TABLE OF CONTENTS
INTRODUCTION.................................................................................................................................2
1 OVERVIEW OF THE PEER REVIEW PROCESS.................................................................3
2 KEY CHANGES TO THE PEER REVIEW PROCESS..................................................3
3 ROLES AND RESPONSIBILITIES..................................................................................3
4 PEER REVIEW PROCESS .................................................................................................6
    4.1 Receipt and Initial Processing of Applications .....................................................6
    4.2 Assessment of applications with an Aboriginal and Torres Strait Islander health focus ..........6
    4.3 Identification of Conflicts of Interest (CoI) .................................................................6
    4.4 Allocation of Spokespersons ..................................................................................6
    4.5 Briefing .....................................................................................................................7
    4.6 Scoring ......................................................................................................................7
    4.7 Nomination of Applications for Discussion at Teleconference.............................7
    4.9 Funding Recommendation .........................................................................................8
    4.10 Notification of Outcomes .........................................................................................8
    4.11 PRP Documentation .................................................................................................8
5 ATTACHMENTS.....................................................................................................................8
ATTACHMENT A - Translating Research Into Practice (TRIP) Fellowships Category Descriptors........9
INTRODUCTION

The following sections describe the specific processes, timelines and expectations that apply to the peer review of the National Health and Medical Research Council (NHMRC) Translating Research Into Practice (TRIP) Fellowships applications.

These scheme-specific guidelines complement and must be read in conjunction with the following supporting documents:

- the 2018 Guide to NHMRC Peer Review, which outlines the overarching principles and obligations under which the NHMRC peer review process operates
- the 2018 NHMRC Funding Rules incorporating the 2018 Translating Research Into Practice (TRIP) Fellowships Scheme-Specific Funding Rules for funding commencing in 2019, which set out the rules, objectives and other considerations relevant to NHMRC funding, and
- the 2018 NHMRC Advice and Instructions to Applicants, incorporating the 2018 Translating Research Into Practice (TRIP) Fellowships Scheme-Specific Advice and Instructions to Applicants for funding commencing in 2019, which provide guidance to assist researchers and Administering Institutions with preparing and submitting applications.

It is recommended that you read the 2018 Guide to NHMRC Peer Review before reading these scheme-specific guidelines.
1 OVERVIEW OF THE PEER REVIEW PROCESS

<table>
<thead>
<tr>
<th>Timeline for TRIP Fellowships 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer review panels appointed</td>
</tr>
<tr>
<td>TRIP Fellowship applications open</td>
</tr>
<tr>
<td>TRIP Fellowships applications close</td>
</tr>
<tr>
<td>Initial eligibility check of applications</td>
</tr>
<tr>
<td>Allocation of applications to panel</td>
</tr>
<tr>
<td>External assessment of Aboriginal or Torres Strait Islander Health applications</td>
</tr>
<tr>
<td>Conflicts of Interest (CoI) declarations due</td>
</tr>
<tr>
<td>Panel briefing teleconference</td>
</tr>
<tr>
<td>Allocation of spokespersons</td>
</tr>
<tr>
<td>Final scoring due</td>
</tr>
<tr>
<td>Nomination of applications for discussion at final review meeting due</td>
</tr>
<tr>
<td>Applications nominated for discussion at final review meeting distributed</td>
</tr>
<tr>
<td>Assessment Confirmation Teleconference</td>
</tr>
<tr>
<td>Funding approvals process (Research Committee (RC), Council, Chief Executive Officer (CEO) and Minister)</td>
</tr>
<tr>
<td>Notification of outcomes to applicants</td>
</tr>
</tbody>
</table>

* Dates are indicative and subject to change.

2 KEY CHANGES TO THE PEER REVIEW PROCESS

Assessors who have previously participated in TRIP Fellowships peer review should note the following changes to the peer review of TRIP Fellowship applications:

- Section 4.7 Nomination of Applications for Discussion at Teleconference
  - Nomination of applications for discussion at teleconference is no longer restricted to the top 50% of the provisional order of merit list.

