

Sydney Health Partners Implementation Science

Pilot Grants Guidelines 2024

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Section A: Implementation Science Pilot Grant Program

1. Overview

1.1. Background

Sydney Health Partners (SHP) is one of 11 Research Translation Centres accredited in Australia since 2015 by the National Health and Medical Research Council (NHMRC). As a Research Translation Centre (RTC) we are recognised as a world leader in the translation of research into better health outcomes for our community. SHP brings together the Nepean Blue Mountains, Northern, Sydney and Western Sydney Local Health Districts (LHDs); the Sydney Children's Hospitals Network (at Westmead), the University of Sydney and eleven of their affiliated medical research institutes (MRIs). The [Partnership](#) represents clinicians and researchers conducting world-class translational research.

1.2. Purpose

The purpose of the Sydney Health Partners Implementation Science Pilot Grants is to encourage teams of health professionals, clinicians, and researchers to develop collaborative projects to pilot the implementation of robust evidence into practice.

Implementation Science is defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services”¹. It seeks to understand the behaviour of healthcare professionals and other stakeholders as a key variable in the sustainable uptake, adoption, and implementation of evidence-based interventions.

These pilot grants are intended to help teams to build translational research foundations that identify promising evidence-based practice improvements.

1.3. Key Objectives

SHP has designed the grants with the objective to build capacity and expertise across SHP, thereby better enabling health professionals, clinicians, and researchers within the healthcare system to:

- Address complex problems in health systems.
- Translate robust evidence into practice.
- Tackle clinical problems that need practical solutions
- Test implementation of interventions in real time

1.4. Funding Program Overview

In 2024, SHP will provide \$200,000 to fund up to ten pilot projects (\$20,000 excluding GST, per project) to commence in October 2024. The maximum project duration for this funding is 24 months. These pilot grants are designed to enable teams to undertake essential work to

¹ Eccles, M.P., Mittman, B.S. Welcome to *Implementation Science*. *Implementation Sci* 1, 1 (2006).
<https://doi.org/10.1186/1748-5908-1-1>

pilot test the implementation of an evidence-based intervention, program, or innovation (hereafter 'intervention') at one or more [SHP Partner Organisation](#).

Applicants are required to outline their intentions to seek further funding through larger grant schemes such as the Medical Research Future Fund or the Translational Research Grant Scheme. SHP expects that the research outcomes of the funded projects will help teams submit competitive applications and secure further support from these larger funding schemes.

2. Eligibility

2.1. Eligibility Criteria – Investigators

The Project team for proposed projects should fulfil the following eligibility criteria:

