Office for Health and Medical Research

Translational Research Grants Scheme Round 9 Webinar

NSW GOVERNMENT

'Building strong relationships for Aboriginal health research and innovation in NSW'

Artist: Carissa Paglino

The Clinical Innovation and Research Division acknowledges the traditional custodians of the land that we work on.

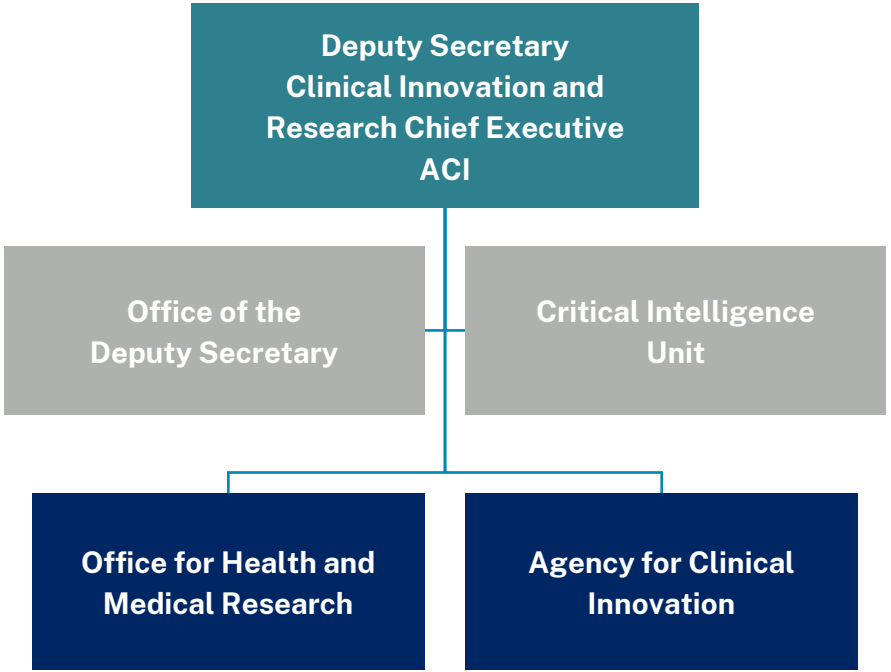
We pay our respects to Elders past and present and extend that respect to other Aboriginal people present here today.

- We recognise and appreciate consumers, patients, carers, supporters and loved ones.
- The voices of people with lived experience are powerful.
- Their contribution is vital to enabling decision-making for health system change.

Clinical Innovation and Research Division

The Division:

- Integrates the work of the Office for Health and Medical Research and the Agency for Clinical Innovation
- Plays a leadership role in the development of public sector funded research and innovation programs
- Coordinates innovation development, commercialisation and translation activities
- Provides overarching leadership across the continuum of the innovation and research ecosystem in the state
- Brings a clinician and consumer voice closer to decision-making to support stronger and more effective relationships



NSW Health Research and Innovation Strategy (2025-2030)

Source: Future Health Strategic Framework

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Agenda

Time	Agenda item	Person	Organisation
9:30am	Welcome	Dr Kim Sutherland *Executive Director*	Office for Health and Medical Research
9:35am	• Overview of TRGS round 9 • Introduction to TRGS • Priority research areas • Selection criteria • Application and review process • Q and A	Cathy Kellick *Principal Policy Officer, Research Grants* Claudia Coyle *Senior Policy and Project Officer, Research Grants*	Office for Health and Medical Research
Priority Research Areas			
10:20am	Priority 1 – Artificial Intelligence	Mona Thind *Director, Strategy*	eHealth
10:35am	Priority 2 – Rare Diseases	Laura Collie *Medical Advisor*	Office for Health and Medical Research
10:50am	Priority 3 - Aboriginal Health *Partnering with the Centre for Aboriginal Health*	Tara Smith *Medical Advisor*	Centre for Aboriginal Health
11:05am	Priority 4 - Regional Health	Monique Hourn *Principal Policy Officer, Strategy, Governance and Delivery*	Regional Health
Partnership and stakeholders			
11:20am	eHealth	Mona Thind *Director, Strategy*	eHealth
11:30am	Agency for Clinical Innovation	Henry Ko *Research Manager*	Agency for Clinical Innovation
11:40am	Clinical Excellence Commission	Evette Buono *Principal Lead, Research, Evaluation and Knowledge*	Clinical Excellence Commission
11:50am	Bureau of Health Information	Tina Navin-Cristina *Director, Data Governance Management and Analysis*	Bureau of Health Information
12:00pm	Virtual Care	Karol Petrovska *Director*	System Performance and Support
12:10pm	Health Education Training Institute	Luciano Melo *Senior Program Manager*	Health Education Training Institute
12:20pm	Questions and discussion	Cathy and Claudia	Office for Health and Medical Research
12:30pm	Close		

