

RFCID/HHSRF

***Research Fund for the Control of Infectious Diseases
Health and Health Services Research Fund***

Guidance Notes - Research Grant Application

This booklet provides the procedures that should be followed to apply for grants, manage projects and report findings to the Research Council.

Please submit applications to:

Research Fund Secretariat Research Office, Food and Health Bureau 18/F, Murray Building, Garden Road, Central, Hong Kong.
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July 2009 (rev. 1)

Preamble

This document is designed to provide background information and advice on the research funding opportunities offered by the Research Fund for the Control of Infectious Diseases (RFCID) and the Health and Health Services Research Fund (HHSRF).

All applicants are strongly advised to review this document, and particularly, to pay special attention to the revised “Availability of Advice” in paragraph 2.5, the revised “Research ethics/ safety approval” in paragraph 2.11, the revised “Ethics” in paragraph 3.6.1 and the new Appendix A2 of “Criteria for Evaluating Research Proposals using Qualitative Research Methods”.

Enquiries about this booklet and its contents should be addressed to the Research Fund Secretariat by fax: 3150 8993 or email: rfs@fhh.gov.hk.

CONTENTS

Part	1	Background
	2	Applying for a Grant
	3	Standard Conditions of Research Grant
Appendix	A1	Preparation of Applications with Epidemiological or Statistical Content
	A2	Criteria for Evaluating Research Proposals using Qualitative Research Methods
	B	Financial Arrangements
	C	Items Allowable and Unallowable for Reimbursement

PART 1 BACKGROUND

1.1 Fund Administration

- 1.1.1 **Organisation Structure:** The Research Council (RC) has been established to assume responsibilities for all aspects of the administration and to recommend to the Food and Health Bureau on allocation of funds supported by the RFCID and the HHSRF. The RC is supported by a secretariat and two committees, namely the Grant Review Board (GRB) and the Referee Panel.
- 1.1.2 **Function:** The RC functions as a broadly based policy group whereas the GRB will interpret policy, set guidelines and procedures for grant application and establish an independent system for two-tiered peer review of applications and reports. The Referee Panel provides critical appraisal of grant applications and reports. The funding decision of the RC is final.
- 1.1.3 **Setting Policy:** The RC will review health care trends and health needs in Hong Kong on a continuing basis, to support its decision making and the formulation and revision of research policy and priorities.
- 1.1.4 **Composition:** The RC comprises prominent members of the health care system and academic institutions. The GRB has brought together experts with technical skills and experience in a wide spectrum of health sciences to support the work of assessing grant applications and reports. Individual members of the Referee Panel, according to their specific area of expertise, are recruited to review grant applications and assess the outcomes of funded projects. Referees are drawn from both local and overseas institutions and services.

1.2 Research Scope

- 1.2.1 **Health and Health Services Research Fund:** Research projects which are relevant to the health and health care needs of the people of Hong Kong are guided by three themes.
- Public health
 - Health services
 - Chinese medicine
- Studies of purely clinical and biomedical nature will not be considered.
- 1.2.2 **Research Fund for the Control of Infectious Diseases:** The fund covers research projects relevant to the control of infectious diseases in the areas of:-
- Aetiology, epidemiology and public health
 - Basic research
 - Clinical and health services research
 - Enhancement of research infrastructure (for example, development of sophisticated research equipments or development of software support systems)

PART 2 APPLYING FOR A GRANT

2.1 Research Grants

2.1.1 The RC awards two types of grants. **Full Grants** are normally awarded for periods of up to 2 years. **Mini-Grants** will be of shorter duration. Grants are intended to cover direct costs attributable to the project or programme, and should not include costs of premises and established academic or service staff. In general, contributions will not be made towards indirect costs of projects. A list of items which may be included in the grant application is shown in Appendix C.

2.2 Full Grants

2.2.1 The normal cost ceiling for any one project or programme is \$1,000,000. Higher grants may be awarded where justified. The general aim is to fund a wide spectrum of research with maximum possible coverage of contemporary health care issues. In the light of that policy, the RC may give higher priority to lower cost projects.

2.2.2 Full Grants must start within 6 months of the grant approval date and will be completed in two years or less.

2.3 Mini-Grants

2.3.1 The normal cost ceiling for any one project or programme is \$80,000. The minimum award is \$6,000.

2.2.3 These are introduced to give health care providers, managers, and research workers an opportunity to obtain support for small scale research projects or pilot studies which might lead on to more substantive work. These Mini-Grants cannot be used to supplement other funding.

2.3.2 Mini-Grant projects must start within 4 months of the grant approval date and will be completed in one year or less.

