

# Clinician Research Fellowships 2025

## Guidelines and Conditions

### 1. Introduction

The Clinician Research Fellowships is a Program of the [Western Australian \(WA\) Future Health Research and Innovation Fund](#) (FHRI Fund) and the [Raine Medical Research Foundation](#) (Raine Foundation).

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation. This Program contributes to the following FHRI Fund Priority Goals:

- Support the development of early- and mid- career researchers, helping them to achieve an independent and self-sustaining career.
- Target high-performing researchers in WA to maintain and/or advance the State's position as a leader in health and medical research.

The Raine Foundation spans a 60-plus-year history and during this time has distributed more than \$60 million to support cutting-edge medical research that has investigated some of the most challenging diseases and disorders facing the world today. The Foundation provides funding to deliver better health outcomes to the community, through early-career researcher programs that support the next generation of research leaders in WA.

### 2. Program Description

The Clinician Research Fellowship program recognises that Clinician researchers are well placed to identify issues and research opportunities related to patients and health care delivery, and to promote the translation of findings. As such, the Clinician Research Fellowship program is designed to:

- encourage clinicians employed by WA Health Service Providers to develop their research capability, while continuing some clinical duties
- facilitate high quality research that will ultimately provide better health care outcomes.

Applications are invited from **eligible clinicians** who are early- and mid-career researchers with minimal or no paid research time working in health care disciplines:

- as medical doctors or dentists (Stream A)
- as allied health, nursing and midwifery professionals (Stream B).

The research must be undertaken in WA and be of direct relevance to the WA public health system.

From the total funding allocation, the Clinician Research Fellowship program will aim to support at least one application from eligible clinicians working in an allied health profession, and at least one application from eligible clinicians working in a nursing or midwifery position, if applications are deemed to be of sufficient quality.

### 3. Eligibility

Clinician Research Fellowships are available to individuals who:

- (a) at the time of application are an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place and will reside in WA for the duration of the Fellowship.
- (b) are employees of an institution within a WA Health Service Provider. WA Health Service Providers include the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service and PathWest. Employees of health entities which are contracted to provide health services to the State are not eligible, for example, Joondalup Health Campus and St John of God Midland Public Hospital.
- (c) at the commencement of the Fellowship, are employed by a WA Health Service Provider institution(s) to undertake clinical duties at no less than 0.3 FTE. Clinical duties are activities directly related to individual patient care, as distinguished from administrative, research or academic activities.
- (d) can be released from clinical duties for the period of the Fellowship with the post adequately backfilled (if applicable).
- (e) at the commencement of the Fellowship and during the period of the Fellowship, are not in receipt of more than 0.3 FTE paid research time (including paid research time which is a component of an academic/clinical/administration role).
- (f) have not more than ten years' research experience, (full time or equivalent, taking into consideration career disruption (refer to Clause 6 for definition)).
- (g) are the first named Activity Lead on the research project proposed to be undertaken during the Fellowship.
- (h) appoint a research mentor (e.g. a senior/established researcher), who stringently reviews the research project proposal, providing expert advice on the design and statistical analysis and providing guidance and ongoing support during the term of the Fellowship.
- (i) include only one research project in the application and submit only one application per round.
- (j) have not already received a Clinician Research Fellowship.
- (k) have no overdue reports for any WA Department of Health, FHRI Fund or Raine Foundation grant funding program from any year (excludes authorised extensions).

Please note that applicants who are seeking to undertake or complete a PhD (or other higher degree by research training) may apply.

### 4. Funding

- (a) Fellowship salary funding is available for research duties up to 0.5 Full Time Equivalent (FTE) (for example a clinician employed at 0.4 FTE clinical duties with 0.1 FTE paid research may receive Fellowship funding of 0.5 FTE).

