

HEALTH SERVICES RESEARCH GRANTS SCHEME APPLICATION GUIDELINES

April 2026

1. INTRODUCTION

The HCF Research Foundation was established in 2000 by The Hospitals Contribution Fund of Australia Limited (HCF). The aim of the HCF Research Foundation is to fund health and medical research for the benefit of HCF members and all Australians, with a focus on health services research. The HCF Research Foundation aims to increase the evidence base in the delivery of healthcare services and support the translation and uptake of effective healthcare models and services. The HCF Research Foundation strives to support research that will ultimately improve the delivery of health services for our members and all Australians. The HCF Research Foundation is keen to support health services research with impact. To be competitive, grant applications should address health issues of scale that are relevant to a significant population of Australians, show strong potential for translation and scalability across the healthcare system, and have a transformative effect. This transformation could involve the model(s) of care, patient outcomes or burden, or the health system in general (such as efficiency gains, capacity, etc.).

A. HEALTH SERVICES RESEARCH GRANTS (HSRG)

Health services research examines how people access healthcare, how much it costs and what happens to patients as a result of this care. The HCF Research Foundation funds research proposals that use and enhance current knowledge to improve healthcare outcomes, including the quality, efficiency and equity of, and access to health services. Through the Health Services Research Grants scheme, the HCF Research Foundation aims to support projects with major potential for significant impact - to deliver better health outcomes and access to affordable, high-quality healthcare when and where it is needed. There is a limited amount of funding available each year. **Applicants are advised that there is an upper funding limit of \$500,000 available, with no limit on the duration of the project.** Applicants must clearly articulate the excellence of their project, with costing being realistic and competitive. Applicants should also be aware that the HCF Research Foundation prefers to fund a larger number of smaller projects. In this regard, small pilot projects and short-term support to undertake scoping or meta-reviews (with budgets less than \$100,000) supporting larger applications in the future are encouraged to apply.

B. THEME AND TOPICS

Each year the HCF Research Foundation invites applicants to apply for funding for health services research projects that address one or more nominated topics. Additional guidance on these topics is provided below to enable researchers to ensure their expressions of interest (EOIs) align with the call. The 2026 Health Services Research Grants round will focus on specific research areas of interest within the following two major topics:

- 1. Uptake, accessibility and effectiveness of innovative mental health models of care that expand options for timely, high-quality support for people experiencing acute mental health needs. This can include strengthened community-based models and integrated pathways of care.**

Guidance:

- *The HCF Research Foundation is interested in supporting innovative projects that improve accessibility and effectiveness of mental health care, and how these can be implemented at scale.*

- 2. Strategies for the identification and remediation of gender bias in health care services.**

Guidance:

- *This can include healthcare-related gender bias or discrimination that creates barriers to timely, appropriate and effective medical care (both diagnostics and treatment).*
- *This topic seeks projects that will look to address (in part) the systemic, institutionalized, and often unconscious gender bias in healthcare that leads to underdiagnosis, undertreatment, and dismissal of women's health concerns.*

In previous years the HCF Research Foundation has received far more applications than can possibly receive funding. Please do not waste our time, or yours or your institutions' time. **If your research does not explicitly meet one or more of the Foundation's advertised topics, or is not health services research, please do not submit an EOI.** If you are unsure, please contact the Foundation to discuss your project prior to submitting your EOI. Only a small number of high quality EOIs that meet the scheme requirements will be invited to submit a full application.

EOIs that do not describe health services research on one or more of the listed topics will be rejected outright.

In considering the topics and developing their submissions, applicants are encouraged to consider whether HCF and/or HCF Research Foundation can assist with the conduct or translation of the research. For example, where relevant, the HCF Research Foundation will work to facilitate access to de-identified data held by HCF (e.g. claims data) for successfully funded projects where such data is essential to, or will improve the quality of, the project and its outcomes.

