



# Irish Cancer Society Research

## Clinician Research Development Fellowship 2024

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# Irish Cancer Society Research

## Clinician Research Development Fellowship 2024

Guidelines for Applicants

### 1. Introduction

#### 1.1. Overview

A key priority in the [Irish Cancer Society Strategy 2020-2025](#) is to ensure that Irish patients benefit from world-class cancer research and expertise. Central to this focus is developing research talent to ensure that Ireland is in a position to foster, attract and retain world-class cancer research leaders who will drive evidence-based improvements in patient care. In line with this, the Society seeks to work in partnership with the medical community to drive forward fundamental change across the health research landscape as well as creating an environment where pioneering cancer research can take place.

As part of this commitment, the Irish Cancer Society wishes to invite eligible **Non-Consultant Hospital Doctors** (NCHDs) training in any oncology-related discipline, to submit an application for the **Irish Cancer Society's Clinician Research Development Fellowship 2024**.

As highlighted in the 2017 [National Cancer Strategy](#), the Irish Cancer Society recognises that cancer clinicians require support at this pivotal time in their training to develop as competitive cancer researchers and to be in a position to undertake and drive world-class cancer research in Ireland in future.

Therefore, the purpose of the **Clinician Research Development Fellowship 2024** is to provide the opportunity for NCHDs to **develop cancer research experience**.

Ideally the NCHD candidate will be aligned with an Irish postgraduate training body and enrolled on a higher specialist training (HST)/ specialist registrar (SpR) Scheme. However, this is not a mandatory requirement, and applications from candidates undertaking a parallel training path or other NCHDs will be accepted provided they provide proof of strong support from a clinical mentor.

The funding available can be used for a variety of activities, once appropriately justified. The successful applicant of this award could, for example, use this funding for salary, enabling them to spend some time away from clinical and administrative commitments over their training to focus on developing and growing an important aspect of Irish cancer research, such as writing and developing clinical trial applications. A maximum of €8,500 each year could alternatively be used towards M.D. or Ph.D. enrolment fees.

This is intended to be a **transformative investment** for a clinician who has already demonstrated that they are passionate about undertaking active, patient-focused cancer research, but needs the extra support to enable them to accelerate their trajectory to leading and directing research based in Ireland.

## 1.2. Indicative Timelines

Milestone	Date*
Grant Call Opens	Tuesday 5 <sup>th</sup> March
<b>Application Deadline</b>	<b>Tuesday 16<sup>th</sup> April, 15:00</b>
Review of Applications	April/May
Interviews	Late May
Award Announced	June

\*Please note: the above dates are provisional and are subject to change at the discretion of the Irish Cancer Society.

## 1.3. Purpose and Objectives

The purpose of the Clinician Research Development Fellowship Award is to support an outstanding **NCHD** in the development and progression of their career in cancer research. This award provides investment in the candidate to facilitate their career development to become an oncology leader with a diverse clinical cancer research portfolio. The purpose of this call is **not focused on providing funding for one distinct research project**, rather it is to **facilitate career development and research capacity** for the applicant to go on to become an oncology leader.

This award is intended to be a **transformative investment** in an individual who demonstrates great potential undertaking innovative Irish cancer research. This individual will be a NCHD currently undertaking training in a cancer-related discipline and be enrolled on a HST scheme or an equivalent parallel training path, in the Republic of Ireland.

The ideal candidate is someone who has a demonstrable track record in cancer research commensurate with their career stage. While this might mean that applicants may not have the most extensive research track record, the experience they do have will display their **passion for research** and the potential for them to become **future leaders in cancer research in Ireland**. Ultimately, they will present a persuasive application to a review panel consisting of top international cancer experts and Irish patients, that our investment can be used to advance their research career development, leveraging on their existing background to lead a sector of cancer research in Ireland in future.

Their plans for the fellowship will be strong and have demonstrable potential to be impactful, while also being realistic about what is achievable in the duration of this award.

The candidate will enjoy the full support of their peers and institution (including their mentor(s)) to permit them to achieve the plans set out in this application. Their host institution must also make a commitment to support their work and be able to undertake the necessary administration (contract sign off, financial reports etc.) associated with the award in a timely manner.

**In summary:** the ideal candidate is a NCHD at an early stage of their career, undertaking training in a cancer related discipline, enrolled on a HST scheme affiliated with a Postgraduate Training Body (or undertaking an equivalent parallel training path). They have the desire and potential to become a future leader in cancer research in Ireland, and have a fully supportive institutional environment. The funding provided by this award would present them a unique and transformational opportunity to develop their career.

## 1.4. Research Themes

The Clinician Research Development Fellowship aims to invest in a clinician in an oncology related discipline, enabling that individual to develop experience in cancer research. It is hoped that enabling this research experience at an early-stage of their clinical career will facilitate the clinician becoming a future leader of cancer research in Ireland.

All proposals must be aligned with the [Society's Strategy \(2020-2025\)](#) and its [Research Roadmap](#). Proposed projects can be in any of the following areas: a) translational biomedical research, b) clinical trials, c) survivorship, or d) strategic priorities. These areas are described below in greater detail.

- a. **Translational biomedical research** can be defined as 'bench to bedside' or patient-focused biomedical research, the aim of which is to translate existing knowledge about cancer biology into techniques and tools that will accelerate

progress towards patient treatment. Research in this area will build upon basic biological discoveries and improves their translational potential through pre-clinical studies. Much of the outputs of translational research naturally merge into trials, the next area of focus.

Please note, applications in drug design, SAR (structure–activity relationship) analysis, drug screening or basic biomedical research will not be considered at this time.

- b. **Clinical trials** are organised investigations in people to examine the benefits of new approaches to treatment and care. For example, looking to see if a new medicine can improve survival for a particular form of cancer. As well as funding these drug-based trials (so called IMP trials), the Irish Cancer Society is also interested in funding non-drug-based trials (non-IMP trials) in areas such as diagnostics, technology, radiotherapy, surgery, psycho-oncology, exercise, nutrition, and combinations of these.
  
- c. **Survivorship** covers the period from diagnosis to treatment outcome (including palliative and end-of-life care). Survivorship research seeks to improve the care and outcomes experienced by people living with and beyond cancer. it includes: prevention and early detection of recurrent cancer; long term effects of cancer and its treatment; quality and experience of treatment and care; psycho-social effects of cancer and its treatment; self-management; health information and literacy; genetic risk and counselling; physical and practical needs e.g. financial, employment, mobility; etc.
  
- d. **Strategic priorities** is a crosscutting theme, which seeks to specifically foster and grow research into areas of high unmet need in cancer. For example, cancers which have not benefited from the huge strides in outcome seen in some malignancies (metastatic disease, rare cancers and cancers with poor response or outcomes); the unmet needs of children, adolescents, and young adults affected by cancer; tackling misinformation and disinformation in cancer; addressing the needs of under-represented groups of people (e.g. Travelling community, ethnic and language minority communities, migrant communities, communities with socio-economic or mental health challenges, or any other socially excluded group).

## 1.5. Funding and Duration

The total maximum value of this award is €100,000, over an 18 – 48 month period. This award can provide funding for a variety of research activities, e.g. salary, running costs associated with a specific research project(s), training and

dissemination costs, PPI costs, M.D. or Ph.D. fees etc. Please note the following budget stipulations specific to this Fellowship Call:

- For any staff salary proposed, it is expected that all applicants will budget for salary to include employer's PRSI and pension contributions in accordance with the appropriate salary scale and research institution (e.g. HSE or IUA scale). Salary can be budgeted on a part-time or full-time basis.
- A **minimum provision** of €1,000 must be allocated to support Public and Patient Involvement (PPI) throughout the duration of this award.
- A maximum budget of €8,500 per annum is allowable towards M.D. or Ph.D. enrolment fees.

Further details on budget requirements are described in Section 4K, and Appendix 2 'Irish Cancer Society Research Budget & Expenses Guidelines 2024'.

## 1.6. Patient and Stakeholder Involvement

The Irish Cancer Society is dedicated to putting patients, families, survivors, supporters, and the public at the very heart of what we do. Public and Patient Involvement (PPI) in the research process ensures that research is meaningful and of benefit to those affected by cancer. PPI can be involved at any stage of a research project, from development and design to interpretation and dissemination.

In line with this commitment, it is expected that all applicants include a detailed PPI plan (and the associated minimum €1,000 budget allocation) and sharing of research findings plan within their application. **It is strongly recommended that applicants read Appendix 1 'Public and Patient Involvement (PPI) in Research' Guidelines prior to beginning work on an application.**

## 1.7 Research Impact

Ensuring that the research funded by the Irish Cancer Society creates an impact has always been a key priority to the Society. In line with our current [strategy 2020-2025](#), from 2021 and beyond, the Irish Cancer Society will place a greater focus on maximising and measuring the impact of the research that the Irish Cancer Society funds through our grant schemes. Research impact refers to the potential real-life implications that the research has beyond the lab or academia.

Applicants are required to complete an Impact Plan as part of the application process (Section 4H). The Research Impact Framework (RIF) is a guide on research impact and how to monitor it for those applying for funding from the Irish Cancer Society, and for grant holders who are successful in securing a grant. It is strongly

recommended that the RIF is consulted when completing the impact plan and it is included at the end of this document (**Appendix 3**).

## 2. Eligibility

### 2.1. Applicant Eligibility

Applications from individuals that do not meet the eligibility criteria will not be assessed. This award is open to non-consultant hospital doctors training in an oncology related discipline.

#### a) Lead Applicant:

##### i. Minimum Eligibility Criteria

At a **minimum**, applicants must meet the following criteria:

- Be a non-consultant hospital doctor (or clinically equivalent level), actively undertaking training at Registrar or Specialist Registrar level (either through an Irish Postgraduate Training Body or via a parallel training path) in a cancer related discipline\* in a public hospital in the Republic of Ireland.
- Currently be a resident in the Republic of Ireland.
- Be affiliated through their clinical facility with a higher education institution in the Republic of Ireland that is one of the [HRB's approved host institutions](#).
- Demonstrate a high level of support from the academic host institution, hospital, training body (where relevant) and peers for the duration of the award.
- Demonstrate a high level of mentorship support.
- Have a promising track record in cancer research exemplified by, for example, publications or other relevant research outputs, national/international research partnerships etc.

\*Eligible **Oncology-specialist** fields include (but are not limited to):

- Surgery
- Radiation
- Haematology
- Molecular medicine/Pathology
- Psychiatry
- Paediatrics
- Gynaecology
- Palliative Medicine

- Medical oncology
- Geriatric oncology

Please note: Eligible candidates will only be considered from specialities that spend the vast majority, if not all of their time focusing on cancer care. This is an award aimed at providing the opportunity for an individual to develop cancer research experience and expertise, **it is not intended to support development of general service approaches in cancer care.**

### **b) Academic Mentor:**

As part of the application, the applicant must identify an academic mentor. The role of the academic mentor is to provide guidance and support in terms of the academic aspects of the research award such as grant administration, laboratory, technical or other healthcare expertise (nursing, dietetics, physiotherapy etc.) that may be required by the applicant during the duration of the award.

The academic mentor may also assist in establishing further research networks nationally and internationally.

The academic mentor must be:

- an established senior academic with a proven track record for research.
- based in a HRB-approved host institution within Ireland.

### **c) Career Mentor:**

A cornerstone of many high performing clinical researchers is their integration into an ongoing network of direct and indirect mentorship and supportive counsel. The Society wishes to call out and reinforce the importance of this, often undervalued, aspect of a fellow's career development and evolution.

As part of the application form, the expert review panel will examine the candidate's articulation of the arrangements that are and will be in place to support them as a mentee. Mentors may include individuals and/or committees who will undertake these roles; individuals of any relevant background who will ensure a rounded evolution of the applicant's further career, will help benchmark, will broaden their expertise base and collaborative network (nationally/internationally) and foster and champion the further development of the candidate.

A mentor should be an established senior academic or clinician with a proven track record for research and mentorship.

If the mentor is a senior academic within a HRB-approved host institution in the Republic of Ireland, they may also fulfil the role of academic mentor for this grant.



## 2.2. Institution Eligibility

The host institution is the organisation that receives and administers grant funding and is responsible for compliance with all general and specific terms and conditions of awards. In order to be eligible to apply for funding, a proposed host institution must be based in the Republic of Ireland and must be listed as an approved host institution on the Health Research Board's website:

<https://www.hrb.ie/funding/funding-schemes/before-you-apply/all-grant-policies/hrb-policy-on-approval-of-host-institutions>

Applicants conducting research out of non-approved sites (e.g. a hospital) must nominate an approved host institution and all finances must be managed by this institution.

## 3. Application Procedure

### 3.1. Application Overview

There are two stages to the application process:

- i. Full application stage
- ii. Interviews

The structure of the application and review process is designed to allow for an iterative development and improvement of applications to maximise their potential.

Stage	Description
Stage 1: Application	<p>The application allows applicants to provide a detailed description of how this funding will support their development as a cancer researcher and support their proposed research project(s).</p> <p>An expert international review panel, comprised of both scientific/clinical and PPI expert reviewers, will evaluate the application submissions. Applications will be evaluated based on their quality.</p> <p>Applications that are of the highest quality will be shortlisted to the interview stage. Reviewer feedback will be made available to all applicants.</p>
Stage 2: Interviews	<p>Interviews are conducted between shortlisted applicants and the review panel. Feedback from the full application stage should be used to further improve the application in advance of the interviews.</p>

## 3.2. How to Apply

Applications must be completed and submitted through the Irish Cancer Society online grant management system. In order to submit an online application, you are required to register at the following address: <https://grants.cancer.ie>. When registering, please fill out all fields on the registration form.

**Please note:** We recommend that you use a **non-HSE email address** when creating this application to avoid any security issues when receiving correspondence from the grant tracker online system.

When you enter your login details, you will be directed to the portal homepage. From here, you can:

1. Update your basic information (please make sure all fields are completed).
2. Make a new grant application.
3. Access previous grant applications.
4. Manage any active grants.

When you have entered your basic details, you will be able to create a new application from the portal homepage. Alternatively, select 'New Application' from the 'My Applications' tab.

Next, click 'Apply' for the Grant Type detailed as 'Clinician Research Development Fellowship Award 2024'.