- (b) Fellowship Salary costs:
- i) of up to \$150,000 (including oncosts) per annum may be requested with this limit adjusted to a pro rata amount for fractional FTE
  - ii) may include Award/Agreement increases and salary increments as appropriate
  - iii) may include leave entitlements that accrue and are taken during the period the salary is being paid by the Fellowship funding (noting annual leave is accrued at a rate of 7.69% and long service leave at a rate of 2.5% of the base salary paid by grant funding)
  - iv) may not include leave entitlements accrued outside this period, parental leave, sabbatical, severance and termination payments
  - v) superannuation, payroll tax and workers compensation are the permitted on-costs up to a maximum of 30%, noting that WA public health system salaries can only include superannuation as a salary on-cost.
- (c) Fellowships may be awarded for up to three years. The requested duration must reasonably reflect the research project.
- (d) The Fellowship FTE may replace or be in addition to Health Service Provider clinical duties, as long as clinical duties are retained at a minimum of 0.3 FTE. The Fellowship FTE must not replace existing paid research time (including paid research time which is a component of an academic/clinical/administration role). During the period of the Fellowship, the recipient shall not be in receipt of more than 1.0 FTE paid employment.
- (e) Research cost funding of up to \$10,000 in total for the Fellowship term may be requested and may include minor equipment, consumables, and other expenses. Additional research project costs, not included in the Fellowship award, will need to be obtained by the recipient. Requests for travel funds and publication fees will normally not be approved.
- (f) The Fellowship FTE, duration and research costs offered to each recipient are subject to the discretion of the WA Department of Health and the Raine Foundation. Fellowship funding is offered subject to the availability of funds, which could be varied in the event of unforeseen circumstances.
- (g) The Fellowship shall be taken up within one year of award. Any variation to this condition would require approval based on exceptional circumstances.
- (h) The provision of Fellowship funding to the relevant Health Service Provider will be administered by the University of Western Australia on behalf of the WA Department of Health and the Raine Foundation.
- (i) Fellowship funding is based on the awarded Fellowship FTE, duration and research costs and this funding amount is final. In the event the recipient incurs additional expenses for any reason, these will not be paid by the WA Department of Health or the Raine Foundation. Salary costs for the awarded Fellowship FTE and duration beyond the awarded Fellowship salary funding is the responsibility of the Health Service Provider. If the recipient moves to a higher position classification (e.g. registrar to consultant), this does not affect the Fellowship funding, which remains payable at the position classification applicable at the time of application.
- (j) Fellowship salary will be paid to the recipient by the Health Service Provider in accordance with their clinician employment conditions.
- (k) Fellowship deferrals will be supported in relation to carer responsibilities and major illness or injury.

- (l) Equipment purchased with Fellowship research cost funds remains the property of the administering institution.
- (m) Fellowship funding that is used for purposes other than that for which it was awarded or is unspent at the conclusion of the Fellowship period, shall be recoverable by the University of Western Australia and shall revert to the WA Department of Health and the Raine Foundation.
- (n) Fellowship expenditure is subject to the [Financial Management Act 2006 \(WA\)](#), and may be subject to audit by the Office of the Auditor General or their representative and/or the WA Department of Health.

## 5. Applicant Selection Process

The applicant selection process shall be administered by the Raine Foundation involving a six-stage process:

- (a) Preliminary screening by the Raine Management Office to check eligibility
  - Applicants will be notified at this time if there are any concerns.
- (b) Shortlisting of applications by the Clinician Research Fellowships Advisory Panel
  - At this stage, applicants will be informed as to whether their application has, or has not, been shortlisted for external assessment.
- (c) External assessment of shortlisted applications by independent scientific peer review
  - Applicants are invited to nominate at least two external researchers to assess their application (who have no conflict of interest) and will have the opportunity to advise the names of assessors not to be approached.
- (d) A written response from applicants to their assessors' reports
  - After anonymous Assessment Reports have been distributed to the applicant, they are invited to submit a response to the Raine Foundation in accordance with provided instructions.
- (e) Recommendation of recipients by the Clinician Research Fellowships Advisory Panel
  - Applications will be reviewed based on the Assessment Criteria (Clause 6). Recommendations will consider paid research time already available to the applicant and the intent of the Clinician Research Fellowships program.
- (f) Consideration and ratification of Advisory Panel recommendations by the Raine Research Committee
  - The decision of the Raine Research Committee shall be final. Correspondence will not be entered into regarding the decision.

