Research in-Practice Fellowships for Health and Social Care Practitioners (RPF) 2026

Targeting talented health and social care practitioners interested in advancing applied health and social care research at post-PhD level (or equivalent level of experience and competence) while continuing to deliver health care or social care.

Replacing the 'Clinician Scientist Fellowship' (CSF) scheme

Guidance notes

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Key dates & times	
Application open	01 October 2025
Application closing date	13 February 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 and timeline listed above.

**Prior to final submission to the HRB, all applications must first be reviewed and approved within GEMS by the authorized 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 Health Research Board (HRB) Strategy (2021-2025: Health research – making an impact)[1] highlights six strategic objectives for the HRB, including the building of a strong and supportive environment for health research in Ireland. Within this objective, the HRB is committed to investing strategically in research leadership and building a vibrant community of health and social care researchers from different professions, backgrounds, and research interests, working in and across a range of settings including universities and technical universities (TUs), hospitals and primary, community and social care settings. In our strategy 2026-2030, we will continue to support people and build skills.

To underpin this commitment, the HRB has designed a suite of schemes aimed at creating a diverse workforce of health and social care researchers via the dual research career path, targeting both academic-based and practitioner researchers. One such scheme is the '**Research in-Practice Fellowships for Health and Social Care Practitioners**'. The scheme is designed to support health and social care practitioners (thereafter referred to as practitioners), from a variety of professional backgrounds, who:

1. Wish to advance their research skills at post-PhD level while continuing to deliver health care or social care and
2. Are interested in advancing applied health and social care research aimed at finding practical solutions to specific problems or evidence gaps.

This fellowship replaces the 'Clinician Scientist Fellowship' (CSF) scheme and is a part of the HRB research career path for practitioners.

*The HRB defines **health and social care practitioners** as professionals delivering care to patients and service users in different health and social care settings, such as community, primary and acute. This group includes dentists, health and social care professionals as listed by the National Health and Social Care Professions Office[2], medics, nurses and midwives and pharmacists. Other professional backgrounds may be considered on a case-by-case basis. If you are unsure if you are eligible to apply, or your profession is not among those listed, please contact the HRB.*

2 Aim and objectives

The **aim** of this scheme is to provide opportunities for talented health and social care practitioners from a variety of professional backgrounds to conduct research at post-PhD level while continuing to deliver health care or social care as practitioner researchers.

> *The HRB defines **practitioner researchers** as health and social care practitioners who combine research with health or social care practice and whose work spans the academic and health and social care settings.*

[1] https://www.hrb.ie/about/strategy-2025/

[2] https://www.hse.ie/eng/about/who/health-and-social-care-professionals/the-26-health-and-social-care-professions/

The HRB is concerned with the research experience and expertise of applicants, which may or may not align with their health and social care experience and expertise.

The **main objectives** of the scheme are to:

- Support practitioners to consolidate their research skills and expertise post-PhD and to progressively develop themselves as more independent practitioner researchers, research managers and future leaders.
- Enable the prospective fellows to form multidisciplinary and/or interdisciplinary collaborations with academic partners and knowledge users in relevant policy and/or practice organisations.
- Provide fellows with direct experience in the conduct of applied health and social care research projects aimed at finding practical solutions to specific problems or reduce the evidence gaps in their area of practice, with a clear pathway to impact on the quality and experience of service users and, ultimately, health outcomes.

It is expected that during the awards the fellows will:

- Continue to develop their research careers, becoming more independent applied health and social care researchers and consolidating their research skills and expertise post-PhD.
- Develop clear, independent thinking and manage a grant in their own right.
- Undertake training and development activities which will support their research career progression and enhance their expertise and skills in applied health and social care research.
- Deepen existing and or establish new research collaborations and partnerships, including with academic and non-academic partners, PPI contributors and knowledge users who are in a position to influence policy and practice.
- Receive strong mentorship on their further research development based on the objectives of the scheme from their chosen mentor.
- Conduct high quality research projects addressing questions relevant to the needs of health and social care and with high potential to impact health and social care policy and/or practice.
- Actively involve the public, patients or other stakeholders as relevant in the research project.

3 Key changes from the previous 'Clinician Scientist Fellowship' scheme

1. The HRB is committed to broaden the spectrum of health and social care professions supported at this level. Therefore, incentives for applicants from underrepresented professions (other than medicine) are introduced.

a) Change of scheme name

The name of the scheme has been changed to enhance its visibility across professional backgrounds and target a wider range of health and social care professions in Ireland.

b) Introduction of two funding streams

The HRB wishes to encourage more applications from underrepresented professions and improve their success rate. Applications will therefore be divided into two streams based on the lead applicant's profession:

- Medical practitioners, and
- Health and social care practitioners (non-medic).

At both shortlisting and panel recommendation stages, applications will be assessed using the same criteria and ranked within their respective stream. A single interview panel will assess applications from both streams.

We envisage awarding the same number of grants to each stream. Subject to quality of applications, we plan to fund approximately 10 fellowships in total, with an investment in the region of €7 million.

2. The assessment criteria weighting was revised from 40% for the lead applicant, 30% for the research project 30% and 30% for the support to **35% for lead applicant, 35% for research project and 30% for support.**
3. Research-related costs cap is increased to up **€80,000** (previously €50,000).
4. The gap between the end of PhD and the start of post-PhD period is shortened.
5. Applicants must hold a PhD or have PhD equivalent research experience or be in the final stage of their PhD to be eligible to apply. If the applicant is in their final stages of their PhD, they must successfully defend their thesis prior to 31 May 2026. Written evidence of passing the PhD viva will be required at the time of shortlisting.
6. The application stage is extended from typically 10-12 weeks to approximately 18-19 weeks to provide more time to prospective applicants to prepare an application.

4 Scope of call

The scheme will support fellows to advance **applied health and social care research** projects where specific problems or evidence gaps are documented and where the project is focused on practical solutions, with a clear pathway to impact.

The case for the questions posed and the related methodology, partners and knowledge users must be clearly and convincingly set out in the application form.

In line with the strategic remit of the HRB, research projects are welcome spanning the areas of clinical research, population health research and/or health services research.

Clinical research

Research with the goal of improving the diagnosis and treatment of disease and injury and of improving the health and quality of life of individuals as they pass through normal life stages. Clinical research is conducted on or for the treatment of patients and involves direct participation of patients and healthy subjects and/or their samples and/or their data.

Health services research (HSR)

Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of healthcare and ultimately health and well-being.

Population health research (PHR)

Research with the goal of improving the health of the population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational and economic factors determine health status or through the identification of effective interventions for improving health status and reducing health inequalities.

We expect that applicants reference evidence supporting the case for the project that has been gathered systematically, i.e., as systematic reviews or other evidence synthesis formats. Simple literature overviews are not sufficient. Evidence synthesised systematically should include evidence of (1) a systematic identification of previous work, (2) critical appraisal, (3) synthesis of the evidence and (4) interpretation of findings**.**

This scheme will not fund:

1. Basic biomedical research.
2. Research involving cell lines, animals, or their tissue.
3. Pre-clinical studies, which involve the evaluation of potential therapeutic interventions in cells lines, animals or in human samples when the primary outcome is exploratory.
4. Applications seeking to evaluate a clinical trial or other intervention. For trials and evaluations of other health interventions (whether aimed at feasibility, acceptability, safety, effectiveness, outcomes, cost effectiveness of implementation, and regardless of intervention setting or study design), the HRB has a dedicated support scheme for this purpose called “Investigator-Led Clinical Trials (ILCT) Programme”.
5. Applications which are solely literature reviews, stand-alone systematic reviews, audits, surveys, needs assessments or technology development (although these elements may be part of an integrated research study).
6. Applications which are solely or predominately developing the infrastructure for biobanking, databases or patient registers without a predominant research element.

7. Research intended to create human embryos solely for the purposes of research or for the purposes of stem cell procurement, including by means of somatic cell nuclear transfer.
8. Applications from individuals applying for, holding, or employed under funding received from the tobacco industry[3].
9. Applications from individuals applying for, holding, or employed under funding received from the alcohol industry and related actors[4].

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

5 Funding available, duration and start date

The HRB envisages to award **approximately 10 fellowships** in this round with an investment in the region of €7 million.

In order to diversify the workforce of practitioner researchers, we envisage awarding the same number of grants to medical practitioners and health and social care practitioners (non-medic).

It is the HRB's expectation that lead applicants (prospective fellows) will dedicate **0.5 FTE** to the fellowship while continuing in-practice activities. The HRB will not buy out existing research time.

The fellowship will support:

1. **Pro rata salary-related costs of the fellow up to 0.5 FTE**

   i. **HSE or other health and social care organisations employees**

   The HRB funding will cover the corresponding FTE of the salary-related costs of the lead applicant or the locum replacement (depending on the arrangements with the hospital group and the host institution) in line with the appropriate professional scale of the lead applicant.

   ii. **Private practice or agency employment in the HSE**

   Where the lead applicant is based in private clinical practice (e.g. General Practitioner, pharmacist, physiotherapist) or is employed via an agency in the HSE, the salary may directly support the FTE of the lead applicant dedicated to the grant and the academic contract offered should be in line with the host institution (HI) clinical academic or equivalent scale.

2. **Research-related costs**

Research- related costs can be requested **up to a maximum value of €80,000** over the lifetime of the fellowship. These include running costs, training and development, dissemination, PPI, open access

[3] 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.

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

publications, data management and sharing, research experience abroad and small equipment costs (up to €2,000).

The HRB does not pay an overhead contribution in fellowships.

Note:

- This is a fellowship grant focused on advancing the career development of a named individual. It does not provide funding for other research personnel, including PhD researchers.
- If an RPF fellow secures a tenured academic position during the lifetime of the fellowship, payment of the RPF fellow's salary must cease unless they can demonstrate that they can continue the research project and have the support of a research institution. Requests to repurpose this budget to recruit other personnel or to enhance research-related costs will not be approved by the HRB.
- The budget requested and the grant duration **must** reflect the scale and nature of the proposed research project, and reviewers will thoroughly assess the level of funds and timeframe requested when reviewing the application.

The fellowship will have a duration between 48 and 60 months. The earliest start date of the grant is **January 2027**.

6 Application details and eligibility

This call **is not** open to the HRB host institutions from Northern Ireland.

6.1 Applicant team

The lead applicant must propose a research team to support the aims and objectives outlined in the proposal. The team must include a mentor and may consist of up to 10 collaborators. Collaborators from outside the Republic of Ireland are welcome where their participation clearly adds value to the project.

Please note that there are no co-applicants in HRB fellowship schemes.

The contributions from the research team can span a range of backgrounds, disciplines, methodologies, professions, settings, sectors, or countries, as appropriate to address the research question, support the fellow's training goals and translation of the research findings into policy and/or practice.

6.1.1 Lead applicant

The **lead applicant (the prospective fellow)** will serve as the primary point of contact for the HRB during the review process and on the grant, if successful. The lead applicant will be responsible for the scientific and technical direction of the research programme. 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.

