



ANZCA
FPM

Douglas Joseph Professorship Application Guide

2025

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- To be used in conjunction with the Douglas Joseph Professorship application form.
 - Please read and follow the guidelines for grant applications carefully. Applications that do not follow the guidelines will not be accepted.
 - Applications must be received by 5 PM AEDT 2 April 2024.

Email applications to:

ANZCA Research and Administration Coordinator
research@anzca.edu.au

IMPORTANT POINTS FOR COMPLETING ANZCA DOUGLAS JOSEPH PROFESSORSHIP GRANT APPLICATIONS

- Please read the [ANZCA Research Policy](#) before completing the application form.
- An ANZCA REGKEY must be obtained and included in the header of the application form. Double-click on the header to add your REGKEY. Contact Susan Collins (email: research@anzca.edu.au) to obtain your REGKEY.
- Do not include or copy the cover sheet. Start your application with the page headed “In confidence”.
- Ensure the applicant is a fellow or registered trainee of ANZCA or FPM.
- While the restriction of a maximum of TWO grant applications in any year does not apply to the Douglas Joseph Professorship, it will apply if an applicant wishes an unsuccessful professorship application to be considered and ranked as a project grant in the same grant round.
- Ensure the research plan is no more than 6 pages, excluding references with a font size no smaller than 10 point. The minimum margin is 2cm. Ensure the budget is in line with the maximum amounts allowed.
- Rows may be added to tables where this is allowed in these guidelines (e.g. list of chief investigators, list of current research grants). Do not exceed prescribed word/page counts. Text that exceeds prescribed word counts will not be considered.
- Ensure that each page is numbered consecutively in the application.
- A written quotation for equipment/consumables costing \$A5,000 or more, as requested in the budget section, must be attached to each copy of the application.
- The application must be submitted **electronically via email** to research@anzca.edu.au. Only files of 6MB or less will be accepted. The electronic copy may include the signature pages within the application form or these may be sent via email as a separate document with scanned or electronic signatures.
- Electronic copies must be in PDF format (converted word files only, not scanned documents) or Microsoft word format. Note for older versions on Microsoft Word please install the official update from <https://www.microsoft.com/en-au/download/details.aspx?id=7>
This update will allow Microsoft office 2007 to save documents to .PDF format.
- The complete application must be received by the Research and Administration Coordinator by 5PM AEDT on the closing date for applications. Late applications WILL NOT BE ACCEPTED.
- Incomplete applications or those that do not follow these guidelines WILL NOT BE ACCEPTED.
- ANZCA cannot amend an application once it has been submitted.



A. CONDITIONS OF DOUGLAS JOSEPH PROFESSORSHIP

1 General

The Douglas Joseph Professorship is governed by ANZCA Regulation 21:

The Douglas Joseph Professorship was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1991. It is a prestigious award which is awarded for Fellows who are making an outstanding contribution to the advancement of the specialty to pursue scholarship and research in human anaesthesia in Australia, New Zealand, Hong Kong, Malaysia and Singapore. The award was adopted by the college following its establishment.

- 21.1 The Professorship is awarded quadrennially at the discretion of the college council, to ANZCA fellows in Australia, New Zealand, Hong Kong, Malaysia or Singapore.
- 21.2 All applications must be received by the college by COB April 1 and will be processed by the ANZCA Research Committee as per the guidelines for the Professorship.
- 21.3 Each application must be submitted on the application form, which will detail the nominated area of work and the way in which the study will be carried out, and be accompanied by a full curriculum vitae, and the names of three referees to whom reference may be made.
- 21.4 The emolument will be determined quadrennially by the college using the interest from the Douglas Joseph Bequest.
- 21.5 The tenure of the Professorship will be approximately one year, but variations may be made at the discretion of the ANZCA Research Committee.
- 21.6 During the term of appointment, the appointee will hold the courtesy title of "Douglas Joseph Professor of Anaesthesia".
- 21.7 The appointee will attend the appropriate ANZCA Annual Scientific Meeting as the Australasian Visitor and will deliver a lecture on the subject of the Professorship. Visits to one or more regional centres in Australia and/or New Zealand will also be required.
- 21.8 The appointee will be bound by the terms and conditions of the Professorship.
- 21.9 The ANZCA Research Committee reserves the right to cancel or terminate the Professorship if in its opinion the purpose of the appointment is not pursued.

2 Payment

Sums awarded will be paid upon request after **1 January** each year for the duration of the grant. All payments will be made in Australian Dollars, upon receipt of a fully correct tax invoice from the administering institution.

3 Conditions of research personnel

The conditions for research personnel requested in the budget shall be those of the institution in which the work is carried out or as the college may determine in particular circumstances. This includes annual leave and sick leave. However, the college does not provide for long service leave.

4 Alterations in research program budget

The CIA is expected to adhere to the approved research program or budget, and to notify any absences other than for short periods (e.g. three to four weeks). Full details of any proposed major alterations to either program or budget, or of any absences during the course of the grant, should be submitted in advance by the CIA to the Research and Administration Coordinator for approval by the Chair of the Research Committee (or his or her delegate).

5 Reporting Requirements

5.1 Progress Report

The CIA is required to forward a progress report on the approved form to the college, by **1 September** in each year of the award. This form can be found on the ANZCA website.

5.2 Final Report

The CIA is required to forward a final report on the approved form to the college, by **1 September** in the year after the grant has concluded. This form can be found on the ANZCA Website. The final report must include a statement of expenditure charged to the grant. Any unexpended balance of the grant should be returned to the college and must not be used on other projects.

