

## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

# Joint Australian-Canadian Primary Health Care Research Centre

## Information for Applicants

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### Preamble

The Australian Primary Health Care Research Institute (APHCRI) was established at The Australian National University in 2003 as a component of the Primary Health Care Research Evaluation and Development (PHCRED) strategy. Its mission is to provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality, priority-driven research and the support and promotion of best practice. The three strategic goals of APHCRI are to:

1. Strengthen the knowledge base of primary health care by conducting and supporting research;
2. Facilitate the uptake of research evidence in primary health care policy and practice, and
3. Enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups.

APCHRI research focuses on important sectoral questions relating to the organisation, financing, delivery and performance of primary health care, including its interaction with public health and the secondary and tertiary health care sectors. The intended beneficiaries of APHCRI's activities are consumers of Australian primary health care services.

### Partnership with the Canadian Institutes of Health Research

The Australian Primary Health Care Research Institute (APHCRI) and the Canadian Institutes of Health Research (CIHR) have entered into a shared funding arrangement in primary health care.

A partnerships grant program between Australian and Canadian research teams in community-based primary health care (CBPHC) health services research is open for application. The Team grant will support Australian and Canadian researchers, decision makers and healthcare professionals to work together to conduct programmatic, interdisciplinary and cross-jurisdictional research to transform CBPHC for the next generation. Teams will focus on the priority research areas of innovative approaches to chronic disease prevention and management in CBPHC and/or improving access to appropriate CBPHC for vulnerable populations.

One Australian-Canadian 5 year grant will be awarded for a total of \$5m. There will be a two stage assessment process with Expressions of Interest called for by May 2012 and full applications for selected groups to follow. The successful grant is expected to commence in early 2013.

### **Application requirements for Australian participants**

Australian teams will need to partner with a team from Canada and submit a joint expression of interest to the CIHR in accordance with detailed instructions set out at:

<http://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtIs.do?prog=1479&view=currentOpps&org=CIHR&type=AND&resultCount=25&sort=program&all=1&masterList=true>.

Australian applicants are also required to submit a PDF of the application directly to APHCRI. That document should include a proposed budget (in Australian Dollars) for the Australian component of the program. The maximum, Australian team budget will be \$2.5m over the period of the grant. Details of what may be included in the proposed budget are set out below under the heading: Budget

Under this scheme, APHCRI will provide support for a team of researchers to pursue collaborative research and develop research capacity in primary health care services in partnership with a Canadian team and in one of the identified areas below. The scheme provides funding for innovative, high quality primary health care research. Originality will be a hallmark. It is aimed at established investigators with a strong track record of research and of knowledge translation and exchange in a domain of primary health care research who will collaborate with emerging researchers in the area.

The APHCRI-funded team may be actual (i.e. comprising a physical entity or Institute) or virtual (i.e. geographically disparate, linking a collaborative research effort from several organisations). It will be multi-institutional with at least two Australian institutions (universities and/or non-government organisations) collaborating. To expand research capacity building, a requirement is that at least one collaborating organisation will not have received APHCRI Centre of Research Excellence (CRE) funding in the past. It is also a requirement that teams will be multidisciplinary, representing the range of disciplines that deliver primary health care services in Australia.

The APHCRI funded component of the joint Australia-Canadian program must be administered through an eligible Australian administering institution.

The Canadian-Australian team will focus on the following key research gaps:

- (1) Better models for chronic disease prevention and management in CBPHC; and/or
- (2) Access to appropriate CBPHC for vulnerable populations.

In developing proposals, Australian applicants should take account of the broad aims of APHCRI research funding which, are closely aligned with the National Primary Health Care Strategy and the health care reform agenda. Proposals therefore should aim to support the national reform agenda by providing evidence for reform and key directions for change in

primary health care policy and systems delivery. The key directions for change are identified as:

- Improving access and reducing inequity;
- Better management of chronic conditions;
- Increased focus on prevention, and
- Improving quality, safety, performance and accountability.