2.3.3 Mini-Grant projects cannot be extended or supplemented. However, new applications for project funding of further work evolving from the Mini-Grant project are welcomed and will be considered by the RC.

2.4 Eligibility

2.4.1 In principle, members of any discipline or profession in the health or health related field can apply for research funding. Grants may be awarded for research in Higher Education Institutions, hospitals, medical schools or other appropriate centres, units or services. Members of other disciplines, such as social welfare and education may also apply for funding of health related research.

2.4.2 For RFCID, collaborative research with Mainland China and overseas institutions will also be considered.

2.4.3 Applications declined on scientific grounds by any of the other research funding organisations will not be considered.

2.4.4 Applications rejected as unredeemable on scientific grounds (i.e. grade D) in a previous round may not be resubmitted to future application rounds unless extensive changes to the research question/ hypothesis and methodology have been made.

2.4.5 Applicants who have final or dissemination reports overdue for Health Services Research Fund, RFCID, HHSRF or Health Care and Promotion Fund projects (reports should be submitted within 6 months of the date on which funding ended for Full Grants and 3 months for Mini-Grants) or who have not submitted reports of an acceptable

standard will not have their applications for new funding considered until the report has been received and approved. Reports, which are finally deemed to be unsatisfactory, may be taken into consideration in future grant applications.

2.5 Availability of Advice

- 2.5.1 For advice on specific aspects of a research proposal, applicants should approach the Research Fund Secretariat (the Secretariat) by Fax: 3150-8993 or E-mail: rfs@fhb.gov.hk. General advice may be found on the Secretariats' website (<http://www.fhb.gov.hk/grants>).
- 2.5.2 Appendix A1 offers basic advice on the preparation of applications with epidemiological or statistical content.
- 2.5.3 Applicants are referred to Appendix A2 for advice on the preparation of applications for qualitative research projects.
- 2.5.4 All randomised clinical trials should be conducted according to Good Clinical Practice (GCP) guidelines. The latest Guideline for Good Clinical Practice (E6(R1), June 1996) describes the responsibilities and expectations of all participants in the conduct of clinical trials, including investigators, monitors, sponsors and Internal Review Boards and is available from the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) website (<http://www.ich.org>).
- 2.5.5 Reporting of randomised controlled trials should conform to the CONSORT statement. Applicants should refer specifically to the "**Checklist of items to include when reporting a randomized trial**", available from <http://www.consort-statement.org>, and the Secretariat's website.

2.6 Grant Application Forms

- 2.6.1 Templates of Research Grant Application Form A and Form B with Explanatory Notes can be obtained from the Secretariat or downloaded from <http://www.fhb.gov.hk/grants>. Only applications submitted on the standard forms will be considered for funding. Applicants are required to complete the forms electronically. Incomplete applications will not be processed and may result in administrative withdrawal.

2.7 Submission of Applications

- 2.7.1 Grants are allocated on the basis of peer review through a panel of expert referees and the GRB. Applicants are therefore required to provide adequate photocopies, to the Secretariat by the closing date for receipt of applications. Applications received after the closing date will not be considered.
- 2.7.2 Please refer to the Explanatory Notes for details. The application package should contain:
- The original signed Research Grant Application Form A and Form B;
 - 20 photocopies, 2-sided, of Form A and Form B (including ethical approval);
 - 5 anonymised copies to allow unbiased peer review. Anonymised copies should have all reference to the applicants deleted. In particular, Section 9 & 12 of Form A and Section 14 & 15 of Form B should be blanked out;
 - 5 anonymised copies of any in press Key References and Additional Material as specified in Section 13(i) & (j) for Form B; and
 - One soft copy (1.44MB 3.5: floppy disk, MS Word (PC) format) of both Form A and Form B.

2.8 Funding Decisions

- 2.8.1 Each applicant will normally be informed within 6 months of the closing date for applications whether or not the application has been successful.

2.9 Commencement dates and Expenditure Profiles

- 2.9.1 Full Grant projects must commence within 6 months of the grant approval dates, whereas Mini-Grant projects must commence within 4 months of the grant approval date.
- 2.9.2 The “commencement date” is deemed to be the first date on which expenditure is incurred, i.e. the purchase of equipment or the first working day on the project for a member of staff whose salary is funded from the grant.
- 2.9.3 Claims for reimbursement of expenditure are compared with the estimate in the relevant period of the approved budget. The principal applicant and the administering institution should seek endorsement of the RC on any claim which varies from the estimate.