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Overview

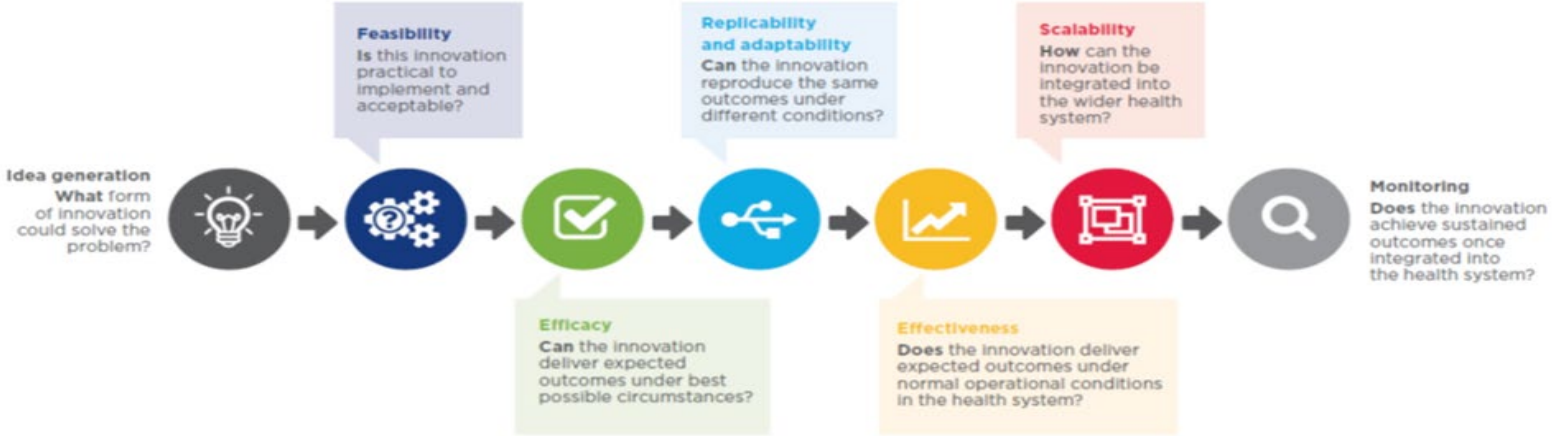
Objectives

- 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
- Reduce the time from evidence generation to practice implementation
- Enhance health and medical research capability and capacity within the NSW health system.