2. NOTABLE CHANGES FOR THE 2026 HSRG SCHEME

- **Three new questions have been added to the full application form.** Applicants will need to consider responses to these from the earliest stages of project inception and design.
 - Consumer and community engagement: The engagement of consumers¹ and the community in research design, delivery and translation/implementation enhances the quality, relevance and impact of health services research. The HCF Research Foundation requires applicants to provide a statement as to the engagement and integration of consumers and the community throughout the research life cycle.
 - There are significant knowledge gaps in medical and health services research that have resulted from historical underrepresentation of sex, gender, variations of sex characteristics and sexual orientation ("the variables"). Health outcomes relevant to all people in Australia can be improved with appropriate consideration of, and accurate data collection relating to, the variables in the design, conduct, analysis, reporting and implementation of health services research. The HCF Research Foundation is now asking applicants to consider the variables at all stages of the research project and provide details in their application. Please refer to the ABS 2020 Standard for definitions and classifications, and for additional resources visit: <https://www.nhmrc.gov.au/research-policy/gender-equity/statement-sex-and-gender-health-and-medical-research>
 - Socially disadvantaged, geographically remote and other minority groups are frequently under-represented in health research despite having some of the highest health care seeking needs. The HCF Research Foundation is now asking applicants to provide details of how their sample will be representative of the diversity of the Australian population. Responses should consider the cultural, linguistic, geographic and socio-economic diversity of research participants.
- We have provided further clarification of acceptable costs associated with the involvement of consumers and community in trials. Providing honorariums to consumers/community members as remuneration for time committed to trials is encouraged and other relevant consumer engagement costs for projects will be considered.

3. ELIGIBILITY

A) KEY DATES

The 2026 round of the HCF Health Services Research Grants scheme will proceed according to the timetable below. However, with the exception of the closing date for applications, the timetable is subject to change without notice.

PHASE	DATE
EXPRESSIONS OF INTEREST OPEN	April 2026
EXPRESSIONS OF INTEREST CLOSE	13 May 2026 (5pm AEST)
FIRST REVIEW PERIOD	May – Jun
APPLICATIONS OPEN	1 June 2026
APPLICATIONS CLOSE	10 August 2026 (5pm AEST)
SECOND REVIEW PERIOD	August - October 2026
BOARD DECISION	November 2026
OUTCOMES COMMUNICATED TO APPLICANTS	November 2026
FUNDING START DATE	1 January 2027

¹ The HCF Research Foundation acknowledges that the term "consumer" is not universally accepted, however is used here for consistency. Applicants should use the terminology preferred by the community representatives that they are engaging with.

B) ADMINISTERING INSTITUTION

A single reputable institution must be nominated as the Administering Institution. It is expected that projects will be managed with the support of an academic research institution, such as a university, hospital, or research institute. However, in order to fund quality research in additional health service settings, the HCF Research Foundation is open to applications from institutions outside of those categories - please contact us prior to submitting your application if this describes your proposed Administering Institution. The Foundation expects nominated Administering Institutions to have policies and procedures in place for the management of research funds, management of intellectual property, and for the conduct of research consistent with the Australian Code for the Responsible Conduct of Research.

The Administering Institution must review the Funding Agreement (<https://www.hcf.com.au/about-us/hcf-foundation/hcf-foundation-applications>) prior to submission of your application and agree to signing the terms of the agreement should funding be awarded.

Commercial entities and non-government organisations with research interests are encouraged to join and support applications as collaborators. In these instances, and particularly for those organisations with commercial interests in the research and/or the ability to self-fund research, generous co-funding arrangements are expected.

C) INVESTIGATOR TEAM

Each application must have a single nominated lead investigator who is the primary individual responsible for delivering the program of research should it be funded. There is a limit of one EOI per individual lead investigator. However, there is no limit to the number of EOIs or applications on which an individual may be listed as a co-investigator.

Collectively, the investigator team must show evidence of successfully leading a program of academic research. This evidence can be through publications, research impacts and/or previous funding awards.