6.1.1.1 Lead applicant's suitability

A lead applicant must have a strong desire to advance their research career-towards becoming an independent practitioner researcher with a clear ambition to influence policy and/or practice through their research. They must demonstrate the research skills, methodologies and scientific knowledge acquired during their PhD or during research period equivalent to a PhD. They must have a strong ambition to broaden and enhance their research knowledge, skills, methodologies, capabilities, and networks to support their research career goals.

Lead applicants should be able to demonstrate:

1. A relevant track record of research contributing to scientific knowledge, demonstrated by relevant research outputs, that can prove that the lead applicant is suitable for the fellowship.
2. Some experience in communicating research outputs (e.g., presentation at conferences or at institutional level, or to other audiences etc.)
3. Prior examples or evidence of future potential to develop meaningful partnerships and collaborations with researchers across disciplines and/or with other centres or institutions across various settings or geographic locations.
4. Clear vison and potential for the planning, conduct and translation of research findings into policy and/or practice.
5. Potential to take ownership of the research during the fellowship and evidence that they are beginning to shape their own independent research vision.

6.1.1.2 Lead applicant's eligibility

- The lead applicant must apply from a HRB approved host institution (thereafter called host institution) based in the Republic of Ireland. The lead applicant does not necessarily need to be employed by the host institution at the time of the application submission. In these cases, the lead applicant must be recognised as a contract researcher by the institution upon receipt of the HRB grant.
- If awarded the fellowship, the HRB expects lead applicants (prospective fellows) to maintain 0.5 FTE in health or social care practice throughout the fellowship. However, a reduced commitment of no less than 0.2 FTE may be considered, provided it is strongly justified, including flexible working arrangement due to personal circumstances.
- The HRB will buy out a minimum of 0.3 and a maximum of 0.5 FTE of clinical or academic non-research time of the lead applicant, however it is expected that the lead applicant will dedicate 0.5 FTE protected research time to this grant.
- Only one application per lead applicant can be submitted to this scheme.

Practitioners who upon receipt of an RPF would not be involved in health care or social care delivery are not eligible to apply to this scheme.

Where a lead 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 this event.

6.1.1.2.1 Qualifications

Lead applicants must:

1. Possess a PhD degree or demonstrate PhD equivalent research experience[5] or defend their PhD thesis before 31 May 2026. For the purposes of this eligibility criterion, the dissertation must be accepted either without any revisions or with only minor revisions following the PhD viva. Written evidence of successfully passing the PhD viva will be required at the time of shortlisting and before 5 June 2026.
    - PhD equivalent research experience is defined by the HRB as a substantial experience in conducting research by demonstrating four years full time equivalent (FTE) research experience at post-graduate level, measured from the date when a researcher obtained a primary degree. It must involve original research, result in an original contribution to knowledge and be documented and verifiable (e.g. research outputs such as publications).
    - Applications for PhD equivalent research experience **must be submitted at least two weeks before the deadline for applications i.e. by 30 January 2026** but we encourage applicant to apply as soon as possible when starting an RPF application. More information and an editable version of the form can be found here. Applications will not be considered after the deadline, and applicants without confirmed equivalence will be deemed ineligible. Please contact the HRB to discuss equivalency as soon as possible.
2. Have completed their professional training (medics need to have completed their general training and may be at Specialist Registrar (SpR) level).

6.1.1.2.2 Employment status

At the time of the application, lead applicants may be employed in the Republic of Ireland or any other country or on a career break or in the final stage of their PhD.

Lead applicants **who are currently employed in the Republic of Ireland must** hold (or will hold at the time of the grant being made):

- A clinical post (permanent or a fixed-term contract that covers the duration of the grant) in the Irish health service or social care organisation (e.g., specialist registrar, nurse practitioner, public health practitioner, physiotherapist).

OR

[5] In line with the recommendations of the Council Recommendation[5] of 18 December 2023 on a European framework to attract and retain research, innovation and entrepreneurial talents in Europe https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32023H01640#ntr10-C_202301640EN.000101-E0010

- A clinical post in a private practice (e.g. general practitioners, private physiotherapy practice, private dentist practice, private pharmacy) providing inclusive care to the public (e.g. participation in the General Medical Services Scheme).

OR

- A post in a health and social care organisation (e.g. Tusla, Section 38 or Section 39 agencies)

OR

- A joint health or social care and academic position (e.g. teaching/education) without a significant research element, maximum 0.2 FTE, within a higher education institution and the Irish health services or other social care organisations.

Lead applicants who are **not currently employed in the Republic of Ireland must:**

- Have the support of a HRB approved host institution.

AND

- Be able to demonstrate they have already obtained or are negotiating a post as listed above in a health care or a social care services organisation in the Republic of Ireland.

Applicable to medical doctors only:

1. Medical doctors with a hospital consultant post should not provide private practice during the grant. The HRB expects applicants who are currently on type B or C consultant contracts to negotiate with their employer to provide a work-plan which excludes any private practice during the grant. This should be confirmed in the letter of support from the employer in-practice at the time of the application.
2. Medical doctors who currently do not have a permanent contract must have endorsement of the Head of Medical School from the host institution from which they are applying. The letter of endorsement on headed paper and signed by the Head of the School must:
    i. Acknowledge the medical school is cognizant of the application to the HRB scheme. If the application is successful, the medical school in association with the hospital group will offer a fixed-term academic consultant post at a level of Senior Lecturer or Associate Professor.
    ii. Confirm that 0.5 FTE protected research time will be dedicated to this grant.

    It is expected that the HRB will fund up to 0.5 FTE of protected research time, whereas the HEI and relevant hospital group will support the remaining clinical time up to 1.0 FTE (and teaching, if applicable). Please note that the HRB expects lead applicants (prospective fellows) to maintain 0.5 FTE in clinical or social care practice throughout the fellowship. However, a reduced commitment of no less than 0.2 FTE may be considered, provided it is strongly justified, including for personal reasons due to part time working arrangements.

iii. State the FTE clinical time supported by the HEI and relevant hospital group during the grant. The split between clinical and teaching time must be negotiated between HEI, HSE and hospital group by the applicant during the application stage and finalised prior to the start of the grant.

3. **Only 'Public-only' contracts** will be allowed for individuals obtaining new consultant posts. However, where it is not possible for a lead applicant to obtain a such a contract, they must provide a letter from their hospital group and HSE confirming that the lead applicant will not conduct private practice during the duration of the grant.
4. Medical doctors applying while completing their clinical specialty training (SpR level) are eligible to apply even if the clinical contract will not cover the full duration of the grant. Once training is completed, the requirements under point two above apply.

6.1.1.2.3 Career stage

Lead applicants must <u>not</u> be recognised as independent investigators by:

- Having already received any substantial <u>research grant</u> as lead investigator/lead applicant with a value equal or above €100,000. This also applies if the lead applicant was leading a work package in funding schemes from the European Commission. Lead applicants are eligible if they were recipients of personal grants/awards such as PhD research scholarships, fellowships, or other similar individual grants/awards.

and/or

- Leading an existing research team.

and/or

- Acting as the past or present primary supervisor or sponsor of an early career researcher such as PhD or post-doctoral researcher.

and/or

- Securing any peer-reviewed research grant as a lead applicant which supports research personnel and the building of a research team.

and/or

- Being already recognised as an independent investigator as confirmed by their host institution.

Lead applicants for which any or all the above pertain are ineligible to apply. Please contact the HRB if you are unsure.

6.1.2 Mentor

The selection of a mentor who can demonstrate expertise in applied research, capacity building and career coaching, will be crucial for a prospective fellow. The lead applicant **must nominate a mentor** to provide support and guidance during the grant for the research project, career milestones and research vision. The mentor will also be supporting the fellow in the acquisition of skills necessary for

applied research aimed to finding practical solutions to specific problems or evidence gaps. The mentor will need to approve their participation and complete the mentor section in the online application before it is submitted. The lead applicant is typically based in the same institution as the mentor.

The mentor should be an individual who has strong evidence of:

- Expertise and a skillset in knowledge application and/or translation and/or implementation
- Experience in networking, collaborating and ideally influencing clinicians, executives, health care personnel, policy makers and/or other relevant stakeholders
- Leadership experience
- Experience in conducting research projects and programmes
- Track record in scholarly publication and communication (peer-review articles, research data publications, national or international briefing/reports, etc.)
- Coaching and mentoring.

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 grant 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, supply samples or kits, 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. A collaborator can come from a range of backgrounds such as academia, the private sector, a healthcare organisation, the charity sector, or a patient group and may be classified as researcher, knowledge user, data controller/processor, or PPI contributor (**up to a maximum of 10 collaborators can be listed)**.

Note: *It not mandatory to have 10 collaborators; this number is provided to allow flexibility should it be considered appropriate.*

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.

Knowledge user

*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, policy makers, clinicians, health professionals or others who are in a position to make significant changes to policy or practice. Knowledge user organisations may be Government departments, 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.

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.

Data controller

*A '**controller**' refers to a person, company, or other body that decides how and why a data subject's personal data are processed. If two or more persons or entities decide how and why personal data are processed, they may be 'joint controllers', and they would both share responsibility for the data processing obligations*[6]

The lead applicant 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

This scheme does not support any funded personnel nor is framed as a training initiative for PhD researchers.

7 Training and professional development of lead applicant

The RPF fellowships are personal research grants and are more than a means to fund a research project. A combination of the proposed research project and a very well thought out training and professional development strategy, including strong mentorship in a strong research environment, will provide the lead applicant with the most valuable experience during the fellowship.

7.1 Training and professional development strategy

The training and professional development strategy and related proposed activities should clearly support the individual to acquire the key research and transferable skills necessary to:

- Develop their research career further and progress towards research independence and future leadership.

[6] https://www.dataprotection.ie/sites/default/files/uploads/2019-07/190710%20Data%20Protection%20Basics.pdf

- Successfully deliver the research project and take an active role in applying research findings into policy and practice in local, national and/or international context.

The lead applicant should consider the role of the mentor, sponsor abroad (if applicable) and the collaborators in their training and professional development strategy.

The lead applicants are strongly encouraged to discuss the training and development strategy with their mentor.

Note: Applications which do not contain a convincing training and development strategy are unlikely to be competitive during the review process.

7.2 Travel grant (research experience abroad)

The HRB recognises the valuable experience that can be gained by researchers who spend time working with research groups abroad. The lead applicant can avail of the Travel Grant by planning a longer stay abroad (usually maximum of one year) or shorter visits and trips where appropriate and justified. Lead applicants availing of this opportunity must describe their plans, include the details of the Sponsor abroad and the travel-related costs.

A **letter of support from the sponsor abroad** on headed notepaper as evidence of the sponsor's willingness to allow the lead applicant to gain experience in their Department/Institution is required for the submission of this application.

8 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 grants. HRB host institution status is a requirement to submit an application under all HRB grant schemes. The **host institution for the grant** is normally that of the **lead applicant**. 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[7].

Please note that this call **is not** open to host institutions from **Northern Ireland**.

The chosen host institution must endorse the application of the lead applicant to RPF 2026 via GEMS**.** For details, please see Section 9.