## 6. Assessment Criteria

Each application, from both Stream A and Stream B will be assessed based on the criteria and weightings in the table below. Please note that Stream A applications will be assessed as one cohort and Stream B applications will be assessed as a separate cohort.

<b>Assessment Criteria</b>	<b>%</b>
<b>Track Record of the applicant relative to opportunity</b> <ul style="list-style-type: none"> <li>- Track record will be assessed based on the applicant's CV, the information provided below, and career disruption/relative to opportunity               <ul style="list-style-type: none"> <li>- <i>Publications</i> – the productivity of the applicant and the quality of publications and journals in which the applicant has published</li> </ul> </li> </ul>	25

<ul style="list-style-type: none"> <li>- <i>Leadership</i> – the extent to which the applicant demonstrates progress towards an independent research career</li> <li>- <i>Research impact</i> – the verifiable outcomes that research makes to knowledge, health, the economy and/or society, and not the prospective or anticipated effects of the research</li> </ul> <p>“<b>Career disruption</b>” includes pregnancy, major illness/injury, carer responsibilities including parental leave. This must involve a continuous absence from work for 90 days or more or return to work on a part-time basis. Written evidence must be provided to the Raine Foundation if requested.</p> <p>“<b>Relative to opportunity</b>” includes clinical, administrative or teaching workload, clinician training, availability of research resources, relocation of the applicant or research lab/clinical setting, periods of unemployment, typical performance in the field of research, and employment in other sectors (e.g. industry). COVID-19 related disruptions will also be considered. Written evidence must be provided to the Raine Foundation if requested.</p> <p>“<b>Research impact</b>” is the verifiable outcomes that research makes to knowledge, health, the economy and/or society, and not the prospective or anticipated effects of the research - in line with the <a href="#">NHMRC Research Impact definition</a>.</p>	
<p><b>Capacity, capability, and resources (of the team, including role and contribution of the applicant, and the host organisation) to deliver on the research project</b></p> <ul style="list-style-type: none"> <li>- The applicant’s vision for their research career and how the Fellowship would assist in achieving this vision</li> <li>- The applicant must demonstrate that they are making a significant independent contribution to the research project at a leadership level</li> <li>- How the research team’s capacity, capability and available resources will enhance the research of the applicant and provide support to the research project</li> <li>- The relevance of the host research environment and its capacity to foster, strengthen and advance the research of the applicant, where applicable</li> </ul>	25
<p><b>Quality of the proposed research and feasibility</b></p> <ul style="list-style-type: none"> <li>- Applicants should ensure that research project data can be confidently interpreted, outcome measures are valid for the purpose and are quantifiable, and the study design and analysis are matched to the form of the data</li> <li>- The proposed research should be supported by a well justified and reasoned rationale in relation to the specific aims and methodology/techniques used</li> </ul>	20
<p><b>Significance and novelty of research and potential benefits</b></p> <ul style="list-style-type: none"> <li>- The significance of the research project and relevance to the WA public health system</li> <li>- How the research project may lead to new paradigms, challenge current paradigms, develop or introduce novel concepts, methodologies, technologies, interventions, or other uniquely creative qualities</li> <li>- The likelihood that the proposed study may be successfully translated into improved health outcomes through innovation or change to existing scientific knowledge, clinical practice, and/or health policies and guidelines</li> </ul>	20
<p><b>Consumer, carer and community involvement</b></p> <ul style="list-style-type: none"> <li>- Consumer involvement should incorporate: <ul style="list-style-type: none"> <li>- A Consumer is a person with a lived experience of the health condition being studied (i.e. is a patient, potential patient, carer and person who uses healthcare services)</li> </ul> </li> </ul>	10