## 4. Application Form

There are 12 sections outlined on the left-hand side of the page:

- a) Project Outline
- b) Applicant Details
- c) Academic Mentor
- d) Career Mentor
- e) Plans for the Award
- f) PPI Plan
- g) Sharing of Research Findings Plan
- h) Impact Plan
- i) Research Time Practicalities
- j) Organisational Support
- k) Budget
- l) Validation Summary

Saving your progress regularly is strongly recommended by clicking 'Save' as you go through the application form. Alternatively, the information will be saved when you

click 'Save and Close'. By clicking 'Previous' you will be brought to the previous section and by clicking 'Next' you will be brought to the next section.

Mandatory sections are marked with a red circle icon. You will not be able to submit the application if these sections are incomplete.

[Further details on each section of the application form:](#)

## **a) Project Outline**

In this section, you will be asked to provide basic information about your application. Input and save the information as required under the following headings:

- Proposed grant title
- Expected start date (this is an estimate start date, but it must be in 2024)
- Duration (must be between 18 – 48 months)
- Proposed host institution
  - o The HRB-approved host institution that you will be affiliated with. The grant contract will be administered by this host institution.
- Postgraduate training body or equivalent
  - o If relevant, please identify the postgraduate training body that you are affiliated with. To be eligible for this award, you must have permission and support from your training body.
- Oncology specialist field
  - o Please indicate the oncology-related training discipline in which you are currently enrolled.
  - o Eligible oncology specialist fields are listed in Section 2.1 in this document.
- Cancer type(s)
  - o Please indicate your cancer focus: are you advancing research on particular anatomically or biochemically defined forms of cancer? Or in recognised divisions of cancer (paediatric, geriatric etc.)? Or in certain specialisms (diagnostics, radiotherapy, surgery etc.)?
- Keywords
  - o Please provide up to 5 keywords which describe your proposed research.
- Research type(s)
  - o Please select the most appropriate research type for your proposal using the Common Scientific Outline (CSO).

## **b) Applicant Details**

### **i. Applicant Curriculum Vitae**

In this section you are required to upload your CV, completed using the CV template provided, which is available to download from this section of the online system, or on our website.

To upload your CV, click 'Attach', locate the file to be attached, then click 'Attach'.  
**This must be in pdf format, using the Irish Cancer Society Senior CV template.**

#### **i. Extended leave (optional)**

Any extended leave will be taken into consideration upon assessment of applications. This is in recognition of the fact that activities undertaken during a period of time may be less due to a period of extended leave during that time period.

Please indicate if you have taken extended leave\*, and please detail the amount of time taken. You are not required to disclose the nature of this leave.

\*Eligible leave includes: carer's, maternity, paternity, adoptive, parental, medical leave etc.

### **c) Academic Mentor**

As part of the application the applicant must identify an academic mentor. This person must be affiliated with a HRB-approved host institution within Ireland. The role of the academic mentor is to provide guidance and support in terms of the academic aspects of the research, such as grant administration, laboratory, technical or other healthcare expertise required by the applicant during the award.

#### **i. Add academic mentor**

To add your academic mentor, you can search for them by entering their email. If the academic mentor has already created an account, then they will appear on the list. To add them as your academic mentor, click 'Select'. Please note that on saving, the contact will be added to the application as an academic mentor, and they will receive a notification of this via email.

If your academic mentor does not already have an account, you can click 'Add a New Contact' and enter their name and email address. Please note that on saving, the contact will be added to the Application as an academic mentor. They will receive a notification of this via email.

The academic mentor will be directed via the email to log onto the system and confirm their participation.

Please note your academic mentor will have to confirm participation in the application using the online system and also approve the application after you submit it and before it is finally submitted to the Society.

#### **ii. Academic mentor information**

Please detail why you have chosen your academic mentor and how they will support you over the period of the award (**300 words max**).

### iii. Academic mentor CV

In this section you are required to upload the CV of your academic mentor\*, completed using the CV template, downloadable from this section.

To upload the CV, click 'Attach', locate the file to be attached, then click 'Attach'.

\*Please note, if your academic mentor and career mentor are the same person, you can upload one CV to cover both Sections c & d

### iv. Academic letter of support

In this section you are required to upload the letter of support of your academic mentor\*, completed using the Letter of Support template. This template is available to download from this section of the online application, or from the call website.

To upload the letter of support click 'Attach', locate the file to be attached, then click 'Attach'. This must be in pdf format, and should be no more than one A4 page in length.

\*Please note, if your academic mentor and career mentor are the same person, you can upload one overall letter of support covering both aspects detailed in Sections c & d.

## d) Career Mentorship

As part of the application, the applicant must articulate a considered approach to plans for real engagement with individuals or committees who will support and mentor their further evolution as a research leader.

One person must be nominated who will agree to be listed and contribute their support to the application. This person must be an established senior academic or clinician with a proven track record for research and mentorship. **If the mentor is a senior academic within a HRB approved host institution in the Republic of Ireland, they may also fulfil the role of academic mentor for this grant.**

### i. Add career mentor

To add your career mentor, you can search for them by entering their email. If the mentor has already created an account, then they will appear on the list. To add them as your nominee, click 'Select'. Please note that on saving, the contact will be added to the application and they will receive a notification of this via email.

If your career mentor does not already have an account, you can click 'Add a New Contact' and enter their name and email address. Please note that on saving, the contact will be added to the Application as a mentor. They will receive a notification of this via email.

Please note your career mentor will have to confirm participation in the application using the online system and also approve the application after you submit it and before it is finally submitted to the Society.

## **ii. Career mentor information**

Please detail why you have chosen your mentor and how the arrangements they are contributing to will support your growth as a research leader over the period of the award.

Please detail any other individuals or committees that will support and mentor your further evolution as a research leader (**300 words max**).

## **iii. Career Mentor CV**

In this section you are required to upload the CV of your career mentor\*, completed using the CV template.

To upload the CV, click 'Attach', locate the file to be attached, then click 'Attach'.

\*Please note, if your academic mentor and career mentor are the same person, you can upload one CV to cover both Sections c & d.

## **iv. Career mentor letter of support**

In this section you are required to upload the letter of support of your career mentor\*, completed using the letter of support template.

To upload the letter of support click 'Attach', locate the file to be attached, then click 'Attach'. This must be in pdf format, and should be no more than one A4 page in length.

If the candidate is not officially enrolled on a HST scheme and is progressing on an alternative parallel training path, in this letter the career mentor must declare their support for the applicant's training plan, and outline the supervisory plans in place that will provide the applicant with the structure required to progress on their professional clinical training path\*\*.

\*Please note, if your academic mentor and career mentor are the same person, you can upload one overall letter of support covering both aspects detailed in Sections d & e

\*\* Please note, this information is only required if the applicant is not enrolled on a HST scheme. To accommodate this extra information, the letter of support can be a maximum 2 A4 pages in length.

## **e) Plans for the Award**

When completing these sections please keep in mind that the award is aimed at investing in an excellent NCHD, who will become an oncology leader with a diverse clinical cancer research portfolio. **It is not focused on providing funding for one distinct research project**, rather it is to **facilitate career development** for the applicant to go on to become an oncology leader. As such, the applicant should use this section to articulate the career development plans and research activities that they will undertake during the lifetime of this award.

### **i. Research Experience**

Please detail your research experience to date in an oncology-related specialist field **(500 words max)**.

### **ii. Planned research projects and collaborations**

Please outline current and planned research projects and collaborations both nationally and internationally, and **how this award will allow you to develop your career** over and above what would be possible without it **(700 words max)**.

Please include details of which organisations and individuals you will need to engage with and how you will engage with them.

This should include:

- Are you planning on doing an M.D. or Ph.D. as part of this fellowship award?
- Research projects and collaborations
  - Details of any planned involvement in research studies, cancer clinical trials etc. and the proportionate contribution to be enabled by this Fellowship.

### **iii. Transforming Research Career**

Please describe how, as a result of you receiving this award, your research plans described in the above section will ensure career development for you in the area of cancer research in the next 2 to 5 years. How does this fit into your vision for cancer research in the area? **(500 words max)**

In particular, this should include how the following will be impacted and enhanced:

- Your career trajectory post specialist training (HST or equivalent).
- The lives of those affected by cancer.
- Research networks in Ireland.
- Innovative cancer research in Ireland.

#### **iv. Motivation for applying for the award**

This award is intended to be a transformative investment in an individual who is motivated to become a leader in cancer research in Ireland.

Please detail your motivation for applying for this award and how this award could be transformative to you and your career. In this section please also describe why you are the best candidate for the award (**600 words max**).

#### **f) PPI Plan\***

Along with career development and cancer research experience, it is important that the successful applicant also uses the award to build relevant PPI networks in Ireland. By building these networks it is expected that the applicant will incorporate PPI in their current and future research, for example including PPI partners as part of future grant applications.

In this section, please detail your plans to build on existing or establish new PPI networks in Ireland that are relevant to your research and how you plan to include PPI in your research going forward (**300 words max**).

It is strongly recommended that applicants read **Appendix 1 'Public and Patient Involvement (PPI) in Research'** Guidelines prior to beginning work on this section.

\*Please note the PPI review panel will review this section. It should be written in plain English, in a manner that is accessible to a non-scientific audience.

#### **g) Sharing of Research Findings Plan\***

As the largest voluntary funder of cancer research in Ireland, the Irish Cancer Society relies on the generous donations from the public to fund cancer research. A key priority is, therefore, to ensure that the public (including people affected by cancer) are kept up to date on research that is funded by the Society. In line with this, it is a requirement that all applicants produce a dissemination plan to include communication of their research to all relevant audiences, in particular the public and people affected by cancer.

Please provide an outline of a communications plan, describing how outcomes from your Fellowship will be shared with:

- Scientific, clinical, and healthcare communities.
- Key patient and public stakeholders.

This may include printed or electronic articles, presentations, public engagement events, social media content, etc. (**250 words max**).

It is strongly recommended that applicants read **Appendix 1 'Public and Patient Involvement (PPI) in Research'** guidelines prior to beginning work on this section.



\*Please note: The PPI Review Panel will review this section. It should be written in a manner that is accessible to a non-scientific audience.

## **h) Impact Plan\***

Please consult the Research Impact Framework (RIF) (**Appendix 3**) when completing this section.

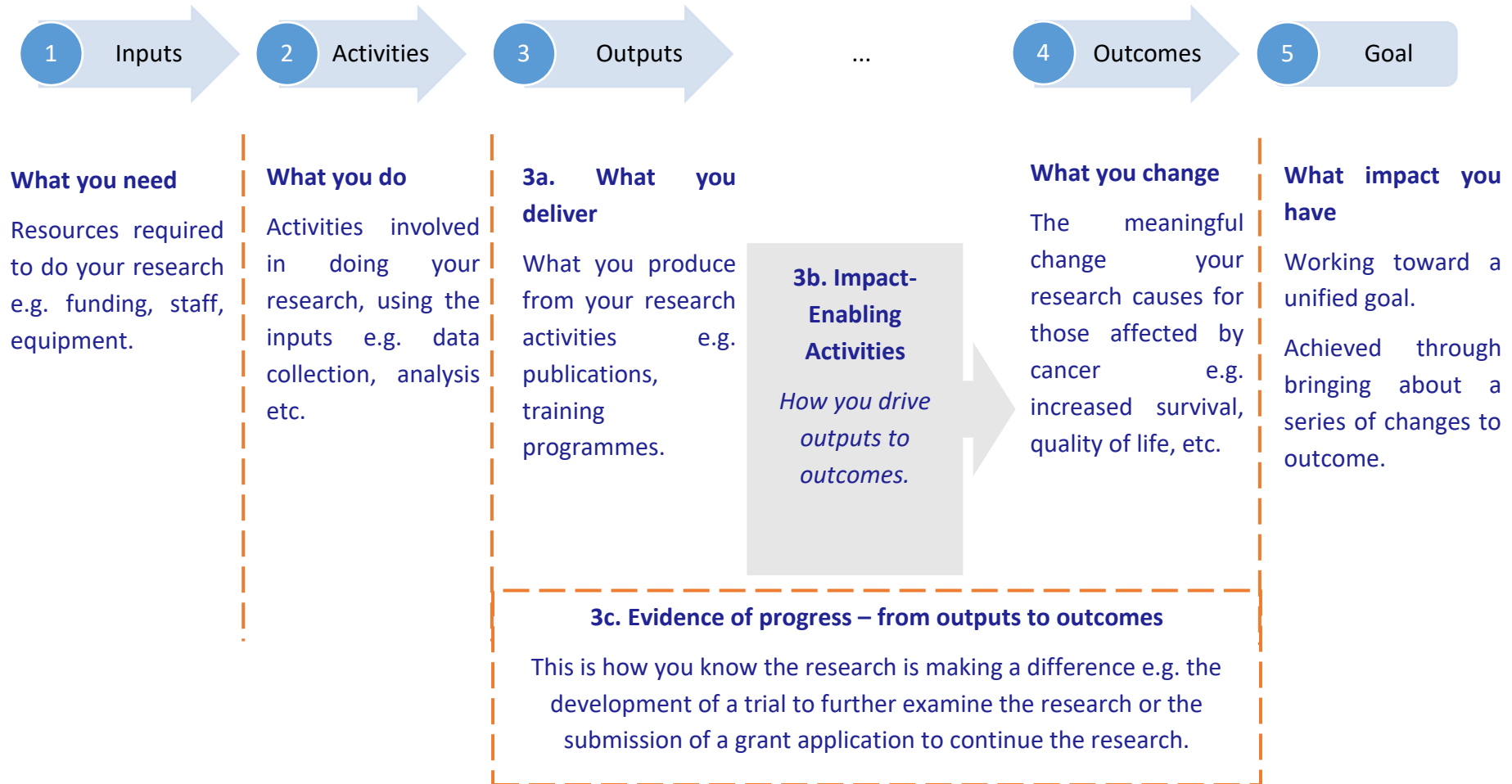
Creating impact from the research that we fund has always been of great importance to the Irish Cancer Society. The purpose of including an impact plan at the application stage is to focus all projects on working towards achieving impact from the outset in line with the Irish Cancer Society's strategic objectives 2020-2025.

The impact plan details how the input of research funding ultimately results in meaningful impact for people who are affected by cancer. Therefore, it is the impact of the research beyond academia, i.e. the real-life benefit of the research and how this may improve the lives of people who are affected by cancer.