9 Letters of support & host institution endorsement

1. **Letter of support from employer in-practice:** Lead applicant must provide a letter of support on headed paper from the health or social care organisation where they are or will be providing care

[7] https://www.hrb.ie/wp-content/uploads/2024/05/HRB-Policy-on-Approval-of-Host-Institutions.pdf

and are or will be employed. The letter signed by CEO/Department Manager/or other relevant person must state their support for the research protected time, the time commitment to health or social care practice and part-time arrangement proposed within this application. If the applicant is to be seconded to the host institution for the duration of the fellowship, the letter should confirm if such arrangements will be in place. For medical doctors with non-public consultant contracts the letter should also confirm that the lead applicant will not provide any private practice during the fellowship, if successful. If you are not in the position to provide such letter of support, please contact the HRB as soon as possible and before submission of your application.

2. **Host institution endorsement via GEMS**

   Your host institution must endorse your application by completing a checklist in GEMS, which confirms that the lead applicant:

   - Will be supported for the duration of the fellowship by providing other supports, such as access to infrastructure, mentoring and in-house training (e.g. leadership) and networking activities etc.
   - Will have a dedicated office and research space/facilities for which they are fully responsible for at least the duration of the grant
   - Will hold an employment contract which extends until the proposed end date of the fellowship or will be recognized by the host institution upon receipt of the HRB RPF grant as a contract researcher
   - Is not recognised as an independent investigator

3. **If applicable, letter of endorsement for medical doctors:** Medical doctors who currently do not have a permanent contract must provide a letter of endorsement from the Head of Medical School at the HI they will be applying from. The letter on headed paper and signed by the Head of the School must acknowledge that the medical school is cognizant of the application to the HRB and will provide support in facilitating the offer of a fixed-term academic consultant post at a level of Senior Lecturer/Associate Professor (depending on the title used in the relevant University) in association with the hospital group.

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.

10 Application, review process and assessment criteria

10.1 Grant E-Management System (GEMS)

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

Applications will be divided into **two streams** at the application stage based on the lead applicant's profession. To facilitate this, the applicants are requested to choose the application which corresponds to their profession:

- Research in-Practice Fellowships for Health and Social Care Practitioners (RPF) 2026 – **medical practitioner**
- Research in-Practice Fellowships for Health and Social Care Practitioners (RPF) 2026 – **health and social care practitioner (non-medic)**

The application form is identical for both streams identical, apart from some contract related questions which are applicable only to medical practitioners and are included in the medical practitioner form only.

The application must have been reviewed and approved by the mentor and 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.

10.2 Review process

Applications will be checked for eligibility by HRB staff members. Where an application is deemed to be out of scope, the chair of the international interview panel will be consulted to confirm the recommendation.

Following the initial eligibility check, each eligible application submitted to this scheme will undergo a two-phase review process within its stream.

Phase 1 – International peer review, public review and shortlisting

For each application, the HRB aims to receive written feedback from at least three international peer reviewers and two public reviewers.

International peer reviewers play a vital role for the HRB in setting standards and in benchmarking our scientific community to enable them to operate in a global context. Peer reviewers will focus on the stated assessment criteria for the call and will provide comments as well as a score which is visible to the HRB and to panel members.

Within each of the professions' streams, the applications will be shortlisted for considerations by the panel using the average of the peer review scores.

Public reviewers will 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.

Applicant response

All applicants will be given access to the peer and public reviews relating to their application. Only lead applicants of shortlisted applications will be provided with a time-limited opportunity to respond to the review comments via their GEMS personal page (see Section 11 Timeframe). Neither peer nor public review comments will include any reference to the reviewer's identity. Public review ratings will be shared.

The lead applicant will have 10 working days only to submit their response through GEMS, and the response has a **maximum word count of 2000 words only for the peer review response** (including references) and **500 words only for the public review response**. No figures can be uploaded. The response will be provided to members of the interview panel, in advance of the interview panel meeting, along with the application, the peer and public review comments and rating. The response to the public review will be given to the public reviewer as a feedback and learning opportunity.

Phase 2 – Interviews with international panel

All shortlisted applicants will be invited to attend an interview with one international selection panel, who will be convened for both streams of applicants. 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, coaching and mentoring, knowledge translation/applied health research, etc.).

The members will be assigned as primary and secondary reviewers to specific applications and assigned reviewers will lead the interview of the lead applicant.

Panel members have access to the application, peer and public reviews and the applicants' response prior to the interview panel meeting. HRB staff members are present at the interview meeting to clarify any procedural aspects for the chair or panel members and to take notes for the feedback process. In line with the HRB observer initiative (see Appendix III) the HRB may invite observers from the HRB host institutions' Research Officers Group to the interview-based panel.

The applications will be assessed within their stream at panel review and during the interviews by the same panel. The panel will review the strengths and weaknesses of the application relating to the review criteria detailed below. Successful applicants 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.

At the end of the interview panel meeting, a final score is collectively agreed for each application and then they will be ranked according to score within their own streams. To prioritise between applications with the same score within a stream around the funding cut-off in the panel ranking list

- The sub-score awarded to the lead applicant assessment criterion will be the first ranking factor.
- Where the Lead Applicant sub-score is also the same, **the balance between the health and social care profession or clinical specialty** (for medics) of the Lead Applicant will be the **second ranking factor** to prioritise applications **within a stream**. This means the under-represented profession or clinical specialty within the ranked list will be prioritised.
- In line with the **HRB Gender Policy**, **the gender balance** of lead applicants within the ranked list recommended for funding will be the third ranking factor.

The recommendations of the Interview 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 applicant's 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.

10.3 Assessment Criteria

The following assessment criteria will be used to assess applications **by peer-reviewers and the interview panel reviewers**. Successful applications will be expected to **rate highly in all criteria**.

1. **The lead applicant (35%):**
   - Standing and potential of the lead applicant to progress towards research independence and becoming a potential leader in applied health and social care research.
   - Quality and appropriateness of the proposed training and professional development strategy in supporting the lead applicants to become a more independent researcher in applied health and social care research.
2. **The research project (35%):**
   - Relevance and impact: Demonstrated need, relevance and timeliness of the proposed research project and well-articulated route to impact on health and social care policy and/or practice at national and/or international level. The proposal should show how the research outcomes will be translated to improve the quality and experience of service users and, ultimately, better health outcomes.
   - Research design and feasibility: Appropriateness of the research approach and methodologies and feasibility of delivering the project with the proposed timeframe and resources.
3. **The support (30%):**
   - Suitability and breadth of the research team and the mentor.
   - Suitability of the host institution and wider support environment.

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

10.4 HRB Narrative-style CV

As a signatory of the San Francisco Declaration of Research Assessment (DORA)[8] and a member of Coalition for Advancing Research Assessment (CoARA)[9], the HRB commits to the common principles that the assessment of research and researchers should recognise the diverse outputs, practices and activities that maximise the quality and impact of research. This requires that the assessment focusses primarily on qualitative judgement, for which peer and public review are central.

The HRB uses a narrative-like CV, the HRB narrative-style CV, for research career schemes, where the person is at the core. In the RPF the HRB CV is mandatory for lead applicants and mentors. It aims to allow researchers to craft a convincing rationale and present their career paths in a much more comprehensible way. Such a CV should be tailored to individuals completing it and to the funding opportunity they are applying for. Please see additional information here.

11 Timeframe

Date	
01 October 2025	Call opening
13 February 2026 @13:00	Call closing
End February 2026	Eligibility checks completed
March 2026-mid June 2026	Scientific and public review
Early June 2026	Shortlisting of applications
Mid to end June 2026	Applicant response
Early September 2026	Panel interview meeting
End September 2026	Panel recommendations presented to HRB board
October-December 2026	Contracting stage (subject to approval)
January 2027	Earliest start date

12 Contacts

For further information on the RPF 2026 contact:

Dr Marta Pisarska

Project Officer – Research Careers

Research Strategy and Funding

Health Research Board

[8] San Francisco Declaration of Research Assessment

[9] Coalition for Advancing Research Assessment

E. fellowships@hrb.ie

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 https://www.hrb.ie/wp-content/uploads/2024/09/HRB-Policy-on-Appeals-2.pdf

Appendix I: Detailed guidance on the application form

All applications are to be submitted via the GEMS online application system. 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**[10], available on the left-hand column of your GEMS profile homepage, for further information.*

The **lead applicant** must create and complete the application except for the 'Mentor' section, which must be completed by their chosen mentor. The mentor must also approve the content of the application before it is submitted to the HRB.

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 homepage which is the starting point to create a new grant application.

As detailed in Section 3 of the guidance notes, applications will be divided into two streams at the application stage based on the lead applicant's profession. To facilitate this, the applicants are requested to choose the application which corresponds to their profession:

- Research in-Practice Fellowships for Health and Social Care Practitioners (RPF) 2026 – **medical practitioners**
- Research in-Practice Fellowships for Health and Social Care Practitioners (RPF) 2026 – **health and social care practitioners (non-medic)**

Please note that the application form is identical for both streams identical, apart from some contract related questions which are applicable only to medical practitioners and are included in the medical practitioner form only.

The HRB reserves the right to reassign the application to the appropriate stream during the eligibility assessment, if it determines that the applicant has selected an incorrect stream.

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	
I have read the guidance notes for the RPF 2026 call and reviewed the main changes applied to RPF 2026.	☑

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

I have reviewed the application streams as described in the RPF 2026 guidance notes and I confirm that, to the best of my knowledge, my application falls within the stream which aligns with my profession.	☑
I am aware that I need to build sufficient time into the application process for the mentor **to access** the application**,** complete the mentor section and **review and approve my final application for submission to the HRB through the GEMS system.**	☑
I am clear about the role of the authorized signatory in the nominated host institution 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 grants; and evaluation of HRB's approach to funding and investment in research, in line with HRB policies and as detailed in the RPF 2026 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.

Host institution

For the purposes of contracting, payment, and management of the grant, HRB funds can only be awarded to HRB approved host institutions. Please note this call is open **only** for host institutions from the **Republic of Ireland**. The host institution for the grant is normally that of the **lead applicant** or the host institution the lead applicant has negotiated the support for this application. 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.

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 the RPF 2026. 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.

Host institution endorsement

Your host institution must endorse your application by completing the following checklist by confirming that the lead applicant:

Will be supported for the duration of the fellowship by providing other supports, such as access to infrastructure, mentoring and in-house training (e.g. leadership) and networking activities etc.	☑
Will have a dedicated office and research space/facilities for which they are fully responsible for at least the duration of the grant	☑
Will hold an employment contract which extends until the proposed end date of the fellowship or will be recognized by the host institution upon receipt of the HRB RPF grant as a contract researcher	☑
Is not recognised as an independent investigator	☑

This checklist will be visible at the approval of the application by the host institution stage, just before the application can be submitted to HRB.

Lead applicant

1 Personal declaration

Please provide a personal declaration which reflects your research and career goals, how this fellowship will contribute to their attainment and why you are well suited for the RPF fellowship. The word limit is **200 words**.

2 Lead applicant's details

2.1 Basic CV information - GEMS profile details

The lead applicant's **contact and CV** details (name, institution, present position, employment history, profession, and ORCID iD) are managed in the 'Manage my details' section of GEMS and are automatically included in any application created involving that individual.

