

FAQs

July 2012

Frequently Asked Questions (FAQs)

Research Investment Stream Policy

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Application & Assessment for Projects

Is the **Research Office** at my institution required to submit an application?

The Research Office **must** be involved in submitting applications on the online submission system, as institutional sign-off is required before the system will accept the application. Research Office due dates are at least one week earlier than the HRC closing date to allow for this administrative work. If your research institution does not have a Research Office, contact the HRC Investment Processes Team directly.

Do I need to include **statistical information** at the Expression of Interest (EOI) stage?

Yes, the EOI is a brief proposal and it is recommended that statistical information be included.

Do I need to include **preliminary data** at the EOI stage?

If this data illustrates a viable approach then it would be helpful for assessment.

Do I have to provide **budget information** at the EOI stage?

No, although you may indicate if the proposed budget is much less than \$1.2M to inform the Science Assessing Committee's view on value for money. Full application budgets will be checked against any information provided at the EOI stage.

Will there be **feedback** at the EOI stage?

Applicants will be able to view on the online submission system the status and percentile ranking of their applications. However, written review summaries will no longer be provided.

Can **research team membership change** between the EOI and the Full Application?

Any changes between the EOI and the Full Application now have to be notified to the HRC within two weeks of the invitation to submit a Full Application. This is to help us avoid any conflicts of interest when setting up Assessment Committees and finding suitable referees. Any changes would be approved only on the grounds of an original Named Investigator no longer being able to take part and a suitable substitution is required.

Does information on EOI outcomes form part of an **investigator's track record**?

The HRC does not refer to any failed application outcome to assess investigator track record.

Can a **project be 5 years, or 2 years**?

Yes, however the budget cap of \$1.2M remains. Budgets for less than 3 years will be *pro rata* at \$0.4 M pa. In either case, budgets in any year are not restricted provided the total budget fits within the allowed maximum. For example, a 3-year budget could be \$0.1 M, \$0.9 M and \$0.1 M for the first, second and third year, respectively.

How can a study with **large numbers of patients/subjects** be funded as a project when costs will be >\$1.2 M?

Permission from the HRC is required to apply for Programme funding for a study that is not within the definition of a Programme, e.g., a randomised control trial. You must send a detailed letter to the HRC explaining why you want to do this.

What **salary increments** are allowed on budgets?

HRC will allow 3% salary increments on budgets and will also permit salary increases due to promotion, if these are justified.

Application & Assessment for Programmes

Can I submit the components of a Programme as individual Project applications?

Yes, this is permitted. For any component Project applications, the relationship with the Programme must be noted in the appropriate section of the application at the EOI and Full Application stage. The separate rankings of the Full Project applications will be provided to the Programme Assessing Committee (PAC) and these may influence the overall ranking of the Programme application. Funding for overlapping proposals will not be approved as the Project would be withdrawn if the Programme is successful.

Does information on Project EOI outcomes go to the Programme Assessing Committee (PAC)?

No, if a Project EOI is not invited to the Full Application stage, Programme applicants have time to re-plan their proposals to exclude poorly ranked Projects. Any Programme Project in the Full Application stage will be fully peer reviewed and this information will be part of the assessment file provided to the PAC, who will be able to decide whether a poorly regarded Programme Project reflects a low-quality Programme.

Previous project support awarded to Programme Directors and Named Investigators is a prerequisite for Programme applications. What funding agencies and support meet this criterion?

This information is used as an indication of research experience and can include projects funded by national agencies (Marsden, MBIE) or international agencies (MRC, NHMRC, Wellcome Trust, NIH etc.). Project support must be of a similar value and term as HRC Projects to qualify.

Understanding the RIS Framework

The HRC introduced four Research Investment Streams (RIS) in 2011. All applications to the Annual Funding Round must identify which RIS the research proposal responds to:

- Health and Wellbeing in New Zealand (HW);
- Improving Outcomes for Acute and Chronic Conditions in New Zealand (IOACC);
- New Zealand Health Delivery (NZHD), and
- Rangahau Hauora Māori (RHM).

Applicants are advised to review the Research Investment Signals to identify the right stream for their research proposal. The onus is on applicants to identify the most appropriate stream. Assessing Committees will be advised to score applications that are 'out of scope' a maximum of 1 out of 7 points for the 'Impact' criterion (which is worth 25% of the overall score).

An Investment Signal for each RIS can be found on the HRC website (www.hrc.govt.nz).

How do I identify the right RIS?

Read the Research Investment Signals (RIS) and this FAQ document to assist you in identifying the stream that your application addresses with respect to the purpose, scope and goals of the RIS.

Note: the 'Additional Pointers for Selecting the Right RIS' (p 4) may be of further assistance.

What is the recommendation if the research application contributes to more than one RIS?

Choose the RIS with goals that your research will best and/or most immediately deliver to.

Are there any safeguards to submitting an application to the wrong RIS?

The onus is on applicants to identify the right RIS. Assessing Committees have the option of scoring an application deemed out of scope, 1 out of 7 on the impact assessment criterion (refer to the HRC Peer Review Manual on our website for details on the assessment criteria), as applications that are out of scope will not advance the goals of the RIS. This applies to applications that are clearly out of scope, not those that could be considered relevant to more than one investment stream.

Is the HRC available to discuss research fit to a RIS?

Yes, the HRC is able to discuss the RIS and research areas in general terms. However, the HRC will not provide advice on which RIS to submit to, as the final decision is that of the investigator. Please see our contact details below.

Should I respond to only one RIS goal or more than one?

RHM requires applicants to address all of the six goals. NZHD has only one goal. Applicants to HW and IOACC are only required to respond to one goal. Applicants are advised to be realistic about how their research will add value to the goals of the RIS. Advancing the RIS goal(s) is one component of several that makes up the impact score (please refer to the HRC Peer Review Manual on our website for details of the impact assessment criterion).

