Arthritis AUSTRALIA | 2027 National Research Program

Arthritis Australia Joint Impact - Lived Experience Priority Grant Guidelines

1. **Grant Summary**
2. **Key Reading Resources**
3. **What We Are Looking For**
4. **Eligibility**
5. **Sources of Funding**
6. **Lived Experience Engagement**
7. **Grant Award and Term**
8. **Key Dates**
9. **The Application and How to Submit**
10. **Assessment/Review Criteria**
    a) **Quality of research team**
    b) **Quality of the project**
    c) **Relevance to the lived experience priority area**
    d) **Lived experience engagement**
11. **Generative AI**

1. Grant Summary

As the peak charity representing people living with arthritis and musculoskeletal (MSK) conditions Arthritis Australia's mission includes funding research that reflects the priorities of consumers and that will drive better health and well-being outcomes. Arthritis Australia' research funding includes significant donations from the public including people living with arthritis, their family and carers.

Based on a body of work Arthritis Australia commissioned with Research Australia, four key research investment areas were identified as priorities by people with lived experience of arthritis and MSK where there is existing research capability but not dedicated funding.

To implement the recommendations of the report, Arthritis Australia will fund a new grant of up to $100,000 over 1 or 2 years in one of these key areas:

1. **Better Care:** coordinated and bundled care with a focus on allied health.

Delivery of better arthritis and MSK care is a strong area of need. Current research into models of care covers a variety of topics, but there is no overarching, systematic approach to this field of research and how it can best meet consumer needs.
Arthritis researchers surveyed by Research Australia highlighted the need for more research on integrated models of care and interdisciplinary collaboration. There is also very little research activity on the best ways to fund arthritis care and support. This is also a major area of unmet need as identified by people with lived experience of arthritis and MSK conditions

2. **Basic Research:** causes of arthritis and MSK, identification of symptoms, prevention.
   People with arthritis want to know the aetiology and pathology of arthritis – what is the nature and cause of arthritis, and why did they get diagnosed with this disease. Pure basic research and strategic basic research have a key role to play in meeting these areas of unmet need. Basic research can be classified as experimental and theoretical work undertaken to acquire new knowledge without looking for long term benefits other than the advancement of knowledge. This can also include strategic basic research which is undertaken to acquire new knowledge directed into specified broad areas in the expectation of practical discoveries. Basic research into arthritis is not only supported by the researchers themselves but also Australians with lived experience of arthritis. It is important that basic research funded by Arthritis Australia is underpinned by strong consumer and clinician codesign.

3. **Priority Populations**: arthritis and MSK research for populations identified as high priority.
   The National Action Plan states that there should be more arthritis research on populations that have been identified as high priority by both patient groups and clinicians caring for them. There is an identified lack of research into the experiences of Aboriginal and Torres Strait Islander Peoples, people living in rural and remote areas, and people with disabilities in managing arthritis.

4. **Cross cutting research:** coordinating funding advocacy efforts with musculoskeletal diseases. The potential research priorities identified through analysis of the National Action Plan are all potentially cross-cutting and could be potentially applicable across multiple types of arthritis or musculoskeletal conditions and/or applicable to neglected arthritic diseases. This could cover broader conditions and problems that affect patients with both arthritis and other conditions (e.g., pain in general, disability, mobility difficulties, psychosocial and economic distress); risk factors that cause both arthritis and other diseases (e.g., poor diet and sedentary lifestyle); and comorbidities that affect patients with both arthritis and other condition (e.g., heart disease and diabetes).

2. Key Reading Resources

All applicants are strongly advised to read Arthritis Australia's Reports listed below.
For more information on this key research priority, you can visit.
Report 1: Research-Australia-Understanding-the-arthritis-research-landscape
Report 2: Research-Australia-What consumers want-identifying the unmet needs of Australians living with arthritis
Report 3: Research-Australia Impactful-Arthritis-Research

3. What We Are Looking For

In this 2027 National Research Program round, based on the advice of the Arthritis Australia Consumer Advisory Panel (CAP), we are looking for research to support rapid translational potential.
Projects may represent the next incremental step in an implementation pathway**,** or they may extend beyond this to a larger-scale advancement. The scope will depend on the maturity of the idea and the ability to leverage funding through this grant and additional funding channels. What is critical is that the project clearly articulates its position along the implementation pathway and demonstrates meaningful impact potential.

Arthritis Australia are looking for projects that may include but are not limited to;

- A well-defined and justified step forward, whether incremental or large-scale, that advances disease understanding or care.
- Focus on identifying the most effective way to implement change in care, rather than solely determining whether an implementation initiative works.
- A clear articulation of how the project will influence how arthritis is understood (e.g. mechanisms of disease), treated, managed, or delivered in practice and for whom.
- A clear pathway to improving understanding, adoption, influencing policy, clinical guidelines, funding models, or service delivery.
- Accelerate pace to translation into practice.
- Evidence of Interdisciplinary and stakeholder collaboration and consensus where appropriate.