6 Publications and presentations

The college requires that its contribution be acknowledged in all publications and presentations of the research project, for example *“This study was supported by a grant from the ANZCA Research Foundation; Australian and New Zealand College of Anaesthetists”* and that a presentation relating to the project be made at a major college meeting. A hard copy or pdf of the reprint should be sent to the Research and Administration Coordinator. If the protocol is registered with a journal or other relevant organisation, the college must receive a copy of the registration certificate

7 Patents

Any discovery arising out of work supported by the college must not be the subject of application for patent except with the written approval of the college and the agreement of the institution in which the work is carried out.

8 Audit of research projects

In accordance with the [ANZCA Academic Integrity Policy](#), ANZCA reserves the right to conduct a random audit of ANZCA funded research through the administering institution’s research office.

9 Termination of grant

A grant may be terminated if the conditions of the grant are not observed. A grant will terminate, unless other arrangements satisfactory to the college are made, if the CIA leaves the institution before the expiry of the grant. In such an eventuality, the recipient and the head of the department are expected to notify the college CEO. When a grant terminates any unexpended balance must be returned to the college.

B. GENERAL INFORMATION FOR APPLICANTS

1 Introduction

Funding for medical research in Australia, New Zealand, Hong Kong, Malaysia and/or Singapore is necessary if medical science is to maintain a high international standing. The most important single national source of funding for medical research in Australia is provided by the Commonwealth Government through the Medical Research Endowment Fund, which is administered by the National Health and Medical Research Council (NHMRC). In New Zealand, funding is administered by the Health Research Council (HRC).

The NHMRC provides the opportunity for individuals or research teams to obtain support for a program of research in all fields of public health, medicine and dentistry in Australia, through the Program Grant scheme. In New Zealand the HRC serves an equivalent role. With the Douglas Joseph Professorship, ANZCA aims to supplement, complement, and in some cases act as an alternative to NHMRC/HRC. Wherever possible and appropriate ANZCA encourages applicants to also apply to HRC or NHMRC, or to the relevant body in their home country.

2 Eligibility

Applications for the Douglas Joseph Professorship are accepted from chief investigators, who are resident in Australia, New Zealand, Hong Kong, Malaysia or Singapore, and who hold Fellowship of ANZCA or FPM.

The field of research supported by the Douglas Joseph Professorship is **human Anaesthesia**.

The criteria for the award of the Douglas Joseph Professorship are:

- Research merit of the program
- Track record of the applicant and his/her ability to carry out the proposed research
- Potential long-term benefits of research to anaesthesia

The restriction of a maximum of TWO grant applications in any year does not apply to the Douglas Joseph Professorship. However this restriction will apply if an applicant wishes an unsuccessful professorship application to be considered and ranked as a project grant in the same grant round.

Applicants should note that an application should only be made in one of the three main grant categories. Should a submission of the same application be made in two grant categories, the applicant may be contacted and requested to identify which one of the submissions they want to be considered by the Research Committee.

3 Procedure for evaluation of grant applications

The procedure for the evaluation of ANZCA Grant applications is modelled on the NHMRC review process. Each application is assessed by three reviewers, one of whom is a spokesperson appointed from the Research Committee, who have been carefully chosen for their expertise in relation to the particular grant application.

To assess the scientific merit of the project and to determine the ability of the investigators to carry out the research, Reviewers are requested to (i) rate the grant application and (ii) provide a written report

Applications are rated on a seven-point scale (ranging from “outstanding” through to “poor”) against a set of five criteria (track record, scientific merit of program, feasibility, international competitiveness, and benefit to the development of the research group and to the specialty in Australia, New Zealand, Hong Kong, Malaysia or Singapore).

The written report addresses the scientific merit of the application (originality of hypothesis, substantiation of objective, soundness of research plan and methodology, and feasibility of the project), the track record of the applicant, and the budget, and raises questions on areas of the research which require clarification, including problems and limitations likely to be encountered. The written report is forwarded to the applicant for comment. **Applicant responses are limited to three pages only with a 12pt font and a minimum of 1.5cm margins. Pages in excess of the three page limit will not be considered.**

Applicants may make minor amendments to their protocol provided these do not constitute substantive revisions to the entire protocol and study design. These amendments should be noted in the three page applicant response, but does not require an amended copy of the protocol or study design to be resubmitted with the three page applicant response. If major changes are made, they will not be considered by the Research Committee, and the applicant will be advised that their study should be resubmitted as a new project in the following year’s grant round. If the applicant responses are not received by the due date, they will not be considered in the ranking of the application.

The Research Committee then meets and considers all the materials, as presented by the spokesperson. At this time, the spokesperson will highlight and comment on any discrepancies between reviewers’ numerical rankings and any inadequacies or inconsistencies in the reviewers written reports that should be considered. Such reports are then considered further by committee members before a final ranking is determined. Using a blinded voting system, each member allocates a score out of seven to the grant. The committee support officer tallies these scores and the final ranking of each grant application is determined.

The Research Committee determines a rating score as a cut-off point, below which funding is not available. Those applications that are close to the cut-off score are considered in more detail. Applications identified to receive grants are then further considered to determine the level of funding to be awarded.

Awards of grants will be announced by early October each year. No payment of the grant will be made until written communication accepting the offer and agreeing to the conditions, and a fully correct tax invoice, are received by the college, and all necessary clearances have been obtained. Funding is made available after January 1 in the following year until December 31 unless an extension of time is successfully requested via the ANZCA Research Committee.

Successful grant applicants will be expected to participate in reviewing ANZCA grant applications in future years as a condition of accepting the grant.

4 Confidentiality

Applications for grants are received by ANZCA on an 'IN CONFIDENCE' basis. This means that the application document will not be released other than in compliance with any waiver or consent given by the applicant.