\*Please note: The PPI Review Panel will review this section. Feedback from the application PPI review will be given to shortlisted applicants prior to the interview stage. A PPI reviewer will use this section during the interview stage.

Please see information from the Irish Cancer Society on Public and Patient Involvement (PPI) in Research Guidelines (**Appendix 1**).

An impact plan can be designed using a sequence of steps, as follows:



It is important to start thinking about the pathway to impact from the start of the project. We are aware that the impact plan provided by researchers at the application stage may be somewhat limited as the project has not yet started, and it can be difficult to predict research results or how a research landscape may change over time. When applying for a grant or planning a research project, you usually have a goal or question that you aim to answer by completing the project. However, it is the Society's duty to ensure that the research we fund makes a difference to the lives of those who are affected by cancer. Therefore, all research funded by the Irish Cancer Society should aim to have an impact on the lives of those who are affected by cancer and make steps towards a positive change.

It is important that you are realistic; there is no need to overstate the impact of your research. Impact can be direct and indirect and it may happen slowly over time. The Irish Cancer Society is aware of this and understands every project is different.

For the Irish Cancer Society, research impact is defined as:

**'research being used to bring about a positive change to the lives of people affected by cancer'.**

Therefore, thinking about the tangible impact of your research will provide you with a strong foundation when a grant gets underway. As such, plans should be as comprehensive and considered as possible. The recommended approach is to develop the impact plan by working backwards, from goal to inputs.

As such, the impact plan consists of:

**5. Goal**

**4. Outcomes**

**3a. Outputs**

**3b. Impact-enabling activities**

**3c. Evidence of progress**

**2. Activities**

**1. Inputs**

**Please note:** Both the PPI and Scientific Review Panels will review this section. **It should be written in a manner that is accessible to both reviewer groups.**

Further details on each section follows:

## Section

## Description & Information

5. Goal This is the goal of the Irish Cancer Society. It is pre-determined by the [Strategy 2020-2025](#) and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care, and support. In future, no one in Ireland will die from cancer.’

This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.

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4. Outcome To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal.

You must select at least one outcome from the below list:

- Treatments and diagnostics increase survival.
- Treatments and diagnostics increase the quality of life of people affected by cancer.
- Increased numbers of patients accessing clinical trials and early access programmes.
- Screening increases survival.
- Improved care and support increase survival.
- Improved care and support increase the quality of life of people affected by cancer.
- People affected by cancer feel more empowered in their cancer journey.

You may choose ‘other’ if you feel strongly that none of the other outcomes covers the potential outcome of your research. If ‘other’ is selected, then more detail will be required on the proposed outcome.

By targeting a strategic outcome, every funded study funded is contributing to the Society’s goal.

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3a. Outputs      Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. **(150 words max)**.

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

b. Impact-enabling activities      An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes**.

Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format **(300 words max)**.

c. Evidence of progress      Please detail how you will measure the effectiveness of impact-enabling activities i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) **(300 words max)**.

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2. Activities      Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used **(150 words max)**.

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1. Inputs      Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used **(150 words max)**.

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## **i) Research Time Practicalities**

Please detail the practicalities involved in how you will undertake and deliver on the plans for your fellowship. For example, will you be undertaking the research full-time or part-time? If part-time, how will you balance your research commitments with your clinical commitments? Etc.

The plan should include details on buy-out time logistics if relevant i.e., who will cover your clinical activities during the buy-out time and what days of the week you plan on using the buy-out time (**300 words max**).

## **j) Organisational Support**

As the grant will be managed by the host institution but the candidate may also be part of a higher specialist training scheme or a parallel alternative training path, it is critically important that the applicant has support from the:

- host institution (mandatory).
- And if relevant, the training scheme/postgraduate training body to which the candidate is affiliated.

The terms and conditions of the award will be managed by the **host institution**. The host institution must be aware of the application and be demonstrably able to process and discharge all aspects of the award contract should the applicant be successful. This will likely require grant terms and conditions negotiation, financial reporting etc.

Cancer treatment services are busy, and manpower is limited. Therefore, if a candidate is enrolled on a postgraduate training scheme or equivalent, it is very important that the candidate's postgraduate training body is aware of the application and that there is clear evidence that the broader team/institutional environment of the applicant's scheme is fully supportive of this application.

It is the responsibility of the host institution and/or postgraduate training body to ensure that the applicant has the full support of all hospital sites at which the applicant may be employed in for the duration of this funding.

Failure to follow through in a timely manner on the commitments made, in the acceptance, processing or discharge of this award may invalidate the selection and lead to it being awarded to the secondary candidate.

### **i. Organisational Support Plan**

The organisations may wish to complement this award with other strategic innovations in support of leveraged research activity. Please detail the steps, both in the host institution and clinically, that will need to be taken to ensure organisational sign-off for this award (e.g. two days a week time bought-out for four years) should you be successful. If you have academic/teaching/other commitments these must also be considered (**400 words max**).

## ii. Organisational Letters of Support

A strong letter of support is required from the host institution and the Applicant's postgraduate training scheme body (if relevant).

The letter of support must make clear that the organisation is aware of the application and fully commit to supporting the processing of the award should the applicant be successful.

**It must also be clear in both letters of support that the host institution and postgraduate training scheme body have communicated on the application and agree to support the application.**

The 'Letter of Support' template must be used (downloadable in this section on the online application form). This must be in pdf form.

To upload the letters of support click 'Attach', locate the files to be attached and then click 'Attach'.

## k) Budget

All applications should include a detailed budget, with detailed breakdowns of costs and justification for all costs. The Irish Cancer Society does not cover indirect costs or overheads. **Please consult the Irish Cancer Society Budget Spending and Expenses Guidelines when developing your grant budget (Appendix 2).**

Approval of all budget items is at the discretion of the Irish Cancer Society. Any budgeted costs that do not adhere to spending guidelines risk rejection. We therefore strongly recommend you get support from the research office in your chosen host institution when preparing this budget.

Direct costs can be requested for the following budget categories:

Budget Item	Details
<b>Salary</b>	<p>Salary costs should be calculated using the most up-to-date HSE or IUA salary scales, as appropriate, and include employer PRSI and pension contributions. Applicable annual increments (e.g. 2.5%) per annum should be included.</p> <p>A breakdown of each salary cost is required, detailing and justifying a) the point, level, and scale used, b) the employer PRSI contribution, c) the employer pension contribution, d) any annual increments, and e) the FTE (full time equivalent) of each post.</p> <p><u>Scales:</u></p> <p>HSE: <a href="https://www.hse.ie/eng/staff/benefitservices/pay">https://www.hse.ie/eng/staff/benefitservices/pay</a></p>

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IUA: <https://www.iua.ie/research-innovation/researcher-salary-scales/>

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**Equipment**

The Irish Cancer Society will allow researchers to purchase small equipment items up to a maximum value of €3,000. A strong justification must be provided for each equipment item, and a rationale must be given as to why this item is not already available to the researcher at their host institution. Only equipment items that are specific to the research project will be allowed. All costs must be inclusive of VAT, where applicable.

Requests for large pieces of equipment will not be funded. The purchase of computer equipment will be considered for any grant of over 24 months' duration, provided a strong rationale is given at the time of grant application. The maximum allowed budget for the purchase of a computer or laptop is €1,500.

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**Travel & Dissemination costs**

Costs associated with research dissemination may be budgeted e.g., poster printing, open-access publication costs, engagement events, conference attendance, etc. Include any dissemination-related travel and accommodation costs here.

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**Running costs**

Running costs are costs associated with conducting the principal research activities e.g. materials and consumables, survey costs, travel for participants, transcription costs, etc.

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**Registration fees**

University registration fees may be budgeted up to €8,500 per annum. An annual increase may be included, and it is the applicant's responsibility to budget accordingly.

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**Training & Education costs**

Education and training for the researcher may be budgeted. This may include attending courses, workshops, professional development training, etc. Include any training-related travel and accommodation costs here.

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**PPI costs**

A minimum provision of €1,000 must be budgeted for involvement activities.

Research participation costs (e.g. participant travel) should not be included here, as these form part of the running costs of the research project.

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Please see Appendix 1- Public and Patient Involvement (PPI) in Research Guidelines, when developing a PPI budget.

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## I) Validation Summary

The validation summary page will notify you of any incomplete sections required. You will not be able to submit the application until all required fields are complete.

## 5. Submission of the Application

The application is ready for submission once the form has been validated on the validation summary page. This will also highlight any mentors who have yet to confirm their participation. The application may be submitted by the lead applicant, in this case, the NCHD.

The application will then be routed to any required signatories (mentors). The application will not be received by the Society until all signatories have approved it. All signatories must approve the application before the application deadline. Please see below for more information.

The application is ready for submission, by the NCHD (you), for signatory approval once:

- Your Mentor(s) have confirmed their participation. An email will be sent requesting their participation when they are added to the application.
- It has been verified that all required questions are answered in the correct manner on the application form, as demonstrated by the validation summary.

The application is ready for final submission to the Irish Cancer Society once:

- The application submitted by the applicant is approved by the signatory (Mentor(s)). The Mentor(s) will be notified by email once the applicant has submitted the application.
- The signatories will be able to see the full application in PDF format on their online portal. The signatory may approve or reject at this stage. The applicant will be notified of both approval and rejection of the application. Rejected applications will be returned to the applicant.

**Applications that have been submitted by the lead applicant but not approved by the signatory before the deadline will not be considered. It is the responsibility of the applicant to ensure that each signatory is given sufficient time to approve the application before the deadline. Late or incomplete applications will not be accepted.**

## Application Checklist:

- ✓ Completed Application Form
- ✓ Applicant CV
- ✓ Academic mentor CV
- ✓ Academic mentor Letter of Support
- ✓ Career mentor CV
- ✓ Career mentor Letter of Support
- ✓ Host Institution Letter of Support
- ✓ Postgraduate Training Body Letter of Support (if relevant)

## 6. Application Assessment

The Irish Cancer Society bases its funding decisions on the recommendations of an external review panel. However, the Society withholds the right to reject any funding application at its own discretion.

Incomplete, ineligible, or late applications will be rejected by the Society and may not proceed to external review.

### 6.1. Conflicts of Interest

The Society endeavours to ensure that external reviewers are free of any conflicts of interest that might unduly bias the decision-making process.

### 6.2. Assessment Procedure

Incomplete and ineligible applications and those submitted after the deadline will not be assessed.

Applications will be reviewed by both a panel of international academic/clinical experts (scientific panel) **AND** a panel of experts by experience (PPI panel). Each reviewer will provide scores and feedback on each application, shortlisting the top applicants to invite to interview stage. Please note, the PPI reviewers will have access to the whole application but will not be asked to provide feedback on any of the scientific review sections, and *vice versa*. Both PPI and scientific reviewers will assess the 'impact' section.

Sections of the application will be assessed in the following way:

	PPI Panel	Scientific Panel
Application	<ul style="list-style-type: none"><li>• PPI Plan</li><li>• Sharing of Research Findings Plan</li></ul>	<ul style="list-style-type: none"><li>• Applicant details</li><li>• Academic mentor</li><li>• Career mentor</li></ul>

	PPI Panel	Scientific Panel
	<ul style="list-style-type: none"> <li>Impact Plan</li> </ul>	<ul style="list-style-type: none"> <li>Plans for the award</li> <li>Impact Plan</li> <li>Organisational Support</li> </ul>
Interviews	Present	Present

The Scientific Panel will not be formally assessing any of the PPI panel's sections, and *vice versa*. As such, it is vital that the sections reviewed by the PPI panel are written in **plain accessible English**. Failure to do this may result in the PPI representatives being unable to accurately score and provide feedback on these sections of your application. The review panel will be asked to provide feedback on the budget, which the Society will take into consideration. The approval of all grant budget items is at the discretion of the Irish Cancer Society.

### 6.3. Assessment Outcome

Review scores and comments will be collated and all applications will be discussed at a review panel meeting. The review panel will select which applications should proceed to the next stage (interviews). Applicants will be informed of the outcome by email. Reviewer feedback will be available to all applicants.

## 7. Next Stage: Interviews

Applications shortlisted at the Application Stage will be invited to the Interview Stage by email. The interview panel will be made up of scientific and PPI reviewers, in addition to an Irish Cancer Society representative.

Applicants will be asked to present a summary of their project, including a response to the review panel's comments. This will be followed by a question-and-answer session. Applicants will be expected to demonstrate a detailed and critical understanding of their proposed project. The final funding decision will be co-decided by the scientific and PPI reviewers.

## 8. Contact

If you require assistance with the online grant management system, or have any questions about the application form or grant call, please contact the Irish Cancer Society Research Department:

Email: [grants@irishcancer.ie](mailto:grants@irishcancer.ie) FAO: Dr Niamh McCabe



# Irish Cancer Society Research

## Appendix 1: Public and Patient Involvement (PPI) in Research Guidelines

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# Irish Cancer Society Research

## Appendix 1: Public and Patient Involvement (PPI) in Research Guidelines

### 1. Background

The Irish Cancer Society is committed to putting patients, families, survivors, carers, supporters and the public at the very heart of what we do. In keeping with this commitment, we are embedding Patient and Public Involvement (PPI) in our research processes. Most Irish Cancer Society grant calls will require researchers to detail their plans for including PPI in their proposed research. These involvement sections will be reviewed by people affected by cancer (PPI reviewers).

This document is intended as an additional resource on PPI for researchers planning on submitting a grant application to the Irish Cancer Society. Information specific to individual grant calls can be found in the 'Guidelines for Applicants' document for each call.

### 2. What is Public and Patient Involvement in research?

Interaction with patients and the public can be contextualised in the many different ways that people with cancer can interact with research, specifically, by means of participation, engagement, and involvement as outlined below.

#### Participation

A person with cancer may be recruited into, and take part in, a research study, e.g., a clinical trial, and provide data of some form.

## **Engagement**

Engagement is when the researcher communicates and disseminates research information, for example, at science festivals, public talks, television programmes, or radio.

## **Involvement**

Involvement is distinct from participation or engagement. Where participation and engagement are conducted ‘to’, ‘about’, and ‘for’ people with cancer, involvement is conducted ‘with’ or ‘by’ people with cancer<sup>1</sup>. People with cancer can be involved at any stage of the research process, from conceptualisation to dissemination.