3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of those participating in the TRIP Fellowships peer review process are identified in the TRIP Fellowships Peer Review Participants table below. These roles are specific to the TRIP Fellowships peer review process, and therefore take precedence over the general descriptions in section 6 of the 2018 NHMRC Guide to Peer Review, to the extent of any inconsistency.
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Community Observer       | The Peer Review Panel (PRP) may have an independent Community Observer present during the meetings. Community Observers will be briefed on the peer review process. They will not participate in the discussion of any applications. The primary duties and responsibilities of the Community Observer are to:  
  - identify and advise the NHMRC of all real or potential Conflicts of Interest (CIs) they have with the applications  
  - monitor procedural aspects of the PRPs  
  - provide feedback to NHMRC on the consistency of procedures. |
| Peer Review Panel (PRP) Chair | The PRP Chairs are appointed to be independent of the review of applications, and to manage the process of peer review in accordance with the approved guidelines. The primary duties and responsibilities of the PRP Chair are to ensure NHMRC’s procedures are adhered to and that a fair and equitable consideration is given to every application being reviewed by the PRP. The Chair will:  
  - familiarise themselves with documentation relevant to the TRIP Fellowships scheme  
  - identify and advise the NHMRC of all real or potential CIs they have with applications assigned to the PRP  
  - ensure that members and Community Observers are aware of the names and affiliations of the applications under discussion and that appropriate action is taken in relation to declared CIs  
  - familiarise themselves with ALL applications being considered by the PRP, excluding those for which they have a declared CI  
  - ensure PRP consider the external assessment against the Indigenous Research Excellence Criteria for applications with an Aboriginal and Torres Strait Islander health focus consistently  
  - chair the PRP meetings ensuring procedures are followed and that the discussion is on time and focused  
  - ensure career disruption and relative to opportunity are considered  
  - assist panel members in fulfilling their duties and responsibilities  
  - promote good engagement by spokespersons and panel members  
  - approve relevant Meeting Attendance Record sheets  
  - record and notify NHMRC of any requests for clarification or advice. |
| PRP Member               | The primary duties and responsibilities of a PRP member are to:  
  - familiarise themselves with documentation relevant to the TRIP Fellowships scheme  
  - identify and advise the NHMRC of all real or potential CIs they have with applications assigned to their PRP  
  - read and have a thorough understanding of ALL applications being assessed by the PRP, excluding those for which they have a declared CI  
  - provide a fair and impartial assessment of all applications against the assessment criteria in a timely manner  
  - prepare for and participate in panel discussion of applications, paying particular attention to those applications for which they are 1SP or 2SP (see duties and responsibilities of 1SP and 2SP below)  
  - consider the external assessment against the Indigenous Research Excellence Criteria for applications with an Aboriginal and Torres Strait Islander health focus consistently |
<table>
<thead>
<tr>
<th>Role</th>
<th>Duties and Responsibilities</th>
</tr>
</thead>
</table>
| **Primary Spokesperson (1SP)**            | - lead any PRP meeting discussion on the competitiveness of the application against the aims of the scheme and the assessment criteria  
- ensure productivity relative to opportunity and career disruption is properly considered  
- where applicable bring strengths/weaknesses highlighted by the Aboriginal and/or Torres Strait Islander external assessor report to the attention of the panel. |
| **Secondary Spokesperson (2SP)**          | - support the application discussion at the PRP meeting on the competitiveness of the application against the aims of the scheme and the assessment criteria  
- ensure productivity relative to opportunity and career disruptions is properly considered. |
| **NHMRC Scientific Staff**                | - establishing the peer review panel(s)  
- assisting and advising on the peer review process  
- acting as an alternative independent Chair when the PRP Chair has a COI with the application under consideration  
- reviewing sensitive career disruptions. |
| **NHMRC Staff**                           | - approach potential PRP members  
- rule on level of declared COIs  
- maintain accurate records of COIs  
- ensure that the Chair and PRP members are aware of all COIs declared by members  
- provide advice on the treatment of declared COIs  
- determine eligibility  
- assign applications to panels and spokespersons  
- provide administrative support and advice to the Chair and PRP members  
- facilitate use of the Research Grants Management System (RGMS)  
- provide policy advice to the PRP Chair and members  
- ensure that all PRP members and assessors are provided with the necessary information to review each application  
- prepare the order in which applications will be assessed during PRP meetings  
- act as the first point of contact for PRP members and Community Observers  
- seek feedback from Chairs, PRP members and Community Observers on improvements for future processes  
- record and notify NHMRC senior staff of any requests for clarification or advice. |

