RESEARCH
ADVANTAGE

Welcome everyone and HNY!
This session will commence shortly.

Whilst you are waiting, why don't you take a look at our upcoming sessions?
You can register for all Research Advantage sessions via Discover

Tues 30 March, 1.30 – 3.00PM

Research Translation – Where Do I Start?

This session will unpack research translation and provide a framework and practical advice and examples on knowledge translation

RSVP: University of Newcastle Researchers register now via Discover

RSVP: HNELHD staff register via email to HNELHD-ResearchOffice@hnehealth.gov.au

RSVP: CCLHD staff register via email to CCLHD-Research@health.nsw.gov.au

2021 SAVE THE DATES

Thursday 12noon – 2pm

10 June

2 September

11 November

HEALTH PROFESSIONALS RESEARCH EDUCATION PROGRAM –

Session 1: DEVELOPING GRANT APPLICATIONS [MRFF & TRGS]

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

NSW GOVERNMENT Health Hunter New England Local Health District

NSW GOVERNMENT Health Central Coast Local Health District

12.00noon – 2.00pm Thursday 11 March 2021
Zoom MEETING ID: 8102 498 0840 and password 746517

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ACKNOWLEDGEMENT OF COUNTRY

TRADITIONAL OWNERS

The University of Newcastle acknowledges the traditional Aboriginal owners of the lands within our footprint areas:

- Awabakal Nation
- Darkinjung Nation
- Biripai Nation
- Worimi Nation
- Wonnarua Nation
- Eora Nation

Callaghan and NUspace
Central Coast, Ourimbah Campus
Port Macquarie Campus
Williamtown Hub
Upper Hunter Hub
Sydney Campus

We also pay respect to the wisdom of our Elders past and present.

GRANT WRITING TIPS

NICK GOODWIN

Director - Central Coast Research Institute
Director of Research - Central Coast Local Health District

NSW GOVERNMENT Health Hunter New England Local Health District

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1. The Relational

- Advertise yourselves and your work
  - Develop and maintain your profile – be seen and known
  - Be regarded as the ‘go to’ place or team
- Know the opportunities before they become advertised
  - Who are the funders in my field?
  - Horizon scanning for future funding opportunities – e.g. Grants Connect
- Talk to funders in advance
  - Help set their agendas & build a relationship with them
  - Understand the nature of submissions that will be funded
- Build your research community - preparedness
  - Consumer and stakeholder involvement & ownership
  - Named contributors and associates that are ready ‘to go’

2. The Processual

- To apply or not to apply?
  - Develop a grant writing policy to help make a judgement on whether or not you will seek to apply for funding
- Develop time and capacity
  - Plan ahead – look to increase your capacity
- Grow your partnership
  - Align with partners with a record of success
  - Ensure your partnership base is broad and meaningful – e.g. to consumers and industry partners
- Success breeds success
  - Validated work, for example that has bred innovations or investments elsewhere, breeds further research investment – so promote it
- Test out the tender
  - Potential to use a specialist assessor so they can rate your draft tender for quality and its chances of success
  - Use resources available form Research Advantage – e.g. look at previous winning applications!

3. The Technical

- Time and Capacity
  - Plan ahead
- Meet the Brief DIRECTLY and in ALL aspects
  - Don’t try to lever in your own agendas when the brief is asking for something else
  - This is how your application will be marked
- Substance
  - Sell the research, its importance and its practicality
- Why you?
  - What is your USP – why would you stand out above other applications? Do you need to do more work to support the application so you really stand out – e.g. evidence reviews OR co-production on design etc?
- Sell a solution, not a problem
  - Absolute clarity of purpose
  - No research for research sake … what’s going to happen with the research that goes beyond dissemination to support innovation / adoption or scaling up?