Note: The HRB is an ORCID member. Lead applicants are strongly encouraged to include an ORCID iD by updating their GEMS profile under 'Manage my details' and this will feed automatically into the application form. Please note this is not a mandatory field for submitting your application. For more

information and to register please see https://orcid.org/. Importantly, once you have your ORCID iD linked to your grant application, the HRB will be able to credit the grant, if awarded, directly onto your ORCID iD via automated and authoritative data transfer.

2.2 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 a researcher. Please state the period and the reason. The word limit is **150 words**.

2.3 HRB narrative-style CV

Key contributions

The aim of this section of the CV is to highlight key contributions that provide relevant context for peer-reviewers and panel members.

There are four different categories of contributions, and you should aim to cover as many as possible. The activities under each category will be assessed in the context of your career stage and against the objectives of the scheme.

Notes:

- The questions are standard, and they are used for lead applicants at different career stages and mentors, where applicable. You do not need to fill each question for each contribution if not applicable to you or not yet relevant to your career experience to date (e.g. section 2.3.3).
- Do not copy and paste a list of your contributions directly from your traditional CV without providing the relevant context as described below. Highlight how and why you have contributed to a particular area (e.g. research output).
- **Active research experience** will be considered when assessing competitiveness of the track record of the lead applicants by reviewers. Research breaks, e.g. flexible working arrangements, changes in discipline and working in other sectors (e.g. industry, health organisation/agency), will be taken into account when assessing the research experience and scientific contribution to knowledge

2.3.1 Contribution to the generation of knowledge

This section focuses on how you have contributed to the generation of knowledge, new ideas and hypotheses, and tools. This encompasses how you have communicated your ideas and research results (written and verbally), as well as funding and awards that you have received.

1. List up to five research outputs that are most relevant to this application and include one reference per output, if applicable. For each output provide a short outline, your specific role, the

significance and influence on the research field and/or discipline and/or to health policy and/or clinical practice and resulting impact, if any. The word limit is **400 words**.

2. Provide a short statement of your overall contribution to the research field and/or discipline and/or policy and/or practice. The limit is **100 words**.
3. Reference up to five independently peer-reviewed research funding awards (including those received from the HRB) most relevant to this application and please specify your role on each: principal investigator, co-principal investigator (co-lead), co-applicant or collaborator.

Research outputs: They can include datasets, software, publications, commercial or entrepreneurial or industrial products, educational products, clinical practice developments, policy publications, and other similar items. If an output has a DOI please only include this. Research outputs should be examples of rigorous science following high standards, that are reproducible, and others can build upon. Please indicate to what extent these outputs have been made openly available (providing evidence) to the research community and to potential users of research outputs.

Metrics: 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. If you wish to reference publication citations, please note they should only be used to complement the narrative component of the CV and not in isolation.

2.3.2 Contribution to training and development of others

This section highlights your contribution to training and developing others, including supervision and mentoring, if applicable, as well as your expertise, if any, which was critical to the success of other individuals either within your team or other teams.

Please include some examples such as team support, supervision and/or mentoring activities, teaching activities, workshops or summer schools' involvement or support you provided to the advancement of colleagues (junior or senior) or strategic leadership by directing a team. The word limit is **200 words.**

Note: The primary supervision of research staff funded through a grant secured in your name as Lead Applicant as well as where the individual is the lead applicant/fellow and you are the name supervisor will render you ineligible for RPF 2026. Co-supervision (secondary supervision) of any researchers will not affect your eligibility. You can add your involvement in other activities related to training and development of others as explained above, not related to the primary supervision of PhD or other researchers.

2.3.3 Contribution to wider research community

This section can include various activities you have engaged in to contribute to the growth of the research community (locally, nationally or internationally).

This may include:

1. Commitments including editing, reviewing, refereeing, committee/panel work and your contribution to the evaluation of researchers and research projects.
2. Contributions to increasing research integrity, and improving research culture (equality, diversity, mobility of researchers, and reward/recognition of researchers' broad range of activities, open science initiatives).
3. Appointments to positions of responsibility such as committee membership and corporate roles within your department, institution or organisation, and recognition by invitation within your sector.
4. Establishment of local/national/international collaborations, partnerships and networks (including interdisciplinary and cross settings).
5. Strategic leadership by directing an organisation, company, or institution.

Please note, this list is not exhaustive.

Please provide some examples in bullet points under selected headings as most relevant to your career and experience to date. The word limit is **200 words**.

2.3.4 Contribution to broader society

This section emphasises societal engagement and knowledge exchange.

It may include:

1. Working with policymakers and knowledge users.
2. Public, patient and carer involvement in research (PPI), and collaborating with particular societal groups.
3. Science outreach activities for the general public or subsection of the general public.
4. Engagement with industry and the private sector.

Please note, this list is not exhaustive.

Please provide some examples in bullet points under selected headings as most relevant to your career and experience to date. The word limit is **200 words**.

2.4 Additional eligibility confirmation of lead applicant

PhD status

2.4.1 Do you hold a PhD?

Yes/ No

If yes, enter the date of your PhD defence.

If no go to 2.4.2

2.4.2 Are you currently completing your PhD?

Yes/No

If yes, enter the approximate date of your PhD defence. Please note that you must successfully defend your PhD before 31 May 2026 and written evidence of passing of the PhD viva will be required at the time of shortlisting and before 5 June 2026. If no, go to 2.4.3

2.4.3 Have you been granted PhD equivalent research experience by the HRB?

Yes/No

If yes, please state approximately the date (month and year) you were approved. If no, please make sure you apply before **30 January 2026**.

2.4.4 Include any other relevant information in relation to your PhD status (if any).

This question is not mandatory. Word limit is **150 words**.

Current employment arrangements and research time commitments

2.4.5 Please indicate your current employment status

a) Employed in Ireland (or completing a PhD while holding a clinical appointment*)

b) Employed overseas

c) On career break

d) Finishing PhD (full-time, with no clinical appointment)

If you are currently employed in Ireland answer Section 2.4.6. For (b)-(d) answer questions in Section 2.4.7.

** Please select this option if you are currently completing PhD part-time while being employed as a health or social care professional or if you took career break or similar to conduct PhD, and you are planning to return to your clinical post full time after completion of your PhD.*

2.4.6 Employed in Ireland (or completing a PhD while holding a clinical appointment)

2.4.6.1 Please select the best option which describes your current employment in the Republic of Ireland

- Clinical or social care - public service position
- Clinical or social care – private service position
- Joint clinical/social care and academic position

2.4.6.2 Please select the contract type

- Permanent
- Locum/fix-term contract
- Employed via agency

If locum/fix-term contract or employed via agency, provide the current end date of the contract.

2.4.6.3 Medical practitioners only - further details of contract type

Please specify your contract type e.g., POCC. Please note that only 'Public-only' contracts will be typically allowed for individuals obtaining new consultant posts. For further guidance please refer to Section 6.1.1.2.2 of the guidance notes. The word limit is **30 words**.

2.4.6.4 Do you have formally protected research time in your current role/contract?

Yes/No

If **yes,** state the FTE allocated to research.

Please note you must commit **0.5 FTE** to the fellowship, but you cannot hold more than **0.2 FTE** of research protected time in your current role.

2.4.6.5 If successful, how much time of your time will be dedicated to health and social care practice during your fellowship?

Please note that if awarded the fellowship, the HRB expects lead applicants (prospective fellows) to maintain 0.5 FTE in health or social care practice throughout the fellowship. However, a reduced commitment of no less than 0.2 FTE may be considered, provided it is strongly justified, including flexible working arrangement due to personal circumstances.

- 0.5 FTE
- Less than 0.5 FTE

If less than 0.5 FTE, please state how much FTE you will dedicate and provide a justification for dedicating less than 0.5 FTE during the fellowship.

2.4.6.6 Please indicate the type of professional time you are requesting the HRB to buy.

- Health or social care
- Academic non-research
- Other (please specify)

2.4.6.7 Please specify the total FTE buy-out you are requesting from the HRB.

Enter value between 0.3 and 0.5.

Please note: You must commit a total of **0.5 FTE** to the fellowship. If you currently hold have research protected time and wish to dedicate it to this fellowship you may do so. This may be additional to the time bought out by the HRB. For example, if you have 0.1 FTE of research protected time that you can fully dedicate to this fellowship, you may request a HRB buy-out of 0.4 FTE. Alternatively, you can request a full 0.5 FTE buy-out and dedicate 0.6 FTE to this fellowship. **Please note that minimum FTE buy-out is 0.3 FTE.**

2.4.6.8 Indicate whether the HRB salary will cover the direct cost of your salary or the cost of locum replacement.

- Direct salary support
- Locum replacement salary support

2.4.7 Employed overseas or on a career break or finishing PhD

2.4.7.1 Have you already secured a post in a clinical or a social care services organisation in the Republic of Ireland?

Yes/No

If no, please provide details of your current negotiations for a post in a clinical or a social care services organisation in the Republic of Ireland.

If yes, please answer the questions 2.4.7.2 – 2.4.7.9

2.4.7.2 Please select the best option which describes your employment in the Republic of Ireland

- Clinical or social care - public service position
- Clinical or social care – private service position
- Joint clinical/social care and academic position

2.4.7.3 Please select the contract type

- Permanent
- Locum/fix-term contract
- Employed via agency

If locum/fix-term contract or employed via agency, provide the current end date of the contract.

2.4.7.4 Medical practitioners only - further details of contract type

Please specify the contract type you are hoping to secure e.g., POCC. Please note that only 'Public-only' contracts will be typically allowed for individuals obtaining new consultant posts. For further guidance please refer to Section 6.1.1.2.2 of the guidance notes. The word limit is **30 words**.

2.4.7.5 Will you have formally protected research time in your role/contract?

Yes/No

If yes**,** state the FTE allocated to research.

Please note you must commit **0.5 FTE** to the fellowship, but you cannot currently hold more than **0.2 FTE** of research protected time in your role.

2.4.7.6 If successful, how much time of your time will be dedicated to health and social care practice during your fellowship?

Please note that if awarded the fellowship, the HRB expects lead applicants (prospective fellows) to maintain 0.5 FTE in health or social care practice throughout the fellowship. However, a reduced commitment of no less than 0.2 FTE may be considered, provided it is strongly justified, including flexible working arrangement due to personal circumstances.

- 0.5 FTE
- Less than 0.5 FTE

If less than 0.5 FTE, please state how much FTE you will dedicate and provide a justification for dedicating less than 0.5 FTE during the fellowship.

2.4.7.7 Please indicate the type of professional time you are requesting the HRB to buy.

- Health or social care
- Academic non-research
- Other (please specify)

2.4.7.8 Please specify the total FTE buy-out you are requesting from the HRB.

Enter value between 0.3 and 0.5.