2.10 Expenditure Payments

- 2.10.1 **Financial arrangements:** Details of financial arrangements are shown in Appendix B.
- 2.10.2 Full Grants. Authorised expenditure, up to 80% of the grant limit, is reimbursed bimonthly. These are compared with the relevant estimate in the approved budget. The remaining 20% is payable subject to the submission of a final report, a dissemination report and an audited account to the satisfaction of the RC.
- 2.10.3 Mini-Grants. Authorised expenditure, up to 90% of the grant limit, is reimbursed bimonthly. The remaining 10% is payable subject to the submission of a final report, a dissemination report and a certified financial statement for the grant to the satisfaction of the RC.

2.11 Research ethics / safety approval

- 2.11.1 The status of seeking ethical and safety approval at the time of submission should be documented on the application form. The primary responsibility of seeking the relevant approvals rests with the principal applicant. Only applications that have received written clearance from a recognised ethics committee and safety approval from a designated Safety Officer, or equivalent, will be considered for funding.
- 2.11.2 The ethics committee determines whether or not ethical approval is required for the intended proposal. If it is not required, a proof of exemption issued by the ethics committee must be presented.

2.12 Confidentiality and Data Protection

- 2.12.1 The usual code of practice on confidentiality of personal data should be followed.
- 2.12.2 Where personal data on individuals who can be identified are held and processed on computer, these data will be subject to the provisions of the **Personal Data (Privacy) Ordinance**. Applicants are recommended to consult this document. The principal applicant and the administering institution shall ensure that any conditions relating to data protection in Hong Kong are observed.

2.13 Wider Application of Research Finding

- 2.13.1 The principal applicant and the administering institution are required to inform the GRB in writing of any discovery, development, application or technical knowledge which comes to light during the course of the project.

PART 3 STANDARD CONDITIONS OF RESEARCH GRANT

This section sets out the conditions under which the RC acting through the GRB may offer to support a research project. Non-compliance with these terms and conditions may result in the suspension of the grant and/or impede the principal applicant's future grant applications.

3.1 General Terms and Conditions

- 3.1.1 The project shall be carried out by or under the general direction of the person(s) named in the Research Grant Application Form (Application Form) as the principal applicant who shall be responsible for the scientific oversight and management of the project.
- 3.1.2 The RC will withdraw the grant if the project does not commence within 6 months of the grant approval date for Full Grants, or within 4 months for Mini-Grants.
- 3.1.3 The principal applicant and the administering institution shall notify the RC of any event which may prejudice the project completion date.
- 3.1.4 The principal applicant and the administering institution responsible for ensuring that the project is completed within the financial limits of the grant and must advise the GRB immediately of any occurrences which may prejudice the completion of the project within these limits.
- 3.1.5 The administering institution shall be responsible for the provision of the basic facilities required to support the work of the project.
- 3.1.6 The principal applicant and the administering institution shall submit interim, final and dissemination reports as required by the GRB.
- 3.1.7 The principal applicant and the administering institution are jointly and severally responsible for ensuring that all conditions contained in this section are complied with.

3.2 Staff

- 3.2.1 It is the responsibility of the administering institution to enter into contracts of employment with all persons whose salaries are reimbursed from the grant. Such contracts should provide for the rate of pay normally applicable to the appropriate grades of the persons employed by that institution.
- 3.2.2 The administering institution shall comply with the relevant Ordinances such as the Employment Ordinances (Cap.57), the Employee's Compensation Ordinance (Cap.282) and the Mandatory Provident Fund Ordinance (Cap.485).

3.3 Equipment

- 3.3.1 Any equipment paid for by RFCID/HHSRF, however acquired, shall be, and remain the property of the Government and shall be in the care of, and maintained in good condition by, the administering institution, notwithstanding that the equipment shall be procured in accordance with the procuring requirements of the administering institution.
- 3.3.2 During the period when such equipment is in the care of the administering institution, the Government or its agents shall not be liable for any claims arising out of the presence or use of such equipment and the administering institution shall defend the Government from any such claims.
- 3.3.3 If such equipment is transferred to an institution other than the administering institution, the receiving institution shall be required to accept responsibility for the care and maintenance of such equipment and also to indemnify the Government and its agents

against any claims arising from the removal, installation, use or maintenance of such equipment failing which all responsibility and liability therefore shall remain with the administering institution.

- 3.3.4 At the conclusion of the project, or following withdrawal of financial support, the Government, may
- withdraw any such equipment from the administering institution; or
 - on being satisfied in writing by the principal applicant and the administering institution that such equipment shall continue to be used for the benefit of the health care system in Hong Kong, agree that it shall be retained in the care of and maintained by the administering institution; or offer such equipment for sale to the administering institution at an agreed current valuation; or
 - dispose of such equipment in such other way as may be agreed.

