



MOHH
Making Our Healthcare Happen

NMRC *National Medical
Research Council*
Singapore

July 2026 Grant Call Roadshow

25 May 2026

Agenda

- Introduction to RIE2030
- Grant/Award Programmes for July 2026 Grant Call
 - Open Fund – Large Collaborative Grant (OF-LCG)
 - Population Health Research Grant (PHRG) Open Category/ New Investigator Grant (PHRG-NIG)/ Thematic Category
 - Clinician Scientist – Individual Research Grant (CS-IRG)/ New Investigator Grant (CS-NIG)
 - Open Fund – Individual Research Grant (OF-IRG)/ Young Individual Research Grant (OF-YIRG)
 - Singapore Translational Research Investigator Award (STaR)
 - Clinician Scientist Award (CSA)/ Senior CSA
 - HPHSR^ Clinician Scientist Award (HCSA)/ Senior HCSA
 - Clinician Innovator Award (CIA)/ Senior CIA
 - Transition Award (TA)
 - NMRC Research Training Fellowship (NMRC RTF)
- Submission Mode and Deadline
- Pre and post-award matters to note for Research Grants Portal (RGP)
- Q&A

Introduction to RIE2030

MOH/NMRC RIE2030 Strategy

Goal: Enhanced Population Health and Strengthened Health System Resilience

- Improve the health status of the entire population and reduce disparities in health status between population groups by leveraging science and technology
- Strengthen Singapore's research capabilities and translational platforms to contribute to a more resilient health ecosystem ready for both acute and chronic challenges

Focus Areas



**Healthy Longevity
and Population Health**



Precision Health



**Epidemic Preparedness
and Response**

Priority Disease and Conditions for Research (including Multi-morbidity)



**Cancer and
Neoplasms**



**Cardio-
vascular**



Eye



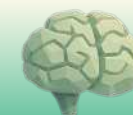
Infection



**Mental Health
(Disorders)**



**Metabolic and
Endocrine**



Neurological

Enablers



**Artificial Intelligence
and Data**



Translation and Innovation



**Talent and
Foundational Research**

NMRC RIE2030 Portfolio

National Translation & Innovation Enablers/ Programmes

Clinical Research Support

Core Funding for Clinical Research Enablers

Industry Sponsored Trials

Regulatory & Bioethics

Biomedical Research Ethics

Centre for Advancing Regulatory Science Research in Next-Generation Therapeutics (ASCENT)

I&E

National Health Innovation Centre Singapore (NHIC)

Strategic/Thematic Initiatives

Programme for Research in Epidemic Preparedness And Response (PREPARE)

Pathogen/Pathway to Vaccine Development to Enhance Singapore's Pandemic Resilience (PrepVax)

Singapore Medical Foundation AI Model (SIMFONI)

Open Fund - Large Collaborative Grant (OF-LCG)

Population Health Research Grant (PHRG)

PHRG-New Investigator Grant (PHRG-NIG)

National Cohorts Office (NCO)

National Programmes

Advanced Cell Therapy and Research Institute, Singapore (ACTRIS)

Cardiovascular Disease National Collaborative Enterprise (CADENCE)

National Precision Medicine (NPM) Programme¹

Singapore Translational Cancer Consortium (STCC)

Foundational Research Capabilities and Talent²

Talent

Human Capital Awards (HCA)

Singapore Translational Research Investigator Award (STAR)

Clinician Scientist Award (CSA), Senior CSA

HPHSR Clinician Scientist Award (HCSA), Senior HCSA

Clinician Innovator Award (CIA), Senior CIA

Clinician Scientist (CS) Pipeline Awards

Transition Award (TA)

NMRC Research Training Fellowship (RTF)

Foundational Research

Clinician-Scientist – Individual Research Grant (CS-IRG)

Clinician-Scientist – New Investigator Grant (CS-NIG)

Open Fund – Individual Research Grant (OF-IRG)

Open Fund – Young Individual Research Grant (OF-YIRG)

Healthcare Clusters/Centres

Centre Grant (CG)

¹Precision Health Research Singapore (PRECISE) administers National Precision Medicine(NPM) programme.

²Includes other Research Enablers

Key Changes to NMRC Schemes (1)

1. **Open Fund – Large Collaborative Grant (OF-LCG)** will have the following key changes:
 - i. Applications for third renewals (i.e., fourth funding cycle) and beyond will **be capped at \$10M (Tier 1 funding)** and have specific eligibility criteria, primarily requiring **strong evidence of translational progress and demonstrable impact**, as well as the ability to secure external funding to support scaling and long-term sustainability.
 - ii. Compliance to the requirements under the Shorten Time to Execute Multi-party Project Agreements (STEMPA) initiative.
2. **Clinical Trial Grant (CTG) will be subsumed** under the RIE2030 CS-IRG, which will have an overall increase in the funding pot. Clinical trials with industry collaboration/contribution may also be supported under CS-IRG.
3. **Competitive Grants funding will be increased to support more foundational research** through CS-IRG, OF-IRG, and PHRG.

Key Changes to NMRC Schemes (2)

4. **NMRC Talent Awards** will have the following key changes:

i. **Renaming** of the following Talent Programmes:

- CSA/HCSA/CIA Investigator (INV) → CSA/HCSA/CIA
- CSA/HCSA/CIA Senior Investigator (SI) → Senior CSA/HCSA/CIA

ii. **More inclusive eligibility criteria**, allowing on exception basis:

- Non-SC/PR applicants with demonstrated commitment to Singapore
- Non-medically trained healthcare professionals with selected Master's degrees

iii. **Increase in award duration and quantum:**

- 5 years for CSA, HCSA and TA; 3 years for CIA and Senior CIA
- Overall 10% increase in salary support across the Talent Programmes
- Project quantum adjustment for STaR, CSA, HCSA, Senior CIA, CIA and TA. STaR to be a single tier award.

Grant Programmes

Open Fund – Large Collaborative Grant (OF-LCG)

OF-LCG

Aim

The Open Fund – Large Collaborative Grant (OF-LCG) aims to bring together the best teams from public institutions to enhance human health and wellness, as well as create economic value for Singapore and Singaporeans, through the pursuit of excellence in research and its applications. The purpose of the OF-LCG scheme is to support patient-centric translational¹ research, supplemented with basic² and/or applied research³. The scheme will not support pure basic science, pure clinical research or pure applied research.

The following categorisation of research activity is based on UK Health Research Classification System (HRCS):

¹ *Translational Research: Prevention, Detection and Diagnosis, Treatment Development and Treatment Evaluation*

² *Basic Research: Underpinning and Aetiology*

³ *Applied Research: Disease Management and Health Services*

OF-LCG

Key Elements

- Interdisciplinary collaboration across institutions is preferred and encouraged so as to integrate, coordinate and leverage the full spectrum of research capabilities in Singapore, from basic science to clinical research. **In addition, the inclusion of a broad range of multidisciplinary domains (e.g., engineering, mathematics, and social sciences) should be actively considered where appropriate, to further harness scientific excellence across diverse disciplines.**
- LCG programmes should aim to make significant contributions to the advancement of knowledge in human health and wellness and help establish Singapore as a global leader in select areas.
- They should facilitate the discovery and application of basic science ideas relevant to the advancement of health, as well as the translation of clinical findings into policy and practice. They should also provide opportunities for international partnerships and/or industry collaborations.
- Pathway(s) to impact should be clearly articulated.

