

Cardiometabolic Fellowship
SUBMISSION GUIDELINES

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Cardiometabolic Research Fellowship

Introduction

The Submission Guidelines for the Cardiometabolic Research Fellowship (**Fellowship**) provide a comprehensive resource to support applicants with clear instructions on eligibility, application requirements, assessment criteria, and submission processes.

These Guidelines should be read in conjunction with the Fellowship Terms and Conditions, which outline the governance framework, objectives, and operational standards of the Fellowship. Together, these documents ensure a transparent, rigorous, and equitable application process aligned with the Fellowship's purpose.

Purpose of the Fellowship

The Cardiometabolic Research Fellowship is an annual initiative established to support early- to mid-career clinicians undertaking translational and implementation research in cardiometabolic health across Australia and New Zealand.

The Fellowship aims to bridge the gap between evidence generation and adoption in routine clinical practice, improve the integration and uptake of evidence-based interventions across disciplines in Cardiometabolic health, build research and leadership capability, and deliver improvements in patient outcomes, healthcare delivery or health-system performance.

Eligibility

Applicants must meet all the following criteria at the closing date for applications:

- Be an Australian or New Zealand citizen or permanent resident.
- Be professionally engaged in medical practice within cardiometabolic disciplines.
- Be currently based in Australia or New Zealand.
- Be at an early- to mid-career stage, typically defined as within five (5) years of conferral of highest postgraduate degree (MSc, MPH, PhD, MD, or equivalent).
- Have no substantiated findings of professional or academic misconduct or breaches of relevant ethical principles or guidelines.
- Be supported by their nominated Institution/Organisation, which support is confirmed in an attached letter that also confirms the Applicant's good standing.

Style and Formatting Guidelines

- Spell out acronyms in full on first use.
- Avoid unnecessary formatting such as bold, italics, or underlining unless required for clarity.
- Adhere strictly to published word limits.
- Use clear structure, headings, and bullet points where appropriate.
- All uploaded documents must be submitted as PDF files.
- File naming convention: [ApplicantLastName_FirstName]_[DocumentType].pdf (e.g., Smith_Emma_StudyProposal.pdf).

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Application Components

Applications must be submitted via the official online application portal. Incomplete applications may not be considered.

Each application must include the following components:

Submission Questions

Where relevant, these may be copied from the Research proposal and uploaded to the portal

1. Scientific Rigour & Merit

Clear research question(s) tied to implementation science frameworks; appropriate study design; valid, reliable outcomes; appropriate sample size/power considerations or rationale for pilot design or policy/consensus frameworks (up to 500 words)

2. Relevance and Impact on Integrated Models of Care

Alignment with pressing health system needs, potential for improved patient outcomes, scalability across settings, attention to cost/resource use, and health equity. (up to 500 words)

3. Investigator Team and Mentorship

Methodological and subject-matter expertise on the team or partners confirmed. Identified a supervisor for the project and a mentor with track record in implementation research. Clear trainee development milestones identified. (up to 300 words)

Study Proposal

Applicants must upload a research proposal outlining a one-year, T4 translational, implementation project on **developing or embedding integrated care models in cardiometabolic health**. Proposals will be assessed on scientific merit, level of integration, Implementation methods, innovation, feasibility, and Investigator/team and mentorship plan (see judging framework) along with use of funding and ethical and governance plans (max 3000 words)

Supplementary Information

1. Submission Statement

Applicants must provide a short statement outlining their motivation for applying and alignment to the principles of developing frameworks for, or embedding, models of care across two or more disciplines (Cardiology, Nephrology, Endocrinology, Hepatology, Gastroenterology, Metabolic/Obesity). (up to 300 words)

2. Curriculum Vitae

Applicants must upload a current CV highlighting current employment and relevant academic, clinical, or research experience, leadership roles, and any prior work relevant to the Fellowship Objectives.

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3. Institutional Support Letter

Applicants must upload a signed confirmation from their host institution with endorsement for their research application, and confirmation that the Institution will support the applicant and that the applicant is of good standing at the institution. The institution must provide written agreement to administer Fellowship funds, provide appropriate supervision and infrastructure support, and facilitate required institutional approvals.

