Office for Health and Medical Research

Translational Research Grants Scheme (TRGS) Round 8

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Agenda

- Overview of the Translational Research Grants Scheme -TRGS
- Scope of translational research
- Key information for TRGS Round 8
- Application and review process
- Selection criteria
- Application submission process

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Translational Research Grants Scheme (TRGS)

- Competitive research grants
- For staff employed within the NSW public health system
  - local health districts (LHD)
  - specialty health networks (SHN)
  - NSW Ambulance
  - NSW Health Pathology
- TRGS aims to:
  - reduce time from evidence generation to implementation
  - enhance research capability and capacity in the NSW health system

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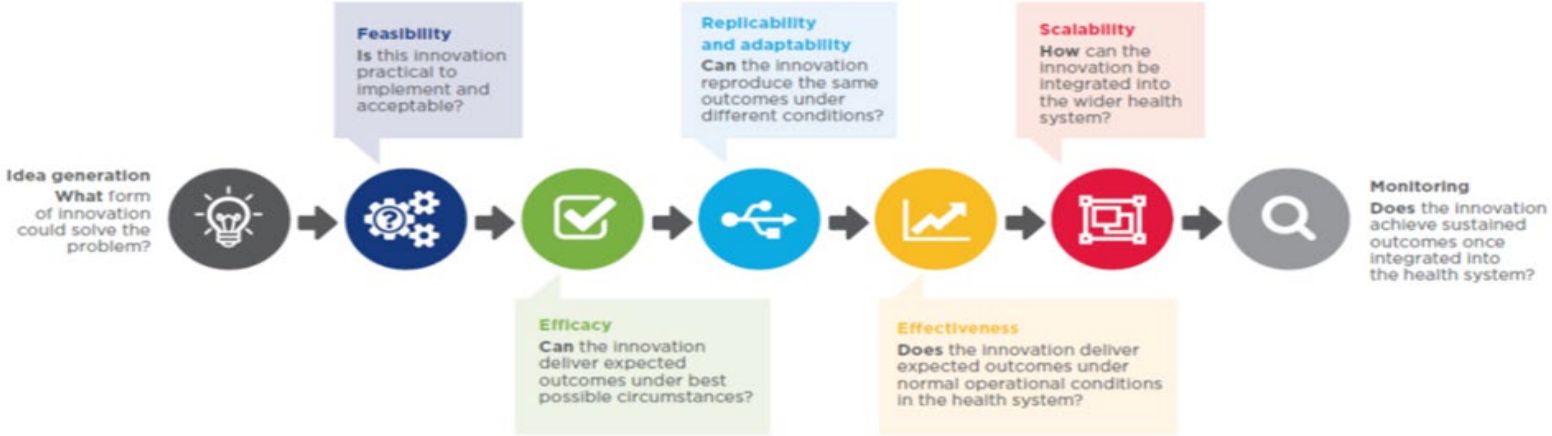
Scope of translational research

The translational research continuum

The continuum starts with idea generation and ends with monitoring, but it is the five phases between these that make up translational research:



- **Feasibility** studies test the practicality and acceptability of an innovation (e.g. Is nicotine replacement therapy (NRT) safe and acceptable for pregnant women?)
- **Efficacy** studies test whether an innovation is successful under ideal conditions (e.g. Can NRT help pregnant women quit smoking?)
- **Replicability and Adaptability** studies test an innovation's success under some other conditions (e.g. Can NRT help other high-risk patient groups, such as mental health patients, quit smoking?)
- **Effectiveness** studies test whether an innovation is successful under real-life conditions (e.g. Is routinely offering free NRT at hospital admission an efficient way of reducing smoking rates, across all patient sub-groups?)
- **Scalability** studies test how well an innovation can be integrated into the overall health system (e.g. How consistently can offering free NRT be integrated into hospital admission processes across a local health district (LHD)?)