3. The Technical (cont)

- Present a ‘theory of change’
  - what is the problem statement?
  - what evidence or opportunity exists for your research proposal to support change?
- Sound methods
  - governance and ethics;
  - feasibility
  - theoretically informed
- Sensible budgets and timescales
  - Is this value for money?
- Quality of your team & their track record
  - The right partners
- Hit them between the eyes from the start – be direct
  - Imagine you have a 5 minute pitch to a national audience to win the funding
  - Less is more – a compelling narrative

Top Ten Tips

1. Are you eligible to apply?
2. Should you apply? (does it meet with your strategic research objectives – is the time taken to apply justifiable?)
3. Can you apply? (do you have the time and capacity)
4. NO unexplained jargon (other people will have to read it)
5. Why is this research needed? (a clear and compelling narrative)
6. HIT THE BRIEF
7. Network, network, network - get the inside track (do you know what the funding panels will favour?)
8. The budget
9. The team
10. Keywords – whilst retaining authenticity, hit the keywords or themes from the brief directly and regularly

Professor Nick Goodwin

nicholas.goodwin@newcastle.edu.au

MEDICAL RESEARCH FUTURE FUND [MRFF]

PROFESSOR JOHN WIGGERS

Director
Hunter New England Research Office
HNELHD

NSW GOVERNMENT Health Hunter New England Local Health District

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Medical Research Futures Fund (MRFF)

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MRFF

- 2 upcoming opportunities:

➢ **MRFF Rapid Applied Research Translation Initiative (RART)**

  ➢ Institution as the applicant, not individual researchers

  ➢ Restricted to 1 application per eligible institution (ie HMRI, UoN)

➢ **MRFF Clinician Researchers Initiative.**

  - Institution as the applicant
  - Unlimited number of applications

- **Pre-submission EOI process: closes 15 March 2021**.

MRFF - RART

- Focuses on turning research findings into real health benefits.
- It does not support discovery-focussed research.
- Use existing knowledge to develop, test and implement new approaches for the translation of research findings into health care.
- Address a clearly defined gap in the implementation of best practice health care and health interventions to improve health outcomes.
- Involves all stakeholders relevant to the research and its translation.

MRFF - RART

- 2 streams of funding available;
- ➢**Stream 1**: Organisations based in urban areas.
- Min grant amount = $25,000
- Max grant amount =$10 million
- Project period – completed within 5 years.
- Open: 4 March 2021
- **Closes: 6 May 2021**
- UoN and HMRI are eligible organisations. HNE a necessary partner.

MRFF – Clinician Researcher

- Provide for dedicated salary/time and direct research resources to clinicians, researchers and healthcare professionals to focus on developing and refining their research skills.
- Build research capacity to ensure right questions related to effective health interventions are being answered
- Promoting the effective translation of evidence into clinical practice, reducing waste and improving service safety and quality.

MRFF – Clinician Researcher

- A *clinician researcher* is defined as a health professional (including allied health professionals and nurses/midwives) who works directly with patients, to do research on health and disease and to develop new treatments.

- The term '*health professional*' encompasses all health disciplines where the individual practices in a clinical capacity in either/both the private and/or public sector.

- The research team must comprise a mix of senior and early/mid-career clinician researchers with support from academic researchers to ensure methodological rigour.

MRFF – Clinician Researcher

- 3 funding streams:
  - **Stream 1**: General practitioner-led teams
  - **Stream 2**: Medical specialist-led teams
  - **Stream 3**: Allied health-led teams (incl. nursing/midwifery-led teams).

- Max grant amount $3M.
- Project period – completed within 3 years.
- Opened = 24 February 2021
- **Closes = 12 April 2021**
- HNELHD, UoN and HMRI are eligible organisations.

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MRFF GUEST SPEAKER

Ms Elianne Renaud

Australian Centre for Cannabinoid Clinical and Research Excellence [ACRE] Manager
School of Medicine and Public Health
College of Health, Medicine and Wellbeing

ACRE
Australian Centre for Cannabinoid Clinical and Research Excellence

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HELLO

- Currently Centre Manager of NHMRC Centre of Research Excellence (based at HMRI)
- Previous roles include Manager of UON Strategic Research Grants; Executive Officer to UON Deputy Vice Chancellor (Research); HMRI Grants Team
- Not a scientist or clinician (sociology) - *but* do have 15+ years of grant writing and research management
- Have been involved directly in developing/writing ~$50 million successful research grants across diverse research funding schemes (from cannabis clinical trials to complex mathematics theory)
- UON Centre for Drug Repurposing and Medicines Research has 1 x successful MRFF ($2.7M ovarian cancer program, led by Associate Professor Nikola Bowden) and 3 x MRFFs under assessment.

