An Roinn Sláinte
Department of Health

Health Research Board

HRB-DOH Evidence for Policy (EfP) Programme 2025

Guidance Notes

Guidance Notes

Key Dates & Times	
Application Open	17 April 2025
Application Closing Date	12 June 2025 @13:00

Applications must be completed and submitted through the HRB online Grant E-Management System (GEMS) (https://grants.hrb.ie), and this system will close automatically at the stated deadline listed above.

**Prior to final submission to the HRB, all applications must first be reviewed and approved within GEMS by the authorised approver at the Host Institution as listed in the application form. It is critical therefore that applicants leave sufficient time in the process for the Research Office (or equivalent) in their nominated Host Institution to review, seek clarifications and approve applications prior to the final submission date. This may involve being aware of and complying with any internal Host Institution deadlines for review and approval, distinct from the HRB deadline.*

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1 Introduction

The HRB supports a comprehensive range of research programmes aimed at improving health and social care, delivered using a range of funding modes including response-mode funding and themed calls. The Evidence for Policy (EfP) Programme is a collaborative initiative between the HRB and the Department of Health (DOH) to support research projects that aim to strengthen the evidence base for policy development and evaluation of policy implementation by the DOH, and covers all aspects of the Department's policymaking.

Research to support the policymaking process is by necessity diverse in nature and can include primary research to fill an evidence gap, synthesis of existing evidence, secondary analysis of data, modelling, qualitative research, evaluation of policy implementation and many other types of analysis. It is envisaged that research and evidence may be required at any of the various stages of the policy cycle (Figure 1). In this programme, policy units in the DOH outline research needs and evidence gaps that, if addressed, could inform both the definition of new policies, innovations in existing policies, policy implementation and/or policy evaluation.

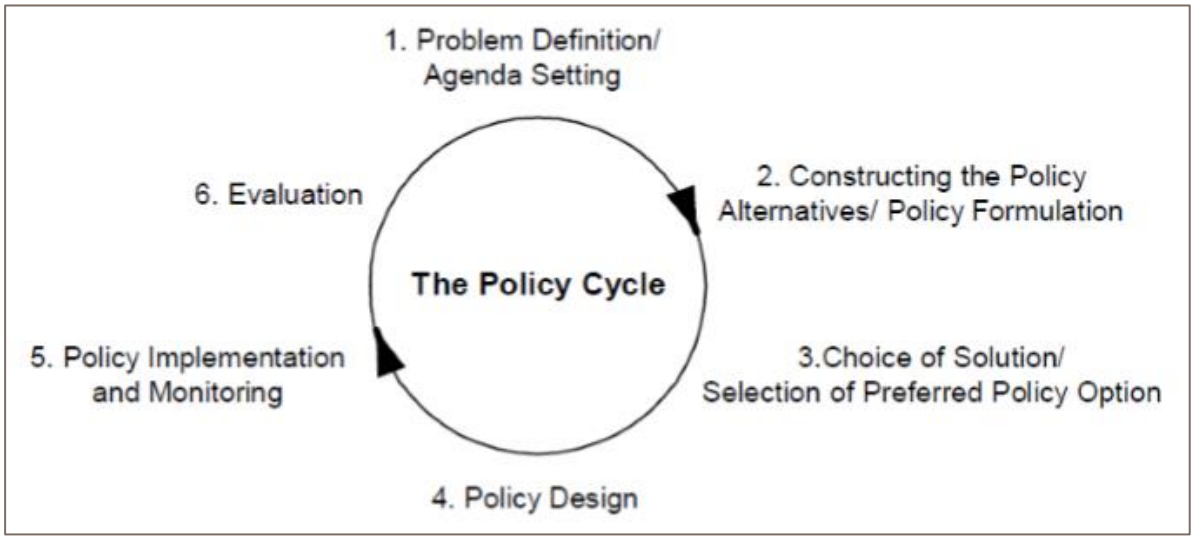

Figure 1: The Policy Cycle (Source: Young and Quinn 2002[1])

While the HRB requires knowledge users to be involved in a number of applied schemes (such as the Applied Partnership Awards Scheme), this Evidence for Policy Programme focuses on policy priorities which have been determined by the DOH and articulated as discrete research specifications within an open research call to the research community. HRB, together with DOH, has designed an approach that aims to complement, rather than duplicate, existing schemes and adheres to principles of independent peer review, quality, and transparency.

By its nature this scheme is co-designed, co-implemented and co-evaluated with the DOH, with a view to generating evidence to inform policymaking in health and social care in a timely, rigorous, high quality, open and transparent manner.

[1] writing_effective_public_policy_papers_young_quinn.pdf (icpolicyadvocacy.org)

An important design feature of this programme is integrated knowledge translation (iKT), where researchers and policy units will engage with each other throughout the research cycle. Structured meetings will be facilitated to translate findings and learnings throughout the project (not just at the end). Researchers will be expected to tailor their knowledge translation strategy to deliver a variety of outputs and to ensure that emerging and overall findings are timely and accessible by policy units and their stakeholders, as well as the broader research community.

This call marks the second round of the Evidence for Policy (EfP) Programme, building on learning from the pilot. We will continue to gather feedback from researchers, reviewers, and DOH, iteratively improving our approach.

2 Aim and Objectives

The **overarching aim** of the EfP Programme is to generate evidence to inform policymaking in health and social care in a timely, rigorous, high quality, open and transparent manner.

The **objective** is to assist colleagues in DOH who are formulating, developing or evaluating policy by:

- Providing evidence to inform policy development and implementation in timely and accessible ways, including assessment of its potential impact and cost-effectiveness,
- Evaluating existing policies or experimental pilots before policies are fully implemented.

In order to deliver this the funding scheme will:

- Fund research that addresses evidence gaps that are a priority for health and social care policy,
- Support high quality, internationally competitive research,
- Develop capacity to respond in a timely manner to priority research questions for policy makers,
- Support integrated knowledge translation and development of collaboration between the policy and research communities.

3 Scope 2025

The topics covered by this call align with the DOH *Statement of Priorities for Health & Social Care Research*, drawing on policy imperatives identified in the 'Programme for Government 2025: Securing Ireland's Future', the DOH's 'Statement of Strategy 2023-2025', as well as pertinent policies and strategies in priority areas.

Evidence requirements for specific areas of policy making have been identified by DOH policy units and are set out as topics within this call. Applicants are expected to respond directly to requirements laid out in the research specification for a given topic. The EfP is not a response mode commissioning programme and will not accept applications on subjects outside of those priority topics advertised.

This initiative provides an opportunity for researchers to bring their wealth of experience and expertise to EfP. We also welcome teams with relevant skills who are new to research for policy, to widen the pool of researchers nationally who are able to generate evidence to inform health and social care policy, adding to capacity and capability in this vital area.

This programme does not seek to deliver evidence that is required by policymakers in the immediate term (3-12 months). Rather, it is intended to support medium-term needs of the DOH. Typically, research projects will span durations of 12-24 months.

The programme welcomes applications using a broad range of methodologies including primary and secondary research, and it will be up to the research team to identify and justify the chosen methodology.

In this round, applications are being sought to address the following topics:

#	Topic	Description	Alignment with DOH Statement of Research Priorities
1	**Evidence on effective strategies to promote physical activity in the community for secondary prevention following stroke**	Objective is to provide evidence to inform solution/s for promoting physical activity in the community that are scalable at a national level in Ireland.	Population Health (Non-communicable diseases); Ageing well studies
2	**Evidence to inform future policy on medical workforce planning and configuration in Ireland**	Objectives are to: 1. Identify and gather the required information, data, and evidence from multiple sources, nationally and internationally, to develop the most informed, applicable, relevant, and reliable framework, appropriate for medical workforce staffing and skill mix in Ireland. 2. Conduct pilot testing of existing best practice methodologies/tools/benchmarking and proposed framework/policy approaches.	Health System Reform and Productivity
3	**Evidence to inform the development and implementation of a statutory home support scheme in Ireland**	Objective of the research is to examine the responsiveness of home support services for older people in Ireland and to identify factors influencing their experiences.	Health System Reform; Health Infrastructure; Ageing Well

Table 1. EfP 2025 Topics

Detailed specifications on each topic can be found in Appendix I. Applicants are encouraged to contact the HRB if there are any areas for which they would like to seek additional clarification on a particular topic. Any such clarifications will subsequently be added to the FAQ document on the HRB website so that all applicants have access to the same information.

Applicants will be asked to select the question/topic which they propose to answer at the beginning of the application form.

Areas out of scope:

- Research that does not have a clear national health and social care policy impact.
- Research that focuses solely on practice without consideration of policy.
- Animal studies or work on animal tissues.
- Experimental medicine research.
- Market research, large scale population surveys.
- Local service development, clinical evaluation or clinical audit.

This scheme will not fund:

- Applications from individuals applying for, holding, or employed under funding received from the tobacco industry[2]
- Applications from individuals applying for, holding, or employed under funding received from the alcohol industry and related actors[3].

Where an application is outside the scope of the scheme, the application may be deemed ineligible by the HRB at initial eligibility review, or by the review panel at the panel meeting.

4 Integrated knowledge translation

Throughout each project, the research teams will be expected to have regular meetings with DOH to discuss emerging findings. This is crucial to ensure that research informs future policy, and that the policymakers have access to emerging evidence in real-time. Updates and findings presented in meetings would need to be shared in a succinct, accessible format suitable for policymakers.

Applicants are asked to consider the timing and nature of deliverables in their proposals. Policymakers need research evidence to meet key policy decisions and timescales, so resources need to be flexible to meet these needs. An initial meeting to discuss the project with DOH officials will be convened by the HRB as a matter of priority for applications approved by the HRB Board, in order to clarify and finalise research and iKT plans, deliverables and timelines ahead of contracting.

Management arrangements

A project advisory group or equivalent, including but not limited to representatives of relevant DOH policy unit/s, the successful applicants, and other stakeholders as appropriate, should be established for all projects. This group will provide guidance, meeting regularly over the lifetime of the research. The successful applicants should be prepared to review research objectives with the advisory group, and share emerging findings on an ongoing basis. The team will be expected to:

[2] Any company, entity, or organisation involved in the development, production, promotion, marketing, or sale of tobacco in any country of the world. The term also includes any companies that are a subsidiary or a holding company or affiliate of the above. This also includes e-cigarette companies and non-tobacco related companies which are fully or partially owned by the tobacco industry

[3] Including social aspects/public relations organisations (SAPROs) funded by alcohol companies or trade associations in which such companies are members.

- Provide regular feedback on progress and emerging findings,
- Produce timely reports,
- Produce a final report for sign-off,
- Share key documents as required and ensure that dissemination events are appropriately tailored for the policy audience/s (e.g., policy briefing papers, policy dialogues, infographics, podcasts, videos, other).

After projects are successfully awarded for this initiative, HRB will consider ways to network applicant teams and policy units across projects to share learning and insights for dissemination-related purposes and for broader engagement with policymakers.

Although relevant policy users in the DOH are the primary knowledge user for research outputs, all outputs produced during and after projects must be actively disseminated, shared and made openly accessible to a wider audience, in line with HRB Open Access Policy.

