****

**Spring 2024**

**Health Professional-led Research Funding**

The purpose of the Health Professional-led Research Funding is to develop [patient-oriented research](https://cihr-irsc.gc.ca/e/41204.html) and evaluation capacity amongst health professionals. We anticipate running two competitions per financial year and up to five grants will be funded per annum.

|  |
| --- |
| **Tenure and Value of Award** |

Funding will be available to successful applicants starting in September 2024. The value of this award will be up to $10,000 per project. The award is for one year.  
   
We highly encourage the evaluation of patient engagement in all work funded by NL SUPPORT. Please review [Learning Together: Evaluation Framework for Patient and Public Engagement (PPE) in research](https://ceppp.ca/en/uncategorized/learning-together-evaluation-framework-for-patient-and-public-engagement-ppe-in-research/) for information about indicators to consider when evaluating patient engagement. Following completion of the research project, we will ask all members of the research team to report on patient engagement using a standard survey to outline how patients were involved in the project.

|  |
| --- |
| **Eligibility** |

The purpose of the Health Professional-led Research Funding is to encourage clinical staff to conduct research, preferably on an issue they have identified through their clinical work. Applicants must therefore be a clinician, nurse or other health professional working actively in a clinical role within a research, health or community care institution in Newfoundland and Labrador.  
   
**Applications for Health Professional-led Research Funding will be judged according to the following selection criteria by a review committee comprised of NL SUPPORT/Quality of Care NL staff, health professionals and patient/public partners:**

* Incorporation of patients/members of the public as partners rather than subjects throughout the project’s lifecycle;
* Expertise and research experience, and past contributions to patient-oriented research and related fields;
* Merit of the proposal, based on:
  + Potential for meaningful real world outcomes
  + Quality and clarity of research question
  + Originality
  + Potential contribution to patient-oriented research
  + Scalability of the proposed work
  + Relevance to health-related decision-making
  + Systems improvement or positive patient impacts
  + Value to the health care system
  + Considerations for Equity, Diversity and Inclusion and Sex and Gender-Based Analysis Plus (EDI/SGBA+)
* Clarity of presentation and appropriateness of design and research plan
* Feasibility of the proposed work
* Appropriateness and justification of the budget

|  |
| --- |
| **How to Apply** |

Please submit your application package in an electronic format (PDF, Microsoft Word) to Chelsey McPhee ([chelsey.mcphee@mun.ca](mailto:chelsey.mcphee@mun.ca)).

Please use the subject title: **Health Professional-Led Funding application – Name of study lead, date submitted.**    
   
**Applications must be received by 5:00 p.m. Newfoundland Time on Friday, May 24th, 2024.**

**Memorial University applicants should contact their academic departments regarding internal deadlines. Applications must be approved by the applicant’s faculty/school prior to submission. If you do not know who to contact in your faculty/school, please contact Chelsey McPhee for advice. Please ensure you contact your faculty/school for approval well in advance of the submission deadline. Applications that have not been approved by your faculty/school, are late or incomplete will not be accepted.**

**Please Note:**

* Applicants will be informed via email whether their application was successful or not.
* Grant funds will be released only upon the receipt of a **letter of approval from the appropriate ethics review committee**.
* Once an application has been funded, major changes in the project design will require prior approval from the NL SUPPORT/Quality of Care NL review committee.
* Funding will be issued by way of Letter of Agreement issued to the Host Institution.
* Research teams can only hold one Health Professional-led Research Funding from NL SUPPORT at a time.

For further information or clarification on the application guidelines, please contact Chelsey McPhee at [chelsey.mcphee@mun.ca](mailto:chelsey.mcphee@mun.ca) or 709-864-6654.

|  |  |  |
| --- | --- | --- |
| **Application Package Checklist** | | |
|  | **Section** | **Information on page(s):** |
|  | Part 1: Research/Evaluation Team | 3 |
|  | Part 2: Project Information | 4 - 5 |
|  | Part 3: Ethics/Indigenous Research Agreement | 6 |
|  | Part 4: Host Institution Signatures | 7 |
|  | Part 5: Demographic Questionnaire | 8 - 9 |

**Part 1: Research/Evaluation Team**

|  |  |
| --- | --- |
| **Study Lead** | The study lead is the person spearheading and ultimately responsible for the project. The study lead for the Health Professional-led Research Funding should be a health professional working actively in a clinical role. Please include the Study Lead’s job title and email address.  Please refer to the ***Eligibility*** section on Page 1 for more information. |
| **Study Team** | It is expected that research will be conducted by multi-disciplinary teams in collaboration with all [knowledge users](https://cihr-irsc.gc.ca/e/49505.html) where patients/people with lived experience, researchers and health professionals work together to contribute to improved and sustainable health systems and outcomes. Please list the names, job titles (where relevant) and roles of any additional members of the study team.  Roles may include (but are not limited to):   * Co-lead (please include email address) * [Collaborator](https://cihr-irsc.gc.ca/e/34190.html#c) (please indicate the areas that they will be collaborating on) * [Knowledge user](https://cihr-irsc.gc.ca/e/34190.html#k) (please indicate the lived / work experience that they bring to the team) * [Patient Partner](https://cihr-irsc.gc.ca/e/45851.html)/person with relevant lived experience * Research/evaluation assistance * Others roles as appropriate |