7 Applications to philanthropic trusts and foundations for research grants

Through the ANZCA Research Foundation, submissions may be made to funding bodies in the philanthropic sector for successful and highly ranked grant applications awarded through the ANZCA peer-reviewed grant process. It should be noted that approved grant funding through the peer-review process is not dependent on an application to the philanthropic sector. Final confirmation of ANZCA funding is subject to completion of any external funding applications for this project that are in progress. The aim of such applications is to continue to increase the pool of available funds for future ANZCA research projects. If an ANZCA grant application is deemed a suitable match to the specific interests of a particular trust or foundation, approval of the CIA will be sought for a submission to be made. The CIA's input and advice would be sought during the application process. Acceptance of philanthropic trust or foundation support will usually require acknowledgement of that support in publication or presentation of research. This is in addition to the requirement to acknowledge any support provided by ANZCA.

C. INSTRUCTIONS TO APPLICANTS FOR COMPLETING FORM

1 Applicant

The applicant **MUST** be a fellow of ANZCA and/or FPM.

2 Scientific project title

The scientific title will be used to identify the grant at all times and should accurately describe the nature of the project. Use no more than 120 characters, including spaces. Additional characters will not be recorded.

3 Associate investigators

Associate investigators may be fellows, trainees, students or research personnel, who assist with the research or bring a particular skill (e.g. statistics, assays) to the team. They may or may not be fully conversant with all aspects of the work. The role, contribution and time commitment to the project must be completed for each associate investigator. Associate investigators do not receive salary support from ANZCA. Add rows to any of the items if necessary.

4 Administering institution

The full name and full address of the institution responsible for administering the grant must appear here (e.g. Royal Prince Alfred Hospital, Missenden Road, Camperdown NSW 2030). While there may be instances where a program of research is carried out in more than one location, there can be only one administering institution for each grant.

5 Institution(s) where research will be carried out

The name(s) of the department and name(s) and address(es) of the institution(s) where the proposed research will actually be undertaken is (are) required (e.g. Department of Anaesthesia, Royal Melbourne Hospital VIC 3050).

6 Area of research

Specify anaesthesia (01), intensive care medicine (02), pain medicine (03), perioperative medicine (04).

7 Keywords

Select up to five keywords or phrases from the list at the end of this guide. If appropriate words are not found in the list, applicants may add their own keywords in this section. The keywords will be used to identify suitable reviewers.

8 Consideration of application for Project Grant

Applicants may elect to tick the box in the application form to have their Douglas Joseph Professorship application considered for a project grant, in line with the project grant guidelines, in the event that the professorship application is not successful in that round.

Applicants are reminded that only two project grants may be applied for per grant round. Therefore if two project grants (including simulation/education grants) have already been submitted by an applicant, the Douglas Joseph Professorship would not be considered for a project grant by the Research Committee.

9 Lay description of research

Provide a brief description of the department and/or chief investigator(s), the achievements of the department and/or chief investigator(s), and the proposed research and its significance [suitable for a media release]. No more than one page is allowed.

10 Grant synopsis

This information is used primarily to assign the application for review. This one page synopsis should describe the project and including a description of the aims, significance, context, objectives, methods and likely benefits of the research plan to the research group and the specialty. If applicable, applicants are requested to include a statement if the project includes: a) Aboriginal, Torres Strait Islander, Māori or other under-represented groups; b) consumer engagement.

Requested non-assessors: Applicants preferring particular reviewers NOT to be approached to assess their application should attach a letter containing details of up to two non-requested non-reviewers. This letter should be attached to the original application only. These requests will be considered by the ANZCA Research Committee.

11 Research plan

Describe your program of research in this section. Do not use more than six (6) pages in total, excluding references. Note that the minimum page margin is 2 cm and the minimum font size is 10 pt. Any additional pages will be removed prior to assessment.

You **must** use the headings listed below to describe your research.

11.1 Aims and significance: Use this space exclusively to describe the broad aims and potential significance of the program of research. Hypotheses to be tested **must** be clearly state.

11.2 Background: Describe the significance of the broad area of research, the objectives of the research and the background including scientific aspects and how the proposal will benefit the development of your research group and/or the specialty.

- 11.3 Methods:** Include, where appropriate, details of the experimental design at least for an initial project or projects in the area of research, and statistical methods to be used. Include sample size estimations.
- 11.4 Feasibility:** You must provide evidence that the proposed study can proceed in a timely fashion (i.e. recruitment of subjects is assured, instruments have been developed and piloted).
- 11.5 References:** References are in addition to the six-page word count. Do not attach copies of any references. Include the title of the paper when citing references to other work.

Explanatory appendices are not permissible, nor is it appropriate to use such phrases as 'refer to last year's application'.

12 Budget Items

The budget must be constructed in Australian dollars. The maximum amount available for the Douglas Joseph Professorship is **\$70,000**. The amount will be awarded in one year. Applicants are requested to provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details. All items, listed in the space provided, are to be classified under these headings:

