

Health Practitioner Research Scheme

2023 Funding Round Launch: 27 June 2022

Transcript

Welcome to the Health Practitioner Research Scheme. Just before we get started, just a couple of reminders. So, we're just asking everybody to keep yourselves on mute for the presentation, but you are able to submit your questions via the chat function in teams. The presentation is being recorded and will be published on the Health Practitioner Research website page for any of your colleagues that have not been able to join us today.

So, can I start by acknowledging the traditional owners of the lands on where we all meet today and pay my respect to elders, past, present, and emerging. I am here in Butterfield St with Rachele, and so this is Turrbal and Yuggera people's countries. So, we pay our respects to elders, past, present and emerging, and also extend that respect to any First Nations people joining us for the launch today.

For those of you who don't know me, my name is Liza-Jane McBride. I'm the Chief Allied Health Officer, and I'm just going to do a brief introduction to the launch, and then I'm going to hand over to Rachele, who is our Director of HP research to take you through the details.

So as many of you will be aware, the Office administers the HPRS - Health Practitioner Research Scheme which runs every year and has been operating since 2004 and its various iterations. The Scheme has funded and supported well over 120 research projects from new to experienced HP researchers, and it's designed to build the capacity and capability among the health practitioner research workforce for research.

Next slide please. The HPRS is open to chief investigators from all of the health practitioner disciplines list, and it's those disciplines that are listed in the Health Practitioner and Dental Officer certified agreement No.3 and employed at either Queensland Health, Mater Health Services or Health and Wellbeing QLD.

The current agreement provides for up to \$400,000 in funding for eligible health practitioners and the funding round this year for 2023 is open to new Chief Investigator researchers for one year, projects and mid and experienced Chief Investigator researchers for two-year projects. So, I will now hand over to Rachele, who will provide some more information about the scheme.

Good afternoon, everyone. I'll just bring that right back. Here we go. Alright, so as Liza-Jane said, this year, the scheme is open to three different categories of researchers. So, we have the new researcher, mid and experienced researcher. Each of these categories is described within the funding guidelines. But I'll just talk to each of these briefly so you get a better idea of what this might cover.

So, on the whole, a new researcher may or may not have completed a PhD and then you might be enrolled in a PhD. But generally speaking, you have minimal or no experience in conducting research tasks which could include things like obtaining ethics and governance approvals, publishing the outcomes of research, or managing research programs.

A mid-career researcher will be less than three years after completing a PhD. You may not have completed a PhD but have got some experience in conducting research and managing research teams as well as publishing the findings of research. You may have also received some competitive research funding, but this mustn't be any more than \$150,000.

And finally, in the experienced researcher category, this is for anybody who is greater than six years post PhD completion and has received significant competitive funding as a Chief Investigator. And just to be clear, that this is research funding - it doesn't necessarily relate to service-related funding or service development funding. But an experienced researcher has a fairly significant research track record and extensive experience in managing and supporting research projects.

So, if you're familiar with this Scheme, you might notice a bit of changes to this year's guidelines around these researcher categories. So, for the mid-career researcher category, this funding amount has increased to \$75,000 and that can be used over two financial years and also within the established researcher category. There is now the requirement to include a plan on how the researcher intends to support research capacity building in the health practitioner research workforce, and this research capacity building plan will be assessed as part of the review of the application and is weighted within the selection criteria.

So, moving on to the target areas and priorities for the funding Scheme in 2023, the target areas remain the same as they were for the last funding round, and these are related to the enablers that are detailed in the optimising the allied health workforce 10-year strategy. So, these include the workforce priority, clinical education and training and digital transformation.

Therefore, the projects that are submitted must be evaluations of health practitioner workforce, models of care and service delivery, digital transformation or clinical education and training initiatives that promote access to patients for care, access to care for patients and improved health outcomes.

If you're not sure whether your research project fits into these categories, you're more than welcome to e-mail a short outline of the proposal to the HP research team, and we can provide some advice around those.

And this year, we have also included really clear priorities for funding, and these include consumer involvement in the design and delivery of the research initiative, regional, rural and remote partnerships or chief investigators. Research projects that are led by a Chief Investigator from a non-tertiary site and the criteria to assess whether or not your site is or isn't tertiary is included within the funding guidelines. And we're also looking for collaborations across professions, services, sites or with external partners such as industry representatives or with academic partners.

