Translational Research Grants Scheme Round 10

Guidelines

2026

Office for Health and Medical Research

NSW GOVERNMENT

NSW Health

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St Leonards NSW 2065

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www.health.nsw.gov.au

www.medicalresearch.nsw.gov.au

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

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Table of Contents

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 10.

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.

Expressions of interest are managed by host organisations according to local processes. Each host organisation may submit up to three (3) full applications.

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

Grant 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.

Information Webinar

A webinar for TRGS Coordinators and potential applicants will be held from 9.30am - 12.30pm on 23 February 2026. Further information is available on the TRGS webpage.

Indicative Timeline

Date	Stage
23 February 2026	Applications open Information webinar for TRGS Coordinators and potential applicants
As early as possible	Applicants commence liaison with research stakeholders and partners*
30 April 2026	Expressions of interest due to host organisations**
29 May 2026	Host organisations invite up to 3 proposals to full application stage
30 June 2026	Applicants finalise partnering requests (specific processes for some agencies including ACI, eHealth, CEC, HETI, BHI)***
31 July 2026	Full applications due to TRGS Coordinators in each host organisation
28 August 2026	Full applications close: Submit to Office for Health and Medical Research by 5pm
February/ March 2027	Applicants notified of outcomes
July 2027	Projects commence

*See *Engage early with potential partners* below.

**Local expression of interest (EOI) processes vary. Contact your TRGS Coordinator to confirm local processes and timelines.

***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 30 June 2026 for consideration and approval of their partnership on the project.

Priority Research Areas for TRGS 10

1. Climate risk and net zero
2. Mental health acute models of care for pilot, spread or scale
3. Locally identified needs
4. Aboriginal Health
5. Rural Health.

Priority 1: Climate risk and net zero

NSW Health aims to transition to a modern, high quality, low carbon and climate resilient health system. This can be achieved through implementing practices within the system that prioritise quality,

value, innovation and equity. Additionally, there are increasing legal, policy and regulatory requirements, as well as health, environmental and ethical imperatives, for NSW Health to decarbonise and adapt to a changing climate.

In alignment with this objective, research proposals that focus on this priority must demonstrate a clear pathway to achieving net zero and climate adaptation – or a combination of both. For projects focusing on net zero, consideration of the Net Zero Roadmap 2025-2030 must be demonstrated.

Research proposals should also systematically consider the climate-related risks for NSW Health. Climate-related risks are both transition risks and physical risks:

- **Transition risks:** requiring decarbonisation in the transition to net zero
- **Physical risks:** requiring climate adaptation and resilience building.

Proposals must demonstrate how the project will consider either or both risks. Information about NSW Health's climate risk response can be found at the NSW Health Net Zero Sharepoint site.

Priority 2: Mental health acute models of care for pilot, spread or scale

Mental health is a priority for NSW Health. Proposals should focus on piloting, spreading, or scaling acute models of care that ensure people living with complex mental health issues receive care and support close to home and remain connected to their communities.

Proposals should consider how models of care:

- optimise the scope of practice across professions and multidisciplinary teams
- standardise evidence-based care to reduce variation and fragmentation
- strengthen community-based care as part of an integrated system of care
- improve access, equity, and outcomes for people with lived experience.

Proposals should demonstrate alignment with best practice principles outlined by BEING – Mental Health Consumers NSW, which uphold human rights through:

- respect and dignity to enable inclusion
- social justice and equity to ensure participation
- belief in recovery to make recovery possible for every individual
- integrity to ensure transparency and accountability
- fidelity to ensure legitimate representation of consumer views.

Proposals must outline clear plans for lived experience engagement and partnership to ensure that people with lived experience, carers, family, and kin are meaningfully involved in the design, delivery, and evaluation of models of care.

Examples of priority models include those identified by NSW Health, such as:

- Safe Havens
- FACT (Flexible Assertive Community Treatment)
- Mental Health Hospital in the Home
- other high-potential models across hospital avoidance, diversion, emergency department management, admitted care, and specialised community care (see Figure 1: Model Pathway below).

See Figure 1: Model Pathway at Appendix B below.

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.

Please consider the '5 Principles' in the Aboriginal Health and Medical Research Council 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

Chief Investigator eligibility

1. Chief Investigator A must be a medical, nursing, allied health, or population health practitioner employed by an eligible host organisation for the duration of the grant.

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 10.

Host organisation eligibility

1. Eligible host organisations include 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.

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.

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.

The Sax Institute's Translational Research Framework and Source Book may be useful 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.

- basic science research
- research occurring only in a primary health care network
- commercially sponsored clinical trials
- descriptive research – research that is 'idea generation' or 'monitoring' as described in the Translational Research Framework
- projects with a primary focus on cancer - funding in this area is provided by the Cancer Institute NSW
- 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
- projects where the host organisation has not certified that they will implement the findings if they show a case for change.

Funding arrangements

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.

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 not-for-profit 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 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, carers 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 an Advisory and/or Implementation Committee.

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.

Health system consultation

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 and Ministry of Health branches 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 and 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.

Sax Institute Support Service

The Sax Institute provides a range of services to NSW Health to support research translation.

During Round 10, 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

Project governance, impact and translation

Program Logic and research impact

Applicants are required to submit a Program Logic diagram with their application, including project aim, inputs, activities, outputs, and expected outcomes and impacts. A video explaining how to complete a program logic may be viewed here.