- consider applicant research achievements relative to opportunity, including any career disruption.
4 PEER REVIEW PROCESS

The NHMRC peer review process is designed to provide a rigorous, fair, transparent and consistent assessment of the merits of each application according to the Australian Code for the Responsible Conduct of Research, to ensure only the highest quality, value for money research is recommended for funding (section 11.2 of the 2018 NHMRC Funding Rules).

All applications are assessed against the assessment criteria and category descriptors as set out in the 2018 Translating Research Into Practice (TRIP) Fellowships Scheme-Specific Funding Rules for funding commencing in 2019. Applications that are accepted by NHMRC as relating to the improvement of Aboriginal and Torres Strait Islander health are also assessed against the Indigenous Research Excellence Criteria (section 6.3 of the 2018 NHMRC Funding Rules).

Applications are assessed relative to opportunity taking into consideration any career disruptions (see sections 6.2 and 6.2.1 of the 2018 NHMRC Funding Rules).

An overview of the TRIP Fellowships peer review process can be found at section 1 of these guidelines. Further detail about each step is provided below.

4.1 Receipt and Initial Processing of Applications
NHMRC staff will verify that applications meet eligibility criteria. Eligibility rulings may be made at any point in the peer review process. Applicants will be advised if their application is ineligible. NHMRC staff will allocate applications to panels.

4.2 Assessment of applications with an Aboriginal and Torres Strait Islander health focus
Applications relating specifically to Aboriginal or Torres Strait Islander Peoples’ health will be identified by information provided by the applicant in their application. NHMRC Assessors Academy members with Aboriginal and Torres Strait Islander health expertise will confirm that these applications have at least 20% of their research effort and/or capacity building focused on Aboriginal and Torres Strait Islander health.

For applications confirmed as relating specifically to Aboriginal and Torres Strait Islander health, NHMRC will endeavour to obtain at least one external assessment from an Aboriginal or Torres Strait Islander researcher or relevant expert. The External Assessor’s review will provide an assessment against the Indigenous Research Excellence Criteria (section 6.3 of the 2018 NHMRC Funding Rules). This assessment is to be considered by PRP members when scoring.

4.3 Identification of Conflicts of Interest (CoI)
Panel members will be provided access, via NHMRC’s Research Grants Management System (RGMS), to the Snapshot Summary Report of each application, and will declare their CoI in accordance with the guidance provided on the NHMRC website.

Panel members will be given access to the full application only if they have no or a low CoI.

Some members may have a CoI for which they require a ruling. For these, NHMRC will assess the information declared and specify in RGMS the level of participation applicable. Panel members are requested to ensure they include sufficient detail in their declaration to ensure an accurate CoI assessment can be made. All CoI declarations and rulings will be made available to the Panel Chair and members to review. If the Panel Chair or member is uncomfortable with a ruling, they can raise this with NHMRC staff and request a review.

Cols must be declared at the beginning of the peer review process. However, Cols may be declared at any stage of the peer review process if new conflicts become apparent.

4.4 Allocation of Spokespersons
Taking into account Cols, NHMRC staff will assign each application a 1SP and 2SP. It is expected that each member of the PRP (apart from the Chair) will be allocated a similar proportion of applications as 1SP and 2SP.
4.5 Briefing
NHMRC will conduct a panel briefing to discuss panel member duties and responsibilities associated with the TRIP Fellowships peer review process. Any changes to the scheme for the current application round will also be highlighted and discussed as necessary.

4.6 Scoring
PRP members must assess and score all applications assigned to their panel against the Assessment Criteria using the Category Descriptors (TRIP Funding Rules, Attachment A), taking into account career disruptions and relative to opportunity considerations (refer to sections 6.2 Relative to Opportunity and 6.2.1 Career Disruption of the 2018 NHMRC Funding Rules).