The lead investigator must have the right to live and work in Australia throughout the proposed grant period. Awarded grants are generally not transferable to an alternative lead investigator, nor are they transferable to an administering institution based outside of Australia.

A maximum of five (5) Co-Investigators can be included in any application. Co-Investigators are those key individuals involved in the research application whose participation is required for successful completion of the project. Evidence of research productivity will also be required for Co-Investigators. Associate Investigators may also be listed in the application. It is appropriate for individuals with minor supporting roles and input in the research program to be listed as Associate Investigators. The roles of each Co-Investigator and Associate Investigator should be adequately described and justified.

Inclusion of persons with relevant lived experience as investigators is encouraged.

D) BUDGETS

No detailed budget information is required for an EOI submission (only an indicative range). In a full application, all items in the requested budget must be directly related to the project and fully justified. Failure to sufficiently justify items may result in a reduced offer of funding. Submitted budgets should be divided into three components – salaries, direct research costs and translation costs. The below guide is not exhaustive, and all funding is at the discretion of the HCF Research Foundation Board.

i. Salaries

- HCF Research Foundation will only support salaries for individuals for their time committed to the research project. For example, an investigator requesting salary who is only working 0.6 FTE on the project will only be eligible for 0.6 of their per annum salary. We do not fund business as usual staff salaries providing in or out of hospital services, or other healthcare services.
- Additional salary on-cost support is limited to 20%.
- We do not fund salaries for staff based outside Australia.
- For administrative and technical support staff hourly rates of pay are to be determined from the relevant Award Rates.
- PhD stipends may be included.

ii. Direct Research costs

- **Equipment, materials and consumables:** The purchase of essential items and equipment specifically required for the project is allowed if such items are normally not available.
- **Research services:** Research services directly required for the successful conduct of the project are permitted. Budgets must include information of the facility to be used, rates per hour, and number of hours required. Reasonable expenses for computer services, or purchase/licensing of software is also permitted.
- **Travel:** Funds for travel will only be considered when they form an integral part of the project.
- **Participant recruitment:** Costs for participant recruitment may be included where there is a justifiable need.
- **Software development:** Software development costs will not be funded.
- **Consumer involvement:** Remuneration of consumers for their time supporting the project will be funded. Duration of expected consumer involvement and rate should be provided. Funding for other relevant costs for consumer engagement will be considered.

iii. Research Translation costs

It is important to comprehensively explain and itemize the costs of translation activities during and post completion of your research.

You need to clearly identify which costs will be incurred during the research project, and which will be incurred after the research is completed. Provision of funding for post-completion translation costs are conditional and subject to HCF Research Foundation approval of the final research report. Translation costs may include:

- Publishing fees
- Peer engagement and training
- Consumer/patient engagement through the project, and communication/education
- Government, funder, college, national body and other stakeholder engagement
- Clinical guidelines and/or policy change
- Media and promotions.

iv. Post-Research Translation costs

Post-research completion translation costs are not guaranteed and subject to approval once the final report has been provided. These activities are in addition to the upper limit of \$500,000 and are contingent on the successful outcomes of the research. To be competitive for funding there should be significant translation activities built into the research time frame.

HCF Research Foundation will not fund:

- Institutional overhead and administration costs and office supplies
- Research infrastructure
- Insurance costs
- Costs related to intellectual property
- Entertainment, hospitality, and personal expenses (including subscriptions and professional membership fees).

Co-funding and in-kind support

Secured and pending co-funding should be itemised and included so the HCF Research Foundation can appropriately assess the value proposition of the investment. In-kind support that has been committed should also be included.

4. EXPRESSION OF INTEREST, APPLICATION AND REVIEW PROCESS

The HCF Research Foundation review process is designed as shown below, however remains subject to change without notice. In the event of a significant change to the process, the HCF Research Foundation will use its best efforts to notify all affected parties.