KEY INGREDIENTS

	Component	Page Limit
A	Project impact	3 pages
B	Project methodology	5 pages
C	Milestones and Performance Indicators	2 pages
D	Capacity, capability and resources to deliver the project	
	1. Team capacity and capability relevant to this application	1 page
	2. Chief Investigator capability and capacity	2 pages per CI
E	Overall Value and Risk of your project	
	1. Risk Management Plan	2 pages
F	References	1 page

& CRITERION

	Component	Page Limit
A	Project impact	Assessment Criterion 1 (40%)
B	Project methodology	Assessment Criterion 2 (30%)
C	Milestones and Performance Indicators	Assessment Criterion 2 (30%)
D	Capacity, capability and resources to deliver the project	Assessment Criterion 3 (30%)
	1. Team capacity and capability relevant to this application	1 page
	2. Chief Investigator capability and capacity	2 pages per CI
E	Overall Value and Risk of your project	Assessment Criterion 4 (non-weighted)
	1. Risk Management Plan	2 pages
F	References	1 page

PROJECT IMPACT

This section is used to address Assessment Criterion 1 – Project Impact (40%).

- Make the **first page** of this section application count.
- Restate *specifically* that the proposed research project **meets the objectives described** in Guidelines.
- **Use key questions** to direct the assessors' thinking:

  How do we know this project is *needed*?

  Why is this approach *innovative*?

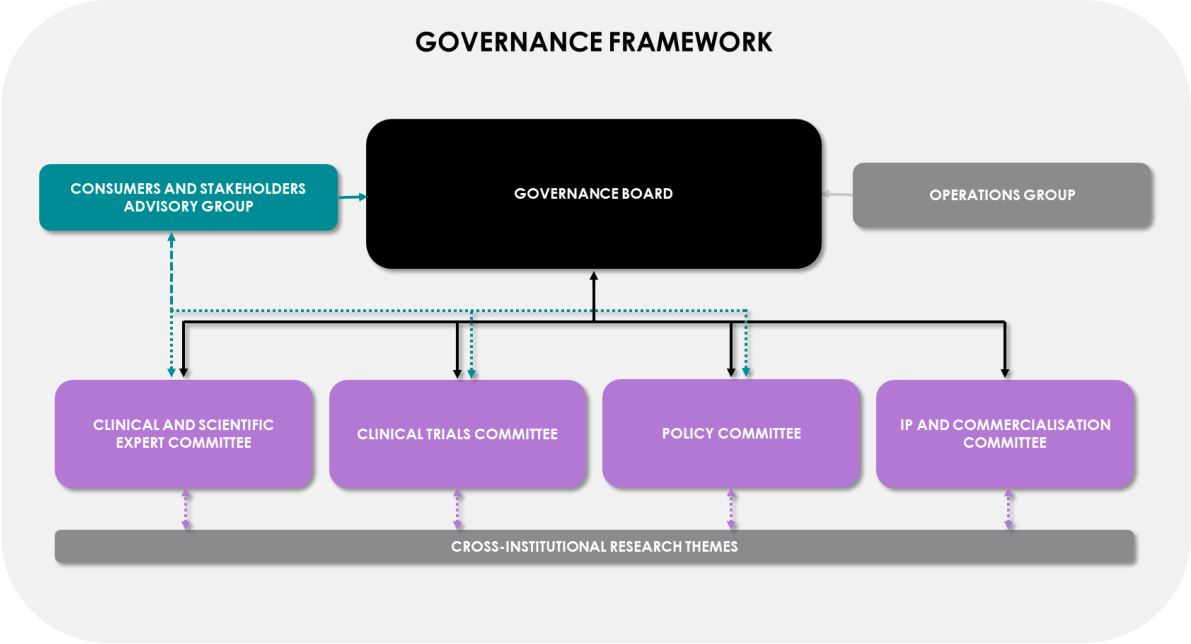
  How does the project *maximize impacts of investment*?