JUDGING FRAMEWORK

Judging Approach

The Cardiometabolic Research Fellowship follows a transparent, structured, and fair evaluation process based on the research proposal uploaded, as judged across 7 domains.

Applications will be triaged based on the completeness of the applications (all documentation and Institutional/organisational approvals in place) and an initial assessment against 3 domains: **Scientific Rigour, Impact on Integrated Care** and **Alignment to Fellowship objectives**. The judging panel will have access to the full application list and assess applications that meet the minimum threshold for scoring (complete application and assessed as aligned to Fellowship objectives). Judges will score across the 7 domains outlined below.

Scoring Method

Each applicant is assessed across 7 domains. Judges allocate a score from 1 to 5 per Question, based on evidence provided in the applicant's proposal submission and the weighted score is calculated. Any proposals that are similar in score will proceed to mediation and discussion at the end of the judging process.

Scoring Scale

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|----------------------------------|----------------------|
| 1 = | Poor evidence |
| 2 = | Fair evidence |
| 3 = | Adequate evidence |
| 4 = | Good evidence |
| 5 = | Outstanding evidence |
| Maximum total score: 35 points | |
| Maximum weighted Score: 5 points | |

| Scientific Merit & Rigour (1–5 points) (weighted 20%) | |
|---|---|
| Focus: | Quality, clarity, and feasibility of the proposed research question, hypotheses, study design, methods |
| Key Considerations: | Clear research question tied to implementation science frameworks Appropriate study design Valid, reliable outcomes |
| Impact on Integrated Care Models (1–5 points) (weighted 20%) | |

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| Focus: | Degree to which the project addresses meaningful gaps in integrated care |
| Key Considerations: | Alignment with pressing health system needs Potential for improved patient outcomes Scalability across settings |
| Implementation Science Methods (1–5 points) (weighted 20%) | |
| Focus: | Use of implementation science frameworks/theories, selection of implementation strategies |
| Key Considerations: | Explicit use of frameworks Clear mapping of strategies to barriers Valid measures of implementation outcome Plans for process evaluation and context assessment |
| Feasibility & Work Plan (1–5 points) (weighted 10%) | |
| Focus: | Realistic timeline, milestones, any recruitment and retention strategies, data access, and feasibility of completing Fellowship goals within the Fellowship period. |
| Key Considerations: | Detailed timeline Feasibility evidence (pilot data, site commitments) Contingency plans. |
| Investigator Team & mentorship (1–5 points) (weighted 15%) | |
| Focus: | Applicant’s prior productivity and experience in implementation science or related fields, complementary team expertise (clinical, methodological, stakeholder engagement), and quality of mentorship/training plan. |
| Key Considerations: | Methodological and subject-matter expertise on the team Active mentors with track record in implementation research Clear trainee development milestones. |
| Partnerships and Real-World setting alignment (1–5 points) (weighted 10%) | |
| Focus: | Strength of partnerships with health systems, providers, payers, community organizations, or patients; co-design or stakeholder-engaged approaches; evidence or plan for access to implementation settings. |
| Key Considerations: | Letters of commitment (if needed) Co-investigator roles for system partners Clear plans for stakeholder engagement and knowledge translation. |
| Innovation & Originality (1–5 points) (weighted 5%) | |
| Focus: | Novelty in approach, adaptation of implementation strategies, or new ways of integrating services that push the field forward. |
| Key Considerations: | Creative methods Novel combinations of strategies New conceptual models. |

ADDRESSING THE CRITERIA

Applicants are encouraged to provide clear, evidence-based examples, articulate pathways to translation and improvement, demonstrate alignment with Fellowship objectives, and provide clear structure to supervision and feasibility of the proposal.

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CONTACT INFORMATION

If you have any questions about the application process, eligibility criteria or submission requirements, please don't hesitate to reach out for support.

Queries can be directed to the Fellowship administrators at CMFellow@novonordisk.com

Applicants are also welcome to contact this address if they experience any technical difficulties during the submission process or require clarification on any aspect of the Fellowship.