



Irish Cancer Society Research

Information into Evidence for Action Award

General Guidelines for Applicants

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General Guidelines for Applicants

1. Introduction

1.1. Overview

As the largest voluntary funder of cancer research in Ireland, the Irish Cancer Society is committed to putting patients, survivors, families, carers, supporters and the public at the very heart of what we do. A key priority of the Irish Cancer Society Strategy 2020-2025¹ is to invest in world-class cancer research that will ultimately bring about a positive change to the lives of people affected by cancer. We do this by ensuring that all the research that we fund will have an impact and make a difference to people affected by cancer.

Decades of research has led to the development of evidence-based and effective interventions that have the potential to significantly reduce morbidity and mortality of cancer. However, a substantial gap exists between the evidence-informed interventions and their real-world integration into the healthcare system. This disparity has led to people affected by cancer from being able to benefit from some of the opportunities for improved outcome that might be possible if research was put into their experience of treatment and care.

The Society envisions that by 2025, three out of every four cancer patients will survive their diagnosis and that everyone affected by cancer will have access to world-class treatment, care and support no matter who you are or where you come from¹. Therefore, in line with this

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

vision, a key priority of the Irish Cancer Society is to identify, research, and evaluate new approaches to increase the impact of the existing cancer knowledge base.

It is estimated that on an average it takes 17-years for evidence-based interventions to be incorporated into routine practice^{2,3}. Typically, either the research efforts conclude once the efficacy of an intervention is identified or the interventions are not strategically planned for more efficient integration into routine care at a system level⁴.

Through the Information into Evidence for Action Award 2022, the Irish Cancer Society aims to fund a research proposal to evaluate and identify how an evidence-informed cancer intervention/service can be most effectively introduced into the Irish Health System. The results of this study are expected to feed into our goal to improve care, quality and outcome of cancer patients.

Application deadline: **15.00 GMT Thursday 18th August 2022**

1.2. Indicative Timelines

Milestone	Date
Applications Open	Thursday 9 th June 2022
Application Deadline	Thursday 18 th August 2022
Review Deadline	Mid-September
Panel Meeting	End of September
Awardee Selected	End of September/Early October

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

² Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. *J R Soc Med.* 2011 Dec;104(12):510-20.
doi: 10.1258/jrsm.2011.110180. PMID: 22179294; PMCID: PMC3241518.

³ Bazemore, A., Neale, A. V., Lupo, P., & Seehusen, D. (2018). Advancing the science of implementation in primary health care. *The Journal of the American Board of Family Medicine*, 31(3), 307–311.
<https://doi.org/10.3122/jabfm.2018.03.180091>

⁴ Mitchell SA, Chambers DA. Leveraging Implementation Science to Improve Cancer Care Delivery and Patient Outcomes. *J Oncol Pract.* 2017 Aug;13(8):523-529.
doi: 10.1200/JOP.2017.024729. Epub 2017 Jul 10. PMID: 28692331; PMCID: PMC5555033.

1.3. Purpose and Objectives

The purpose of this award is to provide funding to evaluate and identify how an evidence-informed cancer intervention/service can be most effectively introduced into the Irish Health System. The study must generate a final report providing a foundation for integration of an intervention/service into routine care. Therefore, the outputs from this grant should seek to bridge the gap between evidence-based research and its implementation in routine care. Applications proposing any methodology (for example, an actions research, mixed methods research etc.) are welcome, provided the results help in achieving the outcomes of the project.

Expected outcome of the project:

- To identify barriers and enablers of cancer interventions implementation in the Irish public health system
- To identify all stakeholders and key decision makers integral to the effective implementation of cancer interventions in the Irish public health system
- To generate an evidence-based procedure for implementing a cancer intervention in Irish public healthcare settings
- To generate a series of recommendations and learnings from the study
- To identify mechanisms of sustainability for the next stages of implementation

The intervention/service may focus on a specific cancer type or be more general in focus e.g. children's, adult, or geriatric cancers etc. Additionally, proposals may focus on various public service settings e.g. hospital, community services, acute oncology services, etc. The development phases of the intervention should be complete or near completion. **The award will not fund any phase of developing an intervention.**