Is the inclusion of economic goals a new emphasis?

Health outcomes are still the primary consideration although economic outcomes are also important to New Zealand. The HRC has a broad view of how health research contributes to economic gains, such as through improving the health and productivity of our population; improving the efficiency and effectiveness of our health system; and generating value through intellectual property and innovation.

Can I apply to more than one RIS?

Yes, there is no limit on the number of EOIs that can be submitted by an investigator. However, applications to a particular RIS must clearly demonstrate the impact of their proposal on RIS Goals, so it would not be appropriate to submit exactly the same application to more than one RIS. Contribution to the goals of the RIS is one of the aspects considered by Assessing Committees as part of the Impact assessment criterion (please refer to the HRC Peer Review Manual on our website for details of the Impact assessment criterion). If the proposal is not directly contributing to the goals and is not within the scope of research covered by the RIS then it will not score highly on Impact and is therefore unlikely to progress to the next stage.

The RIS have an emphasis on NZ, is **international collaboration** allowed?

Yes. The HRC encourages any collaboration that adds value to the research project and details of any collaboration should be explained and justified in the application. The terms of an international collaboration would normally be set out in an MOU at the Full Application stage.

Additional Pointers for Selecting the Right RIS

Where does **mental health** research fit within the RIS framework? Treatment may involve maintaining periods of wellness and treating periods of illness.

Research on mental health conditions may fit any of the streams, depending on the focus. For example, research to inform public health initiatives to prevent mental illness would fit best in HW, but the management or treatment of an individual who has been diagnosed with mental illness would fit best in IOACC.

Where does **disability** research fit within the RIS framework?

Research with a focus on the wellbeing of people with impairment living in a disabling society (based on the social model of disability) fits with HW, and is one of the goals. Research to treat or improve health outcomes for people with injury or impairment fits within IOACC. If the research meets the six goals of RHM, or delivers outcomes within five years for NZHD, then these RIS could also be appropriate.

Where does **policy** research fit within the RIS framework?

Policy research can fit into any of the streams, depending on the focus. For example, the scope of HW would include health research to inform housing policy, or research with a *long-term* goal to inform policy on preventative health services. Health delivery research that will inform policy within five years of commencement would be relevant to NZHD.

Is HW about **primary prevention** and IOACC about **secondary prevention**?

HW includes primary prevention of disease or injury; IOACC includes prevention of the negative impacts of a disease or injury once it has developed, such as complications or co-morbid conditions.

What goals are relevant to **biomedical research** in the HW Investment Signal?

HW Goals that are potentially relevant to biomedical research include Goal 1: to increase understanding to maintain and enhance health and wellbeing (for example, by improving knowledge of normal biological processes and development, or biological processes relevant to multiple diseases) and Goal 4: driving innovation through the creation of new knowledge relating to health and wellbeing (for example, by generating knowledge on the immune system that could lead to new vaccination strategies). However, these goals apply only to research that is within the scope of the HW stream. Research that is focused on understanding, diagnosing or treating a specific condition would not be seen as delivering to these goals. This research would fit within IOACC.

Where does research on **vaccines** fit within the RIS framework?

Research focused on immunisation, or producing a vaccine for prevention of the development of infectious or non-infectious disease (such as the cervical cancer vaccine) fits within HW. Projects focused on stimulating the immune system to better combat existing disease, fits within IOACC (such as cancer immunotherapy). In the event that research outcomes span both prevention and treatment, applicants are asked to think

about the immediate impact of their findings upon completion of the research, and try to identify the RIS for which these findings will be the most relevant.

Where does research on a disease process related to a number of specific chronic diseases, such as **cancer or cardiovascular disease**, fit within the RIS framework?

Research focusing on a single pathologic process, relevant to number of specific chronic diseases is relevant to IOACC. For example, research on the pathology of solid tumours that would be applicable to more than one type of cancer fits within IOACC, because it is relevant to a specific chronic disease process. Biological processes relevant to multiple disease *processes* (e.g. inflammation, which could be relevant to cancer, atopy or autoimmune disorders) would fit within HW.

What does the term **translational research** mean in the Rangahau Hauora Māori RIS?

Translation in the context of this stream is broadly interpreted and primarily refers to ensuring that research projects involve effective collaboration with stakeholders and appropriate dissemination of results with those that will utilise the research findings (please refer to Goal 2 of the RIS).

Is **NZHD RIS only for DHBs**, and are applicants outside the DHBs less likely to be successful?

This RIS is not restricted to applications from DHBs. All applicants need to show that they have end-user capability in the research team in order to score well. In the 2011 funding round, 1 of the 8 Projects funded was research initiated by a DHB. However, in the 2012 round, all 3 funded Projects were from DHBs. The research update team track record may account for this outcome.

When does the **5-year timeframe** for NZHD RIS research start?

The health delivery improvement outcome is expected within 5 years of the start of the research. This is one reason that Programmes are not available in this RIS.

HRC Secretariat Contact Details

General enquiries or enquiries about the HW, IOACC or NZHD streams should be directed to:

Dr Katie Evans

Project Manager, Biomedical and Clinical, Investment Processes

DDI: 64 9 303 5223, email: kevans@hrc.govt.nz

Dr Deming Gong

Project Manager, Public Health, Investment Processes

DDI: 64 9 303 5228, email: dgong@hrc.govt.nz

Ms Lucy Pomeroy

Project Manager, Clinical, Investment Processes

DDI: 64 9 303 5226, email: lpomeroy@hrc.govt.nz

Enquiries about the RHM stream should be directed to:

Ms Rachel Brown

Group Manager, Māori Health Research

DDI: 64 9 303 5084, email: rbrown@hrc.govt.nz