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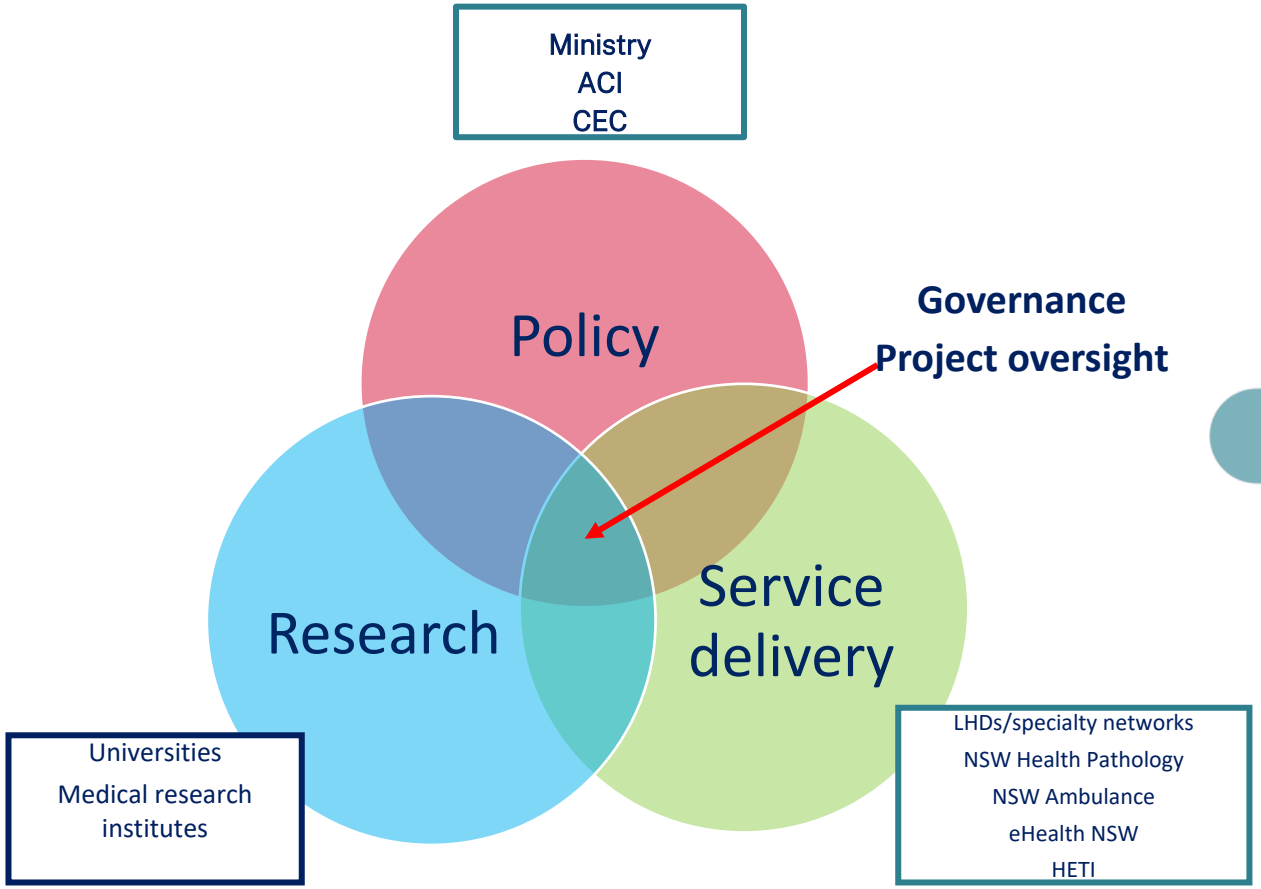
Study types

- Randomised controlled trials
- Pragmatic clinical trials
- Implementation science research
- Health services research
- Population health research
- Proof of concept studies

Out of scope for funding

- Basic science research
- Research occurring only in a primary health care network
- Commercially sponsored clinical trials
- Descriptive research – ‘idea generation’ or ‘monitoring’ research as described in the Translational Research Framework
- Projects with a primary focus on cancer
- Projects specific to one site only, unless justified because it is a proof-of-concept study
- Projects where the Host Organisation is not responsible for implementation of the research findings


Ministry
ACI
CEC
Policy
Governance
Project oversight
Research
Service delivery
Universities
Medical research institutes
LHDs/specialty networks
NSW Health Pathology
NSW Ambulance
eHealth NSW
HETI

Key information for TRGS Round 8

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TRGS Round 8 Funding

Maximum grant request is $500,000

- Project duration is 2.5 years, includes 6-month establishment phase
- Grant requested should be appropriate for type, stage and scale of research proposed
- Project should test a low cost and sustainable process for delivering the intervention

Administering Organisations

- Host organisations may want to partner with an Administering Organisation that can manage funds across financial years
- Must be a university, medical research institute, or non-government organisation that conducts health and medical research in NSW.