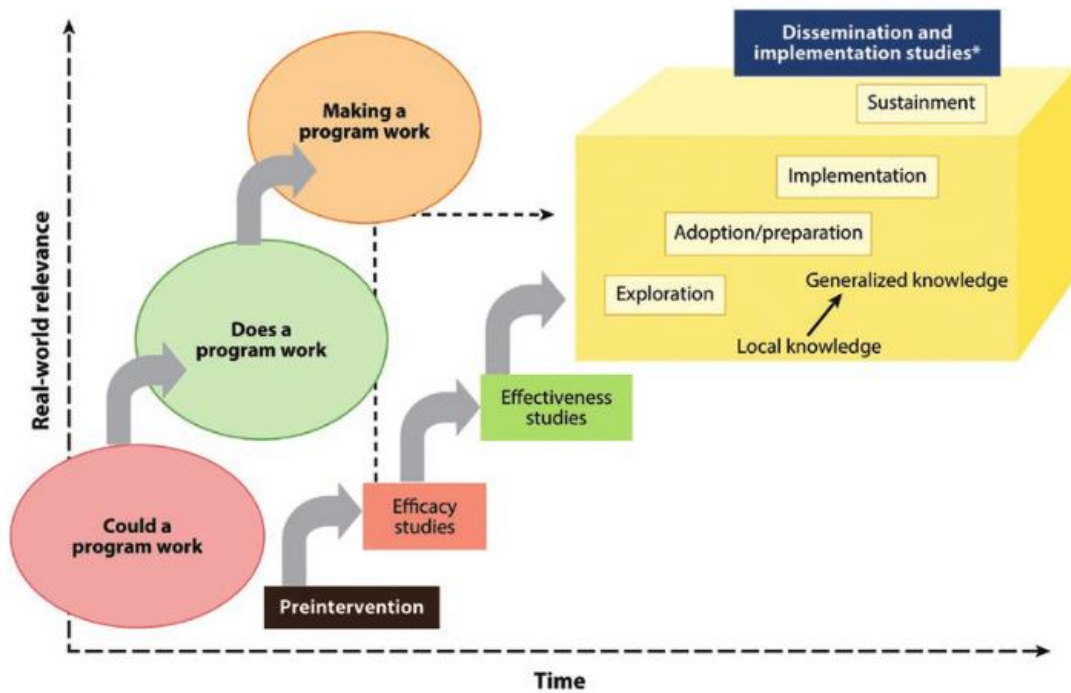
- Two Principal Investigators (PI) will be named and lead the project:
 - One is a current employee of the University of Sydney or a SHP Partner Medical Research Institute (MRI)
 - One is a current employee of a SHP Health Service PartnerIt is a requirement that a PI from an SHP Health Service Partner is listed on the application to ensure that the proposed project is health service led.
- Preference will be given to applications that include early and mid-career researchers as named PI's. In line with EMCR definitions, applicants with up to 10 years' experience (educational qualifications or workplace experience) are preferred. Applicants who have experienced career disruption or have relative to opportunity considerations (no time limitations) are welcome to be named as Principal Investigators. Applicants should describe these considerations in a brief statement in their biography.
- Up to eight SHP Partner Organisation team members can also be named as collaborators on the application (e.g., healthcare providers, health services researchers, consumer representatives). These collaborators should be employees of SHP Partner Organisations. An additional five 'external' collaborators, who are not necessarily employed by SHP Partner Organisations, can also be named. A maximum of 15 named collaborators.
- Postgraduate students may be included as team collaborators but cannot be the Principal Investigator.
- Principal Investigators must have signed-up to become a member of the SHP Implementation Science Academy Community of Practice (CoP). If you are not yet a member, you can sign-up [here](#).

2.2. Eligibility Criteria - Project

- The research project is required to be conducted within at least one health service partner organisation of Sydney Health Partners.
- The funding aims to support and build capacity in Implementation Science while still ensuring a focus on the clinical priorities of our Partners. We want to ensure our Partners benefit from the funding opportunities we offer as part of the SHP Implementation Science program.
- Projects are required to focus on implementation research questions to address a clinical or health service problem.
- This grant opportunity is intended to fund implementation studies, rather than preintervention, efficacy or effectiveness studies. Basic science or laboratory-based translational research, piloting of a clinical trial design or projects that are testing

intervention efficacy or effectiveness only are **out of scope** for this grant opportunity and will not be funded. The research pipeline is illustrated in Figure 1 below.

- Projects that focus on testing the feasibility of existing interventions and/or implementation strategies for wider uptake in real-world settings will be favoured.
- Length of project: The length of the project can range from 6 to 24 months maximum.
- Location(s): The project and research data collection must be conducted in one or more SHP Partner Organisations.



*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

Figure 1. The translational pipeline. Image from: Brown et al, An Overview of Research and Evaluation Designs for Dissemination and Implementation. Annu.Rev.Public Health 2017. 38:1–22.

3 Selection criteria for applications

3.1 Selection Criteria

Applications will be assessed using the selection criteria described below:

1. **Clinical or health service problem and aims (25%).**
2. **Feasibility of the research and implementation plan (25%).**
3. **Reach and significance of anticipated impacts (20%).**
4. **Collaboration and engagement, including consumer, community involvement and team organisation. (30%).** Sydney Health Partners has developed a guide for describing and assessing consumer and community involvement in health research in funding applications at Sydney Health Partners please see **Appendix 1**.