5 Funding Available, Duration and Start Date

The scheme will provide funding for research projects up to a maximum of **€300,000 direct costs** (exclusive of overheads) for projects of between **12 and 24 months**. Lower cost projects are also encouraged as HRB-DOH are keen to develop a mixed portfolio of projects in terms of scale and duration. Subject to quality and cost, it is anticipated that one award will be made per topic.

The award will provide support for research-related costs including salary for research staff, running costs, PPI costs, FAIR data management costs, equipment and dissemination costs, and overhead contribution. The overhead contribution will be added by HRB staff at contracting stage. **The maximum total award including overhead contribution will be €390,000.**

The budget requested and the award duration **must** reflect the scale and nature of the proposed research, and reviewers will thoroughly assess the level of funds and timeframe requested when reviewing the application.

Note: The EfP award will not fund the salary and related costs of tenured academic staff within research institutions (including buy-out from teaching time etc.).

Awards will be expected to start in December 2025.

6 Eligibility Criteria

This call is open to Host Institutions from Northern Ireland. Please note that applicants from Northern Ireland will be required to partner with co-applicants from the Republic of Ireland in order to be eligible to apply.

6.1 Applicant Team

Applicants must have a suitable track record and demonstrate clearly that the research team contains the necessary breadth and depth of expertise in all methodological areas required for the development and delivery of the proposed project. Appropriate multi- and inter- disciplinary

involvement in the research team is essential and where relevant, experts in research design and statistics, health economics, cost effectiveness, policy evaluation, health service research, behavioural science, qualitative research methodologies, psychology, sociology etc. should be included as Co-Applicants or Collaborators.

Co-Applicants and Collaborators from outside the island of Ireland are welcome where their participation clearly adds value to the project. The HRB expects that applicants will collaborate, where appropriate, with partner organisations such as universities, hospitals, health agencies, relevant local or international organisations and/or voluntary organisations. The HRB promotes the active involvement of members of the public and patients in the research that we fund (see HRB Website[4] on for further details). PPI contributors are welcome as Co-Applicants or Collaborators depending on their role within the project. While there will be close engagement with DOH policy units as part of project delivery, the involvement of other relevant knowledge users (national or international) as co-applicants or collaborators is welcome **where this adds value** to the research proposed.

A **knowledge user** is defined as one in a position of authority to influence and/or make decisions about health policy or the delivery of services and can act to ensure that the findings of the research will be translated to influence decision making and change within their (or other) organisations. This is typically managers, policymakers, clinicians, health professionals or others who are in a position to make significant changes to policy or practice. By design, the knowledge users for these research projects are policy units within the DOH. However, applicants may also propose other relevant knowledge users including the HSE, other agencies, hospitals or hospital groups, community healthcare organisations, local government, voluntary organisations, research charities, patient/consumer groups or other organisations involved in making decisions regarding the management, structuring and/or delivery of practice or policy in the Irish health and social care system.

6.1.1 Lead Applicant

The **Lead Applicant** will serve as the primary point of contact for the HRB during the review process and on the award, if successful. The Lead Applicant will be responsible for the scientific and technical direction of the research project. They have primary fiduciary responsibility and accountability for carrying out the research within the funding limits awarded and in accordance with the terms and conditions of the HRB.

The Lead Applicant **must**:

- Hold a post (permanent or a contract that covers the duration of the award) in a HRB recognised Host Institution in the island of Ireland (the “Host Institution”) as an independent investigator. For clinicians, an adjunct position in a HRB recognised Host Institution is acceptable. **OR**
- Be an individual who will be recognised by the Host Institution upon receipt of an award as an independent investigator who will have a dedicated office and research space for the duration of award, for which they will be fully responsible. The Lead Applicant does not necessarily need to be employed by the Host Institution at the time of the application submission.

[4] https://www.hrb.ie/funding/funding-schemes/public-and-patient-involvement-in-research/

They **must** show evidence of achievement as an independent researcher in their chosen research field by:

a) Demonstrating a record of research output, with at least three publications of original research in peer reviewed journals. Where appropriate, they should also provide evidence of other outputs (e.g., published book chapters, reports to government, research data and datasets, research materials, databases, audio/video products, national and/or international reports, patents, models and protocols, software production, evidence of influence on health policy and practice, outreach and/or knowledge translation activities, media coverage or other relevant activities) and/or any other relevant outputs that have resulted in a significant impact in their field.

b) Demonstrating record of independence by showing that they have secured at least one peer-reviewed research grant for a research project/s, as either the Lead Applicant or a Co-Applicant. Funding received for travel to seminars/conferences and/or small personal bursaries will not be considered in this regard.

c) Show evidence that they possess the capability and authority to manage and supervise the research team.

Only one application per Lead Applicant to this scheme will be considered.

Where an applicant fails to meet the eligibility criteria, the application will be deemed ineligible and will not be accepted for review. The HRB will contact the Lead Applicant in the event that this situation arises.

As signatory of the DORA Declaration[5], the HRB is committed to supporting a research environment where importance is placed on the intrinsic value and relevance of research and its potential impact in society.

6.1.2 Co-Applicants

Co-Applicants will be asked to select whether they are a **Researcher, Knowledge User, or PPI contributor** co-applicant for the purpose of the proposed research. Up to a maximum of **6 Co-Applicants** can be included.

A Co-Applicant has a well-defined, critical, and substantial role in the conduct and steering of the proposed research. Co-Applicants from outside the island of Ireland are welcome where this is appropriately justified in terms of added value for the project. A Co-Applicant may receive funding for items such as running costs and personnel but will not receive support towards their own salary if they are in salaried positions. However, researchers in contract positions/independent investigators, knowledge user and PPI contributor Co-Applicants can request their own salary, depending on their role and percentage of time dedicated to the research for the duration of the award**.**

Each Co-Applicant must confirm their participation and is invited to view the application form online. The terms of any co-application should be determined early, and relevant agreements should be in place by the onset of the project. The HRB advise that consideration should be given to issues such as

[5] Home | DORA (sfdora.org)

relative responsibilities, governance arrangements, intellectual property rights, reporting and access to data and samples when working up co-application agreements.

6.1.3 Collaborators

A Collaborator is an individual or an organisation who will have an integral and discrete role in the proposed research and is eligible to request funding from the award when properly justified. Named collaborators may include investigators or organisations from outside the Republic of Ireland, but an individual or organisation should **only** be named as Collaborator if they are providing specific contributions (either direct or indirect) to the activities. A collaborator may provide training, provide access to specific equipment, specialist staff time, staff placements, access to data and/or patients, instruments or protocols, industry know-how, or may act in an advisory capacity. Collaborators can come from a range of backgrounds such as academia, the private sector, a healthcare organisation, the charity sector, or a patient group (**up to a maximum of 10 Collaborators can be listed)**.

Profile details **must** be provided for **all** collaborators. In addition, each collaborator **must** complete a **Collaboration Agreement Form**. A template Collaborator Agreement Form will be made available on GEMS for download.

If access to samples, vulnerable population groups, healthy volunteers or patients, data, databases, or a link to an existing national or international study (e.g., an existing cohort or longitudinal study) are an integral part of the proposed project, evidence of commitment and access must be demonstrated by having the Data Controller or key Gatekeeper of a study included as a Collaborator.

The applicant team will be asked to describe any relevant agreements that they have entered into to facilitate their partnership working. The terms of any collaboration should be determined early, and relevant agreements should be in place by the onset of the project. The HRB advise that consideration should be given to issues such as relative responsibilities, governance arrangements, ownership and copyright, access and sharing of data and samples etc. when working up partnership proposals.

6.1.4 Funded Personnel

Applicants must demonstrate that the level, expertise, and experience of proposed research personnel matches the ambition and scale of the project and that they possess the necessary breadth and skills in all methodological areas required to deliver the proposed programme of work. Alignment between personnel requested and the proposed project should be demonstrated. Roles and responsibilities of funded personnel must be differentiated and clear.

Unlike the HRB's research career schemes, this scheme is not framed as a training initiative and is not suitable for students in pursuit of a higher degree. Furthermore, it is anticipated that given the emphasis on timely deliverable of outputs, funded roles may be more suited to experienced researchers.

7 Host Institution

A HRB Host Institution is a research-performing organisation approved by the HRB for the purpose of receiving and administering HRB grant funding and is responsible for compliance with all general and specific terms and conditions of awards. HRB Host Institution status is a requirement to submit an

application under all HRB award schemes. The **Host Institution for the award** is normally that of the **Lead Applicant** but it may be another organisation/institution designated by the research team, where it is clearly justified. In order to be eligible to apply for funding, an Institution must be an **approved** HRB Host Institution no later than two calendar months before the closing date of a call. A list of currently approved HRB Host Institutions and information on the application process for research performing organisations to be approved as HRB Host Institutions can be found on the HRB website[6].

Please note that this call **is** open to Host Institutions from **Republic of Ireland and Northern Ireland**.

Host Institution Letters of Support must be provided for **(1) all Lead Applicants in a contract position and (2) Co-Applicants in a contract position who are seeking their own salary.** The formal letter on headed notepaper, dated and signed by the Head of School/Research Centre/Hospital must include the following information; [*Host Institution – insert name*] which is the host institution of [*applicant – insert name*] confirms that [*applicant – insert name*]: (i) holds an employment contract which extends until [*insert date*] or will be recognised by the host institution upon receipt of the HRB Evidence for Policy award as a contract researcher; (ii) has an independent office and research space/facilities for which they is fully responsible for at least the duration of the award, and *[where applicable]* (iii) has the capability and authority to supervise the research team. Electronic signatures are acceptable for letters that are uploaded on the HRB GEMS system.

It is the responsibility of the Lead Applicant to ensure that applications are completed in full, and all necessary documentation is received by the HRB on, or before, the closing dates indicated.

8 Application, Review Process and Assessment Criteria

8.1 Grant E-Management System (GEMS)

Applications must be completed and submitted through the HRB online Grant E-Management System (GEMS) (https://grants.hrb.ie/).

The application must have been reviewed and approved by the signatory approver at the research office (or equivalent) in the Host Institution before it is submitted to the HRB. Therefore, applicants should ensure that they give the signatory approver sufficient time before the scheme closing date to review the application and approve it on GEMS. Please note that many host institutions specify internal deadlines for this procedure.

The HRB is committed to an open and competitive process underpinned by international peer review. To ensure the integrity of the assessment process, conflict of interest and confidentiality are applied rigorously in each stage of the process.

Applicants must **select which of the policy research questions** they are proposing to answer. Applicants must refer to the application form guidance (Appendix II) and **detailed specification** for the relevant research questions (Appendix I).

8.2 Review Process

[6] https://www.hrb.ie/funding/funding-opportunities/before-you-apply/

Applications will be initially checked for eligibility by HRB staff members.

Close attention will be paid to the extent that the proposal addresses the scope of the topic. Applications deemed outside of scope will not proceed to review.

Following the initial eligibility check, each eligible application submitted to this scheme will undergo a four-step review process.