Please note: You must commit a total of **0.5 FTE** to the fellowship. If you currently hold have research protected time and wish to dedicate it to this fellowship you may do so. This may be additional to the time bought out by the HRB. For example, if you have 0.1 FTE of research protected time that you can fully dedicate to this fellowship, you may request a HRB buy-out of 0.4 FTE. Alternatively, you can request a full 0.5 FTE buy-out and dedicate 0.6 FTE to this fellowship. **Please note that minimum FTE buy-out is 0.3 FTE.**

2.4.7.9 Please note that minimum FTE buy-out is 0.3 FTE. Indicate whether the HRB salary will cover the direct cost of your salary or the cost of locum replacement

- Direct salary support
- Locum replacement salary support

Declaration confirming you <u>are not</u> an independent researcher

Please note that if you answer 'Yes' to any of the four questions below, you <u>are not</u> eligible to apply to the RPF fellowship scheme. If you have any queries about these eligibility criteria, please contact the HRB as soon as possible.

2.4.8 Have you already received any substantial research grant as lead investigator/lead applicant with a value equal or above €100,000 or lead a work package in funding schemes from the European Commission?

Yes/No

2.4.9 Have you or are you leading an existing research team?

Yes/No

2.4.10 Have you or are you acting as a primary supervisor or sponsor of an early career researcher such as PhD or post-doctoral researcher?

Yes/No

2.4.11 Have you secured any peer-reviewed research grant as a lead applicant which supports research personnel and the building of a research team.

Yes/No

2.5 Letters of support

Please attach the letters of support as per guidance notes, Section 9.

3 Project overview

3.1 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.

3.2 Project duration and start date

Please indicate the expected length of the proposed project in months (between 48 and 60 months) and the proposed start date. The earliest start date is **January 2027**.

3.3 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.**

3.4 Project abstract

This should be a succinct summary of the proposed research. This structured summary should clearly outline the background to the research, and 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**.

3.5 Keywords

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

4 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:

- Identifying and prioritising the research question
- 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 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. Please carefully consider the Section 4 Scope of call of the guidance notes and the funding remits as well as the type of project HRB **will not fund**.

5.1 Current knowledge, background to the area, relevance and knowledge gap

Describe the background to the research application and detail the size and nature of the issue to be addressed. **We expect that applicants reference evidence supporting the case for the project that has been gathered systematically**, i.e., as systematic reviews or other evidence synthesis formats. Simple literature overviews are not sufficient. Evidence synthesised systematically should include evidence of (1) a systematic identification of previous work, (2) critical appraisal, (3) synthesis of the evidence and (4) interpretation of findings. Where available, include a description of any pilot work, professional and consumer consensus studies already undertaken.

Please reference any documented need for this area of research, including information on the burden on health or the healthcare system. Have any potential users of research outputs been involved in identifying the research question (e.g., patients, healthcare professionals, policymakers) or has it been identified and prioritised through a priority setting partnership such as the James Lind Alliance? Explain why this research is both important and timely. Show how your research will add to the knowledge base/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 important to describe the healthcare delivery context in Ireland when discussing issues around 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 Research question

Clearly state the research question behind the proposed work. The word limit is **50 words.**

5.4 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 grant if successful. Objectives/deliverables should be mapped against estimated completion timelines in a Gantt chart, and any milestones highlighted.

Please note that the preparation and submission of Data Management Plans should also be added as deliverables/milestones of the project.

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.

5.5 Research design and methodological approach

Summarise the proposed research plan, providing descriptions of individual work packages and describe how they integrate to form a coherent research application.

- Include details of the general experimental approaches, study designs and techniques that will be used. Include details on all stages of the study design including rationale for sampling strategy, justification of sample size and power calculation, details on the design chosen, the methods of data collection, measures, instruments, and techniques of analysis for quantitative and qualitative designs, outcomes measures and plans for data analysis/data management.
- Show how your research design will allow you to answer your research question.
- Where research involves human participants, please describe the selection criteria and rationale for participant selection considering the relevant population for the issue under study. Are under-served populations/groups considered?
- Please justify any exclusions based on age or sex/gender of participants.
- Consider inclusivity in all aspects of your research project design and methodology. For example, address inequalities in health, social care, or public health; include diverse participants, especially those from underrepresented or marginalized groups; and design your project from the outset to be inclusive, rather than retrofitted later.

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.**

- 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.
- Explain in detail how new techniques and/or or high-risk studies will be managed and suggest alternative approaches should these fail.
- 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 are provided on the HRB Funding Opportunities webpage[11].

The word limit is **4500 words.**

5.5.1 Has an iteration of the proposed research been submitted to any HRB grant scheme in the last 3 years?

Yes/No

If **yes**

Grant scheme:

Year of previous submission:

Please briefly describe the changes that have been made to the application. Have the recommendations from the previous peer, panel, or public review you received influenced the changes you have made? The word limit is **300 words**.

5.6 Project and risk management

Please describe how the research project will be managed. The role of each applicant team member should be clearly outlined. Describe any oversight, advisory or governance structures that are crucial to the delivery of the project, including a steering committee or data safety and monitoring committee if applicable. 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 project in line with the HRB Policy on Management and Sharing of Research Data, including who will be responsible for data management and data stewardship during the project's lifetime and ensure submission of the initial Data Management Plan (DMP) within 6 months of project start date and final DMP version to the HRB with accompanying host institution certifications.

Applicants are strongly encouraged to engage with their host institution data stewards or other data-related service supports (typically library and ICT and digital service, etc) during application preparation to identify appropriate budget to support data management costs and ensure timely completion and submission of DMPs.

Applicants should consider:

[11] https://www.hrb.ie/funding/funding-opportunities/useful-links/

- the FAIR Guiding Principles for scientific data management and stewardship: **F**indability, **A**ccessibility, **I**nteroperability, and **R**eusability[12]
- HRB DMP requirements as outlined in the HRB DMP Template:

1. **Data description and collection or re-use of existing data:** (a) What is the type, format and volume of data? (b) How will the data be collected, created or reused?
2. **Documentation and data quality**: (a) What metadata and documentation will accompany the data? (b) Will you make sure globally resolvable unique, persistent identifiers are in use (e.g. DOI)? (c) What data quality control measure do you use?
3. **Storage and backup**: (a) How will data be stored and backed up during the research? (b) How will you take care of data security and personal data protection?
4. **Ethical and legal requirements, codes of conduct**: (a) If personal data are involved, how will you manage compliance with legislation on personal data and security? (b) How will you manage legal issues, such as IPR, copyright, and ownership? What legislation is applicable? (c) Which ethical issues and codes of conduct are there and how are they taken into account?
5. **Data sharing and long-term preservation**: (a) How and when will you share the data? (b) How do you select data for preservation and where will data be preserved long term (e.g. data repository, archive)? (c) What methods or software tools are needed to access data? (d) How will the application of a unique and persistent identifier (such as a Digital Object Identifier (DOI)) to each data set be ensured?
6. **Data management responsibilities and resources**: (a) Who (for example role, position, and institution) will be responsible for data management (i.e., the data steward)? (b) What resources (for example financial and time) will be dedicated to data management and ensuring that data will be FAIR?

A DMP is not required to be submitted as part of the application.

The word limit is **500 words**.

5.8 Gender and/or sex dimensions within 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 dimensions for this project.

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

[12] Wilkinson, M. D. et al. The FAIR Guiding Principles for scientific data management and stewardship. Sci. Data 3:160018 doi: 10.1038/sdata.2016.18 (2016).

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 the HRB Funding Opportunities webpage[13] for resources on gender and sex considerations in research applications.

The word limit is **400 words.**

5.9 Potential safety risks and ethical concerns

Please address any potential risk and/or harm to patients or participants in the research, if relevant. Please highlight any potential ethical concerns during this study and/or at 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**.

5.10 Biobanking

Does your application include an element of biobanking?

Yes/No

If **yes**, please describe how biobanking within this project will be in compliance with international best-practice ethical considerations and the General Data Protection Regulation, in particular in relation to consent.

You must submit a completed **infrastructure agreement** form with details of the biobank. Please describe how you will ensure good practice for biobanking components in this project, with particular regard to quality of sample collection, processing, annotation and storage. Please reference relevant guidelines/standards you will use. Where material will be obtained or stored for a future research purpose, or where you will use material previously obtained for another purpose, please refer to the latest Recommendation of the Council of Europe[14]. Some useful links are available on the HRB Funding Opportunities webpage[15]. 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

[13] https://www.hrb.ie/funding/funding-opportunities/useful-links/

[14] https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=090000168064e8ff

[15] https://www.hrb.ie/funding/funding-opportunities/useful-links/

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 Impact

6.1 Impact statement

Describe the anticipated outputs and outcomes of the proposed research.

Please describe the likely potential of the research findings from this project to be applied and the route to impact on health and social care policy and/or practice. In doing so, please give consideration to **the local and/or national and/or international dimensions** as well as how your research findings will impact and benefit diverse populations including those which are underserved and underrepresented. Outline the activities, skills and engagement with key stakeholders, you will need for this proposal and to facilitate systemic level changes.

Describe the potential benefits and the resources that will make the plan feasible, and the anticipated timescale for any proposed benefits to be realised over the short, medium and long term. Outline how the research outcomes will be translated to improve the quality and experience of service users and, ultimately, better health outcomes and what steps are necessary for these impacts to be realised. Please consider areas for impact such as, but not limited to, providing the basis for new/improved healthcare innovations, influencing policy and practice, and/or increasing enterprise activity.

This statement should be specific and provide information that the external reviewers will find helpful in assessing the potential impact of the proposed research. Impact statements should be written primarily in plain English. The word limit is **400 words**.

6.2 IP considerations

The lead applicant together with the host institution has a duty to the public to ensure that discoveries and advancements in knowledge arising from any grant are translated for public benefit including but not limited to commercial development of new therapies, diagnostics, materials, methodologies, and software for health[16]. Please consult with the relevant Technology Transfer Office for advice on this section, where appropriate.

Please describe any current Intellectual property (IP) that will be relevant for the study and whether such IP assets are held by the applicants, and/or others outside the research team. Such IP might include software, checklists, scales, protocols, guidelines, questionnaires, or medicinal products for example. Has relevant background IP for your study been identified? If IP is required, is there freedom to operate, such that this research can eventually be translated? What arrangements are in place to manage IP during the study, and ensure it is protected (if appropriate) prior to dissemination? Do you foresee any barriers to use of IP in order for the research outputs to be adopted? The word limit is **300 words**.

6.3 Dissemination and knowledge translation plan, including open access publications

Include a clear dissemination and knowledge translation plan to indicate how the research outputs you anticipate producing during and after your project will be disseminated and shared and made openly accessible, in line with HRB Open Access Policy[17]. 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[18].

Applicants are advised to consider the following:

- The HRB has a mandatory Open Access policy; demonstrate how you plan to make your relevant peer-reviewed publications 'full and immediate' open access (OA) without embargo and under a CC-BY copyright licence.
- Who are the various audiences and communities that need to be targeted if these results are to have any impact? What is your dissemination plan to address this, how will these audiences be reached?
- Ensure that you engage with diverse stakeholders and communities to design an inclusive dissemination plan which will ensure equitable access to your research findings by diverse audiences including underserved or underrepresented groups.

[16] https://enterprise.gov.ie/en/publications/irelands-national-ip-protocol-2019.html%20

[17] https://www.hrb.ie/funding/responsible-research-assessment/open-access-policy/

[18] 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.