  What will be the *direct impacts* of this project be?

  ***Who* will benefit?**

PROJECT IMPACT

- Make it as **readable** as possible for the **intelligent lay person** (incl. consumers, policy makers and other end-users). Explain concepts. Avoid niche jargon and overuse of acronyms.
- Use **tables and diagrams** to reduce long sections of descriptive text.
- Use subheadings, questions to **direct assessors**.
- Pivot your narrative **from output to impact**.



METHODOLOGY

This section is used to address Assessment Criterion 2 – Project Methodology (30%).

- **Background** information **to justify** the research.
- **Aims and approach** to be taken.
- **Research Plan** (to assess scientific validity, research quality and feasibility).
- **Access to critical resources** that will support the research.
- **Outcomes**.
- So, kind of like NHMRC but only 5 pages! (See previous tips).

MILESTONES

This section is used to address Assessment Criterion 2 – Project Methodology (30%).

- Keep it **simple, logical and achievable** (your success will be measured against them).
- Cover off on the key components of your Methodology (Milestones **should align**).
- Use **tables or diagrams** for simplicity.

Project Timeline

YEAR 1	Q1	Q2	Q3	Q4
Execute MRFF Agreement and establish Collaborative Research Agreements with Project Partners				
Establish Trial Management Committee (TMC)				
Appoint Key Project Staff (as per budget)				
Execute Collaborative Research Agreement (including Investigational Product supply) with Industry Partner				
Finalise Study Protocol				
Submit Ethics application and obtain approval				
Identify National Trial Sites and undertake approval and activation processes through Site Research Governance Officers (RGOs)				
Commence participant recruitment				
Continue participant recruitment, treatment and data collection				

Milestones and Performance Indicators

Milestone	Activity	Date Due	Performance Indicator
1	Execute MRFF Agreement and establish Collaborative Research Agreements with Project Partners	Y1:Q1	✓→ **MRFF Agreement and Collaborative Research Agreement executed**

TEAM CAPACITY & CAPABILITY

This section contributes to Assessment Criterion 3 – Capacity, capability and resources to deliver the project (30% weighting)

This is a 1 page of the research team's **overall capacity and capability** including:

- the **expertise and productivity of team** members relevant to the proposed project.
- the **team's influence** in this specific field of research.
- ***how*** the team will **work together**.
- ***how*** **junior members** are contributing to the capabilities of the team.
- No information about Associate Investigators.