Note: Details of Administering Organisations are not required at EOI stage but must be confirmed as part of the Full Application

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Round 8: Four key priority research areas

Priority 1	Priority 2	Priority 3	Priority 4
Models of care	**Surgical innovation**	**Aboriginal and rural health**	**Locally identified needs**
• Alternative model of providing care • Personalised and precision medicine approaches	• Approaches to reducing surgical waiting time and waitlist • Harnessing the potential of digital operating theatres	• Health of Aboriginal and Torres Strait Islander peoples living in rural and remote areas are key priorities of NSW Health • Additional (6th) expression of interest if focused on rural, remote and/or Aboriginal health	• Proposals may address needs identified in local strategic plans • Applicants are required to provide evidence of a local consultation process including the involvement of consumers, clinicians and executives

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Sax Institute Support Service

Aboriginal health focused applications	Rural and remote LHDs
• A total of 30 hours of support available across ALL Aboriginal health focused projects • ALL LHDs eligible	6 LHDs each eligible for 15 hours of support, include: • Far West LHD • Western NSW LHD • Northern NSW LHD • Mid North Coast LHD • Murrumbidgee LHD • Southern NSW LHD
Support at EOI phase	**Support at full application 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.	• any of the items in the EOI phase • development of program logic model / implementation plan / budget • written feedback on completed full application.

To access support contact Nick Petrunoff at The Sax Institute
nick.petrunoff@saxinstutite.org.au

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TRGS Round 8 application and review process

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Application development

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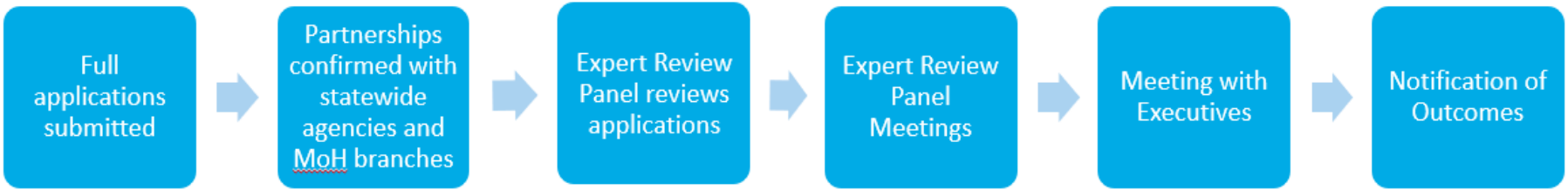
TRGS 8 application and review process

EOI Stage

Full Application Stage



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TRGS Round 8 selection criteria

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Overview of TRGS 8 Selection Criteria

Selection criterion	EOI stage weighting	Full Application stage weighting
Need for the research in NSW	35%	25%
Quality of the research proposal	30%	50%
Feasibility of implementation in the NSW health system	35%	25%

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Detailed selection criteria and key considerations

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.*

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.*

Important: Full Application criteria that is different or additional to criteria assessed at EOI stage are highlighted in **bold** in Appendix B

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Reference to selection criteria in forms

Translational Research Grants Scheme – Round 8 – Expression of Interest

SECTION B – PROJECT OVERVIEW – Maximum of two pages: additional pages for Project Overview will not be reviewed					
Key project details	Need for the research in NSW (Selection criteria: 1.1 – 1.5, 3.4)	Solution: Intervention/Approach (Selection criteria: 2a.2, 3.3)	Aim, research questions and hypotheses (Selection criteria: 2a.1)	Study design and methods (Selection criteria: 2a.2)	Outcome measures (Selection criteria: 2a.2 – 2a.3)
Chief investigator: Host organisation: Project title: Grant requested: Research sites:					

