaluate impact against relevant strategic outcomes of the Future Health Strategic Framework	• Refer to strategic outcomes of the Future Health: Strategic Framework
	• See the 'Future Health: Guiding the next decade of care in NSW 2022-2032' for further information
	• Consider how impact is measured 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
	• Justify the outcome measures chosen for your project

b. Research Team and Partners	
Selection criteria	**Considerations for each criterion**
2b.1. Strength, experience and diversity of research team	• Each team member contributes meaningfully to the project with roles clearly outlined • Research team is multidisciplinary with all disciplines central to the success of the proposal being included in the research team • Research team builds capacity by including researchers across career stages (e.g. PhD students, early-mid career researchers)
2b.2. Stakeholders involved in implementation are included in research team or as partners	• Includes end users (LHD executives, statewide health services and pillars, Ministry of Health branches, clinicians, health service staff, consumers, primary health networks, partners who have experience working with priority population groups e.g. Aboriginal Community Controlled Health Services)
c. Timeline	
Selection criteria	**Considerations for each criterion**
2c.1 Research project is appropriate for timeframe	• Type, stage and scale of research proposal
2c.2. Ability of the team to carry out the proposed project within grant period	• Includes delivery of outputs and outcomes

d. Budget	
Selection criteria	**Considerations for each criterion**
2d.1. Budget is reasonable and well justified	• Budget should include all anticipated TRGS funding required for the research project and activities to support translation • Grant requested is appropriate for the type, stage and scale of the research proposal • For salaries of staff supporting **research components of the project only**, please specify the research role, salary level, maximum on-costs and their full-time equivalent hours (FTE) • Service delivery costs, including staffing will not be funded • Host Organisation infrastructure charges cannot be included in the requested budget; these should be considered an in-kind contribution by the Host Organisation
2d.2.Existing funding for the research is described, and how this relates to the additional funding requested	• TRGS funding should add value and not duplicate work funded by other sources
2d.3. Other contributions and support for the project	• Includes cash/ in-kind contributions from Host Organisation and Partners

Feasibility of implementing the idea for the NSW health system (weighted 35%)

Selection criteria	Considerations for each criterion
3.1. Results are likely to be scalable and/or generalisable	• Is the intervention/approach you are testing feasible for larger scale up across the NSW health system?

3.2. Proposal describes a credible pathway for influencing clinical, health service and/or population health practice in NSW	• Does your proposal consider existing statewide initiatives that your intervention could be scaled up through?
	• Are relevant stakeholders involved in the proposal?
	  ○ Stakeholder(s) responsible for decision to embed research into local health services following completion of the research
	  ○ Stakeholder(s) responsible for assessing and leading research translation/implementation

3.3. Proposed intervention/approach considers where it sits within the broader NSW health system and healthcare pathway	• Consider how healthcare is currently delivered in the broader NSW health system and how the proposed intervention/approach improves integration with other sectors where relevant e.g. primary care, aged care
3.4. Proposed research does not conflict with current initiatives of statewide agencies and relevant Ministry of Health branches	• Consult with relevant statewide agencies and MoH branches to ensure the proposed research will be valuable and does not conflict with current initiatives
3.5. Proposed intervention/approach is likely to be acceptable to end users	• Demonstrates consultation with end users (LHD executives, clinicians, health service staff, consumers, statewide health services and pillars, and relevant Ministry of Health branches, primary health networks, partners who have experience working with priority population groups e.g. Aboriginal Community Controlled Health Services) • Addresses potential barriers that might impact acceptability of the intervention/approach to end users

3.6.	Proposed intervention/approach is sustainable and considers resources required for implementation/ translation of research to the next stage	• Compatibility with existing infrastructure and technology • Compatibility with existing processes • Feasibility of obtaining and/or training staff required to scale the intervention/approach • Funding requirements – identify where funding could reasonably and feasibly be sourced to deliver the intervention/approach on an ongoing basis
3.7.	Proposal considers information required by decision makers to support the case for change	• If the research shows a case for change, will your intervention/approach require a business case or economic analysis to support implementation?

Appendix B:

Key points to consider when addressing the selection criteria for Full Application stage

Please note that weightings are different at full application stage to those at EOI stage.

