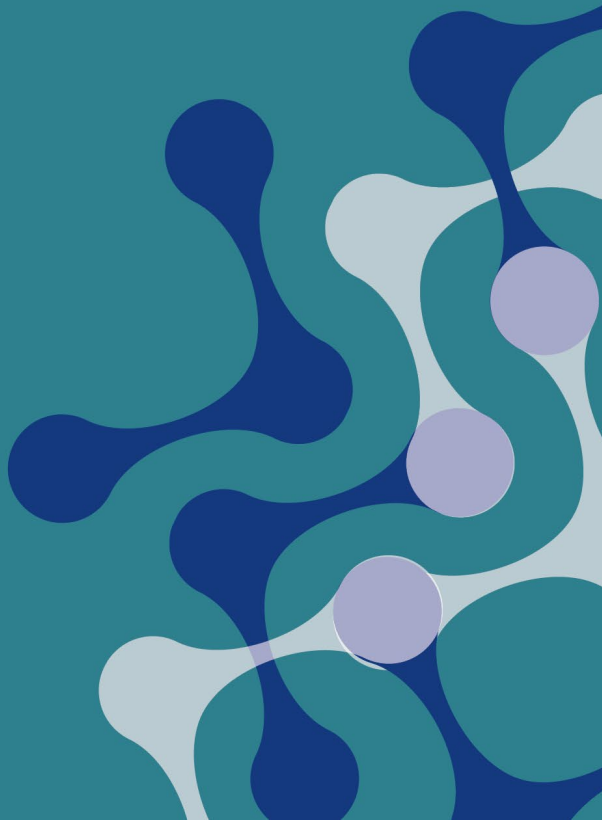
Office for Health and Medical Research

Translational Research Grants Scheme Round 9

Guidelines for Applicants v1.0

2025



NSW GOVERNMENT

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

SHPN (OHMR) 250274

ISBN: 978-1-74231-103-6

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 9. These guidelines provide information about priority research areas for Round 9, the application and selection process and reporting requirements.

Further information is available on the TRGS webpage. For queries, please contact moh-ohmrgrants@health.nsw.gov.au.

TRGS offers grants of up to $500,000 over 2.5 years to NSW Health staff to:

- 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.
- build research capability within NSW Health.

TRGS funding is available to medical, nursing, allied health and population health staff within eligible host organisations which include NSW local health districts, specialty health networks, NSW Ambulance, and NSW Health Pathology.

In a change from previous rounds, expressions of interest will be managed by host organisations according to local processes. Each host organisation may submit up to three (3) full applications.

Objectives

Foster the generation of high-quality research that is directly relevant to clinical, health service and population health practice in NSW.

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.

Reduce the time from evidence generation to practice implementation.

Enhance health and medical research capability and capacity within the NSW health system.

Indicative Timeline

Dates may be subject to change.

Dates	Stage
1 May 2025	Applications open
As early as possible	Applicants commence liaison with research stakeholders and partners*
2 June 2025	Information webinar for TRGS Coordinators and potential applicants
1 July 2025	Expressions of interest due to host organisations**
1 August 2025	Host organisations invite up to 3 proposals to full application stage
1 September 2025	Applicants finalise partnering requests (specific processes for some agencies including ACI, eHealth, CEC, HETI, BHI)***
1 October 2025	Full applications due to TRGS Coordinators in each host organisation
31 October 2025	Full applications close: Due to the Office for Health and Medical Research by 5pm
1 May 2026	Applicants notified of outcomes
July-September 2026	Funding awarded and projects commence

*TRGS applicants are encouraged to identify and engage with relevant stakeholders and partners for the effective delivery of their research project and implementation of the outcomes in NSW. To facilitate meaningful engagement, review and support of applications in a timely manner, an early and ongoing dialogue is required with stakeholders, some of whom have Guides for Partnership on the TRGS webpage.

**Local expression of interest (EOI) processes will vary. Please contact your TRGS Coordinator to confirm local processes and timelines for round 9.

***The Agency for Clinical Innovation (ACI), eHealth, Clinical Excellence Commission (CEC), Health Education and Training Institute (HETI) and Bureau for Health Information (BHI) require early engagement. If a partnership is sought, agency specific processes must be completed before 1 September 2025 for consideration and approval of their partnership on the project.

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.

Out of scope

The types of research listed below will not be funded.

i. basic science research

ii. research occurring only in a primary health care network

iii. commercially sponsored clinical trials

iv. descriptive research – research that is 'idea generation' or 'monitoring' as described in the Translational Research Framework

v. projects with a primary focus on cancer - funding in this area is provided by the Cancer Institute NSW

vi. 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

vii. projects where the host organisation is not responsible for implementation of the research findings.

Funding details

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.

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 using the Round 9 application form and must meet all requirements for Round 9.

Funding conditions and exclusions

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

Application process

Express interest by 1 July 2025

Host organisations will manage expressions of interest according to local processes. Applicants are advised to contact their TRGS Coordinator to confirm local requirements with expressions of interest due by **1 July 2025**.

