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| Victorian Cancer Agency  Palliative Care Cancer Research Grant Scheme  2023 Guidelines for Applicants  Applications Due: 2pm AEST, 16 August 2023  **Enquiries**: Applicants requiring further assistance should direct enquiries to their Administering Institution’s Research Administration Office.  Research Administration Officers can contact the Victorian Cancer Agency for further advice:  Email: victorian.canceragency@health.vic.gov.au  Frequently asked questions (FAQs) will be periodically  published on the VCA website:  www.victoriancanceragency.vic.gov.au |

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# Acronyms and definitions

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| Administering Organisation  *Note: Administering Organisation and Research Organisation may be the same organisation* | The organisation that will be responsible for administration of the project, and the receipt and distribution of grant funds in accordance with the funding agreement. There can be only one Administering Organisation per grant. |
| Applicant | Researcher responsible for completion of project objectives, direction of associated team members, and lodgement of the application. Responsible for progress and reporting on the proposed project. |
| Associate Investigator | An investigator who provides intellectual input into the research and whose participation may warrant inclusion of their name on publications. *Note: this may be a Consumer.* |
| Co-Investigator | Researchers that make a significant contribution to the project objectives and ensures progress is made toward key milestones. |
| Collaborator/Collaborative Partner/s | Collaboration may be between individuals, departments and/or organisations.  Includes organisations or individuals that provide specific resources or services that contribute to the research, such as registries or statistical analysis. |
| Community | “Community” refers to a group of people sharing a common interest (e.g., cultural, social, political, health or economic interests), but not necessarily a particular geographic association. (As defined by the Cancer Institute NSW) [CI NSW Consumer Community Engagement Framework](https://www.cancer.nsw.gov.au/getmedia/3109d65f-6135-4df5-82a5-59fc4408159b/Consumer-Community-Engagement-Framework.pdf)  In the context of health research this could also include community organisations, networks and support groups.  Please also refer to the [VCA Statement on Consumer Engagement in Cancer Research.](https://www.victoriancanceragency.vic.gov.au/) |
| Consumers | A “consumer” is any person who is or has been personally impacted by cancer, also known as “lived experience”, this could include a person diagnosed with cancer or a carer/family member of a person diagnosed with cancer. (As defined in the [VCA Statement on Consumer Engagement in Cancer Research](https://www.victoriancanceragency.vic.gov.au/)). |
| DH | The Victorian Department of Health |
| Goods and Services Tax (GST) | Goods and Services Tax imposed in accordance with the *A New Tax System (Goods and Services Tax) Act 1999*, and related Acts and Regulations. |
| Research Organisation | The organisation where the majority of the research will be based, and/or from which the research will be co-ordinated. |
| VCA | Victorian Cancer Agency |

# Background

Cancer is a disease that affects the lives of many people and their families and has a significant social and economic impact. In 2021, almost 37,000 Victorians were diagnosed with cancer[[1]](#footnote-2). Recent advances in cancer prevention and treatment options have led to improvements in survival and as such, people with cancer are living longer after their diagnosis.

Emerging technologies, personalised therapies and cutting-edge treatments have transformed cancer care leading to improved outcomes, however recent data published by the Victorian Integrated Cancer Services on end-of-life care indicate that intervention is needed to meet best practice guidelines[[2]](#footnote-3). People diagnosed with cancer have a right to receive high-quality palliative cancer care in a timely and safe manner as close to home as possible. The nationally endorsed suite of Optimal care pathways (OCPs) is intended to improve patient outcomes by enabling consistent care based on evidence and best practice. The *Victorian cancer plan 2020-2024* (the plan) aims to improve cancer outcomes for all Victorians and is focussed on achieving health equity across the cancer system, so people are not disadvantaged by who they are, where they live, or what resources they have.

The plan recognises that high-quality cancer research drives clinical practice improvements and underpins all our efforts in prevention, detection, treatment and support, and this includes palliative cancer care research. Victoria’s cancer research system is supported by world-renowned medical researchers, institutes, hospitals, and universities which together have made great strides in improving cancer outcomes.

The plan also responds to the impact of the COVID-19 pandemic on cancer across the entire pathway including research. The plan identifies 27 priority activities that build on our achievements and respond to key challenges across five priority action areas:

* Primary prevention
* Screening and early detection
* Treatment
* Wellbeing and support
* Research.

The Victorian Cancer Agency (VCA) has responsibility for the research priorities that form a key action area of the plan. Each year the VCA offer funding rounds to support early and mid-career researchers in translational cancer research. Periodically, the VCA offer targeted calls for project-based grants to support underfunded and critical gaps in cancer research. The theme of the project round changes in response to evidence, consultation and alignment with government priorities.

The Palliative Cancer Care Research Grant is a new scheme in 2023 to be funded by the Victorian Government through the VCA within the Department of Health. The VCA was established in 2006 to sustain and enhance Victoria’s excellent track record in cancer research. Funded by the Victorian Government, the VCA invests in workforce, projects and infrastructure that can improve cancer outcomes across the cancer pathway in prevention, screening and early detection, treatment and supportive care.

Palliative care cancer research is essential in providing a better quality of life for cancer patients and their families during the course of the disease. Palliative care aims to provide relief from the symptoms and stress of cancer, as well as help patients and their loved one’s cope with the emotional and spiritual challenges that come with a cancer diagnosis.