4. Eligibility

Applications are encouraged from all areas and disciplines of arthritis research, at all career levels.

5. Sources of funding

Arthritis Australia must be the primary funding source for this project. Applicants may leverage funds from other sources to expand the scope of the project, if appropriate, and should clearly describe how they support the overarching objectives.

6. Lived Experience Engagement

Arthritis Australia prioritises the voice of people with lived experience in research, both in their inclusion in grant applications and the grant review process. Applicants should consider this in their submission and are strongly encouraged to include the voice of people with lived experience in the development of research questions and/or design as appropriate. Conduct, analysis and/or dissemination of the research should also be described, where appropriate.

Arthritis Australia can assist with matching consumers to research projects, including in the pre-application stage. For further information please contact researchgrants@arthritisaustralia.com.au.

Applicants are strongly advised to read the Arthritis Australia's Best Practice Guidelines Arthritis Australia Best Practice Guidelines.pdf

7. Grant Award and Term

The maximum grant per application is $100,000 for up to one or two years ($100,000 total). The grant is non-renewable.

Arthritis Australia will be awarding one Joint Impact Ideas Grant in the 2027 Arthritis Australia national research round.

8. Key Dates

Submission of abstracts: 22nd May 5PM AEST
Full application due: 21st August, 5PM AEST
Notification of decision: Early December 2026
Anticipated funding start date: March 2027

9. The Application and How to Submit

Submission of abstracts:
Prior to the full application, abstract registrations must be submitted through the online form found on our website. The abstract registration will inform the panel composition. Registration is mandatory and will require applicant and team members details, and scientific abstract. Any significant changes to the proposed program after the Abstract Registration deadline should be communicated to Arthritis Australia as soon as they are known.

Full Application:
Applications must be submitted via email at researchgrants@arthritisaustralia.com.au. The full application form includes the following components:

- Research Study Title
- Priority Area
- Scientific Abstract (Max. 250 words)
- Plain Language Summary (Max. 250 words)
- Project Description (Max. 2,500 words), including:

    - A detailed scientific proposal clearly stating the aims of the project including a thorough review of related work done, design, methods, and analysis.
    - Investigators must provide a compelling rationale for the hypothesis and clearly address impact and feasibility of the implementation plan.
    - Details of the investigator(s) including which member(s) of the research team will be responsible for which aspect of the project and a rationale for their inclusion in the project are required, as well as a description of the team involved in the implementation plan.
    - Relevance of the proposal to Arthritis Australia's lived experience research priority areas.
    - Lived Experience Engagement
- Impact and Translation Statement including description of any partnerships with industry, policy makers, health care providers and others that advance and accelerate the application of the research (Max. 250 words)
- Knowledge Translation Plan (Max. 250 words each). The Knowledge Translation Plan is an account of how you will be disseminating the research and its outcomes to selected audiences
- Proposed budget and budget justification (Max. 1 page).
- Project team

Required attachments

- Curriculum Vitae
- Letter(s) of support from collaborators, partners, and consumers, as needed

10. Assessment/Review Criteria

The review criteria for applications will include but not necessarily be restricted to the following assessment categories: Investigator(s) and Research Team, Quality of the Project, Relevance and Lived Experience Engagement.

a) Quality of Research Team

- Qualifications of the applicant(s), including training, experience, and independence
- Experience of the applicant(s) in the proposed area of research and with the proposed methodology and implementation.
- Expertise of the applicant(s), as demonstrated by scientific productivity over the past five years (e.g., publications, books, grants held, etc.). Productivity should be considered in the context of the norms for the research area, applicant experience and total research funding of the applicant
- Evidence of the team who will deliver implementation and the skills the team must have to deliver.

b) Quality of Project

- Importance and potential impact
- Scientific merit and compelling rationale

- Evidence to suggest why the strategy and implementation plan is realistic and achievable within the proposed context and how it will be implemented successfully
- Demonstrate consumer co-design and consensus among stakeholders
- Feasibility - Identification of potential limitations of the proposed research strategy, how they will be addressed and alternative approaches
- Knowledge translation plan
- Consumer engagement plan, as appropriate.

c) Relevance to the Lived Experience priority area

It is the applicant's responsibility to make convincing arguments supporting the relevance of their proposals to Arthritis Australia, specifically the lived experience research priority and addressing an unmet need of people living with arthritis or MSK conditions.

d) Lived Experience Engagement

The role of lived experience involvement in the research is to assess the feasibility, relevance to the strategic priorities and potential impact of the research to address an important problem, to have a significant and broad impact and its contribution to the understanding of arthritis and MSK conditions and/or how to treat or improve outcomes for people who live with arthritis and MSK conditions. Reviewers with lived experience will also assess the quality of the lay sections.

11. Generative AI in the preparation of grant applications and reviews

Please refer to the NHRMC guidelines on the use of generative AI in the preparation of grant applications and reviews. https://www.nhmrc.gov.au/about-us/resources/policy-use-generative-artificial-intelligence.