NOAMA
NORTHERN ONTARIO ACADEMIC MEDICINE ASSOCIATION

**Local Guidelines and Application Process - CIOF**

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| Last Approved: | NOAMA Board | May 21, 2024 |

## 1.0 BACKGROUND

The NOAMA Board, with the support of the Physician Clinical Teachers' Association, has designated a portion of the Alternate Funding Plan to a Clinical Innovation Opportunities Fund.

This funding intends to support physician clinical faculty in the development and implementation of new evidence-based enhancements within their clinical practices resulting in a change in practice to facilitate "better care." This funding is designed to support NOSM University's vision of "innovative education and research for a healthier north" by promoting the targeted integration of positive clinical research outcomes into the day-to-day delivery of community care by clinical faculty.

The Clinical Innovation Opportunities Fund Sub-Committee manages the Clinical Innovation Opportunities Fund process and formulates recommendations for the NOAMA Board regarding approval of Clinical Innovation Opportunities Fund projects.

## 2.0 CRITERIA FOR THE CLINICAL INNOVATION OPPORTUNITIES FUND

### 2.1 Eligibility:

a) The principal investigator(s), as well as any physician receiving payments under the Clinical Innovation Opportunities Fund project, must be a participating physician in the NOAMA AFP.

b) The principal investigator(s) is primarily responsible for the project. This includes but is not limited to the following: ethical standards, data collection and analysis, project timelines and completion, interim and final reporting.

c) The project proposal must indicate a topic and description that is *in-scope* with the definition of Clinical Innovation approved by the NOAMA Board.

The Clinical Innovation Opportunities Fund is directed towards actual clinical practice, incorporating evidence-based changes and practice patterns into different environments following through with NOSM's innovative education and research, and improved patient accessibility, with an emphasis on "better care." Examples of clinical innovation include the following:

- Changes in practice (encourage patient engagement and patient-centred care);
- Meeting community needs through integrated clinical care;
- Improving quality and patient safety;

- Innovations in health human resources including interprofessional initiatives;
- Innovations in health promotion;
- Innovations in health information management;
- Improving patient access to information;
- Improving efficiency through process redesign.

d) The principal investigator and co-investigator(s) on the project application must be compliant with the local guidelines and application process of any outstanding NOAMA (AFP & CIOF) projects in which they are involved.

- The NOAMA Board will review, based on a recommendation from the CIOF subcommittee, on a case-by-case basis, projects of non-compliance with the guidelines and application process. A non-exhaustive list of examples:
  - REB not approved within 8 months of acceptance letter
  - Project not completed within the approved timeframe, includes submission of final project reports, final budget, and returning any unspent dollars within 18 months after the end of the project term (Example, two-year project approved March 2024 should be submitted by September 2027 (2 years + 18 months)
  - Project does not adhere to the approved budget
  - Project unused funding not returned to NOAMA
- For the above cases, the NOAMA Board will determine the severity of the contract breach and would consider options that could include temporary or permanent restrictions from reapplying for future NOAMA grants.

e) If required, extensions should be submitted to NOAMA for approval. An extension does not supersede the approved guidelines or impact eligibility, but approved extensions will allow for successful completion of the NOAMA funded grant.

## 2.2 Funding:

a) **Funding Limitation**
NOAMA accepts budgets at $30k/annum. One grant at $60k/annum ($120k over two years) will be awarded in the “Mid-Scale Grant Category.” Of note, those that apply in this category would only be eligible for the $60k/annum category. They would not be considered for funding at the lower budget category of $30k/annum if unsuccessful. Project funding is only available from one of NOAMA’s grant funding sources for the project, Clinical Innovation or AFP Innovation funds.

b) **Capital Assets**
Capital equipment is limited to **10% of the requested NOAMA funding.**

c) **Multiple Project Submissions**
Applicants can submit more than one project; however, the Clinical Innovation Opportunities Fund Sub-Committee will recommend only one (if any) of the projects for funding in the same period.

d) **Other Funding**
Project leads are to indicate if they have applied for or are receiving funding from other sources. In these cases, the applicant must specify the project components (expenditures), which will be paid from the NOAMA funding.

e) **Timing**
The funding is a one-time investment over an agreed-upon time frame, but no longer than two years. Funding can only be provided for the initial year with the release of the second-year contingent on an annual review process to ensure the project is on time and achieves its stated objectives.

f) **Funded Projects - Start-Date Requirement**
Funded projects must start within eight (8) months of the offer of funding by providing proof of REB approval. Any projects not starting within this timeframe will be considered offside with the local guidelines.