As this focus is new for this year, you'll see in the selection criteria that these priority areas are weighted. Not every priority area needs to be addressed in the application, but all of that detail is provided in the HP Research Scheme guidelines. Again, if you have any queries about that, please feel free to e-mail the HP research team.

We get lots of queries about what types of activities will be funded under the Scheme. As this Scheme is focused on research capacity building, we would expect that a good portion of the funding goes to backfill for the health practitioner to undertake the research activities. However, we recognise that additional expertise or advice from experts might be required, so we would fund research assistant time, statistician or health economists, those kinds of things. We're also able to fund administrative and telecommunication costs, travel costs and the costs associated with the dissemination of research results. In your budget, you'll have the opportunity to provide a rationale for each of these funding requests, and the panel are really looking for that the costs are justified.

What we can't fund is engagement of clinicians to undertake a clinical activity. So, for example, if you're undertaking an evaluation of a particular service, the clinician time to deliver that service could not be funded. Also, capital expenditure, including hardware and clinical machinery is unable to be funded, and office space or other location related expenditure is not able to be funded and this includes on costs or overheads that might be charged by academic partners.

Again, if you're still not sure, have a look in the HP Research Scheme guidelines as there's some more information in there about the types of activities that can be funded and some example projects.

So, what makes a good application? Later on in this session we actually have one of our panel members who's going to talk to us about what the panel is looking for in an application. And there's lots of information on this slide so I'm not going to go through all of it, but really what we're looking for is a clear rationale for the need for the project and how that relates to patient or health service outcomes. To see that that need is really linked with the priority areas of the Scheme and that the aims of the research project and the hypothesis, if there is one, relates back to that need.

We're looking for good research methodology. So really encourage you to find a research expert, particularly that has the expertise in that method that you'd like to use for the research project. We're looking to see that the research project can be delivered within the scope of the 12-month funding or the two-year funding round for mid-career and experienced researchers. And then some thinking about how the research will inform practice and how the results can be used by Queensland health or other service

providers to change care.

So, as I mentioned, it's really important to make sure that there's a good project team and often this looks like a really diverse team with different types of skills and experience. So, you might have a subject matter expert who knows the service or the intervention that's being delivered inside and out, as well as a methodological expert and service experts that might support the implementation of the project or interpretation of the results. It's really important that the Chief Investigators, Associate Investigators and mentors all meet the eligibility criteria of their team member type, and all of those details are provided in the guidelines.

So that brings us to the end of the description of this Scheme. We will be taking questions as well, so please use the chat function to post your questions if you have any in relation to the guidelines or the Scheme. We're going to move on to a presentation by one of our panel members and then we'll come back to these questions at the end.

So now I'd like to invite Professor Jason Roberts to talk to us about how to write a good application and what the Peer Review Panel are looking for in the HP Research Scheme applications. Thank you, Jason.

Thanks Rachelle. Hope you can hear me OK. Good afternoon, everyone. I don't have slides, just bear with me while I just talk to you as candidly as I can about the Scheme, which I have to compliment Queensland Health and HP program for supporting this. I think it's an excellent program which is available only to health practitioners, gives a wonderful availability as you can see to junior, mid-career and senior researchers alike to develop projects which can help enhance the quality of care that they provide to patients, or the efficiency of the systems which they work within. All of these are amazing opportunities which you know some other states don't have and certainly other places around the world don't have, and so I think it's a fantastic Scheme.

And I've been very grateful that I've been able to be a reviewer for five years, and in fact the people that are the reviewers have been pretty consistent over that time period. And so, I think a lot of what I'm sharing in which I'll eventually get to are learnings that I've had from being able to spend time with these other really good researchers and policymakers and practitioners.

So, I'm a pharmacist by background, but there are lots of other allied health disciplines that are represented on the review panel as well. And so, we have a really good diverse range of expertise and skills and capabilities which are able to be involved in that review process for the each of the grants. So no one is disadvantaged in any way, shape or form. No one in my observation, there's no one who is particularly parochial about their specific profession or anything like that. Everyone is very balanced with the way that they provide the reviews.