Step 1 – Written Panel Review, Public Review

An international grant selection will be convened. Panel members are selected based on the range of applications received and the expertise and skillset needed (e.g., research area and methodological and analytical approaches, knowledge translation/applied policy research, etc.). Panel members are assigned as lead and secondary reviewers to specific applications.

Panel members will be asked to provide written comments based on the stated assessment criteria for the call and will provide comments as well as a score.

Public reviewers will only assess the quality of PPI in the application and will provide comments and an overall rating which will be shared with the panel. Public reviewers will not provide a score.

Public Reviewers are asked to comment on the following:

- The plain English summary (Lay Summary)
- PPI in development of and throughout the project
- Making it straightforward for research participants

The HRB will share the public review feedback with the PPI Ignite Network team in the Host Institution where applicable.

Step 2 - Applicant Response

Applicant teams will be provided with a time-limited opportunity to respond to panel and public review comments (see Section 9 Timeframe). Neither panel nor public review comments will include any reference to the reviewer's identity. Public review ratings will be shared.

Review comments will be made available to the Lead Applicant on their GEMS personal page. The Lead Applicant will have a maximum of 10 working days to submit their response through GEMS. The response will be provided to members of the Review Panel, in advance of the Panel meeting, along with the application, panel and public reviews. The response to the public review will be given to the public reviewer as a feedback and learning opportunity.

Step 3 – Panel Meeting

The panel will meet to discuss applications. Panel members have access to the application, panel and public reviews and the applicants' response. HRB staff members are present at the meeting to clarify any procedural aspects for the Chair or Panel members and to take notes for the feedback process. Representatives from the DOH may also attend as observers.

The panel will review the strengths and weaknesses of the application relating to the assessment criteria detailed below. Successful applications are expected to score well in all review criteria. While PPI is not a stand-alone assessment criterion, it may influence scores under any criterion as relevant to the application.

A final score will be collectively agreed for each application and they will be ranked in each topic area according to score.

The recommendations of the Review Panel will be presented for approval at the next scheduled HRB Board meeting. When the Board of the HRB has approved the process and recommendations, HRB staff will contact the Lead Applicants and Host Institutions to notify them of the outcome. A summary of Panel Member's comments and the panel discussion comments will be issued to the Lead Applicant following the Board approval stage.

Step 4 – Pre-contract engagement

Prior to finalisation of contracts for applications approved by the HRB Board, the HRB will convene a meeting of the applicant team and relevant DOH officials to discuss policy needs, in order to clarify and finalise research and iKT plans, deliverables and timelines ahead of contracting.

8.3 Assessment Criteria

The following assessment criteria, which have equal weight, will be used to assess applications **by the panel reviewers**. Successful applications will be expected to **rate highly in all criteria**.

- **Relevance to policy requirements**
  - Alignment with the research specification
  - Demonstrated understanding of wider policy context in healthcare
  - Relevant grounding in national/international evidence base
- **Team and environment:**
  - Expertise and track record of applicant team
  - Suitable skill mix
  - Access to external expertise where needed
  - Supports, infrastructure, environment
- **Scientific Quality:**
  - Quality and appropriateness of research design
  - Well defined and appropriate methodological approach
  - Added value, originality and innovation
- **Potential impact:**
  - Understanding of iKT and the factors to ensure demonstrable benefits to policy makers
  - Quality of proposed* policy engagement strategy
  - Quality of broader dissemination and knowledge translation plans
- **Management and feasibility**
  - Appropriate project management and governance arrangements
  - Due consideration of timelines for delivery of outputs, and feasibility of same

- Project plan demonstrates adequate resources (including staffing)
- Risk mitigation strategy.

Each assessment criterion is weighted equally.

Panel members will be advised to take PPI aspects into consideration under any of the assessment criteria as considered relevant.

*While the final research and iKT plans for successful projects will be agreed in a meeting with the requesting policy unit at pre-contracting stage, due consideration of the proposed approach to iKT and engagement is expected at application stage.

9 Timeframe

Date	
17 April 2025	Call Opening
12 June 2025 @13:00	Call Closing
June to July 2025	Scientific and public review
August 2025	Right to Reply
September 2025	Panel Review Meeting
26 September 2025	Panel recommendations presented to HRB Board
October 2025	Pre-contract engagement meetings
October to November 2025	Contracting
1 December 2025	Start date

10 Contacts

For further information on the **Evidence for Policy Programme** contact:

David Connolly

Project Officer

Research Strategy and Funding

Health Research Board

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The HRB reserves the right to reject any application that does not meet the terms of this call. **The HRB's Policy on Appeals on funding decisions is available at** HRB Appeals Policies.

Appendix I: Summary of Policy Topics and related research requirements

Topic 1

Evidence on effective strategies to promote physical activity in the community for secondary prevention following stroke.

Objective is to provide evidence to inform solution/s for promoting physical activity in the community that are scalable at a national level in Ireland.

Policy Context

Stroke remains the second leading cause of death in middle- and higher-income countries and the leading cause of adult acquired neurological disability in Ireland. Approximately 6,000 adults in Ireland had a stroke in 2022 and incidence is expected to rise over the coming decades emphasising the critical importance of developing new and innovative prevention strategies. Survivors of stroke have an elevated risk of recurrent stroke. It is estimated that stroke accounts for up to 4% of total health expenditure annually.

A large population study found that people who were physically active had a 68% lower chance of stroke or death than people who were sedentary (Mittleman and Mostofsky, 2011). People with mild stroke or TIA have a 6-fold risk reduction for recurrent stroke if they undertake cardiovascular exercise, which is independent of receiving the recommended pharmacological management (Turan et al, 2017). However, despite the health benefits of exercise, community-dwelling individuals with stroke are often sedentary, spending the majority of their day sitting, a known risk factor for cardiovascular disease and stroke, including recurrent stroke. Maintenance of physical activity also has a positive effect on other symptoms common among stroke survivors including social isolation, cognitive and emotional symptoms.

Early effective rehabilitation and effective supports in the community are critical, therefore, for the maintenance of physical activity after stroke. In 2017, WHO hosted *Rehabilitation 2030: A Call for Action*, highlighting the urgent need to address unmet needs for rehabilitation around the world, and the necessity of rehabilitation for achieving SDG 3: to ensure healthy lives and promote well-being for all at all ages. The WHO Global Disability Plan (2014-2021) and the WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 stress that implementation of actions for rehabilitation involves all sectors and diverse actors from national and local governments plus a wide range of partners, including international organisations, nongovernmental organisations, the private sector, communities, and people with disability and their families.

Despite this, there is currently no organised holistic secondary prevention pathway post stroke. Research shows that attainment of secondary prevention targets is poor in Ireland with high rates of recurrent stroke (Brewer et al, 2015). While mortality from stroke has reduced significantly in the last decade due to improvements in acute stroke care, the pathways for rehabilitation and secondary prevention post stroke vary greatly based on where you live.

Under the Neurorehabilitation Framework 2019-2021, the HSE is establishing managed clinical rehabilitation networks to support stroke survivors with person-centered rehabilitation at the lowest level of complexity. Under the HSE National Stroke Strategy 2022-2027, the HSE is also expanding its Early Supported Discharge Team networks which will help those with mild to moderate stroke get

home quicker through provision of rehabilitation in the person's home. The Strategy makes a number of recommendations around secondary prevention, including the development of specialist secondary prevention clinics. However, it is not clear how stroke survivors should be supported to remain active in the community.

Some people may receive rehabilitation through limited sessions of primary care therapies or in some instances no rehabilitation at all depending on where they live. Supports to remain active once formal rehabilitation has ended are often provided by voluntary organisations such as the Irish Heart Foundation, Croí and the Cork Stroke Support Centre. Another example is Exwell medical CLG who provide exercise classes for people living with chronic conditions such as stroke. To improve patient outcomes and to optimise the use of increasingly constrained healthcare services, there is an opportunity in Ireland to partner with the third sector to deliver post-acute rehabilitation and ongoing exercise programs for the maintenance of physical activity in the community post stroke.

Anecdotal evidence suggests a partnership approach can deliver positive outcomes and make an impact on stroke survivor experience. However, considering plans for secondary prevention clinics as envisaged under the current National Stroke Strategy and ahead of the development and implementation of the next Stroke Strategy in Ireland, robust evidence is needed to inform the development of a national secondary prevention pathway post stroke.

How will the evidence inform policymaking?

The research question invites research teams to present innovative proposals to explore the evidence gap in Ireland and potential solutions that are scalable to the national level**.** This research explores a gap which has been highlighted through current policy implementation and aims to build the evidence to feed into future policy options and design. The current National Stroke Strategy lapses at the end of 2027 and development of the next strategy will likely commence in 2026 so this research call is timely to help inform the development of future stroke policy. Ideally findings would be available before the end of 2027 and preliminary findings earlier than this.

Further details on the research specification

Research teams are invited to submit innovative proposals to explore this evidence gap in Ireland and to provide evidence on feasible, acceptable, safe, affordable and effective solutions that promote physical activity in the community following stroke and deliver improved functional outcomes and secondary prevention. These should be potentially scalable at national level.

The following should be considered in developing proposals:

- Proposals should include an appraisal of current secondary prevention services for survivors of stroke in Ireland, or include a more substantive mapping exercise as an early deliverable.
- Proposals should draw on existing systematically gathered evidence on secondary prevention solutions that will support survivors of stroke to exercise and maintain regular physical activity levels, to underpin their proposed solution.
- While the evidence gap in focus is physical activity, projects which look at physical activity in addition to other factors such as education/self-management, behaviour change, medication adherence, diet, smoking, social connectedness etc are also welcome.

- Recognising the resource demands on the HSE, solutions that involve partnering with voluntary organisations or other non-for-profits are welcome.
- Solutions may entail face-to-face, personalised or group interventions and/or emerging technologies such as telehealth and wearable devices, or combinations of same.
- Solutions should ideally integrate or have the potential to integrate with the existing HSE stroke services including HSE secondary prevention clinics, where available, to ensure a seamless pathway of care for patients.
- Solutions with related cost estimates are desirable.

During the project, the views of stroke patients, healthcare providers (including the National Clinical Programme for Stroke), voluntary organisations and other stakeholders should be sought to ensure that the programme meets the needs of these groups.

References and Relevant Policy Documents

Secondary prevention after ischaemic stroke: the ASPIRE-S study.

Brewer at al., 2015, BMC Neurol; 15: 216.

(https://bmcneurol.biomedcentral.com/articles/10.1186/s12883-015-0466-2)

Physical, psychological and chemical triggers of acute cardiovascular events

Mittleman M. and Mostofsky E., 2011, Preventive strategies. Circulation. 2011;124: 346–354

(https://pmc.ncbi.nlm.nih.gov/articles/PMC3139921/)

Relationship between risk factor control and vascular events in the SAMMPRIS trial.

Turan T et al, 2017, Neurology. 2017;88:379–385.