- Describe any plans for technology transfer.
- Describe how the findings of this research will be publicised to the HSE or international health community/organisations in a manner that will optimise impact on health policy and/or practice.
- Please reference aspects of the project/study undertaken to maximise chances of adoption beyond the term of the grant.

Types of publication routes include[19]:

Green Route: publishing in a traditional subscription journal and depositing the Author Accepted Manuscript (AAM), which is the version of your work accepted for publication, including all changes made during the peer review process, in an OA repository with no embargo periods. This is referred to as self-archiving.

Gold Route: making your publication available through the publisher's platform, where the payment of an Article Processing Charge (APC) is often required. In this instance, your HRB grant funds can be used to contribute to APCs; please consult with guidance in the HRB Budget Framework.

Please note:

- Where you can avail of a Transformative Agreement (TA), you will not be required to pay an APC. IReL, the consortium of Irish research libraries, has negotiated a number of **Transformative Agreements (TAs)** with publishers. To ensure you can avail of a TA, check the IReL website[20], or contact your institution's library service.

HRB funds cannot be used to pay APCs in hybrid journals.

The **Diamond OA route** refers to publishing in a journal free of charge, that is entirely open access to readers. The HRB provides its own open peer reviewed and open access publication platform, HRB Open Research[21], which is fully compliant with our HRB policy with all publication charges covered centrally by the HRB at no expense to the grantee.

The word limit is **500 words**.

7 Training and professional development of lead applicant

7.1 Strategy overview

Please describe your integrated strategy for research and professional development during the fellowship, detailing how it will support you in acquiring research and other key transferable skills necessary to successfully deliver your research project and advance your career as a more independent applied health and social care researcher. Your strategy should outline:

- The steps you will take to progress towards research independence and future leadership.

[19] https://www.jisc.ac.uk/our-role-in-open-access

[20] https://irel.ie/open-access/

[21] www.hrbopenresearch.org/

- The planned activities to support skills development with justifications (e.g. specialist research skills such as methodological training or transferable skills such as leadership, public engagement or grant writing training etc.)
- How the mentorship, collaborations and networking, nationally and internationally (please also reference if you are planning to spend time abroad) will support your professional development during the fellowship.
- How this strategy aligns with your long-term career goals (as described in your personal declaration).

Some of the skills development activities may be supported by the HRB and included in the budget, others by the Host institution and/or other partnering organisations.

It is strongly recommended that you discuss the proposed strategy with your mentor. The word limit is **400 words**.

7.2 Mentorship arrangements

Provide a clear rational for the selection of your mentor. Describe how their experience and expertise will support you in the successful delivery of your research project and your career progression towards independence as a practitioner researcher.

Describe the mentorship arrangements, including the expected frequency and format of meetings and supports which are to be provided. The word limit is **200 words**.

7.3 Travel grant (research experience abroad)

The Health Research Board recognises the valuable experience that can be gained by researchers who spend time working with research groups abroad. In order to avail of this opportunity, you must include it in the application now, as requests for travel-related costs to gain research experience abroad during the course of the fellowship will not be considered. You can avail of the travel grant by planning a longer stay abroad (usually maximum of one year) or shorter visits and trips where appropriate and justified.

7.3.1 Sponsor abroad contact details

please provide the following details for the sponsor abroad name, position, profession, institution, and email.

7.3.2 Overall plan

Describe where and when you are planning to avail of the Travel Grant and provide details of to whom you will travel. Please include details of their research programme, how it fits with your research project and training objectives, the proposed timelines, the nature of the research training to be gained, and how this will add value to your fellowship and your future development as a researcher. The word limit is **400 words**.

A **letter of support from the sponsor abroad** on headed notepaper as evidence of the sponsor's willingness to allow you to gain experience in their department/institution is required for the submission of this application.

Note: You must provide detailed costs associated with this travel grant in the project budget section entered via the HRB online system GEMS.

7.4 Management of research and clinical time during the grant

Clearly specify and explain how you will fulfil the main objectives of the fellowship with the proposed part-time arrangement, integrated with health care or social care practice. Please note that block periods dedicated to research are not allowed.

The word limit is **150 words**.

7.5 Research and professional development Gantt chart

In addition to the information provided in this section you must summarise this plan in a Gantt chart (or alternative) and upload it to the HRB GEMS system. The Gantt should indicate how the proposed training and development activities are linked with key milestones and deliverables. Please label this document clearly as the "Research and professional development plan" and upload it to the appropriate section in the GEMS system.

Note: You are required to provide detailed costs of the training and development activities in the project budget section so these should not be included here.

Research team and environment

8 Core research team – mentor & collaborators

8.1 Collaborative approach

Describe why you have selected the research team members, the overall complementarity of skills, expertise, and disciplines within the team. Address also any international collaborations and/or collaborations across settings, if relevant.

Describe how during the fellowship they will support your career development as researcher in line with the objective of the scheme and ensure successful completion of the research project. The word limit is **400 words**.

8.2 Mentor

The lead applicant can add a mentor to an application by entering the name on GEMS. The mentor should be chosen based on their research expertise and their ability to support and guide the applicant in various areas of the fellowship.

If the mentor is already registered on GEMS, the system will find their profile and allow the lead applicant to select them. If not, the mentor can be added manually by entering their name and email details. GEMS will then send them an email with login details to complete the registration and will notify them that they have been invited by the lead applicant to participate in the application as a mentor.

Once registered, the mentor can choose to accept or decline the invitation. If the mentor declines, the lead applicant will be notified and may revise the application accordingly. If mentor accepts, they will be able to complete the mentor section of the application and make edits in the application.

Please note that GEMS will display a pop-up warning if another user is editing the application at the same time. Although it is possible to override the warning, it is strongly recommended that team members coordinate directly to avoid potential data loss.

The mentor must also approve the application before it is submitted to the authorised signatory of the nominated host institution for the final approval.

Please note the section below must be complete by the mentor.

8.2.1 Basic CV information – GEMS profile details

The mentor's contact and CV details (name, institution, position profession, ORCID iD, education and employment history) are managed under the "Manage my details" section of your GE MS account and are automatically included in any application created involving that individual.

Note: The HRB is an ORCID member. Mentors 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. Please note this is not a mandatory field for submitting your application. For more information and to register please see https://orcid.org/. Importantly, once you have your ORCID iD linked to your grant application, the HRB will be able to credit the grant, if awarded, directly onto your ORCID iD via automated and authoritative data transfer. In accordance with ORCID terminology, your role in this application will be recorded in your ORCID profile as 'co-lead'.

Please note you do not need to complete or update your funding record under 'Manage my details' as they will not feed through to this application and you will be asked to enter them manually in the section below.

8.2.1.1 Type of researcher

How would you describe your professional role in health and social care?

- Researcher - academic
- Researcher - health and social care practitioner (with a joint academic appointment)

8.2.1.2 Breaks from research

In this section the mentor 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 your progression as researcher. Please state the period and the reason. The word limit is **150 words**.

8.2.2 HRB Narrative-style CV

Key contributions

The aim of this section of the CV is to highlight key contributions of the mentor that provide relevant context for reviewers and panel members. There are four different categories of contributions.

The activities under each category will be assessed in the context of you as mentor.

Notes:

- The questions are standard, and they are used for lead applicants at different career stages and mentors, where applicable.
- Do not copy and paste a list of your contributions directly from your traditional CV without providing the relevant context as described below. Highlight how and why you have contributed to a particular area (e.g. research output).
- Active research experience will be considered when assessing competitiveness of the track record of the mentor by reviewers. Research breaks, flexible working arrangements, changes in discipline and working in other sectors (e.g. industry, health organisation/agency) will be taken into account when assessing the research experience and scientific contribution to knowledge

8.2.2.1 Contribution to the generation of knowledge

This section focuses on how you have contributed to the generation of knowledge, new ideas and hypotheses, and tools. This encompasses how you have communicated your ideas and research results (written and verbally), as well as funding and awards that you have received.

1. List up to five research outputs that are most relevant to this application and include one reference per output, if applicable. For each output provide a short outline of the stated output, your specific role, the significance and influence on the research field and/or discipline and/or to health policy and/or clinical practice and resulting impact, if any. The word limit is **400 words**.
2. Provide a short statement of your overall contribution to the research field and/or discipline and/or policy and/or practice. The limit is **100 words**.
3. Reference up to five independently peer-reviewed research funding awards (including those received from the HRB) most relevant to this application and please specify your role on each: principal investigator, co-principal investigator (co-lead), co-applicant or collaborator.

Research outputs: They can include datasets, software, publications, commercial or entrepreneurial or industrial products, educational products, clinical practice developments, policy publications, and other similar items. If an output has a DOI please only include this. Research outputs should be examples of rigorous science following high standards, that are reproducible, and others can build upon. Please indicate to what extent these outputs have been made openly available (providing evidence) to the research community and to potential users of research outputs.

Metrics: 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. If you wish to reference publication citations, please note they should only be used to complement the narrative component of the CV and not in isolation.

8.2.2.2 Contribution to training and development of others

This section highlights your contribution to training and developing others, including supervision and mentoring, if applicable, as well as your expertise, if any, which was critical to the success of other individuals either within your team or other teams.

Please include some examples such as team support, supervision and/or mentoring activities, teaching activities, workshops or summer schools' involvement or support you provided to the advancement of colleagues (junior or senior) or strategic leadership by directing a team. The word limit is **200 words.**

8.2.2.3 Contribution to wider research community

This section can include various activities you have engaged in to contribute to the growth of the research community (locally, nationally or internationally). This may include:

1. Commitments including editing, reviewing, committee/panel work and your contribution to the evaluation of researchers and research projects.
2. Contributions to increasing research integrity, and improving research culture (gender equality, diversity, mobility of researchers, and reward/recognition of researchers' broad range of activities, open science initiatives).
3. Appointments to positions of responsibility such as committee membership and corporate roles within your department, institution or organisation, and recognition by invitation within your sector.
4. Establishment of local/national/international collaborations, partnerships and networks (including interdisciplinary and cross settings).
5. Strategic leadership by directing an organisation, company, or institution.

Please note, this list is not exhaustive.

Please provide some examples in bullet points under selected headings as most relevant to your career and experience to date. The word limit is **200 words**.

8.2.2.4 Contribution to broader society

This section emphasises societal engagement and knowledge exchange.

It may include:

1. Working with policymakers and knowledge users

2. Public, patient and carer involvement in research (PPI), and collaborating with particular societal groups.
3. Science outreach activities for the general public or subsection of the general public.
4. Engagement with industry and the private sector.

Please note, this list is not exhaustive.

Please provide some examples in bullet points under selected headings as most relevant to your career and experience to date. The word limit is **200 words**.

Please note Section 8.3 must be completed by the lead applicant.

8.3 Collaborators' details

The lead applicant can add **up to 10 collaborators** per application. Unlike lead applicant and mentor, 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, institution or organisation, website, present position, employment history, profession, **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).

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.

8.3.1 Collaborator's role

For each collaborator, please outline their role in the project and the percentage or proportion of full time equivalent (FTE). The word limit is **100 words**.