- 12.1 Personnel:** Applicants (who are all fellows of ANZCA or FPM) and associate investigators may not receive salary from the Douglas Joseph Professorship. Requests for professional salaries including initial, promotion and renewal requests, should be in accordance with the official NHMRC or MRC designations and salary scales, or appropriate nursing awards. Include provision for payroll tax, workers' compensation insurance, superannuation or other institutional legal liabilities and on-costs. **State if the personnel position is new or existing.**
- 12.2 Equipment:** Equipment requests should not include the type of apparatus normally provided from institutional funds (such as equipment used in the normal course of patient care); requests should cover only those items individually costing over \$800, which are essential to the project. Where the cost of a specific item of equipment/consumables, plus related accessories, is in excess of \$A5,000, a firm written quotation based on current prices, not incorporating any component for customs duty, must be submitted. Applicants should ensure that the institution is prepared to meet all service costs in relation to equipment awarded.
- 12.3 Maintenance:** Enter those items not included within other categories, i.e. such items as equipment costing less than \$800, consumables (under major headings), printed materials, microfilms, survey or field expenses and computing charges.
- 12.4 Other Items:** Include all other budget items here. Funding for travel or accommodation related to the presentation of study findings will not normally be paid. Fees for manuscript publication or on-line access will not be paid. ANZCA will consider requests for funding for computer programming, preparation and storage of data, but will not normally provide funds for the hire of computer time on a computer within the applicant's institution. Requests for funds for programming, preparation and data storage or the hire of external computer time must be fully justified. Funds for purchase of computer equipment and hire of computer personnel should be itemised under 'Equipment' and 'Personnel' respectively.
- 12.5 Justification of budget:** It is important to note that realistic budgetary details for the whole period are provided, as no supplementary requests will be granted. A genuine assessment is therefore required for funding of the grant. Detailed calculation and justification for staff FTE, their role and responsibilities, staff costs separated into base cost and on costs, itemisation and justification of consumables / equipment as well as any other costs. Please provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details to each. Detail any potential funding shortfalls and how these are going to be met, detail other funding applications for project (already awarded, applied for or intent to apply).

13 Applicant details

Applicants **DO NOT** receive salary support from the Douglas Joseph Professorship. Salary support may only be obtained from ANZCA through scholarships.

Add rows to any of the items if necessary.

13.1 Contact details: Please ensure that the details provided are complete and accurate, as this information will be used to communicate with the applicant.

13.2 Current appointments: List all current positions, the location (institution) and status (appointment title) (e.g. Honorary Principal Fellow; Department of Pharmacology, University of Melbourne; Associate Professor). Any changes during the lifetime of the grant require notification to ANZCA.

13.3 Previous appointments: Please list relevant previous positions held in the last five years.

13.4 Academic qualifications/awards: Provide details of academic qualifications including university degrees, specialist college diplomas, research or other awards or honours, the institution or body awarding the qualification and the year it was awarded.

13.5 Time allocation to research: Within the current appointments and during the normal working week. Provide details of estimated percentage of working time in each category.

13.6 Anticipated absences during grant period: Should an investigator be absent during the Project Grant for a period in excess of two months, specify period of absence and give reason.

13.7 Demographics: This question is designed to help inform future demographic analysis. It is *optional*.

13.8 Douglas Joseph Professorship: Explain how your application for this prestigious award may enhance knowledge in anaesthesia according to Regulation 21.

13.9 Curriculum vitae

Please attach your full curriculum vitae as a separate file. Include three referees at the end of your curriculum vitae.

14 Research support

The information sought on past and present support will assist ANZCA in determining the relationship between various projects and the personnel involved in them, including their time commitment. For this reason, applicants should list ALL projects for which their name is recorded as a chief investigator in each category. Add more rows to each table if necessary.

14.1 Completed grants: Details of past research grant support should encompass all projects or part projects funded over the previous three year period by all sources of grants (not including the year of application), itemising the level of support for each year. Include project grants, program grants, scholarships etc. Exclude any projects which hold a current commitment (e.g. a three year project currently in its second year), to be itemised under 13.2.

14.2 Current grants: Include details of all currently held grants, including those that have been awarded but have not yet commenced. Indicate the year of application, ANZCA Regkey, NHMRC ID etc, title of grant, chief investigators, time commitment of each named investigator to each grant, period of support and amount funded.

15 Track Record

15.1 Publications of applicant

List, and number consecutively, papers published, in press or finally accepted for publication in refereed journals, in the five years prior to the year of application and in the year of application. The listing must indicate titles of papers, sequence of authors as shown in the paper, first and last pages, name, volume and date of journal; for recent papers not yet published, the date of final acceptance by the journal's editor is required. Quality as well as quantity of publications will be considered in the assessment of grant applications. Papers in refereed journals in which the chief investigator was not co-author, but which resulted from previous grants, should be listed at the end of that chief investigator's publications

under the title 'non-chief investigator papers' (e.g. papers with scientists or PhDs supported by the grant but in which the chief investigator was not an author). Documentary evidence of final acceptance by editors must be made available to ANZCA. **Do not include abstracts or papers in preparation or submitted for publication but not yet finally accepted.**

The applicant must nominate their best five publications using an asterisk (*) and briefly add a statement of impact and their role in the project including the writing of the manuscript (no more than 6 lines per publication). Only include publications that have been published or are in press (include the date of acceptance).

15.2 Diminished relative opportunity / career disruption

The career circumstances for the principal investigator will be considered during the track record assessment by peer-reviewers and the Research Committee. This will take into account significant and notable disruption of research opportunity over the course of the research career to date. This is not intended to include minor changes to life circumstances.

- Career disruption is a prolonged interruption in the ability to work due to pregnancy, illness/injury and/or carer responsibilities.
- Relative to opportunity is any other personal or professional circumstances affecting research productivity. This may, for example, include circumstances associated with the Covid-19 pandemic.

14.3 Other items

The applicant may list other items for track record consideration. For participation in multi-centre trials, the chief investigator must be the named principal site investigator. The name of the trial, the chief investigator(s) of the trial and the number of patients enrolled at the time of application must be included. For ongoing study in statistics/epidemiology/research methods, please state the institution, name and duration of the course. Other items may include membership of research ethics committees or grant committees, supervision of research students and the like. A maximum of one page is permitted.

16 Clearance requirements

The Research Committee strongly encourages investigators to apply for ethics committee approval for the initial project of the Douglas Joseph Professorship and submit the approvals to the college by **1 September**. If a grant is awarded, funding will not be released until all relevant clearances for the initial project have been received by ANZCA. ANZCA reserves the right to request full ethics committee submissions and correspondence as part of the granting process. In addition, ANZCA requires that clinical trials are pre-registered with the appropriate agency (e.g. NHMRC).