The projected incidence of deaths in Victoria requiring specialist palliative care is increasing rapidly, particularly for those in cancer. In 2016, the proportion of deaths in Victoria amenable to specialist palliative care was 55 per cent for cancer[[3]](#footnote-4). Palliative care has historically been viewed as a secondary concern compared to other aspects of cancer treatment, such as chemotherapy and radiation therapy. This has led to a lack of investment in palliative care research, which has limited our understanding of how best to provide this type of care.

The Victorian Integrated Cancer Services released a report identifying gaps in current practices in palliative care and advance care planning for cancer patients in Victoria[[4]](#footnote-5). The report revealed that not all people diagnosed with cancer received early and appropriate referrals to palliative care services and advance care planning, which are described in the Optimal Care Pathways as national standards for providing high-quality cancer care that all Australians should expect. Moreover, the *Victorian cancer plan 2020-2024* sets target measures that a 50 per cent increase in the number of people with metastatic cancer with an advance care directive by 2024 and that 90 per cent of cancer patients receive specialist palliative care within 12 months prior to death by 2030.

The report highlighted the importance of early integration of palliative care into cancer treatment to ensure that patients receive holistic care that addresses not just the physical symptoms but also the emotional and spiritual needs of patients and their families. It also emphasised the need for improved communication between healthcare providers, patients, and their families to ensure that the patient's wishes are respected and that they receive care that is aligned with their goals and values.

Recommendations from the report for improving palliative care and advance care planning for cancer patients included:

* Establish clear communication pathways: Ensuring clear pathways for communication between patients, families, carers, and healthcare professionals regarding palliative care and advance care planning
* Implement standardised documentation: Use of standardised documentation to support advance care planning and ensure that patient preferences are recorded and communicated effectively
* Provide education and training: Provide education and training for healthcare professionals on palliative care and advance care planning, including communication skills and symptom management
* Promote early engagement: Encouragement of early engagement with palliative care services for patients with advanced cancer, regardless of prognosis
* Support family and carers: Provide support for family and carers of patients receiving palliative care, including practical and emotional support
* Integrate services: Integrate palliative care services with cancer services to ensure seamless care for patients
* Monitor and evaluate: Monitor and evaluate the implementation and impact of palliative care and advance care planning initiatives to ensure continuous improvement.

# Scheme description

The Palliative Cancer Care Research Grant Scheme is designed to support research with a focus on the study and investigation of the best practices, approaches, and interventions for the care of people with cancer who have advanced or life-limiting illness.

Each application will be required to provide a hypothesis that addresses a specific research question in palliative cancer care research. **This funding is intended to support research projects that will improve the palliative care experience and outcomes for Victorians with cancer**. Research projects focused primarily on laboratory-based work, screening, prevention, early detection, and treatment of cancers with curable intent are beyond the scope of this scheme.

Applications may focus on areas of palliative cancer care within clinical research such as **designing and testing interventions** to:

* Improve models of care or achieve equitable access to palliative care services (e.g., initiatives to support early referral to palliative care services (including specialist, primary care, and/or community‑based services))
* Increase utilisation of palliative radiotherapy to alleviate symptoms of advanced cancer such as pain from bone metastases or neurologic compromise from brain or spinal metastases
* Integrate palliative care services with cancer services (including systemic anti-cancer therapies, radiotherapy, and/or supportive care services) to facilitate seamless and person-centred care for people diagnosed with advanced cancer
* Increase uptake of advance care planning and advanced care directives
* Increase the number and proportion of patients with a cancer diagnosis referred to specialist palliative care within 12 months prior to death and receiving services within 6 months prior to death
* Reduce proportion of patients receiving aggressive interventions within 30 days prior to death (while remaining considerate of individual choice)
* Improve support for family and carers of people undergoing palliative care, including practical and emotional support.

**One grant will be awarded to the highest ranked application led by a rural or regional area that meets appropriate standards for funding.** The majority of the research team must be based in a rural or regional area of Victoria **AND** the majority of participants enrolled in the clinical research must reside in a rural or regional area. Unless otherwise formally agreed with the Department, the [definition of Rural, Regional and Remote areas](https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/rural-remote-and-metropolitan-area) <https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/rural-remote-and-metropolitan-area> for this grant opportunity are locations RRMA Classification 3-7.

*Access to linked data in cancer*

The Centre for Victorian Data Linkage (CVDL) was established in 2009 with the aim of developing data linkage capacity and infrastructure in Victoria in line with best practice. The CVDL is located within the Victorian Agency for Health Information (VAHI) in the Department of Health and provides linkage services to government, clinical and academic researchers for research and policy development purposes.

In 2016, the CVDL developed the Victorian Linkage Map (VLM), which provides an enduring resource of linked datasets. The VLM is a system of linked records that are identified as belonging to the same person across 30 different Victorian health and human services datasets.

The CVDL then developed the Integrated Data Resource (IDR), a de-identified linked dataset including each individual’s service history, which can be used for research. CVDL can link various datasets relevant to cancer including the:

* Victorian Cancer Registry
* Victorian Admitted Episodes Dataset
* Victorian Emergency Minimum Dataset
* Victorian Integrated Non-Admitted Heath Dataset
* Victorian Radiotherapy Minimum Dataset
* Victorian Death Index
* Elective Surgery Information System.