Selection Criteria	
Clinical or health service problem and aims (25%)	<ul style="list-style-type: none"> Describe the significance of the clinical or health service problem and the aims that the project will address. Applications should include background about the evidence-practice gap including any local data. Applications that focus on implementation or adaptation of an existing intervention (including health program, innovation, or model of care) will be prioritised over applications that propose to develop a new intervention
Feasibility of the research and implementation plan (25%)	<ul style="list-style-type: none"> Describe the research methods, analysis plan, project milestones. Applicants are encouraged to refer to a framework, model, or theory from the literature (e.g., Implementation Science or Quality Improvement) to inform the research plan. Applications must show that the team have the capacity to establish a work program of value to the health system and achieve milestones within a 24-month timeframe. Applications should describe how the team will engage participating health services in the project.
Reach and significance of anticipated impacts (20%)	<ul style="list-style-type: none"> Applications should describe potential knowledge generated that will contribute to the discipline of implementation science. Applications should describe the potential to impact on health service improvements. Applications should outline potential to leverage future funding. Applications that focus on health service and implementation outcomes will be given priority over those that focus exclusively on clinical or patient outcomes
Collaboration & engagement, including consumer, community involvement and team organisation. (30%)	<ul style="list-style-type: none"> Describe consumer and/or community representation and engagement. Applications that demonstrate consumer and community involvement in project planning, the application process and as members of the project team will be given priority. Describe how the team will work together including activities to build a strong sustainable collaboration. Briefly outline any previous projects on which team members have collaborated.

3.2. Submission instructions

Applications must be submitted using the SHP Implementation Science Grants Application Form. Applications should be completed using a font size 11 or 12 font size throughout.

Applications must be submitted as single PDF document using the standard file name convention: PI1Surname_P12Surname_SHPISGrant2024_Grant Proposal.pdf
For example: Sanchez_Smith_SHPISGrant2024_Grant Proposal.pdf

Both Principal Investigators must indicate they consent to the application submission by checking the relevant boxes at the bottom of the application form.

Applications will be initially assessed against the eligibility criteria outlined above. Any application that does not fulfil those criteria will not proceed further for review. This includes any applications that exceed the budget of \$20,000 excluding GST.

Applications must be submitted by 5pm AEST on the closing date. Applications should be submitted via email to: shp.implementationscience@sydney.edu.au

Receipt of applications will be acknowledged via email.

Late applications will not be accepted.

3.3. Assessment Process

A transparent process will be undertaken for review of the Implementation Science Pilot Grants through a Review Panel (comprised of members from the Implementation Science Academy, Consumers) and the Implementation Science Academy Academic leads.

All applications will be reviewed for eligibility by the SHP Secretariat before being provided to the Review Panel. The Review Panel will score the applications according to the selection criteria. Final recommendations will be made to the SHP Board. All applicants will be advised by email on the outcome of their application.

If members of the assessment panel are named investigators on an application or have real or potential perceived conflict of interest to an application/s they will be excluded from the assessment panel for discussion and assessment of that application/s.

Grants will commence from October 2024.

Enquiries can be directed to: shp.implementationscience@sydney.edu.au

3.4. Conflict of Interest

Any real or potential perceived conflict of interest in relation to applying for the SHP Implementation Science Pilot Grants should be declared in the application form (See *Application Form Q19*).

3.5. Grant Timeline and Submission Details

The timeline for the application process can be seen in the below table.

Date	Activity
Monday the 22 nd of April	Applications open via the Sydney Health Partners Implementation Science Academy website.
Thursday the 2 nd of May	Online information session from 11:00am – 12:00pm via zoom. Register here.
31 st of May	<p>Applications close. Eligible and complete applications must be submitted by 5pm AEST on the closing date. Applications should be submitted via email to: shp.implementationscience@sydney.edu.au</p> <p>Submit your application as one PDF document. File name convention: Please label the application using the following format of: PI1Surname_P12Surname_SHPISGrant2024_Grant Proposal.pdf</p> <p>For example: Sanchez_Smith_SHPISGrant2024_Grant Proposal.pdf Late applications will not be accepted.</p>
July 2024	Successful Applicants will be notified.
August 2024	Award letters issued and funding arranged.
October 2024	Projects to commence.

Section B: Conditions of Award

1. Budget

1.1. Funds available

The total funding request cannot exceed \$20,000 (excl GST).