(https://pmc.ncbi.nlm.nih.gov/articles/PMC5272964/)

HSE National Stroke Strategy 2022-2027

https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-stroke-strategy-2022-2027.pdf

Get Ireland Active -Healthy Ireland

https://assets.gov.ie/7563/23f51643fd1d4ad7abf529e58c8d8041.pdf

WHO Factsheet: Rehabilitation. Sustainable Development Goals: health targets.

https://www.who.int/europe/publications/i/item/WHO-EURO-2019-2384-42139-58051

The WHO Global Disability Plan (2014-2021)

https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021#:~:text=The%20action%20plan%20was%20endorsed,collection%20of%20relevant%20and%20internationally

The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030

https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6751-46517-67449

National Strategy & Policy for the Provision of Neuro-Rehabilitation Services in Ireland: Implementation Framework 2019-2021.

https://www.hse.ie/eng/services/list/4/disability/neurorehabilitation/national-strategy-policy-for-the-provision-of-neuro-rehabilitation-services-in-ireland.pdf

Topic 2

To develop an evidence-informed framework for medical workforce staffing and skill mix (where medical workforce refers to consultants, NCHDs and Interns) to inform future policy on medical workforce planning and configuration in Ireland.

Objectives:

1. **Identify and gather the required information, data, and evidence from multiple sources, nationally and internationally, to develop the most informed, applicable, relevant, and reliable framework, appropriate for medical workforce staffing and skill mix in Ireland.**
2. **Conduct pilot testing of existing best practice methodologies/tools/benchmarking and proposed framework/policy approaches.**

Policy Context

High-performing health systems rely on having sufficient numbers and the right mix of health workers to achieve health system goals and objectives. It is essential that medical workforce configuration evolves to meet the needs of the population and provide high quality patient care. Increasing numbers of older people in our population, the impact of the European Working Time Directive (EWTD) on staffing, and increased incidence of multimorbidity have all contributed to increased complexities in medical staffing rosters, workloads, staff health and wellbeing, and in how we continue to deliver high quality safe patient care.

Workforce planning and staffing is fundamental to supporting the Department of Health (DOH) in delivering health service reform, meeting the evolving needs of the population and providing high quality and safe patient care. Appropriate staffing levels, appropriate deployment and skill mix are critical for the successful implementation of priority health initiatives and strategies, including Sláintecare and the roll-out of the Health Regions, improved hospital productivity and capacity, the delivery of community care, enhanced integrated care and the accessibility of health services.

Issues related to recruitment and retention of doctors and medical workforce staffing are fundamentally linked. Work is ongoing in the Department of Health and the Department of Further & Higher Education, Research, Innovation & Science (DFHERIS) to increase the number of doctors entering the medical workforce and to increase the number of postgraduate medical training places for doctors in training

The complexity of related problems and challenges have been highlighted by medical workforce working groups and stakeholders. The final report of the National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce published by the Minister for Health in February 2024 included a recommendation regarding the establishment of a multi-stakeholder policy group for the purpose of defining benchmarks for medical safe staffing levels including clinician tier for a variety of clinical situations.

How will the evidence inform policymaking?

A lack of existing information, in Ireland and globally, presents challenges for determining the most appropriate medical staffing level and skill mix for deployment of resources and optimal team working across the health service.

Building on the success of an equivalent (HRB-funded) and ongoing research programme which has informed the *Framework for Safe Nurse Staffing and Skill Mix,* applications are being invited from the research community to support the development of an evidence-informed framework for medical workforce staffing and skill mix in Ireland (where medical workforce refers to consultants, NCHDs and Interns) and to engage with the multi stakeholder policy group to inform their deliberations.

The aim of the research is to assist with developing a framework for appropriate medical workforce staffing levels and skill mix including tools, methodologies and benchmarking systems for the Irish health service. As a result of this project, policy makers will be supported to make informed evidence-based long-term plans and decisions regarding medical staffing and patient care, and ultimately the health service will have the tools and supports needed to monitor and calculate their medical staffing needs, linked to patient care requirements and outcomes.

Further details on the research specification

This research project should identify and gather the required information, data, and evidence from multiple sources, nationally and internationally, to develop the most informed, applicable, relevant, and reliable framework, appropriate for medical workforce staffing and skill mix in Ireland. This will require a mixed methods approach combining both quantitative and qualitative inputs.

The core objective is the development of a framework, based on best available international evidence and experience, to support the determination of staffing and skill mix requirements for the medical workforce (consultants, NCHDs, Interns) in consultant led public health services in Ireland to include acute hospitals and integrated care settings.

The project should take into consideration how the framework can integrate with other existing or future frameworks for staffing and skill mix that may evolve across the health service.

As part of this work, the research team will be required to engage with the multi stakeholder policy group regarding research objectives and findings.

Expected research activities include:

1. Gather national and international evidence to inform potential solutions for a framework for medical workforce staffing and skill mix, including but not limited to:
   - evidence on international best practice in medical workforce staffing, relevant to Irish health service requirements
   - existing medical workforce staffing tools and methodologies, and evidence of their evaluation and validation in other health service setting or jurisdictions
   - on-site evidence review and data gathering exercise, including medical staffing level evaluation, across consultant led public health services in Ireland including acute hospitals and integrated care settings to establish and evaluate baseline data

- propose approaches and different options and outline how they would support solutions specifically appropriate for Irish hospitals, including analysis of potential opportunities, costs, benefits, risks, challenges associated with the different options/approaches
- ascertain the most appropriate medical workforce staff and patient related outcome measures to be used to evaluate the impact of implementing the proposed solutions/approaches.
- identify indicators that could be measured to assist with integrating the output from the proposed medical workforce framework with the existing/ongoing nursing framework, and any other framework for staffing and skill mix that may evolve across the health service.

2. Develop an appropriate and reliable medical workforce staffing and skill mix policy/framework for the Irish health service, underpinned by a set of guiding principles.
3. Develop a pilot testing stage to test best practice methodologies/tools/benchmarking and proposed framework/policy approaches and provide insights and recommendations for implementation and monitoring of the framework.

The scope of clinical sites, patient care areas, and medical disciplines/roles to be included in the data gathering phase, and in a pilot testing phase, may require further consideration and refinement as there may be wide variation in circumstances, patient care pathways, work processes and flows, and staffing requirements across different care settings. Considerations may include a cross section of Health Regions, hospital categories; medical specialties and disciplines; medical and surgery settings, in-patient and out-patient areas, and other roles within medical teams.

The research project should draw on the RCP UK work on the medical workforce. Differences in the Irish and UK health service structures and workforce configuration mean that the approaches, methodologies and benchmarking may not be directly applicable but there will be learnings from this work. However, the stage of development, implementation, evaluation and validation in the UK would also need to be considered before applying any learnings in the Irish context. It is worth noting that the RCP UK report considered the core medical services of a hospital comprising four distinct areas of activity, each with its own staffing needs:

- the medical assessment and admission team
- the medical ward team
- the weekend medical ward team
- the medical team on-call (providing out-of-hours cover for inpatients with medical problems).

Some considerations for the Irish context include:

- Working hours/shift/on-call patterns, day/night/seasonal pressures etc.
- Overall hospital staffing
- Patient doctor ratio and Consultant NCHD ratio
- Bed occupancy levels
- Absenteeism and turnover rates
- Moving towards consultant-delivered care

- Public Only Consultant Contract introduced in 2023
- Ongoing workforce planning and reform work in the Department and HSE that will impact on future medical staffing requirements e.g. advanced practice in Nursing & Midwifery & HSCPs and new clinical grades e.g. Physician Assistants
- Potential impacts on, linkages with, and opportunities to align/collaborate with other health service workforce cohorts e.g. nursing & midwifery workforce
- Environment (for patients and staff)

The research project will also need to take into account other recommendations of the NCHD Taskforce e.g. relating to NCHD working hours, the European Working Time Directive (EWTD), Organisation of Working Time Act (OWTA), rostering, emergency roster planning, multi-disciplinary teams, integrated task delivery/task sharing, protected time for education and training for NCHDs and consultants and workforce configuration.

The research should draw all relevant learnings from the research programme that has developed an evidence-informed framework to support the Taskforce on Staffing and Skill Mix for Nursing. This framework was the first of its kind nationally and will inform and support the proposal for a medical workforce staffing and skill mix framework.

It should be noted that the evidence to inform the nursing staffing framework identified no single "one size fits all" approach to determining safe nurse staffing and skill mix for use across general and specialist medical and surgical in-patient acute adult hospital settings. The evidence supports the systematic assessment of a range of elements to determine safe nurse staffing and skill mix requirements. This reflects the complexity of a dynamic equation to determine safe nurse staffing and skill mix whereby the estimation will vary across and within organisations due to the changing dynamic of patients, nursing roles and profiles, and the environment.

It is expected that research on medical workforce staffing and skill mix will identify similar, contrasting and further complexities. This will require access to a range of datasets, including HSE census data (readily available), in addition to data sets from various NDTP medical workforce reports which are publicly available. The availability of data from the NDTP Doctors Integrated Management E-System (DIME) is currently being finalised between NDTP and the Department. Health in Ireland Key Trends 2024, published by the Department of Health, has a series of data sets on hospital care that can also feed into this research.

Related work ongoing in the Department of Health will need to be considered by the research including, but not limited to, Health and Social Care Long Term Workforce Planning, the Productivity and Savings Taskforce Action Plan. In addition to the elements that influence the determination of safe staffing at local/clinical site level, macro level factors that are outside the immediate control of the local clinical environment need to be considered at organisational level in the wider context of the health service (e.g., Government policy, health service reform and redesign, national economic situation and health budget, Emerging technologies, employment law, regulation).

In addition to working with the multistakeholder policy group, consultation and engagement with key stakeholders and subject matter experts will be essential to inform and support the research, including frontline medical staff, senior hospital managers, senior HSE management and Department of Health officials, as well as regulatory bodies and academic institutions. Key stakeholders include,

but are not limited to, the medical workforce (e.g. NCHDs, Hospital Consultants, Interns); other related clinical and non-clinical roles across health service workforce (including Nursing and Midwifery, HSCPs); HSE (Chief Clinical Officer, National Doctor Training Programme (NDTP), Health Regions, National HR); the Forum of Irish Postgraduate Medical Training Bodies, the Medical Council; Irish Medical Organisation (IMO).

The timely delivery of research outputs is critical for consideration of the NCHD Taskforce recommendation on medical workforce safe staffing. It is acknowledged that this is a complex project, so it is anticipated that 24 months may be required to complete the desired outcomes. it will be critical to agree interim milestones during that period. For example, completion of initial information gathering months 1-6; development of framework options months 6-12; testing of best practice options months 12-24. Interim findings to inform policy development will be a requirement.