The CVDL also links additional datasets on a project-by-project basis where authorisation is provided by the data custodian. Applicants may wish to consider requesting access to the linked datasets in cancer as part of a research proposal, however access to these datasets is not mandatory for funding through this Scheme.

Further information about CVDL, the available datasets and data linkage requests can be found at <https://www2.health.vic.gov.au/about/reporting-planning-data/the-centre-for-victorian-data-linkage>.

## Application requirements

The purpose of this scheme is to provide funding for new initiatives that may complement existing work that is not currently funded through other sources. It is not intended to be used to replace existing funding.

The VCA **must** be satisfied that:

* The majority of the research funded by the VCA is completed within Victoria (Co-Investigators and/or collaborators may work interstate or internationally)
* Proposals have specific aims and outcomes that are achievable in the designated timeframe
* Applications **must** demonstrate active consumer and community engagement.

## Who can apply

Applicants must be Australian or New Zealand citizens or have permanent residency in Australia at the time of submitting the application. Applicants **must** also be based in Victoria for the majority of the funding period.

Applications are strongly encouraged from multi-disciplinary teams of researchers. This may include medical specialties (e.g. medical oncologists, haematologists, radiation oncologists, palliative care specialists), other clinicians including nursing and allied health professionals (e.g. physiotherapists, psycho-oncologists, occupational therapists, radiation therapists), community and/primary care providers of palliative care, survivorship and supportive care researchers, health economists, behavioural scientists, statisticians, implementation scientists, bioinformaticians and consumers.

The Applicant needs to demonstrate to the Scientific Evaluation Panel that they have the capability to undertake independent research and lead the research team of Co-Investigators, Associate Investigators and/or Collaborators.

**Please note: Applicants may only submit one application as Chief Investigator and can be listed as a Co-Investigator on a maximum of three applications. There are no limitations on Associate Investigators.** The Applicant and Administering Organisation must ensure applications meet all eligibility requirements, as set out in these guidelines, at the time of submission and for the duration of peer review. Applications that do not meet these eligibility requirements will be excluded from further consideration.

An eligibility ruling may be made by VCA at any stage following the close of applications, including during peer review. Where an eligibility ruling is being considered, VCA may request further information to assess whether the eligibility requirements have been met. Decisions are made based on current policies and considerations specific to this grant opportunity. Decisions made in relation to previous grant opportunities, or other VCA funding schemes will not be regarded as precedents and will not be considered when assessing compliance with the requirements of this grant opportunity. Administering Organisations and Applicants will be notified in writing of ineligible applications.

*Duplicate funding*

The VCA will not provide financial assistance to meet the costs of a project to the extent that those costs have been, or are likely to be, met by funding obtained from another source (including other VCA funding). Determination of eligibility is completely within the discretion of the VCA.

The VCA may compare the research proposed in this grant application with other grants previously or currently funded by other agencies (e.g., Australian Research Council or the National Health and Medical Research Council (NHMRC)) and published research. VCA will not fund research that it considers duplicates research previously or currently funded. Where VCA believes that an Applicant has been successful with additional applications to other funding bodies, the Applicant may be required to provide evidence clearly identifying the difference between the research aims of the proposed activities. If VCA subsequently does not consider the research activities to be sufficiently different, the Applicant will be required to decline or relinquish one of the grants.

*Relative to opportunity policy and Impact of Career Disruption Statement*

The Impact of Career Disruption Statement in the application form provides an opportunity for Applicants to detail career disruptions/break relative to career stage.

During the assessment process, applications will be assessed in alignment with the NHMRC [Relative to Opportunity policy](https://www.nhmrc.gov.au/about-us/policy-and-priorities), <https://www.nhmrc.gov.au/about-us/policy-and-priorities> to accurately measure an Applicant’s track record relative to stage of career. This includes consideration as to whether productivity and contribution is commensurate with the opportunities available to the Applicant and takes career disruptions into account. Career disruptions are based on NHMRC definitions and are defined as follows:

*“A prolonged interruption to an Applicant’s capacity to work, either due to parental responsibilities, major illness/injury or carer responsibilities”* and/or *“Other Relative to Opportunity considerations – any other circumstances affecting research productivity for track record assessment”*.

A career disruption period is defined as a **continuous**:

* Absence from work for 90 calendar days or more, and/or
* Long-term, part-time employment (with defined per cent (%) FTE) due to circumstances classified as career disruption, with the absence amounting to a total of 90 calendar days or more.

Please see the NHMRC [Relative to Opportunity Policy](https://www.nhmrc.gov.au/about-us/policy-and-priorities) <https://www.nhmrc.gov.au/about-us/policy-and-priorities> and the VCA Funding Rules for further information.

The VCA will not provide financial assistance to meet the costs of a project to the extent that those costs have been, or are likely to be, met by funding obtained from another source (including other VCA funding). Determination of eligibility is completely within the discretion of the VCA.