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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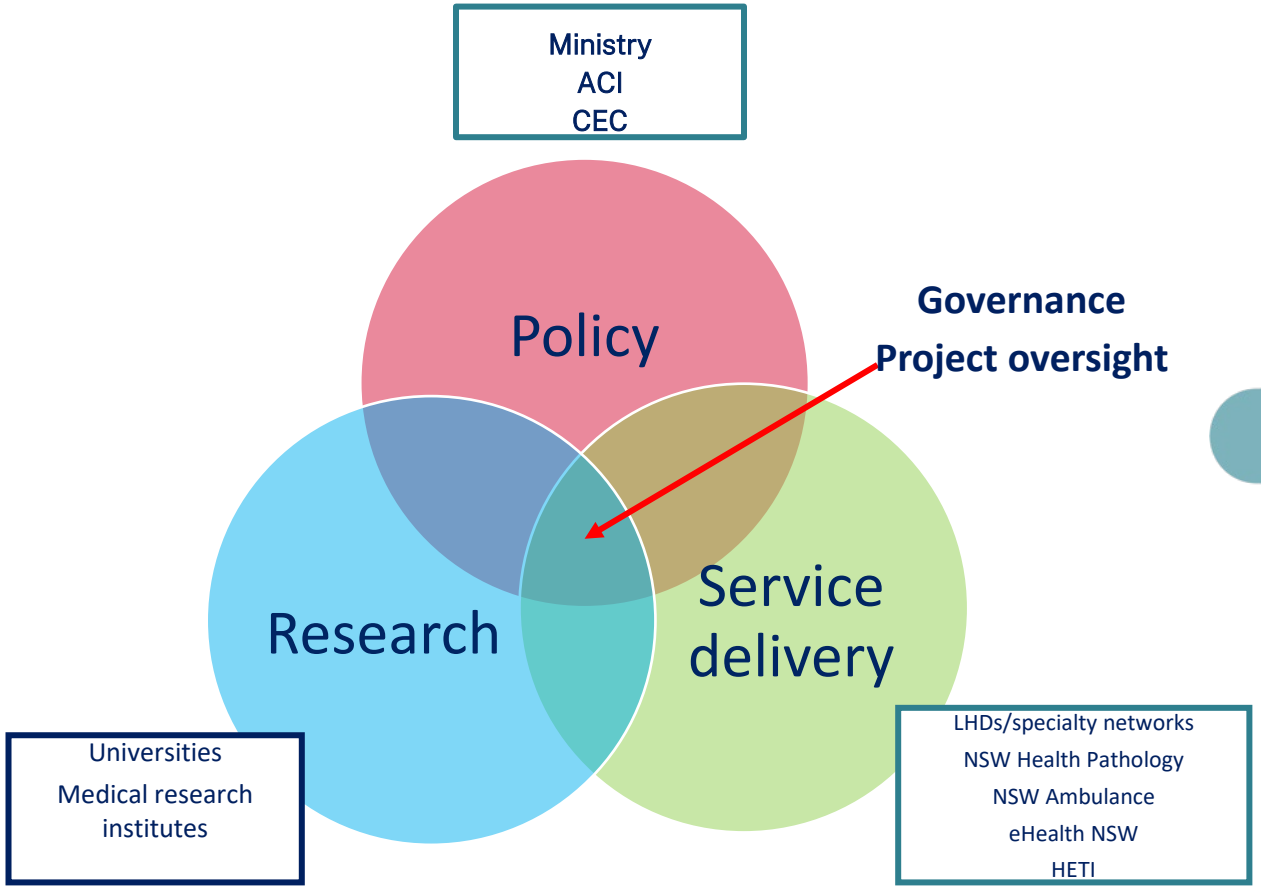
Study types

- 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

Chief Investigator eligibility

- TRGS funding is available to medical, nursing, allied health and population health staff within eligible host organisations which include:
  - NSW local health districts
  - NSW specialty health networks
  - NSW Ambulance
  - NSW Health Pathology.
- The project can be co-led by a maximum of two Chief Investigators.
- At least one Chief Investigator must be employed by an eligible host organisation for the duration of the project.

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Host organisation and administering organisation eligibility

Eligible host organisations include:

- NSW Local Health Districts, Specialty Health Networks, NSW Ambulance, and NSW Health Pathology
- Host organisations must provide financial and in-kind support for research and translation activities
- 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.

Administering organisations:

- Host organisations may wish to partner with an administering organisation to hold the grant funds for the period of the grant
- 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.

Engaging partners and stakeholders

- Consultation and collaboration are **essential** both locally and at the statewide level
- Involving the right partners and stakeholders throughout the project will maximise the project's **likelihood of success** and its impact
- Applicants are encouraged to **start conversations** with stakeholders and potential research partners as early as possible
- 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 as each have their own internal forms and processes to formalise partnership which you will need to adhere to**
- Refer to the **guidelines** for a list of what types of partners you may include in your project.

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.