Please note, each host organisation is only permitted to submit a maximum of three (3) Full Applications.

Engage early with potential partners

TRGS applicants must engage with relevant stakeholders and partners for the effective delivery and translation of their research. To facilitate meaningful engagement, review and support of applications, early and ongoing dialogue is required.

If a partnership is sought with Agency for Clinical Innovation networks, eHealth, Clinical Excellence Commission, Health Education and Training Institute or Bureau for Health Information, early engagement is critical.

While final partner approval is not required to submit an expression of interest, contact should be made at expression of interest stage. If invited to Full Application, agency specific processes must be finalised by 1 September 2025.

Full Applications to host organisation

If selected for Full Application, applicants must email the application form and any *Request for Collaborating Host Organisation Approval* forms to the TRGS Coordinator by 5pm, **1 October 2025**. All forms and contact details for TRGS Coordinators are available on the TRGS webpage.

Host organisations submit applications

The TRGS Coordinator of the host organisation is responsible for obtaining sign off and a statement of support for the application from the host Chief Executive and sign off from Chief Executives of collaborating host organisations.

The TRGS Coordinator submits each application in word and PDF formats along with any Request for Collaborating Host Organisation Approval forms by 5pm, 31 October 2025.

Priority Research Areas for TRGS 9

There are five priority research areas for TRGS 9:

1. Early translation or implementation trials for Artificial Intelligence (AI) in healthcare
2. Rare diseases diagnostic and care coordination models
3. Locally identified needs
4. Aboriginal health
5. Rural health.

Priority 1: Early translation or implementation trials for AI in healthcare

This priority includes a focus on translational research which will enable NSW Health to

i. harness the potential and innovations associated with AI

ii. manage the risks of AI and

iii. maximise the benefits of using AI in healthcare.

The NSW Health AI Taskforce has released an Information Bulletin: Advice on the use of Generative Artificial Intelligence.

eHealth has established an AI Advisory Service, which can be contacted by email for advice and support (EHNSW-AI-Advisory@health.nsw.gov.au).

All TRGS projects which are testing the use of AI in healthcare are required to complete the self-assessment tool within the NSW Artificial Intelligence Assessment Framework, designed to enable agencies to evaluate the risk associated with their AI solution and understand the required mitigations.

Priority 2: Rare diseases diagnostic and care coordination models

TRGS proposals that prioritise the study of rare diseases should focus on diagnostic and care coordination models that could be applicable across a range of rare disease groupings.

These models will help to bridge the gap between scientific discoveries and practical treatments to align with the Future Health Strategic Framework 2022-2032 and with the National Strategic Action Plan for Rare Diseases, which emphasises a person-centred approach, equity of access, and sustainable systems.

NSW Health is committed to continuing our engagement with pioneering research to improve the diagnosis, treatment and management of rare diseases and is also committed to enhancing diagnostic capabilities, improving patient care, and fostering research and innovation in rare and undiagnosed conditions.

Priority 3: Locally identified needs

Locally identified needs are priority research areas identified locally. TRGS proposals may address needs identified in local strategic plans or in other ways. All applicants, whatever priority area their research falls into, are required to provide evidence of a local consultation process including the involvement of consumers, clinicians, and executives in identifying the problem or need and developing the research proposal and implementation plan.

Priority 4: Aboriginal health

The health of Aboriginal and Torres Strait Islander peoples is a key priority for NSW Health and for research funded through the Translational Research Grants Scheme. 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.

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

Priority 5: Rural health

The health of people living in rural and remote areas is a key priority for NSW Health and for research funded through the Translational Research Grants Scheme. Projects focused on rural health must satisfy **both** of the following:

- The project is targeted to improving the health and wellbeing of people living in rural or remote areas, and
- 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 purpose of this Scheme.

Eligibility Criteria

Project eligibility

1. The project must be conducted in NSW, within an eligible host organisation.
2. Projects led by NSW Ambulance or NSW Health Pathology must partner with a local health district and/or specialty health network if the intervention impacts these health services or districts.
3. The project must align with the research priority areas for TRGS 9 (pages 4-5).

Host organisation eligibility

1. Eligible host organisations include NSW Local Health Districts, Specialty Health Networks, NSW Ambulance, and NSW Health Pathology.
2. Host organisations must provide financial and in-kind support for research and translation activities.
3. 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 show a case for change.

More about host organisations

Host organisations each have a nominated TRGS Coordinator who supports the development of applications and the administration of research funded under the Scheme. A list of TRGS Coordinators is available on the TRGS webpage.

Host organisations conduct TRGS research projects within their health services at various research sites. The project may also involve research sites within other host organisations which are referred to as ***collaborating host organisations***. For example, one local health district may lead a TRGS project and test an intervention at sites in two hospitals within the LHD, as well as hospitals at other LHDs which are referred to as **collaborating host organisations**. All collaborating host organisations are required to sign a ***Request for Collaborating Host Organisation Approval Form***, which is available in the Guidelines and Application Forms section on the TRGS webpage.