The Applicant and Administering Organisation must ensure applications meet all eligibility requirements, as set out in these guidelines, at the time of submission and for the duration of peer review. Applications that do not meet these eligibility requirements will be excluded from further consideration. An eligibility ruling may be made by VCA at any stage following the close of applications, including during peer review. Where an eligibility ruling is being considered, VCA may request further information in order to assess whether the eligibility requirements have been met. Decisions are made based on current policies and considerations specific to this grant opportunity. Decisions made in relation to previous grant opportunities, or other VCA funding schemes will not be regarded as precedents and will not be considered when assessing compliance with the requirements of this grant opportunity. Administering Organisations and Applicants will be notified in writing of ineligible applications.

*Equal opportunity*

The Victorian Government supports the Science in Australia Gender Equity Program and supports Victorian research organisations to incorporate the Athena SWAN Charter into their gender equity programs. In line with current NHMRC advice, VCA also encourages both Applicants and reviewers to use gender-neutral language in the submission and assessment of applications (see <<https://www.nhmrc.gov.au/womenhealthscience>> for further information). See also the [NHMRC Gender Equity Strategy 2022-2025](https://www.nhmrc.gov.au/research-policy/gender-equity/nhmrc-gender-equity-strategy-2022-2025). <<https://www.nhmrc.gov.au/research-policy/gender-equity/nhmrc-gender-equity-strategy-2022-2025>>

Research organisations should broadly reflect the diversity of Victorian communities, and applications from women, Aboriginal and Torres Strait Island people, people of all ages, people with disabilities, those from culturally and linguistically diverse backgrounds, people from rural and regional Victoria and lesbian, gay, bisexual, transgender, gender diverse and intersex people are encouraged.

## 2.3 Level of funding and duration

The maximum amount that can be requested is $200,000 (ex GST) per annum, up to a total of $600,000 (ex GST) over three years.

Funding is available to support:

* Salary costs (e.g., Research Officer; Research Assistant, Project Manager, PhD stipends). Salary costs for the Lead Applicant, Co-Investigator(s), Associate Investigator(s) and Collaborator(s) **are not eligible**.
* Direct research costs including:
  + Computing/software licences essential to the project
  + Items of equipment unique to the project and essential for the project to proceed
  + Travel to conduct research - only travel required for carrying out the research proposal. Travel to attend conferences, workshops, etc., should be requested under 'Other research items'
  + Consumables - consumables to be used for the proposed research
  + Patient participation costs - patient incentives, as well as reimbursement for costs incurred as a result of participation
  + Software - purchase or development of software packages
  + Survey costs - printing costs for questionnaires/envelopes, postage, phone calls, etc
  + Transcription costs - costs involved in transcribing results
  + Interpretation services including but not limited to translation of resources into languages other than English
  + Remuneration and training/conference support for consumers to be engaged in the proposed research.

Funding must not be used to support:

* Overhead costs levied by the Administering Institution
* Costs for which an Applicant has been offered funding from another organisation
* Research administration costs
* Capital works
* General maintenance costs
* Telephones/communication systems
* Basic office equipment such as desks and chairs
* Rent
* Utilities.

The VCA will determine what constitutes a direct research cost based on the principles set out in the *NHMRC Direct Research Cost Guidelines*, available on the[NHMRC website](https://www.nhmrc.gov.au/) <https://www.nhmrc.gov.au/>.

Payment of funds will be made to the Administering Organisation as set out in the funding agreement schedule. GST will be paid on top of grant amounts where appropriate. This will be determined by the Administering Organisation’s GST status. This status must be identified by the financial delegate of the Administering Organisation. Funds must only be used for the purposes set out in the agreement.

**Please note:** The VCA reserves the right to allocate funding levels which may be less than those requested in the application, and duration of funding which may differ from that requested.

# Requirements for Victorian Cancer Agency funding

## Applicant requirements

At the time of submitting the application, and for the duration of the grant, the Applicant must be an Australian citizen, a permanent resident of Australia or a New Zealand citizen. The Applicant must also be based in Victoria for a majority of the funding period and hold a formal appointment with a Victorian based administering organisation at the time of submission. Successful Applicants may be asked for proof of citizenship, residency status or visa status as part of the funding agreement.

## Project requirements

The VCA must be satisfied that:

* The majority of the research funded by the VCA is completed within Victoria (Associate/Co‑Investigators and/or collaborators may work interstate or internationally)
* The proposed project addresses a specific hypothesis-driven research question/s in palliative care cancer research
* Proposed projects have specific aims and outcomes that are achievable in the designated timeframe
* Proposed projects have active consumer or community engagement as detailed in section 4.1 of these guidelines, and within the *[VCA funding rules](http://www.victoriancanceragency.vic.gov.au),* <http://www.victoriancanceragency.vic.gov.au>
* Proposed projects meet the requirements detailed in section 4.5 of these guidelines, and within Appendix 1 of the [*VCA funding rules*](http://www.victoriancanceragency.vic.gov.au/)*,* <http://www.victoriancanceragency.vic.gov.au>.

## Administering Organisation requirements

Applications must be made under the auspices of a Victorian hospital, health service, palliative care service, research organisation or university. A single organisation should be designated as the Administering Organisation, which must:

* Certify in the application that they meet the requirements for the receipt of government funding through the VCA (these requirements are detailed within the *[VCA funding rules](http://www.victoriancanceragency.vic.gov.au/),* <http://www.victoriancanceragency.vic.gov.au>
* Have in place policies and procedures for the management of public funds
* Have in place policies for the proper conduct of research in relation to ethics and good scientific conduct
* Have in place policies for the appropriate management and exploitation of Intellectual Property
* In the case of research being undertaken with Associate/Co-Investigators, obtain the consent of all those named in the application, and their organisations
* Accept the funding agreement with the Department of Health as the basis for funding.