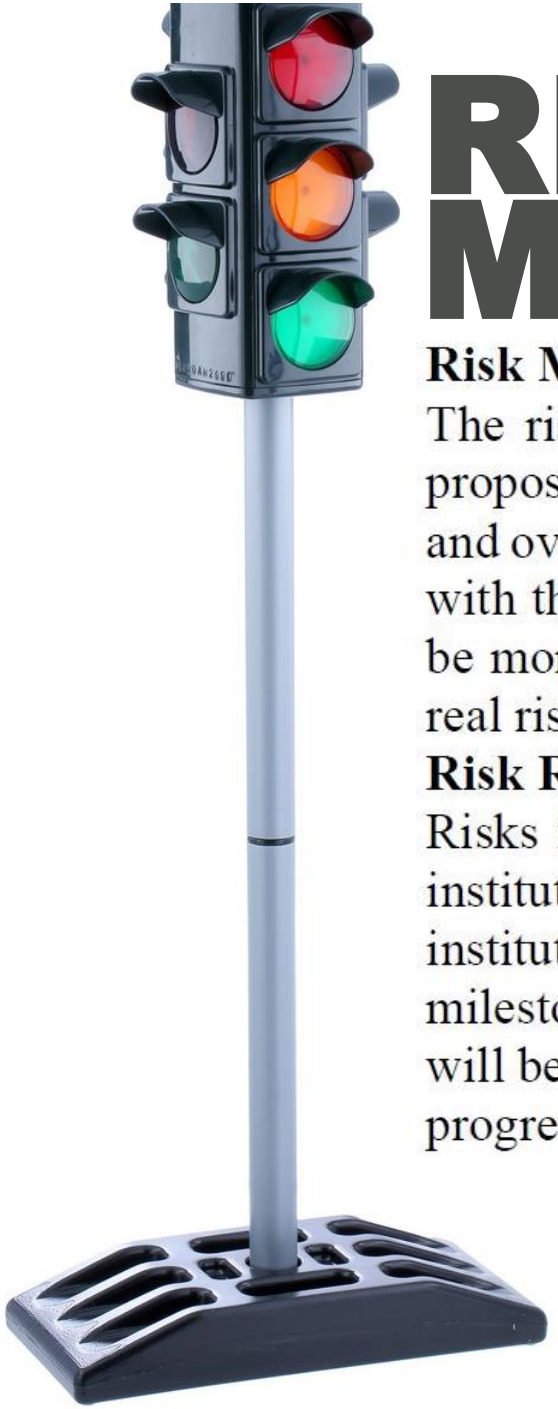
THE ‘OTHER’ CRITERION

Assessment Criterion 4 - Overall Value and Risk of the Project (non-weighted)

- Non-weighted does not mean not important!
- Includes **Budget** and **Justification**
- **Risk Management Plan**

IDENTIFYING RISKS

Risk theme	Risk	How risk is mitigated / managed
People	Capability	The CI team was designed to cover the areas of expertise required for the project. External advice/input will be sought for risk areas that arise where expertise is not covered by the team. For example, the AI approach will require additional input as the field develops. The consumer and expert working groups will also provide additional capabilities.
People/Governance	Project Management	The CI team will be managed by CIA and will meet quarterly to manage the project to ensure governance requirements and milestones are met. The University of Newcastle will provide conflict resolution, performance management and HR support for any real or perceived risks to the project milestones.
People	Recruitment	Minimum of 2 x CIs are responsible for recruiting and appointing each PSP requested. If a delay or unsuitable candidate appointed the responsible CIs will complete tasks assigned to the PSP until a successful



RISK MONITORING

Risk Monitoring:

The risks identified in the risk management plan and any unforeseen risks that arise during the proposed project will be monitored on a daily basis by the CI team at each participating institution and overall by CIA. The team will meet monthly via teleconference and annual face-to-face meetings with the risks outlined above included in the agenda for every meeting. The status of each risk will be monitored using a 3-colour traffic light system, with green = low/no risk, yellow = potential or real risk identified and being managed or monitored and red = risk reported and being managed.

Risk Reporting:

Risks flagged as yellow or red in the risk monitoring system will be reported to the administering institution (University of Newcastle) Research and Innovation Services and other participating institutions if applicable, when the risk is first identified. Risks flagged as red that impact the milestones, timelines, proposed methodology and measures taken to mitigate or minimise the risk will be reported as an ad-hoc report, request to variation of the grant agreement and/or via the annual progress and financial reports.

WHAT TO REMEMBER

MRFF is **not a traditional research grant** (i.e. NHMRC Project/Ideas etc.). It is:

- Priority/emerging **priority driven** (i.e. you address *their* priority with your idea).
- Focused on **consumer/end-users** and **patient-centred**.
- Focuses on **health outcomes** over traditional research outputs.
- **Goals** must be clearly identified and considered in the context of risks.
- It should demonstrate how it may make a **more efficient health system** and **represent value for money**.
- Highly valuable **to seek strategic partnerships** involving organisations whose decisions and actions affect Australians' health, health policy and health care delivery in ways that improve the health of Australians.