For applications with an Aboriginal or Torres Strait Islander health research focus, the assessment and scoring should take into consideration the external assessment against the Indigenous Research Excellence Criteria.

PRP members will be given access to applications via RGMS. Rather than reading applications individually through RGMS, PRP members can download all relevant documents using the “download all” function. The following documents are required to review an application:

- ‘Assessor’ Snapshot (contains relevant sections of the application and Profile/CV required to assess the application)
- Uploaded document - ‘Grant Proposal’ PDF
- Uploaded document – ‘Employing Institute Statement of Support’ PDF
- Uploaded document – ‘Project Mentor Statement of Support’ PDF.

PRP members must ensure prompt completion of scores within RGMS. PRP members should not discuss applications prior to the review meeting. This is to ensure PRP members provide independent scores.

The criterion scores from PRP members will be averaged and weighted to create a provisional order of merit list of applications (tailored for Cols). This list will be provided to PRP members.

A quorum of at least 50% of panel members must be involved for an application to be reviewed and scored by a PRP.

To be considered fundable, applications must receive an overall score of 4.000 or more for both criteria.

4.7 Nomination of Applications for Discussion at Teleconference
PRP members will each be given the opportunity to nominate up to two applications for discussion at the Assessment Confirmation Teleconference. PRP members will be required to submit their nominations in RGMS by the nominated date prior to the Assessment Confirmation Teleconference. NHMRC may identify applications for discussion at the Assessment Confirmation Teleconference.

NHMRC will circulate a list of applications nominated for discussion to the panel members in advance of the Assessment Confirmation Teleconference. The nominated applications will be the only applications discussed by the Panel at the Assessment Confirmation Teleconference and will be grouped so as to best cater for any Cols that may exist.

If the Panel is satisfied with the provisional order of merit list and no applications have been nominated for discussion, the Assessment Confirmation Teleconference will not be required. NHMRC will confirm in writing to the Panel that no Assessment Confirmation Teleconference is required because the Panel is satisfied with the final order of merit list. The Panel Chair will confirm this outcome in writing.

4.8 Assessment Confirmation Teleconference
If required, the panel will meet via teleconference to discuss the scores of nominated applications. Scores of applications nominated for discussion will only be altered if the majority of panel members agree with the justification for rescoring.

The process for the meeting is as follows:
The Chair will outline the format of the process for the meeting.

Where a panel member has a high CoI with an application(s), the panel member will be excluded from participating in the discussion of that application(s).

The panel member who nominated the application will be invited to explain why that application was nominated.

The 1SP will be invited to summarise the applicant’s case to the rest of the panel ensuring they communicate any relative to opportunity considerations, including career disruptions along with any additional areas of concern.

The 2SP will be invited to add any additional comments.

Other PRP members will then be invited to discuss the strengths and weaknesses of the application against the assessment criteria only.

Following the discussion of a nominated application, panel members will be given the opportunity to alter their score for each criterion in RGMS. Note: Panel members can choose not to change their score during the re-scoring process.

The Chair will be asked to confirm any changes made at the meeting.

Note:

- It is important that the PRP consider the merits of the application in relation to the assessment criteria rather than whether the application is considered fundable.

- It is imperative that panel members realise that by re-scoring an application, it may cause the application to move up or down in the order of merit by multiple places. A final order of merit list will not be provided to the panel, following any re-scoring process undertaken.

### 4.9 Funding Recommendation

After the PRP Assessment Confirmation Teleconference, scores will be normalised across all panels. These normalised final scores are used to produce a final order of merit list.

This final order of merit list will be used in preparing the funding recommendations for NHMRC’s Research Committee (refer to section 11.4 of the 2018 NHMRC Funding Rules for further information).

Those applications that are below the funding level but considered to be competitive and fundable will serve as the reserve placement listing.

### 4.10 Notification of Outcomes

Numerical feedback will be provided to applicants in the form of an Application Assessment Summary.

For further information about outcome notifications, refer to the section 11.6 of the 2018 NHMRC Funding Rules.

### 4.11 PRP Documentation

PRP members must retain their speaking notes and any other notes they make of the peer review process until the outcomes of the panel’s deliberations are finalised. For PRP meetings, this is when the final scores have been determined. After this time, notes, both hard copy and electronic, should be disposed of appropriately.

