



Western Australian
Future Health Research
& Innovation Fund

FHRI Fund Distinguished Fellows 2025-26

Guidelines and Conditions

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1. Introduction

The Future Health Research and Innovation (FHRI) Fund Distinguished Fellows 2025-26 (the Program) is a funding program of the Western Australian (WA) [Future Health Research and Innovation \(FHRI\) Fund](#).

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.

The Program contributes to the following [FHRI Fund Strategy Theme and Priorities](#):

Strategic Theme 3: Foundational Confidence. Supporting the workforce, systems and infrastructure that underpin WA's health and medical research and innovation sector, ensuring it can attract top talent, be competitive for national grants, and deliver sustainable growth.

- **Priority 8: Attract and retain world class talent.** Attract and retain global research leaders to WA with competitive programs and conditions. This includes offering strong infrastructure, career incentives, and opportunities to lead impactful work.

The expected outcomes are in alignment with the following objectives of the [Western Australian Future Health Research and Innovation Fund Act 2012](#):

- improving the health and wellbeing of Western Australians
- advancing Western Australia to being, or maintaining Western Australia's position as, a national or international leader in research and innovation activities.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to DOH.OMRI@health.wa.gov.au.

2. Purpose

The purpose of the Program is to provide 5-year fellowship packages to attract outstanding and innovative research leaders (Activity Lead) to undertake a program of high quality, globally recognised research in WA.

The aim of the Program is to build WA's reputation and capacity for world-leading research.

The objectives of the Program are to:

- improve WA's success in nationally and internationally competitive funding programs
- deliver high quality research outputs with demonstrated research and health impacts in the relevant field
- support sustainable and successful research careers for early- to mid-career researchers supervised by the Activity Lead (Research Fellow)
- support successful completion of research studies by students (Masters by research and PhD) working with the Activity Lead.

3. Program description

Fellowship packages are being made available to international or interstate senior research leaders, appointable at academic Level C, D or E professor, or equivalent clinical level (for allied health and health sciences, dental, medical, nursing and midwifery professions), to

relocate to WA and undertake a significant program of research aligned to the strategic areas of the WA Health and Medical Research Strategy 2023-2033 which include: Aboriginal health, precision health, regional and remote, digital health, and prevention.

The Activity Lead will be required to:

- develop and undertake a research program in a relevant field in WA, which will achieve significant research outputs within the 5-year term of the funding. Expected outputs include:
 - peer-reviewed publications in high-ranking journals
 - additional research income through national and international competitive grant funding and funding through industry engagement, with at least one competitive Category 1 grant application submitted within the first 12 months of the Fellowship
 - increased research capacity through appointment of local research personnel and students and completion of their research studies
 - demonstrated translation of the research to health and/or commercial impacts.
- establish significant new partnerships with relevant research and non-research organisations and with consumers to support the program of research and achieve the expected outputs and impacts.
- plan for sustainability of the research program, including appointed research personnel, beyond the 5-year term of this funding.
- provide broader leadership and mentoring across the Responsible Entity, partnering organisations and WA more broadly with the aim of driving better research outcomes for WA.

Responsible Entities through which the Activity Lead will be appointed are encouraged to partner with other research and non-research organisations to provide the required cash contribution to support the Activity Lead and program of research.

The Program will be open continuously and funding will be awarded through a merit-based process.

The Activity Lead (Fellow) will be responsible for coordinating the Activity and ensuring its timely execution.

The Responsible Entity* will be accountable for the governance and financial management of any funding awarded.

** It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however, the term Responsible Entity is inclusive of industry and reflects that grant agreements are the responsibility of the contracted entity.*

4. Eligibility

To be eligible for this Program all of the following criteria apply:

- The Responsible Entity must:
 - have an active Australian Business Number (ABN)
 - have a physical and operational presence in WA.