Involvement does not refer to researchers raising awareness of research, sharing knowledge or engaging and creating a dialogue with the public (engagement). It also does not refer to the recruitment of patients or members of the public as participants in research (participation). However, these different activities – involvement, engagement and participation – are often linked and, although they are distinct, can complement each other<sup>1</sup>.

## **3. Why is PPI important?**

PPI is becoming increasingly important in research. The Irish Cancer Society is committed to expanding the involvement of those affected by cancer in the research that the Society funds, and in the funding decision-making process. This commitment is reinforced by the Irish Government’s National Cancer Strategy (2017-2026)<sup>2</sup>, which highlighted that:

“Patient involvement in cancer research improves the relevance of research questions, the quality, acceptability and feasibility of research conduct and the likelihood of uptake of research outputs.”

PPI creates a partnership between people affected by cancer and researchers. It is more than a tokenistic gesture to comply with policy: it can provide a real and substantial benefit to all key stakeholders. While not without its challenges, PPI can:

- Promote a sense of empowerment and value among patients<sup>3</sup>

- Enhance patient trust in researchers<sup>3</sup>
- Improve researchers' insight into their own research area<sup>3</sup>
- Help researchers identify barriers and come up with solutions to research<sup>3</sup>
- Increase trust and acceptability in the patient community of research findings<sup>3</sup>
- Inform the provision, access, and location of healthcare services<sup>4</sup>
- Improve the dialogue between healthcare professionals and patients<sup>4</sup>

Specific to the cancer setting, PPI may be used by patients as a resource, to make sense of living with a chronic condition<sup>5</sup>. People with cancer report feeling enhanced knowledge and skills from taking part in PPI, as well as feeling they contributed to research by providing a lay perspective (i.e., practical knowledge about being a patient with cancer)<sup>6</sup>.

As such, PPI can be a valuable tool in the research process for both patients and researchers, and the Irish Cancer Society aims to continually to build on its PPI work.

#### **4. PPI is a partnership**

PPI is about creating a partnership between researchers and people affected by cancer, whereby all contribute collaboratively in varying degrees towards the research process or the research output. Each voice is of equal importance in PPI.

Involving people affected by cancer as early as possible in your planning process, and ensuring on-going clarity about their activities, roles and goals, is crucial to the success of PPI.

Be clear from the outset what will be required from all involved in the patient involvement activities. A good exercise to do is to complete a role description for the patient partner involved, along with a description of what your role (the researcher) is with regards to PPI. This is beneficial as it is clear to both the researcher and the person affected by cancer what exactly is involved from both sides from the outset.

Relationship building is fundamental for successful PPI. Having an open and respectful relationship is key to successful PPI. It is a good idea to keep this relationship aspect of PPI in mind when designing the PPI plans. A number of different factors are



important for a good relationship between the PPI contributor(s) and the researcher(s), examples of these are listed below:

- Good communication, including keeping in touch as needed.
- Showing respect, empathy and understanding.
- Having time for each other and the PPI activities.

## **5. PPI and the funding process**

Most Irish Cancer Society application forms contain sections relating to PPI. These sections will be reviewed by PPI reviewers and in most instances PPI reviewers will contribute to funding decisions alongside scientific reviewers. As such, the review of applications is undertaken by scientific and PPI reviewers. In doing this, we ensure that the research we fund is of the highest scientific quality, while being relevant and important to people affected by cancer.

PPI reviewers are people affected by cancer including patients, survivors, family members and carers who have all received appropriate reviewer training.

## **6. PPI Sections in the Application**

The following sections give information on the PPI sections in our application forms. Please note that not all sections outlined below may be in all application forms.

These sections will be reviewed by PPI reviewers. For some grant calls the PPI reviewers will score the sections and provide feedback, and for other grant calls the PPI reviewers will give feedback only. This information will be given in the call guidelines.

### **6.1. Project Summary**

A project summary should provide an overview of the research proposal, written in a format appropriate and understandable to your audience. A good summary should describe what you intend to do, why you intend to do it, and establish context. A clear

understanding of the research project will allow the PPI panel to effectively evaluate other sections, such as the PPI Plan and Sharing of Research Findings sections.

For some awards, particularly those that include human participants, the PPI panel will review the practicalities and feasibility of the project and its relevance to people affected by cancer. Therefore, it is important to be clear and detailed.

Remember, your audience, who will be people affected by cancer, **may not** have a scientific background. Therefore, ensure the project summary is written in plain English (please see Section 7). However, an important consideration when writing the project summary is to determine the right balance between pitching it to the correct audience and oversimplifying it. As such, the summary should be written in clear plain English, but should also adequately convey the details on the research question, research plan and what makes that particular research project important. The abstract may still have some “jargon” or scientific names when necessary, once they are clearly defined in understandable terms.

## **6.2. PPI plan**

The PPI plan should detail how people affected by cancer will be involved in the research project.

It should be well thought out and as detailed as possible. The PPI plan should be given as much consideration as the scientific sections in the application.

It is strongly recommended that plans include specific details such as how many PPI Contributors will be involved, how they will be recruited, what exactly they will be doing, etc.

As with any project, we acknowledge that PPI plans may change over the course of an award, but detailed plans are still sought at the application stage.

Please note that activities outlined in the PPI plan are required to be included in the Gantt chart (when a Gantt chart is required as part of the application).

## **Information on types of involvement:**

Involvement can be incorporated into almost any stage of the research process, which should be planned from the very beginning of study design. Some examples of how PPI can be incorporated into research includes (but is not limited to):

- Members of an advisory group for the project-
  - Advising on the direction of the research;\*
  - Commenting on and developing patient information leaflets, consent forms, questionnaires or other research materials;
  - Commenting on and developing dissemination materials (e.g., conference abstracts, posters, presentations);
- User and/or carer researchers carrying out the research, e.g., conducting interviews, co-facilitating focus groups, assisting in the interpretation of results;
- Involvement in organising and running public and patient engagement activities;
- Input into grant applications.

\*Any post-award significant alterations to study design or protocol would need to be approved in advance by the Irish Cancer Society throughout the duration of the research project.

## **Challenges**

- When planning how you will involve PPI, it is important to think about what might go wrong and how you might handle any challenges that arise.
  - A PPI Ready: Researcher Planning Canvas was developed by MacCarthy et al <sup>7</sup>, which researchers may find useful when considering potential challenges and how to address them.
- In some instances, PPI Contributors may need psychological support. It is a good idea to identify supports that could be offered to PPI Contributors should they need it.
- PPI Contributors may also need practical supports to be involved. For example, not all PPI Contributors might have easy access to a computer. Offer to post printed copies of information and allow for additional time for people to read

information and paperwork. Some people may need to use the phone as opposed to a computer to join meetings. These practical needs should be assessed at the start.

### **Additional things to consider**

- A number of universities within the Republic of Ireland already have dedicated individuals, infrastructure, training, or programmes in place dedicated to PPI. We strongly recommend that you engage with these local resources when planning how PPI will be integrated into your project.
- Engagement can sometimes be mistaken for involvement (more information on both in Section 2). While engagement activities are important and can often lead to involvement opportunities, it is predominantly involvement that should be outlined in this section. Involvement is conducted **‘with’** or **‘by’** people affected by cancer.
- For translational biomedical laboratory-based research it can be difficult to envision the practicalities of how PPI Contributors can be involved in a research project in a meaningful way. However, there are a lot of valuable opportunities to involve PPI Contributors in this type of research. Further guidance on PPI in lab-based research can be found here:  
<https://sites.google.com/parkinsons.org.uk/ppi-in-lab-based-research/home>

### **6.3. Sharing of research findings**

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. Research is conducted primarily for the benefit of people affected by cancer, therefore, a key priority of the Irish Cancer Society is to ensure that the public (including people affected by cancer) are kept up to date on the research that it funds. In line with this, it is a requirement that all applicants produce a ‘sharing of research findings’ plan to include communication of their research to **all** relevant audiences including the public and patients. As part of this section of the grant application, researchers are encouraged to carefully consider the different stakeholders that may be interested in

their research, and develop a plan for communicating with each of these stakeholder groups.

It is important to note that while peer-reviewed journals are an important means of communicating research findings to academic researchers, members of the public are less likely to access these academic journals.

Some examples of research dissemination and knowledge exchange includes but is not limited to:

- Peer-reviewed journals (open-access is encouraged);
- Dissemination at conferences and meetings;
- Non-peer reviewed professional periodicals, e.g., The Irish Psychologist, World of Irish Nursing;
- Public engagement talks or events, e.g., Irish Cancer Society webinars, Pint of Science, Science Week events, public university talks, etc.
- Newspapers/media e.g., The Irish Times, thejournal.ie, Newstalk;
- Blog posts e.g., professional blog, Irish Cancer Society website;
- Newsletters;
- Online videos and website content.

#### **6.4. Budgeting for PPI**

The cost of PPI is dependent on how you plan to embed it into your study, i.e., your PPI Plan. As such, it is difficult to prescribe guidelines on how to budget for PPI. However, at a minimum, it is expected that the out-of-pocket expenses of PPI members associated with involvement are covered by the research grant. Please note, certain calls may have set minimum budgets for PPI – please refer to call guidelines for more information.

Before beginning to budget we recommend that you check that the host institute has appropriate systems in place for the payment of PPI costs and expenses. The host institute may also have specific guidelines in place around budget costs and allowable expenses, we recommend that you check this with your institute before completing the budget.

The steps to PPI budgeting are described below:

Step	Activity
Step 1: Framework selection	Select a framework for mapping involvement costs. This might be the research project cycle (i.e., the step-by-step research process/procedure) or a project timeline (e.g., Gantt chart).
Step 2: Planning your involvement	Make a plan of the involvement activities you intend to incorporate into your research.
Step 3: What are the costs?	For each activity, identify the specific items or activities for which you will need to budget.
Step 4: How much will it cost?	Estimate the cost or range of costs against each involvement activity.  To work out the budget for your study, go to the online cost calculator:  <a href="https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/">https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/</a> . Please note the online calculator is in Pound Sterling.
Step 5: Mapping	Map the involvement activities onto your selected project framework so that you know exactly when in the project timeline costs are allocated.
Adapted from the UK National Institute for Health Research, Budgeting for Involvement (2013)	

An online calculator is available on the NIHR Involve website: <https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/>. Please note the online calculator is in pound sterling (£), euro conversion rates will apply. **The online calculator is a guiding tool, all costs must be appropriate to costing in the Republic of Ireland and all researchers must verify the costs associated with their PPI plan.**

Costings from all categories of the online calculator will be eligible (see below). However, please note that final approval of all costs is at the discretion of the Irish Cancer Society.

Justification must also be given for a cost. Please note this is not an opportunity to elaborate on details of your PPI plan or sharing of research findings plan, all relevant information on these plans must be in the relevant sections.

PPI budgeting costs:

Costing category	Related costs
Payments and rewards	Fees to individuals Vouchers/tokens for individuals Prize draw awards Fee/donation to a group Funding for additional training and learning Honorary appointment, e.g., lay fellow or research partner
Expenses	Travel Subsistence Childcare Carer costs Personal assistants Overnight accommodation Home office costs

Involvement activity	Finding people/advertising Training and learning costs Venues and catering Equipment and books Access to university facilities Conference fees
Involvement staffing	Administrative support Involvement coordinator Independent facilitator Peer researchers/interviewers
Other costs	Disclosure and barring service Language translation and interpretation costs Support for people with impairments

Adapted from the UK National Institute for Health Research, Involvement Cost Calculator

Working examples:

Please see the worked costing examples below for guidance on creating and budgeting for the PPI plan.

Worked costing example for virtual advisory group:

A researcher wishes to set up a patient advisory group to advise on dissemination of the research results and assist with writing plain English summaries for grant applications.

The researcher is looking for three patient representatives to form the advisory group. The group will meet for 3 half day virtual workshops over 2 years.

The estimated costs associated with the advisory group are as follows:



Category	Detail	Quantity	Cost	Total
Virtual Meetings	Online meeting platform used by institution for example Zoom. No cost as institute pays for the licence.	1	€0	€0
Advisory group honorarium	Fee for attending virtual advisory group/workshops	3 x 3= 9 (3 representatives x 3 meetings)	€100	€900
<b>TOTAL COST</b>				<b>€ 900</b>

All costs were calculated in the Republic of Ireland as of January 2021.

Worked costing example for in-person advisory group:

A researcher wishes to set up a PPI advisory group to advise on dissemination of the research results and assist with writing plain English summaries for grant applications.

The researcher is looking for three PPI Contributors to form the advisory group. The group will meet for 2 half day in-person meetings and 1 virtual meeting over 2 years.

The estimated costs associated with the advisory group are as follows:

Category	Detail	Quantity	UnitCos t	Total
Travel	Local travel in Dublin (1 representative x 2 meetings)	1 x 2= 2	€8	€16
	Travel from outside of Dublin	2 x 2= 4 (2 representatives x 2 meetings)	€40	€160

Advisory group payment x 2	Fee for attending advisory group meetings)	3 x 3= 9 (3 representatives X 3 meetings	€100	€900
Virtual Meetings	Online meeting platform used by institution for example Zoom. No costs as institute pays for licence.	1	€0	€0
Venue costs	University meeting room cost No cost as at host institute.	1	€0	€0
Catering costs	Lunch for attendees (€10 per person/per meal	3 x 2= 6 (3 representatives x 2 meetings)	€10	€60
TOTAL COST				€1,136

All costs were calculated using estimated costs for train tickets, hotels, and so on in the Republic of Ireland as of January 2024.

**Please note:** This budget is for specific costs associated with involvement only. If part of your PPI plan is that PPI Contributors will organise an event or dissemination materials, the budget for these must be incorporated into the dissemination category of the main grant budget.

**7. Writing in plain English**

As outlined in Section 6 the project summary should be written in plain English. There are many online resources available to guide you in writing an effective plain English summary. Some of these resources are listed in Section 9 of this document.

Here are some general notes on how to write in plain English:

- People affected by cancer are not scientists (usually) and knowledge should not be assumed. Avoid using technical language or scientific terminology. Use everyday words to communicate your point and explain the science.
- While language should be understandable, it should not be dumbed down. It may be necessary to use scientific words and jargon in order to convey why your research is special, but be sure to explain it thoroughly and be consistent in its use.
- Use short clear sentences.
- Use paragraphs.
- Make sure grammar, punctuation, and spelling are accurate.
- Bullet points (like these ones) can make it easy to digest a lot of information.