The building blocks as listed in the National Primary Health Care Strategy are: regional integration; information and technology including eHealth; skilled workforce; infrastructure and financing and system performance. To support these directions, the aims of the proposed Centres are to:

- Generate quality primary health care research which informs policy and practice and leads to improved primary health care services and health outcomes for the Australian community.
- Enhance knowledge exchange between the APHCRI Network and the wider primary health care sector (including but not limited to State and Commonwealth Governments) which will enable effective translation of research outcomes into policy and practice.
- Facilitate multi-disciplinary collaboration across the Australian primary health care research community.
- Build Australian primary health care research capacity through enhanced career development of research leaders and new researchers.
- Develop positive impacts for the Closing the Gap initiative to improve the health and well being of Indigenous Australians.
- Develop internationally renowned Centres of Excellence in primary health care research.

### **Eligibility criteria**

- a. A Chief Investigator A must be identified to lead the research program and that person must be able to demonstrate an established track record in research and in knowledge translation and exchange in the relevant area of primary health care research.
- b. The Chief Investigator must be either an Australian citizen, an Australian permanent resident, or a New Zealand citizen who holds a Special Category Visa. Note that applicants who have not yet been granted permanent residency of a Special Category Visa may apply, provided that such status has been sought. Evidence that this status has been granted must be provided prior to commencement of the Award.
- c. The Chief Investigator A applicant must be residing in Australia at the time of application.
- d. Proposals must comprise collaboration between two or more separate institutions. The members of the team from one of the collaborative institutions must be receiving APHCRI CRE funding for the first time (i.e. they must not have been the recipient of previous APHCRI CRE funding). Institutions are defined as separate organisations with a

single ABN not as separate Departments/Faculties/Schools/Institute within a single organisation. Applications should include:

- The record of achievement in research and in knowledge translation and exchange of the Chief Investigators and their record of fostering training and career development of primary health care researchers;
  - The institutional infrastructure that will support the proposed teams' research activities;
  - The proposed management and governance arrangements;
  - The proposed budget with an itemised budget for year one, and an overview of the budgetary requirements for the following years. The successful applicants will be required to submit a detailed annual budget for all years.
- e. Chief Investigator A must contribute a minimum of 20% (one full working day per week) of their time to the research program.

## **Budget**

Acceptable expenditures of these funds are presented in the online APHCRI *CRE Handbook*, but include:

- Salary support (NOTE that APHCRI will not provide salary support for staff already in receipt of institutional salary for 'buying out' of administrative, teaching, or other time for staff engaged on the APHCRI grant).
- Direct research costs, including telecommunications costs associated with the Canadian collaboration
- Support for multi-institution collaboration using the most economical means (travel, teleconference, etcetera)
- Support for consumer engagement
- Support for knowledge translation and exchange (including reasonable research travel for investigator and stakeholders)
- Supporting visits of international and national experts
- No more than one visit (economy fare) per annum by up to two team members to the Canadian collaborators.
- Post-doctoral and PhD support
- Annual reporting visit for the Chief Investigator A to the Commonwealth Department of Health and Ageing and APHCRI ANU. (Other investigators may attend these meetings by agreement but not at a cost to the grant.)

No APHCRI funding is to be made available for activities undertaken outside Australia.

It should be noted that APHCRI will nominate experts to participate in the review process to be undertaken in Canada and fund their participation. APHCRI will not fund any observer attendance.

## **General**

Generally, the Australian-Canadian collaboration will be treated as an APHCRI Centre of Research Excellence. Australian applicants are invited to refer to the online APHCRI *CRE Handbook* and other APHCRI online resources if additional information is required. The eligibility and assessment criteria set out above will not be waived or amended unless agreed to by the Director APHCRI.

## **Preparation and submission of proposals**

The attached document: **Australian- Canadian partnership: Joint Guidelines / Program Delivery Details** sets out detailed arrangements and forms part of these guidelines.