### 5 Attachments

Attachment A – Translating Research Into Practice (TRIP) Fellowships Category Descriptors
ATTACHMENT A

Translating Research Into Practice (TRIP) Fellowships Category Descriptors

****IMPORTANT NOTES****

For All Applications:
The following category descriptors are to be used as a guide to assist in scoring an application against each of the assessment criteria. The descriptors are intended to illustrate indicative levels of performance only.

Individual applicants may exhibit a range of achievements not included here, or the ones listed may not be relevant to the applicant’s research area or career stage. Evaluation of performance will take into account opportunity, research discipline, and be an overall summation of track record and potential of the Fellow to be a leader in research translation.

ALL CRITERIA ARE ASSESSED RELATIVE TO OPPORTUNITY

Assessing Aboriginal and Torres Strait Islander Contributions:
It is recognised that Aboriginal and Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical/public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions should be considered when assessing, research output and track record.

<table>
<thead>
<tr>
<th>Criterion Score and Indicator of Performance</th>
<th>Criterion 1 (45%)</th>
<th>Criterion 2 (55%)</th>
</tr>
</thead>
</table>
| 7 An outstanding application which clearly supports the objectives of the scheme and meets the assessment criterion, with essentially no weaknesses. It is expected that only the top 2-3% of applications would be ranked in this category. | The application:  
- Presents an exceptionally strong case for the evidence-practice gap.  
- Presents a highly innovative proposal that is achievable within the term of the Fellowship.  
- Presents a proposal that addresses an issue of utmost important to health and will have a significant impact.  
- Presents a proposal that is highly feasible and sustainable and has exceptionally strong potential for implementation across a variety of settings.  
- Presents a proposal that is exceptionally well supported through high quality implementation science mentoring.  
- Demonstrates a clear vision which is highly likely to transform health care, health delivery, health policy, health systems and/or public health. | RESEARCH OUTPUT AND LEADERSHIP – Potential of the applicant to develop as a future leader in research translation (with emphasis on the past 5 years)  
- Relative to opportunity the applicant:  
  - Has a leadership role in their area of specialty which may be clinical, policy, health system, health services development and/or public health.  
  - Have leadership roles in college, society and health care facility committees.  
  - Successful advocate and change agent for public or private health sector.  
  - Is recognised nationally and/or has a growing international reputation in their area of specialty.  
  - Has published peer review journal articles and written reports that are highly influential.  
  - Has a demonstrated clear, and continuing upward trajectory in their area of specialty.  
  - Has demonstrated a multidisciplinary and strong collaborative approach in |
<table>
<thead>
<tr>
<th>Criterion Score and Indicator of Performance</th>
<th>Criterion 1 45%</th>
<th>Criterion 2 55%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSLATION PROJECT</strong> – The quality, feasibility, sustainability and significance of the research translation project.</td>
<td>in Australia.</td>
<td><strong>RESEARCH OUTPUT AND LEADERSHIP</strong> – Potential of the applicant to develop as a future leader in research translation (with emphasis on the past 5 years)</td>
</tr>
</tbody>
</table>
| **An excellent application which supports the objectives of the scheme and meets the assessment criterion, with very few weaknesses.** | **The application:**  
- Presents a strong case for the evidence-practice gap.  
- Presents an innovative proposal that is likely to be achieved within the term of the Fellowship.  
- Presents a proposal that addresses an issue of major importance to health and will have an impact.  
- Presents a proposal that is feasible and sustainable and has strong potential for implementation across a variety of settings.  
- Presents a proposal that is well supported through sound implementation science mentoring.  
- Demonstrates a vision which is likely to transform health care, health delivery, health policy, health systems and/or public health in Australia. | **Relative to opportunity the applicant:**  
- Has a major role in their area of specialty which may be clinical, policy, health system, health services development and/or public health.  
- Shows some success as advocate and change agent for public or private health sector.  
- Has a significant role in their area of specialty which may be clinical, policy, health system, health services development and/or public health.  
- Shows some success as advocate and change agent for public or private health sector in smaller projects.  
- Has a growing national and/or international reputation for their contribution to their area of specialty.  
- Has published peer reviewed journal articles and written reports that are influential in their area of specialty.  
- Has demonstrated a multidisciplinary approach to quality improvement with good collaborations.  
- Has strong participation in college, society or health care facility committees.  