Criteria that are additional to those assessed at EOI stage are highlighted in bold in Appendix B.

Need for the research in NSW (weighted 25%)

Selection criteria	Considerations for each criterion
1.1. Clearly defines the problem and evidence gap being addressed	• What is the problem your proposal seeks to address? • Does the proposal address an evidence gap? • Will the research generate new and relevant evidence for clinical health service and/or population health practice in NSW?
1.2. Clearly articulates why the problem is of significance in NSW and why it matters to NSW Health	• Why is the research needed in NSW now? • Why is it a significant problem locally, regionally or across NSW? • Why is it a significant problem for the community or priority population groups in NSW? • Will the research address an identified need in NSW Health?
1.3. Clearly explains how the problem or need was identified	• How did you identify this problem? • Do key stakeholders agree this is a problem that needs to be addressed?

1.4. Proposed research is novel or fills a defined evidence gap	• Have you reviewed available research in the field?
	• Does the proposed research build on cumulative science or yield new technology, techniques or methods to address an important problem in NSW?
	• Is there an evidence-based rationale for why your intervention is better than other available interventions?
	• If relevant, demonstrate how existing evidence informs the research proposal:
	  ○ Specify if the intervention has been evaluated, tested or validated before
	  ○ If a replication of work done elsewhere is proposed, justify this
	  ○ Provide any pilot data with a description of preliminary findings and how they will be built on through the proposed intervention

1.5. Proposed research does not duplicate existing work in NSW or interstate	• Review research and initiatives in the field occurring in NSW and interstate, and consult with relevant stakeholders such as the statewide agencies and MoH branches to ensure research isn't duplicating existing work
1.6. Proposed research has the potential to achieve impact against *one or more* of the strategic outcomes of the Future Health Strategic Framework	• Refer to strategic outcomes of the Future Health: Strategic Framework • See the 'Future Health: Guiding the next decade of care in NSW 2022-2032' for further information about the framework • *Note some outcomes may be more relevant to each project than others but we encourage you to consider the impact of the research against the six strategic outcomes.*

1.7.	**Research proposal systematically considers the needs of Aboriginal People**	• An Aboriginal Health Impact Statement must be completed by all applicants at Full Application Stage and can assist with planning at the EOI stage • The research should improve outcomes for Aboriginal people and/or not exacerbate health inequities • Research findings will be shared with Aboriginal communities in an appropriate way • Guidance on strengthening TRGS projects that have an identified focus on Aboriginal health is available at the Educational Resources webpage, which includes a 'Quick Guide on Undertaking Appropriate Aboriginal Health Research'

Quality of the research proposal (weighted 50%)

This includes five parts:

a. Aim, design, methods, outcome measures
b. Research Team and Partners
c. Timeline
d. Budget
e. Program logic model

a. Aim, design, methods, outcome measures	
Selection criteria	**Considerations for each criterion**
2a.1 Relevant, clear and succinct research aims, research questions and hypotheses	• Ensure aims, research questions and hypotheses build on existing knowledge (where relevant) and address the evidence gap
2a.2. **Strength, rigour and appropriateness of the research design, intervention, methods and outcome measures for the research questions**	Detailed methods are required at Full Application stage**.** The following factors should be considered, as appropriate: • Clear identification and appropriate use of study type • Patient/provider population and allocation of study participants • Appropriate comparison/reference/control group(s) and/or control site(s) • Baseline, intervention and follow up period(s) • Data sources or qualitative tools/instruments • Effect size, sample size • Statistical analysis, data linkage plan • Costing component or economic evaluation details • Study design and methods are culturally safe, appropriate, and acceptable for Aboriginal people and other priority populations • Data disaggregated by Aboriginal status, where appropriate

2a.3. Proposal considers how the chosen outcome measures will evaluate impact against relevant strategic outcomes of the Future Health Strategic Framework	• Refer to strategic outcomes of the Future Health: Strategic Framework
	• See the 'Future Health: Guiding the next decade of care in NSW 2022-2032' for further information about the framework
	• Consider how impact is measured 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
	• Justify the outcome measures chosen for your project

b. Research Team and Partners	
Selection criteria	**Considerations for each criterion**
2b.1. Strength, experience and diversity of research team	• Each team member contributes meaningfully to the project with roles clearly outlined