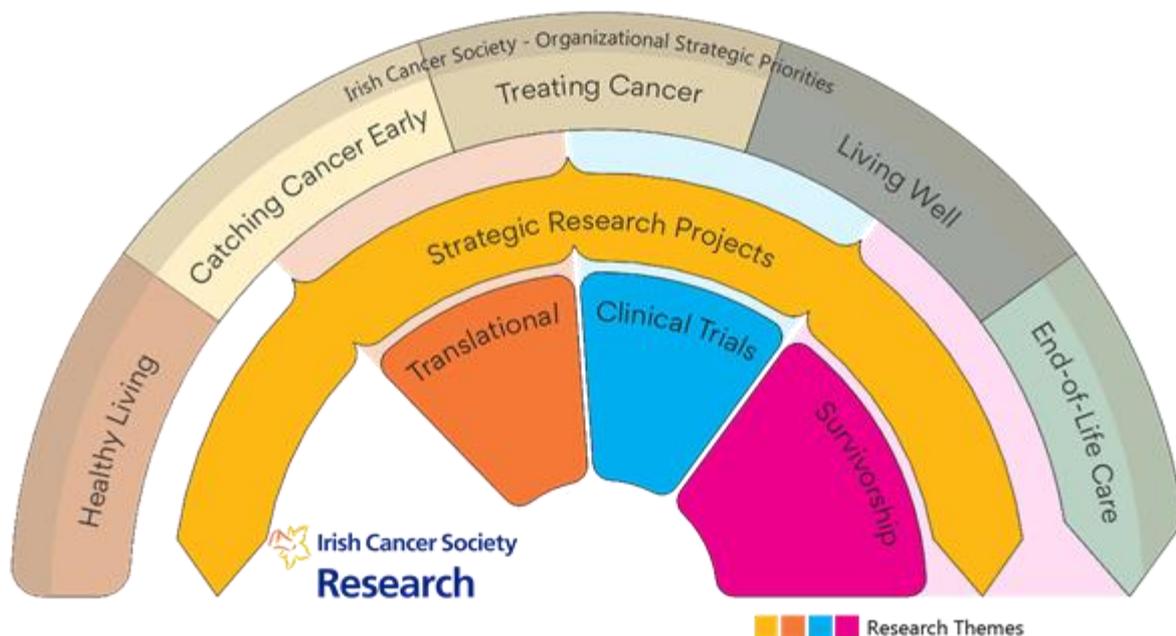
1.4. Research Themes

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. Programme Requirements and Training

Applications may come from individuals or groups with established expertise in conducting research and synthesising knowledge from this field. For group applications there must be one lead applicant. The lead applicant must be affiliated with a [HRB approved Institution](#) in the Republic of Ireland. Please note, the award must be administered through this HRB approved Institution.

For this award, any group members will be considered as co-applicants (maximum of 5 co-applicants plus 1 lead applicant). Co-applicants must have a well-defined and substantial role in the proposed plan.

Only **one** application can be submitted per principal investigator/lead applicant. An application can only be submitted once*.

** Applicants that submit multiple applications will have them rejected. Applications submitted more than once by different applicants will be rejected.*

The applicant may also enrol on structured training courses in implementation science. The Society recommends training courses like [Irish Implementation Science Research Institute](#) hosted by the Health Implementation Research Hub at the School of Public Health, University College Cork. Courses in implementation science not only equip the researcher with the knowledge and skills to undertake high quality implementation research but also provides an opportunity to network with implementation researchers and get feedback on the research project. Enrolment in training courses is recommended, however, not compulsory.

1.6. Funding and Duration

The Information into Evidence for Action Award will provide funding of up to €50,000. The estimated project timeline must be between 12-18 months.

Only proposals with the potential to deliver excellent, informative, and impactful findings within the timeframe of the grant will be considered for funding.

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 cancer researchers, at all post-PhD or equivalent* career stages.

Lead Applicant:

Minimum Eligibility Criteria

At a **minimum**, the lead applicant must meet the following criteria:

Lead applicants must have:

- a doctoral degree by research (or equivalent*) in a field relevant to the proposed research programme
- a minimum of two years post-doctoral research experience
- have a mentor (only required for lead applicants with less than 5 years post-doctoral research experience)
- A track record in health services research, ideally within the oncology setting

Eligible Applicants must fulfil the following criteria:

- The lead applicant must be affiliated with a [HRB approved Institution](#) in the Republic of Ireland. Please note, the award must be administered through this HRB approved Institution
- hold an employment contract that covers the duration of the award

Co-applicants must fulfil the following criteria:

- have well-defined and substantial roles in the proposed project

** PhD equivalent is defined as three or more senior (first, joint-first, or last) author publications in peer-reviewed academic journals or 4 years full time research experience. Alternative research outputs may be considered eligible e.g., monographs. In such instances, candidates should contact grants@irishcancer.ie before applying.*

2.2. Project Eligibility

Applicants are required, at a minimum, to address the purpose and objectives of the award as outlined in section 1.3. There are no stipulations as to what methodology is used to achieve the outcomes. However, applications will be subjected to expert peer review which will evaluate how robustly the proposed methodology can reach the specified research outcomes.

2.3. 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. hospital) must nominate an approved host institute and this institute must manage all finances.

2.4. 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. We strongly encourage that applications include involvement by representatives of those affected by the issues that the intervention/service seeks to support and/or their representatives. PPI can be involved at any stage of a research project, from development and design to interpretation and dissemination. The Irish Cancer Society encourage PPI involvement as early as possible within the research cycle.

In line with this commitment, it is expected that all applicants include a detailed PPI plan (and the associated minimum €1,000 budget allocation) 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.

2.5. 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 the new [Irish Cancer Society strategy 2020-2025](#), the Society will place a greater focus on maximising the impact of the research it funds. Applicants will now be required to complete an impact plan as part of the application process. The Research Impact Framework (RIF) describes the Society’s approach to impact and acts as a guide for grant applicants. It is recommended that you familiarise yourself with the RIF (Appendix 2) when completing the impact plan (see Section 4).