### 2.3 Submission Requirements (including Budget):

a) The proposal must include a target start date, an implementation plan, a budget, and provide indicators of progress against which the success of the project will be measured.

b) As a minimum, budget documentation includes budget assumptions as well as supporting calculations and explanations for the individual budget items.

c) Approved local AFP Physician compensation guidelines or Provincial Guidelines, if required, will be applied to all successful projects.

*Use of Innovation Funds for physician remuneration may not exceed current OMA Per Diem rates whether or not this remuneration is for actual clinical activity.*

d) The resource implications for other Institutions must be considered. If there are resource implications (space, staff, and resources) to other institutions such as a hospital, clinic, NOSM U, etc., formal written approval by the institution is required. A letter of support must be included in the project.

### 2.4 Ethical Review:

The release of funding will be conditional upon receiving ethical clearance(s) from an appropriate Research Ethics Board (REB) or a letter stating that REB approval is not required for the project(s).

NOSM University's Research Office is available to assist with the ethics review process. NOSM's Research Office can be contacted at research@nosm.ca.

### 2.5 Funding Management:

For individuals or groups awarded Clinical Innovation Opportunities Funding, a demonstration of an approved Northern Ontario transfer payment agency must be made. Project Leads are required to follow the approved procedures of the transfer payment agency.

Examples of an approved transfer agency include the hospital, university, or Local Education Group that the principal investigator has an association.

## 3.0 APPLICATION PROCESS

### 3.1 NOSM U ROMEO

Applicants must receive approval through NOSM University's ROMEO system. For more information, go to NOSM U's ROMEO page

### 3.2 Project Application Package

Project application packages are to include the following completed documents:

a) Project Submission Form *(C – P1) and Project Summary* **(maximum 5 pages)** (References do not count toward the 5-page limit)
b) Completed Budget Template *(C - P2).* **(1 page)**
c) Letter(s) of Support from all institutions where there are resource implications as indicated on the Project Submission Form (*C – P1*).
d) Proof of approval through NOSM U ROMEO
e) Letter of sign-off by the payment transfer agency **(1 page).**

### 3.3 Submissions

a) Email one PDF (Adobe) file format attachment of the complete application package and one Excel file of the complete application budget to grants@noama.ca

b) Scanned, faxed, and handwritten applications will not be accepted.

c) When emailing applications, please use the standard subject line format of:
Project Lead's last name and project title.
Example: Jenson: Patient Repeat Prescriptions Study

d) Each application submitted will be acknowledged within 15 to 20 business days after the application deadline date to allow NOAMA staff time to complete the intake and record submissions received.

e) Out of consideration for all applicants, NOAMA is unable to accept incomplete or late applications.

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## 4.0 PROJECT REVIEW AND FUNDING PROCESS

1) All projects that meet the guidelines for submission will be reviewed by the Clinical Innovation Opportunities Fund Sub-Committee. The Sub-Committee has comprehensive membership representing signatories to the NOAMA agreement, including appointees, representing a majority of representation, from the Physician Clinical Teachers Association.

2) Physicians applying for Clinical Innovation Opportunities Funding are considered to have a conflict of interest with respect to participation on the NOAMA and PCTA Boards, and the Clinical Innovation Opportunities Fund Sub-Committee. They are required to recuse themselves from discussions regarding Clinical Innovation Opportunities Funding recommendations.

3) Notification of NOAMA Board funding decisions will be communicated in writing to the applicants after the NOAMA Board meeting.

4) NOAMA will give priority to first time applications, consider geographical representation, social accountability and various strategic priority research areas at NOSM U.

5) Evaluation Criteria:

In the evaluation process, the Clinical Innovation Opportunities Fund Sub-Committee will address: **Does the project positively impact direct patient care?**

The following criteria will be considered in the evaluation process. The Committee makes consensus-based recommendations to the NOAMA Board of projects to be funded.

**a) Project Impact:**

i. Is the project, patient-centred, focusing on improving:
- Patient Care;
- Patient Engagement;
- Patient Accessibility;
- Patient Safety.

ii. Demonstrated alignment with previous and ongoing quality improvement initiatives within the local community or healthcare organization.

iii. Process improvement – efficiency (resource-saving) and effectiveness:
- Increased access.
- Integration/bundling of services.
- Integration of human resources in delivering care.
- Systems Transformation.

iv. Measurable improvement in the quality of care for patients, communities and beyond.

v. Transferability of project results.
   - Can it serve as a template to be shared?