The relevant delegate of the Administering Organisation must certify in the application that they approve of and endorse the proposed project.

## Research Organisation requirements

The application must provide evidence that there is a suitable environment in which to undertake the research. The Research Organisation is expected to ensure that there is effective supervision and mentoring of the researcher and/or research group and have a process for evaluating the effectiveness and suitability of any supervisory and/or mentoring arrangements. The Research Organisation will provide the majority of the facilities and infrastructure required to undertake or coordinate the proposed research.

The relevant delegate of the Research Organisation must certify in the application that they approve of and endorse the proposed project.

## Funding agreement

If an application is successful, the Administering Organisation nominated by the successful Applicant will be required to enter into a funding agreement with the Department of Health, on behalf of the VCA.

In addition to the conditions outlined in the funding agreement, it is expected that successful Applicants will work with the Victorian Cancer Agency to set project-specific deliverables and milestones that will be reviewed in accordance with the reporting schedule.

# Assessment

Applicants will receive a copy of their completed application via email following submission. VCA personnel will initially screen applications to ensure that eligibility criteria have been met.

An independent, interstate Scientific Evaluation Panel, and a Consumer Evaluation Panel will assess all eligible submissions against the selection criteria. The Consumer Evaluation Panel form must be completed as part of the application. Information provided in the Consumer Evaluation Panel form must be written in lay language and be able to be assessed independently without the need to reference information supplied elsewhere in the application.

The assessment by the Scientific Evaluation Panel will contribute to **60 per cent of the overall score of the grant application**.

The panels will, consistent with these guidelines:

* Rank applications based on the specific selection criteria weighting (Refer to Section 4.5)
* Make recommendations to the VCA on the applications that meet appropriate standards for funding
* Provide advice on applications where further collaboration may be sought.

Applications that are deemed by the Scientific Evaluation Panel to be of sufficient merit to be funded will then be assessed by a Consumer Evaluation Panel. The Consumer Evaluation Panel will only receive the consumer engagement form for assessment, and their score will contribute **40 per cent to the overall score** of the grant application.

The VCA may contact Applicants directly to seek further information or detail in relation to specific applications. Additionally, if further clarification is needed Applicants may be required to discuss their application with the Evaluation Panels.

In the event that the VCA deems any research applications to be similar or complementary to other applications received, the VCA may request that the Applicants consider some or greater cooperation between the researchers (where appropriate). There is no obligation imposed on Applicants under this condition and any cooperation that might arise from such a suggestion by the VCA would be voluntary. Consent would be required from all researchers before any disclosure of information could occur.

Once the evaluation process is complete, verbal feedback on applications will be available on request.

## 4.1 Consumer and community engagement

VCA considers consumer and community engagement integral to cancer research. Those affected by research have a right to be involved in research[[5]](#footnote-6), particularly where research is publicly funded. Their input should be included throughout all stages and types of research.

A lived experience perspective improves the likelihood of achieving the goals and objectives of proposed research, including the impact and broader relevance of the research to consumers and the community. As noted on the Cancer Australia website, *“Evidence suggests that involving consumers leads to improved health outcomes, improved safety, a more trusted health system and a more satisfied workforce”*[[6]](#footnote-7).

Grant applications include a form for completion that must describe the extent of consumer engagement throughout all stages of the research project. Please refer to the ‘[*VCA Statement on Consumer Engagement in Cancer Research’*](https://www.victoriancanceragency.vic.gov.au/) *<*http://www.victoriancanceragency.vic.gov.au*>.* This Statement provides practical guidance for researchers to, actively and authentically, engage consumers and the community in their proposed research. The VCA expects all applications to involve at least two individual consumers with a lived experience of cancer. Their names should be included on the application (with their written consent), their role and how they have participated in the research project should be clearly articulated, and consumers should be listed as part of the research team, preferably as an Associate Investigator.

Including community organisations, networks and support groups can bolster the collective consumer voice, however this should be in addition to rather instead of engaging individual named consumers.

A Consumer Evaluation Panel will assess the impact and potential benefits for people impacted by cancer, and how the Applicant has considered and articulated consumer engagement in their proposed project. Milestones regarding the engagement of consumers in the research project are required over the duration of the grant. If the Consumer Evaluation Panel deem the consumer engagement in the proposal to be insufficient, the application will be deemed ineligible to receive funding.

Applications will automatically be deemed ineligible for funding if the consumer and community engagement form is left blank or Applicants indicate that this section is not applicable to their research proposal.

This form will contribute to **40 per cent of the overall score** of your grant application.

Applicants should work with their research offices, applicable philanthropic organisations and relevant advocacy groups to ensure continuous and substantive consumer engagement in their research project. Applicants are strongly encouraged to refer to the `[VCA Statement on Consumer Engagement in Cancer Research’](https://www.victoriancanceragency.vic.gov.au/) *<*http://www.victoriancanceragency.vic.gov.au*>.*

## Victorian Cancer Agency discretion

The lodging of an application does not confer any entitlement upon the Applicant. The determination to fund is completely within the discretion of the VCA.