A) Expression of Interest (EOI)

Research teams considering an application must submit an EOI. These will be checked for eligibility by the HCF Research Foundation team. Eligible EOIs will then be reviewed and a shortlist of those EOIs deemed most competitive for funding will then be invited to submit a full application.

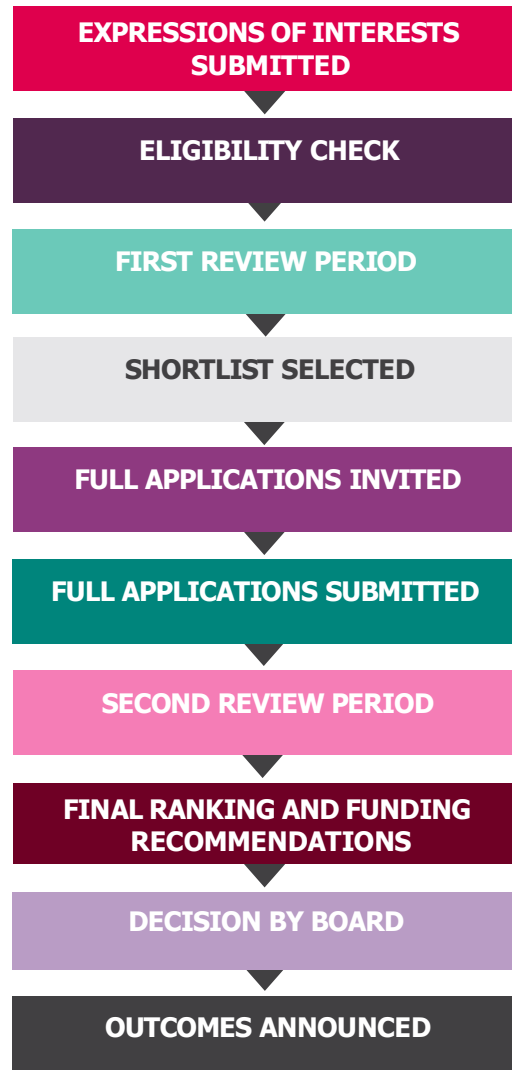
The EOI is intended to provide brief details of the proposed research to ensure it is eligible, meets the topic brief and is suitable for funding consideration before it progresses to full application stage. Applicants should note that there are strict word limits for the EOI form and are advised to use the provided word limit efficiently and not to repeat themselves across sections. There is no requirement for detailed budget information, nor supporting references in the EOI form. The EOI form should be signed by the nominated lead investigator.

Information within the EOI is considered to be strongly indicative of the intended application. Applicants may change minor details of the project (e.g. co-investigators), however, significant changes to the project design or research question should be discussed with the Foundation prior to submission of the full application as the changes may result in the project no longer meeting eligibility requirements.

B) Application

Full application forms will be emailed directly to the named principal investigator (and submitting email if the EOI was submitted by another individual). Applicants should note there are strict word limits for the application form and are advised to use the provided word limit efficiently and not to repeat themselves across sections.

Letters of support detailing the proposed contributions from co-funding organisations should be included with the application. Applicants will also be expected to include a single page/slide infographic (or visual abstract) describing the proposed project. These should be a single, concise, pictorial/visual summary of the proposal and should avoid excessive use of text.



The decisions of the HCF Research Foundation Board will be final. The HCF Research Foundation will ensure all applicants are made aware of their application outcome. No feedback will be provided regarding specific applications.

C) ASSESSMENT CRITERIA

All applications to HCF Research Foundation’s Health Services Research Grants scheme will be assessed against the four Assessment Criteria described below and in detail in the Appendix. HCF Research Foundation will generate a single overall score for each application based on the weighted scores for each of the criteria from the panels of reviewers (both external and internal). This overall score will be used to rank applications.

i. Research design

Applicants must clearly articulate the foundation of the project, the central hypothesis and the design of the research project. The Background section should clearly state the rationale for the project, and why this area is a priority for change. The Research Design and methodology section should clearly describe the project, any intervention(s) and what is being evaluated, as well as the study end-points.