- be a WA university, WA research institution, WA public health service provider¹ or a WA public-private partnership (PPP) provider² that is a recognised National Health and Medical Research Council (NHMRC) Administering Institution
- The Activity Lead must:
 - be a 'mid or post mid-career' researcher who has held their PhD for more than 5 years from the date that their PhD was passed (not the submission date or conferral date), taking into consideration any career disruptions as defined in the [NHMRC Relative to Opportunity Policy](#)
 - not be working or living in WA or already committed to relocating to WA, and must not be employed by a WA university, research institution, WA public Health Service Provider or public-private partnership provider at the time of application
 - if successful, at the time of grant commencement:
 - i. be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place
 - ii. have no overdue reports for any OMRI or FHRI Fund grant funding programs from any year (excludes authorised extensions)
 - iii. physically reside in WA for a minimum of 80 per cent of the period of the fellowship package
 - iv. be employed by the Responsible Entity for the period of the Fellowship at a minimum of 0.5 FTE to work on the nominated research program
 - v. have a position or title at the Responsible Entity for the period of the Activity

The Activity Lead will be required to declare which of the following applies:

 - (a) employee of the Responsible Entity; or
 - (b) honorary or adjunct title at the Responsible Entity.

In the case of (a), if the Activity Lead is also employed by the WA public health system (may include Clinical Academics) they will [register](#) (WA Health staff access only) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](#) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.

In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have an active ABN, a physical and operational presence in WA and evidence must be provided that either:

 - i. *an affiliation agreement* exists between the Responsible Entity and the relevant Employer; or*
 - ii. *the intention is for this Activity to be subcontracted* to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.*

**** the affiliation/subcontract agreement must clearly define each entity's responsibilities in relation to the Activity, and in accordance with the 'Contractual arrangements' section below, include relevant permissions to use third-party intellectual property (IP) required to deliver the Activity and address ownership of new IP generated by the Activity.***

¹ WA public health service provider means a health service provider established by an order made under section 32(1)(b) of the *Health Services Act 2016*, such as the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service and PathWest.

² Public-private partnership (PPP) provider refers to private hospitals with an agreement with the state government to provide public health services, for example, Joondalup Health Campus and St John of God Midland Public Hospital.

- There must be a cash contribution of at least 25% of the value of the total funding package. Evidence of co-funding from the Responsible Entity (can include funding from other partner sources) must be provided.
- The Responsible Entity or other entities that fund or are involved in the Activity must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
- The grant funding must not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity must have other external sources of income/funding.
- The Responsible Entity must ensure applications meet all eligibility criteria as set out in these guidelines.
- Applications must be submitted in accordance with the 'Application instructions' section of this document.
- An application may be deemed ineligible and excluded from further consideration if OMRI identifies that:
 - it does not meet all eligibility criteria as set out in these guidelines
 - the proposed Activity duplicates activity previously or currently being undertaken
 - it includes any incomplete, false or misleading information
 - it was submitted after the advertised closing date and time.
- Grant offers may be withdrawn if it is determined that eligibility criteria are not met.
- OMRI reserves the right to request further information and make final decisions regarding eligibility.
- Decisions made in relation to previous grant programs will not be regarded as precedents and will not be considered when assessing eligibility for this grant program.

5. Program funding

The Activity Lead will be provided with an attractive 5-year funding package consisting of salary support for the Activity Lead as well as other research personnel salaries, direct research funding and relocation costs.

Each grant will be to the value of up to \$3.75 million funded through the FHRI Fund.

In exceptional circumstances, applications may include a request for Reserve Funding. Applications seeking Reserve Funding are required to provide additional information to clearly justify why the budget requested is necessary. Where this is requested the Fellowship grant is to the value of up to \$4.5 million funded through the FHRI Fund.

A cash co-contribution of at least 25% of the fellowship package including any Reserve Funding, must be made by the Responsible Entity and can include cash contributions made by other partner organisation(s).

Funding will be in accordance with the following:

- Salary costs:
 - may include salary for the Activity Lead (the Fellow)
 - may include clinical salary for the Activity Lead (the Fellow) up to 0.5 FTE for clinician-researchers where clinical duties are justified to achieving the aims, objectives and deliverables of the Fellowship
 - may include salary for research personnel for example, post-doctoral researcher(s), research assistants(s)
 - may include Award/Agreement increases and salary increments as appropriate
 - may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding as a base salary cost (noting annual

leave is accrued at a rate of 7.69% of the base salary paid by grant funding and long service leave at a rate of 2.5% of the base salary paid by grant funding)