**Part 2: Project Information**

Applicants must provide a summary (**4 pages maximum**, letter size, single spaced, Arial 10 font, 2cm margins) of their proposal which includes the following sections:

|  |  |
| --- | --- |
| **Title** | Please indicate whether this project is **research** (the intent is generalizable knowledge) or **evaluation** (evaluates a current or existing program for assessment, management or improvement purposes). |
| **Plain Language Summary** | This is a clear and concise statement of the problem you are going to investigate in your work. Provide some background of your topic, including appropriate literature references and/or local contextual knowledge (e.g. in the case of program evaluation). Provide a brief overview of the steps/methods you are going to undertake, and expected outcomes from your work, particularly for patients/the public. Please make sure that a member of the public can read and understand this summary. For information about plain language, please contact Leah Curnew (Communications Coordinator – Knowledge Translation, NL SUPPORT/Quality of Care NL; [leah.curnew@mun.ca](mailto:leah.curnew@mun.ca)). |
| **Population** | Briefly describe the population that will be the focus of this study (community, in-patients and/or out-patients, caregivers, family, etc.). Include considerations for Equity, Diversity and Inclusion and Sex- and Gender-Based Analysis Plus (EDI/SGBA+). For example, how will you remove barriers to the recruitment and full participation of individuals from equity deserving groups in your research project? For information about EDI in research, please visit <https://cihr-irsc.gc.ca/e/52543.html>.  For research involving Indigenous communities, please refer to [TCPS 2, Chapter 9](https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html) and the Memorial University [Research Impacting Indigenous Groups Policy](https://www.mun.ca/research/indigenous-research-at-memorial/memorials-policy-on-indigenous-research/). |
| **Patient/Public Engagement** | Describe how you have and/or will [engage patients](https://cihr-irsc.gc.ca/e/45851.html)/members of the public as partners in your project. Patients/members of the public as partners is not the same as “people as subjects” for data collection.  For example, patient/public partners can help:   * Inform research priorities * Design interventions * Clarify the research questions and affirm their importance * Define outcomes that are important * Assist in creating a recruitment strategy * Ensure that the methods selected are appropriate for study participants * Review and comment on proposed data collection methods * Assist in writing information for patients/the public * Assist with developing documents, such as informed consent forms * Assist in collecting and/or interpreting data * Share results * Develop and implement new services or programs, etc.   The activities listed above are not normally undertaken by study subjects. The activities that your patient/public partners are engaged in throughout your project should be distinct from the study population activities.  Please note that the term “patient” is overarching and is inclusive of individuals with personal experience of a health issue and informal caregivers, including family and friends. We acknowledge that not all “patient partners” wish to be referred to as such and we encourage you to use whatever language has been decided within your study team, as long as the “patient partner” role is clear. |
| **Research or Evaluation Question** | Clearly state the research or evaluation question(s) and objectives of your project. The FINER criteria highlight useful points that may increase the chances of developing good questions: Feasible, Interesting, Novel, Ethical and Relevant. |
| **Design** | Describe the ways in which you will gather your data and perform the analysis. |
| **Intervention** | Describe the intervention(s), if applicable, you suggest for use to improve patient care and outcomes. |
| **Timeline** | Briefly describe your timeline or include a basic timeline table. The duration for the NL SUPPORT Health Professional-led Research Funding is 12 months maximum. |
| **Budget justification** | Include a budget justification. For example, list the budget needed for research staff, knowledge dissemination, equipment, supplies, etc. In-kind contributions can also be listed. See the ***Eligible Costs*** section on Page 10 for more information. |

**Part 3: Ethics/Indigenous Research Agreement**

Applicants must provide confirmation that any required research clearance(s) are in place, or a timeline for submission to the appropriate committee for review. **Funding will not be released until applicable documentation has been received by NL SUPPORT.** For more information about what clearances might be required, please refer to the following resources:

* <https://rpresources.mun.ca/>
* <https://hrea.ca/how-to-apply/ethics-review-required/>
* <https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html>

For information about the Research Impacting Indigenous Groups Policy at Memorial University please click [here](https://www.mun.ca/research/indigenous-research-at-memorial/memorials-policy-on-indigenous-research/). A link to the Indigenous Research Agreement template can be found [here](https://www.mun.ca/research/media/production/memorial/administrative/research/media-library/indigenous/IndigenousResearchAgreementFeb_28-20.pdf).