MRFF

QUESTION AND ANSWERS

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NSW HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME [TRGS]

PROFESSOR JOHN WIGGERS

Director
Hunter New England Research Office
HNELHD

NSW GOVERNMENT Health Hunter New England Local Health District

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Translational Research Grant Scheme (TRGS)

What a good HNE application looks like

- TRGS Purpose
- Priority and benefit focus
- Translation potential
- Rigorous research
- Beneficial outcomes for system and/or health
- Project Feasibility
- Address health and well being of Aboriginal peoples

Purpose

- Research that is directly aligned to NSW health care delivery/system challenges
- Direct translation into patient/system benefits if shown to be effective
- High quality science for immediate impact in areas of need

Priority focus

- Health Service/System Priorities
  - Focus on practical service delivery priorities ('wicked problem'):
    - Models of care, devices, procedures, access to care, care outcomes, conditions or health system area of interest
      - LHD – department/unit
      - and TRGS, Ministry of Health (MoH) or Pillar
  - Specify the clinical department/unit or agency/branch (eg Pillar, MoH) that has identified the 'wicked problem' and need for the modification/improvement

Benefit focus

- What is the gap in care – relative to evidence, guideline, policy etc
  - Demonstration, in quantitative terms, of the scale of the gap in what is currently being provided or achieved, or outcomes, or value etc relative to what could be achieved – if care delivery was evidence, guideline aligned
  - ie. what is the improvement (quantitative) that could be achieved in terms of:
    - disease prevention, and/or
    - patient care, and/or
    - Value and system performance, and/or
    - patient outcomes

Benefit focus

- Evidence of benefit likely to be achieved by the proposed solution
  - Cite evidence (data), local or literature, that the proposed solution is likely to make a material difference to the identified problem
    - ie – proposed solution needs to be evidence based

Translation Focus

- Translation feasibility
  - Demonstrate that the new/modified procedure, model of care, device etc is feasible to implement at scale (across LHD, NSW) if successful
    - Workforce
    - Equipment and facilities
    - Stakeholder acceptability
    - Cost
- Translation commitment
  - Demonstrated (stated in application) commitment by a NSW Health Agency (LHD,MOH, ACI, Pillar, LHD) to scale-up the proposed solution, if effective

Translation Mechanism

- Research Co-production
  - Demonstrated engagement of end-users and stakeholders (‘consumers’) in: project problem and solution identification; project development and project implementation.

- Planned translation approach (if effective)
  - Specification of activities/strategies for translation
    - proposed engagement strategies with key system level translation partners in the LHD, MoH, Pillar stakeholders, consumers

Rigorous Research …

- Evidence-practice gap
  - ‘Wicked problem’ and proposed solution supported by evidence eg. background literature and data local/state

- Evidence of likely benefit
  - Evidence of likely effectiveness:
    - background literature (eg. systematic review) and data local/state
  - Evidence of likely uptake, acceptability by service providers/system
    - Background literature(eg. systematic reviews) and data local/state

Rigorous Research

- Methods
  - Clarity and appropriateness of:
    - research question and hypotheses (incl health economic)
    - study design
    - sampling and proposed analyses
    - data collection procedures and measures, both outcome and implementation

Project Feasibility

- Methods and outcomes are achievable in 2 years, including relevant approvals
- Appropriateness and capability of investigating team (researchers, policymakers, practitioners, community representatives) skill and expertise in achieving the project tasks and goals
- The team has a track record of collaboration

Address health and well-being of Aboriginal peoples

- Consideration of each of the above elements from an Aboriginal health and well-being point of view

- Appropriate consultation with and engagement of Aboriginal organisations and stakeholders in research governance, design, implementation, analysis and dissemination of findings

TRGS GUEST SPEAKER

Conjoint Professor Adrian Dunlop

Director and Addiction Medicine Senior Staff Specialist with Hunter New England Local Health District, Drug & Alcohol Clinical Services

Conjoint Professor with the School of Medicine and Public Health, University of Newcastle and a member of the Centre for Translational Neuroscience and Mental Health

Member Drug & Alcohol Clinical Research & Improvement Network

DACRIN

Drug & Alcohol Clinical Research & Improvement Network

Successful TRGS round 4 case study - *A trial of the effectiveness of vaporised nicotine products (VNPs) for smoking cessation amongst NSW opiate agonist treatment (OAT) clients* aka **HARMONY**