- cannot include leave entitlements accrued outside the period the salary is being paid by the grant funding, parental leave, sabbatical, severance and termination payments
- can only include superannuation, payroll tax and workers compensation as salary on-costs up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include superannuation as a salary on-cost (this includes WA public health system invoices for salaries paid by the Responsible Entity).
- Non-salary costs:
 - may include relocation costs of up to a maximum of \$30,000 in the first year and can include relocation costs for other research personnel appointed
 - may include expenses such as essential services, supplies, equipment unique to the Activity and consumer involvement
 - may include PhD scholarship top-ups up to a maximum of \$15,000 each
 - for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity and must not include costs related to conference attendance
 - may be requested for equipment, however, the total value of all equipment items must not exceed \$50,000, and quotes for each item must be attached to the application.
 - cannot include entertainment costs (as defined by the ATO) unless incurred in support of participants of a clinical trial.
 - cannot include administrative costs such as stationery, photocopying, postage and communications (such as telephone or internet).
- Overhead charges (indirect/infrastructure costs):
 - may be requested up to a maximum of 10% of the total Activity (direct) costs, noting that WA public health system Responsible Entities cannot claim overhead charges or charge overheads on invoices paid by the Responsible Entity for grant expenditure in accordance with the *Financial Management Manual* s522 (grant funding administered by OMRI is exempt).

Salary will be paid to the Activity Lead by the Responsible Entity in accordance with their employment conditions and the applicable FTE. Salaries for other research personnel will be paid to the employing organisation in accordance with their employment conditions and applicable FTE.

Funding will only be made available for the scope of work described in the Application Form, or any modifications to the scope of work approved in writing by OMRI. The Department of Health will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process and applicants must ensure that the budget is suitable for supporting the Activity Lead to achieve the aims of the Fellowship and the Fellowship deliverables.

Budgets must be calculated accurately, as requests for additional funding will not be considered.

Funding is offered subject to budget availability, which could be varied in the event of unforeseen circumstances.

Relevant external funding information must be included in the 'Budget' section of the Application Form.

6. Program conditions

Funding may be used to support the following costs:

Fellowship commencement

The Activity Lead must relocate to WA and commence their employment and Fellowship with the Responsible Entity within 6 months of the award of the grant.

Cash co-contribution

A cash contribution equal to 25% of the total fellowship package must be made by the Responsible Entity and can include cash contributions made by any other partner organisation(s).

The cash contribution must be 'new' cash for the purposes of conducting the Fellowship. Therefore, funding from active research grants received by the Activity Lead, Responsible Entity and any of the partners cannot be included as a cash contribution in the support package.

Cash contributions can include:

1. salary and non-salary items listed in Section 5 Program Funding
2. PhD Scholarships
3. clinical salary costs up to 0.5 FTE for a clinician-researcher Activity Lead.

Evidence of cash contributions must be provided through a letter of commitment signed by an authorised person from each funding source including the Responsible Entity.

Competitive grant application

The Activity Lead must submit at least one competitive Category 1 grant application within the first 12 months of the Fellowship.

7. Application instructions

The instructions below must be followed when making a submission:

- The Application Form must be submitted via the Department of Health Grant Management System at any time.
- Applications must be complete and include requested certifications.

Instructions for the Grant Management System are located at <https://fhrifund.health.wa.gov.au/Funding/GMS-link-page>.

Acknowledgement of receipt of the Application Form will be provided via email to the Responsible Entity, Activity Lead and Team Members after submission in the Grant Management System.

Queries related to the Guidelines and Conditions can be directed to DOH.OMRI@health.wa.gov.au with the subject line beginning with 'Query – FHRIFundDF2025-26'.

Queries regarding the application process can be directed to DOH.GMS@health.wa.gov.au with the subject line beginning with 'GMS Application Assistance – FHRIFundDF2025-26'.

8. Selection process

Assessment process

Funding will be awarded on merit to applications assessed as being excellent, based on a process of eligibility assessment, subject matter/technical review, panel review and interview.

The Program will be open continuously, all eligible applications will be referred for i) assessment and scoring by a review panel comprising experienced health and medical researchers, experts and consumer representatives(s), and ii) a technical review by national/international subject matter experts, as they are submitted.

Conflicts of interest that may arise will be treated in accordance with the WA health system [Managing Conflicts of Interest Policy](#).

This assessment will be based on the criteria and % weightings set out in the table below.