## **Funding Agreement**

The successful Australian applicant will be required to have entered into a signed funding agreement between the administering institution and the Australian National University (ANU) within 30 days of a formal offer having been made by the ANU or the offer may be withdrawn. A generic draft is available at <http://aphcri.anu.edu.au/resources> .

This generic agreement enables the ANU to comply with its contractual obligations to the Department of Health and Ageing with respect to the PHCRED funding. Applicants are strongly advised to ensure that their administering institution is prepared to accept the generic agreement as this component of the Funding Agreement cannot be varied.

## **Certification**

By signing the Certification, the Chief Investigator A, the researchers from all Institutions listed in the proposal and the administering institution agree, if successful, to accept the Conditions of the Award as set out in this document.

Proposals received without appropriately signed certification will not be accepted for review under this round of funding.

## **Inquiries**

Any further inquiry about the Australian component of this program should be directed to:

[Director.aphcri@anu.edu.au](mailto:Director.aphcri@anu.edu.au)

## **Attachment:** Australian- Canadian partnership: **Joint Guidelines / Program Delivery Details**

In accordance with the Memorandum of Understanding (hereinafter referred to as “MOU”) between the Canadian Institutes of Health Research (hereinafter “CIHR”), the Australian Primary Health Care Research Institute (hereinafter “APHCRI”), (hereinafter referred to collectively as the “Parties”), have developed these Joint Guidelines to provide the methods of implementation of the Program between the Parties.

### **Funding Tool:**

The Parties worked together to select and develop the most appropriate tool for this initiative and agree to use the CIHR Team Grant: Community-Based Primary Healthcare (CBPHC) (funding tool) for the competition. The following dates apply:

Launch of the Funding Opportunity:	February 2012
Letter of intent (LOI) deadline (Canada):	April 2012
Notification of decision on letter of intent:	June 2012
Full application deadline:	October 2012
Review of applications:	December 2012 / January 2013
Notification of decision on Full application:	March 2013
Commencement of funding:	April 1, 2013

\*Note: If applicable, year 1 funding is pro-rated due to start date and Parties' fiscal years.

The Parties will highlight this funding opportunity (FO) on their web sites and notify their respective research networks.

### **Application Procedure**

Canadian and Australian teams who wish to conduct a collaborative project under this program must submit the same full application to their respective funding agencies. Canadian and Australian team leaders will, therefore, ensure that their counterpart submits a matching full application by the required deadline since applications submitted on only one side will not be accepted.

The application procedure consists of two stages:

1. The letter of intent has to be submitted according to the application processes for CIHR through the respective online application systems, <https://www.researchnet-recherchenet.ca/rnr16/htdocs/login/splash.jsp> for the Canadian researchers. Although Australian researchers will not be required to submit a letter of intent to APHCRI, Australian researchers will be identified on the Canadian application through an applicant table.
2. Full proposals may be submitted only by applicant teams that are explicitly invited to participate to the second stage of submission following the positive evaluation of their letter of intent (LOI). Australian applicants would only go on to submit full proposals if their Canadian counterparts are invited to participate in the second stage of submission. The full proposals must be submitted according to the application processes for each CIHR and APHCRI through the respective online application systems, <https://www.researchnet-recherchenet.ca/rnr16/htdocs/login/splash.jsp> for the Canadian researchers and to APHCRI in accordance with *Joint Australian-Canadian Primary Health Care Research Centre: Information for Applicants* (<http://aphcri.anu.edu.au>) for the Australian researchers. The

Canadian team leader must attach a PDF of the application that was submitted to APHCRI. Similarly, the Australian team leader must include a PDF of the application that was submitted to CIHR. The content of each application should be the same, apart from separate budgets for the APHCRI -funded component (in Australian dollars) and the CIHR-funded component (in CAD).