OF-LCG

Prioritised Research Areas

- Application to the OF-LCG scheme will be through open grant calls.
- The OF-LCG is open to proposals of the highest quality in all areas, typically involving multi disciplinary teams. To better realise the goals of Human Health and Potential (HHP) domain in Singapore, the research community is encouraged to address the following areas identified as priorities for research:
 - Priority disease and conditions, including cancers and neoplasms, cardiovascular, eye, infection, mental health, metabolic and endocrine, and neurological conditions, **as well as research addressing multi-morbidity.**
 - **Population health, precision health, and immunological approaches.**
 - **Cross-cutting technologies, including artificial intelligence, and nucleic acid and cell therapies, that can be applied across a range of use cases.**
- Applications outside the prioritised areas above remain eligible for funding consideration.
- In cases where proposals are of comparable merit, proposals aligned with these prioritised areas would be given priority consideration.

OF-LCG

Funding Quantum and Duration

- Tier 1: Funding quantum of up to \$10M per project (inclusive of 30% indirect costs) up to 5 years; and
- Tier 2: Funding quantum of up to \$25M per project (inclusive of 30% indirect costs) up to 5 years.

Grant Call Frequency

Grant calls will be opened once a year, from 2026 to 2029.

OF-LCG – Eligibility Criteria

- Only one Corresponding Principal Investigator is allowed per application, and there is no cap placed on the number of Theme PIs per theme. However, a cap of 5 themes applies.
- The Corresponding PI and Theme PIs are required to fulfil the following criteria at the point of application:
 - Holds a primary appointment in a local public institution and salaried by the institution.
 - Should have PhD or MD/MBBS/BDS qualifications (*exceptions would be made on a case-by-case basis*).
 - Is an independent investigator with a demonstrated track record of research, as evidenced by the award of nationally competitive funding (international funding to be considered on a case by case basis) or substantial publication record.
 - Holds a minimum of 9 months employment (per calendar year) with local public institution(s).

NOTES:

1. *All Theme PIs share the responsibility in making the programme a success and they form the OF-LCG leadership team essential for implementing programme strategies and achieving desired outcomes. Theme PIs have the responsibility to direct each specific research theme being supported by the grant, and are accountable for the proper conduct of the specific research theme.*
2. *Among the PIs, there will be one Corresponding PI who will coordinate the OF-LCG programme. He/She serves as the main point of contact between NMRC Office and the OF-LCG leadership team and is accountable to NMRC Office for the proper conduct of the whole programme.*
3. *There is no limit to the number of Co-Is. However, Co-Is must have at least an adjunct position (including visiting professorships) at a local public institution. Co-Is should exclude research staff that will be funded under the grant application.*
4. *Applicants from CREATE entities and Temasek Lifesciences Laboratory will continue to be eligible to apply.*

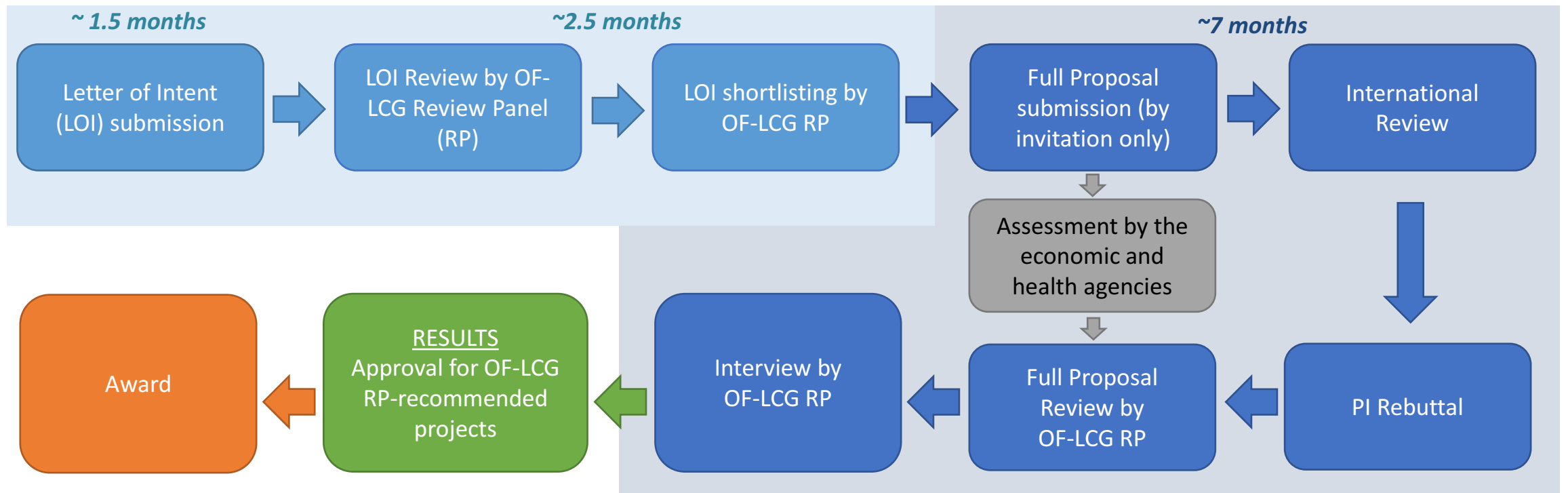
OF-LCG – Evaluation Criteria

Selection of successful proposals would be based on the following evaluation criteria:

- High-quality scientific research focusing on patient-centric translational research, supplemented with basic and/or applied research (including Health Services Research). Proposed research must be well-differentiated and highly competitive. It should demonstrate a high potential to be world class.
- Proposed research topic should address issues of national importance. These should typically be challenges that no single institution or discipline can solve and require collaborative and interdisciplinary approaches. Provided they are scientifically meritorious, proposals which address the prioritised areas would be given priority consideration.
- Proposed research team should have established track record and research productivity. Proposed governance to manage the programme should be feasible and sustainable.
- Proposed programme should contribute to capacity development of human capital and research infrastructure.
- Proposed programme should demonstrate the potential to improve health outcomes and capture economic value with a clear indication of pathway(s) to impact.
- For renewal applications, the proposal should demonstrate good progress in achieving health and economic outcomes, and the potential to leverage these for implementation, so as to achieve greater impact or value capture. [For the third renewal \(i.e., fourth funding cycle\) and beyond, proposed programmes should have a well-defined strategic plan outlining how the programme will continue to deliver value and impact over the next funding cycle.](#)

OF-LCG – Review Process (1)

- 2-stage review process comprising a letter of intent (LOI) stage and (only for LOIs shortlisted) a full proposal stage.