## 8.Contact

If you have any questions relating to PPI please contact [ppi@irishcancer.ie](mailto:ppi@irishcancer.ie).

## 9. Additional Resources

### General resources

- INVOLVE – UK National Institute of Health Research (NIHR) initiative to support PPI. <http://www.invo.org.uk>
- National Standards for Public Involvement.

<https://www.invo.org.uk/posttypepublication/national-standards-for-public-involvement/>

- NALA (National Adult Literacy Agency)

<https://www.nala.ie>

- Access to Understanding: Promoting public understanding of biomedical and health research

<http://www.access2understanding.org>

- Versus Arthritis: Patient & Public Involvement, A researcher's guide

<https://www.versusarthritis.org/media/1373/patient-and-public-involvement-booklet.pdf>

### Writing a Lay Summary

- Duke, M. (2012). How to write a lay summary.

<http://www.dcc.ac.uk/sites/default/files/documents/publications/HowToLaySummariesDec2012.pdf>

### Communicating to patients

- NHS England. Language Matters: Language and Diabetes.

<https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters.pdf>

### Writing in plain English

- NALA (National Adult Literacy Agency). *Writing and Design Tips*.  
<https://www.nala.ie/wp-content/uploads/2019/08/Writing-and-design-tips.pdf>

### Budgeting for PPI

- INVOLVE PPI Involvement Cost Calculator

<https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/>

## **10. References**

- 1) INVOLVE. (2018). *What is public involvement in research?* Retrieved from <http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/>. Accessed 07/01/21.
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- 6) Froggatt, K., Preston, N., Turner, M., & Kerr, C. (2014). Patient and public involvement in research and the Cancer Experiences Collaborative: benefits and challenges. *BMJ Supportive & P Care*, 5, 518–521.
- 7) MacCarthy, J., Guerin, S., Wilson, A and Dorris, E. (2019). Facilitating public and patient involvement in basic and preclinical health research. *PLoS One*, 12(5).



# Irish Cancer Society Research

## Appendix 2: Irish Cancer Society Research Budget & Expenses Policy

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## 1. Introduction

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. The majority of the Society's funds are raised from public donations, and we are therefore committed to ensuring that all funds are budgeted for and used sensibly in line with donor's expectations and the scientific goals of the work. This policy describes the Society's requirements for drafting budgets as part of the research grant submission process, as well as our expenses policy for research grant expenditure. This document should be consulted when completing Irish Cancer Society grant applications or grant variations. Bearing in mind that funding from the Society comes from the enormous effort, sacrifice and generosity of the public, it should be a general principle of all budgeting to get the most value and minimise costs in every way that is reasonable and justifiable.

### Please note:

- These guiding principles are not an automatic approval for the use of funds from any grant. The Society reserves the right to review expenditure for reasonableness at any time during the research project.
- These guidelines describe the overall general budget and expenses guidelines for our awards. More specific rules may apply for some bespoke awards, and these rules will be included in the call documentation and/or contract specific for that award.
- Each research grant has a defined, agreed budget to help carry out the agreed Research Project. It is the responsibility of the research institution to ensure that all monies claimed and paid are allowable, necessary, and reasonable for the conduct of the Research Project.
- The Society acknowledges that an approved budget may require modifications over the course of an award. Budget reallocations may be permitted during the lifetime of an award, provided they are adequately justified on an Irish Cancer Society budget reallocation form. Approval of such reallocations is at the sole discretion of the Society. Details of the budget reallocation process can be found [here](#) on the Irish Cancer Society website.
- It is expected that an internal financial governance structure will be in place to monitor and review allocation of funds for the Research Project.
- Annual and interim financial reports sought by the Society must include a detailed breakdown of costs claimed. The Society reserves the right to request independent verification of costs charged to a research grant.
- The Society reserves the right to refuse the payment of costs, which are deemed contrary to the guiding principles contained herein.
- The Society reserves the right, as often as it may reasonably require, to arrange for an audit to be conducted into the use of funds provided.
- As an Irish charity, The Irish Cancer Society will fund eligible direct costs only. The Society does not pay any overhead contribution to host institutions.

This guidance document does not represent an exhaustive list and where queries arise that fall outside of the guidance herein, prior authorisation from the Society should be sought by emailing [grants@irishcancer.ie](mailto:grants@irishcancer.ie).

## 2. Budgeting for Personnel Costs

The Irish Cancer Society will only fund the direct salaries of staff working on Irish Cancer Society research projects provided it is expressly stated in the call documentation specific to a particular funding award. For most awards, the Irish Cancer Society will not provide funding for the salaries of applicants already employed by their host institution on a full-time, permanent basis. Exceptions may be made in certain research calls or applicant cohorts that allow for the provision of buy-out time. In addition, the Irish Cancer Society will not contribute to the salaries of any project mentors or collaborators included on a grant application.

It is expected that all applicants will budget for salary to include employers' PRSI and pension contributions in accordance with the appropriate salary scale and host institution. Where an applicant is budgeting for a part-time position, salaries should only be budgeted for the percentage full-time equivalent (FTE) that the employee will spend working on that specific research project. Please note, the Irish Cancer Society may ask the employee to provide evidence (e.g. records or timesheets etc.) for specific time spent on the funded research project. For all positions, the Irish Cancer Society will allow a staff member to move up a point on the scale every 12 months. This **must** be incorporated into the original budget application.

- 2.1. Academic Research Staff

The Irish Cancer Society will fund the direct salaries of academic research members according to [the IUA Researcher Salary Scale](#). The scale, point, and full salary (including employer's PRSI and pension contribution) must be included within all salary budgets. Therefore, it is recommended that applicants use the 'RESEARCHER SALARY SCALES AND EMPLOYMENT COSTS' attachment on the IUA scale website.

The IUA scales are continually updated, therefore, it is important to utilise the most up to date scale according to the time period in which the anticipated staff member is due to commence employment. The IUA scales are continually changing, therefore if the IUA scale does not cover the funding period in question, a salary contingency of 2.5% per annum should be applied.

### 2.1.1. Research Assistant

The Irish Cancer Society will fund the salary of a research assistant starting at the entry level position of Point 1 of the research assistant IUA Scale, which is the



minimum point on the scale. It would be expected at this level that the research assistant would hold a primary degree but would likely have little or no research experience. For higher points on the scale, the individual would be expected to hold a secondary degree (Masters/PhD) and/or some research experience. Higher points on the scale would need to be thoroughly justified in grant applications.

### 2.1.2. Postdoctoral Researcher

The Irish Cancer Society will fund the salary of a postdoctoral researcher starting at the minimum point of PD1, Point 1 of the IUA Scale (early stage post-doctoral researcher). It would be expected at this level that the postdoctoral fellow would hold a minimum of PhD or equivalent\* research experience. For higher points on the scale, the individual would be expected to hold the required number of years (depending on the point) postdoctoral and/or industry experience. For PD2 of the IUA scale, it would be expected that the postdoctoral researcher has significant post-doctoral research experience, this would need to be thoroughly justified in grant applications.

\*PhD equivalency is only permitted for certain grant calls and will be specifically outlined in the grant call guidelines. The Irish Cancer Society defines PhD equivalence as three or more senior (first, joint-first, or last) author publications in peer-reviewed academic journals or 4 years' full-time research experience post-primary degree. Alternative research outputs may be considered eligible, e.g., monographs. In such instances, candidates should contact [grants@irishcancer.ie](mailto:grants@irishcancer.ie) before applying.

### 2.1.3. Research Fellow

The Irish Cancer Society will only fund the salary of a research fellow if it is expressly stated in the call guidance document and pre-approved by the Society prior to application submission. A research fellow will be required to have at least 4-6 years post-doctoral and/or industrial research experience and must have a significant track record of high-quality peer reviewed publication and/ or other equivalent outputs based on the norms of their discipline. In addition, it will be expected that the research fellow has previously obtained independent competitive peer-reviewed research grants and is capable of leading and managing independent research projects. Research fellows should be appointed at point 1 of the research fellow IUA scale, and a strong justification will be required to appoint at other points on the scale.

For larger programmatic award, the salary of senior research fellows may be permitted if it is robustly justified, and only if it is expressly stated in the call guidance document. Such individuals must have a central role in leading a significant portion of the funded research programme and must not already be in receipt of a full-time

permanent position within the host institution. Senior research fellows should be appointed at point 1 of the senior research fellow IUA scale.

#### 2.1.4. Postgraduate Student

**Stipend:** The Irish Cancer Society will fund the stipend of postgraduate students (PhD and MSc) at a minimum rate of €22,000 per year for up to four years' full time (in the case of a PhD scholar) or up to two years' full-time (in the case of MSc students). The annual stipend may go above €22,000 at the discretion of the research supervisor. The funding of part-time post-graduate students over longer periods of time may be permitted depending on the specific funding call.

**Fees:** The Irish Cancer Society will make a contribution of up to €8,500 towards the annual costs of EU or non-EU postgraduate registration fees for up to four years. Some host institutions provide a reduction of fees in the latter years of the postgraduate degree (e.g., a 50% reduction in year 4 of a PhD) and this should be taken into account when calculating the total registration fees over the four years. The Society is not in a position to fund the full registration fees of non-EU applicants. In this instance, it would be the responsibility of the host institution to cover the remaining fee shortfall.

- 2.2. Nursing and Allied Health Professionals

The Irish Cancer Society will fund the direct salaries of nurses and allied health professionals (AHPs) either via the **IUA Researcher Salary Scale** or via buy-out time on the HSE salary scale, whichever is the most appropriate for the call and/or applicant. For appointments on the IUA researcher salary scale, applicants should follow the guidelines outlined in Section 2.1.

For applicants seeking buy-out using the HSE salary scales, a maximum of 0.5 FTE buy-out time will be permitted for applicants who will hold a concurrent clinical post in their professional field. **Only applicants that are permanently employed by the HSE may use this salary scale.** Applicants should use the scale and salary point most relevant for their role and experience within the HSE. A strong justification will be required as to why specific salary points were chosen.

- 2.3. Research Support Staff

For large programmatic awards, the Irish Cancer Society, in certain circumstances, will allow for the budgeting of research support staff (project managers, project officers, project admin staff, etc.). In this instance, salaries should be aligned to the most appropriate administrator scale for the specific research institution. Strong justification on all scales and salary points will be required.

### 3. Budgeting Non-Personnel Costs

- 3.1. Research Running Costs

These are the day-to-day costs associated with the running of the research project. The Irish Cancer Society will allow the payment of reasonable running costs relevant to the specific project. Such costs may include but are not limited to: materials and consumables, research sample costs, access costs, survey costs, costs associated with research participants, transcription costs, data management costs, bench fees etc. Please note, any travel-based costs specifically associated with the running of the research project, e.g., travel costs associated with research participants, should be outlined in this section and not in the travel and dissemination section. All costs must be inclusive of VAT, where applicable. All running costs should be itemised within the application budget section and suitably justified.

#### 3.1.1. Small Equipment items

The Irish Cancer Society will allow researchers to purchase small equipment items up to a maximum total value of €3,000. A strong justification must be provided for each equipment item, and a rationale must be given as to why this item is not already available to the researcher at their host institution. Exceptions to the €3,000 cap may apply for larger programmatic awards, and these will be expressly stated in the call documents specific to these larger awards. Only equipment items that are **specific** to the applicant's research project will be allowed. All costs must be inclusive of VAT, where applicable.

#### 3.1.2. Computer/Laptop Equipment

The purchase of computer equipment as part of an Irish Cancer Society funding award will be considered for any grant of over 24 months' duration, provided a strong rationale is given at the time of grant application. The maximum allowed contribution from the Irish Cancer Society for the purchase of a computer or laptop is €1,500. For funding awards of less than 24 months' duration, the purchase of computer equipment will only be permitted in exceptional circumstances. Any computer or laptop purchased as part of an Irish Cancer Society award is the property of the host institution and any use of such equipment by the researcher or research team beyond the end date of the Irish Cancer Society grant is at their discretion.

#### 3.1.3. Mobile Phone Budget

The Irish Cancer Society will not generally cover mobile phone expenses of any researcher working on a Society-funded project. However, the Society does acknowledge that for exceptional cases only, the provision of a phone for specific research projects may be required.

Please refer to Section 4.6 for further detail on allowable expenditure for mobile phone use.

- 3.2. Training and Education Budget

These are the costs associated with the education and training of the grant applicant and/or other Irish Cancer Society funded team members. These include costs relating to technical skills training specific to the research project, e.g., animal handling, statistical analysis etc. In addition, costs relating to the long-term career development of the researchers will also be permitted, e.g., personal and professional development training etc. providing it relates to their future research career aspirations.

For some awards, the Irish Cancer Society will cover the cost of further education to allow researchers funded by the Society to pursue formal education opportunities as part of their grant programme, e.g., taught post-graduate diploma or Master's programmes etc. Provision for these opportunities will be outlined in the specific call document if relevant.

All costs relating to training must be outlined and justified as part of the researcher's application budget. When justifying these costs, it is important to provide details on the training type, location, and rationale. Please note, for any training elements where travel is required, please detail the travel costs as part of the Travel and Dissemination budget (Section 3.4).

- 3.3. Travel and Dissemination Budget

#### 3.3.1. Travel

These are the costs relating to the travel of the grant applicant and/or other Irish Cancer Society funded team members for dissemination and networking purposes. Such costs must be directly related to events as part of the research programme and only funded researchers will be eligible to claim these expenses. Any travel costs that are part of the direct day-to-day running of the research programme e.g. travel costs associated with research participants should be budgeted under running costs (Section 3.1). As a charitable organisation, we would expect that all costs in relation to travel be reasonable, and must be clearly justified. Please note that the Irish Cancer Society will fund Economy-Class flights only. Please refer to Section 4.1 for further detail on permitted costs.

An example of permitted travel includes but is not limited to: costs associated with attendance at meetings, conferences, patient engagement events, workshops, fostering collaborations etc.

Reimbursement for costs associated with conference attendance will only be provided if the recipient is presenting their specific Society-funded research project in

poster and/or oral format. Exceptions may apply for post-graduate students in the first year of study, who would benefit from attendance at a national conference.

The applicant should provide as much detail as possible at the application stage. For example, if planning to attend a conference: the name, location, and dates (where possible) of the conference should be detailed, in addition to the reason for attendance.