3. Application Procedure

3.1. 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 the fields on the registration form*.

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 ‘Information into Evidence for Action Award 2022’.

***Please note, we recommend that you use a non-HSE (or hospital) email address for all applicants and signatories. Due to the HSE hack last year, HSE-associated email addresses (e.g. @stjames.ie) reject correspondence from our grant management system. We therefore request that you use a non-HSE email address, such as your academic host institution or personal email address, when creating an account or adding co-applicants to an application. If you encounter any difficulties, please contact grants@irishcancer.ie**

3.2. Eligibility Criteria

Once you click 'Apply' you will be required to tick that you meet all of the eligibility criteria before you can proceed to make an application. If you do not meet all criteria then you will be unable to make an application.

4. Application Form

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

- a) Application Outline
- b) Applicant Curriculum Vitae
- c) Mentor
- d) Co-applicant roles and Research team
- e) Research Programme
- f) Organisational Support
- g) PPI Summary
 - Project Summary
 - Public and Patient Involvement
 - Sharing of Research Findings
- h) Impact Plan
- i) Budget
- j) 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 with the application if these sections are incomplete.

Further details on each section of the application form:

a) Application 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 title
- Proposed start date (please note this must be by Q2 2023)
- Duration (between 12 to 18 months)
- Lead applicant(s) details
- Proposed host institution
- Cancer type(s)
- Research type(s)
- Discipline(s)
- Keywords

b) Applicant Curriculum Vitae

In this section you are required to upload your CV, completed using the associated CV template. To upload the CVs click 'Attach' then locate the file to be attached, then click 'Attach'.

c) Mentor

Please indicate if you have at least 5 years post-PhD research experience. A mentor is required for all applicants with less than 5 years of post-PhD research experience. If the application is submitted as a group and neither the lead applicant nor the co-applicants have 5 years of post-PhD research experience, then a mentor is required.

Mentor:

You must add your Mentor to the application. Your mentor will have to confirm participation in the application and also approve the application after you submit it and before it is finally submitted to the Society.

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

If your 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.

Declaration of Support – Mentor:

Please upload a declaration of support from your mentor (if required). The Declaration of Support Template is downloadable from this section on the online system or on the website.

d) Co-applicant roles and research team

More than one applicant may be listed on each application. This may be in the form of co-applicants. Co-applicants must confirm participation in the application.

To add a co-applicant you can search for them by entering their surname. If the individual has already created an account then they will appear on the list. To add them to the application, 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 the co-applicant does not already have an account you can click 'Add a New Contact', enter their name, and email address. Please note that on saving, the contact will be added to the application and will receive a notification of this via email.

Co-applicants: If there are co-applicants, please explain their roles in the plan delivery (maximum of 5 co-applicants). Please note, co-applicants can be both academic and non-academic (e.g. PPI contributors etc.)

Research team: If there are additional research team members please explain their roles in the plan delivery and their suitability **(150 words max)**.

e) Research Programme

Please give details of the research project that will be supported by the project grant.

Basis for research: Please clearly state the relevant background information for this research proposal. This should include details and results of the evidence-based intervention/service that has previously been developed prior to this application **(500 words max)**.

Hypothesis, aims and objectives: Please outline the hypothesis and the aims of your research proposal and how these correspond to the purpose of this project grant outlined in section 1.3. In this section you need to set out a series of strategic and logical objectives that you hope to achieve during the project. The objectives should be precise and concise statements, with a projected date for completion. In some cases, you can enter alternatives in case a pitfall arises **(150 words max)**.

Methods of Research: Please describe and justify the methods, procedures, and experimental design you will use to conduct your research **(800 words max)**.

For quantitative research, please provide statistical analysis for each part of your experimental plan; power calculations, numbers of samples, number of matched controls, and strategy of different controls to be used should all be discussed. Additionally, please discuss the feasibility of obtaining/accessing sufficient numbers of patient participants and controls that will result in statistically meaningful results.

For qualitative research, please describe the planned sample size and rationale, data collection methodologies (e.g., interviews, focus groups, and transcription procedures), analytic framework(s), and sources of bias. Additionally, please discuss the methodology and feasibility of recruiting the planned sample size.

Expected outcome and sustainability: Please outline how the project will generate the outcomes expected by the Society as per section 1.3 **(300 words max)**.

- To identify barriers and enablers of cancer interventions implementation in the Irish public health system
- To identify all stakeholders and key decision makers integral to the effective implementation of cancer interventions in the Irish public health system
- To generate an evidence-based procedure for implementing a cancer intervention in Irish public healthcare settings
- To generate a series of recommendations and learnings from the study
- To identify mechanisms of sustainability for the next stages of implementation

Ethical Considerations and Data Protection: Please describe relevant ethical considerations of your proposal. Where appropriate, describe informed consent procedures, with consideration of anonymisation **(200 words max)**.

In addition, applicants should ensure to follow data protection legislation in all respects including the General Data Protection Regulations (GDPR) which came into effect on the 25th May 2018, and any other relevant legislation.