Research impact assessment

The Program Logic will be used to optimise the probability of research impact at application stage. If the research is funded, the Program Logic will guide the measurement of impact throughout the project and at its conclusion.

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

Research impact will be considered across six domains:

1. Knowledge Advancement
2. Capacity and Capability Building
3. Policy and Practice
4. Heath and Community
5. Economic Benefit
6. Sustainability

Further information can be found here.

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
- consider a business case, to support the case for change.

Equity of health outcomes

It is important that all projects consider and respond to the distribution of the burden of disease within the population and the needs of higher risk and priority populations where appropriate. These may include women, Aboriginal people and communities, culturally and linguistically diverse communities and people living in rural, regional and remote communities among others.

Relevant partners should be engaged early to ensure that the research design and conduct will be effective and appropriate for these population groups.

Guidance on strengthening TRGS projects that have an identified focus on Aboriginal health is available here, including a Quick Guide on Undertaking Appropriate Aboriginal Health Research.

An Aboriginal Health Impact Statement, a resource that systematically considers the needs of Aboriginal people, is required for all projects and will assist with project development.

NSW Health is committed to achieving gender equity in healthcare. Research projects must consider gender and sex in their design, and ensure research is accessible to people of all genders. Please refer to the NSW Health Gender Equity Action Plan, the NHMRC Gender Equity Strategy and the NHMRC and the Department of Health, Disability and Ageing joint *Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research*.

Ethics and regulation

Ethics approval is not required at application stage, but proposals should demonstrate that ethics requirements have been considered and included in the timeline, if appropriate. If successful, projects must be submitted to the relevant Human Research Ethics Committee (HREC).

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 required.

The host organisation (and where appropriate the administering organisation) must ensure that the project has received all appropriate research ethics and regulatory approvals and must ensure these are maintained as required for the duration of the grant. All organisations and personnel contributing to the project must:

- comply with the Australian Code for the Responsible Conduct of Research, the NHMRC Open Access Policy, the National Statement of the Ethical Conduct of Human Research, Ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples and communities, Principles for consumer involvement in research funded by the Medical Research Future Fund, Statement on consumer and community involvement in health and medical research, Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research, and other relevant National Health and Medical Research Council policies concerning the conduct of research and agree to conduct themselves in accordance with those policies
- comply with any requirements of relevant Commonwealth or State or Territory laws
- comply with any requirements of regulatory bodies that have jurisdiction over the project.

This includes, but is not limited to, the Therapeutic Goods Administration and the Office of the Gene Technology Regulator.

Further information and resources on ethics and governance are available here.

Intellectual Property

To maximise benefits arising from the public funding of research, all recipients of TRGS Grants must comply with the *National Principles of Intellectual Property Management for Publicly Funded Research* as a condition of funding. In addition, intellectual property (IP) arrangements should be agreed between all research partners and organisations. IP arrangements must cover both background IP and IP that is developed during the project. IP arrangements should consider the contributions of all parties. The arrangements should be detailed in the application is appropriate.

Please refer to NSW Health's Policy Directive Intellectual Property arising from Health Research which provides a clear and consistent guide for public health organisations to protect their intellectual property arising from research. NSW Health has also released a Commercialisation Framework. Both documents are available here.

Other Key Considerations

NSW Research and Innovation and Future Health Strategies

Applicants are advised to consider how the proposed research has the potential to achieve impact against one or more of the strategic outcomes of the Future Health Strategic Framework and the Research and Innovation Strategic Framework.

Consider how your proposed research question relates 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.

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).

If your project involves virtual care, you are encouraged to seek further information and advice from the NSW Health Virtual Care team, at 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.

Clinical trials

The NSW Government is committed to improving equity of access to clinical trials in NSW.

As part of this commitment, OHMR run a Regional, Rural and Remote Clinical Trials Enabling Program. More information can be found on our website.

If your application involves a Clinical Trial, we encourage you to consider how patients in regional, rural and remote areas can access it. Our

colleagues in the Program would welcome the opportunity to connect with researchers to talk about the support they can provide to make this happen. Please contact our team if you would like to discuss this further at moh-rrr-ctep@health.nsw.gov.au.

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.

Application process

All forms and contact details for TRGS Coordinators are available on the TRGS webpage.

Express interest by 30 April 2026

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 **30 April 2026**.

Please note, each host organisation is 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. Some partners have *Guides for Partnership* on the TRGS webpage.

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 submit a full application, agency specific processes must be finalised by 30 June 2026.

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, **31 July 2026**.

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.

All applications must be submitted by 5pm on 28 August 2026. The link to the application form will be available on 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 application 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.

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

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

- annual progress reports
- annual financial reports
- a final report and financial acquittal following the conclusion of the project

- post-grant reports related to research translation and research impact
- ad hoc requests for information or interviews to support program evaluation if required.

Program evaluation

The Translational Research Grants Scheme will periodically be assessed to ensure it is meeting its objectives. Evaluations are guided by an Evaluation Framework and done in collaboration with host and administering organisations and funding recipients. Recipients and host/administering organisations may be required to supply information and meet with NSW Health staff to support the 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 and the Research and Innovation Strategic Framework 1.7	• Refer to the Future Health: Strategic Framework and NSW Health Research and Innovation Strategy Note some outcomes may be more relevant to one project than others but we encourage you to consider the impact of the research against the strategic outcomes.
1.8 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 in 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?

Appendix B

Figure 1: Model pathway