OF-LCG – Review Process (2)

- Estimated Timeline

Activity	Indicative Timeline
Call for Letter-of-Intent (LOI) Applications	July 2026 to Mid-August 2026
Notification of LOI Outcomes	Late October 2026
Call for Full Proposal Submissions	November 2026 to Mid-December 2026
PI Rebuttal	Mid-Late February 2027
Full Proposal Review Interview Meeting	Mid-Late April or Early May 2027

Streamline your next project with STEMPA (1/2)

(Shorten Time to Execute Multi-party Project Agreements)

- STEMPA is a national framework to shorten the time required to execute multi-party project agreements.
- It applies to **multi-institutional clinical research projects** funded under **RIE2030 Open Fund-Large Collaborative Grant (OF-LCG)**.
- Analysis of RIE2020 data showed that 58% of OF-LCG and IAP-PP projects took more than one year to execute project agreements; and that clinical projects took up to three times longer than non-clinical projects to finalise agreements.
- STEMPA introduces **standardised frameworks and reference positions** to reduce repeated negotiations on common issues and facilitate earlier project commencement following award.
- Common issues to be resolved by STEMPA:



Foreground IP Ownership
based on inventive contribution.



Revenue Sharing
Recognizes all contributions.



Resolving Data-related Incidents

- Delineate responsibilities and exclude data-related indemnities/ liabilities/ warranties.
- Established formal pathways to resolve data breaches, and other incidents



Data Management

- Clear guidelines for classification, treatment/ management, and use
- Common models of data access governance.



Data Ownership
Ownership by creation, generation, and/or enhancement.

Streamline your next project with STEMPA (2/2)

(Shorten Time to Execute Multi-party Project Agreements)

- Scope: Singapore public sector institutions and **multi-institutional clinical research projects**.
- Applies to all projects funded under **OF-LCG** and future version of Industry Alignment Fund-Pre-Positioning Programme (IAP-PP) in RIE2030 (from Apr 2026).
- Once in-scope project agreements are submitted within 4 months, the Letter of Award is issued and funding flows for the whole project.

STEMPA'S SCOPE AT A GLANCE

In Scope

(Covered by STEMPA)

- Multi-institutional clinical research projects
- Funded under OF-LCG and possibly the future version of IAF-PP in RIE2030
- Singapore public sector institutions

Out of Scope

(Not Covered by STEMPA)

- Project agreements involving private sector/industry
- Project agreements with foreign institutions
- Clinical trials and clinical trial agreements

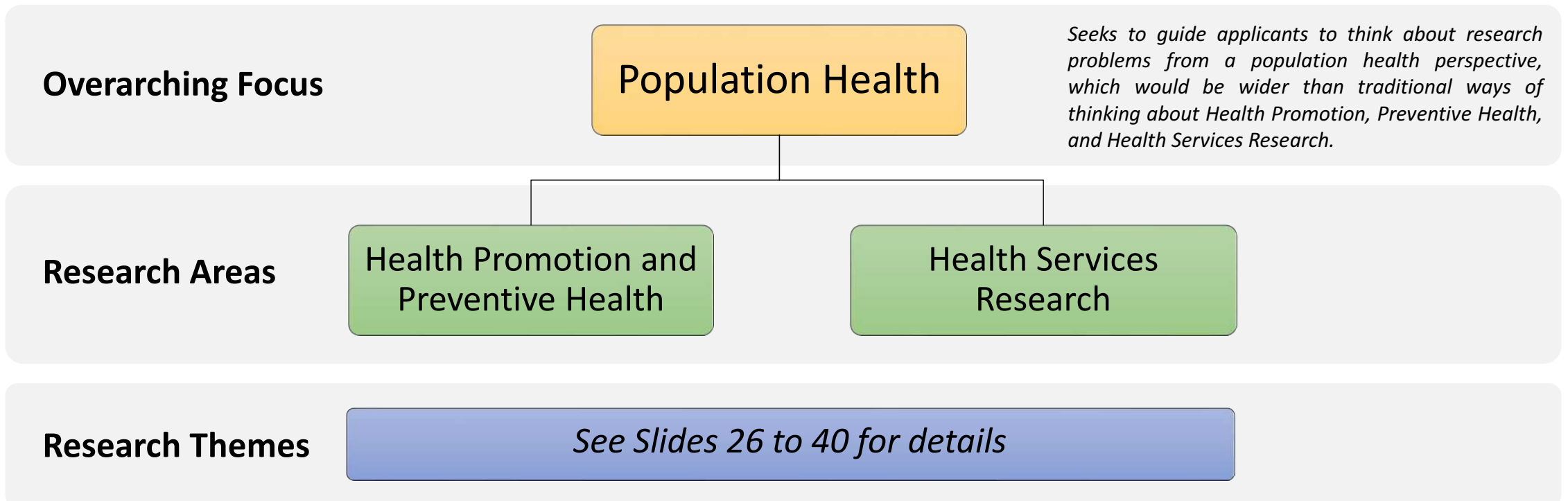


Population Health Research Grant
(PHRG)

Population Health Research Grant –
New Investigator Grant (PHRG-NIG)

PHRG – Aim

The PHRG aims to support research proposals that seek to improve health outcomes through a **population health approach** to maintain and improve the health status of the entire population and to reduce disparities in health status between population groups.



PHRG – Funding Scope (1)

Overarching Focus: Population Health

- Population Health is the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations. A population health approach addresses the entire range of individual and collective factors that determine health. Population health strategies are designed to affect whole groups or populations of people. The overarching goals of a population health approach are to maintain and improve the health status of the entire population and to reduce disparities in health status between population groups.

PHRG – Funding Scope (2)

Overarching Focus: Population Health

- As we aim to develop an integrated ecosystem that anchors preventive health efforts in primary care and care in the community with good system linkages to support citizens at different life stages, novel strategies and approaches will be needed to drive sustained behavioural modifications for individuals to adopt healthier behaviour and habits. This would include new 'Precision Health' models that shift away from broad-based interventions to interventions that are tailored to maximise impact on high-risk groups (e.g., by combining clinical/phenotypic data, genetic data, behavioural data, digital data). To achieve this, the Population Health Research Grant will fund research proposals that seeks to improve health outcomes through a population health approach under the following **Research Areas**:

Health Promotion and Preventive Health

Health Services Research

PHRG – Research Areas (1)

Health Promotion and Preventive Health (HP/PH)

- Singapore's rising chronic disease burden threaten the long-term sustainability of the country's healthcare system. Upstream investment in health promotion and preventive health is a key move that would decrease the incidence and/or delay the onset of non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, and diabetes, and reduce the burden on Singapore's healthcare system and finite resources.
- This area encompasses research devoted to the building of the scientific and economic evidence base for health promotion and disease prevention in the Singapore context. This includes applied etiological or determinant research, field or community-based research, and cost-effectiveness/analysis research that are collaborative, interdisciplinary/multidisciplinary, problem-solving and solution-oriented, and translatable to practice for implementation.
- The research proposals submitted under this research area must lead to a better understanding of actionable, cost-effective and sustainable drivers of physical and mental health to promote healthy behaviour and address modifiable health risks across different life stages.