### 3.3.2. Dissemination

These are the costs associated with the communication and reporting of your research results. A key priority of the Society is to ensure that research findings are communicated to all relevant stakeholders. We are committed to ensuring that the public (particularly people affected by cancer) are kept up to date on our research that is funded. In line with this, we require that all applicants produce a dissemination plan that includes communication of their research not only to the academic community but to **all relevant** audiences.

Dissemination costs should be clearly planned and articulated as part of your research budget. Such costs may include printing, posters, publication costs, costs associated with the hosting of public awareness events etc. All costs must be inclusive of VAT, where applicable.

### 3.3.3. Open Access Publication:

The Irish Cancer Society encourages publication in open-access journals and will provide a contribution of up to €2,000 towards open-access publication costs. Please note, the Irish Cancer Society will not fund any research published in so called 'predatory journals'. We therefore ask that all researchers be aware of predatory publishers and exercise caution in this regard when publishing their research.

- 3.4. PPI Budget

The Irish Cancer Society is dedicated to putting patients, families, survivors, supporters, and the public, at the very heart of what we do. Public and Patient Involvement (PPI) in the research process ensures that research is meaningful and of benefit to those affected by cancer and other relevant stakeholders. PPI can be involved at any stage of a research project, from development and design to interpretation and dissemination.

In line with this commitment, it is encouraged that all applicants include PPI within their application where relevant, and guidelines on this will be outlined within the guidance documentation specific to each call. The Irish Cancer Society has specific documentation in place for developing a PPI Budget and these can be found in Appendix 1 of call document guidelines.

A mandatory minimum provision for costing PPI activities into grant applications is included in most Irish Cancer Society funding calls, and will be outlined in the specific call documentation. It is expected that all costs to patient members associated with involvement are covered by the research grant, e.g., bus/train fares, mileage, parking charges, and subsistence. These costs should be outlined as part of the PPI section of your grant application. Universities will have their own specific rules and policies regarding budgeting and expenditure in relation to PPI costs. We therefore strongly encourage all researchers to consult with their host institution and local PPI resources (e.g., PPI Ignite) when completing the PPI section of their application budget.

- 3.5. Mobility Element Budget

As part of our scholarship and fellowship research awards, applicants are given the opportunity to travel to a national or international research institution to advance their research project aims; that facilitates academic and clinical networking; that encourages national and/or international cooperation and collaboration; and that promotes the development of new skills and/or perspectives. The specific details, budget allowance, and duration of funding for this element will be outlined in the specific grant call documentation.

Details of the mobility element funding is requested at the application stage and the main standard budget grant categories should be used in developing a mobility element. However, please note that this funding is separate to the funding amount requested as part of the main application. In recognition that mobility plans can often change throughout the course of the research project, all successful applicants must reapply for this funding closer to the period of travel (at least three months in advance of mobility). Applicants therefore have the opportunity to change the details of the mobility element during the research award. Final approval of all changes remains at the discretion of the Irish Cancer Society. For further details on allowable costs as part of the Mobility Element, please refer to Section 4.7.

Post-award applications for the mobility element can be made through the online grant management system: <http://grants.cancer.ie>.

#### **4. Research Grant Expenses**

The Irish Cancer Society is committed to ensuring that all funds included within budget are used sensibly and appropriately. Reasonable travel, accommodation, subsistence, and other expenses incurred by a researcher that are directly related to the research project will be reimbursed.

Reasonable expenses are defined as those that are cost effective, weighed against the purpose of the activity. Researchers should be sensitive to what is considered reasonable at all times. It is not possible to set out rules for every situation and so

you are required to exercise judgement to ensure that all claims are within the spirit of these guidelines.

Please note, an awardee will be required to submit a detailed statement of income and expenditure as part of the annual report process. As part of this reporting, the Irish Cancer Society may request copies of the original receipts associated with any travel on the grant. Failure to supply a receipt or any underspend on any travel bursaries must be reimbursed in full to the Society.

If there is any uncertainty as to whether something is reasonable or not, a query should be addressed to the Society by emailing [grants@irishcancer.ie](mailto:grants@irishcancer.ie) in advance of incurring such expenditure.

- 4.1 Travel Expenses

- Where possible, travel should be by the most economical means, and the Society expressly encourages that public transport be used, when this is the cheapest option. Tickets for public transport should be booked in advance and should be standard class or economy class only.
- Taxis may be used but are the least preferred method of transport. Taxis should be shared where possible and incur no additional fees i.e. waiting time charges or tips.
- In situations where conferences/meetings in Ireland are not accessible by means of public transport, researchers may use their own vehicle to travel to and from the conference/meeting. A standard motor travel rate of **€0.35 cent per kilometre** is permitted in instances where this is necessary. Higher mileage rates permitted by the research institution will not be covered by the Society. The motor travel rate paid is deemed to cover all expenses incurred in running the car e.g. insurance, tax, running costs, etc.

- 4.2. Accommodation Expenses

- The cost of accommodation should be reasonable and in line with the duration of the event.
- For travel to conferences/meetings, researchers must endeavour to book accommodation not exceeding a 4-star rating.
- For accommodation in Ireland, **a rate not exceeding €140 per night** (B&B; standard room) should be sought.
- For international accommodation, rates will vary depending on the city and country; therefore, it is difficult to give a guiding rate. However, accommodation rates that are reasonable and in line with the average daily hotel rate for the specific location should be sought.
- Accommodation costs for travelling partners will not be covered.
- In situations where a research institution has agreed a discounted rate for accommodation, which exceeds a 4-star rating, prior approval must be sought from the Society to proceed with any booking.

- Facilities and services which are not provided free of charge by the hotel are not permitted (e.g. Wi-Fi costs, room service, newspapers, etc.).

- 4.3. Subsistence

- All subsistence expenses must be vouched expenses. The Irish Cancer Society does not permit any researchers to claim standard subsistence rates that may be outlined by their individual research institutions.
- Breakfast, lunch, and dinner costs to a value of €10, €12, and €25 per person respectively would be deemed reasonable.
- An added tip or discretionary service charge of up to 15% on bills is deemed reasonable in countries where such charges are expected and are standard practice.

- 4.4. Costs Associated with Meetings and Events

In furthering the research interests of the Society, researchers on Irish Cancer Society-funded grants may occasionally host meetings or events between researchers, members of the public, patients and/or scientific advisory groups.

- Expenditure for events such as these should be kept as low as possible, compatible with the occasion.
- Where possible, room hire for any events should be in locations that are free of charge. However, the Society does acknowledge that depending on the type of event and location that this is not always possible.
- For bookings associated with national or international guest speakers, the travel and accommodation rates set out in Section 4.1 and 4.2 of these guidelines must be adhered to.
- The number of hosts accompanying a guest for lunch or dinner should be dependent on a necessary requirement to attend and should not be perceived as a reward for attendees.
- Lunch and dinner costs to a value of €12 and €25 per person respectively would be deemed reasonable. This includes the costs associated with the provision of catering for events.
- An added tip or discretionary service charge of up to 15% on bills is deemed reasonable in countries where such charges are expected and are standard practice.
- For events that utilise internal and external suppliers, it is expected that the most economical supplier be utilised.

- 4.5. Alcohol and Entertainment

It is the Irish Cancer Society's policy not to fund alcohol for any events or meals, or any form of entertainment.



- 4.6. Mobile Phone Expenses

The Irish Cancer Society does not generally permit the use of funds to cover the cost of a mobile phone or mobile phone bill. However, we do recognise that exceptions may apply. In this case, mobile phone expenses must be robustly justified and pre-approved by the Society at the post-award budget negotiation stage prior to contract signing.

The researcher must use the most economical and cost-effective means for purchasing a phone and bill-pay call plan. The Society will cover mobile phone bill costs associated specifically with the funded research project up to a maximum of €40 per month only. No expenditure outside of the researcher's standard call plan allowance will be permitted to be charged to the Irish Cancer Society Research Grant. Please note, mobile phones can only be used for specific research purposes only and expenditure will be carefully reviewed upon submission of the annual financial reports. It is at the discretion of the Society to request copies of all mobile phone bills and justification of calls.

- 4.7. Mobility Expenses

Allowable expenses associated with the mobility element include travel, networking or workshop registration fees, accommodation, and running costs associated with the mobility or capacity building elements. Payments will only be made by the Irish Cancer Society upon approval of a successful mobility element application.

Please provide a summary of the costs requested and justification of each amount requested.

For costs associated with travel, quotes detailing the estimated average cost for travel and accommodation must be attached to the mobility application. Eligible travel costs are those that involve return travel from your location of origin to your mobility element destination only. Local travel required day-to-day to get to your place of work will not be covered, i.e., public transport, mileage, parking charges, tolls etc.

All researchers are advised to be as economical as possible when making accommodation arrangements as part of the mobility element award. Hotel bookings can often be much more expensive when booked for long durations of time, therefore, this may mean booking Airbnb or other self-catering accommodation for your stay.

During the mobility element period, all researchers will continue to receive their standard monthly salary from their research institution. It is therefore the policy of the Irish Cancer Society that the researcher uses their own salaries to cover subsistence costs such as food. Costs for subsistence will only be allowed under exceptional circumstances and to a maximum value of €200 per month.



# Irish Cancer Society Research

## Appendix 3:

## Research Impact Framework (RIF)

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# 1. Introduction

## 1.1 Purpose

The Research Impact Framework (RIF) is a guide on research impact for those applying for funding from the Irish Cancer Society and for grant holders who currently hold an ICS funded award.

Its purpose is to **help maximise the impact of the research that the Irish Cancer Society funds through our grants scheme.**

Creating impact from the research that we fund has always been of great importance to the Irish Cancer Society. This RIF pulls together previous information and guidance on impact into a single document.

The RIF is the central Irish Cancer Society guidance document on research impact.

It is intended to support researchers to understand, plan for, deliver, and demonstrate research impact and to enable the Irish Cancer Society to facilitate, understand, and communicate the impact of Irish Cancer Society funded research.

It should act as an important reference point for grant applicants, grant holders, and the Irish Cancer Society to ensure that impact remains a focus before, during, and after a funded research project is completed.

**Please note** that each successful award will have terms and conditions (T&Cs) specific to that award. These T&Cs will cover many of the same areas as this document but the specific terms may be slightly different. Precedence is given to the T&Cs specific to each award.

## 1.2 What is research impact?

Broadly speaking, research impact is the demonstrable contribution that research makes to society; the real-life impact that research can have on people affected by cancer.

For the Irish Cancer Society, research impact is defined as **‘research being used to bring about a positive change to the lives of people affected by cancer.’**

We recognise that the impact is specific to each project and can be varied; impact can occur over different timescales, from the short- to the long-term. However, all forms of impact are important to the Irish Cancer Society and we must work in partnership with researchers to not only achieve and measure impact, but also communicate it.

## 1.3 Why is impact important?

The Irish Cancer Society receives the vast majority of its income from donations. People donate to us because they want to make a difference to the lives of those affected by cancer.

Therefore, it is our duty to our donors to ensure that the research we fund does just that - makes a difference.

It is very important that the research we fund is always working towards making an impact on the lives of those affected by cancer. It is equally important that we can communicate this impact to our donors to let them know how their donations have made a difference.

The Irish Cancer Society's vision is:

'By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'

In working towards this vision, we must strongly focus on maximising the impact of our funded research, in particular, putting an emphasis on achieving outcomes that will ultimately contribute to realising this goal.

## 2. Research Impact Framework

### 2.1 Framework overview

The RIF describes how the Irish Cancer Society approaches research impact in four sections:

**Framework Principles** - How the Irish Cancer Society and researchers will work together. This is a set of principles that underpin how the charity will work in partnership with grant holders to maximise research impact.

**Theory of Change** - What the Irish Cancer Society is aiming to achieve. The 'goal' and the 'outcomes' (changes that need to happen in order for that goal to be achieved), to which all research projects funded through the grants scheme should aim to make a contribution; this is articulated in the 'Theory of Change'.

**Impact Plan** - How impact should be planned by researchers at the application stage.

**Impact Reporting** - How the progress of achieving impact will be monitored by the Irish Cancer Society.

### 2.2 Framework principles

The research impact principles frame the relationship that the Irish Cancer Society want to have with all of its grant holders.

By having these principles, it allows us all to work from the same page from the very start. They are designed to ensure the best levels of support, partnership, and mutual understanding, with the ultimate aim of maximising research impact.

Principle	Principle in practice
1. Working in partnership	Partnership is the best way to ensure maximum impact and this is a two-way relationship. The Irish Cancer Society will contribute internal expertise and networks to support and promote the research. Grant holders will work with the Irish Cancer Society to maximise the benefit of research to people affected by cancer.
2. Involving the public and people affected by cancer	Grant holders will need to carefully consider how the public and people affected by cancer can be meaningfully involved in their research. The Irish Cancer Society requires that public and patient involvement (PPI) is included in the research projects that we fund. The Irish Cancer Society can provide guidance and training on how to include PPI in grant applications and projects.
3. Regular communication	<p>Grant holders will maintain an ongoing dialogue with the Irish Cancer Society through regular reporting. Reporting schedules will be determined for each grant and will be detailed in the special Terms and Conditions of their contract.</p> <p>Outside of these reports, we encourage regular communication with our grant holders. The Irish Cancer Society will provide a named contact for each grant and will respond promptly to queries, issues, or updates.</p>
4. Dissemination and engagement	<p>Grant holders will inform the Irish Cancer Society of any dissemination or engagement activities planned as soon as possible. The Irish Cancer Society's Research and Communication Departments will support grant holders to communicate their research in an accessible way, especially for people affected by cancer, donors, and the general public.</p> <p>Grant holders will work closely with the Irish Cancer Society (e.g. Communications and Fundraising) to plan and undertake communication activities and attend engagement events run by the Irish Cancer Society to raise awareness of their research and its findings. It is expected that grant holders will engage with, and participate in, Irish Cancer Society engagement,</p>

	dissemination and awareness activities relating to outputs funded by the Society throughout the lifetime of their grant and following the cessation of the grant. Grant holders must accurately represent the Irish Cancer Society and their research outputs. In order to facilitate this arrangement, grant holders contact details may be shared with the communications team within the Irish Cancer Society.
5. Open access	Open access to research outputs are an important way of maximising the impact of research. Grant holders are strongly encouraged to share their research outputs (not just publications, but also datasets and other outputs) with the wider research community, the public, and other audiences as appropriate. The Irish Cancer Society will support open access publication costs where requested for in a grant's budget
6. Long term impact monitoring	Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will want to work with grant holders to monitor impact both during and beyond the grant-funding period. Each year, all grant holders must complete a mandatory Impact Census to help researchers take stock of their achievements and to allow The Society to monitor research impact. Grant holders are encouraged to maintain longer-term contact with the Society through its research community.