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Acknowledgements

- Traditional custodians: Awabakal people

- Chief Investigators: Adrian Dunlop & Billie Bonevski (UoN/U Flinders)
- Investigators:
  - Nick Lintzeris SESLHD, Nadine Ezard SVHLHN, Paul Haber SLHD, Martin Nean HNELHD, Tony Gill SVHLHN, James McLennan SVHLHN, Robert Graham WSLHD, Richard Hallinan SWSLHD, Tim Ho WSLHD
  - Coral Gartner UQ, Chris Oldmeadow HMRI, Andrew Searles HMRI, Mary Harrod NUAA
- NSW MoH - funding

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HARMONY
HARM reduction for Opiates Nicotine & You

Your research question

- **Translational importance of your research question – NSW wants successful, scalable research**
  - Clinical outcomes
  - Health economic outcomes
- Relevance to funders: NSW Health
  - Exactly who within NSW health would be interested?
    - Contacts within NSW Health (e.g. Centre for Alcohol & Other Drugs, Tobacco, Pop Health)
  - Essential to include relevant partners in project development – as essential as already developed clinical and research partners
    - Involve them early – have input into the question – design - outcomes

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Case example: TRGS round 4 – vaporised nicotine vs NRT for patients on opiate treatment

- Background:
  - National success in reducing tobacco prevalence (e.g. ~50% 1945 - 11.6% 2019)
  - But sub-populations high ongoing prevalence (e.g. people who use drugs 75-90%)
    - Public health measures less successful in these groups (e.g. choose tobacco over food, rent)
  - Vapourised nicotine ('e-cigarettes') – popular internationally as an alternative to smoking (smoking cessation aid?)
    - Public health concerns: ? Recruitment of young people who would not otherwise try nicotine → transition to tobacco smoking
    - Concerns: lack of data on long term safety of vapourised nicotine, example of N America VALI in VNP users (associated with Vit E – cannabis)
  - Public health debate in Australia
    - Loss of public health gains vs harm reduction for tobacco dependent users
    - Debate within NSW Health – very strong advocacy – both sides – issue for NSW Health

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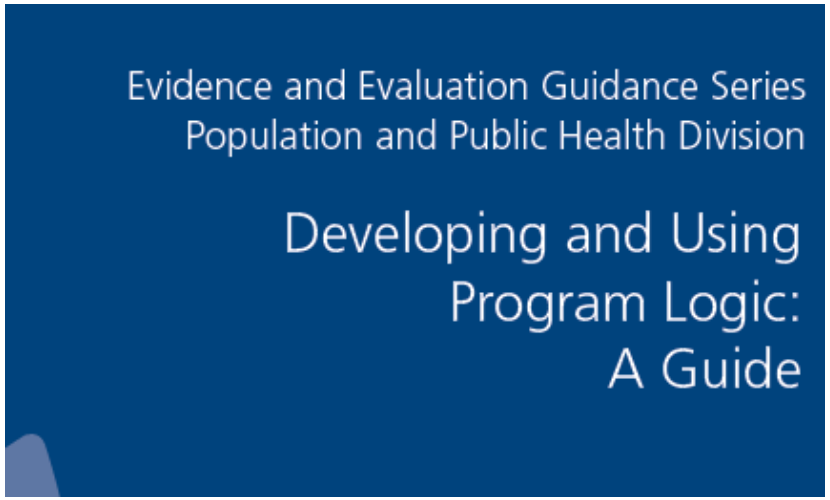
Lou. Lung Cancer 2019 130: 208-15
Guydish. Addiction 2016, 111:220-30
Cobb. Respir Care. 2020 65(5):713-18.