3.4 Finance

- 3.4.1 The principal applicant and the administering institution shall exercise financial control of the grant. All expenditure on the project shall be met in the first instance by the administering institution, which shall submit bimonthly claims for reimbursement to the RC. Such claims shall indicate the category of the expenditure under which they fall to be considered as shown in Section 10 of the Application Form A.
- 3.4.2 The RC shall not be bound to reimburse claims for expenditure in any category in excess of the maximum stated in the approved budget or in excess of any amended maximum which has been agreed in accordance with paragraph 3.12.
- 3.4.3 The RC shall pay claims only in respect of expenditure properly incurred during the currency of the grant (as stated in the Application Form), or as has been agreed in accordance with paragraphs 3.12. The administering institution shall be bound to supply such additional financial information as may reasonably be required by the RC.
- 3.4.4 For Full Grants, the RC shall pay claims of up to 80% of the approved grant and the balance when a final report, a dissemination report and an audited account are submitted to the satisfaction of the RC.
- 3.4.5 For Mini-grants, the RC shall pay claims of up to 90% of the approved grant and the balance when a final report, a dissemination report and a certified financial statement are submitted to the satisfaction of the RC.

3.5 Privacy

- 3.5.1 It is the responsibility of the principal applicant and the administering institution to ensure that the requirements of any data protection are fully observed. In particular, the principal applicant shall ensure at all times that any personal data collected in the course of the project shall be securely held and handled and that the anonymity of persons to whom the data refer shall be preserved in any report or publication.
- 3.5.2 The principal applicant and the administering institution shall adhere to the Personal Data (Privacy) Ordinance.
- 3.5.3 The personal data provided in the application form will be used by the Research Council, Grant Review Board and the Research Fund Secretariat for the purpose of assessing applications to the Research Fund for the Control of Infectious Diseases (RFCID) and Health and Health Services Research Fund (HHSRF). For successful applications, such

data will also be used for project monitoring, research and statistical analysis, promotion, publicity and dissemination purposes as appropriate.

- 3.5.4 Personal data provided in this application may be disclosed, if necessary, to the Food and Health Bureau, other Government departments, expert reviewers, project monitors and other people concerned.
- 3.5.5 Applicants have the right to access and correct the personal data provided in accordance with sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Their right of access includes the right to obtain a copy of their personal data provided in the application form.
- 3.5.6 Enquiries concerning the personal data collected by means of this application form, including access and corrections, should be addressed to:

Research Fund Secretariat
Research Office
Food and Health Bureau
Room 1807, Murray Building
Garden Road, Central
Hong Kong

Email address: rfs@fhb.gov.hk

Website: <http://www.fhb.gov.hk/grants>

3.6 Ethics

- 3.6.1 Written documentation of approval from a recognised ethics committee **MUST** be provided prior to commencement of any approved application. The RC reserves the right to refuse an award on ethical grounds, even if agreement of an ethics committee has been obtained. If the research involves patients who live in more than one area, the written approval of any and all relevant ethics committees concerned must be obtained.

3.7 Reviews

- 3.7.1 An authorised member of the RC or a group appointed on its behalf must, reasonable notice having been given, have access to the project to discuss its progress with the principal applicant or the staff involved, and to inspect equipment or other materials provided from the grant.
- 3.7.2 The principal applicant and the administering institution shall provide an interim report on a yearly basis or as may be required by the RC. Such reports must conform with guidelines which are issued from time to time by the RC. The timing and frequency of such reports, which shall depend on the nature of the project, shall be notified to the principal applicant and the administering institution by the RC.
- 3.7.3 If after due assessment, the research is not considered to be making satisfactory progress, the RC reserves the right to discontinue the provision of financial support under the terms of the grant.
- 3.7.4 Within 6 months of completion of Full Grant project (3 months for Mini-Grant), the principal applicant and the administering institution shall provide a final report and a dissemination report to the RC. The reports must also conform to any guidelines issued by the RC.

3.8 *Publicity of Financial Support and Objectives*

- 3.8.1 The RC or the principal applicant and the administering institution may publish details of financial support given for the project and of the scientific objectives of the project.

3.9 *Publication or Disclosure of Results*

- 3.9.1 The RC attaches great importance to the publication of the results of the research undertaken with the assistance of the grant and the principal applicant and administering institution are required to acknowledge the support given to the work by the Food and Health Bureau and the RFCID/HHSRF in any published or distributed documents.
- 3.9.2 In addition to the presentation of interim, final and dissemination reports the principal applicant must inform the RC of any publications of the work containing results, information or technical knowledge connected with the project and shall forward a copy of the work to the RC. The RC will maintain a database of all published work attributed to funded research.
- 3.9.3 The RC may approach former and current principal applicant at intervals in order to ensure that all relevant publications have been entered in the database of the RC.