### 3. Theory of Change

A Theory of Change, in simple terms, is a method of showing how activities create outcomes (or change), often in diagram form. This is the methodology that the Irish Cancer Society will use to measure impact.

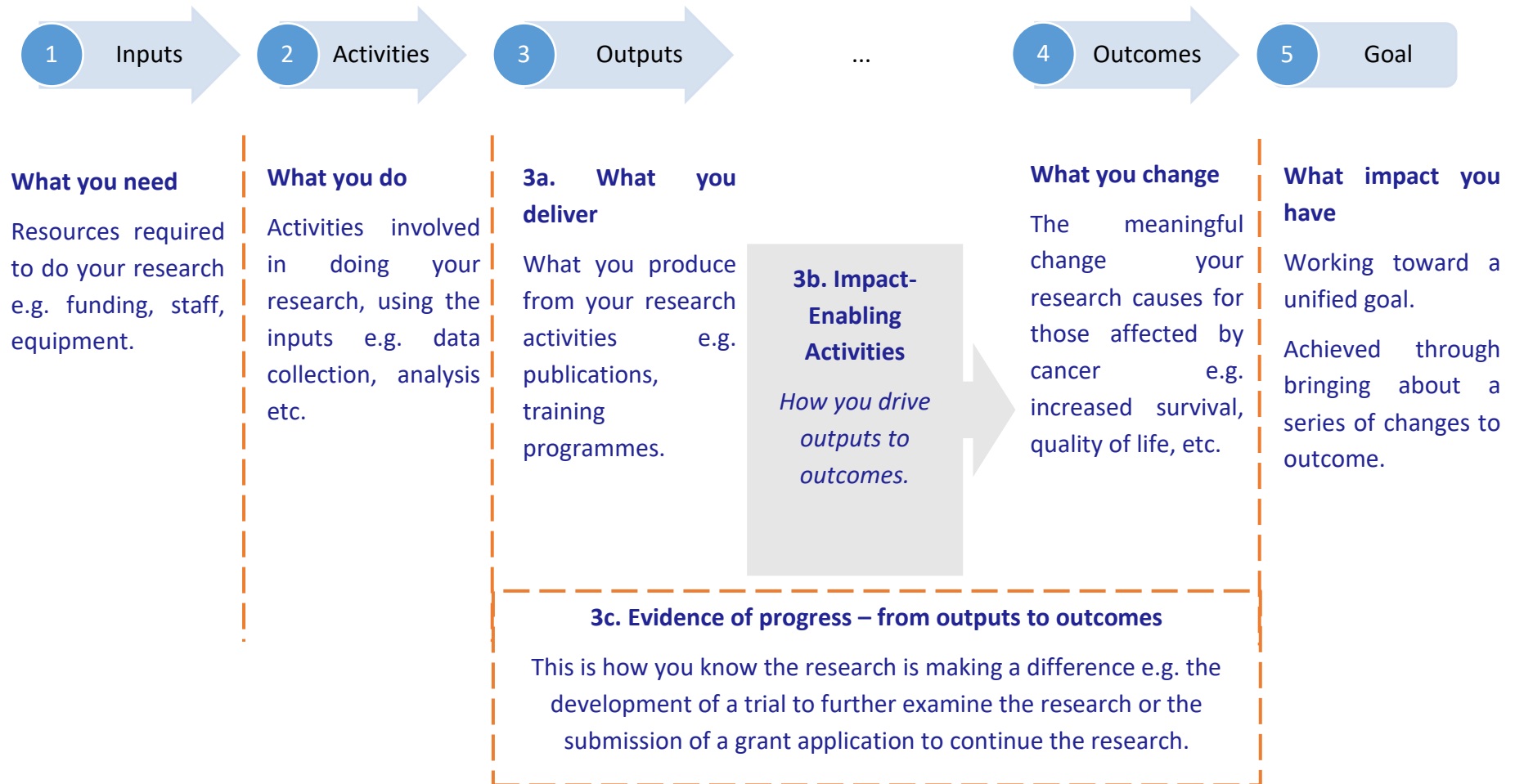
The *Theory of Change method* provides a clear structure for the progression of research towards achieving impact (or a goal). It defines long-term goals and then maps backward to identify necessary outcomes, impact-enabling activities, outputs, activities, and inputs.

Applicants to the Irish Cancer Society grant schemes will be required to provide an impact plan at application stage. The key factors to be considered in the impact plan are mapped off the structure of the Theory of Change diagram.

The Theory of Change is set out in diagrammatic form in **Figure 1**.

The goal and outcomes for all impact plans submitted to the Irish Cancer Society will remain the same. These are detailed in **Figure 1** and are explained in more detail in Section 4.





**Figure 1.** Theory of Change shown in diagrammatic form. The examples of each key factor are only for illustrative purposes and are not comprehensive.

## 4. Impact Plan

As mentioned in Section 3, at the application stage for the majority of the Irish Cancer Society awards, applicants will be required to complete an impact plan based on the Theory of Change model.

The purpose of including an impact plan at the application stage is to focus all projects on working towards achieving impact from the outset.

The information provided in the impact plan by researchers at the application stage may be somewhat limited, as the project has not yet started; it can be difficult to predict research results or how a research landscape may change over time. However, it is still important to start thinking about the key steps on the pathway to achieving long-term impact from the start of the project as it will provide a strong foundation for maximising progress towards research impact when a grant gets underway.

There are a number of key factors to consider when developing an impact plan, these are illustrated in **Figure 1** and explained in more detail below (Section 4.1).

At the application stage, the 'Outcomes', 'Impact enabling activities', 'Evidence of progress' and 'Outputs' sections are of particular importance in the impact plan.

For the 'Inputs' and 'Activities' sections of the impact plan, high level information is adequate as information on these sections will be detailed in other sections of the application such as aims and objectives and budget sections.

Please note for funded projects, the level of information required as part of the impact plan will become more detailed as the project progresses (for more information see Section 5).

### 4.1 Key factors to consider

The impact plan must consider the following key factors:

Please note, the recommended approach is to develop the impact plan by working backwards, from goal to inputs.

As such, the impact plan consists of:

5. Goal
4. Outcomes
- 3a. Outputs
- 3b. Impact-enabling activities
- 3c. Evidence of progress
2. Activities
1. Inputs

## 5. Goal

A goal is an idea of the future or desired result that a group of people or organisation envision. It is the ultimate impact that an organisation wants to achieve.

For the Irish Cancer Society, investing in research is a way of contributing to achieving this goal. Therefore, all Irish Cancer Society grant holders should be working towards achieving this goal.

For impact plans required by the Irish Cancer Society, the goal is the Society's vision:

**'By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'**

## 4. Outcomes

Achieving impact or a goal can be complex, take time and involve change in a number of different factors. **Outcomes are factors that need to change in order for that goal to be achieved.**

Demonstrating that impact has been achieved can be difficult and it is often inferred by looking at changes in outcomes.

There are **7** key outcomes that the Irish Cancer Society work towards in order to ensure that Irish patients benefit from world class research.

These outcomes tie into the Irish Cancer Society strategy and are outcomes we have identified that will help us achieve our ultimate goal. Like the goal, these outcomes are pre-determined for all applicants. Applicants should select one or more of these specific outcomes for their research project.

It is important to start thinking about the pathway to impact from the start of the project. This will provide a strong foundation when a grant gets underway. As such, plans should be as comprehensive and considered as possible. The recommended approach is to develop the impact plan by working backwards, from goal to inputs

While the direction of the research may change over time or may not succeed in its original objectives, linking the research to (at least) one of the framework's outcomes sets the direction of the research in the context of what is important to the Irish Cancer Society.

The outcomes as identified by the Irish Cancer Society are listed in Table 1. There is no particular hierarchy to the order of these outcomes, all of them contribute to the goal.

Applicants will also be asked to detail why they have selected the outcome(s).

**Irish patients benefit from world class cancer research**

Treatments and diagnostics increase survival
Treatments and diagnostics increase the quality of life of people affected by cancer
Increased numbers of patients accessing clinical trials and early access programmes
Screening increases survival
Improved care and support increase survival
Improved care and support increase the quality of life of people affected by cancer
People affected by cancer feel more empowered in their cancer journey
Other*

\*'Other' should only be selected by the researcher if they feel strongly that none of the other outcomes covers the potential outcome of the research. If other is selected, then more detail will be required on the proposed outcome.

### 3a. Outputs

Outputs are quantitative results which are achieved after implementing an activity. Examples of outputs include papers, publications, patents, information leaflets and training programmes.

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

The Society recognises that outputs are important for a researcher's career and are encouraged. However, as outlined in section 4 the plan for driving outputs to outcomes is more important in terms of achieving impact from a research project.

### 3b. Impact-Enabling Activities

An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between outputs and outcomes. Impact-enabling activities are activities that drive outputs to outcomes. These impact-enabling activities are very important as they support the progression of the research along the pathway to impact.

For example, if a report is published detailing how a service can be improved, the report alone cannot be impactful if it is not shared with the people who make decisions on that service.

Therefore, an activity to drive the report (output) to potentially contribute to achieving an outcome would be to organise a meeting with the decision makers to discuss the report.

Other examples of impact-enabling activities include-

- Partnering with industry to translate findings
- Establishing collaborations to continue the research after funding period ends
- Public engagement campaigns to try contribute to and influence the public or policy discourse on cancer

These are just examples and are not a comprehensive list. The appropriate activities will vary for each type of project and what outcome has been selected.

**For many projects the impact-enabling activities will not directly contribute towards achieving the outcome, but may be a step on the pathway to achieving the outcome.**

**This does not mean that the impact plan should not be ambitious, but constraints of the project should be kept in mind. A well-thought out, ambitious but achievable impact plan is recommended.**

Please note the difference between ‘Impact-enabling activities’ and ‘Activities’.

### **3c. Evidence of progress – from outputs to outcomes**

An impact-enabling activity can occur, but what is important is what is achieved through the activity.

Evidence of progress means that the impact-enabling activities are progressing the research on the impact pathway towards contributing to an outcome i.e. having a tangible benefit outside the lab or academia.

The type of evidence a grant holder will collect will depend on the impact-enabling activities and the outcome that has been selected.

Progress evidence can be both quantitative and qualitative. However, quantitative evidence can be difficult to show when it comes to progress towards impact; therefore, in the majority of cases the evidence will be qualitative.

For example, an impact-enabling activity may be organising a meeting with other groups to discuss collaboration to bring the research further. The evidence of the meeting (the impact-enabling activity) progressing the research on the impact pathway would be that the meeting went positively and the groups agreed to collaborate on funding applications to bring the research forward.

This is an example of short-term qualitative evidence- the meeting went positively and the groups agreed to collaborate. An example of longer-term quantitative evidence would be that a grant application was applied for.

Applicants will be asked to consider both short-term and medium-term evidence. Medium-term evidence may only occur after the grant end date.

**It can be difficult to envisage what evidence will be needed at the start of a project as plans may change over the course of the project for a number of different reasons. The reason for asking for this information at the application**

stage is for researchers to identify and plan the appropriate methods for gathering evidence so that relevant evidence is gathered in real-time and that no evidence is lost.

For some projects evidence gathering may start earlier in a project or it may start later, either way it is important to be prepared.

## 2. Activities

These are the activities that will be undertaken by the researcher as part of the research project. These activities will generate an output.

For the impact plan, the information on the activities can be high level and in most cases the project objectives with a breakdown of what will be done under each objective will be adequate.

Examples of activities in a translational research project include- completing *in vitro* and *in vivo* testing of a drug compound in a cancer model. The output of these activities could be a paper on the results of the research.

Examples of activities in a social and allied health project would be trialling an intervention to increase treatment compliance in cancer patients. The output of these activities could be the publication of a report.

## 1. Inputs

The inputs of research include the funding needed and resources required to deliver the research. Resources can include personnel, equipment, consumables etc. The inputs allow the activities to take place.

### 4.2 Format of Impact Plan at application stage

Key Factor	Additional guidance
5. Goal	This is pre-determined and will be standard for all the research that we fund.
4. Outcome	There are 7 pre-determined outcomes based on our strategy. It is recommended that you start the impact plan by selecting one of the seven outcomes most relevant to your research. Once this has been selected you can then work backwards from this to complete the other sections.  You can select more than one outcome if relevant.
3a. Outputs	Planned outputs for the project.

3b. Impact-Enabling Activities	Impact-enabling activities are activities that drive outputs to outcomes- i.e. progress the research along the impact pathway.  What activities need to happen to drive outputs to outcomes? When will these activities take place? The information provided can be a mixture of bullet point and narrative in style.
3c. Evidence of Progress	How will you know that the impact-enabling activities have progressed the research on the path to impact? What evidence can be used to show this? Indicators of evidence may be qualitative or quantitative.
2. Activities	Activities that will take place as part of the research project. A high-level breakdown of what will be done under each objective will be adequate. Bullet points can be used.
1. Inputs	Resources needed for the project- high level information is adequate and can be in bullet points.

**Please note, you can find worked examples in section 6. Worked Examples of this document.**

## **5. Reporting to the Irish Cancer Society on Impact**

An impact plan has been required as part of the application process for the majority of the Irish Cancer Society awards from early 2021 onwards.

It is important both for the Irish Cancer Society and for grant holders to be able to demonstrate evidence of progress in the impact plans.

Therefore, grant holders will be required to give an update on the progress of their impact plan in their **reports** to the Irish Cancer Society and complete an annual **Impact Census**. The schedule of reporting will be determined by the T&Cs of the award. Generally, reports are required annually, for shorter awards a 6-month report may also be requested.

Progress in the first report will be monitored according to the original impact plan submitted as part of the original application. Progress in the second report will be monitored according to the progress in the first report and so on.