	• Research team is multidisciplinary with all disciplines central to the success of the proposal being included in the research team • Research team builds capacity by including researchers across career stages (e.g. PhD students, early-mid career researchers)
2b.2. Stakeholders involved in Implementation are included in research team or as partners	• Includes end users (LHD executives, statewide health services and pillars, Ministry of Health branches, clinicians, health service staff, consumers, primary health networks, partners who have experience working with priority population groups e.g. Aboriginal Community Controlled Health Services)
2b.3. **Strong and appropriate project governance structure**	• Outline members of the Steering Committee and other governance structures such as advisory groups and working groups • Include links to the Executive Structure and clinical streams of TRGS Host Organisations • Include team members who hold research oversight and identify members that will steer the research from a technical perspective • Include partners who will steer the implementation/translation of the research to the next stage of the translational research continuum, if the research shows a case for change
c. Timeline	
Selection criteria	**Considerations for each criterion**
2c.1 Research project is appropriate for timeframe	• Type, stage and scale of research proposal
2c.2. Ability of the team to carry out the proposed project within grant period	• Includes delivery of outputs and outcomes
d. Budget	
Selection criteria	**Considerations for each criterion**
2d.1. Budget is reasonable and well justified	• Budget should include all anticipated TRGS funding required for the research project and activities to support translation • Grant requested is appropriate for the type, stage and scale of the research proposal • For salaries of staff supporting **research components of the project only**, please specify the research role, salary level, maximum on-costs and their full-time equivalent hours (FTE) • Service delivery costs, including staffing will not be funded • Host Organisation infrastructure charges cannot be included in the requested budget; these should be considered an in-kind contribution by the Host Organisation
2d.2. Existing funding for the research is described, and how this relates to the additional funding requested	• TRGS funding should add value and not duplicate work funded by other sources
2d.3. Other contributions and support for the project	• Includes cash/ in-kind contributions from Host Organisation and Partners
e. Program logic model	
Selection criteria	**Considerations for each criterion**
2e.1. **Program logic model provides a clear overview of the project, including project aims, 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 • 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'

Feasibility of implementing the idea for the NSW health system (weighted 25%)

Selection criteria	Considerations for each criterion
3.1. Results are likely to be scalable and/or generalisable	• Is the intervention/approach you are testing feasible for larger scale up across the NSW health system?

3.2. Proposal describes a credible pathway for influencing clinical, health service and/or population health practice in NSW	• Does your proposal consider existing statewide initiatives that your intervention could be scaled up through?
	• Are relevant stakeholders involved in the proposal?
	  ○ Stakeholder(s) responsible for decision to embed research into local health services following completion of the research
	  ○ Stakeholder(s) responsible for assessing and leading research translation/implementation

3.3. Proposed intervention/approach considers where it sits within the broader NSW health system and healthcare pathway	• Consider how healthcare is currently delivered in the broader NSW health system and how the proposed intervention/approach improves integration with other sectors where relevant e.g. primary care, aged care
3.4. Proposed research does not conflict with current initiatives of statewide agencies and relevant Ministry of Health branches	• Consult with relevant statewide agencies and MoH branches to ensure the proposed research will be valuable and does not conflict with current initiatives
3.5. Proposed intervention/approach is likely to be acceptable to end users	• Demonstrates consultation with end users (LHD executives, clinicians, health service staff, consumers, statewide health services and pillars, and relevant Ministry of Health branches, primary health networks, partners who have experience working with priority population groups e.g. Aboriginal Community Controlled Health Services) • Addresses potential barriers that might impact acceptability of the intervention/approach to end users
3.6. Proposed intervention/approach is sustainable and considers resources required for implementation/ translation of research to the next stage	• Compatibility with existing infrastructure and technology • Compatibility with existing processes • Feasibility of obtaining and/or training staff required to scale the intervention/approach • Funding requirements – identify where funding could reasonably and feasibly be sourced to deliver the intervention/approach on an ongoing basis
3.7. Proposal considers information required by decision makers to support the case for change	• Will your intervention/approach will require a business case or economic analysis?