- Has strong evidence of primary supervision and mentoring of staff and/or students with successful outcomes.  
- Has very good experience in the review of publications, policy documents, and reports pertaining to health.  
- Has been an invited speaker at conferences. |
| **5** | **A very good application that meets the objectives of the scheme or assessment criterion but has some weaknesses.** | **The application:**  
- Presents a very good case for the evidence-practice gap.  
- Presents a proposal that has at least one innovative idea but may not be achieved within the term of the Fellowship.  
- Presents a proposal that addresses an issue of considerable significance. | **Relative to opportunity the applicant:**  
- Has a significant role in their area of specialty which may be clinical, policy, health system, health services development and/or public health.  
- Shows some success as advocate and change agent for public or private health sector.
<table>
<thead>
<tr>
<th>Criterion Score and Indicator of Performance</th>
<th>Criterion 1 (45%)</th>
<th>Criterion 2 (55%)</th>
</tr>
</thead>
</table>
| **TRANSLATION PROJECT** – The quality, feasibility, sustainability and significance of the research translation project. | Importance to health and may have some impact.  
- Presents a proposal that is likely to be feasible and sustainable and has potential for implementation across a variety of settings.  
- Presents a proposal that is supported through implementation science mentoring.  
- Demonstrates a vision which may advance health care, health delivery, health policy, health systems and/or public health in Australia. | **RESEARCH OUTPUT AND LEADERSHIP** – Potential of the applicant to develop as a future leader in research translation (with emphasis on the past 5 years)  
- Has an emerging national reputation for their contribution role in their area of specialty. Has published articles and written reports that are in their area of specialty.  
- Has demonstrated the beginnings of an upward trajectory for the career of the Fellow.  
- Has demonstrated a collaborative approach in their area of specialty. Has membership in college, society or health care facility committees.  
- Has evidence of primary supervision and mentoring of staff and/or students with successful outcomes.  
- Has some experience in the review of publications, policy documents, and reports pertaining to health.  
- Has presented orally at national conferences but not as an invited speaker. |
| Weakness requiring additional consideration by the panel |  |  |
| 4 | A good application that mostly meets the objectives of the scheme or assessment criterion but has some weaknesses requiring additional consideration by the panel. |  |
| The application: | Presents a good case for the evidence-practice gap.  
- Presents a proposal that will extend existing knowledge and practice.  
- Presents a proposal that addresses an issue of some importance to health and may have some impact.  
- Presents a proposal that may be sustainable but contains several areas of weakness in relation to both feasibility and sustainability which may limit its potential for implementation across a variety of settings.  
- Presents a proposal that is supported through mentoring which is general in nature and not well targeted to implementation science.  
- Has a developing vision which may contribute to the advancement of health care, health delivery, health policy, health systems and/or public health in Australia. | Relative to opportunity the applicant:  
- Has a role in their area of specialty which may be clinical, policy, health system, health services development and/or public health at national and state levels.  
- Shows early development as advocate and change agent for public or private health sector, has a growing national reputation for their contribution in their area of specialty.  
- Has published research and written reports that make specialised contributions in their area of specialty.  
- Has demonstrated the potential to have an upward trajectory for the career of the Fellow.  
- Has demonstrated emerging collaborative activities in their area of specialty.  
- Makes some contribution to college, society or health care facility committees.  
- Has evidence of supervision and joint supervision of staff and/or students with successful outcomes.  
- Has limited experience in the review of publications, policy documents, and reports pertaining to health systems.  
- Makes contributions to leadership roles within their area of specialty. |
<table>
<thead>
<tr>
<th>Criterion Score and Indicator of Performance</th>
<th>Criterion 1</th>
<th>45%</th>
<th>Criterion 2</th>
<th>55%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSLATION PROJECT</strong> – The quality, feasibility, sustainability and significance of the research translation project.</td>
<td></td>
<td></td>
<td><strong>RESEARCH OUTPUT AND LEADERSHIP</strong> – Potential of the applicant to develop as a future leader in research translation (with emphasis on the past 5 years)</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> The application only partially meets the objectives of the scheme or assessment criterion. Application is not of fundable quality.</td>
<td>The application:</td>
<td>Relative to opportunity the applicant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a limited case for the evidence-practice gap.</td>