PHRG – Research Areas (2)

Health Services Research (HSR)

- Health Services Research (HSR) is the “multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to healthcare, the quality and cost of healthcare, and ultimately our health and well-being. Its research domains are individuals, families, organisations, institutions, communities, and populations”.
- Given our population ageing resulting in increasing prevalence of chronic diseases, multi-morbidity and demand for healthcare services, rising costs and manpower demand, there is a need to transform our care delivery model and enablers (e.g. financing approach, data sharing services across settings) to anchor care in primary care and community care, to operate a more sustainable and manpower-lean healthcare system. We should also continue to leverage on digital technologies to improve health delivery (e.g. to prevent disease by empowering consumers to make better-informed decisions about their health, tailor medicine/treatment to individual needs, and lower the cost of healthcare provision), and enable new ways (e.g., through inter-disciplinary application) of intervening to effect behaviour changes whilst allowing rich data to be collected.
- The Population Health Research Grant could contribute to this effort by supporting a) rigorous real-world evaluation of promising interventions and/or models of care, and b) research into Implementation Science to better understand and implement effective methods to bring about widespread transformation.

PHRG – Research Themes (1)

1. Mental Health
2. Care for Mothers and Children
3. Population Mobilisation and Improving Access and Adherence to Programmes on Prevention, Early Detection and Management of Non-communicable Diseases, especially those with Higher Burden of Disease and Disability
4. Use of Emerging Technologies to Improve Health
5. Care for Complex Patients
6. Sustainable, Efficient and Cost-Effective Care
7. Palliative Care
8. Traditional and Complementary Medicine (T&CM)
9. Health Systems Research
10. Rehabilitation (Rehab)
11. Caregiver Support
12. Real-world Safety and Effectiveness of Medicines, Vaccines and Other Health Technologies

PHRG – Research Themes (2)

1) Mental Health

Details will be updated tentatively in Aug/Sep 2026 as they are still being worked out. Applications in the area of mental health may continue to be submitted under the PHRG Open category in the Jul 2026 grant call.

HP/PH

To be updated.

HSR

To be updated.

PHRG – Research Themes (3)

2) Care for Mothers and Children

This theme spans the continuum of care from pre-conception, pregnancy and childbirth to infancy, childhood, and adolescence, and research should address metabolic health, mental health and cognitive development of children and their mothers.

HP/PH

- How do we optimise maternal health in order to achieve better child development outcomes?
- How do we optimise child health to ensure good health/development outcomes?
- What is the impact or role of the following in child development/health outcomes: (a) parents, specifically fathers when appropriate, (b) grandparents, (c) domestic helpers and (d) pre-school attendance?
- Research into sustainable approaches (e.g., peer influence) to help children and youth sustain healthy habits (e.g., sleep, screen use and sufficient physical activity) into adult hood for better health outcomes.
- How can we enhance early preventive dental health interventions and oral hygiene practices in children to improve long-term dental health outcomes in adulthood?
- Research on the efficacy and impact of enrolling families and those of a younger age group (e.g., children) with a primary care provider.

HSR

- Research into models of care that 'right-sites' maternal and child health conditions within primary or community-based care.
- Research related to developmental screenings conducted in childhood and approaches to optimise turnout, parameters screened, and follow-up.
- Research related to addressing antenatal care disparities and improving access for vulnerable communities.
- Research on the efficacy of various channels/models of digital platforms to support parents in adopting and reinforcing healthy habits and behaviours at home.

PHRG – Research Themes (4)

3) Population Mobilisation and Improving Access and Adherence to Programmes on Prevention, Early Detection and Management of Non-communicable Diseases, especially those with Higher Burden of Disease and Disability

As Singapore population ages, the burden of non-communicable and chronic diseases is expected to continue rising. To address this, proposals can include those that:

1. Develop new models of care; 2. Appropriately right-site preventative and chronic care in primary and community care settings; 3. Development risk prediction models, tools and strategies to facilitate early detection of disease, especially in high risk populations; 4. Understand and address the social determinants of health and encourage sustainable societal and behavioural changes to optimize health; 5. Create supportive environments in support of making healthy choices the default option for Singaporeans

HP/PH

- Research into how we can better instil and/or sustain healthy eating and lifestyle behaviour among Singaporeans, including setting-specific research (workplaces, homes).
- How can we better nudge industry in providing more healthier food options or influence consumer's purchasing behaviour towards healthier food options?
- How can we leverage primary and community care (e.g., Community Health Post) to promote healthy behaviour and address modifiable health risks (including social and environmental factors) at different life stages to prevent or delay the onset of chronic diseases?
- How can we motivate smokers to quit smoking and/or remain smoke-free?
- How can we better encourage Singaporeans to undergo recommended health screening tests?
- Research into the impact and effect of upstream interventions such as proactive lifestyle modifications in driving better health outcomes (e.g., in management of common chronic diseases in primary care).
- What motivational and behavioural change techniques are most effective for obesity prevention and management? Are there specific culturally appropriate strategies that would be effective for ethnic minority communities?
- How can we better design, customise, and/or target health programmes at ethnic minorities to support and sustain engagement in healthy lifestyle behaviours (e.g., HSG engagement, screening, physical activity, healthy eating, smoking cessation)?

PHRG – Research Themes (5)

3) Population Mobilisation and Improving Access and Adherence to Programmes on Prevention, Early Detection and Management of Non-communicable Diseases, especially those with Higher Burden of Disease and Disability

As Singapore population ages, the burden of non-communicable and chronic diseases is expected to continue rising. To address this, proposals can include those that:

1. Develop new models of care; 2. Appropriately right-site preventative and chronic care in primary and community care settings; 3. Development risk prediction models, tools and strategies to facilitate early detection of disease, especially in high risk populations; 4. Understand and address the social determinants of health and encourage sustainable societal and behavioural changes to optimize health; 5. Create supportive environments in support of making healthy choices the default option for Singaporeans

HSR

- Studies looking at current patient knowledge and health literacy regarding common chronic diseases.
- How can we better identify high-risk individuals for early detection and management of diseases?
- How to motivate patients diagnosed early in their disease course to be compliant to treatment (e.g., asymptomatic diabetics, hypertension and hyperlipidaemia patients who do not present noticeable symptoms).
- Research accessing the most effective and cost-effective ways to help at-risk populations begin and sustain health actions.
- Implementation research on adoption and scaling up of successful initiatives.
- Studies looking at how improvements in individuals' chronic disease management arising from population health programmes (e.g., HealthierSG) results in societal gain (e.g., reduced caregiver burden, increased economic productivity).
- Studies looking at impact of caregivers on the health outcomes of their dependents (e.g., the young and elderly).

PHRG – Research Themes (6)

4) Use of Emerging Technologies to Improve Health

Advances in technology offer new opportunities to transform healthcare outcomes by enabling more effective, accessible, and personalised care. This theme supports research projects that leverage technology advances and/or novel applications of existing technologies to support care models that strengthen clinical decision-making, enable earlier diagnosis and monitoring of health, and/or improve care delivery. Key interest areas include artificial intelligence, robotics, sensors & wearables. Proposals should demonstrate potential for real-world adoption, including clinical and cost-effectiveness, scalability, secure and streamlined implementation.