So, the first and most important piece of advice I can give is to read the guideline for applicants and to read the relevant strategy documents, and just to understand what is the Scheme that you're applying for. Every year we have ineligible applications that are submitted whereby people are clearly repurposing a grant from another scheme, which I think all people with a research interest are likely to do, but you've always got to do that targeting to what the specific scheme is because otherwise you're just you're wasting a bit of your own time as well as those that you're needing to get support from, in terms of finding signatures and having them more submitted. But because by the time you submit that grant, if it's ineligible, then yeah, it really is a lost opportunity for yourself.

And you know, every year, I'm not exactly sure of the percentage, but it's over 10% of grants which are ineligible and that just haven't properly expressed what their project is in the context of what is eligible. And so, it's very important that the comments that Rachelle made earlier are something that you follow, and you also very carefully follow what's in the instruction for applicants.

So, some of the eligibility issues which really do come through year after year are things such as whether or not the project is health practitioner specific, if it's broader than that, or if it's focused on nursing or medicine, you know? So medical staff, then it's not something which of course will fit within the HP scheme. And so, you know, that's a clear thing which consistently we've seen as a reason for ineligibility.

Making sure that your project aligns with strategic directions and also a target area is very important. And it's not just a matter of stating that my project aligns with XYZ, it's a matter of saying why it aligns with that specific target area or strategic direction. Because if you don't bring them together, then you're

reliant on the reviewer making connections which may not be as clear to someone who's hasn't, you know, isn't an expert in your specific area? You're obviously writing this for people that are very knowledgeable in research and clinical practice, spend a lot of time in Queensland Health, but they aren't necessarily understanding of all of the local issues that you may have in your specific institution, for example, or some very specific points that may be relevant to your profession in in that particular situation, given the stage of your career. And so, it's really important that you explain why your project aligns with the strategic directions or the target area.

And we also had examples in the past where people have submitted incomplete applications whereby, perhaps a signature for an approving manager is not present, and of course you know it's not possible for us to grant an award to someone who we don't know whether or not they have actually been given approval from their line manager to conduct the research. You know, that's not a wise use of funds to provide them in that case.

So, the selection criteria, and it is new this year, whereby that there is a weighting which is used for these and this I think is a really good concept to add in. I'll refer you to page 12 of the application guidelines, and please review each dot point within each selection criteria and each of the different cells for each row.

So, the first column, you know these are very important and when the reviewers are looking at each application we have this right next to us and we're looking very carefully to say, OK, the quality and feasibility of the proposed project including utilisation of appropriate research methodology, and then we go through and we look specifically at that point there, and you know, we are looking at, is this the best methodology that could be undertaken which is going to yield the most informative results? Can they actually do this? Is it feasible? And the method of analysis that's going to be undertaken. Is this something which is really sufficiently sophisticated, such that they can deliver on the aims which they have specified in their proposal? Where we think that this isn't necessarily possible, then of course you're going to receive a reduced score and it's not really for us to make connections which you haven't made properly.

As applicants yourself, because you know it is a very competitive Scheme, we do need to make sure that this work is going to the most, the applications which you know are the standout applications, you know it is it is very competitive. And so, just a couple of points that I wanted to make there.

In terms of some observations from previous years, which I think are important, some of you who are more experienced researchers will know all about these common mistakes which are made in grant applications, but I think are worthwhile highlighting, such as where a sample size calculation has not been undertaken properly or isn't related to the primary aim of the project; having a misalignment there is something which has happened on numerous times in previous years and so making sure your sample size that you describe to justify the number of patients that are being recruited, the number of subjects that are being interviewed, whatever it may be, that it is aligned with the primary aim is very important.

Very consistently, there's a health services research component missing in these applications as well, and where it's about delivery of a service, they're not having a sophisticated health services research framework for analysis is really a missed opportunity. Now as best as I know, almost all of Queensland universities have health service researcher excellence. You know, it's going to say expertise, but you know, there's some fantastic health services researchers, particularly at Griffith, QUT, University of QLD. I'm not as sure about James Cook University and Bond, but you know, I've no doubt that they do have expertise there. In fact, now thinking about Bond, it definitely does. So, where you are undertaking research which is of relevance to the way that a health service is provided or the model of care that's provided, it's really important to engage with an academic expert who can ensure that you are not only collecting the right data parameters and then testing the intervention adequately, but also that the approach to analyzing that data is as robust as possible. Because when doing so you know it's clear to the reviewers that the quality of the end product when you involve those experts become so much higher. And so, I really strongly recommend to all of you that have a project that has that kind of alignment that you are reaching out to those experts in those institutions to make sure that the quality of what you're measuring is as strong as possible.