**If you are unsure whether you need ethics clearances, please contact Chelsey McPhee (**[**chelsey.mcphee@mun.ca**](mailto:chelsey.mcphee@med.mun.ca)**) to discuss.**   
  
Please complete the following statements:

**Clearances required?**

Yes

No

**Clearances attached?**

To follow (please specify date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N/A

**Indigenous consent (must be in place at the application stage)**

Required

N/A

**Part 4: Host Institution Signatures**

Institutions that employ holders of Health Professional-led Research Funding are called **host institutions**. Signatures are required from host institution representatives on all grant applications.

By signing, host institutions agree to accept the responsibilities outlined below on behalf of their grant-holding employees:

* Acceptance of the terms and conditions as outlined in Funding Guide and Letter of Agreement;
* The financial administration of the grants;
* Reporting to NL SUPPORT any change in the funding recipient’s status that may affect the fulfillment of their research commitment, for example resignation or termination;
* Submission of an annual financial statement (Form 300) – a copy of which will be included in the Letter of Agreement – with back up documentation (receipts, etc.) covering the period from April 1 to March 31 for funding; the statement(s) are due no later than **May 1** of each year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Host Institution name – include department/faculty where relevant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Host Institution representative name – printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Host Institution representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**Part 5: Demographic Questionnaire**

**Together with the summary of their proposal**, applicants are asked to please provide the answers to the following questions. Upon submission of this application, you will be sent a link to a demographics questionnaire to be circulated to the rest of your project team members. This information will not be shared with the review committee, nor will it be used in the evaluation of this application. We are collecting this information as part of the NL SUPPORT Equity, Diversity, Inclusion and Accessibility plan to better understand the demographic composition of the research teams we are supporting.

**With what gender do you identify?**

Man

Woman

Non-binary

Prefer not to answer

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select the age bracket below that applies to you.**

18-24 years

25-44 years

45-64 years

65 and over

Prefer not to answer

**Where were you born?**

Newfoundland and Labrador

Canada

Outside of Canada (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you were not born in Newfoundland and Labrador, please skip this question. Are you from an urban or rural region of Newfoundland and Labrador?**

Urban (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rural (please specify): \_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

**How would you best describe yourself? (Select all that apply)**

White

South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

Chinese

Black

Filipino

Latin American

Arab

Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)

West Asian (e.g., Iranian, Afghan, etc.)

Korean

Japanese

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

**Do you identify as Indigenous?**

No

Yes

Prefer not to answer

**If so, please indicate which group you identify with: ­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a member of any of the groups below? (Select all that apply or skip if none apply)**

Member of a rural community

Newcomer to Canada (moved to Canada within the last 5 years)

Visible minority

2SLGBTQIA+

People who have immigrated to Canada/NL (more than 5 years ago)

People with a physical disability

People who experience sensory impairments

People who experience mental illness

People who are neurodivergent

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to receive our training newsletter?**

Yes

No

|  |
| --- |
| **Eligible Costs** |

The funds are to be used for eligible expenses directly related to the research and in accordance with the Tri-Agency Financial Administration Guide – Use of Grant Funds (<https://www.nserc-crsng.gc.ca/InterAgency-Interorganismes/TAFA-AFTO/guide-guide_eng.asp>)

For any inquiries about eligible costs, please contact Chelsey McPhee ([chelsey.mcphee@mun.ca](mailto:chelsey.mcphee@med.mun.ca)).

Please also review the NL SUPPORT [Patient/Public Partner Appreciation Guidelines](https://nlsupport.ca/wp-content/uploads/2022/07/NL-SUPPORT-Patient-Partner-Appreciation-March-2023-FINAL-signed.pdf) for information about paying and/or acknowledging the contributions of patient/public partners.

|  |
| --- |
| **Grantee Reporting Requirements** |

The successful awardees will be required to:

* Provide a mid-term update
* Provide an end of study report
* Present their research findings at the Quality of Care NL (QCNL) and NL SUPPORT **Science, Health, and Research Education (SHARE) Summit** and/or other public events or other NL SUPPORT/QCNL knowledge mobilization products.
* Annual financial statement (Form 300) – See Host Institution Form on Page 7

|  |
| --- |
| **Role of NL SUPPORT** |

The NL SUPPORT team will make available to applicants and grant holders as needed support services in the areas of patient engagement, knowledge mobilization and methods development. NL SUPPORT strongly encourages all successful applicants to meet with the Unit’s Patient/Public Engagement and Knowledge Translation leads throughout the duration of their project for support and guidance. Please contact Chelsey McPhee ([chelsey.mcphee@mun.ca](mailto:chelsey.mcphee@med.mun.ca)) to set up a project support meeting.

|  |
| --- |
| **Use and Disclosure** |

All information requested by the Newfoundland and Labrador Support for People and Patient Oriented Research and Trials Unit (NL SUPPORT) will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to Chelsey McPhee ([chelsey.mcphee@mun.ca](mailto:chelsey.mcphee@med.mun.ca)).

**By submitting this application to NL SUPPORT you are certifying that all statements contained in it and in all its attachments are accurate to the best of your knowledge.**