Relevant Policy Documents

Royal College of Physicians, UK, Guidance on safe medical staffing working party report (2018)

https://www.rcp.ac.uk/policy-and-campaigns/policy-documents/guidance-on-safe-medical-staffing/

Safe Nurse Staffing and Skill Mix Publications (Interim and Final Reports)

https://www.gov.ie/en/publication/2edf9-safe-nurse-staffing-and-skill-mix-publications/#phase-1-framework-for-safe-nurse-staffing-and-skill-mix-in-general-and-specialist-medical-and-surgical-care-settings-in-ireland-2018

National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce Final Recommendations

https://www.gov.ie/en/publication/631e7-national-taskforce-on-the-non-consultant-hospital-doctor-nchd-workforce-final-recommendations-report

Department of Health, Statement of Strategy (2023-2025)

https://www.gov.ie/en/publication/49239-department-of-health-statement-of-strategy-2023-2025/

Health In Ireland, Key Trends 2024

https://www.gov.ie/en/collection/f2e25-health-in-ireland-key-trends-2024/

Health Service Capacity Review (2018): REVIEW OF HEALTH DEMAND AND CAPACITY REQUIREMENTS IN IRELAND TO 2031

https://assets.gov.ie/10132/7c2a2299ca924852b3002e9700253bd9.pdf

Sláintecare Publications (including Action Plan 2023)

https://www.gov.ie/en/publication/0d2d60-slaintecare-publications/

NDTP Medical Workforce Analysis Report 2023-2024

https://www.hse.ie/eng/staff/leadership-education-development/met/plan/medical-workforce-report-23-24-digital.pdf

NDTP Annual Medical Retention Report 2023

https://www.hse.ie/eng/staff/leadership-education-development/met/plan/annual-medical-retention-report-2023.pdf

Model 3 Hospitals- Consultant Recruitment and Retention Report

https://www.hse.ie/eng/staff/leadership-education-development/met/publications/

Productivity and Savings Taskforce Action Plan

https://www.gov.ie/pdf/?file=https://assets.gov.ie/295333/2777d1ad-d8f8-4070-ac7d-388e4066c61a.pdf

Topic 3

Evidence to inform the development and implementation of a statutory home support scheme in Ireland.

The objective of the research is to examine the responsiveness of home support services for older people in Ireland and to identify factors influencing their experiences.

Policy Context

Worldwide increases in the numbers of older people alongside an accompanying international policy incentive to support ageing-in-place have focussed the importance of home support services. The overarching vision of Sláintecare is summarised as, “Right Care, Right Place, Right Time” and a primary goal is to enable people to remain healthy and live in their own communities for as long as possible by improving primary and community care. In Ireland, a number of important measures are being introduced to respond to the needs of older people and to improve service quality and safety.

The Programme for Government commits to "introduce a statutory scheme to support people to live in their own homes, which will provide equitable access to high-quality, regulated home care". The legislation to establish a licensing framework for home support providers is at an advanced stage and draft regulations have been developed which set out minimum requirements that providers must meet to hold a license. HIQA quality standards for home support services will be published in 2025 and set out outcomes people should expect from a service. Responsiveness refers to a system's ability to effectively address service users' needs, concerns, and preferences and this is a key principle of the HIQA quality standards which states that the care and support provided is integrated and tailored to meet the needs of the person receiving home support services.

The Home Support Service is funded by Government to deliver a volume of service each year as approved in the HSE National Service Plan (NSP). Home support is currently a non-statutory service and access to the current service is based on needs assessment by the HSE, having regard to the available resources and competing demands for the service. Home Support Services for Older People are provided either by directly employed staff or by voluntary and private providers who have formal tender arrangements with the HSE to deliver the services. The demand for Home Support has grown considerably over the past number of years and the budget for home support in 2025 is the largest ever at circa €838 million. This is an increase of nearly €122 million on Budget 2024 and an increase of over 70% when compared to the 2020 budget of €487m. NSP 2025 provides for the delivery of 24 million hours of home support (including Intensive Home Care Packages) to over 59,000 people by year end.

Older people are a heterogenous population with varied functional levels, comorbidities and utilisation of community services (O’Halloran et al 2021). Home support services are prioritised for those who require support with personal care and the activities of daily living. Services also include support with instrumental activities of living, medication administration, occupational and social engagement. Older people with moderate to complex needs require tailored home supports and integrated health professional services. For others, the complexity of the service user needs may exceed community supports available warranting residential care. Standardising care needs assessment is a priority for the DOH and the HSE have prioritised implementation of interRAI

(https://interrai.org/about-interrai/) for home support applications. As a basis for equitable allocation of services, analysis of interRAI data outputs is informing development of a care banding decision support framework. The HSE vision for the Future Home Support Operating Model provides for standardised processes and an end-to-end service user pathway.

To complement all of these ongoing initiatives, research is needed to examine the responsiveness of home support services in Ireland from the perspective of older people who use home support services. The output of the research will inform development and implementation of a statutory home support scheme in Ireland.

How will the evidence inform policymaking?

Responsive health and social care systems anticipate and adapt to changing needs, harness opportunities to promote access to effective interventions and improve quality of health services, ultimately leading to better outcomes. In the context of Irish health services, responsiveness refers to the ability of the system to effectively meet the needs of individuals using its services, balancing those needs with those of others.

Increasing demands for home support hours are outpacing the availability of care workers, particularly in rural areas. Currently, home support services are fully exchequer funded for those who have been assessed by the HSE as requiring the service. The output of the EfP research will complement a number of ongoing projects (i.e., workforce planning) and research (i.e., care banding, capacity modelling) initiated by the Department and the HSE to develop a sustainable future model for home support services that meets increasing demands.

The proposed research will provide valuable insight into the responsiveness of home support services as perceived by older people who use these services and should:

- identify service user expectations and guide actions to further strengthen health systems.
- provide greater insight into the home support service, how it enhances quality of life, justify expenditure and inform service delivery and policy decisions.
- inform policy decisions regarding how best to direct resources to support people in their own communities.
- inform the evidence base to develop the infrastructure, services and care pathways required as part of the development of the statutory home support scheme.

Further details on the research specification

Research teams are invited to submit innovative proposals to explore this evidence gap and provide evidence to inform the development and implementation of a statutory home support scheme in Ireland. The research should examine the responsiveness of home support services for older people and identify factors influencing their experiences. Research findings should provide valuable insight into the circumstances, needs, expectations and preferences of older people who avail of home support services in Ireland. While the focus is on older people who are recipients of home support services in Ireland, the research may involve family carers as a representative voice of those with dementia or more complex care needs, as required.

Research findings should illuminate home support service provision in Ireland and its responsiveness to the needs of an older population, demonstrating benefits and value from a service-user perspective. It should also uncover deficiencies where the home support service fails to meet service user expectations.

The experience of home support services may be shaped by:

(a) Individual Circumstances (i.e. Age, Functional Dependency, Frailty, Home Support Needs, Family Support, Community Interaction, Wider Service Engagement) and
(b) Characteristics of the Home Support Service (i.e. Home Support Hours, Timing of Visits, Service Provided, Length of time since initiation, reviews and changes to arrangement, Relationship with Home Support Worker, geographical location, rural or urban)
(c) Other factors: On the service user side, key influences might include passive and active expectations of the health system or the wider historical, social, cultural and political context which shapes these expectations. On the systems side, this might include attitudes of health workers and organisation and management of the home support service, or service arrangements (HSE direct or indirect service provision, privately provided service).

This research should provide an understanding of the responsiveness of home support services and identify key determinants of experiences of people-system interaction. The research approach should be shaped by a review of existing knowledge and conceptual frameworks such as that proposed by Tolib Mirzoev, Sumit Kane (2017).

Key stakeholder engagement may be required to aid research methodological decisions, data analysis and formation of recommendations in the context of a reformed model of service delivery and development of the statutory home support scheme.

References and Relevant Policy Documents

Tolib Mirzoev, Sumit Kane - What is health systems responsiveness? Review of existing knowledge and proposed conceptual framework: BMJ Global Health 2017;2:e000486
https://gh.bmj.com/content/2/4/e000486

General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024

https://www.gov.ie/en/publication/a3ef4-general-scheme-of-the-health-amendment-licensing-of-professional-home-support-providers-bill-2024

Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation: A report by the Institute of Public Health in Ireland for the Department of Health, January 2023.

https://www.publichealth.ie/news/new-report-will-inform-regulations-providers-home-support-services-ireland

HIQA (2024) Draft National Standards for Home Support Services: Public Consultation.

https://www.hiqa.ie/reports-and-publications/consultation/public-consultation-draft-national-standards-home-support

O'Halloran A.M., Hartley P., Moloney D. et al. Informing patterns of health and social care utilisation in Irish older people according to the Clinical Frailty Scale, HRB Open Research 2021, 4:54 (https://doi.org/10.12688/hrbopenres.13301.1)

A pilot of the InterRAI Family Carers Needs Assessment form in Ireland, Carney and Harrison, 2023, Eur J Public Health, 33 (Suppl 2): 160.169
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10595165/

de Almeida Mello et al, Int J Integr Care, 2023 Feb 13;23(1):8.
The Implementation of Integrated Health Information Systems – Research Studies from 7 Countries Involving the InterRAI Assessment System

https://ijic.org/articles/10.5334/ijic.6968

Linking care bands to resource allocation for home support and long-term residential care: an evidence review, Health Research Board, July 2021,

https://www.hrb.ie/wpcontent/uploads/2024/05/Linking_care_bands_to_resource_allocation_for_home_support_and_long-term_residential_care_An_evidence_review_Final.pdf

Demand for the Statutory Home Care Scheme, ESRI Series, March 30, 2021

https://www.esri.ie/publications/demand-for-the-statutory-home-care-scheme

Home support services in Ireland: Exchequer and distributional impacts of funding options, ESRI Survey and Statistical Report Series, February 24, 2022

www.esri.ie/publications/home-support-services-in-ireland-exchequer-and-distributional-impacts-of-funding

Appendix II: Detailed Guidance on the Application Form

Only registered users of the GEMS system can apply for grants. In order to submit an online application to the HRB, applicants are required to register at the following address: https://grants.hrb.ie

*Please refer to the **GEMS Technical Guidance Note**[7], available on the left-hand column of your GEMS profile homepage, for further information.*

The **Lead Applicant** must create the application, but it can then be jointly completed with named Co-Applicants.

Lead Applicants can register on GEMS and they will receive an email to confirm their registration and log in details. The Lead Applicant can then add information on their contact and CV details in 'Manage My Details' section of GEMS.

Lead Applicants previously registered on GEMS can login to GEMS and update any information regarding their contact and CV details in 'Manage my details'.

Once logged in to GEMS applicants are taken directly to the Home page which is the starting point to create a new Grant application.

The Applicant will be asked to complete a check list of mandatory questions. In order to access the application form, the Lead Applicant must satisfy the conditions of this check list:

Lead Applicant Eligibility	
I have read the Guidance Notes for the EfP 2025 call.	☑
I am clear about the role of the authorised signatory in the nominated Host Institution (HI) and I am aware that I need to build sufficient time into the application process for the HI to access, review and approve my final application for submission to the HRB through the GEMS system.	☑

Consent	
By submitting this application, I consent to (a) sharing of my data outside of the European Economic Area (EEA) for the purpose of international peer review, and (b) the use of my data for assessment of my application; monitoring of successful awards; and evaluation of HRB's approach to funding and investment in research, in line with HRB policies and as detailed in the EfP 2025 Call Guidance Notes.	☑

The Lead Applicant will be then able to start the application. Further details for completing each of the main sections of the application form are provided below:

[7] https://research.ie/assets/uploads/2020/05/CCGT-Grant-Application-System-Technical-Guidance-Notes.pdf

Host Institution

For the purposes of contracting, payment, and management of the award, HRB funds can only be awarded to HRB approved Host Institutions. Please note this call is open to Host Institutions from the Republic of Ireland and from Northern Ireland*. The Host Institution for the award is normally that of the **Lead Applicant**, but it may be another organisation/institution designated by the research team, where it is clearly justified. In GEMS you will be asked to identify a Host Institution (from this list) and type it in full (do not use acronyms such as UCD, TCD, NUIG). Once you have entered the first 3-4 characters of the Host Institution, you will be assisted with auto-select options. It is important that the Host Institution name is entered accurately and in full as an incorrect entry may result in delays in attaining Host Institution approvals.