Now, I'm sure most of you know about the issues associated with levels of evidence, you know. So, a study which is a retrospective investigation of a particular issue, you know really that's only considered hypothesis generating only and so it has a very low level of evidence, those that are more prospective of

course have a higher level of evidence and you know when you get to randomised controlled trials that's when you get into the highest level of evidence in trying to define the quality of a project. We are thinking about issues like this. You know, what is the quality of the methodology which has been chosen. And so, if you are proposing to perform a retrospective audit of you know, VT prophylaxis in a particular unit in a remote hospital or something like that and is there an opportunity for an intervention to be undertaken to try and improve upon that. You know, it's really only hypothesis generating only, that kind of data. And so, whilst it's important, the likelihood of that being as strong a methodology is what others are applying in the grants that you're competing against, is that it's probably less likely to be competitive.

And so, whilst there are certain processes which one should go through in trying to develop a research question and to work out what an intervention is to test it, I would just caution those of you that are trying to submit too early and not that your proposed project may have a lower level of research quality, just purely because the methodology you've submitted and so because it will get a lower score from that, it has a lower likelihood of funding. So be quite careful about that aspect and making sure that you choose a methodology which is going to deliver a meaningful outcome which will convince the reviewers that this is a wise investment because it could make a significant change to the way that care is provided, or services are delivered.

So, I made a comment here about the practicality or believability of a study design. So, short term follow up versus a long term intervention – so if you are proposing that you're going to have a particular intervention on a topic and that you are only assessing the outcome of that for two or three months, but really the likely time that it is to see an improvement in that specific intervention, let's say it reduced hospital length of stay for patients, then annual follow up is too short then. That of course means that you're not going to truly be able to test the intervention that you are aiming to. And so, with that you need to be very careful about making sure that your design is maximally appropriate.

The other comment I wanted to make relates to the local need for a particular project versus the system level value. So, the Queensland Health wide level value and also the generalisability of results. And so you might be aiming to conduct a project in a particular ward of a rural hospital which, you know is really important for that specific setting, but in terms of the impact that that's going to have and trying to be able to define the impact that your work will have is obviously a lot more limited if you've designed it to be so focused in such a small area with an outcome that is very locally specific. And so, making sure that you're collecting data which is going to help define in a much better way what the generalisability is of the findings is, is something which is very important as well.

In terms of the level that you should be applying for, in terms of early versus mid versus senior career, it doesn't really matter. You should just apply for what you're eligible for. Just because you see that there's some larger dollar signs that are available for the mid-career or the senior, doesn't necessarily mean you should be applying there for that, because the reviewers do look at very carefully at your CV to see whether or not you do fit into the category which you're applying for. And there have been instances before where we've queried the appropriateness of that. Of course, the higher you apply, the stronger the quality of the researchers that you're competing against. And of course, if you were to undersell yourself to try and compete against a lower level to what you actually are, then you know we would review the appropriateness of that as well, and you may not necessarily receive the scores that you think you're entitled to because we think that you've may have misrepresented exactly what your level is. Yeah, that's very, very rare, but I just wanted to let you know that that the level doesn't matter - just apply where it is relevant for you. And that's something which you know, and reviewers tend to think is highly appropriate,

When writing a grant, it's not a literature review. It's not a literature review which you then add some methodology. Really, it's almost like a business case for why something needs to be invested in and so it's not you trying to make this strong scientific argument for why, why the next step is for the research proposal and why that supports that literature review. It's the literature review plus giving a clear identity to that specific need for the organisation and the profound benefit that is going to result from that. So, in that way, whilst you need to be scientific, you also need to demonstrate the clear need for the work that's to be done as well. And so, in some ways, you're almost writing with a slightly more emotive flare with the text that you're putting forth. Those applications that tend to be very dry and very literature heavy tend not to be as well received because the arguments that are being made with relevance to the health system and Queensland Health itself don't come through as strongly. And so, I'd encourage you to not

be writing this only as a literature review, but as something whereby you're trying to almost elicit this emotive response from the reviewer so that they're going to want to believe in your project and advocate for that one more strongly than they might some of the others that that you're that you're competing against.