Each grant will be awarded a maximum of \$20,000 (ex GST), to be spent over a maximum period of 24 months.

1.2. Funding Conditions

The full funding amount for successful grants will be transferred in a single payment to the institution of, and in the name of, one of the lead Principal Investigators. The Principal Investigators will need to nominate which organisation (administrating institution) will hold, manage and acquit the funds if the grant is successful and name the financial contact to oversee the transfer of funds (*See Application Form Q3*).

Funds can be used for costs associated with conducting research and translation activities, including salaries.

1.3. The Funder

These funds are awarded from Sydney Health Partners' Sydney Local Health District Trust Account (ABN 175 20 269 052) and are not from an externally awarded competitive grant. The conditions of these Guidelines apply to the successful awardees.

1.4. What Activity this Program will Fund

Examples of costs SHP will fund are:

Salary Support

- Salary support for research assistants or support officers/managers for research related activity
- Salary support for research-related consultations, for example health economists.
- Costs associated with consumer reimbursement and remuneration.
- Essential items specifically required for the project completion are allowed if such items are normally not available.
- Direct research costs such as equipment and software will be approved on a case by-case basis.

1.5. What this Program Will Not Fund.

The list below outlines items that SHP will not fund and should not be included:

- Websites
- Publication fees/costs
- Professional memberships/subscriptions
- Airfares
- Indirect research costs or infrastructure costs.

1.6. Acknowledgement and Style Guide

Funded projects must follow the SHP Branding Guidelines for acknowledging financial support and use of the SHP logo.

The Branding Guidelines will be supplied to successful awardees during the award process. Awardees must not edit any SHP provided logos or banners.

2. Expected Outcomes, Reporting and Progress Reviews

2.1. Reporting and Progress Reviews

The funding provided to the Implementation Science Academy Pilot Grant Awardee is intended to support researchers and health professionals to develop innovative concepts. We want to ensure the future success of these projects which is why a plan to apply for major grant applications is required. It ensures these innovative projects can continue to be developed and supported into the future. In line with the application criteria for funding, successful applicants will be expected to report on the progress of the project at 12 months and on project completion before or at 24 months.

The purpose of the reporting is to share details of the achievements and implications of the research that Sydney Health Partners Implementation Science Academy is supporting. This information also enables Sydney Health Partners to ensure that research has been carried out in accordance with their objectives.

The progress and final report require the Principal Investigators to report on:

- The overall status of the project
- Implementation and evaluation
- Collaboration
- The impact of the research
- Plans to apply for additional grant funding.
- Project findings dissemination

2.2. Future Impacts

Sydney Health Partners acknowledges that any impacts and outcomes will come well after the funding, and we are likely to contact you on an annual basis to determine if you have had any success.

Applicants are expected to report on their intentions to seek further external funding. SHP expects that the research outcomes of the funded projects will help teams submit competitive applications and secure further support from these larger funding schemes.

2.3 Variations

The PIs must inform Sydney Health Partners of any significant variations to the submitted project including the request for an extension of time. The variations must not be implemented until approval is sent by reply email, confirming the changes have been agreed to and are accepted by Sydney Health Partners. If an extension is applied for a progress report must be provided at the time of the extension in addition to the standard reports required.

Appendix 1 – Guide for Describing and Assessing Consumer and Community Involvement in Health Research in Funding Applications at Sydney Health Partners

CONSUMERS IN HEALTH RESEARCH

Respect, equality, inclusion, evidence



A GUIDE for Describing and Assessing Consumer and Community Involvement in Health Research in Funding Applications at Sydney Health Partners

ABOUT THIS GUIDE

Researchers submitting funding applications to Sydney Health Partners (SHP) and many other funding organisations (e.g., the Medical Research Future Fund and National Health and Medical Research Council) are required to demonstrate how they will involve consumers and/or community members in their proposed research projects. Consumers are being included as team members and named investigators, including as Chief Investigators in some cases. Consumers are also being included in application review processes. This challenges researchers to consider consumers as important stakeholders when designing and writing research proposals and funding applications.

This Guide aims to help **researchers** to describe planned consumer involvement in their research funding applications; and **reviewers** to assess proposed consumer involvement in such applications.