16.1 Research involving humans

- (i) Approval of the institutional ethics committee should be sought for ALL projects in humans. In the case of audit or routine testing, the ethics committee may not require a formal application, but will provide a covering letter that must be submitted to the college. Human research, in this context, includes research involving any human tissue, no matter what the source, and also includes research in which there is any intervention (physical or psychological) in the normal lives of humans. Projects supported by ANZCA are expected to conform with the general principles outlined in the NHMRC *National statement on ethical conduct in human research 2023* (see NHMRC website).
- (ii) Under the various privacy laws, any form of experimentation involving humans (including epidemiological research) which uses personal information that is obtained from a national or state department or agency must be considered by a human institutional ethics committee (HREC).
- (iii) All projects involving the administration to humans of drugs, chemical agents or vaccines need to be considered by the relevant human research ethics committee (HREC) to assess the appropriateness of their use. Clearance by the HREC is not only required for projects involving the use of imported substances, but also for projects involving the experimental use of locally produced therapeutic substances. ANZCA funds will not be provided unless appropriate clearance for the use of such

substances is given. In the case of multi-centred trials, approval must be obtained from the HREC of each institution involved. In the case of drugs that are not approved for use in Australia, New Zealand, Hong Kong, Malaysia and/or Singapore, approval of the appropriate authority must be obtained before funds can be released.

- (iv) The official letter or statement of approval from the ethics committee must be forwarded to ANZCA no later than 1 September each year, or before an invoice for funds is sent to the college.
- (v) ANZCA should have access, if required, to all information relating to ethical decisions arising from an application and the institutional response to the application. Provisional clearances will not be accepted.
- (vi) Under item 16.4, please summarise all the ethical implications of your research program. Do not use more than one page. Include the issues of privacy, and male-female ratios, and the cultural implications of your research (i.e. as they relate to aboriginal populations). Please refer to the NHMRC *National statement on ethical conduct in human research 2023*. Note that it is not sufficient to state that “the NHMRC Statement on ethical conduct in human research will be observed”. The research plan must include sufficient detail to enable the project to be fully assessed with respect to ethical issues by an independent ethics committee.

16.2 Research involving animals

- (i) Projects supported by ANZCA are expected to conform with the provisions and general principles of the NHMRC *Australian code for the care and use of animals for scientific purposes 8th (Ed) 2013* or the New Zealand equivalent.
- (ii) ANZCA requires a statement from the relevant institutional animal experimentation ethics committee that any project involving animal experimentation has been reviewed and is approved by the committee as complying with the code of practice. It is the applicant’s responsibility to ensure that a copy of his or her project application is referred to the relevant institutional animal experimentation ethics committee; it also his or her responsibility to ensure that the completed approval form is forwarded to ANZCA, no later than September 1 each year, or before the invoice for funds is sent to ANZCA.
- (iii) ANZCA should have access, if required, to all information relating to ethical decisions arising from an application and the institutional response to that application. Please identify the institutional animal experimentation ethics committee to which the application has been or will be referred. Provisional clearances will not be accepted.
- (iv) Applicants whose projects involve inbred strains of animals must take action to confirm that the genetic authenticity of the colony has been checked at appropriate intervals.
- (v) Ideally the health status of animals should be known and the colony regularly monitored for pathogens which may influence results in the investigator’s particular area of research.
- (vi) Under item 16.5, please summarise all the ethical implications of your research program. Do not use more than one page. Include the issues related to the care and welfare of animals. Please refer to the NHMRC *Australian code for the care and use of animals for scientific purposes 8th (Ed) 2013*. Note that it is not sufficient to state that “the Australian code of practice for the care and use of animals for scientific purposes will be observed”. The research plan must include sufficient detail to enable the project to be fully assessed with respect to ethical issues by an independent animal ethics committee. Applications involving animals must contain adequate information to allow assessment of the ethical implications of experiments, particularly where significant pain and/or distress may be caused, where death is likely to occur, or where experiments in Category 4 are to be carried out.

16.3 Other clearances

16.3.1 Genetic manipulation of organisms: Applicants whose projects involve organisms being genetically manipulated such that they fall under current Genetic Manipulation Advisory Committee (GMAC) guidelines, must seek clearance from their institutional biosafety committee (or equivalent) and arrange for one copy of the clearance to be forwarded to ANZCA prior to release of grant monies. It should be noted that GMAC continues to require its prior approval for applications which fall under Category A of the Small Scale Guidelines.

16.3.2 Use of carcinogenic or highly toxic chemicals: Applicants whose projects involve the use and disposal of potent carcinogenic or other highly toxic chemicals are referred to the “NHMRC Guidelines for Laboratory Personnel working with Carcinogenic or Highly Toxic Chemicals”, copies of which can be obtained from the Publications Officer of the NHMRC. Such applicants must seek clearance to be forwarded to ANZCA prior to release of grant monies.

16.4 Ethical implications of the research on humans

If applicable, provide details of the ethical implications of the research project on humans.

16.5 Ethical implications of the research on animals

If applicable, provide details of the ethical implications of the research project on animals.

16.6 Conflict of interest

Applicants are NOT required to complete the questionnaire but rather are requested to read and understand the [ANZCA conflict of interest policy](#), declare any conflicts, and state how such conflicts will be managed.

16 Progress report on current ANZCA grant(s)

A progress report and a copy of the summary from the application must be provided for each grant being supported by ANZCA at the time of preparing this application and which has listed, as one of the chief investigators, the applicant. A separate report form should be used for each progress report. It is understood that current projects may not relate to the project proposed in this application. Failure to submit all progress reports with each copy of this application may jeopardise its outcome. Note: progress reports are NOT required for grants commencing in the year of submission of the current proposal.