If you wish to propose a Host Institution which is not on the HRB list, you are advised to contact the HRB at gemshelp@hrb.ie.

Note: In order to be eligible to apply for funding, an Institution must have been approved as a HRB Host Institution **no later than two calendar months** before the closing date of a call, only pre-approved Host Institutions will appear in this list.

***Please note that applicants from Northern Ireland will be required to partner with co-applicants from the Republic of Ireland in order to be eligible to apply.**

Signatory Notification (within Host Institution)

Once the **Host Institution** is selected at the initial stages of application creation, this will allow the Lead applicant to notify the **authorised signatory** (Dean of Research or equivalent person authorised to endorse research grant applications for the Host Institution) in that Host Institution of the Lead Applicant's intention to submit an application to EfP 2025. The signatory's details are pre-populated in the system, so the applicant just needs to click 'NOTIFY' within GEMS. We recommend that **you notify the Host Institution signatory** of your intention to apply as soon as possible in the application process. The signatory will receive an email from GEMS with the name and email details of the Lead Applicant and if they have any queries or clarifications, they can engage directly to resolve them with the Lead Applicant. The Host Institution signatory must confirm their willingness to participate as Host Institution for the application through GEMS and once they do this a PDF of the application will be available for them to review with a view to them ultimately approving the final version for submission to the HRB.

Topic selection

Applicants are expected to respond directly to requirements laid out in the research specification for one of three pre-defined topics.

Please select from the dropdown menu which Topic your research is proposing to address.

1 Lead Applicant's Details

Before entering their details Lead Applicants are asked to confirm that they are not applying for, holding, or employed under funding received from either the tobacco industry or alcohol industry or related actors, as per HRB's position statement of January 2024[8].

Details are requested about the **Lead Applicant** including their position and status (contract or permanent), and whether they are seeking salary-related costs. Please note that a **letter of support from the Host Institution** must be provided if the Lead Applicant is on a contract position.

Host Institution Letters of Support must be provided for (1) all Lead Applicant- in a contract position and (2) Researcher Co-Applicants in a contract position who are seeking their own salary. The formal letter on headed notepaper, dated and signed by the Head of School/Research Centre must include the following information; *[Host Institution – insert name] which is the Host Institution of [applicant – insert name]* confirms that *[applicant/co-applicant – insert name]*: (i) holds an employment contract which extends until *[insert date]* or will be recognised by the Host Institution upon receipt of the HRB EfP 2025 award as a contract researcher; (ii) has a dedicated office and research space/facilities for which they is fully responsible for at least the duration of the award, and *[where applicable i.e. supervisory role in project]* (iii) has the capability and authority to supervise the research team.

Electronic signatures are acceptable for letters that are uploaded on the HRB GEMS system.

The Lead Applicant's **contact and CV** details (Name, institution, present position, employment history, profession, and ORCID iD) are managed in 'manage my details' section of GEMS and **are automatically included in any application created involving that individual.** You are asked to select your 5 most relevant publications for this application.

Note: The HRB is now an ORCID member. Lead applicants are encouraged to include an ORCID iD by updating their GEMS profile under 'Manage my Details' and this will feed automatically into the application form. You have also the option to import your publication record from ORCID iD in addition to PubMed. Please note this is not a mandatory field for submitting your application. For more information and to register please see https://orcid.org/.

Publications and Funding Record

Publications are automatically included in any application created involving the Lead Applicant Researcher. To update this information, edit the 'My Research Outputs' section on the Home page of GEMS. You can then use the Publication selection tool in the relevant section of the application form to select your **5 most relevant publications** for this application.

You should also include your **5 most relevant funding awards** as Principal Investigator or Co-Applicant.

For the purpose of this application form, Funding Record details should be added directly on to the application form and will not be pulled through from the 'manage my details' section of GEMS.

[8] https://www.hrb.ie/funding/manage-a-grant/grant-policies/tobacco-and-alcohol-industry-funding/

Additional evidence of experience and expertise relevant to this application

The Lead Applicant can describe any additional experience or expertise that will provide evidence of their ability to successfully lead the proposed project. This section focuses on the applicant contribution to the generation of knowledge, new ideas and hypotheses/methods, translation of evidence to policy or practice. This can include how ideas and research results were communicated (written and verbally), as well as funding and awards received. The word limit is **400 words**.

Note: Research outputs can include datasets, software, publications, commercial or entrepreneurial or industrial products, educational products, clinical practice developments, policy publications, and other similar items. These should be examples of rigorous science following high standards, that are reproducible, and others can build upon.

Please do not include information related to H-indexes, impact factors, or any type of metric that refers to the journal, publisher, or publication platform. The scientific content of a paper is much more important than publication metrics or the identity of the journal in which it was published.

Breaks from research

In this section the Lead Applicant may want to mention breaks from research, such as statutory leave, secondments, flexible work arrangements or other relevant changes (e.g., sector or discipline) that may have affected or influenced their progression as researcher. Please state the period and the reason. The word limit is **150 words**.

2 Co-Applicants' Details

The Lead Applicant can add **up to 6 Co-Applicants** to an application by entering their name on GEMS. If the Co-Applicant is already registered on GEMS, the system will find them and will allow the Lead Applicant to select them. Alternatively, a Co-Applicant can be added manually by entering their name and email details. GEMS will send them an email with login details for completing the registration process and will inform them that they have been invited by the Lead Applicant to participate on the application as a Co-Applicant. **Registered Co-Applicants** can decide whether to accept or reject their participation and **must consent to the application being submitted jointly in their name**. If a Co-Applicant rejects participation on an application the Lead Applicant is informed and may revise the application accordingly. Co-Applicants who accept participation in an application will be able to edit the application. **The system will flag if another user is working on the application form at the same time via a pop-up warning. A member of the applicant team may choose to over-ride this pop-up message and continue to enter data, but it is advisable that they contact the other person directly to avoid losing data when applying the override function.**

Each Co-Applicant can manage their **contact and CV details** (Name, contact information, institution or organisation, present position, employment history, profession, membership details of professional bodies, and ORCID iD) under 'Manage my Details' section of GEMS and this information will be automatically included in any application that involves this individual.

Co-Applicants will be asked to select whether they are a **Researcher, Knowledge User, or PPI contributor Co-Applicant** for the purpose of the proposed research. If a Co-Applicants contributes from more than one perspective, please select the dominant role.

2.1 Researcher Co-Applicants

Researcher Co-Applicants will be asked to provide additional information in the application form, including their **5 most relevant publications** in peer-reviewed journals, their **relevant funding record** (past or current grants held, including HRB grants), and their **current position and status** (contract or permanent).

Additional evidence of experience and expertise relevant to this application

The Researcher Co-Applicant can describe their contribution to the generation of knowledge, new ideas and hypotheses/methods, translation of evidence to policy or practice. This can include how ideas and research results were communicated (written and verbally), as well as funding and awards received. The word limit is **400 words**.

Breaks from research

In this section the Researcher Co-Applicant may want to mention breaks from research, such as statutory leave, secondments, flexible work arrangements or other relevant changes (e.g., sector or discipline) that may have affected or influenced their progression as researcher. Please state the period and the reason. The word limit is **150 words**.

For Researcher Co-Applicants holding contract positions who are seeking their own salary, a **Letter of Support** from the Host Institution must also be included.

2.2 Knowledge User Co-Applicant

While there will be close engagement with DOH policy units during project delivery as the key knowledge user, the involvement of other relevant knowledge users (national or international) as co-applicants is welcome **where this adds value** to the research proposed.

Knowledge User Co-Applicants will be asked to provide information regarding **their expertise and experience in influencing decision making within knowledge user organisation(s).**

Knowledge User Co-Applicants will be asked to highlight their previous and current roles in influencing decision-making processes within their organisation or other relevant organisations. They should also use this space to highlight their specific experiences and expertise for the Knowledge User Co-Applicant role in relation to the proposed research. The word limit is **300 words**.

Knowledge User Co-Applicants will be asked to provide information regarding potential **Additional experience and expertise relevant to this application.** For example, they may wish to include any relevant research experience/expertise, previous experience of working in collaboration or links with researchers to produce research or evidence for health, evidence of Public and Patient Involvement in your knowledge user role, and roles/responsibilities as a constructive and effective change agent. The word limit is **300 words**.

2.3 PPI Contributor Co-Applicants

PPI Co-Applicants should provide some information regarding their experience and expertise relevant to this application. For example, they may wish to include relevant experience as a service user or carer, relevant experience from their personal lives, prior experience in PPI or any other useful background information. The word limit is **400 words**.

3 Collaborators' Details

The Lead Applicant can add **up to 10 collaborators** per application. Unlike Co-Applicants, the information for Collaborators **is not** automatically drawn from the 'Manage my Details' section of GEMS but must be entered by the Lead Applicant. The Lead Applicant must enter **contact and CV details** for all Collaborators including name, contact information, institution or organisation, present position, employment history, profession and membership details of professional bodies, **Publications and Funding Record** (if applicable) (**five most relevant** publications in peer-reviewed journals and details of any past or current grants held (including HRB grants) relevant to this application where the Collaborator has acted as Principal Investigator or Co-Applicant).

If access to data, databases, or a link to an existing national or international study (e.g., an existing cohort or longitudinal study) are an integral part of the proposed project, evidence of commitment and access must be demonstrated by having the Data Controller or key Gatekeeper of a study included as a Collaborator.

In addition, for each Collaborator a signed **Collaboration Agreement Form** must be provided. A template Collaboration Agreement Form is available for downloaded from GEMS. Forms must be completed, signed, dated, and uploaded where indicated on HRB GEMS. Please label each form with the name of the relevant Collaborator. Electronic signatures are acceptable on letters/forms that are uploaded on GEMS.

4 Project Details

4.1 Project Title

You are asked to provide a title that clearly describes the research to which this application is related. This should be descriptive and concise and should reflect the aim of the project. There is a **200 characters** maximum limit.

4.2 Project Duration and Start Date

Please indicate the expected length of the proposed project in months (minimum duration of 12 months and maximum duration is 24 months) and the proposed start date. Projects must start in December 2025.

4.3 Project Lay Summary

This lay summary is similar to the Project Abstract in that you are asked to describe what you propose to do, why you think it is important and how you are going to go about conducting, analysing and drawing conclusions from the research. The difference is that it **needs to be written as a plain English summary** such that it is clear, easy to understand, and is easily accessible to a lay audience. It should not be copied and pasted from elsewhere in the application. The lay summary may be used when providing information to the public with regards to the variety of research funded by the HRB and may be posted on the HRB website. A well-written lay summary will enable peer reviewers and Panel members to have a better understanding of your research application. The word limit is **300 words.**

4.4 Project Abstract

This should be a succinct summary of the proposed research. This structured summary should clearly outline the background to the research, the aims and hypotheses of the project. The objectives of the project and what the work is expected to establish should be described. It provides a clear synopsis of your application and should set the research application in context. The word limit is **300 words**.