More detailed information will be required as the project progresses. The impact plan may change during the grant period in response to both the research findings and changes in the wider research landscape. Any changes in the impact plan must be detailed and explained in the progress reports.

Two additional sections will be part of impact reporting in the progress reports-

- **Progress on the path to impact**
- **Plans for next reporting period**

## **5.1 Progress on the path to impact**

Grant holders will be asked to update on the progress of the research on the path to impact.

Grant holders must update on the contribution that the enabling activities have had to an outcome. This will be done by detailing the evidence that the impact-enabling activities have contributed to an outcome.

This evidence will have been gathered throughout the project. The method and type of evidence gathered will be identified in the impact plan at application stage. Both quantitative and qualitative evidence may be given. However, as it is often difficult to quantify 'contribution' it is more likely that the evidence will be qualitative and the information in this section will be narrative in style.

In addition, impact-enabling activities may not have directly contributed to an outcome. In these cases, what we are looking for in this section is evidence that the research is progressing towards contributing to an outcome.

## **5.2 Plans for next reporting period**

Grant holders will be asked to detail the impact-enabling activities for the next reporting period and how evidence of progress will be gathered.

It is important to take stock of the research that has already been carried out and think about where the research is headed. Research plans can change overtime and it's vital that these changes are reflected in the plans for the next reporting period. Maximising the impact of research should be at the forefront of all future research in order to ensure that research funded by the Irish Cancer Society has as much impact on the lives of those who are affected by cancer as possible.

## **5.3 Format of Impact Reporting for funded project**

Below is an example of impact reporting in a funded project. Please note this example is for indicative purposes only.

<b>Additional guidance</b>	
<b>Title</b>	Project title



<b>Goal</b>	Is set and cannot be changed
<b>Outcome</b>	Set at application stage.
<b>Outputs</b>	Update on outputs for the project planned activities and any new or changed activities. If outputs have changed or new outputs added an explanation must be given.
<b>Impact-enabling activities</b>	Update on activities. Information will be required on status of planned activities and any new or changed activities. If activities have changed or new activities added an explanation must be given.
<b>Evidence of progress</b>	Has the research progressed on the path to being impactful? What evidence can you provide to illustrate this? Has the impact-enabling activities contributed to achieving the outcome directly or indirectly?
<b>Plans for next reporting period</b>	Impact-enabling activities for the upcoming reporting period.
<b>Activities</b>	Can remain the same from application stage. Details will be required if the activities have changed and these changes affect the impact plan.
<b>Inputs</b>	Can remain the same from application stage. Details will be required if the inputs have changed and these changes affect the impact plan.

## 5.4 Working with the Irish Cancer Society to communicate impact

As detailed in the Framework Principles (Section 2.2) it is encouraged that grant holders work in partnership with the Irish Cancer Society to maximise the potential of the research to benefit people affected by cancer. Therefore, a member of the research team will be available to work with you on your impact plans throughout the duration of your project. Regular communication is strongly encouraged.

Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will also want to work with grant holders to monitor impact both beyond the grant funding period. Grant holders are encouraged to maintain longer term contact with the Society through its research community.

## 5.5 Impact Census

Research impact and output monitoring is an important strategic priority<sup>1</sup> for the Society. The Irish Cancer Society receives the vast majority of its income from donations. People donate to us because they want to make a difference to the lives of those affected by cancer. Therefore, it is the Society's duty to our donors and to all people affected by cancer in Ireland to ensure that the research we fund does just that- makes a difference.

For the Irish Cancer Society, research impact is defined as:

**'research being used to bring about a positive change to the lives of people affected by cancer'.**

It is crucial that the research we fund is always working towards making a positive impact on the lives of those who are affected by cancer. It is equally important that we can communicate this impact to the all of our stakeholder to let them know that the research we fund has made a difference.

In order for us to capture the impact of our funded research projects, in 2020 the Society launched an annual Research Census for all of our currently funded researchers. The aim of this annual Census is to capture the key performance indicators and case studies of impact across all research projects, within our translational, trials, survivorship and specialised areas research themes.

Therefore, this census will ask for information on both outputs and research impact from the Irish Cancer Society funded project or programme. It is envisaged that the results from the census will be used to demonstrate the impact that our research investment is having to both internal and external stakeholders such as our donors, the general public, the medical community, our partners, and those who are affected by cancer in Ireland.

**It is compulsory that all researchers funded by the Irish Cancer Society complete the census. For researchers who hold more than one funding award with the Irish Cancer Society, one census for each grant should be completed and clearly marked with each grant code.**

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<sup>1</sup> Irish Cancer Society Strategic Plan- 2020-2025 (<https://www.cancer.ie/about-us/irish-cancer-society-strategy-2020-2025>)

## 6. Worked Examples

In this section, you will find some worked examples across the four Irish Cancer Society research themes: translational, survivorship, clinical trials and strategic areas. These are to help guide you in creating your own research impact plan.

### 6.1 Translational Research

<b>Section</b>	<b>Description &amp; Information given to applicant</b>	<b>Worked Example</b>
5. Goal	<p>This is the goal of the Irish Cancer Society. It is pre-determined by the <a href="#">Strategy 2020-2025</a> and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’</p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.</p>	<p>This is fixed to the Irish Cancer Society set goal so will always be the same:</p> <p>By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer</p>
4. Outcome	<p>To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal.</p> <p>You must select at least one outcome from the below list:</p> <ul style="list-style-type: none"> <li>— Treatments and diagnostics increase survival.</li> </ul>	<p>This PhD project involves examining new treatments to overcome drug resistance in bowel cancer. Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here:</p>

<ul style="list-style-type: none"> <li>— Treatments and diagnostics increase the quality of life of people affected by cancer.</li> <li>— Increased numbers of patients accessing clinical trials and early access programmes.</li> <li>— Screening increases survival.</li> <li>— Improved care and support increase survival.</li> <li>— Improved care and support increase the quality of life of people affected by cancer.</li> <li>— People affected by cancer feel more empowered in their cancer journey.</li> </ul> <p>You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome.</p> <p>By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.</p>	<p>Outcome 1: Treatments and diagnostics increase survival.</p>
<p>3a. Outputs</p> <p>Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max).</p> <p>These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.</p> <p><i>b.</i> Impact-enabling activities</p> <p>An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between <b>outputs</b> and <b>outcomes</b>.</p>	<p>The publication of a paper on a new drug combination tested in the lab using patient tumour samples.</p> <p>Using the above output as an example, the impact enabling activity could be a workshop with key stakeholders (scientists,</p>

	<p>Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).</p>	<p>clinicians, people affected by cancer) in the field to discuss the findings from the publication and make a plan on how best to develop this translational research further in order to build more scientific evidence.</p>
<p>c. Evidence of progress</p>	<p>Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).</p>	<p>Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to develop the research further (this would be an example of qualitative evidence), or it could be details on how additional funding was obtained to develop the research further (this would be an example of qualitative evidence).</p>
<p>2. Activities</p>	<p>Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).</p>	<p>An experiment to test 2 new drug combinations using patient samples.</p>
<p>1. Inputs</p>	<p>Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your</p>	<p>Funding to pay for the research project to be undertaken.</p>

application, a high-level summary is sufficient. Bullet points may be used (150 words max).

Supplies to undertake their experiments.

A piece of equipment which helps them test their drug combinations in the lab.

## 6.2 Survivorship

Section	Description & Information given to applicant	Worked Example
5. Goal	<p>This is the goal of the Irish Cancer Society. It is pre-determined by the <a href="#">Strategy 2020-2025</a> and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’</p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.</p>	<p>This is fixed to the Irish Cancer Society set goal so will always be the same:</p> <p>By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer</p>
4. Outcome	<p>To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal.</p> <p>You must select at least one outcome from the below list:</p> <ul style="list-style-type: none"> <li>— Treatments and diagnostics increase survival.</li> </ul>	<p>This project is about developing a new intervention to reduce levels of anxiety in people with cancer.</p> <p>Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here:</p> <p>Outcome 6: Improved care and support increase the</p>

<ul style="list-style-type: none"> <li>— Treatments and diagnostics increase the quality of life of people affected by cancer.</li> <li>— Increased numbers of patients accessing clinical trials and early access programmes.</li> <li>— Screening increases survival.</li> <li>— Improved care and support increase survival.</li> <li>— Improved care and support increase the quality of life of people affected by cancer.</li> <li>— People affected by cancer feel more empowered in their cancer journey.</li> </ul> <p>You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome.</p> <p>By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.</p>	<p>quality of life of people affected by cancer</p>
<p>3a. Outputs</p> <p>Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max).</p> <p>These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.</p> <p>b. Impact-enabling activities</p> <p>An output is unlikely to achieve a desired outcome on its own. Impact-</p>	<p>The publication of a peer reviewed paper on how effective the intervention was in reducing levels of anxiety.</p> <p>Using the above output as an example, the publication alone cannot be impactful if it is not shared with people</p>

enabling activities bridge the gap between **outputs** and **outcomes**.

Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).

who make decisions about that service. The impact enabling activity could be a workshop with key stakeholders (clinical psychologists, people affected by cancer) to discuss the findings and how to implement them. Another activity would be the provision of a training course for the new intervention.

c. Evidence of progress

Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).

Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to implement the intervention into clinical practice (this would be an example of qualitative evidence). It could also be the number of new clinical sites piloting the intervention (this would be an example of quantitative evidence).

2. Activities

Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).

A Randomised Controlled Trial (RCT) to compare the effectiveness of the new intervention to routine care.



1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	<ul style="list-style-type: none"> <li>• Funding to pay for the research project</li> <li>• Materials to undertake the experiments</li> <li>• A piece of software to conduct the data analysis</li> </ul>
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### 6.3 Clinical Trials

<b>Section</b>	<b>Description &amp; Information given to applicant</b>	<b>Worked Example</b>
5. Goal	<p>This is the goal of the Irish Cancer Society. It is pre-determined by the <a href="#">Strategy 2020-2025</a> and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’</p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.</p>	<p>This is fixed to the Irish Cancer Society set goal so will always be the same:</p> <p>By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer</p>
4. Outcome	To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal.	This trial involves examining a new treatment for bowel cancer. Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here:

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You must select at least one outcome from the below list:

- Treatments and diagnostics increase survival.
- Treatments and diagnostics increase the quality of life of people affected by cancer.
- Increased numbers of patients accessing clinical trials and early access programmes.
- Screening increases survival.
- Improved care and support increase survival.
- Improved care and support increase the quality of life of people affected by cancer.
- People affected by cancer feel more empowered in their cancer journey.

You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome.

By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.

Outcome 1: Treatments and diagnostics increase survival.

Outcome 2: Treatments and diagnostics increase the quality of life of people affected by cancer.

Outcome 3: Increased numbers of patients accessing clinical trials and early access programmes.

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3a. Outputs

Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max).

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

The publication of a paper on the outcome of the trial.

b. Impact-enabling activities

An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes**.

Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).

Using the above output as an example, the impact enabling activity could be a workshop with key stakeholders (scientists, clinicians, people affected by cancer) in the field to discuss the findings from the publication and make a plan on how best to build more scientific evidence or bring the evidence into the clinic.

c. Evidence of progress

Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).

Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to complete another more extensive clinical trial (this would be an example of qualitative evidence). It could also be details on how additional funding was obtained to develop the research further (this would be an example of qualitative evidence).

2. Activities

Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).

Accrual of patients on to the trial.

1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	<ul style="list-style-type: none"> <li>• Funding to pay for the research project to be undertaken.</li> <li>• Protected time for the lead clinician.</li> </ul>
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## 6.4 Strategic

Section	Description & Information given to applicant	Worked Example
5. Goal	<p>This is the goal of the Irish Cancer Society. It is pre-determined by the <a href="#">Strategy 2020-2025</a> and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’</p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.</p>	<p>This is fixed to the Irish Cancer Society set goal so will always be the same:</p> <p>By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer</p>
4. Outcome	<p>To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal.</p> <p>You must select at least one outcome from the below list:</p> <ul style="list-style-type: none"> <li>— Treatments and diagnostics increase survival.</li> </ul>	<p>The aim of the Underrepresented Communities Scoping Award is to identify the groups in Ireland who have the poorest cancer outcomes, then having identified these groups, identify the barriers that exist to accessing cancer services in Ireland. Therefore, the 4<sup>th</sup> and 5<sup>th</sup></p>

- Treatments and diagnostics increase the quality of life of people affected by cancer.
- Increased numbers of patients accessing clinical trials and early access programmes.
- Screening increases survival.
- Improved care and support increase survival.
- Improved care and support increase the quality of life of people affected by cancer.
- People affected by cancer feel more empowered in their cancer journey.

You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome.

By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.

and 6<sup>th</sup> Irish Cancer Society outcomes would be the most appropriate to use here:

Outcome 4: Screening increases survival.

Outcome 5: Improved care and support increase survival.

Outcome 6: Improved care and support increase the quality of life of people affected by cancer.

3a. Outputs

Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max).

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

For example, the output could be the development of a report which aims to identify which groups have especially poor cancer outcomes and what barriers exist to accessing cancer services amongst these groups. The report would inform the needs of these groups to the Irish Cancer Society and other stakeholders. The intended outcome would be "Improved care and support increase survival."

b. Impact-enabling activities	<p>An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between <b>outputs</b> and <b>outcomes</b>.</p> <p>Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).</p>	<p>The impact enabling activity could be a workshop or presentation with key stakeholders (doctors, social workers, organisations etc.) in the field to discuss how best to disseminate and/or implement the information outlined in the report.</p>
c. Evidence of progress	<p>Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).</p>	<p>Using the example provided in 3.b, the evidence of progress could be how many key stakeholders from change-making organisations attended the meeting and what feedback was given.</p>
2. Activities	<p>Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).</p>	<p>This may be looking at hospital records to find information on the demographics of people diagnosed with cancer, the development of a survey designed to assess the needs of people affected by cancer etc.</p>
1. Inputs	<p>Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level</p>	<p>This possibly could be transcribing services to transcribe interviews with people affected by cancer or personnel costs for a</p>

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summary is sufficient. Bullet points may be used (150 words max).

researcher to facilitate the study.

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## 7. More information

This RIF should act as a guide for researchers making applications to the Irish Cancer Society awards and also to grant holders. However, impact is a broad and varied topic and therefore not all aspects of impact may be covered in the RIF.

All queries and questions should be sent to [grants@irishcancer.ie](mailto:grants@irishcancer.ie).