Priority research areas

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Early translation or implementation trials for Artificial Intelligence (AI) in healthcare	**Rare diseases diagnostic and care coordination models**	**Locally identified needs**	**Aboriginal health**	**Rural health**
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.	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.	Locally identified needs are priority research areas identified locally. TRGS proposals may address needs identified in local strategic plans or in other ways.	*Projects focused on Aboriginal health are those that* i. are focused entirely on Aboriginal people, or ii. include a broader population but have a significant focus on Aboriginal people as a subgroup in the analysis.	*Projects that focus on rural health must satisfy **both** of the following:* i. The project is targeted to improving the health and wellbeing of people living in rural or remote areas, and ii. 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.

SAX Institute Support

Rural and remote LHDs	Aboriginal health focused applications	Type of support available	When to reach out
The following are **each** eligible for up to 15 hours of support: • Far West LHD • Western NSW LHD • Northern NSW LHD • Mid North Coast LHD • Murrumbidgee LHD • Southern NSW LHD	**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.	Support is available to all who intend to submit an expression of interest to their host organisation. You do not need to be invited to submit a full application to seek support from the SAX Institute.

To access support contact Nick Petrunoff at the Sax Institute
nick.petrunoff@saxinstitute.org.au

Application development, review process and selection criteria

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Changes made in TRGS Round 9

Change	Details
Expression of Interest (EOI) stage managed locally	Each host organisation will run their own internal EOI process
Reduction in cap of full applications that can be submitted	Reduction from 5/6 applications to maximum 3 applications that can be submitted to the Office for Health and Medical Research
Terminology updates	'Partnering organisation' *now called* 'collaborating host organisation'

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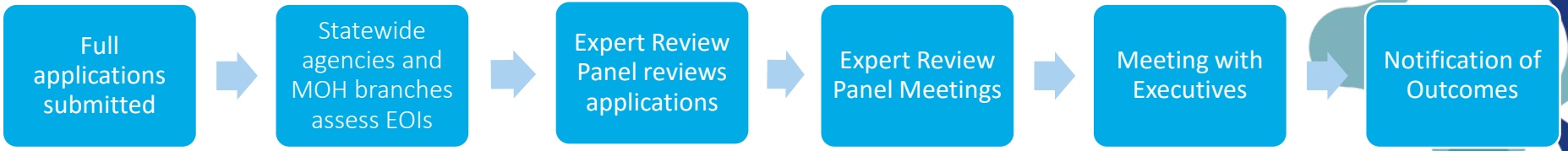
Application and review process



Selection criteria and key considerations

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 A: Key points to consider when addressing the selection criteria

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.*

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Reference to selection criteria in forms

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

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)

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

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Application submission process

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Key Dates

Dates	Stage
1 May 2025	Applications open
As early as possible	Applicants commence liaison with research stakeholders and partners
2 June 2025	Information webinar
1 July 2025	Expressions of interest due to host organisations
1 August 2025	Host organisations invite up to 3 proposals to full applications stage
1 September 2025	Applicants finalise partnering requests
1 October 2025	Full applications due to TRGS Coordinators in each host organisation
31 October 2025	Full applications close: TRGS Coordinators submit 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

Documents to be submitted

Expression of Interest (EOI)	Full Application (Chief Investigator to submit documents to host TRGS Coordinator by invitation only)
Each host organisation will run its own EOI process. Therefore, the EOI process will differ between each organisation. You may be required to complete an EOI application form and submit supporting documents as required. Reach out to your TRGS Coordinator to determine your local EOI process.	Full Application form in Word **and** PDF format
	Supporting documents: • Aboriginal Health Impact Statement for each project • Biographies • Statement of support from host organisation Chief Executive (either separate document or complete the comment box on the last page of the application form)
	'Request for collaborating host organisation approval' form/s signed by Chief Executive of collaborating organisation.

What information is required in the 'Request for Collaborating Host Organisation approval' form?

The Collaborating Host Organisation can be a local health district, speciality health network, NSW Ambulance or NSW Health Pathology

- **Chief Investigators** need to provide the following information in Sections 1-6 of the form, so that Collaborating Host 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 Collaborating Host 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 Collaborating Host Organisations to support the research at sites (includes contact details of approver)
  - **Cash and in-kind contributions** provided to Collaborating Host 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: The host TRGS Coordinator is responsible for obtaining Collaborating Organisation approval and sign off, and submitting the forms to the Office for Health and Medical Research.

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Any questions?

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

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