Read all the relevant background



Study design

- **Have a clear question with the best possible design for this project**
  - What translational questions can you best answer
    - (within obvious constraints: time; budget etc)

HARMONY design

- Parallel group randomised controlled trial
  - Cost of double blinded double dummy - prohibitive
- Compares a 12-week course of e-liquid nicotine delivered using e-cigarettes to nicotine replacement therapy (NRT)
  - Optimal NRT (short and long acting, patient preference)
- 12-week intervention with 12-week follow up
- Multi-site study across six NSW LHDs

- Why: controversy re question, least bias, feasible..?
- Sample size: n = 666!
- Primary outcome: self-report vs objective measure (exhaled CO)

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Partners

- **Partners – not what they can do for you – what can you do for them?**

- Drug & Alcohol Clinical Research & Improvement Network
  - consortium of Drug & Alcohol Investigators/research teams across 10 NSW LHDs (HNE, SES, S, StVs, WS, SWS, NS, CC, IS, JHFHMN, +…)
- Started with a smaller group of Alcohol & Drug services who have collaborated on research
  - Nearly faltered – eventual support by MoH – state-wide co-ordinator role
- Concept:
  - Multiple clinical sites for clinical trials
  - Peer critical review of grant applications
- Allows you to test the question, design, outcomes, feasibility etc
- Success: 6 TRGS (3 HNE led), 4 NHMRC project, 1 NSW Heath Early Intervention, 2 Industry sponsored studies

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Writing the application

- Always takes longer than expected
  - Be realistic – plan for the next round?
  - Clear your calendar towards the submission date
  - Why should they be involved?
- Don’t leave out health economics & stats
  - Involve them from the start
- Be prepared to go back to the drawing board, and again, and again

- **Peer review before submission**
  - Very easy for something to be obvious to you, but not to reviewers
  - Have a non-content expert read the application & tell you what they don’t understand
- **End submission: clear, concise, to the point** (easy to read)
  - By the time you have submitted your application… you should know all strengths & weaknesses

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Importance of feedback - example

- DACRIN consumer group
- Feedback:
  - Rated study ‘very worthwhile use of limited research resources’ – 11 out of 10
  - Clear understanding of high smoking prevalence and extensive tobacco related harms in OAT service users
  - Lived experience of vaping for smoking cessation
  - Endorsed choice of unflavoured e-liquid for the vaping arm
  - Ethical concerns about study given the unknown long-term effects of vaping
  - Post trial support and why NRT arm are not given access to vaping product and information post-treatment
  - 12 weeks not long enough to produce sustained benefit

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Timelines

- **Everything takes longer than expected – be realistic**
- Ethics, CTRAs with other sites, unexpected events (e.g. Covid-19)

- MoH – ongoing success for TRGS relies on this being supported by Minister for Health
  - Delays are a problem for MoH

Getting the response

- Failure = the norm, be prepared
- Most grand round <10% get funded
- E.g. in TRGS – 5 EOIs selected
- Are there other alternatives?
  - TRGS e.g. other LHDs
  - Other funding rounds
  - Pilot work to test your idea

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Proper Prior Planning Prevents Poor Performance

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TRGS GUEST SPEAKER

Professor Jed Duff

Chair of Nursing at Royal Brisbane and Woman's Hospital,
Queensland University of Technology

Conjoint Professor
School of Nursing and Midwifery, University of Newcastle

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TRGS
EXPERT PANEL Q&A

Conjoint Prof. Adrian Dunlop

Ms Niki Kajons

Prof. Nicholas Goodwin

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WHAT'S NEXT

SAVE THE DATE

Thurs 10 Jun, 12-2PM

Communicating with key words – putting your research in the spotlight

Discover how the use of key words can increase your research impact, raise your research profile and optimise your research grant applications.

Tues 23 Mar, 12-1pm

What's new and lessons learned for the next round of NHMRC Ideas Grants

This session will be a panel discussion with the opportunity to hear from NHMRC Ideas Grants Reviewers and Recipients, also provide the opportunity for Q&A and advice.

Thurs 25 Mar, 12-1.30pm

Research Translation - where do I start?

This session will unpack research translation and provide a framework and practical advice and examples on knowledge translation.

Tues 30 Mar, 1:30-3pm

RESEARCH ADVANTAGE
connecting and empowering

THANK YOU

We look forward to welcoming you to one of our sessions soon!