- If participants are involved, describe how they will be recruited.
- Clearly list metrics that will be measured and state where data measurements will come from, e.g. specific hospitals, patient surveys or government data sources.
- Be clear about the study methodology (i.e. RCT, qualitative, etc.) and identify any scientific or technical risks and mitigation strategies. The methodology section **must** include detail on the statistical methods to be employed during the study.
- If the project involves the design of a new intervention or model of care it must include a plan for evaluating effectiveness. Applications that only address design, acceptability and feasibility will not be competitive for funding.

ii. Translation potential

The HCF Research Foundation Board are interested in funding research that provides a good opportunity to achieve positive change in health services. Articulate how your study will advance current thinking and approaches. Ensure you communicate your translation plan,

and how your activities both during and post-research will result in changes to practice. The inclusion of short-, medium- and long-term translation activities, implementation strategies and goals are strongly encouraged. Applicants should also identify, if applicable, where HCF is able to act on or assist with translation and implementation of the research outcomes to further drive uptake.

Stakeholder engagement in the development of the application and planned for (and beyond) the duration of the project should be detailed where relevant to the translation of the research project. Note that in-kind and cash contributions from health service partners are viewed as significant indicators of stakeholder buy-in and intention to translate. These should be detailed in letters of support, which are also encouraged from relevant professional organisations and colleges.

- Where the research described in the application is fundamentally reliant on a piece of commercial software (or an app), applicants will need to demonstrate how they will achieve sustainable delivery and access for health consumers in their translation plan beyond the duration of the project. In these instances, applicants may be requested by the HCF Research Foundation to provide additional information on data collection and privacy.

iii. Significance

Applicants must describe the potential significance of the research project, both in terms of the scale of the issue, and the severity, and explain the potential impact of the successful completion of their proposed work. It is expected that applicants will provide clear metrics – for example patient numbers to indicate the scale of the issue, and also the impact of their project (i.e. how many patients will be impacted by the successful translation and implementation of the project outcomes). In addition to impact on clinical outcomes, applicants may also make the case for the scale of the impact their work may have on quality of life for the patient population, their families and carers, and the broader health system (with appropriate metrics where possible). These elements should be combined to illustrate the potential impact for the project to have on patients, health services and consequently health outcomes. Impact can be through any combination of social, economic and/or health outcomes. To score highly for this criterion, applications must make a compelling case for the research to deliver significant positive impact for health services stakeholders. Any statistics and demographic data used to justify significance should be from reputable sources and appropriately referenced.

iv. Team and stakeholders

Peer reviewers will be expected to review each application on its merits, including the track record of the applicant team. Applicants will need to provide sufficient information for each investigator and justify their selection as part of the research team. Additionally, key stakeholders for the research project and its translation and implementation should be identified.

Relative to opportunity and career disruption

HCF Research Foundation acknowledges that no two research careers are the same, therefore in determining track record reviewers are to take relative to opportunity considerations into account (within the past 10 years). Reviewers should take the investigator's career stage and circumstances into account and consider whether the investigator's research productivity is commensurate to the opportunities available.

Relative to opportunity considerations that are taken into account when assessing a track record are divided into two categories: career disruption and other considerations. Career disruptions are considered separately below. Other considerations that may be considered during peer review include (but are not limited to):

- Research role(s) and responsibilities, including amount of time spent as an active researcher
- Available resources and facilities (including situations where research is conducted in remote or isolated communities)
- Other professional responsibilities, such as clinical, administrative or teaching workload, and time working in other (non- academic research) sectors.

Career disruptions are prolonged interruptions to the ability of the investigator to work in research, due to pregnancy, illness/injury and/or career responsibilities. It is expected that any career disruption would need to result in an absence of work for 90 calendar days or more (this may be continuous or cumulative due to a reduced %FTE).