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Example of project overview

Translational Research Grants Scheme – Round 7 – Expression of Interest

SECTION B – PROJECT OVERVIEW – Maximum of two pages: additional pages for Project Overview will not be reviewed

Key project details	Need for the research in NSW (Selection criteria: 1.1 – 1.5, 3.4)	Solution: Intervention/Approach (Selection criteria: 2a.2, 3.3)	Aim, research questions and hypotheses (Selection criteria: 2a.1)	Study design and methods (Selection criteria: 2a.2)	Outcome measures (Selection criteria: 2a.2 – 2a.3)
Chief investigator: Associate Professor Stephen Smith **Host organisation:** John Hunter Hospital **Project title:** Optimising care following major surgery to prevent clots: How much intervention is really needed and at what cost? **Grant requested:** $494,725 **Research sites:** 1. Lead site: John Hunter Hospital (HNELHD) 2. Calvary Mater Hospital (HNELHD)	Venous thromboembolism (VTE) (blood clotting) is a recognised risk after major surgery. Current methods to reduce risk in Australian guidelines includes the use of heparin along with stockings and/or compression devices after surgery, with **most Australian surgeons routinely adopting all three methods.** This contrasts with UK guidelines, where heparin with either stockings or compression devices are used following surgery. Compression devices introduce new clinical risks, increase care burden, are not well tolerated by patients, and are expensive, single use, disposable plastic items. Further, they may prolong recovery as patients lie immobilised while wearing them. The potential to use just heparin and stockings without compression devices, as occurs in	Comparing 2 vs 3 methods to reduce Venous thromboembolism (VTE) (blood clotting) rates following major surgery. **Intervention:** 2 methods: heparin and stockings **Comparator:** 3 methods: heparin, stockings and compression devices	**Aims:** We aim to determine: 1. If heparin and stockings alone are non-inferior to heparin, stockings and compression devices in reducing VTE following major surgery. 2. The cost savings to the health system when not using compression devices. 3. The environmental impact of compression devices. **Research Questions:** 1. Are intermittent pneumatic compression devices essential to decrease the risk of VTE following major surgery when used in addition to heparin and stockings? 2. Is using heparin and	**Study design:** This is a multi-centre, two-armed, prospective, non-inferiority randomised controlled trial in patients (18 years and over) undergoing elective major surgery with an anticipated length of stay greater than 24 hours at five regional hospitals. **Methods:** Patients will be randomised to receive either 1. heparin and stockings (n=3,400), or 2. heparin, stockings and compression devices (n=3,400) A 2% error margin, determined by clinical consensus, will be used to assess non-inferiority, which, if proven, will be used to recommend the	**Primary outcome measure** • VTE (deep vein thrombosis and pulmonary embolism) identified during day 30 and/or 90 post-operative follow-ups, confirmed by ultrasound scan or imaging **Secondary outcome measures** • Quality of Life –EQ-5D [5] • Sleep Quality (PROMIS questionnaire)

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Example of project overview (continued)