### **Eligibility to Applications (or applicants)**

- i) The Canadian Team Leaders (for CIHR, this is equivalent to the Nominated Principal Applicant) must hold either a faculty position or independent research appointment at a university or affiliated research institution in Canada.
- ii) For all Canadian applications to be eligible, the Canadian team must include the following:
  - a. The Nominated Principal Applicant (Team Leader) must be an [independent researcher](#) employed at an [eligible institution](#)
  - b. At least two additional Applicants that are [independent researchers](#) with one of these individuals from a different jurisdiction (e.g., different province, territory or country) than the Nominated Principal Applicant (Team Leader)
  - c. At least one [decision maker](#)
  - d. At least one independent researcher who is a health professional that is clinically engaged in a CBPHC setting
- iii) In addition to the participants above, joint Canada-Australia teams must include an Australia-based [independent researcher](#) as the Co-Principal Investigator.
- iv) Australian applications must meet the guidelines for eligibility in *Joint Australian-Canadian Primary Health Care Research Centre: Information for Applicants* (<http://www.aphcri.anu.edu.au>)

### **Allowable Costs**

Canadian teams should review the [Use of Grant Funds](#) section of the Tri-Agency (CIHR, NSERC and SSHRC) Financial Administration Guide for a complete listing and description of allowable costs and activities. Please note specific allowable costs requirements for this Funding Opportunity (FO) for the Canadian applicants will be clearly stated in the funding opportunity.

Australian teams should review the *Joint Australian-Canadian Primary Health Care Research Centre: Information for Applicants* (<http://aphcri.anu.edu.au>) for details which set out the permissible use of research funding, including specific allowable costs requirements for this FO.

### **Relevance Review**

The relevance review process will occur at the LOI stage. All relevance review criteria must be outlined in the FO.

All relevance reviews must be supported with documentation that includes the following information:

- Signature of the reviewer
- Position of the reviewer (e.g. Executive Director of an NGO; Assistant Director of an institute.
- Date

- Relevance Determination (yes or no)
- Explanation for any determinations of non-relevance

Partners may receive the full LOI for the purposes of relevance review, as long as the partner has completed a letter of intent or signed a memorandum of understanding/collaborative agreement and the applicant has given consent. The partner agrees to treat as confidential information and use it only for the purpose for which it was intended.

A strategic lead, who carries out a relevance review for a given competition, must be prepared to share the result of this relevance review with the Deputy Director. The Deputy Director is responsible for managing the competition and will ensure a copy of these results is placed on the competition file.

All applicants excluded from a given competition as a result of a relevance review will be informed by CIHR program delivery staff in writing as soon as possible following the review.

### **Peer Review**

Letters of Intent and full applications will be reviewed by a CIHR peer review committee. CIHR will consider individuals suggested by APHCRI to serve as review committee members, but will retain the final decision as to its composition. CIHR will ensure that the composition of the peer review committee appropriately reflects the nature of the Funding Opportunity (FO) and CIHR's requirements for a balanced panel of representatives (e.g. regional, gender, linguistic and expertise representation). Once the review of the LOIs is completed, no more than 35 applicants with a rating above 3.5 will be invited to submit a Full Application by the deadline date. The names of teams that will be invited to apply and the topic of their research may be published on the CIHR and Partner websites.

### **Observers:**

Observers are welcome to attend the peer review committee(s) for applications under this joint funding Agreement as per the Policy on Conflict of Interest and Confidentiality in the context of Merit, Relevance and Peer Review (CCIP) <http://www.cihr-irsc.gc.ca/e/28654.html>.

### **Competition Results:**

Once the final ratings are tabulated by CIHR staff, APHCRI will be given a funding table (which contains the code, title, summary, score and rank of the relevant applications) with the results of all applications that scored above 3.5. Applications will be funded based on funding pools established at the relevancy review stage and will be funded top down as far as funding will allow.

### **Notification of Decision:**

CIHR will forward Notification of Decision letters and Authorization for Funding (AFF) to the Canadian grantees, APHCRI will forward similar documentation to the Australian grantees as per the timelines set above. The Notification of Decision letters and AFFs will acknowledge the support of all Parties and will state that funding is contingent upon the availability of funds by each of the Parties. Each Party will provide a copy of each Notification of Decision letter and AFF to the other Party.