Summary and conclusions: Please outline the summary and conclusions of your research proposal **(200 words max)**.

Gantt Chart: **You must upload a Gantt chart (PDF format) for the proposed research study.** All uploads must be in PDF format. Please ensure that figures are legible when uploading. Illegible figures may be difficult for the peer review panel to assess and could detract from your application.

References: Please cite any literature referenced in the sections above.

f) Organisational Support

It is critically important that the lead applicant has support from both the:

- host institution
- any hospital/clinical site where the implementation research will take place

The host institution will manage the terms and conditions of the award. 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 management and reporting etc.

Cancer services are busy and work force is limited. Therefore, it is very important that any **hospital or clinical site** where the research will take place is aware of the application and that there is clear evidence that the broader team/institutional environment of the applicant is fully supporting this application in any and all ways possible and that the award may be leveraged by additional local supports.

It is the responsibility of the applicant and host institution to ensure that the applicant has the full support of the hospital or clinical site where the research will take place.

Organisational support question

Please detail the steps, both in the host institution and in the hospital/clinical research site that will need to be taken to ensure organisational sign-off for this award should you be successful **(400 words max)**.

Organisational Letters of Support

An unequivocal and strong letter of support is required from each:

- the host institution
- any hospital/clinical setting where the research will take place

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

The 'Letter of Support' template must be used (can be downloaded in this section of the online application).

Upload organisational letters of support

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

g) PPI Summary

In this section, please provide an accessible summary of the proposed study and your plan for co-developing and integrating clearly identifiable patient involvement. An expert PPI Panel will review this section. As such, please use plain accessible language and if technical terms are used, they must be explained. Patient involvement and partnership is a fundamental aspect of the application. Please consult **Appendix 1** before completing these sections.

Project Summary: Please provide a detailed and structured lay abstract; detailing the following (**300 words max**):

- Briefly outline the background of your research proposal i.e. how and why your proposal came about and the context in which your proposal will take place.
- Describe the specific problem, issue, or question that you are asking in your research proposal and describe how you are addressing it (including the variables being measured and why you have chosen these specific variables).
- Outline who will participate in your research, how you intend to recruit them into your study, and what they will be expected to do if they take part.
- Detail how the proposed research is relevant and important to people affected by cancer.

Involvement Plan: The involvement plan should detail how people affected by cancer and any other relevant stakeholder will be *involved* in the study as partners. It should be well thought out, as detailed as possible, and given as much consideration as the scientific sections in the form. Vague plans are to be avoided. When completing this section, please detail the following (**500 words max**):

- What is the overall goal of your PPI plan?
- What are the aims and objectives of your PPI plan?
- At what stage of the research programme will patients and other stakeholders be involved e.g. planning, design, implementation, management, evaluation, dissemination?
- What will be expected of the patients and stakeholders who become involved? What is the burden of involvement and how will people's time and expenses be compensated?
- Please describe any patient or stakeholder involvement that has occurred to date in the development of the proposal.
- How will the planned involvement activities influence the research and how will you ensure that the involvement activities are not tokenistic?

- What key patients and stakeholders will be involved, how many will be recruited, and from where will they be identified?
- What are the practicalities and logistics of the PPI partnership? How will you communicate? Where will you meet?
- Articulate the challenges that might arise from involving patients in your research and how any issues will be prevented or overcome.
- How will you support PPI partners to be involved in your study?
- Have you considered any accessibility issues the PPI partners might have?
- How will you ensure that results and outputs emerging from the study are fed back to regularly the PPI partners?
- What PPI supports are available to you locally or nationally to advise you on your PPI and how will these supports be utilised?

Please note:

- if your host institution is part of the PPI Ignite Network, it is strongly recommended that you contact your host institution lead site, for support on submitting this application. More details can be found [here](#).
- while patient participation and engagement activities are encouraged as part of an application and can be detailed as part of this plan, the Society will only fund applications that predominately include *involvement* or *partnership* activities. Please see Appendix 1 for further details and examples.

Sharing of Research Findings: As the largest voluntary funder of cancer research in Ireland, the Irish Cancer Society relies on the generous donations from the public in order 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 describe your plan for sharing your findings. This may include printed or electronic articles, presentations, public engagement events, social media content, etc. **(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 a manner that is accessible to a non-scientific audience.