## Privacy and confidentiality

*How is your personal information used?*

The Victorian Cancer Agency (VCA) is part of the Department of Health (we/us/department) and we are committed to protecting the privacy of your information. All information contained in applications will be regarded as confidential. Documents containing personal information will be handled in accordance with the requirements of the *Privacy and Data Protection Act 2014 (Vic)*.

The department will use, access and disclose your information for the purposes of the assessment of your application and for purposes connected with the making of any grants and administration of the research funding. The department may also disclose details regarding the research to stakeholders, such as your name, the Research Organisation, project title and lay description on the VCA website or to the public in press releases. However, information published does not typically identify you without your consent. The department will not disclose personal information for a secondary purpose, unless authorised by you or authorised by law.

The department may also use your personal information for subsequent funding rounds including where you have been unsuccessful in the current application.

You agree and acknowledge that you have sought appropriate consents from third parties for any personal information provided in your application.

You may withdraw your application at any time. If you choose to withdraw this application, you will not be eligible to have your research fellowship status assessed until a further application is submitted.

*Who has access to your personal information?*

In order to assess your application, departmental staff and evaluation panel members, independent readers and assessors requested to provide advice, will access and share the information contained in your application for the purpose mentioned above.

## Conflict of interest – Evaluation Panel Members

The Victorian Government requires its Evaluation Panel members, including the Scientific Evaluation Panel and the Consumer Evaluation Panel, to act in an ethical manner, declare any perceived or actual conflicts of interest and withdraw from considering applications where such conflict does or may exist.

## Selection criteria

All applications will be assessed against the specific selection criteria and weightings in the table below.

In addition to the specific selection criteria described below, **the research must meet the following objectives to be considered for funding:**

* The project meets the VCA definition of translational cancer research (*see Appendix 1* [*VCA Funding rules*](http://www.victoriancanceragency.vic.gov.au)*, <*http://www.victoriancanceragency.vic.gov.au*>*)
* The research must investigate at least one or more research areas in palliative cancer care
* Clinical adoption of the research findings is anticipated to occur, and the research could have a clinical impact in a reasonable timeframe
* The results of the research will be communicated to other researchers, clinicians, students, consumers and health care decision-makers
* The research has the potential to build palliative care cancer research capacity and skills in Victoria
* The research proposal must demonstrate active community and consumer engagement
* The research complies with the [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research](https://aiatsis.gov.au/research/ethical-research/code-ethics).<https://aiatsis.gov.au/research/ethical-research/code-ethics>.

**Please note**: Only applications that are deemed by the Scientific Evaluation Panel to be translational and of sufficient merit will progress to the Consumer Evaluation Panel for their assessment.

The Consumer Evaluation Panel will determine whether applications adequately address consumer engagement criteria and may deem applications ineligible for funding.

Table 4.5.1: Scientific Evaluation Panel Selection Criteria (60 per cent of overall score)

|  |  |  |
| --- | --- | --- |
| Number | Criteria | Weighting |
| 1 | **Research Proposal**  The research is designed to address an important problem or unmet clinical need in palliative cancer care. Specifically:   * The significance and rationale of the clinical need being addressed in the research * How the research will result in an improved patient experience in palliative care * Relevance and impact in palliative care cancer research.   The quality of the research, including:   * Methodology, including the consideration of risks and limitations * Translational timeframe including feasibility and sustainability of proposed research into improved health experience, outcomes, policy and/or clinical practice * Value and innovation to drive efficiencies and sustainability in the provision of palliative care services for Victorians diagnosed with cancer * Plan to promote the research activities to the wider community. | 35 per cent |
| 2 | **Research Output**  Relative to Opportunity, see Appendix 2 of the Victorian Cancer Agency Funding Rules <www.victoriancanceragency.vic.gov.au>   * Track record of the research team to improve the outcomes and experience in palliative cancer care * Capacity to undertake the proposed research * Contribution to research through research supervision, mentoring, peer review and research administration. | 15 per cent |
| 3 | **Research Environment**   * Research team, environment, and infrastructure * Mentoring and training, including the training of new and early career researchers * Collaborative arrangements, including governance of partners * Evidence of cross-disciplinary approaches with medical specialties (e.g. medical oncologists, haematologists, radiation oncologists, palliative care specialists, other clinicians including nursing and allied health professionals (e.g. physiotherapists, psycho-oncologists, occupational therapists, radiation therapists)), community and/primary care providers of palliative care, survivorship and supportive care researchers, health economists, behavioural scientists, statisticians, implementation scientists, bioinformaticians, and consumers. | 10 per cent |
|  | **TOTAL for Scientific Evaluation Panel** | **60 per cent** |