4.5 Keywords

Please enter up to **5 keywords** that specifically describe your research project.

5 Project Description

Please ensure that your application is focused, and that sufficient evidence is provided to enable the international peer reviewers and grant selection panel members to reach a considered judgement as to the quality of your research application, its potential health impact and its feasibility.

The Project Description must include:

1. Background to the proposal
2. Overall Aim
3. Objectives and Deliverables (plus Gantt chart or alternative)
4. Research Design and Methodological Approach
5. Integrated Knowledge Translation (iKT) and Dissemination
6. Project Management
7. FAIR Data Management and Stewardship
8. Public and Patient Involvement (PPI) in the Research Project
9. Gender and/or Sex Issues in the Research Project
10. Potential Safety Risks and Ethical Concerns
11. Project Description Figures (where appropriate)
12. References

5.1 Background to the proposal

Describe the background to the research application, grounding your proposal in the national* and international context and evidence.

Demonstrate your understanding of why this research is both important and timely and how your research will address the policy evidence gap identified and, where applicable, advance the state of the art in this area.

*Be aware that the peer reviewers reading your application are based outside of Ireland, so it is critical to describe the healthcare delivery context in Ireland when discussing issues around the need (including specific needs of any under-represented groups), relevance, timeliness, and feasibility. The word limit is **1200 words**.

5.2 Overall Aim

Please state the overall aim of the research project. The word limit is **100 words**

5.3 Objectives and Deliverables

Please add a **minimum of 3** research objectives. Objectives should be SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound). For each objective, list a subset of deliverables which will be used to monitor progress throughout the lifetime of the award if successful. Objectives/deliverables should be mapped against estimated completion timelines in a Gantt chart, and any milestones highlighted.

The word limit is **60 words for each objective and 150 words for the deliverables**.

You must upload a **Gantt chart** which lists the above objectives and deliverables against the estimated timelines for completion, together with any additional milestones/key dates (e.g., protocol submission). **Where specific milestones and deliverables have been specified within the research topic, please ensure that the Gantt chart captures these.** Please note that the preparation and submission of Data Management Plans should also be added as deliverables/milestones of the Project, where applicable.

5.4 Research Design and Methodological Approach

We acknowledge that the topic and research questions vary greatly in this programme, so the designs and research methodologies will also vary. In some instances, the research specification set out by the requesting DOH policy unit references specific types of evidence required whereas in others it is completely open to the prospective applicant team to propose the preferred approach (and some are a hybrid). Applicants should, therefore, read the topic specification in detail and then use this section optimally to ensure that the necessary details are provided to describe to the panel reviewers that the methods proposed can answer the questions posed, and are aligned with best international practice.

Summarise the proposed research plan including details of the study design, techniques/ methodologies/ measures that will be used, and rationale for same, as appropriate to the research specification.

Where research involves human participants/data on a particular population, please describe the selection criteria and rationale for participant/population selection considering the relevant population for the issue under study. Are under-served populations/groups considered?

Where applicable, please ensure that the setting(s) for health and/or social care has been defined.

Notes:

You are strongly advised to seek advice and input from an experienced **research design and statistics** expert in advance of submitting your application. **Discrepancies and incorrect approaches in this section represent the most common source of feedback in unsuccessful HRB applications.**

Where applicable, power calculations and sample sizes must be described and justified, and aligned with the study aim, objectives and goals and the context of the study.

Where new methods are being developed, arrangements for establishing validity and reliability should be described. Examples of non-standard questionnaires, tests, etc. should accompany the application or their content be clearly indicated.

Useful links and resources can be found on the HRB Funding Opportunities webpage at: http://www.hrb.ie/funding/funding-opportunities/useful-links

The word limit is **4500 words.**

5.5 Integrated Knowledge Translation (iKT) and Dissemination

An important design feature of this programme is integrated knowledge translation (iKT), where researchers and DOH policy units will engage throughout the research cycle. This will include structured meetings to translate findings and learnings throughout the project (not just at the end). Researchers will be expected to tailor their knowledge translation strategy to deliver a variety of outputs and to ensure that emerging and overall findings are timely and accessible by policy units and their stakeholders (e.g., policy briefs, highlights videos etc). While the policy engagement strategy **will be refined together with policy owners** for applications approved for funding, due consideration of the proposed approach to engagement is expected at application stage. Furthermore, while the primary knowledge user for the outputs of this research project is the DOH policy owner, applicants will be expected to ensure that all outputs are disseminated and shared more widely and made openly accessible, in line with HRB Open Access Policy[9].

With that in mind please outline:

- The processes or steps that will be undertaken on an ongoing basis to ensure that emerging findings, or changes in the external environment, can help shape and refine the plan and support the uptake of research findings to influence health and social care policy and/or practice. It should detail the management process that will be used to ensure that the knowledge from the research is not just shared but is actively translated and/or refined further, including reference to relevant KT frameworks where applicable.
- A clear dissemination and knowledge translation plan to ensure all research outputs will be disseminated and shared and made openly accessible, in line with HRB Open Access Policy[10]. Research outputs include peer-reviewed publications, non-peer reviewed publications and conference proceedings, reports, policy briefings, guidelines, training materials and so on. Protection of Intellectual Property should be considered before data are disseminated[10].

The word limit is **600 words**.

5.6 Project Management

[9] HRB Policy on Open Access to Research Publications V2.0

[10] All HRB Host Institutions must subscribe to the National Intellectual Property Protocol 2019, 'A Framework For Successful Research Commercialisation', prepared by Government/Knowledge Transfer Ireland to ensure transparent and consistent procedures for managing Intellectual Property from publicly funded research.

Please describe how the research project will be managed. The role of each applicant team member and research personnel member should be clearly outlined. Describe any oversight, advisory or governance structures that are crucial to delivery of the project, including a steering committee if applicable. Governance structures should be appropriate to the scale and scope of the project. Outline the processes that will be put in place to ensure that the project is well managed, commenting on project management, meetings schedules, financial management etc. Describe contingency plans, including how you intend to manage any risks to the delivery of the project. The word limit is **600 words.**

5.7 FAIR Data Management and Stewardship

Describe the general approach to data management and stewardship that will be taken during and after the projects, including who will be responsible for data management and data stewardship. With the support of data stewards or other data-related services support in the institution (typically library and ICT and digital service, etc) all Applicants should address the management of the research data to be generated and/or re-used during the research project.

The word limit is **500 words**.

5.8 Public and Patient Involvement (PPI) in the Research Project

*The HRB recognises that the nature and extent of meaningful public involvement is likely to vary depending on the context of each study. Please note PPI does **not** include the recruitment of study participants in research projects. It also does **not** include work aimed at raising awareness of the public around research, such as media publications of research findings, and outreach activities such as open days in research facilities.*

Useful resources including practical examples of involving members of the public in your research can be found on the HRB Funding Opportunities webpage at: http://www.hrb.ie/funding/funding-opportunities/useful-links.

Please be aware there are PPI Ignite Network offices in some host institutions.

Are you including PPI in your application?

If Yes

Please describe all PPI at each stage of the research cycle:

- Design
- Conduct
- Analysis
- Oversight
- Dissemination

For each stage, please include the purpose of this involvement and where applicable how PPI has influenced/changed what work has been planned.

This section should be a succinct summary of public involvement activities. Provide information on the individuals/groups and the ways in which they will be involved. PPI contributors should be representative of the relevant people and communities impacted by the research topic. **Where**

members of the public or patients are involved, they should be compensated for their time and contributions; this should be reflected in the project budget.

Please ensure to provide more detail in other sections as appropriate.

Important: The PPI section needs to be written as a plain English summary such that it is clear, easy to understand, and is easily accessible to a lay audience.

If No

Please explain why PPI is not relevant to your project.

The word limit is **600 words**.

5.9 Gender and/or Sex Issues in the Research Project

A key objective of the HRB is to strive for gender balance in Irish health research. We encourage a balanced participation of genders in all research activities.

Please note this section is intended to focus researchers on the **research content**, and **not** the gender balance within the research team.

Please identify and explain how you address sex and/or gender issues for this project.

Are there potential sex (biological) considerations for this research?

Are there potential gender (socio-cultural) considerations for this research?

If so, outline how sex and/or gender analysis will be integrated in the design, implementation, evaluation, interpretation, and dissemination of the results of the research application.

If not, you must clearly demonstrate why it is not relevant to the research application; have you done a literature search to confirm this?

Please see http://www.hrb.ie/funding/funding-opportunities/useful-links for resources on gender and sex considerations in research applications.

The word limit is **400 words.**

5.10 Potential Safety Risks and Ethical Concerns

If relevant, please address any potential risk and/or harm to patients or human subjects/participants in the research. Please highlight any potential ethical concerns during this study and/or at the follow-up stage. Describe any potential ethical concerns that may arise as a result of this research, even if not part of this application, and how you propose to deal with them. If the proposed research includes vulnerable groups, what additional considerations are there for these participants? The word limit is **400 words.**

5.11 Project Description Figures

A file upload option is available to include an attachment to support your Project Description. A **maximum of 5 figures**, which can be a combination of images, graphs, tables, scales, instruments, or surveys, may be uploaded as a single document on HRB GEMS. They must **not** be embedded within the text of the Project Description. Additional references should not be included here. The maximum size is **2MB**. Files should be doc, docx, or pdf.

5.12 References

A full description of the Publications cited in the Project Description should be provided. You can enter a maximum of **30 publications**. Please enter references in the same format.

For publications:

Gallagher PA, Shoemaker JA, Wei X, Brockhoff-Schwegel CA, Creed JT. Extraction and detection of arsenicals in seaweed via accelerated solvent extraction with ion chromatographic separation and ICP-MS detection. Fresenius J Anal. Chem. 2001 Jan 1;369(1):71-80. PMID: 11210234.

For book and printed source citations:

Farrell M, Gerada C and Marsden J (2000) *External review of drug services for the Eastern Health Board*. London: National Addiction Centre.

For data citations:

Authors, year, article title, journal, publisher, DOI

Author(s), year, dataset title, data repository or archive, version, global persistence identifier

6 Details of Research Team

6.1 Roles of Applicant team members

Describe the roles, responsibilities, and contributions of all applicant team members including lead applicant, co-applicants, and collaborators in delivering the project.

For the Lead Applicant and Co-Applicants please indicate the proposed amount of time to be dedicated to working on **this project** as a proportion of a full-time-equivalent (FTE).