h) Impact Plan

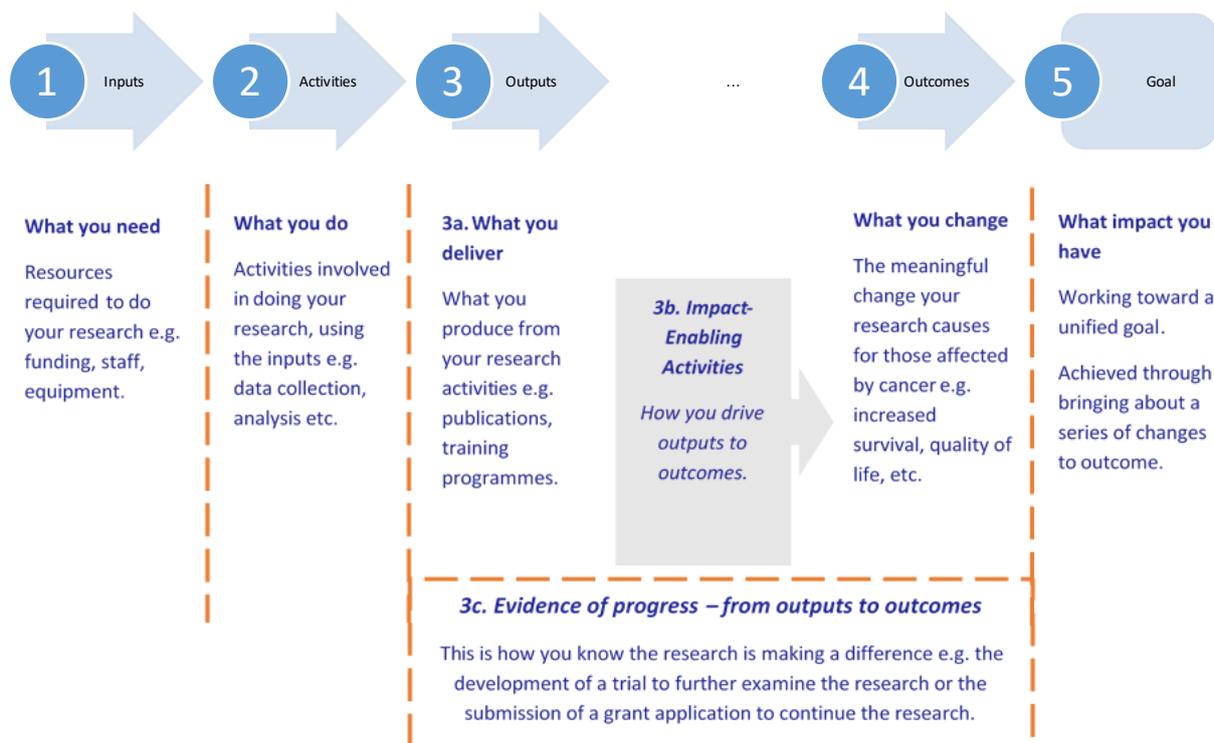
Please consult the Research Impact Framework (RIF) (Appendix 2) when completing this section.

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.

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.

Figure 2. Visual representation of the Irish Cancer Society Impact Process



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 in 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’.***

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.

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 given to applicant	Worked Example
5. Goal	<p>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 <i>‘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.’</i></p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note: you will</p>	<p><i>This is fixed to the Irish Cancer Society set goal so will always be the same:</i></p> <p><i>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</i></p>

Section	Description & Information given to applicant	Worked Example
	<p>not be required to add anything additional to this category of the impact section.</p>	
<p>4. Outcome</p>	<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"> — 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. <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><i>This project is about examining the integration of exercise services in clinical oncology settings.</i></p> <p><i>Therefore, the sixth Irish Cancer Society outcome would be the most appropriate to use here:</i></p> <p><i>Outcome 6: Improved care and support increase the quality of life of people affected by cancer</i></p>

Section**Description & Information given to applicant****Worked Example****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 peer reviewed paper on how exercise services can be integrated in clinical oncology settings.

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 publication alone cannot be impactful if it is not shared with people who make decisions about that service. The impact enabling activity could be a workshop with key stakeholders (physiotherapists, 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 effective integration of the intervention into clinical practice.

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

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

<i>Section</i>	<i>Description & Information given to applicant</i>	<i>Worked Example</i>
	or non-numerical) or quantitative (numerical) (300 words max) .	<i>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 qualitative evidence).</i>
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) .	<i>A scoping review examining the integration of services in clinical oncology settings.</i>
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"> • <i>Funding to pay for the research project</i> • <i>Materials to undertake the experiments</i> • <i>A piece of software to conduct the data analysis</i>

i) Budget

All applications should include a detailed budget. Indirect costs/overheads are not eligible costs for Irish Cancer Society awards. Please consult the Irish Cancer Society budget spending and expenses guidelines when developing your grant budget (see Appendix 3).

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.

Direct costs that can be requested for the following budget categories:

Budget Item	Details
Personnel costs	<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 are allowed.</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: https://www.hse.ie/eng/staff/benefitservices/pay</p> <p>IUA: https://www.iua.ie/research-innovation/researcher-salary-scales/</p>
Running costs	<p>Running costs are costs associated with conducting the research activities e.g. materials and consumables, survey costs, travel for participants, transcription costs, etc.</p>
Equipment costs	<p>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. Only equipment items that are specific to the applicant's research project will be allowed. All costs must be inclusive of VAT, where applicable.</p> <p>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.</p>
Training & education costs	<p>Education and training for members of the research team may be budgeted. This may include attending courses, workshops, professional development training, etc. Include any training-related travel and accommodation costs here.</p>

Travel and 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.

PPI costs Costs associated with involvement activities should be budgeted (a minimum of €1,000 should be budgeted for involvement activities).