At the conclusion of support for each grant, an individual summary report must be submitted to ANZCA. The deadline for this report is 1 September of the year after the grant support has concluded. The applicant listed on page two of this application who was listed as a chief investigator on any project that terminated in the December prior to submission of this application, MUST obtain copies of the terminating project’s summary report and append one to each copy of this application. Failure to comply with this request may jeopardise the outcome of this application.

17 Certification by chief investigators, head of department and of institution

The application is invalid without the signature of the chief investigator. Grants will only be considered for support if the head of department/head of research committee certifies that the facilities available are appropriate to meet the needs of the application (e.g. adequately staffed and equipped laboratories/workshops, secretarial assistance, library resources, research/maintenance support including equipment maintenance, animal housing facilities etc).

When applicants are not formally attached to institutions, they should indicate whether they have access to appropriate facilities to undertake the research proposed.

ANZCA accepts as the head of institutions: the registrars of universities, the directors of independent institutes, and the managers/secretaries or medical superintendents of hospitals.

The head of the institution should note that Statements of Compliance with the NHMRC *Australian code for the care and use of animals for scientific purposes 8th (Ed) 2013* and the NHMRC *National statement on ethical conduct in human research 2023* are required to be completed and submitted to ANZCA on request. The head of the institution is also required to certify that the institution has established administrative processes for assuring sound scientific practice in accordance with the *NHMRC Australian code for the responsible conduct of research*.

Checklist

Complete checklist and add to original application.

APPENDIX: KEY WORDS AND PHRASES FOR USE IN ANZCA GRANT APPLICATIONS

These key words and phrases are modified from those used by the journal *Anesthesiology*. **If the key word or phrase that describes your work is not listed here, please list in the key word section of your application.**

STEMS

ACID-BASE CHEMISTRY

ADDICTION AND DRUG ABUSE

AIRWAY and AIRWAY MANAGEMENT

Key words/phrases

Alcohol and alcoholism

Airway and ETT assessment

Cervical spine movement

Endotracheal tubes

LMA, ILMA and other supraglottic airways

Laryngeal and pharyngeal function and anatomy

Aspiration

Laryngoscopy, direct

Laryngoscopy, flexible and rigid fiberoptic

Lightwands and other Indirect methods

Lung isolation devices

Tracheostomy and cricothyroidotomy

AMBULATORY CARE

ANAESTHESIA MACHINES and CIRCUITS

Anaesthesia ventilators

Circuits and vaporizers

CO₂ absorbants and humidification

Waste gases and scavenging

ANAESTHETICS, GASES

Nitrous oxide

Xenon

ANAESTHETICS, INHALATION

Halothane, enflurane and isoflurane

Desflurane

Sevoflurane

Non-Immobilizers

Other inhalation anaesthetics

Anaesthetic metabolism and degradation

Carbon monoxide

Compound A and fluoride

MAC

Uptake and Distribution

ANAESTHETICS, INTRAVENOUS

Barbiturates

Benzodiazepines (and antagonists)

Etomidate

Ketamine (and related drugs)

Butyrophenones

Alpha₂ agonists (as sedatives)

Propofol

Computer controlled infusions

Opioids (as anaesthetic supplements)

ANAESTHETICS, LOCAL

Bupivacaine, lignocaine or mepivacaine
Levobupivacaine
Ropivacaine
Encapsulated agents
Other local anaesthetics
Cardiotoxicity
Seizures

AUTONOMIC NERVOUS SYSTEM

Baroreflexes
Catecholamines
Heart rate variability
Microneurography
Parasympathetic nervous system
Sympathetic nervous system

AWARENESS and RECALL
BLOOD COAGULATION

Enoxaparin and LMWH
Heparin and protamine
Hirudin
Fibrinolytics
Coagulation testing
DIC and other coagulopathies
Platelets and platelet function
Aminocaproic and tranexamic acid
Aprotinin
Recombinant factor VIIa

BLOOD TRANSFUSION, CONSERVATION and
SUBSTITUTES

Acute normovolemic hemodilution
Cell saver and other salvage methods
Controlled hypotension
Haemoglobin-based oxygen carriers
Perfluorocarbons

CANCER and MALIGNANCY

Mutation and mutagenesis

CARDIOVASCULAR FUNCTION, DISEASE AND
MANAGEMENT

Cardiac electrophysiology and conduction
Cardiac rhythm and dysrhythmias
Cardiac smooth muscle and myocyte function (in vitro)
Cardiopulmonary bypass
Circulatory arrest
Circulatory physiology and hemodynamics
Congenital heart disease and surgery
Coronary circulation, myocardial ischemia and infarction
Cardiac revascularization surgery (CABG etc)
Myocardial preconditioning and protection
Reperfusion injury
Valvular heart disease and surgery
Ventricular function
Hypertension

CARDIOVASCULAR DRUGS

ACE inhibitors
Alpha2 agonists (CV Actions)
Angiotensin receptor blockers
Beta-Adrenergic blockers
Beta-Agonists
Calcium channel blockers
Other antiarrhythmics
Norepinephrine and epinephrine (vasopressors)
Dopamine
Dobutamine
Fenoldepam
Phosphodiesterase inhibitors
Amrinone and milrinone
Nitroprusside and nitroglycerin
Other vasopressors
Vasopressin
Statins

CELL BIOLOGY AND PHYSIOLOGY

Apoptosis
ATP and electron transport
Calcium and calcium signaling
Calcium binding proteins
Gene expression
Mitochondria