Table 4.5.2: Consumer Evaluation Panel Selection Criteria (40 per cent of overall score)

|  |  |  |
| --- | --- | --- |
| Number | Criteria | Weighting |
| 4 | **Potential Impact on Cancer and Benefits of Research Plan**   * Briefly explain the extent of the issue, including its impact on the Australian/Victorian population and its significance, providing relevant statistics where appropriate * Explain the relevance of this project to palliative care in cancer * Describe how this project aims to reduce the impact of cancer on people affected by the disease, and on the wider community * Briefly outline a plan to translate the research outcomes to ensure the benefits for people impacted by cancer, consumers and community are realised * Indicate a timeline on when these benefits are expected to occur. | 15 per cent |
| 5 | **Consumer engagement**   * A minimum of two consumers must be involved in the design and implementation of the proposed research * With the consumer’s written consent, please name any consumers that have been consulted about the relevance of the study and its design * Describe how consumers have been engaged, contributed to, and influenced the development of the research proposal * Outline a plan for meaningful and sustained consumer engagement over the course and in all stages of the research * Describe how equity and diversity have been considered in the proposed research including consumer engagement. | 25 per cent |
|  | **TOTAL for Consumer Evaluation Panel** | **40 per cent** |

## Outcome of evaluation

Offers of funding will be made to the Applicant, as the initiator of the application. Acceptance of the grant must be approved by the Administering Organisation.

The Administering Organisation nominated by the successful Applicant will be required to enter into a funding agreement with the Department of Health, on behalf of the VCA.

Refer to the [*VCA funding rules*](http://www.victoriancanceragency.vic.gov.au) <www.victoriancanceragency.vic.gov.au> for information on administration and reporting requirements.

# How to submit

All Applicants must complete a Victorian Cancer Agency Palliative Care Cancer Research Grant Application Form online through the SmartyGrants system, accessible through the VCA website. For questions about applying, please contact your Research Administration Office or visit the Funding page on the VCA website. Research Administration Offices may contact the VCA at the email address below.

Website: [www.victoriancanceragency.vic.gov.au](http://www.victoriancanceragency.org.au)

Email: [victorian.canceragency@health.vic.gov.au](mailto:victorian.canceragency@health.vic.gov.au)

**Submission of applications:** The VCA will only accept electronic submission of applications through the SmartyGrants system.

**Signatures:** Electronic signatures are accepted.

## 5.1 Applications closing information

**Applications close 2pm AEST, 16 August 2023**

**Please note:** Incomplete or late applications will not be accepted.

# Funding round timetable

Applications open and closing dates and advice

|  |  |
| --- | --- |
| Applications open | 6 June 2023 |
| Closing date for applications | 2pm AEST, 16 August 2023 |
| Advice to Applicants | December 2023 |