Research participation costs (e.g. participant travel) should not be included here.

Please see Public and Patient Involvement (PPI) in Research Guidelines on developing a PPI budget.

j) Validation Summary

The validation summary page will notify you of any incomplete 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 co-applicants who have yet to confirm their participation. Once the application has been validated, it may be submitted by the [lead applicant](#). In the case of joint lead applicants, the application must be submitted by the applicant who originally created the application form.

The application will then be routed to any required signatories. 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. It is the responsibility of the lead applicant to ensure that signatories are given sufficient time to approve the application before the deadline.

For this grant application, signatories include mentors.

Applications must be received by the Society prior to the deadline. Late or incomplete applications will not be accepted.

Application Checklist

- Completed application form
- Applicant CV
- Gantt Chart
- Declaration of Support – Mentor (if required)
- Declaration of Support (host institution) - Head of Department/School
- Declaration of Support (hospital/clinical setting) – Head of Department

The following must be completed **ONLINE by 3pm Thursday 18th August 2022**.

6. Application Assessment

The Irish Cancer Society bases its funding decisions on the recommendations of an external scientific and PPI 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

Scientific Reviewers are asked to review specific sections of the application and provide a score for each section of the application. Scores will be assigned based on the scientific merit of the proposed research; the likelihood that the proposal will result in the translation of the intervention into service provision (section 1.2); and the strength of the applicant team and their support structures.

Similarly, the PPI panel will appraise and give feedback on their respective sections, specifically, Project Summary, Public and Patient Involvement (PPI) Plan, and Sharing of Research Findings.

Please note, the scientific reviewers will not be assessing any of the PPI review sections, and vice versa. As such, it is vital that the sections appraised by patient representatives are written in accessible plain English. Failure to do this may result in the patient representatives not being able to accurately give feedback on these sections of your application.

Applications will be assessed based on their likelihood to deliver meaningful results that adequately achieve the expected research outcomes as outlined in Section 1.3.

Both scientific and PPI reviewers will be asked to provide feedback on the feasibility of the budget plan. The budget will also be reviewed by the Irish Cancer Society to ensure that it is feasible and that all maximum limits have been adhered to. Final approval of all budgeted costs is at the discretion of the Irish Cancer Society.

Applications are reviewed by a panel of international academic/clinical experts (scientific panel) **AND** a panel of experts by experience (PPI panel).

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

	PPI Panel	Scientific Panel
Application Form Sections	<ul style="list-style-type: none"> - PPI Summary <ul style="list-style-type: none"> o Project Summary o Public and Patient Involvement (PPI) Plan o Sharing of Research Findings - Impact Plan - Budget* 	<ul style="list-style-type: none"> - Applicant Curriculum Vitae - Mentor - Co-applicant roles and research team - Research Programme - Impact Plan - Budget*

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. Applicants will be informed of the outcome by email. Reviewer feedback will be available to all applicants.

7. Contact

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

Email: grants@irishcancer.ie



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. The majority of Irish Cancer Society grant calls will require researchers to detail their plans for including patients 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 to 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 people with cancer can interact with research, specifically by means of *participation*, *engagement*, and *involvement* 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 cancer¹. 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. It does also not refer to the recruitment of patients or members of the public as participants in research. However, these different activities – involvement, engagement and participation – are often linked and, although they are distinct, can complement each other¹.

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 Governments' National Cancer Strategy (2017-2026)², which highlighted:

“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, but 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 patients³
- Enhance patient trust in researchers³
- Improve researchers’ insight into their own research area³
- Help researchers identify barriers and come up with solutions to research³
- Increase trust and acceptability in the patient community of research findings³
- Inform the provision, access, and location of healthcare services⁴
- Improve the dialogue between healthcare professionals and patients⁴

Specific to the cancer setting, PPI may be used by patients as a resource, to make sense of living with a chronic condition⁵. 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)⁶.

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 role of the patient 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 key for successful PPI. Having an open and respectful relationship is key to successful PPI. A number of different factors are important for a good relationship between the PPI contributor and the researcher(s), these are listed below.

- A good communicator including keeping in touch as needed
- Shows respect, empathy and understanding
- Has time for each other and the PPI activities

It is a good idea to keep in mind this relationship aspect of PPI when designing the Patient Involvement plans.

5. PPI and the funding process

The majority of Irish Cancer Society application forms contain sections relating to patient involvement. These sections will be reviewed by PPI reviewers and in most instances PPI reviewers will contribute to funding decisions along with 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 effected 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 PPI sections in 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 Patient Involvement 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 6). However, an important consideration when writing the project summary is to determine the right balance between pitching it to the correct lay audience and oversimplifying it too much. As such, the summary should be written in clear plain English, but also adequately conveys 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. Patient involvement plan

The patient involvement plan should detail how patients will be involved in the research project.

It should be well thought out and as detailed as possible. Vague plans are to be avoided. The patient involvement 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 patients will be involved, how these patients will be recruited, what exactly the patients will be doing etc.