Assessment criteria	%
Quality of the Activity Lead (Fellow) Relative to opportunity, the Activity Lead demonstrates: • major accomplishments that have had a significant impact in their field • recognition internationally as leaders in their field • track record of attracting national and international funding for research • track record of partnerships including with industry resulting in research translation through commercialisation and/or realisation of health or other impacts • track record of influencing policy and/or practice • capacity and plan for meeting the Fellowship deliverables.	30
Quality and significance of the research program The quality and significance of the proposed research programs components including: • the hypothesis, research questions and objectives • alignment with the <i>WA Health and Medical Research Strategy 2023-2033</i> • the scientific framework, design, methodology and analysis, including techniques, target group(s) and measures to be used • expected research outcomes and outputs (e.g. publications, products, services, intellectual property, consulting, licensing) • expected research knowledge and translation of research evidence into policy and/or practice, commercial outputs, health and/or other impacts • an achievable timeline	20
Leadership Relative to opportunity in their field, the Activity Lead demonstrates superior performance in: • supervising and mentoring research students and post-doctoral fellows within and beyond their research group • conception and direction of a research program(s) • building and maintaining partnerships and collaborative networks to achieve research outcomes within and beyond their institution • experience and contribution to peer review of publications and grant applications.	20
Environment of the Responsible Entity	10

Feasibility and attractiveness of the environment of the Responsible Entity and any partner organisation(s) including: • quality of the existing or planned institutional environment at which the Activity Lead will be based including opportunities for local, national and international collaborations and partnerships • access to required resources, including expertise and equipment. • the likelihood of the Activity Lead and/or Responsible Entity to develop a feasible plan for longer-term support to sustain the program of research and program personnel beyond the term of the fellowship package.	
Budget and commitment Budget justification for the requested funding and feasibility and attractiveness of commitments made by the Responsible Entity and any other partner organisations(s) including: • budget items are appropriate and adequately justified to achieve the proposed research program • cash and in-kind contributions are substantial and directly support the Activity Lead and the research program • (if applicable) strong justification for the inclusion of clinical salary as part of the cash contributions clearly describing why a clinical salary is required, why the nominated clinical FTE is required and how this supports the Activity Lead achieving the aim of the Fellowship and its deliverables • (if applicable) strong justification for requesting Reserve Funding, including additional benefits that will be realised and value for money.	10
Consumer involvement Appropriate levels of consumer involvement throughout the project timeline including: • demonstrated excellence in involving consumers in research • how consumers have been involved in the development of the research program • plan for ongoing engagement.	10

Selection of recipients

Based on the assessments and recommendations of the review panel, the recommended applications will be invited to an interview to be conducted by the OMRI and review panel.

The Department of Health will determine and approve the awarding of grants in accordance with the Department of Health financial and procurement processes and delegation authorities.

OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

9. Consumer involvement

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Health consumers should be engaged during the development of funding applications and embedded in the proposed Activity by being provided with a detailed description of their role and contribution and, where appropriate, included as a team member.

Consumer involvement should incorporate:

- clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses
- demonstrated understanding of the benefits derived from involving people with a lived experience
- inclusion of consumers in the Activity where appropriate
- plans to involve consumers in the Activity throughout the delivery timeline
- budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the [Consumer and Community Involvement Program](#) website and the [NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016](#).

It is recommended that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](#) course (or equivalent) and for the Activity Lead to complete the free online 30 minute [Consumer & Community Involvement and Grant Writing](#) course.

10. Contractual arrangements

Grants are offered in accordance with the Department of Health *Grant Funding Agreement* (and its *Terms and Conditions*), which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You).

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the *Grant Funding Agreement* and/or *Grant Funding Agreement Terms and Conditions* cannot be agreed between the parties.

Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of appropriate insurance as a condition of the *Grant Funding Agreement* which may include:

- Public Liability (mandatory for all grants)
- Professional Indemnity (mandatory if the Responsible Entity is conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Responsible Entity's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Responsible Entity has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Responsible Entity manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Responsible Entity owns vehicles
- Clinical Trials if the Responsible Entity undertakes clinical trials (note this insurance may include Professional Indemnity)

- Cyber Liability if the Activity involves confidential data, e.g. identifiable patient information.

OMRI recommends that you seek advice from your insurance advisors to confirm what level and type of insurance is required for the Activity.

The Responsible Entity is responsible for ensuring participating entities have appropriate insurance.