HP/PH

- Research and interventions that leverage advances in technology and data science, e.g., to provide customized just-in-time feedback/nudging, that lead to greater ownership of healthy behaviour by individuals; to also aid in tracking of health outcomes for the general population as well as vulnerable population e.g., elderly and disabled.
- Tools or models which predict risk of chronic diseases of concern (e.g., DHL, ischaemic heart disease, stroke, lung cancer, Alzheimer's, COPD, falls, and stomach cancer).

HSR

- Quantitative or qualitative research on provider and patient factors and experiences pertaining to novel applications of technology.
- Research into cost-effective healthtech solutions that meet security, confidentiality and interoperability considerations while improving care delivery.
- Implementation research on adoption and scaling up of novel applications of new technologies in health.

PHRG – Research Themes (7)

5) Care for Complex Patients

With the increasing chronic disease burden, patients with multiple morbidities have become the norm and often have poor clinical outcomes. They often require care across multiple care sites (e.g., SOC, home-based care), and face significant challenges navigating the healthcare system. Research submitted under this theme should address the needs of this patient population, including healthcare access, self-management, and care coordination. This theme will also support research targeted towards allied health and multi-disciplinary team-based care pertaining to the delivery of integrated care, including both medical and non-medical professionals. Strategies that have a community-based focus will be prioritised.

HSR

- Research on challenges faced by complex care patients (e.g., polypharmacy) and innovative ideas on how to better coordinate their care.
- Studies on care models with increased focus on allied health professionals and nursing professionals, e.g., effectiveness of a community pharmacy.
- Evidence of integrated care (IT systems, data registries, shared care plans, care coordinators, multi-disciplinary teams, telemonitoring etc.) and their qualitative and/or quantitative impact on our local healthcare system.
- Studies evaluating the strengths and weaknesses of current transitional and home care services and recommendations on improvements.
- New models for how to integrate home care with existing tertiary and primary care structures.
- Implementation research on adoption and scaling up of successful initiatives.

PHRG – Research Themes (8)

6) Sustainable, Efficient and Cost-Effective Care

This theme addresses the need to improve the sustainability and efficiency of our healthcare delivery system through the robust application of cost-effectiveness analysis (CEA) to Population Health programmes and policies, as well as improvement in resourcing and allocation, and use of approaches such as **Value-Based Care**. This theme will support research that seeks to evaluate the impact of Population Health programmes and policies, optimize resource allocation, improve healthcare manpower productivity, and increase the efficiency of healthcare delivery without compromising quality.

HP/PH	HSR
<ul style="list-style-type: none">• Empirical and modelling research to estimate the downstream, longer-term cost and effectiveness of Health Promotion and Population Health programmes and policies.	<ul style="list-style-type: none">• [Value-based care outcomes] Research on how funding mechanisms (e.g.. funding flows, models, accompanying governance structures) can be designed between government, regional health systems and community partners/service providers to promote the delivery of integrated and coordinated care in the community.• [Health equity and access] Research into how value-based care models affect different population groups and whether they reduce or exacerbate health disparities.• [Resource optimisation] Research into optimal staffing models, skill-mix strategies, and workflow redesign that maximise healthcare worker productivity and enhance multidisciplinary team effectiveness to promote resource optimisation and workforce efficiency across different settings (e.g. acute hospital and community care sector).• [Integrated care] Research on care models that focus on reducing care fragmentation and optimise care outcomes and integration across settings.• [Resource allocation and capacity planning] Research on predictive modelling and analytics to improve and optimise resource utilisation of acute hospitals and resource capacity forecasting to maximise healthcare infrastructure use.• [Patient and community engagement] Research into patient engagement strategies, shared decision-making, or community participation in care design.• [Cost effectiveness] Research into Cost Effectiveness Analysis methods to support the evaluation of Population Health Policies and programmes.

PHRG – Research Themes (9)

7) Palliative Care

As our population ages, palliative care will become increasingly important as we seek to enable patients to live out their final days in a dignified manner. Over the years, Singapore has been enhancing the quality, affordability and accessibility of palliative care services. We have a variety of palliative care options such as the inpatient hospice palliative care, home palliative care and day hospices to cater for different needs and preferences of treatment and places of death. However, with evolving palliative (and end-of-life (EOL)) care models, in addition to challenges such as the current COVID-19 pandemic significantly altering traditional views on care delivery, we are keen on exploring how we can adopt and/or adapt existing palliative care models to offer more holistic, person-centric and cost-efficient options.

HSR

- Innovative palliative care models which emphasise an integrated, patient-centred approach, involving cross-agency collaboration whilst also allowing patients to transit seamlessly across different settings (e.g., from institutions to the community) and providers according to their individual needs. These approaches should demonstrate cost-effectiveness, as well as sustainability and scalability to deliver holistic, person-centric palliative and EOL care.
- Improved methods of identifying and supporting persons who can benefit from early introduction to palliative care approach. This may include proposals on training or equipping generalist health and social care professionals with skills to identify persons who can benefit from the palliative care approach.
- New models of palliative care that employ approaches which optimise utilisation of local assets (including the strengths, skills and resources of the community and family).
- Scaling up existing models of care including home palliative services in a sustainable manner, leveraging technology where possible, while ensuring sufficient flexibility to cater to patients' preferences.
- New models of engagement and communication with staff, patients and their families to enable a more person-centric EOL care, including encouragement of early consideration/thinking about palliative care. It can also include new engagement modes in reaching out to the public on having more open and meaningful dialogue about issues surrounding the end of life and palliative care.
- Implementation research on adoption and scaling up of successful initiatives.

PHRG – Research Themes (10)

8) Traditional and Complementary Medicine (T&CM)

As a multi-racial, multi-cultural society, Singapore remains home to individuals of different ethnicities and religions. This diversity plays out in health seeking behaviours as well, with the presence of traditional Chinese medicine (TCM), traditional Malay medicine (TMM), and traditional Indian medicine (TIM), although only TCM practitioners are statutorily regulated. This theme will fund research that seeks to understand the prevalence, attitudes and health seeking behaviour of our population with regard to T&CM, with a focus on how Western medicine and T&CM can be used safely together.

HSR

- Studying the reasons and prevalence of T&CM use as an alternative or together with mainstream healthcare services.
- Studying care coordination mechanisms and approaches between TCM and mainstream healthcare in managing chronic disease in the primary care settings and in disease prevention.

PHRG – Research Themes (11)

9) Health Systems Research

Besides improving various care models serving different groups of patients, research at a health systems-level could potentially yield important insights into system-level interventions or policies that may impact health on a wider or deeper scale.