<td>- Has had a minor role in their area of specialty which may be clinical, policy, health system, health services development and/or public health at a state or local level.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that may extend existing knowledge and practice.</td>
<td>- Shows promise as advocate and change agent for public or private health sector. Is developing a national reputation for their contribution in their area of specialty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that addresses an issue of some concern to health and may have some impact.</td>
<td>- Has published research and written reports that sustain the knowledge base of the discipline.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that has many areas of weakness which will limit its feasibility and sustainability and severely limit its potential for implementation across a variety of settings.</td>
<td>- Makes some contribution to health-related committees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that has limited general mentoring support.</td>
<td>- Has some evidence of involvement in joint supervision of staff and/or students with successful outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Has a limited vision which may contribute in a restricted way to some elements of health care, health delivery, health policy, health systems and/or public health in Australia.</td>
<td>- Has limited experience in the review of at least one publication, policy documents, or report pertaining to health systems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> The application does not meet the objectives of the scheme or assessment criterion. Application is not of fundable quality.</td>
<td>The application:</td>
<td>Relative to opportunity the applicant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a weak case for the evidence-practice gap.</td>
<td>- Has a leadership role within a team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that is unlikely to extend existing knowledge and practice.</td>
<td>- Has little evidence of potential to have an upward trajectory for the career of the Fellow.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that addresses an issue of some concern to health and is unlikely to yield much impact.</td>
<td>- Has little evidence of collaborative activities outside of their institution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents a proposal that has major weaknesses which make feasibility and sustainability highly unlikely and shows little potential for</td>
<td>- Has limited evidence for oral presentations at conferences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Has received little recognition in their area of specialty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion Score and Indicator of Performance</td>
<td>Criterion 1</td>
<td>Criterion 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **TRANSLATION PROJECT** – The quality, feasibility, sustainability and significance of the research translation project. | Implementation across a variety of settings.  
- Presents a proposal that is not well supported through mentoring.  
- Has a very limited vision which will unlikely contribute to any elements of health care, health delivery, health policy, health systems and/or public health in Australia. | Has published few research and written reports that had some contribution to the knowledge base of the discipline.  
- Has some evidence of minor involvement in joint supervision of staff and/or students with successful outcomes.  
- Has no experience in the review of publications, policy documents, or reports pertaining to health systems.  
- Has a leadership role within a small team.  
- Has no evidence of potential to have an upward trajectory for the career of the Fellow.  
- Has little or no evidence for oral presentations at conferences. |

1  
The application does not meet the objectives of the scheme or assessment criterion. Application is not of fundable quality.  
The application:  
- Applicant provides no evidence of the practice gap.  
- Presents a proposal that will not extend existing knowledge and practice.  
- Presents a proposal that does not directly address an issue of concern to health.  
- Presents a proposal that is neither sustainable nor feasible and has no potential for implementation across a variety of settings.  
- Presents a proposal in which support through mentoring is absent or very limited.  
- Has little or no vision and will not contribute to elements of health care, health delivery, health policy, health systems and/or public health in Australia.  

Relative to opportunity the applicant:  
- Has had a very junior contributing role in their area of specialty which may be clinical, policy, health system, health services development and/or public health at a local level.  
- Shows no evidence as advocate and change agent for public or private health sector. Makes no contribution to health-related committees.  
- Does not have a reputation for their contribution to their area of specialty.  
- Has published research and written reports that have had little contribution to the knowledge base of the discipline.  
- Has no evidence of involvement in the review of publications, policy documents, or reports pertaining to health.  
- Has no evidence of involvement in joint supervision of staff and/or students with successful outcomes.  
- Has no evidence of leadership roles.  
- Has little evidence of career advancement.  
- Has no evidence of presentations at conferences.