Research Council [Ref No.]

Grant Review Board

Referee's Assessment Form – Health and Medical Research Fund

To: Research Fund Secretariat (rfs@healthbureau.gov.hk)

REFEREE'S ASSESSMENT FORM

(Please feel free to expand the comment boxes.)

Reference No.: ----------

Project Title: ----------

PART A: REFEREE'S DETAILED REMARKS ON THE INDIVIDUAL ASPECTS OF THE GRANT APPLICATION

This part, except Question 9, will be forwarded to the applicant for refining and improving the proposal. The identity of the reviewer will not be released to the applicant. Please provide **critical and specific comments** to assist the applicant and the Grant Review Board.

Please comment on the proposed research in the following aspects:

1. **Originality and Impact:** What is the importance of the proposed research in terms of its originality and potential impact in the area under study? How will the research findings benefit patients and/or the healthcare system? Will the research findings improve patient care, population health, influence clinical practice and/or health services management, or inform health policy in Hong Kong and elsewhere? Have the potential facilitators and barriers to this impact being achieved been identified?

Comment:

2. **Research Questions, Aims and Hypotheses:** How specific, clearly expressed and realistic are the research questions, aims and hypotheses?

Comment:

3. **Subjects and Study Methodology:** (i) Is the proposed design and methodology appropriate for the study? (ii) Are sample sizes clear, justified, adequate and realistic? (iii) Are any preliminary data available? (iv) How feasible is the proposed timeframe? (v) Please also provide comments on the following (where applicable):

   - For proposals submitted under Advanced Medical Research (refer to Area of Project on page 1 of application), is this a clinical study which applies advanced technologies including but not limited to biotechnology in medicine, use of drugs and treatments, clinical trials, virtual health such as telemedicine, etc., to facilitate the translation of knowledge

generated from health and health services or infectious diseases studies into clinical practice and to inform health policy?

- For proposals addressing thematic priorities under Implementation Science (refer to Section 5b of the application), are the appropriate framework(s) / model(s) with the pre-set criteria proposed to evaluate/assess the barriers and facilitators of implementation outcomes clearly stated?

- For Seed Grant proposals (i.e. grant ceiling is HK$500,000), is the prospect that a successful outcome will enable scale-up to a larger project/trial and/or enhance the efficacy/effectiveness of existing practice clearly stated and feasible?

Comment:

4. **Outcomes and Data Analysis:** (i) Are the primary and secondary outcomes clearly defined? (ii) Have potential problems been anticipated and addressed? (iii) Is the statistical/analytical design appropriate and clearly explained?

Comment:

5. **Research Capability:** Comment on (i) the research team's expertise and track record (incl. principal investigator / project team members / collaborators) and (ii) the existing facilities of the Institution where the research will be conducted.

Comment:

6. **Budget:** Is the request for research personnel, consumables, equipment and overall budget justified and reasonable? [For reference, 1 USD is equivalent to approximately 7.8 HKD]

Comment:

7. **Ethical and Safety Considerations:** Is the proposed research ethically sound? Outline any safety or ethical issues that arise from the proposed research and comment on whether these have been adequately addressed in the proposal. Has ethical approval been sought?

Comment:

8. **Overall Comments and Conclusion:** It is always helpful for applicants to receive constructive feedback from reviewers. What are the specific strengths and weaknesses of this proposal? Please include a brief overall appraisal of the proposal here, focusing on any areas for improvement and the basis for your comments, e.g. awareness of other work in the field.

Strengths:
Weaknesses:

9. **Confidential Comments to the Research Council (if any):** Please include here any further information you feel the Research Council should be aware of but do not wish to be passed to the applicant.

Comment:

PART B: REFEREE'S OVERALL RATING (This part will not be forwarded to the applicant)

Please rate this proposal by allocating it a score of 1-4 (1 being the worst and 4 being the best) according to the descriptions indicated below. Please select the appropriate box. **The final rating should be consistent with the comments provided above. Please check the comments and rating to ensure consistency. For proposal rated "4", please elaborate specifically about its strengths to justify why the proposal is considered outstanding.**

Score		Meaning
☐	**4**	Outstanding research proposal, highly original, impressive methodology and design, likely to fill knowledge gap regarding health services and/or having major impact/breakthrough on future research. Strong research team. Good value for money. Nil or very minor issues to address only. **Recommended for support**
☐	**3**	High quality research, sound methodology with good potential for significant impact on the health services or medical research. Good research team. Resources appropriate to deliver proposal. Competitive in general but minor revision and clarification required for a successful delivery. **Recommended for support subject to clarifications/amendments**
☐	**2**	Proposal which is potentially useful but with major weaknesses in one or more aspects, such as methodology, research capability and/or value for money. Not likely to make significant impact on health services or medical research without major revision. **Not recommended for support at present** (resubmission possible with significant improvement)
☐	**1**	Unimportant and largely poor application. Lacking in originality or unnecessarily repetitious of other work, little contribution to new knowledge. Minimal impact and/or flaw in methodology or reasoning. Incomplete or out of scope application. **Not supported**

Name of Referee: ---------- Date: ----------
(dd/mm/yyyy)