As with any project we acknowledge that patient involvement 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 Patient Involvement 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 patient involvement can be incorporated into research includes (but is not limited to):

- as members of a patient 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 suggested by the patient advisory group 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 people, 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 ⁷, which researchers may find useful when considering potential challenges and how to address them.
- In some instances, patients may need additional support (emotional), it is a good idea to identify supports that could be offered to patients should they need it.
- Patients may also need practical supports to be involved. For example, not all patients will 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 patient involvement 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 initially envision the practicalities of how patients can be involved in a research project in a meaningful way. However, there are a lot of valuable opportunities to involve patients 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 patients, 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 research that is funded by the Society. 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 which 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 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 ‘Decoding Cancer’, 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 Patient Involvement 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

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 costs 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: 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.
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 costs. Please note this is not an opportunity to elaborate on details of your patient involvement 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Travel Subsistence Childcare Carer costs Personal assistants Overnight accommodation Home office costs
Involvement activity	<ul style="list-style-type: none"> Finding people/advertising Training and learning costs Venues and catering Equipment and books Access to university facilities Conference fees
Involvement staffing	<ul style="list-style-type: none"> Administrative support Involvement coordinator Independent facilitator Peer researchers/interviewers
Other costs	<ul style="list-style-type: none"> 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 lay 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	Honorarium for attending virtual advisory group/workshops	3 x 3= 9 (3 representatives x 3 meetings)	€100	€900
TOTAL COST (€1000 from PPI budget)				€ 900

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 patient advisory group to advise on dissemination of the research results and assist with writing lay summaries for grant applications.

The researcher is looking for three patient representatives 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	UnitCost	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)	€30	€120
Advisory group payment x 2	Honorarium 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 (€1000 from PPI budget and €96 from consumables budget)				€1,096

All costs were calculated using estimated costs for train tickets, hotels, and so on in the Republic of Ireland as of January 2021.

Please note: This budget is for specific costs associated with involvement only. If part of your PPI plan is that patients 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 grants@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/>

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- 2) Department of Health. (2017). National Cancer Strategy (2017-2016). Retrieved from <https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf>. 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).

Appendix 2:

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	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. 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.

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, 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.</p>
5. Open access	<p>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</p>
6. Long term impact monitoring	<p>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.</p>

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.