**b) Project Merit:**

i. Alignment with the purpose of the Clinical Innovation Opportunities Funding.
ii. Well written and focused.
iii. Innovative and evidence based.
iv. Feasibility and viability of the project, including consideration of budget costs.
v. Relevant performance metrics.

**c) Project Team:**

i. Experience and skills of the project team - track record; historical productivity and impact; likelihood that this team can complete the Innovation project being proposed; time and availability to commit to the project, collaborative arrangements with colleagues if applicable. NOSM Learners are not mandatory, however, the learner would complement the overall team.

**d) Assessment:**

i. What are the metrics for evaluation?
ii. Is there a process to measure the results?
iii. How will the success of the project be judged?

6) Peer Review Grievances:

The following details NOAMA's stance on peer review grievances and informs expectations about their possible outcomes, with the aim of facilitating their appropriate handling and reference to those aspects of peer review for which NOAMA assumes responsibility.

**a) Statement**

Peer review is the internationally accepted benchmark for ensuring quality and excellence in scientific research. Peer review is also a human process, dependent on a reviewer's self-assessed ability to review and subject to their professional opinions and judgments, which are not always agreeable to applicants. Given that peer review is the accepted method for reviewing funding applications, NOAMA believes that these human elements are intrinsic to the process and not subject to appeal.

**b) Enquiries and Complaints**

Applicants are free to enquire or voice concerns regarding their peer review results. Such information is essential in terms of quality assurance, training and communication efforts, as well as in support of continuous peer-review process and system improvements. NOAMA's further response will be dictated by the nature of the enquiry or complaint.

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**c) Procedural Errors**

NOAMA will only review a funding decision if there was a procedural error in the peer-review process that demonstrably affected the peer review recommendation.

Examples of procedural errors are (including but not limited to):

i. Incomplete applications sent to peer reviewers due to NOAMA system errors; or
ii. Incorrect peer review ratings/rankings due to errors in calculation or data entry.

Overturning a funding decision is only considered for exceptional circumstances.

**d) Non-Reviewable Aspects of Peer Review**

NOAMA will not rule on any aspect of the peer review process stemming from a peer reviewer's scientific assessment of an application, the applicants, or the proposed research program. More specifically, NOAMA will not review or rule on cases where:

i. the various reviewers differ in their assessment of the proposed research.
ii. the applicants believe that the reviewers have mischaracterized the application or the proposed research.
iii. applicants believe reviewers did not have the appropriate expertise to assess the application.

**e) Responsibilities of NOAMA**

NOAMA staff will investigate inquiries to determine whether a procedural error took place and negatively affect the peer review recommendation. Further actions will be taken on a case-by-case basis in consultation with the NOAMA Subcommittee. NOAMA staff will not pursue any grievances related to those matters covered in this Section or further investigate any errors that did not affect the funding recommendation.

## 5.0 REPORTING

Project Leads are required to submit Final Project Reports and Final Budgets within 18 months after the end of the project term, whether or not you have finished the project. At the end of this period, regardless of the status of the project, a report is required, and unspent funds are subject to return.

## 6.0 RECOGNITION OF FUNDING

All publications and presentations related to projects funded from the NOAMA Clinical Innovation Opportunities Fund are to acknowledge “Supported by the Northern Ontario Academic Medicine Association (NOAMA) Clinical Innovation Opportunities Fund Award” and are to include the NOAMA logo. The logo is available from the NOAMA office.

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a) Once a project has been approved for funding, the name and contact information of the Project Lead, the total amount of Innovation Fund funding, as well as the abstract may be made public by NOAMA.
b) Once a project is complete and its final report has been submitted and approved, the name and contact information of the Project Lead, the final amount of project, will be made public through our website. Any further details regarding a project will be released to interested parties only with the agreement of the Project Leads.

## 7.0 INTELLECTUAL PROPERTY AND PROJECT INFORMATION

a) Ownership of the Intellectual Property will remain with the Project Lead.
b) Project information will be made available to all associations with representation on the NOAMA Board to ensure compliance of the AFP.

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| **10.0** | 2020.12.09 | |
| **11.0** | 2021.03.29 | |
| **12.0** | 2021.03.29 | Addition of Peer Review Challenges and Intangible Assets |
| **13.0** | 2022.01.25 | |
| **14.0** | 2023.05.23 | Funding increase, Addition of Romeo |
| **15.00** | 2024.05.21 | Addition of co-investigators to 2.1 d) and changing REB approval time from 11 to 8 months |