3. Port Macquarie Hospital (MNCLHD) 4. Gosford Hospital (CCLHD) 5. Tamworth Hospital (HNELHD)	the UK, without impeding patient outcomes would be more practicable and acceptable for patients and health services, as well as having added financial and environmental benefits. The outcomes of this research will provide the first Level 1 evidence comparing the effectiveness of two and three forms of prophylaxis, all used routinely across Australia following major surgery, in reducing rates of blood clots. Should non-inferiority be proven, this data will be used to recommend heparin and stockings be used alone following surgery to prevent blood clots, and to update clinical practice guidelines. Should inferiority be indicated, this data will be used to support the continued used of compression devices with both heparin and stockings following surgery to prevent blood clots. Either outcome will be useful and important, given the current lack of any level 1 evidence to support clinical practice.		stockings alone cost effective compared to using heparin, stockings and intermittent pneumatic compression devices to prevent VTE in patients having major surgery. 3. What is the environmental advantage of only using heparin and stockings compared to heparin, stockings and compression devices for preventing VTE in patients undergoing major surgery? **Our primary hypothesis:** Treatment with heparin and stockings alone results in a proportion of patients with VTE by 30 days that is no greater than 2% higher than the patients randomised to receive heparin, stockings, and compression devices.	removal of compression devices from standard surgical practice working with clinical colleagues to review Australian practice guidelines. **Follow-up day 30 and 90** All participants will be contacted by telephone by the research nurse on days 30 and 90 post-surgery to collect data. Any VTE cases confirmed by ultrasound that occurred within the first 21 days will be included in the primary and secondary outcome analysis. Will also conduct a health economic analysis to determine the potential cost savings to the health system should compression devices not be required, and determine the environmental impact generated by compression devices using life cycle, input analysis and inventory analysis.	• Compliance with use of compression devices, stockings and heparin • Overall mortality • Clavien-Dindo classification • Safety - Compression device related complications, bleeding complications

TRGS Round 8 submission process

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TRGS Round 8 Key Dates

Milestone	Date
EOIs open	**19 February 2024**
Information webinar for TRGS Coordinators and potential applicants	6 March 2024
EOIs due to TRGS Coordinator in each Host Organisation (see contact list below)	**15 May 2024**
EOIs close: due to Ministry of Health	3 July 2024
Applicants notified of EOI outcome **Full applications open**	**1 November 2024**
Full applications due to TRGS Coordinator in each Host Organisation (see contact list below)	**14 February 2025**
Full applications close: due to Ministry of Health	7 March 2025
Applicants notified of full application outcome	May 2025
Projects Commence	June – July 2025

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TRGS 8 Submission Process

Stage 1: Chief Investigator submits *EOI/Full Application, supporting documents* and *'Request for Partnering Organisation Approval' forms* to TRGS Coordinator in each **Host Organisation**

Stage 2: TRGS Coordinator submits *EOI/Full Application (including signed declaration by Host Organisation CE), supporting documents and 'Request for Partnering Organisation Approval' forms* to **Ministry of Health**

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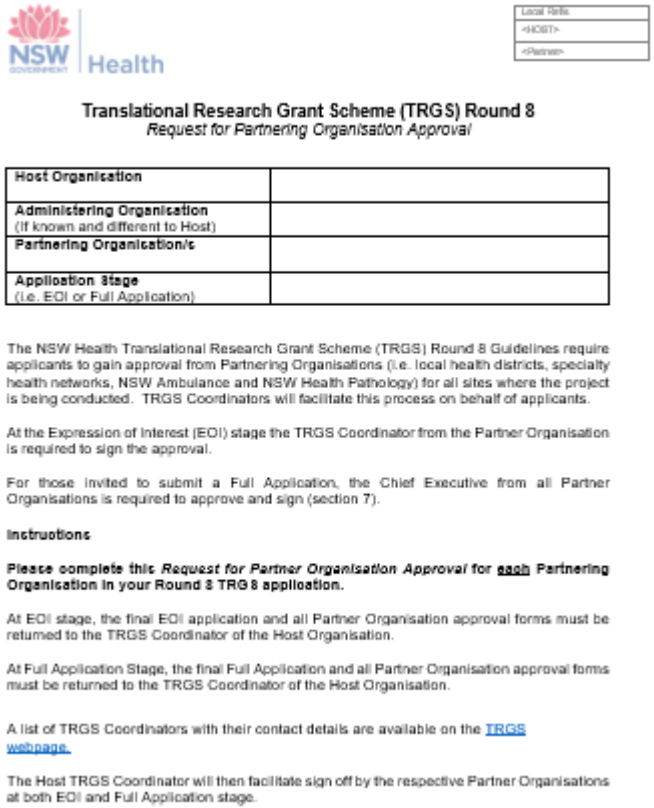
Documents to be submitted by CI in Stage 1

EOI documents	Full Application documents (submission by invitation only)
EOI form in Word and PDF format	Full Application form in Word and PDF format
Nil supporting documents	Supporting documents: Aboriginal Health Impact Statement for **each project** Biographies Statement of support from Host Organisation CE (either separate document or complete the comment box on the last page of the application form)
Request for Partnering Organisation Approval Forms signed by TRGS Coordinator	Request for Partnering Organisation Approval Forms signed by CE of partnering organisation/ LHD.