Note that any Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the [Western Australian Government Intellectual Property Policy 2023](#) (or any future iterations of this), and that IP rights should be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP. For information, the IP clause that will apply to this Program is:

1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
4. Subject to the confidentiality provisions of the Agreement, You hereby grant to Us, a non-exclusive, irrevocable, perpetual, royalty-free licence to use (excluding the ability to sub-licence or grant further licences) any of the Intellectual Property generated in the Activity, and which falls within the scope of WA Health's normal activities. This includes, but is not necessarily limited to, activities related to healthcare provision, teaching, training and research. This license does not automatically extend to any potential or eventual commercial development of the Intellectual Property, and any commercial products that might directly or indirectly result from the Activity Intellectual Property. However, where You believe that there is the potential for commercialisation of the Intellectual Property developed in the course of the Activity, both Parties shall negotiate in good faith the appropriate legal and beneficial interests, rights and access to the Intellectual Property by Us.
4. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
5. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

Where relevant, agreements between the Activity Lead, team members and participating entities must include relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is

not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI (DOH.OMRI@health.wa.gov.au).

Requests for variation

Requests for variations to the *Grant Funding Agreement*, such as Activity description, Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

11. Funding conditions

Payment instalments

Funding will be provided in instalments* to the Responsible Entity as follows:

- The first instalment will be subject to execution of a *Grant Funding Agreement*.
- Subsequent instalments, if applicable, will be subject to provision of satisfactory *Progress Reports*.

* *Within the WA public health system, payment will be made to the Responsible Entity via a General Ledger Journal (GLJ) transfer progressively upon receipt of evidence of expenditure.*

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the first instalment to the Activity Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

Partial payment or suspension of funds

The Department of Health reserves the right to:

- provide funding instalments in parts, based on Activity to date and risk assessment of future Activity
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

Additional funding sources

Additional sources of funding (that is in addition to the co-funding required for the fellowship package) are permitted, and encouraged, provided the additional funding supports activities that complement, but do not duplicate, the Activity for which the fellowship package under this Program is awarded.

Termination of funds

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met
- the Activity is terminated by OMRI as a result of insufficient progress being made, or it has been otherwise determined by either the Responsible Entity or OMRI that the Activity is no longer viable
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals and such approvals were not obtained before undertaking the activities

- funds are not fully expended at the Activity end date (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided
- the Responsible Entity does not enter into formal agreements with respect to this Activity, which includes Intellectual Property ownership, where appropriate
- other entities fund or are involved in the Activity that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
- the Activity Lead is no longer employed by the Responsible Entity, unless a transfer of Responsible Entity has been approved by OMRI
- the Fellow leaves the Responsible Entity or relevant Employer or resigns from the Fellowship.
- Fellowship package co-funding is withdrawn

12. Approvals

Research ethics and research governance

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant 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 Activity or providing access to data, participants or tissue samples.

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](#).

Use of data collections

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release 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.

Preliminary cost and time estimates can be obtained by contacting DataServ@health.wa.gov.au. Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the [Data Linkage Services](#) website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

13. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports are to be completed on templates provided by OMRI.

Progress Activity Report

Progress Activity Reports may be required as stipulated in the *Grant Funding Agreement*.

OMRI reserves the right to request a *Progress Activity Report* at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made or where it has been determined that the Activity is no longer viable.

Final Activity Report

A *Final Activity Report* detailing the Activity and outcomes must be submitted to OMRI at the conclusion of the Activity. Failure to submit the *Final Activity Report* at this time may render the Activity Lead ineligible for further funding from the FHRI Fund and OMRI until a satisfactory *Final Activity Report* is received.

Community Stakeholder Brief

In order to provide feedback to participants in the Activity and consulted communities, a one-page **plain language** *Community Stakeholder Brief* must be provided to the participants and consulted communities, which includes an outline of the Activity, its outcomes, next steps and a contact person. A copy of this document must be provided with the *Final Report*. We encourage that consumers involved in the research/innovation Activity assist in preparing the Brief.

Financial Report

A *Financial Report* outlining the expenditure of funds may be required as part of a *Progress Report* and must be submitted to OMRI at the conclusion of the Activity. *Financial Reports* must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request a *Financial Report* at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any over-expenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

14. Publicising, acknowledgements and publications

The Minister for Medical Research and/or the Department of Health will publicly announce recipients, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund support must be made in publications, conference presentations, public discussion, press statements etc. A copy of any published material or media must be provided to Us.

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](#).

15. Confidentiality

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels, co-funding partners and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other

than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the [Freedom of Information Act 1992 \(WA\)](#) or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

16. Evaluation

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including team members and consumer representatives, are required to contribute to the evaluation.

17. Complaints

Responsible Entities or Activity Leads who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General, Infrastructure, Medical Research, and Innovation (ODDG.IMRI@health.wa.gov.au).



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