SHP has a strong commitment to promoting and supporting greater consumer and community involvement in health research. In this context, *“involvement”* refers to a partnership between consumers and researchers, where consumers are actively involved in the research process, and *“consumers”* include persons who use, have used, or

are potential users of, health services.¹ We advocate that consumer involvement in research rests on four key principles: respect, equality, inclusion, and evidence.²

Consumer and community involvement adds value to health and medical research. Evidence shows the design, conduct, benefits, and use of health research are significantly improved by the involvement of consumers and community members throughout the research process. Consumers bring their lived experiences, not only of health services and health conditions but also personal and professional backgrounds that are unique and add a different perspective to the research team.³ Both consumers and researchers develop new skills and capabilities through such partnerships. Importantly, consumers are part of the wider community of potential beneficiaries of research and can help ensure research is relevant to them.⁴

SHP’s Consumer Advisory Panel, a sub-committee of the SHP Board, is working to make it easier for consumers and researchers to find ways to connect and collaborate. SHP also has a strategic partnership with Health Consumers NSW, the state’s peak health consumer organisation, which works with us to develop and deliver training

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and resources that help consumers and researchers work in ways that are mutually rewarding and respectful. Many organisations across Australia and internationally also provide free access to tools and resources^{5,6,7} to support

consumers and researchers to work together in mutually beneficial ways.

This Guide draws on several existing resources that provide related guidelines and instructions.^{8,9,10,11}

GUIDANCE FOR RESEARCHERS

Best practice in consumer involvement means investing in relationships. It is important that there are clear, shared expectations of the consumer's role in the research. Each consumer should be given a clear description of their role, which may include where, when, and how you will work together, anticipated contributions and time commitments, approaches to communications and meetings, and reimbursement and/or remuneration details. These factors and several others have been identified as key enablers for meaningful consumer engagement.¹²

Ideally, researchers should engage with consumers early in the development of a research proposal. If the project then continues, consumers should be invited to be part of the research team supporting the conduct of the project.

Researchers should consider whether they wish to involve consumers with lived experience relevant to the research project, or other consumers who may have an interest in health research but not necessarily direct experience with the health issue being studied. For example, in an oncology study one might involve a person with cancer or who has previously had cancer, or their carer, or someone who has had no experience with cancer.

In all cases, it is important to recognise that consumers bring a range of life experiences and skills that may be relevant and helpful to a research project.

Partnering with consumers also requires researchers to work in different ways. Meaningful consumer involvement requires self-reflection, a willingness to share power, and to recognise that lived experience is a type of knowledge that can be integrated into research without risking its scientific integrity. Ignoring or dismissing consumer perspectives can adversely impact consumers as well as the reputation of researchers and their institutions.

Researchers are encouraged to consider the following questions when describing the consumer involvement in their research. It should be noted that SHP and other funding organisations include consumer representatives in the review process so research proposals should be written in ways that are readily understood by a diversity of readers.

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1. At what point did consumers become involved and what is their role in the research team?
 2. Were consumers involved in selecting and shaping the research question(s)? Why was their input relevant and helpful? How did this involvement influence the research question(s)?
 3. Were consumers involved in designing the project proposal? For example, they did comment on the feasibility of the project design, the burden placed on research participants, or the levels of risk or discomfort participants might be exposed to? Did the consumers advise on the recruitment process?
 4. Were consumers involved in writing or reviewing other aspects of the funding application? For example, did they review the lay summary to make sure it was easy to understand? Were they involved in decisions about the budget and proposed funding for consumer-related activities?
 5. If consumers were NOT involved in developing the funding application, can you explain why?
 6. If the project proposal is funded, how will consumers be involved in the project going forward (e.g., start up, data collection, data analysis, interpreting results, communicating findings, etc.)? For example, will they be involved in drafting or reviewing participant information sheets and other documents which might be used with prospective research participants? Will they contribute to plain English summaries about the project?
 7. Do you plan to set up a consumer advisory group to support the project? What role and influence will this group have in decisions about the project?
 8. What skills and experience does the research team have to engage with consumers?
 9. Will training or support be offered to consumers and researchers involved in the project to work together? For example, can access to the consumer involvement training developed by SHP and Health Consumer NSW be organised?
 10. Has additional time been included in the project timeline to support consumer involvement activities? Remember, consumers are usually not scientists with knowledge of how research works.
 11. Will consumers be reimbursed and/or remunerated? Has this been included in the proposal budget?
 12. How will the contributions of consumers be acknowledged? For example, will they be included in publications arising from the project, or co-present the results at meetings?
- Each consumer is different.** An individual consumer brings unique experiences and perspectives that are not necessarily the same as others from the same community. For this reason, you may consider involving more than one consumer for diversity in backgrounds and experiences. This can also be achieved by engaging with consumer advocacy groups, disease-specific support groups, or other community groups as part of the project. Not every consumer has to be involved