# Attachment A – Scientific Scoring Descriptors (60 per cent of overall score)

|  |  |  |  |
| --- | --- | --- | --- |
| CATEGORY | Research Proposal | Research Output | Research Environment |
| WEIGHTING | 35 per cent | 15 per cent | 10 per cent |
| 5  Excellent | **The proposal is** well defined, highly coherent and strongly developed with an outstanding methodology with a near flawless design.   * is without question, highly feasible given that all of the required expertise and research tools and techniques are present. * will translate into fundamental outcomes in the science and/or practice of clinical medicine or public health or fundamental changes in health policy. * will drive efficiencies and sustainability in the provision of health service delivery for Victorians diagnosed with cancer * will very likely be the subject of invited plenary presentations at national and international meetings. * will likely result in highly influential publications. * is highly innovative and introduces advances in concept(s). * will use very advanced approaches which will optimise outcomes. * clearly outlines a strong strategy for promoting the research activities to the wider community. * demonstrates exceptional financial, social and environmental sustainability. * demonstrates tangible benefits in an impressively short timeframe. | **Relative to opportunity, the research team:**   * has expertise that specifically targets the proposed research both in terms of its depth and breadth. * has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice that is outstanding by international standards commensurate with their field of research. * has senior members with outstanding national and international reputations in the field of research relevant to the application. * may involve junior members who are very strong contributors to the overall team quality & capability. * has demonstrated a multidisciplinary and strong collaborative approach to research * has made an outstanding contribution to research through research supervision, mentoring, peer review and/or research administration. | **The proposal has an outstanding research environment, including:**   * access to outstanding existing infrastructure, technology and equipment * exceptional quality mentoring (including the training of new researchers) * collaboration and collaborative arrangements that will greatly enhance the outcomes of the project * unquestionable evidence of cross-disciplinary approaches. |
| 4  Very Good | **The proposal has a research plan that:**   * is very clear in its scientific approach and is logical. * has a very good methodology * raises a few minor concerns with respect to the study design. * is feasible, with all required techniques and tools either established or nearly established. * has a high level of meaningful consumer and community engagement. * may translate into fundamental outcomes in the science and/or practice of clinical medicine, public health. * may drive efficiencies and sustainability in the provision of health service delivery for Victorians diagnosed with cancer * could be the subject of invited plenary presentations at international and national meetings. * is likely to result in some very strong publications. * is innovative in approach. * will use strong approaches to good effect * clearly outlines a strategy for promoting the research activities to the wider community. * demonstrates exceptional financial, social and environmental sustainability. * demonstrates tangible benefits in a timely manner. | **Relative to opportunity, the research team:**   * raises only minor concerns regarding the depth and breadth of expertise relevant to the proposed research. * Has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice which places it well above average for their peers or cohort. * members have very good and growing national and/or international reputations in the field of research relevant to the application. * may involve junior members who are valuable contributors to the team quality & capability. * has demonstrated a good collaborative approach to research. * has made a very good contribution to research through research supervision, mentoring, peer review and/or research administration. | **The proposal has a very good research environment, including:**   * very good access to required existing infrastructure, technology and equipment * high quality mentoring (including the training of new researchers) * collaborative arrangements that are a clear asset to the outcomes of the project * very good evidence of cross-disciplinary approaches. |
| 3  Good | **The proposal has a research plan that:**   * is very clear in its scientific approach and is logical * Has a good methodology * raises a few minor concerns with respect to the study design. * is feasible, with all required techniques and tools either established or nearly established in the relevant. * has a high level of meaningful consumer and community engagement. * may translate into fundamental outcomes in the science and/or practice of clinical medicine, public health. * may drive efficiencies and sustainability in the provision of health service delivery for Victorians diagnosed with cancer * could be the subject of invited plenary presentations at international and national meetings. * is likely to result in some very strong publications. * is innovative in approach * clearly outlines a brief strategy for promoting the research activities to the wider community. * demonstrates moderate levels of financial, social and environmental sustainability. * demonstrates tangible benefits in an acceptable timeframe. | **Relative to opportunity, the research team:**   * members have track records in fields relevant to the proposed research but with several potentially significant concerns regarding depth and breadth of relevant expertise. * has, over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them above average for their peers/cohort. * members have good and growing national and/or international reputations in the field of research relevant to the application. * has demonstrated emerging collaborative activities. * has made a good contribution to research through research supervision, mentoring, peer review and/or research administration. | **The proposal has a good research environment, including:**   * good access to required existing infrastructure, technology and equipment * mentoring (including the training of new researchers) * collaboration and collaborative arrangements that will develop positive project outcomes * good evidence of cross-disciplinary approaches. |
| 2  Satisfactory | **The proposal has a research plan that:**   * is somewhat unclear in its scientific approach and goals. * raises some concerns about the methodology used * raises several concerns about the feasibility and thus the likelihood of successful completion. * has a limited level of meaningful consumer and community engagement. * may result in some publications. * may have some innovative and novel aspects, while others underpin or extend existing knowledge * outlines a brief strategy for promoting the research activities to the wider community. * demonstrates a below average levels of financial, social and environmental sustainability. * demonstrates tangible benefits but only within a long timeframe. | **Relative to opportunity, the research team:**   * members have made contributions to the field of research but there are significant concerns regarding the depth and breadth of relevant expertise. * has over the last 5 years, a combined record of research achievement quality (as exemplified by the top 5 publications of each CI) and productivity (totality of outputs) and/or translation into practice, that places them at an average level for their peers/cohort. * members have established national reputations but do not yet have strong international profiles. * has little evidence of collaborative activities outside of their institution. * has made some contribution to research through research supervision, mentoring, peer review and/or research administration. | **The proposal has an adequate research environment, including:**   * some access to required existing infrastructure, technology and equipment * some mentoring available that may include the training of new researchers * collaboration and collaborative arrangements that may contribute to project outcomes * some evidence of cross-disciplinary approaches. |
| 1  Unsatisfactory | **The proposal has a research plan that:**   * contains a research plan which does not seem to be feasible. * Contains a completely flawed methodology * is unlikely to be successfully completed. * has a no level of meaningful consumer and community engagement. * will not advance current knowledge in the field. * will not drive efficiencies and sustainability in the provision of health service delivery for Victorians diagnosed with cancer * only follows behind previously well documented and studied concepts or previously well used approaches. * does not outline a strategy for promoting the research activities to the wider community. * will not be financially, socially and environmentally sustainable. * is unlikely to ever deliver tangible benefits. | **Relative to opportunity, the research team:**   * is heavily underpowered in terms of relevant expertise required to successfully complete the research program. * is not productive to any significant extent in relevant fields. * members are not well known nationally or internationally in the relevant research fields. * has no evidence of collaborative activities outside of their institution. * has made no contribution to research through research supervision, mentoring, peer review and/or research administration. | **The proposal has a poor research environment, including:**   * no access to required infrastructure, technology and equipment * no evidence of mentoring * no collaboration and collaborative arrangements that will impact project outcomes * no evidence of a cross-disciplinary approach |

To receive this publication in an accessible format [email the Victorian Cancer Agency](mailto:%20victorian.canceragency@dhhs.vic.gov.au) <victorian.canceragency@health.vic.gov.au>

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1. Victorian Cancer Registry. *Cancer in Victoria: Statistics & Trends 2021*. Cancer Council Victoria, Melbourne, Victoria 2022 [↑](#footnote-ref-2)
2. *Victorian Integrated Cancer Services: Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services project,* Melbourne, Victoria, 2023. [↑](#footnote-ref-3)
3. Department of Health: Palliative Care Projections to 2031 - Long-term demand projections summary report. June 2019, Melbourne, Victoria [↑](#footnote-ref-4)
4. Victorian Integrated Cancer Services: Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services project January 2023. Melbourne, Victoria [↑](#footnote-ref-5)
5. South Australian Health and Medical Research Institute, Position Statement Community and Consumer Engagement in Research at SAHMRI, February 2021 [↑](#footnote-ref-6)
6. Cancer Australia, <https://canceraustralia.gov.au/about-us/who-we-work/consumer-engagement> [↑](#footnote-ref-7)