3.10 *Intellectual Property Rights*

- 3.10.1 All rights in the results of the project shall jointly belong to the Government and the administering institution as their absolute property. This does not preclude in any way normal academic and professional use of research data and documents, subject to the requirements in 3.9.

3.11 *Commercial Application of Results*

- 3.11.1 The principal applicant and the administering institution shall inform the GRB in writing of any discovery, development, application or technical knowledge arising in the course of the project which could have commercial value.
- 3.11.2 Commercial use may not be made of the project results without the prior written consent of the Government. The principal applicant and the administering institution must obtain the Government's approval in advance of any proposed discussion or negotiation with any person, company or firm with a view to commercial use or other exploitation of such results.
- 3.11.3 The Government reserves the right to be represented in any negotiations held with a view to commercial use or exploitation of any discovery arising from the project.

3.12 *Variation of Conditions*

- 3.12.1 No alteration, deletion or addition may be made to any of these conditions or any part of the Application Form without the prior agreement in writing of the RC or (if the change is proposed by the RC) of the principal applicant and the administering institution. In particular:
- any change of substance in the objectives of the project;
 - any change of the principal applicant and the administering institution;
 - any change of the maximum expenditure figure for each element of the grant given in the Application Form;
 - any change in the duration of the grant

must be so approved. If the RC does not approve a change proposed by the principal applicant and the administering institution the RC may cancel or renegotiate the arrangements for support of the project.

3.13 *Liability of the Research Council*

- 3.13.1 Notwithstanding the provision of the grant by the RC, or the compliance by the principal applicant and the administering institution with the conditions of such grant the principal applicant and administering institution shall remain solely liable for all costs, liability or damages relating to the research and the publication of such research.

- 3.13.2 Without limiting 3.13.1, the principal applicant and the administering institution shall be solely responsible for claims that the research or any part thereof infringes the intellectual property or other rights of a third party.

APPENDIX A1

PREPARATION OF APPLICATIONS WITH EPIDEMIOLOGICAL OR STATISTICAL CONTENT

- 1 Applications are sometimes submitted in which the general objectives are laudable but the research proposals do not meet well-established epidemiological criteria. The following notes highlight areas where there is often a need to take advice on epidemiology, statistics and computing; however they are not a substitute for professional guidance.
- 2 Surprisingly applicants often overlook the fact that many studies require the application of epidemiological and statistical techniques if their objectives are to be achieved. For example, studies of the causation and natural history of disease, the validation of new techniques, the evaluation of the effectiveness of management, and randomised controlled trials of the effects of treatment, advice or other interventions.
- 3 Among the points which may need discussion in the application are the following:-
 - 3.1 **Definitions:** Are the objectives of the study and the terms used to describe these objectives *clearly defined*? Other definitions which are needed are those relating to end-points or outcomes and to the criteria to be used in assessing these. The methods used for diagnostic labelling needs to be rigorous; in particular where diagnostic labels are allocated to individuals by people other than the research workers. There are many instances, other than these examples.

Study Design: The reasons for choosing the study design should be stated clearly. If the objective is to establish a cause and effect relationship rather than simply an association, it is advisable that the study should be designed to permit the analysis of factors such as time relationships, strength of association or specificity and consistency of the association, and in some instances biological plausibility as well as valid, accurate and reliable methods for the assessment of the effect of interventions.

The Reference Population: An epidemiological study should determine the *rate of events*, thus it is necessary to be able to define the population under study. The population it is proposed to study and to which the research results will apply should be clearly stated. In practice this is often difficult as in Hong Kong clinical services have open door policies. Hospitals and out-patient departments whose catchment areas are not exclusive have no readily apparent population denominator and unless efforts are made to determine such a base, reliable rates cannot be estimated. In clinical studies where the aim is to contrast certain individual characteristics rather than to derive group characteristics it may be acceptable to use 2 comparable groups from an undefined total population. Similarly hospital or out-patient department studies may be perfectly satisfactory for detailed evaluation of certain types of methodology. The results of such studies, however, may not be readily extrapolated to the population as a whole. ESGAA will usually attach considerable importance to the sampling aspects of studies.

The Sample: The method of sampling, the reference population and the statistical basis for arriving at the appropriate size of sample should be described. Sample size depend on the magnitude of the difference in the rates of illness or other differences between the study and control groups which the investigators would like to detect. Information should be given about the significance level at which the difference is to be demonstrated: (a) the acceptable risk of failing to demonstrate a real difference; and (b) an estimate of the dispersion of individual values (precision). Rough estimates of prevalence can sometimes be best obtained by pilot studies. The use of too small a sample when comparing groups frequently leads to inconclusive results (low power). Expert statistical advice should be obtained on the sample size required if the investigator is in doubt about

this aspects of the design. Returns in terms of the usefulness of the information sought and the need for a given degree of precision have to be balanced against overall costs; a compromise is sometimes necessary.