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in the project in the same way. Different people can have different roles or tasks.

Researchers should also note that the nature and extent of consumer involvement in a project funded by SHP will be monitored through progress

reports requested by SHP from time to time. It is recommended that researchers keep a log of consumer involvement activities throughout the project for reporting purposes.

GUIDANCE FOR REVIEWERS

Funding opportunities offered by SHP include assessment of applications by a panel of reviewers. Panels may involve volunteers from our partner organisations with requisite research and healthcare experience, and independent reviewers including consumers. Funding applications should include enough detail to allow all reviewers to assess and score the application and should avoid using overly technical language and excessive use of abbreviations.

Consumer reviewers are sometimes asked to score specific sections of a funding application, such as a plain English summary of the proposal, and sections that describe how consumers have been involved in the development of the proposal and how they will be engaged in the project if it is funded. Alternatively, consumer reviewers may be asked to assess the full application.

The following scoring matrix aims to assist all reviewers in assessing consumer involvement in a funding application submitted to SHP. The matrix and the examples of how consumers might be involved in research are intended as a guide only. It is recognised that the nature of consumer involvement will vary across different projects, as will the specific scoring method for each funding opportunity (the guide below uses a score out of 10 for illustrative purposes). What remains consistent is the goal of authentic, meaningful, and respectful consumer involvement.

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SCORING GUIDE FOR ASSESSING CONSUMER INVOLVEMENT IN RESEARCH APPLICATIONS

Degree of consumer involvement	HIGH	Score (out of 10)	7-10
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The application demonstrates **broad and meaningful ongoing involvement** of consumers in the research and includes **detailed and specific information** about their involvement throughout the research. For example:

- Specific consumers are named; how they have been involved in the planning of the research is well described as well as what they will contribute if the research proceeds.
- Specific strategies and activities are described to ensure consumers are well integrated and supported by the research team. This includes how consumer perspectives are sought, for example, in meetings and on draft documents, and how decisions are made about how these perspectives are integrated into research.
- There is a high degree of consumer involvement in decision-making at various stages of the research.
- Budget discussions and decisions include input from consumers, and an appropriate level of funding has been allocated for consumer-related activities and meaningful involvement.

Degree of consumer involvement	MODERATE	Score (out of 10)	4-6
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The application demonstrates consumer involvement in **some** specific aspects of the research journey and/or the input from consumers is primarily in the form of **consultation and advice** rather than being part of the decision-making about the research. For example:

- Consumers are involved only in reviewing participant information sheets, informing recruitment strategies, or designing participant surveys.
- Details about how consumers will be supported by the research team are limited or missing.
- Consumers have advisory rather than decision-making roles.
- Budget discussions and decisions include some input from consumers, - e.g., regarding proposed funding for consumer-related activities only.

Degree of consumer involvement	LOW	Score (out of 10)	1-3
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The application demonstrates minimal or no consumer involvement in the research. For example:

- There has been limited or no involvement of consumers in the development of the application and it has not been reasonably justified.
- The proposed research includes general statements of intended activities associated with consumer involvement (for example, "consumers will be consulted ...", "results will be shared with consumers ...") and there are few or no details about how this will be done, who will be involved, etc.
- Consumers may be given information about the research and invited to ask questions but have little or no opportunity to influence its design.
- There is little or no input from consumers in budget discussions and decisions, and/or little or no funding allocation for consumer-related activities.

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