‘Request for Partnering Organisation Approval’ Form



NSW Health

Local Refs
<HOST>
<Partner>

Translational Research Grant Scheme (TRGS) Round 8
Request for Partnering Organisation Approval

Host Organisation	
Administering Organisation (If known and different to Host)	
Partnering Organisation/s	
Application Stage (i.e. EOI or Full Application)	

The NSW Health Translational Research Grant Scheme (TRGS) Round 8 Guidelines require applicants to gain approval from Partnering Organisations (i.e. local health districts, specialty health networks, NSW Ambulance and NSW Health Pathology) for all sites where the project is being conducted. TRGS Coordinators will facilitate this process on behalf of applicants.

At the Expression of Interest (EOI) stage the TRGS Coordinator from the Partner Organisation is required to sign the approval.

For those invited to submit a Full Application, the Chief Executive from all Partner Organisations is required to approve and sign (section 7).

Instructions

Please complete this *Request for Partner Organisation Approval* for each Partnering Organisation in your Round 8 TRG 8 application.

At EOI stage, the final EOI application and all Partner Organisation approval forms must be returned to the TRGS Coordinator of the Host Organisation.

At Full Application Stage, the final Full Application and all Partner Organisation approval forms must be returned to the TRGS Coordinator of the Host Organisation.

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

The Host TRGS Coordinator will then facilitate sign off by the respective Partner Organisations at both EOI and Full Application stage.

Partnering Organisation: local health district, specialty network, NSW Ambulance or NSW Health Pathology

1 Form needs to be completed for **each Partnering Organisation** for all sites where the research will be conducted.

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Why have a standardised process?

- Processes for obtaining partner sign off have been **ad hoc and varied**
- Partnering organisations have received **insufficient information to seek approval and sign off**, which can cause **delays to submission**

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What is the standardised process?

1. **Applicants** complete the *'Request for Partnering Organisation Approval'* form and submit with their completed EOI or full application to the Host TRGS Coordinator by the requested due date.

2. **Host TRGS Coordinators** send the completed EOI or Full Application and *'Request for Partnering Organisation Approval'* form to the Partnering Organisation (Partner TRGS Coordinator) for approval and sign-off.

3. **Partner TRGS Coordinators** seek the relevant approvals (based on their organisation processes)

i) EOIs: Partner TRGS Coordinator signs and returns *'Request for Partnering Organisation Approval'* form to the Host TRGS Coordinator by the requested due date

ii) Full Applications: Partner TRGS Coordinator seeks Chief Executive sign-off, and return to the Host TRGS Coordinator by the requested due date

4. **Host TRGS Coordinators** submit the completed EOI or Full Application, supporting documents and all *'Request for Partnering Organisation Approval'* sign-off pages in one file to the NSW Ministry of Health by the closing date.

What information is required in the form?

- **Chief Investigators** need to provide the following information in **Sections 1-6** of the form, so that Partnering Organisations are equipped to approve involvement in TRGS projects:
  - Project title
  - Contact details of the **Chief Investigator(s)**
  - A list of **research sites** within the Partnering Organisation that will be involved in the research, including:
    - **Person consulted at the site: contact details and role in the research (e.g. Associate Investigator)**
    - **Person who has provided site level approval: contact details, role and department (e.g. Head of Department)**
  - Expected commitment: **cash and in-kind contributions *required from* Partnering Organisations** to support the research at sites (includes contact details of approver)
  - **Cash and in-kind contributions *provided to* Partnering Organisations** to support the research at sites (includes contact details of the approver)
  - Any **risks** to participants, patients, staff or the organisation that may arise from the project with **mitigation strategies**

Note: Host TRGS Coordinator is responsible for obtaining Partnering Organisation approval and sign off, and submitting the forms to the Ministry of Health.

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Any questions?

Reminder: Speakers are asked to stick to time.
A warning will be given at two minutes remaining.