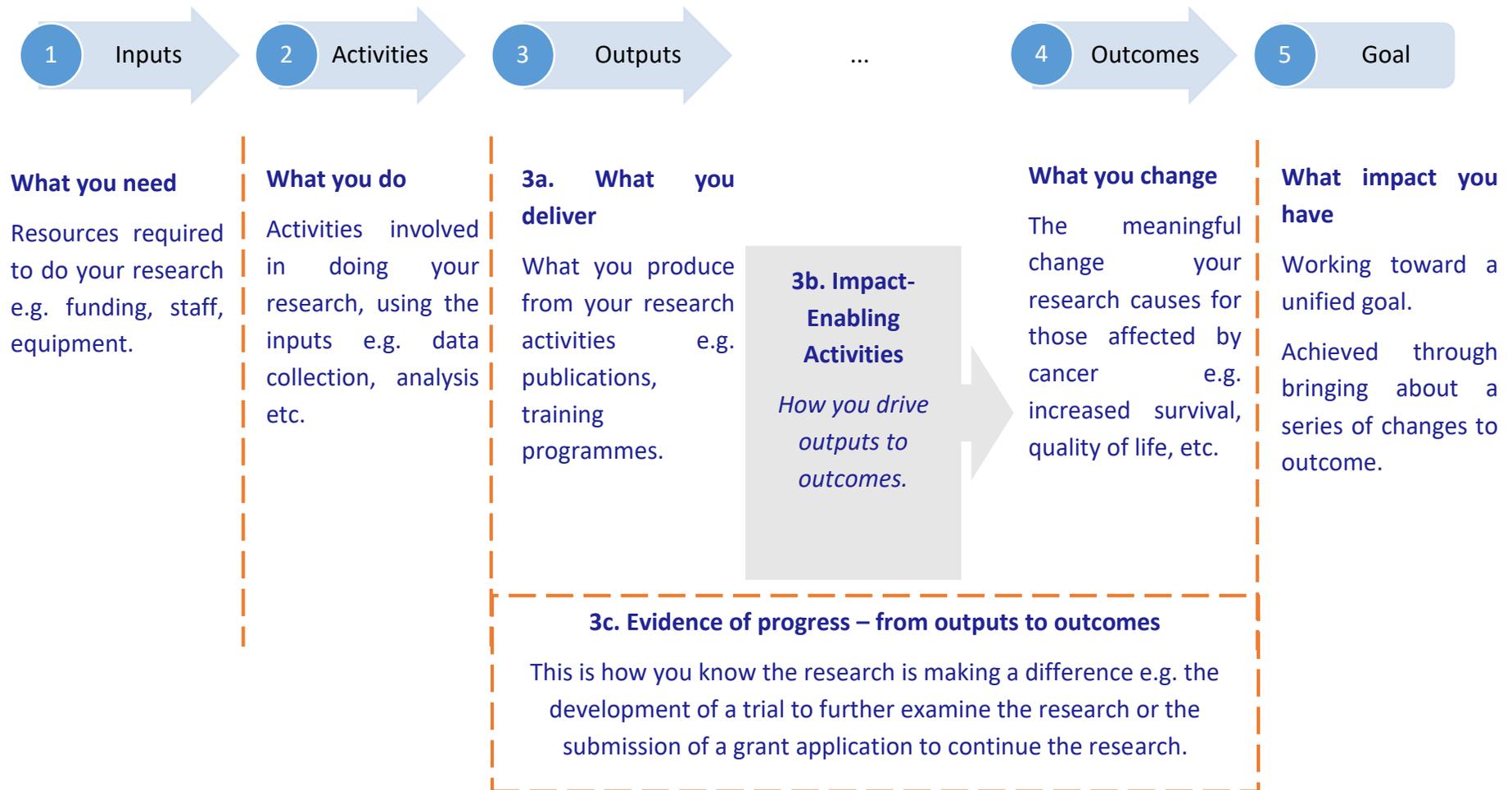


Figure 1. Theory of Change shown in diagrammatic form. The examples of each key factor are only for illustrative purposes and are not comprehensive.

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

3a. Outputs

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 that 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

	<p>this has been selected you can then work backwards from this to complete the other sections.</p> <p>You can select more than one outcome if relevant.</p>
3a. Outputs	Planned outputs for the project.
3b. Impact-Enabling Activities	<p>Impact-enabling activities are activities that drive outputs to outcomes- i.e. progress the research along the impact pathway.</p> <p>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.</p>
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.

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 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.

Additional guidance	
Title	Project title
Goal	Is set and cannot be changed
Outcome	Set at application stage.
Outputs	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.
Impact-enabling activities	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.
Evidence of progress	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?
Plans for next reporting period	Impact-enabling activities for the upcoming reporting period.
Activities	Can remain the same from application stage. Details will be required if the activities have changed and these changes affect the impact plan.
Inputs	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 priority¹ 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 a Research Census for all of our currently funded researchers. The aim of this 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.

6. 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.

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



Irish Cancer Society Research

Appendix 3: 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 general 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 acknowledge that an approved budget may require modifications over the course of an award. Budget reallocations may be permitted during the lifetime of 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 do not pay any overhead contribution to host universities.

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@research.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 the majority of 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 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 hold 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 flat rate of €18,500 per year for up to four year's full time (in the case of a PhD scholar) or up to two years full-time (in the case of MSc students). 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 fully 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 all 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 do 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 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 masters 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, whom 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. In particular, 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 and 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 encourage 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 have specific documentation in place for developing a PPI Budget and these can be found in Appendix 1 of all call document guidelines.

A mandatory minimum provision for specifically costing PPI activities into grant applications is included in the majority of Irish Cancer Society funding calls, and will be outlined in the

specific call documentation. At the very minimum it is expected that 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 university and local PPI resource (e.g. PPI Ignite) when completing the PPI section of their application budget.

3.5. Mobility and Capacity Building Element Budget

As part of our scholarship and fellowship research awards, applicants are given the opportunity to request either A) a mobility initiative for travel to a national or international research institution in furtherance of advancement of their research project aims, or B) a non-mobility **project-based** Initiative that facilitates academic and clinical networking; encourages national and/or international cooperation and collaboration; and promotes the development of new skills and/or perspectives. The specific details, amount and duration of funding for this element will be outlined in the specific grant call documentation.

Details of the mobility and capacity building element funding is requested at the application stage and the main standard budget grant categories should be used in developing a mobility and capacity building 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 through-out 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 the initiative commencement). Applicants therefore have the opportunity to change the details of the mobility element during the research award. However, final approval of all changes is at the discretion of the Irish Cancer Society. For further details on allowable costs as part of the Mobility and Capacity Building Element, please refer to Section 4.7.

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

4. Research Grant Expenses

The Irish Cancer Society are 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 in the execution of activities 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 perceived as reasonable at all times.

It is not possible to set out rules for every situation and so you are required to exercise judgment to ensure that all claims made are within the spirit of the guidelines.

Please note, an awardee will be required to submit a detailed statement of income and expenditure as part of their annual report process. As part of this reporting, the Irish Cancer Society may request copies of the original receipts associated with any travel on their 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, then a query should be addressed to the Society by emailing grants@irishcancer.ie in advance of incurring such expenditure.

4.1 Travel Expenses

- Travel should be by the most economical means and the Society expressly encourages that public transport be used whenever possible, when this is the cheapest option. Tickets for public transport should be booked in advance where possible 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 in order 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 ideally be in locations that are free of charge. However, the Society do 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 this policy 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 do not generally permit the use of funds to cover the cost of a mobile phone or mobile phone bill. However, we do recognise that in certain circumstances 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 scrutinised 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 call.

4.7. Mobility Element & Capacity Building Expenses

Allowable expenses associated with the mobility and capacity building 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 and capacity building 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 the mobility application. Eligible travel costs are those that involve return travel from your location of origin to your mobility or capacity building 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 and capacity building 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 and capacity building 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.