HSR

- Research on the effectiveness of regional-level population health interventions across subsystems (e.g., primary care, mental health, long-term care) for target groups and the conditions/factors that influence the effectiveness.
- Research into healthcare governance structures, decision making processes and leadership models that improve system performance. Studies could focus on regulatory frameworks, accountability mechanisms and organisational culture in healthcare settings.
- Research into healthcare financing models, cost-effectiveness methodologies and economic evaluation frameworks. For example, topics on insurance mechanisms, subsidy optimisation, and long-term financial sustainability of the health system.
- Research on benchmarking methodologies, comprehensive health system performance indicators and comparative effectiveness frameworks that assess overall health system functioning and efficiency. To also consider more specific research on developing and validating patient-reported outcome measures (PROMs), patient-reported experience measures (PREMs), and quality metrics that truly reflect value from the patient perspective.
- Research on the barriers and facilitators to implementing value-based care models, including change management and organisational transformation.

PHRG – Research Themes (12)

10) Rehabilitation (Rehab)

Disability is an important and common health and social determinant in population health impacting significantly on outcomes such as Disability and Quality Adjusted Life Years, morbidity, institutionalisation and mortality. The prevalence of severe disability, such as stroke, OA and hip fractures will increase with the aging population and better medical care. Rehabilitation is the principal core intervention for disability. MOH has launched the National One-Rehab Framework aimed at enhancing patient outcomes for six major rehab conditions. Population health research is a key component to evaluate the characteristics, systems, outcomes and trajectories to develop precision-guided population health. Health services research will encourage cross-collaboration between the acute, primary and community care providers to develop novel ways of improving rehabilitation care across the care continuum including Interprofessional Care, Extended and Expanded Care provision, Rehab Outcomes Research, Pre-Habilitation in the Healthier SG construct, Early Supported Discharge, Return to Employment, Technology leverages and Telerehabilitation.

HP/PH

- Research on National Rehabilitation and Disability Frameworks in the context of disability as a important health determinants. This includes study on rehab outcomes, tiering (siting) and diagnostic coding systems, cost-effectiveness and care trajectories to develop precision directed population health.

HSR

- Innovative and improved interdisciplinary models of care that evaluate interventions to support the population including Persons with Disability (PwD) who may be undergoing rehab to improve function and prevent future or recurrent rehab episodes.
- Research on patient-centric, innovative, cost-effective, sustainable and scalable rehab care models that:
 - (a) adopt a goal-oriented approach, and involve cross-agency collaborations that enable patients to transit seamlessly across different settings (e.g., from public healthcare institutions to the community) and providers; OR
 - (b) optimise utilisation of resources; OR
 - (c) leverage technology (e.g., deep learning, machine learning and predictive analytics).
- Quantitative or qualitative research on provider and patient factors and experiences pertaining to improving effectiveness of rehab.
- Quantitative or qualitative research on patient motivations pertaining to improving patients' adherence to rehab programmes (e.g., gamification and motivational psychology).
- Implementation research on adoption and scaling up of successful initiatives.

PHRG – Research Themes (13)

11) Caregiver Support – *New*

This theme recognises caregivers of seniors and persons with disabilities/mental health conditions as a vital component of Singapore's integrated care model and seeks to fund research that addresses the multifaceted needs of caregivers across different care contexts. Research under this theme should contribute to developing evidence-based interventions, policies, and support systems that enhance caregiver well-being, improve care quality, and create sustainable caregiving models that benefit both caregivers and care recipients.

HP/PH

- What are the key determinants of caregiver burden and well-being across different caregiver populations?
- How can we develop targeted interventions to promote health and wellbeing of caregivers, to prevent physical and emotional burnout?
- What are the long-term health impacts of caregiving across the different caregiver populations?
- How can community resources and social networks be leveraged to create supportive environments for caregivers?

HSR

- Research into innovative caregiver training programmes that enhance care competency whilst reducing caregiver burden.
- Studies evaluating technology solutions designed to support caregiving activities and reduce caregiver workload.
- Research on caregiver segmentation and identification of high-risk caregiver populations requiring enhanced support.
- Evaluation of integrated care models that incorporate formal caregiver support services within existing healthcare systems.
- Studies assessing the impact of caregiver support programmes on caregiver and care recipient outcomes and healthcare utilisation.
- Implementation research on adoption and scaling up of successful caregiver support initiatives.

PHRG – Research Themes (14)

12) Real-world Safety and Effectiveness of Medicines, Vaccines and Other Health Technologies – *New*

As medicines, vaccines and other regulated health technologies are increasingly used across the life course and in diverse patient populations, important questions frequently arise after approval regarding their real-world safety, effectiveness and long-term impact. Pre-market trials establish efficacy under controlled conditions; however, routine use often involves older patients, multi-morbidity, polypharmacy, variable adherence, and heterogeneous care settings.

To ensure that health technologies deliver value while remaining safe, effective and sustainable within Singapore's healthcare system, there is a need for rigorous post-market evaluation using high-quality real-world data, robust causal methods, and pragmatic trial designs. Evidence generated under this theme should inform regulatory, clinical, value-driven practice, as well as population-level decision-making.

HP/PH

- What is the real-world effectiveness of antivirals, vaccines, screening/diagnostic tests and preventive therapies in reducing disease incidence, complications, and transmission at the population level?
- What is the population-level impact of risk-minimisation measures, safety advisories, or labelling changes?
- How do uptake, adherence, and behavioural factors influence real-world outcomes of preventive medicines and health technologies?
- What upstream strategies can optimise appropriate use of medicines and vaccines to prevent avoidable morbidity?

PHRG – Research Themes (15)

12) Real-world Safety and Effectiveness of Medicines, Vaccines and Other Health Technologies – *New*

As medicines, vaccines and other regulated health technologies are increasingly used across the life course and in diverse patient populations, important questions frequently arise after approval regarding their real-world safety, effectiveness and long-term impact. Pre-market trials establish efficacy under controlled conditions; however, routine use often involves older patients, multi-morbidity, polypharmacy, variable adherence, and heterogeneous care settings.

To ensure that health technologies deliver value while remaining safe, effective and sustainable within Singapore's healthcare system, there is a need for rigorous post-market evaluation using high-quality real-world data, robust causal methods, and pragmatic trial designs. Evidence generated under this theme should inform regulatory, clinical, value-driven practice, as well as population-level decision-making.

HSR

- What is the comparative safety and effectiveness of approved therapies used for the same indication in routine care?
- How do multi-morbidity and polypharmacy influence treatment outcomes and adverse events?
- How do real-world outcomes compare with those observed in pre-market trials?–What are the system-level implications (cost, utilisation, hospitalisations, manpower demand) of adopting new health technologies?
- How can pragmatic or cluster-randomised trials be embedded in routine care to answer high priority questions efficiently?
- What data infrastructure, governance models, and methodological standards are needed to support sustainable post-market evaluation capacity?
- How can post-market evidence be translated into regulatory action, funding decisions, guideline updates, or de-implementation strategies?
- How do real-world utilisation patterns for health technologies align with established evidence-based guidelines/recommendations?
- What is the long-term durability of clinical outcomes after administering the health technology such as gene therapies, and which factors affect the maintenance of clinical response over time?