Chief Investigator eligibility

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 for the duration of the project.

Selection Criteria

Applications will be assessed against the following selection criteria

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

Appendix A provides more detail about each selection criterion along with key points to consider when addressing them in the application.

Engaging stakeholders and partners

Involving the right stakeholders and partners from the design of the project right through to implementation will maximise the project's likelihood of success and its impact. Consultation and collaboration are essential both locally and at the statewide level. Applicants are encouraged to start conversations with stakeholders and potential research partners as early as possible. Some agencies have internal processes for approving partnerships with TRGS projects and time will need to be allocated for this to occur. 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
- LHD Aboriginal Health Units, Aboriginal Medical Services and Aboriginal Community Controlled Health Services
- Primary Health Networks
- Advanced Health Research and Translation Centres
- clinical and research networks
- 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. Their level of involvement may vary from one-off input to the design and conduct of the project, through to staying informed and providing ad-hoc advice, through to formal partnerships reflected in membership of the research team as an Associate Investigator or membership of the Advisory and/or Implementation Committees.

Local consultation

Applicants 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/ translation pathway.

The Chief Executive of each host organisation is required to submit a brief statement of support when certifying each application. The statement of support should be no longer than 200 words and address the following criteria:

i. Why the problem and solution being proposed is a priority for the host organisation

ii. 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.

Consultation with health system stakeholders

Applicants must consult with relevant statewide agencies and Ministry of Health Branches to ensure the proposal is 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 in their application.

Consultation is required with:

(a) 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.

(b) Research and translation/ implementation partners, for example:

i. Agency for Clinical Innovation

ii. Clinical Excellence Commission

iii. eHealth

iv. Health Education and Training Institute

v. Bureau for Health Information.

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, email Moh-ohmrgrants@health.nsw.gov.au.

Funding arrangements

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 set aside for the purposes of the specified research project through a dedicated cost centre in the general fund.

Funds managed by an administering organisation

Host organisations may wish 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.

Eligible administering organisations include universities, medical research institutes, or non-government organisations that conduct 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.

Sax Institute Support Service

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

During Round 9, 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:

- feedback on TRGS idea
- identification of appropriate research partners
- advice on study design / sample size and analysis plan / scalability / implementation
- development of program logic model / implementation plan / budget
- written feedback on completed application.

If you would like to access this support, please contact Nick Petrunoff via email at nick.petrunoff@saxinstitute.org.au

Other Key Considerations

Ethics

Ethics approval is not required at 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 NSW 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

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

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*.

Implementation Plan

TRGS projects must outline the pathway for implementation and provide a detailed implementation plan.

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:
  i. involve a health economist in the research team
  ii. include an economic evaluation in the application
  iii. 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 are 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 and will assist with project development.

- 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 advised 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.

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

Virtual care models

Virtual care is any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. Examples include:

- 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 measure patient safety and reliability of safe care.

If you need further information and advice from the NSW Health Virtual Care team, please contact Moh-ohmrgrants@health.nsw.gov.au.

Digital and Information Technology Interventions

If an applicant wishes to test an intervention involving digital and/or information 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 dashboards integrated using single digital patient record data 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 eHNSW-research@health.nsw.gov.au.

Intellectual Property

Intellectual property (IP) arrangements should be agreed between the host(s) 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 application, if applicable. Information on IP & Commercialisation can be found on the website of the Office for Health and Medical Research here.

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.

Selection 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: Review by Expert Panel

A panel of expert reviewers will assess each eligible applications against the selection criteria.

Step 3: Funding recommendation

The independent panel will agree on the final ranking of all eligible applications and will make recommendations for funding to NSW Health. Applicants may be required to respond to key questions in writing to inform decisions on funding the application.

Step 4: Decision and notification

NSW Health will determine grant recipients and amounts. All applicants will be informed as to whether they have been awarded funding. 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 NSW Health Executives.

Step 5: Grant Agreements and payment

NSW Health will contact host and administering organisations for successful projects to arrange payment.

Post Award Requirements

Funding is conditional on the host organisation and research team remaining compliant with all eligibility criteria for the duration of the funding period.

Recipients must meet all reporting and evaluation requirements as set out in the budget supplementation letter or funding agreement which will include:

- annual progress reports

- annual financial reports
- a final report and financial acquittal following the conclusion of the term of the grant
- post-grant reports related to research translation and research impact.

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.

The Office for Health and Medical Research 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 approval from the Office for Health and Medical Research.

The Translational Research Grants Scheme is subject to ongoing assessment to ensure it is meeting its objectives. Grant recipients, host and 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

1. Need for the research in NSW (weighted 25%)

Need for the research in NSW	
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. • 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'

2. 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. 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	
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

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

Feasibility of implementing the idea for the NSW health system	
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? • Stakeholders(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 require a business case or economic analysis?