The final comment I'd make is that Rachelle and her team are very approachable, and so if you have any queries about anything related to eligibility or you know whether or not you're aligning with the target area appropriately, you know she's very good at being able to advise on that. And so, I just like to make sure that I hope Rachelle doesn't want me saying this, that the communication lines are open, so don't feel like you need to go a long way down the path and then realise that you've overcommitted down a particular way. Just ask questions early and make sure that you're continued to be redirected back into the most efficient path for you so that you can write the best possible application. So, they're just some thoughts that I had, and I'm really happy to take in questions as Rachelle directs them to me, but otherwise I'll just be quiet for a bit.

That's awesome. Thank you so much Jason for that really helpful insight into what the panel is looking for. I think you hit the nail on the head for a couple of those really key points, particularly in relation to the pitch - it's almost like a sales pitch, we want to read the why of the research proposal. So, thank you that's so helpful. And as Jason said, yes, we are here to help and happy to respond to any questions that you have. In the past, we have had Teams discussions with researchers who were unsure about whether or not their project fit, but we're also struggling to find a research team to support them, and we might be able to direct you to some research experts or some health service leads that could support your study as well. So please don't hesitate to contact us.

I'll just go back to sharing our slides. As of this launch, this Scheme and the applications are now open. You'll find all of the guidelines and the application form available on our website. Please make sure that you have all of the signatures required for this form and submit the form as a PDF. All of the outcomes are final, and you'll be advised by December 2022 with the funding round to commence on the 1st of July 2023.

I see that we've got some questions in the chat, so I might just jump to those. First of all, Amelia: to clarify, if applying for a new researcher scheme grant would all members of the research team be new researchers? No, we wouldn't expect that all research team members are in the new researcher category. It's actually a requirement of the scheme that there is an experienced researcher to mentor within the new researcher category, and we would expect to see a pretty good skill mix within the team, across the AIs as well in relation to their research experience. So, as I said, making sure that you've got the right people on the job, that you've got the experts with the subject matter expertise, the methodological expertise, the health service expertise, and if you have any consumers or other clinicians involved in the scheme. So the CI must meet the eligibility criteria for the category being applied for and the other team members must also meet the HP requirement as stipulated in the guidelines.

Irene has asked how many applications are received and how many are awarded in a given year. So, since 2015, on average we've received between 30 and 50 applications per year. And of that between six and fourteen are awarded, but an average around eight. So, the success rate of this scheme is sitting at around 26%.

Venkatesh has asked if we could give any guidance as to the number of possible awards in each researcher category. We can't give a definitive number because it depends on how much funding is applied for, and then we kind of juggle the numbers in relation to the budgets for the successful applications. But as I said, we're funding between six and ten-ish applications every year.

Nicola has asked with reference to competitive research funding, I'm aware of external funding options that are relevant for my area which also close around the same time. Do you advise exploring other research options or does that impact the consideration of the application to the HPRS? Nicola, you are welcome to apply for any relevant funding that might also be able to support your study in the application we do ask for any further funding details to be provided even if that hasn't landed yet and then if you are successful in those funding schemes, we do ask that you provide that information to us. However, it doesn't exclude you for applying for the HPRS and certainly we would encourage that. It's really good to see if there's other funding that can support the research activity.

Danielle has asked when is the application closing date and that is my next slide Danielle, which is Thursday, the 6th of October. So, there is quite a bit of time to work up an application and we will be looking to run some additional workshops to support applications with some experts that might help you work up the application further.

So that looks like all of the questions at the moment. I'll jump to the next slide and see if any more queries come through.

So as I said, these are the final details in the timeline for the funding round. So, applications close at 5:00 PM on Thursday, 6th of October. We can't accept any late applications, so please make sure that your application is finalised with all the required signatures by that closing date. And applications can be submitted to the HP research e-mail, which is on the screen.

If you'd like to have a chat to one of the HP research team, please give us a call on the phone number there or we're happy to set up a Teams meeting to discuss in more detail if required. It doesn't look like we have any more questions, so we might finish up there, and as always, get in touch if you need.

Thank you for joining us for this launch session today.