PHRG – Categories

- To concurrently allow the grant scheme to target research areas prioritised by MOH, and allow space for researchers to identify emerging needs and propose novel ideas that may contribute significantly in the medium- to long-term, PHRG will have two separate categories with slightly different grant scheme design:

Thematic Category:

- To support co-creation of research studies to answer research questions prioritised by MOH
- Only open to proposals that address PHRG research themes

Open Category:

(including NIG Sub-Category)

- To support investigator-initiated research within the broader funding scope
- Scientific quality, and alignment with MOH's priorities considered as part of review

PHRG Open Category

Objective

- To allow space for researchers to identify emerging needs and propose novel ideas that may contribute significantly in the medium- to long-term.
- Proposals with scope falling within the two identified Research Areas are eligible for application.

Grant call frequency: Twice a year (Jan and Jul)

Funding Quantum: up to **\$2.028M** (inclusive of up to 30% indirect costs) for up to **5 years**.

PHRG Open Category – Eligibility Criteria

- Only one Principal Investigator (PI) is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Have a MBBS/BDS/PharmD/MD, and/or PhD and/or other appropriate Postgraduate Qualification (at least a Master's Degree) in areas relevant to the proposed research.
 - b) Hold a primary appointment in a local public institution and salaried by the institution.
 - c) Be an independent PI with a demonstrated track record of research as evidenced by the award of nationally competitive funding (international funding to be considered on a case by case basis) or substantial publication record.
 - d) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).

Subcategory PHRG-NIG

Objective

- The **PHRG New Investigator Grant (PHRG-NIG)** is a subcategory of the PHRG to cater for new investigators.
- Applicants with substantial research experience will not be accepted under this category.

Grant call frequency: Twice a year (Jan and Jul)

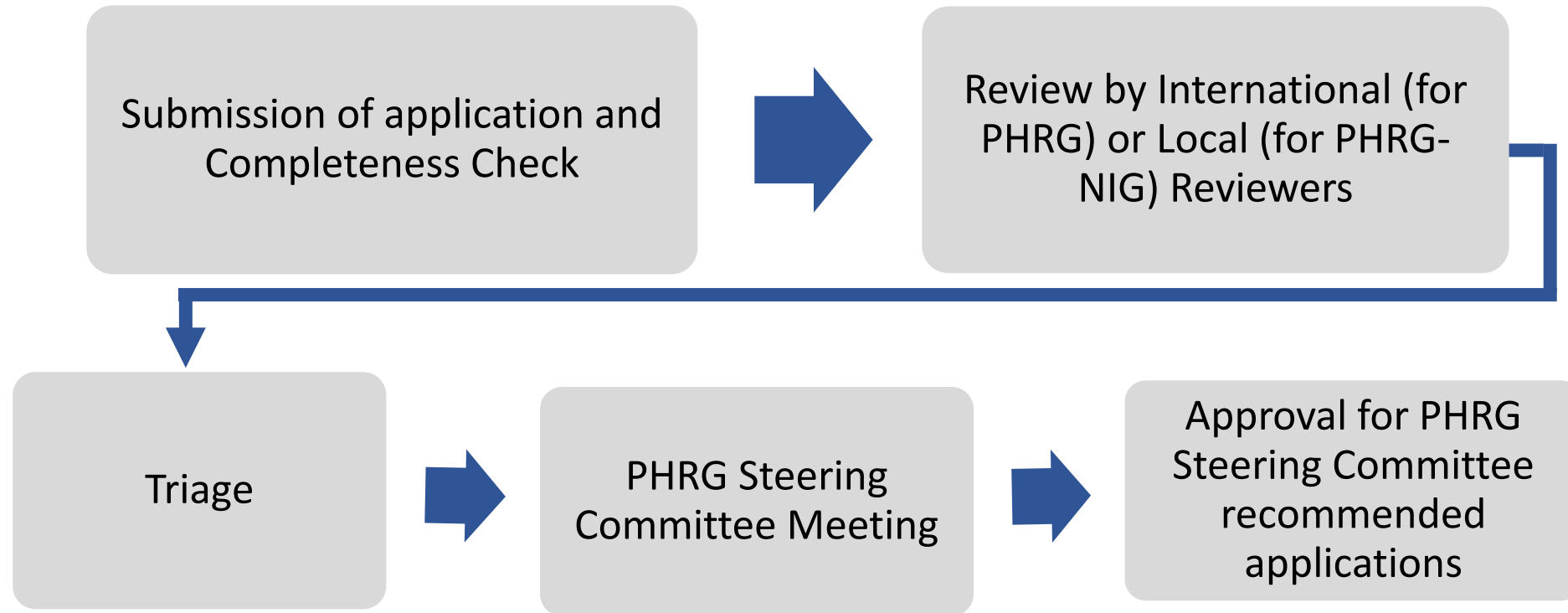
Funding Quantum: up to \$270,400 (inclusive of up to 30% indirect costs) for up to 3 years.

PHRG-NIG – Eligibility Criteria

- Only one Principal Investigator (PI) is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Have a MBBS/BDS/PharmD/MD, and/or PhD and/or other appropriate Postgraduate Qualification (at least a Master's Degree) in areas relevant to the proposed research.
 - b) Hold a primary appointment in a local public institution.
 - c) Salaried by a local public institution [from time of award](#).
 - d) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).
 - e) Must not have received external competitive funding exceeding \$500,000 (direct costs only), to conduct their own research project as the PI.
 - f) Have to work with a **mentor** for guidance in their research. This mentoring will provide support for a period of supervised research leading eventually to the investigators conducting larger scale research projects independently. Please note that the NIG is intended to fund a new investigator's independent project, and not to provide additional funding for the mentor's project.

PHRG/PHRG-NIG – Review Process

Estimated Duration for Review Process: 5 to 6 months



PHRG/PHRG-NIG – Assessment Criteria

	PHRG	PHRG-NIG
Assessment Criteria	<ul style="list-style-type: none">• High quality scientific research.• Proposed research topic should be population health research of importance to the health system in Singapore. Provided they are scientifically meritorious, proposals which address the set themes would be given priority consideration.• Demonstrate the potential to improve health outcomes and be adopted into actual policy or practice within 2-3 years upon study completion.	<ul style="list-style-type: none">• High quality scientific research.• Proposed research topic should be population health research of importance to the health system in Singapore. Provided they are scientifically meritorious, proposals which address the set themes would be given priority consideration.• Demonstrate the potential to further the investigators' career to become a full-fledged independent PI.

PHRG Thematic Category

Objective

- To allow the grant scheme to specifically address research areas prioritised by MOH.
- Only proposals with scope falling within the PHRG Research Themes can apply.
- Co-creation with relevant MOH policy lead(s) is a prerequisite. Applications without support from MOH policy lead(s) will not be accepted under the Thematic Category.