9 Infrastructure and support

9.1 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, biobanking expertise 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**.

9.2 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 of Infrastructure.
- 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 **200 words per infrastructure**.

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.

10 Project budget

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

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 will be the part-time salary of the lead applicant (see details below) and a maximum of €80,000 for research related costs over 48-60 months.

Note: If **secondment arrangements** will be in place a pension of 25% should be applied. Please see the table below under 1. Personnel costs c) Employer pension contribution. Please seek advice from the host institution and the clinical employer regarding the secondment arrangements and pension costs.

In the budget table, please include a detailed breakdown of salary-related costs, specifying the basic salary, employers PRSI and employer pension contributions (€) per year. In the justification section, indicate the salary scale used, the level and point on that scale, provide a link to link to the relevant scale used, and briefly justify the chose salary level.

For non-salary budget categories, include the overall cost (€) per year in the budget table. In the justification section a full and detailed breakdown of the costings must be provided along with a clear justification for each item as per the following example:

Running Costs:

	Year 1	*Year 2*	*Year 3*	*Total*
Running costs:	*€14,000*	*€19,400*	*€22,000*	*€55,400*

Running Costs Justification:

- *Binding studies costs: €18,000 (€3,000 Year 1; €5,000 Year 2; €10,000 Year 3)*
  - *Bacterial strains: €1,500 x 4*
  - *Bacterial media + gas packs: €2,000*
  - *Enzymes, lectins and antibodies: €2,500*
  - *Glycan arrays: €5,000*
  - *Fluorescent dyes: €1,000*
  - *Histology: €500*
  - *Plastics/general consumables: €1,000*
- *Flow Cytometry costs: €30,000 (€10,000 per year)*

Flow cytometry costs have been budgeted at €10,000 per year for 3 years. This includes all flow cytometry reagents; monoclonal antibodies (€250 per pack x 10), flow staining kits and flow tubes. We are also requesting €5000 per year to cover the access charges for flow acquisition facilities (€25 per hour x 200 hours).

- *Steering committee travel: €6,000 (€1,000 Year 1; €3,000 Year 2; €2,000 Year 3)*

We will hold 6 in-person steering committee meetings, with PI and 2 post docs travelling to collaborator lab in UCC. The budget requested includes travel and accommodation costs for two nights per trip as per UCC subsistence rates.

- *Qualitative data collection costs: €1,400 in Year 2*

Transcription costs €900. The cost includes transcription of 6 interviews at cost of €150 per transcription.

Workshop with participants €500 - this cost includes venue rental €200 and refreshments at €30 pp x 10 people €300

Allowable costs include:

1. Personnel costs	Must be listed for each salaried personnel under each of the following subheadings (a-e):
a) Salary	**Lead applicant (LA):** A maximum of 0.5 FTE of the salary-related costs of the: 1. The lead applicant or the locum replacement for the lead applicant if buying out clinical or social care time and/or academic non-research time. This salary should be at the point on the relevant scale for replacing the lead applicant directly. This salary should be negotiated with the health service employer (for

	service delivery) and/or the academic employer (for academic time) and justification for this salary amount must be provided. Please use the most up to date Health Sector Consolidated Salary scales in accordance with the FEMPI acts, the public service agreements and the public service pay and pensions act 2017 https://healthservice.hse.ie/staff/pay/pay-scales/ or 2. Lead applicant, if the lead applicant is based in private clinical or social care practice or at agency providing inclusive care to the public. This salary should be negotiated with the Host Institution and should be in line with the equivalent host institution academic scale for independent health/social care investigators and justification for this level of salary must be provided. Please provide the link to the salary scale and point on the scale to be used for the salary calculations in the justifications' section. **Gross annual salary** (including 5% employee pension contribution) negotiated and agreed with Host Institution and/or clinical provider/private practice. Please note employee pension contribution of 5% has already been incorporated into the IUA gross salary figure. **Applicants should include annual pay increments 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 2026 onwards. Please note this contingency should be applied cumulatively year on year. **Note:** The HRB does not provide salary or buy out time for collaborators or mentors
b) Employer's PRSI	Employers' PRSI contributions are calculated at a % of gross salary. Please confirm the correct PRSI % rate with your institutional finance office.
c) Employer pension contribution	Pension provision up to a maximum of 20% 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 pensions 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. 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.
3. Running costs	For all costs required to carry out the research including materials and consumables, survey costs, some travel costs including travel for participants, transcription costs, data access costs etc. 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.
4. Equipment	Funding for suitably justified equipment can be included in this section, **at a maximum of €2,000.** Personal/stand-alone computers will not be funded. 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. Research data management and sharing 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 table below for further guidance.
7. 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[22]. 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 HRB will contribute **up to three open access publications** for the fellowship.

[22] https://www.hrb.ie/funding/responsible-research-assessment/open-access-policy/

	However, the maximum allowable will be proportionate to the scale and duration of the Grants within a scheme and the Guidance Notes will provide additional guidance and details, if any.
6.Dissemination costs	**Attendance at conference and other events**: Contribution to costs associated with attending seminars, workshops, conference and/or any other means of communication, which have a direct benefit to the research funded, as detailed in the dissemination plan of the application. These activities should be specified to the greatest extent possible, and attendance justified at application stage. The HRB will provide a contribution to costs to attend these types of events for the fellow and the costs are calculated on a lump sum basis **of €1,500 per year for a period of one year less than the overall term of a grant.** In this scheme where fellows work on a part-time base in research, costs for **three years** can be requested, up to €4,500, which could be budgeted as e.g. €1500 per year 2, 3,4 or €500 per year 1, €500 per year 2, €1500 per year 3, and €2000 in year 5 or any other variation. **Knowledge Translation:** The HRB will support costs associated with knowledge translation (KT) activities aimed to improve the exchange of research findings and/or its translation into policy and practice. The HRB adopts the overall concept of integrated Knowledge Translation (iKT), which includes all activities that aim to promote, enhance and accelerate impact of research in real-world settings. It starts well before the traditional end-of-grant KT that occurs when the research is concluded. There is no upper limit for these costs, but they must be aligned and proportionate to the proposed activities.
8. Training costs	Costs associated with training and development in order to acquire specific technical skills and/or professional skills such as leadership, management, etc. Training costs may include the course registration fees, travel and subsistence costs, in line with the institutional rates, related to attendance at the training course. Please note that the HRB does not support training aimed to gain or advance clinical competencies.
9. Travel grant/research experience abroad	A contribution to the costs associated with travel and accommodation to avail of the opportunity to gain research experience abroad. This should be clearly aligned with your overall research project and should be linked to your training and development plan.

Note: Please note that the costs below are not eligible as direct costs for the research and should not be included: bench fees, office space, software, contribution to gases, bacteriological media preparation fees, waste fees, bioinformatics access. Therefore, these should not be included in the budget as direct costs.

10.1 Additional guidance to data management and sharing 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

10.2 Co-Funding budget commitment

If applicable, please include details on any co-funding commitment and indicate the total amount secured from this co-Funding.

Co-funding commitment letter

Please note that a co-funding commitment letter must be uploaded where co-funding is part of this application. This letter should confirm that the funding contribution is in place. It is not a mandatory application requirement to secure co-funding.

11 Supporting documentation

The following documents must be uploaded to complete the application:

Mandatory documents for all applicants:

- Letter of support for lead applicant from the current clinical employer
- Research and professional development Gantt chart
- Objectives and deliverables Gantt chart

If applicable:

- Letter of endorsement for medical doctors applying for new permanent contracts, for medics only
- 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 (maximum file size 2MB)
- Letter of support from sponsor abroad
- Co-funding commitment letter

Submission of applications

The deadline for submission of complete applications is 13 February 2026 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 any supporting documentation related to the application, such as 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. **The HRB's Policy on Appeals on funding decisions is available at https://www.hrb.ie/funding/grant-management/grant-policies/**

Appendix II: RPF scheme application remits

The details below are not exhaustive but should serve as a useful guide to applicants in considering relevance and eligibility for this scheme and in selecting the most appropriate remit for their application. In the case of any queries regarding appropriateness or eligibility, staff will consult with the appointed international chairs of the relevant panels before making a final decision.

Clinical research

Definition: Research with the goal of improving the diagnosis and treatment of disease and injury and of improving the health and quality of life of individuals as they pass through normal life stages. Clinical research is conducted on or for the treatment of patients and involves direct participation of patients and healthy subjects and/or their samples and/or their data.

Population health research (PHR)

Definition: Research with the goal of improving the health of the population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status or through the identification of effective interventions for improving health status and reducing health inequalities.

The emphasis of PHR applications is on prevention of disease, promotion of health and wellbeing and the reduction of inequalities in health. Research focuses on the health of the whole population or on defined sub-groups and aims to generate evidence that is highly relevant to improving the health and wellbeing of the public.

Applications submitted under the PHR remit should focus on issues such as:

- Macro-level socio-economic determinants of health (the influence of social and economic policies on health)
- Individual-level socio-economic determinants of health (the relationships between access to the resources of society such as housing, income, employment, food security and health)
- Individual behavioural/lifestyle factors such as smoking, nutrition, alcohol and substance abuse, physical activity and sexual behaviour and their impact on health
- Occupational and environmental determinants
- The health of populations over the life course (e.g. birth, child and adult development and ageing)
- Health of specific population groups (e.g. children and youth, people with disabilities, older adults, migrant populations)
- Gender issues and health
- Health protection, promotion, health education and intervention programmes
- Genetic epidemiology

- Prevention and control
- Monitoring and surveillance of population health

Health services research (HSR)

Definition: Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of healthcare and ultimately health and well-being.

HSR remit includes proposals concerning the planning, management, organisation, financing, purchasing and provision of health and social care services. Such research may address aspects of the quality of services, access and equity in provision, relevance, and appropriateness to the needs of individuals and communities, effectiveness and efficiency, workforce capacity and capability issues and how services are experienced. Applications focusing on the three main dimensions of quality – patient safety, patient experience, and effectiveness of care – are particularly welcome.

Applications focusing on issues such as the following are welcome:

- Access to services
- Strategic management of waiting times
- Health service planning
- Health service delivery and organization
- Integration of care
- Evaluation of health services interventions
- Delivery and organization of hospital and primary health care
- Community-based care (long-term care, home care)
- Chronic disease prevention and management
- Citizen engagement
- Health professional influences on health care
- Public and private health care sectors
- HR and financing of health services
- Health policy and systems management
- Health ethics and law
- Health informatics
- Pharmacoepidemiology
- Quality of life and quality of care
- Health systems and policy

Appendix III: HRB funding policies and procedures & useful links

Access and support from 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 (e.g., Centre for Applied Medical Imaging, CAMI, Centre for Support and Training in Analysis and Research (CSTAR), HRB-Trials Methodology Research Network (HRB-TMRN), Cancer Groups, National clinical trials office (NCTO), CTNs or a biobank) are required to provide additional information detailing the scope and nature of the engagement (this includes national and international facilities, Units, and networks where justified).