D) BUDGET REVIEW

Applicants should ensure their budget reflects the size and scope of the proposal. All budget items should be fully justified, and within the budget rules described above. Given the limited pool of funds available, HCF Research Foundation reserves the right to offer funding at a reduced level in instances where costs are not deemed appropriate.

5. EXPECTATIONS IF SUCCESSFULLY FUNDED

Applicants should be aware of HCF Research Foundation's expectations, should they be awarded funding. HCF Research Foundation will strive where possible to minimise the administrative and logistical burden on researchers, however this must be balanced with the needs of HCF Research Foundation.

A) FUNDING AGREEMENT

On submission of a grant application researchers acknowledge that they and their administering institution's grants office have had the funding agreement reviewed and that the funding agreement can be signed with no amendments. Lead Investigators may request to defer the start date for a period of no more than 6 months.

Lead investigators may request limited variations to the executed funding agreement during the research project due to changes in circumstance. This may include changes to the Co-Investigator team, changing the Administering Institution, or changes to the budget allocation. Note that the HCF Research Foundation will not increase the overall amount of funding, however will consider re-purposing the

funding to increase the value of the research investment.

B) GOVERNANCE REQUIREMENTS (ETHICS, INSURANCE ETC.)

The HCF Research Foundation will not provide any funds until such time as the Foundation is assured that all ethics approvals and other governance approvals have been granted in order for the research to proceed. Additionally, the Foundation must be assured that the administering institution has all the appropriate insurance and relevant policies in place prior to the provision of funding.

C) COMMUNICATIONS (CONFIDENTIALITY, ACKNOWLEDGEMENT OF SUPPORT, MEDIA ETC.)

All publications, including journal articles, conference presentations and media releases that emerge from awarded grants must acknowledge the support of the HCF Research Foundation. The HCF Research Foundation will support researchers engaging in public communications, and requests all media releases be provided to the Foundation for review and approval prior to public release.

The HCF Research Foundation may also request funded researchers make themselves available to present their work at conferences and webinars from time to time, and for public communications. The Foundation also encourages successful applications to contribute to grey literature and public discourse, as well as academic literature.

D) REPORTING

Lead Investigators of funded awards will be required to submit progress reports (including financial reports) at regular intervals through the funding period. The format of these reports is standard and available on the HCF Research Foundation website. Payment of grant installments by the HCF Research Foundation will be conditional on receipt and approval of progress reports. Unsatisfactory reports, or failure to submit reports may result in the suspension of funding by the HCF Research Foundation.

E) PEER REVIEW PARTICIPATION

To deliver a fair review process and ensure the very highest quality research projects are identified for funding, the HCF Research Foundation relies on the support of the research community through taking part in peer review. All Lead Investigators and Co-investigators on funded applications will be added to the Foundation’s database of peer reviewers. All are expected to take part in the HCF Research Foundation’s peer review process through the duration of the grant wherever possible.

F) ONGOING SUPPORT FOR TRANSLATION AND IMPACT

The HCF Research Foundation understands that translation of health services research outcomes into practice is a long-term process, and that translation is often bespoke to the specific context in which it is applied. Where there is a compelling case for ongoing support, the Foundation will consider additional multi-year funding support to enable translation at scale upon project completion.

6. SUBMISSION INSTRUCTIONS

Applicants should make sure their EOIs and full applications are easy to read and understand. Use plain language, do not use acronyms, jargon or buzzwords. Use headings, bold, underline and bullets to make the text readable. Avoid large blocks of text without paragraph breaks and avoid repeating yourself. EOI and applications forms should be signed by the lead investigator.

Applicants need only provide their EOI and Application in electronic form, via email with a single PDF attachment to hcffoundation@hcf.com.au

FORMAT		FILE NAME	FILE NAME EXAMPLE
EOI OR APPLICATION FORM	PDF	PISurnameFirstname_EOI	SmithJohn_EOI.pdf
		PISurnameFirstname_Application	SmithJohn_Application.pdf

Note: The email subject for electronic submission should be the same as the file name.