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| <ul style="list-style-type: none"> <li>- Clearly defined relationships of the researcher with consumers or community groups who have lived experience of the health condition the research project is investigating</li> <li>- Willingness to include consumers in the research team where appropriate</li> <li>- Demonstrated understanding of the benefits derived from involving people with a lived experience</li> <li>- Sufficient budget to pay honorariums to consumers involved in the research project</li> <li>- Introductory training available at Consumer and Community Involvement in Health Research (retprogram.org)</li> <li>- How consumer representatives or community groups have been or consulted to engage and contribute throughout the research project timeline</li> </ul> |  |
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## 7. Research Governance Requirements

- (a) The WA Health Service Provider, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking the funded research project, and ensuring these are maintained as required for the duration of the Fellowship.
- (b) Research ethics approvals must be obtained from appropriate ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the research project or providing access to data, participants, or tissue samples.
- (c) For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: [Research Ethics](#); [Research Governance](#); [Multi-centre Research](#).

## 8. Use of Data Collections

- (a) A research project that requires access to WA public health system data collections requires review and approval for this access in accordance with the [Health Services Act 2016](#) and the [Health Services \(Information\) Regulations 2017](#). This is in addition to research ethics and governance approvals, and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.
- (b) Preliminary cost estimates should be included in the proposed research project budget and the time estimate incorporated into the research project milestones in the Application Form.
- (c) Should your application for funding be successful, we recommend you immediately begin the request and approval process.
- (d) If the use of Department of Health data collections is proposed, please review the [Research Data Services website](#) and contact the [Research Data Services Team](#).

## 9. Intellectual Property

Intellectual Property (IP) that arises out of the Fellowship funding will vest with the employing WA Health Service Provider. Where IP is produced in conjunction with an external host research group or other organisation, consideration will be given to the provisions of the [Western Australian Government Intellectual Property Policy 2023](#) (or any future iterations of this), and IP rights should

be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP.

## 10. Reports

- (a) At the completion of each calendar year, the recipient is required to provide an Annual Progress Report.
- (b) If a satisfactory Annual Progress Report is not provided, then funding may be terminated.
- (c) At the completion of the Fellowship period, the recipient is required to submit:
  - (i) a Final Report;
  - (ii) an acquittal statement of the expenditure of funds that is certified by the relevant finance officer of the Health Service Provider; and
  - (iii) a summary of the aims and results of your research project, and your ongoing and future research to all participating consumer groups.
- (d) If a satisfactory final report and/or acquittal statement is not provided when requested, applicants may not be eligible for future funding through the FHRI Fund, the WA Department of Health or the Raine Foundation.
- (e) Guidelines, templates and due dates for reports and the acquittal statement will be provided to the recipient by the Raine Foundation as required.
- (f) Clinician Research Fellowships program alumni will be asked to take part in follow-up questionnaires to evaluate research performance and impact that has come about after Clinician Research Fellowship funding and will inform the review of future funding programs. Alumni are asked to keep the [Raine Management Office](#) updated with any changes to contact information.

## 11. Professional Development

Recipients are encouraged to:

- (a) seek an adjunct or honorary title with a WA University or other WA-based NHMRC-approved administering institution to apply for NHMRC funding; and
- (b) complete the WA Health Translation Network (WAHTN) Research Education and Training Program (RETP) Good Clinical Practice course, and other relevant WAHTN RETP courses.

## 12. Acknowledgment

- (a) The Minister for Medical Research and/or the WA Department of Health and the Raine Foundation will publicly announce recipients, including the title of the research project. All other parties must withhold announcement/media coverage until after the Raine Foundation advises this has occurred.
- (b) Acknowledgment of FHRI Fund and Raine Foundation support must be made in publications, conference presentations, public discussion, press statements etc. The preferred citation is: “This work is/has been supported by a Clinician Research Fellowship which is a WA Future Health Research and Innovation (FHRI) Fund and Raine Medical Foundation initiative”.
- (c) References to the Fellowship should include the correct title “Clinician Research Fellowship”.

### **13. Dissemination**

Recipients are requested to forward copies of publications and other research communication activities resulting from the funded research project to the Raine Foundation.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the [Australian Code for the Responsible Conduct of Research](#) page, and the [NHMRC Open Access Policy](#)