CHEMISTRY, BIOPHYSICS AND PHYSICS
COMPLICATIONS

Drug related
Equipment related
Procedure related
Compartment syndromes
Other

CRITICAL CARE

Burns
Trauma care

DERMATOLOGY

ECONOMICS, OR MANAGEMENT and MANPOWER
EDUCATION

Trainee evaluation
Simulators

EMBOLI and EMBOLIC DISORDERS

Amniotic fluid emboli
Fat and particulate emboli
Pulmonary thromboembolism
Venous and arterial gas emboli

ENDOCRINOLOGY

Diabetes mellitus and insulin
Oestrogen
Pheochromocytoma
Renin and angiotensin

EPIDURAL and SPINAL

Atrial and brain natriuretic peptides

Dural-puncture headache and blood patch
Neurologic symptoms and injury
Balance, posture and position sense

EQUIPMENT, TECHNOLOGY AND BIOENGINEERING
ETHICS

Animal care
Brain death and organ harvest
Do Not Resuscitate orders
Human studies and consent

EYE

Eye injuries and blindness
Eye surgery
Intraocular pressure

FLUIDS, ELECTROLYTES and PLASMA SUBSTITUTES

Hetastarch and pentastarch
Hypertonic saline
Osmolality and oncotic pressure
Serum sodium, potassium and other electrolytes
Lipid and intralipid

GASTROINTESTINAL PHYSIOLOGY and
PATHOPHYSIOLOGY

Gastric reflux and emptying
Intestinal motility
Intestinal permeability
Splanchnic circulation

GENDER
GENETICS and GENETIC DISORDERS

Sickle cell disease
Genetic testing
Gene therapy

GERIATRICS
HISTORY and HUMOR
IMAGING

CT scanning
Magnetic Resonance Imaging and fMRI
PET scanning
Ultrasound
Xray

IMMUNOLOGY, INFLAMMATION and INFECTION

Allergy and anaphylaxis
Latex allergy
Histamine and antihistamines
Steroid therapy (systemic)
Antibiotics
Systemic inflammatory response/disease
Cytokines and interleukins
Tumour Necrosis Factor
Endotoxin and lipopolysaccharides
Free radicals and scavengers
Leukocytes, lymphocytes and macrophages
Phagocytosis

	<ul style="list-style-type: none"> Wound infection Infection control (hand washing, antiseptics etc)
IONS AND ION CHANNELS	<ul style="list-style-type: none"> Calcium and calcium channels Potassium and potassium channels Sodium and sodium channels Ion transport
KIDNEY and BLADDER PATHOPHYSIOLOGY	<ul style="list-style-type: none"> Bladder function and urinary retention Renal function testing Renal failure and dialysis
LIVER PHYSIOLOGY and PATHOPHYSIOLOGY	<ul style="list-style-type: none"> Liver blood flow Liver function tests
MALIGNANT HYPERTHERMIA	<ul style="list-style-type: none"> Diagnostic testing Genetics and genotyping
METABOLISM and NUTRITION	<ul style="list-style-type: none"> Glucose and carbohydrate metabolism Whole body metabolic rate Obesity Protein metabolism
MONITORING (CARDIORESPIRATORY)	<ul style="list-style-type: none"> Arterial catheters and pressure measurement Blood volume, systemic Systolic pressure variation Cardiac output measurement Central venous catheterization Doppler, other Doppler, precordial Echocardiography, transoesophageal Echocardiography, other Electrocardiography Expired gas analysis Gastric tonometry Oximetry, pulse Oximetry, mixed venous Oximetry, other Pulmonary artery catheterization
MONITORING (CNS)	<ul style="list-style-type: none"> BIS and similar techniques Electroencephalography (EEG) Evoked potentials, auditory Evoked potentials, motor Evoked potentials, other Evoked potentials, somatosensory Oximetry, jugular venous Oximetry, transcranial

	Transcranial Doppler
	Depth of Anaesthesia Assessment
NAUSEA and VOMITING	Antiemetics
NERVE BLOCKS	Brachial and cervical plexus blocks
	Celiac plexus block
	Lower extremity blocks
	Intravenous regional anaesthesia
	Other regional techniques
	Nerve localization methods
	Nerve injury and other complications
	Neostigmine and anticholinesterases
	Neuromuscular junction
	Neuromuscular monitoring
	Nondepolarizing agents
	Succinylcholine
	Myaesthesia Gravis
NEUROPHYSIOLOGY, BRAIN	Blood brain barrier
	Cerebral blood flow and volume
	Cerebral oedema and intracranial hypertension
	Cerebral ischemia and anoxia
	Cerebral metabolism
	Cerebral protection and preconditioning
	Clinical neuroanaesthesia
	Clinical neurology and neurologic examination
	Head injury
	Hippocampus and hippocampal electrophysiology
	Intracranial pressure and intracranial hypertension
	Neuronal electrophysiology, other
NEUROPHYSIOLOGY, SPINAL CORD	Dorsal root ganglia
	Spinal cord electrophysiology
	Spinal cord injury
	Spinal cord ischemia
	Spinal cord anatomy
	Spinal cord protection and preconditioning
NEUROPHYSIOLOGY, PERIPHERAL NERVE	Peripheral nerve injuries
	Growth factors
	Nerve conduction and EMG
	Peripheral nerve electrophysiology
NEUROTRANSMISSION, TRANSMITTERS AND RECEPTORS	Acetylcholine and receptors
	Adenosine and receptors
	Adrenergic agents and receptors
	Cannabis and cannabinoid Receptors