An **infrastructure agreement form** will be requested as part of the application addressing the nature/scope of the service or collaboration, the rationale behind the choice of facility/centre/network and any costs associated with the project (including those provided as in-kind contributions). Applications proposing research with patients which do not detail advice and/or support from a CRF/CRC/CTU will be asked to justify why they have not done so.

Public and Patient Involvement (PPI) in research

The HRB promotes the active involvement of members of the public and patients in the research that we fund[23]. Public and patient involvement in research means that the public and patients are involved in planning and doing research from start to finish and help tell the public about the results of research. PPI, as defined here, is distinct from and additional to activities which raise awareness, share knowledge, and create a dialogue with the public, and it is also distinct from recruitment of patients/members of the public as participants in research.

PPI represents an active partnership between members of the public and patients and researchers in the research process. This can include, for example, involvement in the selection of research topics, assisting in the design, advising throughout or at specific decision points of the research project or in carrying out the research.

PPI contributors should be actively involved and part of decision making. Involving members of the public in research can improve quality and relevance of research. It can:

- Provide a different perspective – even if you are an expert in your field, your knowledge and experience will be different to the experience of someone who is using the service or living with a health condition.
- Help to ensure that the research uses outcomes that are important to the public.
- Identify a wider set of research topics than if health or social care professionals had worked alone.

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

- Make the language and content of information such as questionnaires and information leaflets clear and accessible.
- Help to ensure that the methods proposed for the study are acceptable and sensitive to the situations of potential research participants.
- Help you increase participation in your research by making it more acceptable to potential participants.

In addition to improving relevance and quality of research, it ensures that research is influenced by broader principles of citizenship, accountability, and transparency. PPI is an ethos as well as a practice. It should be context-specific and should aim to ensure that all voices are heard. Where members of the public or patients are involved, they must be compensated for their time and contributions.

In the application, you are asked to describe any public involvement in your research throughout the various stages of identifying and prioritising the research question, the research design, conduct, analysis, and dissemination. We recognise that the nature and extent of active public involvement is likely to vary depending on the context of each study or grant. PPI contributors should be named as co-applicants where justified by their level of involvement.

For guidance and support on PPI in your research please consult with the PPI Ignite Network Ireland or your host institution. The PPI Ignite Network Ireland has offices located in the following seven host institutions: DCU, NUIG, RCSI, TCD, UCC, UCD, UL.

Open Access publications

The HRB is committed to achieving Open Access (OA) to research outputs, aligned with best international standards.

Since 2014, the HRB has mandated OA for its publicly funded peer-reviewed research publications. In 2018 it established the HRB Open Research publishing platform[24]. The HRB has supported national OA initiatives under the National Open Research Forum[25] and as a member of Science Europe[26]. In January 2025 the HRB OA Policy was revised to require 'full and immediate OA', aligned with the existing 10 principles of Plan S[27]. The key changes include:

- The abolition of OA publication embargoes
- Authors or their institutions must retain copyright to their publications
- All articles must be published under a Creative Commons Attribution licence (CC BY), unless a more restrictive licence is exceptionally approved. This new requirement ensures that HRB-funded research can be freely reused for new discoveries.

[24] https://www.hrbopenresearch.org

[25] https://www.norf.ie

[26] https://scienceeurope.org/our-priorities/open-science/

[27] https://www.coalition-s.org/addendum-to-the-coalition-s-guidance-on-the-implementation-of-plan-s/principles-and-implementation/

- Disincentivising publication in hybrid journals by agreeing not to pay publication costs except where transition agreements to full OA journals have been agreed. We have reviewed OA contribution rates for Article Processing Charges (APCs) and benchmarked against other funders and prevailing rates.

FAIR data management and stewardship

Data management/stewardship plans (DMP) are nowadays widely accepted as part of good research practice. The HRB is committed to Open Research and is driving the making of research data **FAIR** (**F**indable, **A**ccessible, **I**nteroperable and **R**e-usable) in order to benefit science by increasing the re-use of data and by promoting transparency and accountability.

FAIR data principles[28] provide a guideline for those wishing to enhance the re-usability of their data holdings: these principles put specific emphasis on enhancing the ability of machines to automatically find and use the data, in addition to supporting its re-use by individuals. For researchers, the move to FAIR and open data, where applicable, means researchers should consider data management issues and find suitable data repositories at the research planning stage. Applicants will have to provide information about their plans for data management and data sharing at application stage.

In line with the HRB's policy on management and sharing of research data[29], all successful applicants are required to submit a completed data management plan (DMP) to the HRB on or before three months after the grant start date, and a final updated version of the DMP with the last annual report.

The DMP will need to be submitted alongside a certification of completion from the designated representative(s) within the Host Institution.

Applicants will have to provide an outline of their plans for data management and data sharing in the application inclusive of the costs associated to the plan.

The timing for completion and submission of the DMPs must be also included among the objectives and deliverables of the programme.

General Data Protection Regulation

The **General Data Protection Regulation** (GDPR) came into force on 25 May 2018. As a result, the applicant team will be asked through the HRB online grant management system GEMS to **confirm you understand** that personal data provided as part of this application, including but not limited to CV information, may be shared with person(s) based outside of the European Economic Area (EEA) for the specific purpose of obtaining peer reviews of this application. International reviewers play a vital role for the HRB in setting standards and in benchmarking our scientific community to enable them to operate in a global context. Individual peer reviewers are selected for their specific expertise in relation to submitted applications and can be based anywhere in the world.

[28] https://www.nature.com/articles/sdata201618

[29] https://www.hrb.ie/fileadmin/user_upload/HRB_Policy_on_sharing_of_research_data.pdf

Furthermore, by confirming participation, you will be asked to confirm you understand that HRB uses the information you provide (regarding all applicant team members) to consider your application, contact you about your application, and if you are successful, to manage your grant throughout its lifetime in accordance with HRB general T&C for research awards. This will include contacting you with regard to monitoring of progress through written reporting and other means e.g., interim review. We will publish some basic information on successful awards including PI, Host Institution, amount awarded and lay summary on our website and may highlight individual awards or researchers in more detail (with specific consent). We will also use the information you have provided to generate general statistics around our current funding portfolio, and to evaluate our funding mechanisms and investment. After your grant has ended, we will continue to keep your information on file (in accordance with HRB policies) to allow us to evaluate the outcomes, outputs and impacts of HRB investment in your research.

Please note that we will also use information associated with *unsuccessful* applications for a number of the purposes outlined above such as generating general statistics around our current funding portfolio, and to evaluate our funding mechanisms and investment e.g., demographics of applicants, research areas of applicants. Similarly, we will use the information provided about people employed on awards to help evaluate our career support and capacity building initiatives.

The Health Research Regulations

Following the implementation of GDPR, a regulation for health research known as the Health Research Regulations 2018 (S.I. 314) has been implemented, with further amendments made in 2019 (S.I. 188) and 2021 (S.I. 18)[30]. These regulations outline the mandatory suitable and specific measures for the processing of personal data for the purposes of health research. They further set out that explicit consent is a mandatory safeguard that must be obtained from individuals when using their personal data for health research. Where it is not feasible to obtain explicit consent, an application for a consent declaration can be made to the Health Research Consent Declaration Committee[31].

Ethical approval

Ethical approval is required for all research work funded by the HRB that involves human participants, human material (including tissue). 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 as if successful, the applicant will be required to complete and submit approvals declaration form to the HRB before the initiation of the grant. It is suggested that these are sought in parallel to the submission of the application to the HRB.

[30] http://www.irishstatutebook.ie/eli/2021/si/18/made/en/pdf

[31] https://hrcdc.ie/

HRB Narrative-style CV

The HRB is a member of the Coalition for Advancing Research Assessment (COARA), which recognises the diversity of contributions to, and careers in, research. It stipulates that research, and researchers should be primarily assessed on qualitative indicators rather than journal- and publication-based metrics. As a signatory of the Declaration on Research Assessment (DORA), the HRB supports a research environment where importance is placed on the intrinsic value and relevance of research and its potential impact on society.

Arising out of these commitments, since 2016 the HRB has been using a narrative-like CV for funding schemes that build research capacity and capabilities by supporting people and skills. The HRB Narrative-style CV encompasses a structured description of a researcher's contribution and achievements that reflect a broader range of skills, experiences and research outputs beyond publications and funding records.

The HRB Narrative-style CV template has evolved based on reflections from earlier experimental work and the feedback gathered from surveys, assessing user experience (applicants, mentors and reviewers). It is aligned to the Royal Society Résumé for Researchers and best international practice.

It is typically required from the lead applicant and the mentor. Researchers applying to career funding schemes should use the narrative-style CV to present their career paths in a convincing and comprehensible way. Reviewers are not asked to score the different sections of the Career-track CV individually but assess the overall CV in line with the assessment criteria of the funding scheme. More information is available on the HRB webpage[32].

HRB observer initiative

The HRB is committed to being an independent, credible voice for research and evidence. To further increase transparency of our selection processes, the HRB invites staff members from HI Research Offices to observe selected HRB panel meetings, with safeguards to maintain the confidentiality of applications. We invite observers to selection panel meetings and some interview-based panels, during which panel reviewers will discuss competing applications and rank these for funding. Where a panel shortlists pre-applications the meeting may also be open to observers. Our hope is that observers will widely pass on their first-hand experience of the HRB process to others inside and outside their organisation.

Research on research

The HRB is developing its approach to research on research (RoR) with the aim of enhancing the evidence base for HRB research funding practices. We may also collaborate with researchers on request regarding specific RoR questions. Should your application become of interest to such a study, the HRB will seek your consent for the use of your information.

[32] https://www.hrb.ie/funding/hrb-narrative-style-cv/

HRB Gender Policy

In line with international best practice, the **HRB Gender Policy**[33] recognises the responsibility of the HRB to support everyone to realise their full potential in order to ensure equality of opportunity and to maximise the quantity and the quality of research. To ensure fairness and equality to all applicants, each funding application received will be assessed as outlined in the call guidance documentation for that particular funding round. To ensure gender balance in decision-making, the HRB aims to reach the international best practice target of 40% of the under-represented gender in all HRB panels where possible. Gender will also be considered when appointing the position of Panel Chair.

Conflict of interest

Conflict of interest rules *are applied rigorously*. Where a conflict of interest exists, the reviewer is requested to inform the HRB immediately so that an alternative reviewer may be appointed. International peer reviewers will not provide comments or scores on any application on which they have a conflict of interest.

Reviewers must adhere to high standards of integrity during the peer review process. They must respect the intellectual property of applicants and may not appropriate and use as their own, or disclose to any third party, ideas, concepts, or data contained in the applications they review.

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[34].

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

[33] https://www.hrb.ie/wp-content/uploads/2024/05/HRB-Policy-on-Gender-in-Research-Funding-2.pdf

[34] https://www.hrb.ie/privacy-notice/

Appendix IV: Researcher terminology

Agreed terminology when referring to different types of researchers, if needed

Researcher type	Team member options
Researcher – health and care practitioner	Lead applicant
Health and care practitioner – in practice only	Lead applicant
PPI contributor	collaborators
Knowledge user	collaborators
Stakeholder from private sector	collaborators
Data controller	collaborators
Other stakeholder or expert, please specify	collaborators