The PDF file should contain all the information required to evaluate the submission. This includes the relevant form (EOI or Application), and relevant supporting documentation (such as letters of support and visual abstract) if applicable. Visual abstracts are only required for full applications. Cover letters will not be taken into consideration.

The EOI email must be received in the HCF Research Foundation email inbox by 5.00pm AEST on 13 May 2026. All potential applicants are encouraged to submit their applications well in advance of the deadline. The HCF Research Foundation will confirm the successful receipt of your submission by return email as soon as practical. Once submitted the submission is considered final, and no changes or resubmissions will be permitted.

The application email must be received in the HCF Research Foundation email inbox by 5.00pm AEST on 10 August 2026. All applicants are encouraged to submit their applications well in advance of the deadline. The HCF Research Foundation will confirm the successful receipt of your submission by return email as soon as practical. Once submitted the submission is considered final, and no changes or resubmissions will be permitted.

7. CONTACT HCF RESEARCH FOUNDATION

For any questions relating to the Health Services Research Grants application process please contact hcffoundation@hcf.com.au

1 APPENDIX A – ASSESSMENT CRITERIA

CRITERIA	EXCELLENT (5)	GOOD (4)	ACCEPTABLE (3)	BELOW STANDARD (2)	POOR (1)
RESEARCH DESIGN (30%)	Clearly articulated and extremely well-founded and justified concept and rationale. Research aims highly focused and appropriate to hypothesis. Near perfect structure, well-designed to address hypothesis, highly feasible. Identifies and manages scientific and technical risks. Will generate high quality research data/evidence.	Very well justified hypothesis and rationale, appropriate aims. Overall well-designed with only minor limitations. Likely to generate high quality research data/evidence.	Well-articulated and sound concept and rationale. Research aims relevant to hypothesis. Good and appropriate design but requires methodology improvement. Less likely to generate high quality research data/evidence.	Generally clear and satisfactory concept and rationale. Research aims somewhat aligned to hypothesis. Design will not sufficiently address hypothesis without major changes. Unlikely to generate high quality research data/evidence.	Poorly described rationale with no basis for hypothesis and aims. Has significant flaws or not well articulated. Will not generate high quality research data or evidence.
TRANSLATION POTENTIAL (20-25%)	Translation realised immediately post research.	High opportunity to implement Findings.	Practice change difficult due to dependencies.	Unlikely to be implemented.	Little/no translation opportunity.
SIGNIFICANCE (25-30%)	Very significant issue due to population scale or severity. Will significantly improve healthcare outcomes and/or quality of life for patients. Will achieve significant health system efficiency improvement.	Significant issue due to population scale or severity. High feasibility of improving healthcare outcomes and/or quality of life for patients. Significant chance to reduce health system costs	Somewhat significant issue due to population scale or severity. May improve healthcare outcomes and/or quality of life for patients. Reasonable chance in reducing health system costs.	Small scale/low relevance issue. Unlikely to improve health outcomes and/or quality of life for patients. Unlikely to reduce system costs.	Very minor/Irrelevant issue. No potential to improve health outcomes or quality of life for patients. Minimal opportunity to reduce system costs.
TEAM AND STAKEHOLDERS (15-25%)	Team have exceptional expertise in all facets of project. Highly experienced and competent team with exceptional record and outcomes in areas relevant to the research. All relevant organisations engaged during research.	Team covers most aspects of the project. Experienced and solid team with very good evidence of previous research outcomes. Most relevant organisations considered during research.	Team has some expertise relevant to the project. Team has experience in some aspects of the project and moderate research outcomes. Some relevant organisations considered during research.	Team has limited expertise needed for the project. Team has limited experience relevant to the project with minor research outcomes. Most relevant organisations omitted from consideration during research.	Team has no relevant expertise. Team has limited evidence of successful research outcomes. No consideration of relevant organisations.