Comparisons and Standardisation: The aim of many studies is to obtain information which can be compared with the results of other investigations. Moreover, epidemiological studies generally involve larger groups than purely clinical studies and the observations of several investigators may have to be combined. Standardisation of methods is required to ensure that the quality of observations is uniformly high. All techniques, their method of use and the conditions under which they will be applied should be fully described together with the method of quality control.

Validation of Techniques: Validity involves the assessment of whether an examination technique is measuring what it purports to measure. The assessment includes consideration of sensitivity, specificity and predictive accuracy. The overall of the value data may be affected by the repeatability of the measurements in the hands of the investigators. If a new technique is being introduced, the design should make provision for testing it against an established reference technique. When new types of investigation are to be undertaken the advice of experts who have mounted similar studies is likely to be invaluable. Because of the difficulties outlined above, previously validated and standardise questionnaires for the measurement of symptomatology, if available, should be used whenever possible. The sub-committee may refer the investigators to such a source of advice if this opportunity has not been taken.

- 4 **Records:** Drafts of record forms should be included as an appendix. They should be marked "Confidential" and identify the investigators and their organisation. Where questionnaires are to be used an outline of their content should be given. It should also be clear whether the questionnaire is for self or interviewer completion and whether the answers are to be precoded. If questions are to be asked about well-researched symptomatology like angina or bronchitis, investigators should use the standardised questions or give their reason for choosing not to do so.
- 5 **Forms for recording the results of physical examination:** Tests and investigations should be included with coding details. The coding options should be wholly inclusive and mutually exclusive. The layout should follow the sequence of the examination procedure.
- 6 **Confidentiality and Consent:** Where applicable, the constraints of data protection procedures of legislation in force must be observed. In the application, the safeguards proposed to preserve the confidentiality of the personal details of patients should be included. Where individual observations have to be related to other records, it should be shown that the patient's permission to consult them will be requested in the questionnaire and signed consent obtained. Where appropriate the patient's permission to communicate the results to another practitioners (such as a GP) obtained in a similar way.
- 7 **Data Processing and Analysis:** Arrangements for data processing and outline plans for the analysis should be given in the protocol with costing. Expert statistical and computing advice is often required and should be sought at the planning stage. Failure to document these aspects fully may result in an application being rejected.

8 **Pilot Studies:** It is advisable to mount a pilot study to evaluate the effectiveness and validity of all parts of a questionnaire before starting the main study. Pilot studies also provide a means of assessing the practicability and acceptability of the methods proposed and of familiarising investigators with their use. Such an exercise is often of considerable value in determining realistically the degree of detail which should be selected for the full scale study.

9 **Suggested Basic Reading:**

Warren, M D
AIDE - Memoire for preparing a protocol
British Medical Journal 1978/1195-1196

Rose, G & Barker D J P
Epidemiology for the Uninitiated
British Medical Journal 1979
ISBN 0 7279 0055 2

10. **Definitions:**

10.1 **Rates**

An incidence rate is the frequency of new health problems or other events in a defined group in a specified period of time.

A **point prevalence ratio** is the amount of disease or abnormality present in a given population at a given point in time.

A **period prevalence ratio** comprises the point prevalence ratio plus the annual incidence rate for the number of years over which the study has been conducted.

10.2 **Repeatability**

The repeatability of a technique is the extent of agreement between repeated measurements. It is affected by random variation in the item being assessed and the errors introduced by the observer collecting and processing this information.

10.3 **Validity**

The validity of a technique is the extent to which the method provides true assessment of that which it purports to measure.

APPENDIX A2

CRITERIA FOR EVALUATING RESEARCH PROPOSALS USING QUALITATIVE RESEARCH METHODS

The aim of this set of criteria is to enable applicants and referees to judge the quality of research proposals using qualitative methods. Given the considerable diversity in research strategies that use qualitative methods, these criteria need to be seen as general guidelines to aid proposal submissions and review rather than specific recommendations for all proposals.

1. General Features

- 1.1 **Contribution to understanding:** Will the research contribute to our understanding of patients, health related problems, health care system analysis or health care policy issues?
- 1.2 **Appropriateness of method:** Are the methods chosen appropriate to the research questions? The focus of the study should lend itself to qualitative analysis, e.g., the subjective understanding or sense-making processes of individuals in relation to their work situation.
- 1.3 **Literature:** Is the proposal located within an appropriate literature?
- 1.4 **Theoretical considerations:** Is the proposal of interest theoretically, e.g., does it develop theory in a particular direction?
- 1.5 **Epistemological integrity:** Does the paper take a consistent approach towards epistemology, ontology and methods?