	<ul style="list-style-type: none"> Capsaicin and thermal receptors Dopamine and receptors GABA and receptors Glutamate and receptors Glycine and receptors Neurokinins and receptors Nitric oxide and nitric oxide Synthase Opioids and opioid receptors Serotonin and serotonergic receptors Neurotransmitter release and reuptake
NEUROTRANSMISSION and SIGNAL TRANSDUCTION	<ul style="list-style-type: none"> G-proteins cAMP and cGMP Protein kinases
OBSTETRICAL ANESTHESIA	<ul style="list-style-type: none"> Caesarean section Eclampsia and preeclampsia Foetal monitoring and pathophysiology Labour and delivery Uterine and placental function Uterine smooth muscle
OXYGEN and OXYGEN TRANSPORT	<ul style="list-style-type: none"> Hypoxia Hemodilution (physiology) Tissue oxygen tension (PtO₂) Hyperbaric oxygen
PAIN MANAGEMENT, CLINICAL	<ul style="list-style-type: none"> Acupuncture and accupressure Chronic pain Epidural and other steroid injections Neuropathic pain and CRP Stellate ganglion blocks Lumbar sympathectomy Pain assessment techniques Patient controlled analgesia Postoperative pain Headache (NOT PLPH) Herpes zoster Intraarticular analgesia Intrapleural and intraperitoneal local anaesthetics Phantom limb pain Preemptive analgesia (clinical) TENS and related methods Spinal cord stimulation Epiduroscopy Radiofrequency lesions and neurolysis

PAIN-RELATED PHARMACOLOGY

Alpha 2 Agonists (analgesics)
Aspirin and Acetaminophen
Baclofen
COX2 antagonists
Gabapentin
Neostigmine
NMDA antagonists
NSAIDs
Opioids
Opioid antagonists
Opioid tolerance
Tramadol
Nitric oxide

PAIN PHYSIOLOGY, EXPERIMENTAL

Incisional pain
Neuropathic pain
Inflammatory pain
Pain assessment techniques
Pain mechanisms, central
Pain mechanisms, peripheral
Pain mechanisms, spinal
Pain models
Preemptive analgesia (experimental)
Visceral pain

PATIENT SAFETY and MEDICOLEGAL ISSUES

Closed claims studies
Electrical and fire safety
Medicolegal matters

PAEDIATRIC ANESTHESIA and PAEDIATRICS

Neonatology

PHARMACOKINETICS and PHARMACODYNAMICS

Pharmacogenetics

PHARMACOLOGY (GENERAL)

Chronopharmacology/Chronobiology
Drug interactions
Drug metabolism
Cytochromes P450
Drug toxicity
Liposomes and microcapsule delivery systems
Osmotic pumps
Stereoisomers
Transcutaneous delivery systems
Transmucosal delivery systems

PHYSICIAN SAFETY

POSITIONING

POSTOPERATIVE CARE

PREOPERATIVE ASSESSMENT and CARE

Antidepressants
Anxiety and anxiolysis
Psychologic, psychometric and behavioural

PROSTAGLANDINS and RELATED COMPOUNDS
PSYCHOLOGY, PSYCHIATRY and BEHAVIOR

Testing
Electroconvulsive Therapy (ECT)

RESPIRATORY DISORDERS and MANAGEMENT

ARDS and lung injury
Aspiration pneumonia
Asthma and bronchospasm
Barotrauma
COPD
Extracorporeal membrane oxygenation
High frequency ventilation
Mechanical ventilation
Nitric oxide inhalation
Pneumonia and lung infections
PEEP and CPAP
Pulmonary oedema
Pulmonary function testing
Smoking

RESPIRATORY PHYSIOLOGY

Alveolar macrophage function
Control of respiration
Gas exchange
Pulmonary blood flow
Respiratory mechanics
Surfactant
Tracheal and bronchial smooth muscle
Ventilation-perfusion matching

RISK, OUTCOME and QUALITY MANAGEMENT

Patient safety and satisfaction
Quality assurance and management
Morbidity and mortality
Perioperative risk factors
Automated record keeping

SEIZURES and ANTICONVULSANTS
SHOCK AND RESUSCITATION

Cardiac arrest and CPR
Sepsis and septic shock
Haemorrhagic and hypovolemic shock

SKELETAL MUSCLE
SLEEP and SLEEP DISORDERS

Circadian rhythm
Sleep apnoea
Sleep deprivation

STUDY DESIGN AND TECHNIQUES, LABORATORY

Autoradiography
Brain slices
Histopathology and histochemistry
Cultured cells and tissues
Laser Doppler Flowmetry
Microdialysis
Patch clamping
PCR

	<ul style="list-style-type: none"> Receptor binding Recombinant methods Transgenic and knockout animals Isobolographic analysis Analytic chemistry (chromatography etc) Molecular modeling
STUDY DESIGN AND TECHNIQUES, CLINICAL	<ul style="list-style-type: none"> Clinical trial Epidemiology Mathematical modeling Metaanalysis Statistics Survey
SURGERY, MISCELLANEOUS	<ul style="list-style-type: none"> Laparoscopy Neurosurgery Oral surgery Orthopaedic surgery Joint Replacement surgery Otolaryngology Plastic surgery Aortic aneurysm (abdominal and thoracic) Carotid endarterectomy Thoracic anaesthesia and surgery Vascular surgery Other surgical procedures
TEMPERATURE REGULATION and MANAGEMENT	<ul style="list-style-type: none"> Hypothermia Hyperthermia and fever Shivering
TRANSPLANTATION	<ul style="list-style-type: none"> Heart transplantation Liver transplantation Lung transplantation Immunosuppressants
VASCULAR PHYSIOLOGY	<ul style="list-style-type: none"> Rheology and viscosity Endothelium Endothelin Leukocyte adhesion Nitric oxide, nitric oxide synthase and EDRF Selectins Vascular smooth muscle Vascular growth factors Vascular electrophysiology Microcirculation