The word limit is **800 words.**

6.2 Personnel

Describe the roles, responsibilities, and contributions of all team members for whom you are requesting salary from the award. State the proportion of a full-time equivalent (FTE) that each person will spend on the project and describe what aspects of the proposed research they will be involved in over the lifetime of the project. Note that you must justify the nature of all research personnel relative to the scale and complexity of the project (please see section 6.1.4 Funded Personnel for more guidance on alignment between the chosen personnel and the project). If funding is requested for known personnel, please include the following details: Name, present position, academic and professional qualifications. The word limit is **400 words.**

7 Infrastructure and Support

7.1 Host Institution Infrastructure and Support

Describe the infrastructure, facilities, specialist expertise and other support available at the Host Institution and/or at other sites where the research will be conducted. Please include details of critical supports in areas such as statistics, research methods, or regulatory expertise where this is being provided above and beyond the activities/expertise of members of the research team. The word limit is **400 words.**

7.2 Access to Research Infrastructures

Applications availing of the advice, research design, data management services and/or other forms of support from a Clinical Research Facility/Centre (CRF/CRC), other infrastructure unit (e.g. Centre for Applied Medical Imaging, Centre for Support and Training in Analysis and Research, HRB – Trials Methodology Research Network) or a biobank are required to provide additional information detailing the scope and nature of the engagement (this includes national facilities and/or international facilities and units/networks where justified) at research design or implementation stages. The following information must be provided:

- Name and address of the facility/centre/network.
- Information on the nature and stage/s of the input/advice/collaboration/service.
- Rationale for the choice of facility/centre/network.
- How the proposed involvement enables the planned research to be undertaken to the required quality or timescale.

The word limit is **400 words**.

Applications involving patients which do not detail such input, advice and/or support (and where this expertise is not clearly evident within the applicant team) **must provide a detailed justification** as to why they have chosen not to access such support.

An **Infrastructure Agreement Form** must be completed and can be downloaded from GEMS. The form must be completed, signed, dated, and uploaded on GEMS. Electronic signatures are acceptable for letters/forms that are uploaded on GEMS.

8 Project Budget

Please provide a summary and justification of the costs and duration associated with the project.

A **full detailed breakdown** of **costings** and **justification for all funding** is required for items listed under each subheading within GEMS.

Note: You are strongly advised to seek guidance from the research office/finance office in the Host Institution before completing this section of the form. **The HRB will not provide additional funding in the case of either under-estimates or over-expenditure.**

The total funding available (exclusive of overheads) will be €300,000 over 12-24 months. Allowable costs include:

1. Personnel costs	Must be listed for each salaried personnel under each of the following subheadings (a-e):

a) Salary	Gross Annual Salary (including 5% employee pension contribution) negotiated and agreed with Host Institution. Applicants should use the IUA website scales for the most up-to-date recommended salary scales for academic researchers http://www.iua.ie/research-innovation/researcher-salary-scales/. Please note employee pension contribution of 5% has already been incorporated into the IUA gross salary figure. **Applicants <u>should</u> include annual pay increments for staff and related costs (pension contribution and employer's PRSI contribution) in the budget.** In line with the proposed new pay agreement for State employees please apply a salary contingency of 3% from 1st October 2024 onwards. Please note this contingency should be applied cumulatively year on year. **Note:** The HRB does not provide funding for the salary or benefits of academic staff within research institutions that are already in receipt of salary or benefits. The HRB does not provide salary or buy-out time for collaborators
b) Employer's PRSI	Employer's PRSI contribution is calculated at 11.05% of gross salary.
c) Employer Pension Contribution	Pension provision <u>up to a maximum of 20%</u> of gross salary will be paid to the Host Institution to enable compliance with the Employment Control Framework (an additional 5% employee contribution is part of the salary). If applicable, state the amount of employer contribution based on the pro rata salary and note the % of pro rata salary used to calculate this for reference. Exceptions apply where Circular letter 6/2007 applies. Circular Letter 6/2007 states that the pension contribution of all Public Health Service employees who, on or after 1 June 2007, are granted secondments or periods of special leave with pay to enable them take up appointments with other organisations, including other Public Health Sector organisations, will be increased to 25% of gross pensionable pay. The rate of 25% of gross pensionable pay referred to in this context is the pension contributions to be paid by the body to which the employee is seconded – it does not include any pension contributions which employees make themselves. Where no such arrangements are in place, the HRB will not be liable for costs.
2. Running Costs	For all costs required to carry out the research including materials and consumables, survey costs, travel for participants, transcription costs, data access costs etc. Maintenance costs of animals are allowed for pre-clinical animal models only[20]. Access to necessary special facilities or services which are not available in the host academic or clinical institutions. i.e., consultancy fees, methodological support, Clinical Research Facilities support, MRI facilities etc. will be considered under running costs as long as they are detailed in an accompanying 'Infrastructure Agreement Form'. The following costs are ineligible and will not be funded: training courses/workshops with the exception of training in public and patient involvement in research, inflationary increases, cost of electronic journals. **<u>Note:</u>** <u>Please see a list of costs that fall within the overhead contribution below and which should not be listed under running costs.</u>
3. PPI Costs	Costs associated with public and patient involvement in research. Some examples are: Compensating PPI contributors for their time (for example for time spent reviewing material/ participation in advisory groups). This can be as: • a cost for their expertise, e.g. as hourly rate, under PPI costs or • as salaries under personnel which should be labelled PPI contributors under salaries. • Travel expenses for PPI contributors.

	• Costs associated with PPI contributors attending conferences, workshops, or training. • PPI facilitator costs. • Compensation of public or patient organisations for their time. • Room hires for PPI events/meetings. • Hospitality for PPI events/meetings. • Companionship or childcare costs for PPI contributors while attending events, meetings, etc. • Training in PPI in research. • PPI contributors supported by salaries as research staff or co-applicants, where applicable in a scheme, should be listed and justified under the personnel heading. All costs must be in line with the Host institutions policies, practices and HRB Terms and Conditions.
4. Equipment	Funding for suitably justified equipment can be included in this section. We do not expect equipment costs in excess of €10,000. Personal/Stand-alone computers will not be funded as these are considered a standard piece of office equipment, i.e., overhead. Dedicated laptops or similar equipment that is required specifically for the project because of the nature of the research, will be considered where appropriately justified, and should not exceed €1,200. All costs must be inclusive of VAT, where applicable. Depending on the nature of the project, high-spec computers may be eligible and clear justification and rationale for the costs requested must be provided. All costs must be inclusive of VAT, where applicable.
5. Dissemination Costs	**Open Access Costs:** Costs associated with peer-reviewed scientific publications. HRB grant holders are required to ensure that open access to all peer-reviewed scientific publications relating to the output of their project are in line with the HRB Policy on Open Access. The HRB support OA publications by • Providing HRB Open Research (www.hrbopenresearch.org) which is a rapid, open peer-reviewed and open access publishing platform for all research outputs, with all publication charges covered centrally by the HRB at no expense to the grantee. And/or • Providing a contribution towards Open Access publication costs of €2,200 per publication. The maximum allowable will be proportionate to the scale and duration of the Grant. E.g. Typically, the HRB will contribute up to three open access publications for a grant with a duration of 3-4 years. **Other Dissemination Costs:** Costs associated with dissemination of results, seminar/conference attendance (provide details of name and location, where possible) and any other means of communicating/reporting research outcomes as detailed in the dissemination and knowledge translation plan. **Conferences:** We envisage that conference costs will be typically around €500 for national conferences and €1,500 for international conferences per person and year.
6. FAIR Data Management Costs	Costs related to data-related and data management activities in line with best practice of data management and stewardship and the FAIR principles **incurred during the lifetime of the project**. Please see the table below for further guidance.

Overhead Contribution will be added by HRB staff during contract negotiations for successful applications. It is not requested as part of the application budget. In accordance with the HRB Policy on Overhead Usage[11], the HRB will contribute to the indirect costs of the research through an overhead payment of 30% of Total Direct Modified Costs (TDMC excludes student fees, equipment, and capital building costs) for **laboratory or clinically based research** and 25% of Total Direct Modified Costs for **desk-based research**.

The following items are included in the overhead contribution: recruitment costs, bench fees, office space, software, contribution to gases, bacteriological media preparation fees, waste fees, and bioinformatics access. Therefore, these should not be included in the budget as direct costs.

8.1 Additional guidance to FAIR Data Management Costs

People	Staff time per hour for data collection, data anonymisation, etc
	Staff time per hour for data management/stewardship support, training, etc
Storage and computation	Cloud storage, domain hosting charge
Data access	Costs for preparing data for sharing (e.g., anonymisation)
Deposition and reuse	Costs for depositing research data and metadata in an open-access data repository
	Defining semantic models, making data linkable, choosing the licence, defining metadata for dataset, deploying/publishing
Others	Please further explain
Notes	The HRB is currently not covering the cost of long-term preservation of data
	This list is not exhaustive and aims to provide examples only of eligible costs

9 Ethical Approval and Approvals for Use of Animals

Ethical approval is required for all research work funded by the HRB that involves human participants, human material (including tissue) or animals (pre-clinical models only). Applicants are responsible for ensuring that all necessary approvals are in place prior to the start of the research.

Applicants should allow sufficient time to obtain ethical and/or competent authority approval and/or animal licenses as a copy of such approvals must be submitted to the HRB before the initiation of the award. It is suggested that these are sought in parallel to the submission of the application to the HRB.

10 Supporting Documentation

The following documents must be uploaded to complete the application:

Mandatory documents:

- Objectives and Deliverables Gantt Chart

If applicable:

[11] HRB Policy on Use of Research Overheads

- Letter of Support for Lead Applicant or Co-Applicants in contract positions seeking their own salary,
- Collaboration Agreement Form(s) – required for all collaborators,
- Infrastructure Agreement Form(s) – required for biobanking and access to Clinical Research Facilities
- Project Description Support file – A maximum of 5 figures which can be a combination of images, graphs, tables, scales, instruments, or surveys.

Submission of Applications

The deadline for submission of complete applications is 12 June 2025 at 13:00.

1. After successful validation, the Lead Applicant may submit the application. It will then be routed to the designated signatory at the Host Institution for their approval.
2. If a signatory rejects the application the Lead Applicant will be notified, along with any feedback the signatory has supplied.
3. The application can then be re-submitted; it will be returned to the signatory and will continue through the approval process as before.
4. On completion of the final approval by the Host Institution signatory, a grant application number is assigned to the application.
5. The application automatically gets submitted to the HRB through GEMS for consideration for funding.

Please note that the HRB will not follow up on any supporting documentation related to the application, such as the Host Institution's Letters of Support, Collaborator Agreement Form, Gantt charts etc. It is the responsibility of the Lead Applicant to upload all supporting documentation prior to submission. If the documentation is not received by the HRB on time, in the correct format or is not properly signed or submitted, the application will be deemed ineligible without further review.

The HRB reserves the right to reject any application that does not meet the terms of this call.

Appeals Procedure

The HRB's Policy on Appeals on funding decisions is available at https://www.hrb.ie/wp-content/uploads/2024/09/HRB-Policy-on-Appeals-2.pdf.

Privacy Policy

To understand why we collect the information we collect and what we do with that information, please see our Privacy Policy.

https://www.hrb.ie/privacy-notice/

All Grant Policies

All other HRB grant policies can be found at https://www.hrb.ie/funding/grant-management/grant-policies/

Useful Links

Useful online resources and websites can be found on the HRB Funding Opportunities webpage at: http://www.hrb.ie/funding/funding-opportunities/useful-links