2. Outline of methods

- 2.1 **Sampling:** In this context, a sample of participants or cases does not necessarily need to be representative, or random, but a clear rationale is needed for the inclusion of some cases, or individuals, rather than others. Sample size can be justified on the bases of the aims of the study, the specific methodological approach, and the claims the authors wish to make about their findings.
- 2.2 **Choice of data collection technique:** An explanation is required for why a particular method was chosen to access data rather than another method, e.g.: why a semi-structured interview rather than a diary study?
- 2.3 **Researcher-situation interface:** Issues regarding the dynamics of the data collection situation should be explored. For example, group dynamics within a focus group situation could be commented upon; or interviewees' responses to the interview situation should be recognised and discussed.
- 2.3 **Data collection and management:** How will the data be stored, managed and used? Examples here are will the researcher keep detailed notes of field visits? Will all interviews be transcribed? etc.
- 2.4 **Contextualisation:** Is the research clearly contextualised? Is all the relevant information about the participants and/or the organisations clearly specified?

3. Data analysis

- 3.1 **Description of analytic framework:** An analytic framework needs to be clearly outlined. In some cases there may be a pre-existing framework for data analysis. In this case, the derivation of this framework should be explained. If there is no pre-existing framework then the author/s need to explain the rationale for the analysis strategy.
- 3.2 **Auditability of analysis procedures and processes:** The processes and procedures for analysis should be detailed. A content analysis will look very different from a discourse analysis for example. The reader needs to be able to understand the processes or procedures or steps through which the data analysis evolved, that is the analysis trail should be auditable.
- 3.3 **Derivation of analysis categories:** Adequate discussion needs to be provided of how themes, categories or concepts were derived from the data or from the literature.
- 3.4 **Sources of raw data:** Where more than one method of data collection has been used, authors should refer to the analysis process for each method and any subsequent integration of analysis from the different methods.
- 3.5 **Use of transcript excerpts:** When using quotes to highlight findings the basis for the selection of particular excerpts should be explained (e.g.: are they representative, illustrative, etc.) The source of the excerpt should be referenced.
- 3.6 **Confirmability:** In some qualitative studies, where appropriate, researchers may use reliability checks to see whether others would categorise the data in the same way. Are these checks, if used, reported?
- 3.7 **Credibility:** In some qualitative studies researchers may feed back their interpretations of the data collected to research participants in order to gain their views of the coherence or representation of the researcher's analysis. In these cases, the proposal should outline how this feedback will be provided and how participants' comments on the interpretation will be dealt with. This may be particularly appropriate where studies are based on interventions into a given organisational situation.
- 3.8 **Alternative explanations:** Are mechanisms outlined through which the researcher has sought disconfirmatory evidence or alternative explanations for the results?

4. Findings and discussion

- 4.1 **Researcher reflexivity:** The researcher should clearly outline their role in the research process: they should be reflexive about their methodological approach and how this relates to the findings they present.
- 4.2 **Transferability:** If appropriate the authors should comment on the transferability of their findings from one context to another.
- 4.3 **Utilisation:** Ideally the findings will be useful and applicable. The author will provide added value by commenting on how this is the case.

These guidelines were drawn from the document "Criteria for Evaluating Papers Using Qualitative Research Methods" published by the Journal of Occupation and Organizational Psychology available online at <http://www.bps.org.uk/publications/journals/joop/qualitative-guidelines.cfm>.

APPENDIX B

FINANCIAL ARRANGEMENTS

1. Approval of Grant

- 1.1 Two types of grants are available, Mini-Grants and Full Grants.
- 1.2 Mini-Grants are provided for projects or programmes up to \$80,000, or such greater amount as approved by the Research Council (RC). Full Grants are provided for programmes or projects with a budget not more than \$1,000,000 or such greater amount as approved by the RC. Both grants are made on actual basis with a pre-approved cash ceiling.

2. Payment of Grant

2.1 Mini-Grants

Authorised expenditure, up to the 90% of the grant limit, is made bimonthly on a reimbursement basis. The remaining 10% is payable subject to the submission of a final report, a dissemination report and a certified financial statement for the grant to the satisfaction of the RC.

The principal applicant and the administering institution must ensure that the expenditure incurred is within the ambit and the scope of the approved budget. A duly completed reimbursement claim form signed by principal applicant and the administering institution and the supporting documents thereof (including, for the latter, the original of all relevant invoices and receipts or, where invoices and receipts are not available for reasons reasonably accepted by the Government, all declaration of expenditure duly signed by the principal applicant and the administering institution) to request payment by the Government no more frequently than every two months from the commencement date.

The administering institution shall submit the certified financial statement within 3 months after the end date or termination of the project, whichever is earlier.

2.2 Full Grants

Authorised expenditure, up to the 80% of the grant limit, is made bimonthly on a reimbursement basis. The remaining 20% is payable subject to the submission of a final report, a dissemination report and an audited account to the satisfaction of the RC.

The principal applicant and the administering institution must ensure that the expenditure incurred is within the ambit and the scope of the approved budget. All payments must be properly documented and recorded. However, there is no need to furnish supporting documents in reimbursement claims. The administering institution is required to submit a duly completed reimbursement claim form signed by the principal applicant and the administering institution to request payment by the Government no more frequently than every two months from the commencement date.

An annual certified financial statement must be submitted covering the 12-month period from the project commencement date. The administering institution shall submit an annual certified financial statement within 2 months following the first anniversary of commencement date, and shall submit the audited account within 6 months after the end date or termination of the project, whichever is earlier.

- 2.3 For both Mini-Grants and Full Grants, claims for reimbursement of expenditures may only cover the period between the commencement date and end date of the project. A final reimbursement claim form shall be submitted together with the audited account for Full Grants and with the final report for Mini-Grants.

APPENDIX C

ITEMS ALLOWABLE AND UNALLOWABLE FOR REIMBURSEMENT

1. Items Allowable

1.1 Staff Costs

Funds may be requested for the salaries of research staff and other supporting staff. Staff cost (full or part-time) includes salary and mandatory provident fund of staff employed. For part-time staff, the aggregated and averaged part-time effort must meet at least the 20% threshold.

For instance, the Research Council (RC) is prepared to reimburse 20% of staff salary for a research or support staff provided that it is used for 20% of time on the project. When applying for reimbursement, the principal applicant should specify the particular staff to which the costs relate and the percentage of time the staff spent on the project.

1.2 Facilities

1.2.1 *Computing*

Local departmental computing charges which can be assigned to the research project will be considered as an allowable cost, including stationery supplies and software licences. Expenses for computing equipment specific for the project, such as notebook computers, software, etc, will be covered. Central computing facilities remain the responsibility of the administering institution.

1.2.2 *Equipment*

Maintenance costs, service contracts and spare parts for equipment not purchased specifically for the project but used for a significant portion of the project will be paid on a pro rata basis.

For example, a piece of equipment that is used 50% of the time for an approved project and 50% of the time for other purposes will be covered for half of the maintenance costs. When applying for maintenance costs, the principal applicant should specify the piece of equipment to which the costs relate and the percentage of time the equipment will be in use on the project.

Equipment costing less than \$10,000 should be applied for and charged under the consumable heading.

1.2.3 *Refurbishment*

Refurbishment of research facilities is permitted.

1.2.4 *Personal Protective Equipment*

Individual items necessary for personal safety during specific research projects are covered, e.g. gloves, facemasks, gowns, etc.

1.3 Administrative services

1.3.1 *Cost of Audited Account*

Cost of independent audited account for every Full Grants project up to a maximum of \$5,000 is allowed.

1.3.2 *Administrative expenses*

Costs such as printing, telephone, fax, postage, etc are allowed where they are separately metered and can be attributed to a specific research project.

1.4 **Others**

1.4.1 *Travel and subsistence*

Conference expenses of up to \$10,000 may be included.

1.4.2 *Reprints*

The costs of purchasing reprints or publishing space from publishing companies in whose journals the supported research will be published, is an allowable cost, within the maximum allowable funds of the project. Claims for reprints should be justified on the grounds of publishing work arising from the research which is the subject of the application.

1.4.3 *Reference materials*

Purchase of essential reference materials, e.g. textbooks is an allowable cost.

2. **Items Unallowable**

2.1 employments of all applicants listed in Section 9 of the Application Form A

2.2 general premises costs including:

- construction and maintenance of buildings
- land purchase/lease
- refurbishment/renovation/adaptation
- basic services and utilities (including heating, lighting and communications)
- lease/rent/rates
- insurance
- cleaning/pottering/security/safety

2.3 the cost of unspecified research work

2.4 the cost of work already completed, or the writing-up of such work

2.5 the cost of literature surveys

2.6 remuneration of undergraduates (other than payment for vacation work under the existing award if such earnings are allowed by the administering institution)

2.7 any costs associated with a research student

2.8 the cost of the facilities of the administering institution to which the investigator normally has free access

2.9 severance payment and untaken leave of staff employed

2.10 all kinds of insurance costs, such as medical insurance and labour insurance

2.11 entertainment and overseas visits not directly related to the research project