Grant call frequency: Twice a year (Jan and Jul)

Funding Quantum: No stipulated cap in funding quantum. Quantum to be deliberated during the co-creation and review process. **Project duration is up to 5 years.**

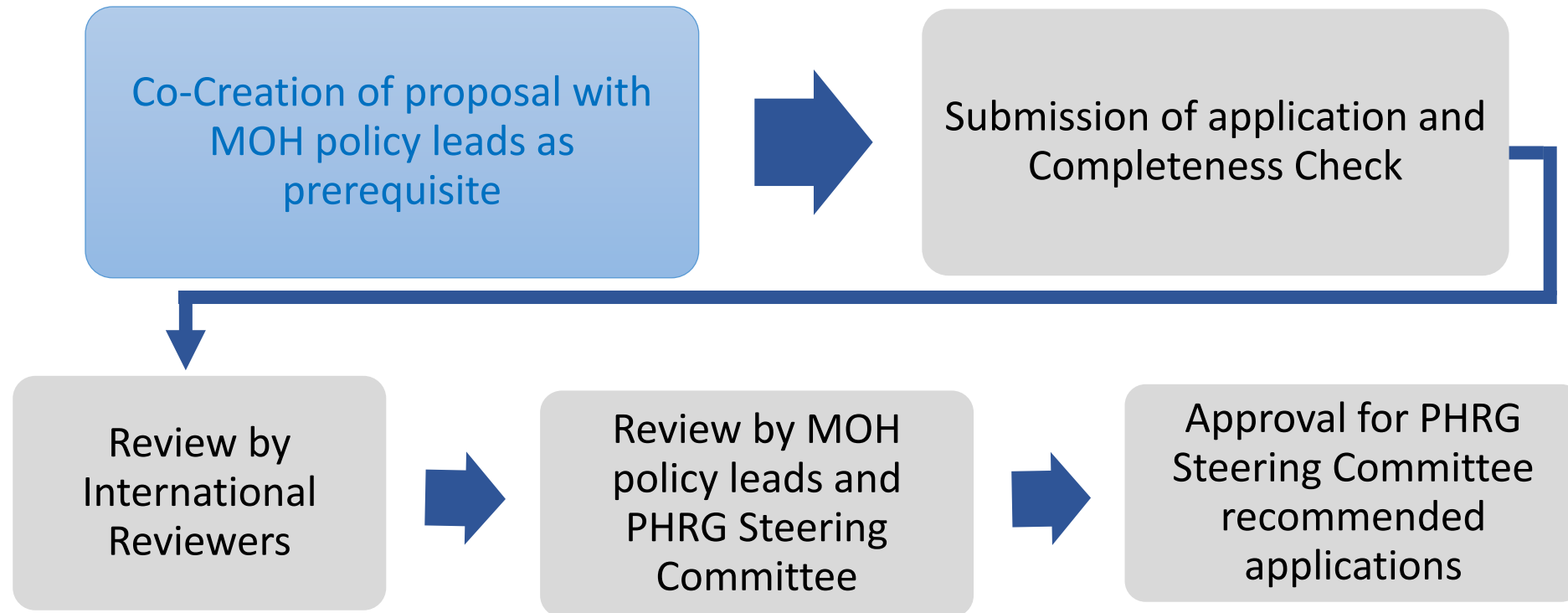
PHRG Thematic Category – Eligibility Criteria

(same as Open Category)

- Only one Principal Investigator (PI) is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Have a MBBS/BDS/PharmD/MD, and/or PhD and/or other appropriate Postgraduate Qualification (at least a Master's Degree) in areas relevant to the proposed research.
 - b) Hold a primary appointment in a local public institution and salaried by the institution.
 - c) Be an independent PI with a demonstrated track record of research as evidenced by the award of nationally competitive funding (international funding to be considered on a case by case basis) or substantial publication record.
 - d) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).

PHRG Thematic Category – Review Process

Estimated Duration for Review Process: 5 to 6 months



Engagement of MOH Divisions for Co-creation

- The NMRC Office will assist in connecting interested applicants with relevant MOH policy leads where necessary. At the same time, applicants with existing relationships or knowledge of relevant divisions may engage them directly, as appropriate.
- If the NMRC Office's assistance is required to connect with relevant MOH policy leads, please send the NMRC Office a summary of the proposed research, and identify the relevant research themes and topics that the proposed research would address.
- Applicants are strongly encouraged to initiate engagement early and factor in sufficient time for discussions with MOH divisions, rather than approaching divisions close to the submission deadline.
- Please note that (i) divisional support/co-creation does not guarantee the award of funding, nor does it necessarily imply deep or resource-intensive collaboration; and (ii) the scope and level of involvement will be mutually agreed between the PI and the relevant division.

PHRG Thematic Category – Assessment Criteria

(same as Open Category)

- High quality scientific research.
- Proposed research topic should be population health research of importance to the health system in Singapore.
- Demonstrate the potential to improve health outcomes and be adopted into actual policy or practice within 2-3 years upon study completion.

Clinician Scientist - Individual
Research Grant (CS-IRG)

Clinician Scientist – New
Investigator Grant
(CS-NIG)

CS-IRG

Objective

- The Clinician Scientist – Individual Research Grant (CS-IRG) aims to support Clinician Scientists (CSs) in carrying out internationally competitive medical research, including investigator-initiated clinical trials for the development of novel therapies, interventions and diagnostics that focus on healthcare needs.
- CS-IRG supports basic, clinical and translational research.

Grant call frequency: Twice a year (Jan and Jul)

Funding Quantum: \$2.028M per project (inclusive of 30% indirect costs) for up to 5 years.

CS-IRG – Eligibility Criteria (1)

- Only one PI is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Hold a primary appointment in a [public healthcare institution or autonomous university](#) in Singapore and salaried by the institutionⁱ.
 - b) Be an independent PI with a demonstrated track record of research as evidenced by the award of nationally competitive funding (international funding to be considered on a case by case basis) or substantial publication record.
 - c) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).

*i. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:*

- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or*
- b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.*

The grant application must be submitted through the PHI/autonomous university as the host institution.

CS-IRG – Eligibility Criteria (2)

d) Pls must hold qualificationsⁱⁱ in one of the following categories:

- Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent)
- Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) or a **postgraduate qualification listed in Slide 119 (non-exhaustive list) are eligible.**
- Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., **research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application**), and they **hold PhD (or equivalent).**

ii. Recipients of NMRC Talent Awards are exempt from this requirement.

Subcategory CS-NIG

Objective

- The **CS - New Investigator Grant (CS-NIG)** is a subcategory of the CS-IRG to cater for new clinical investigators to establish themselves as independent PIs.
- Applicants with substantial research experience will not be accepted under this category.

Grant call frequency: Twice a year (Jan and Jul)

Funding Quantum: up to **\$270,400** per project (inclusive of 30% indirect costs) for up to **3 years**.

CS-NIG – Eligibility Criteria (1)

- Only one PI is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Hold a primary appointment in a public healthcare institution or autonomous university in Singaporeⁱ.
 - b) Salaried by a public healthcare institution or autonomous university in Singapore [from time of award](#).
 - c) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).
 - d) Applicants must not have received external competitive funding exceeding \$500,000 (direct costs only), to conduct their own research project as the PI.
 - e) Applicants who are applying under the new investigator category have to work with a **mentor** for guidance in their research. This mentoring will provide support for a period of supervised research leading eventually to the investigators conducting larger scale research projects independently. Please note that the NIG is intended to fund a new investigator's independent project, and not to provide additional funding for the mentor's project.

*i. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:*

- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or*
- b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.*

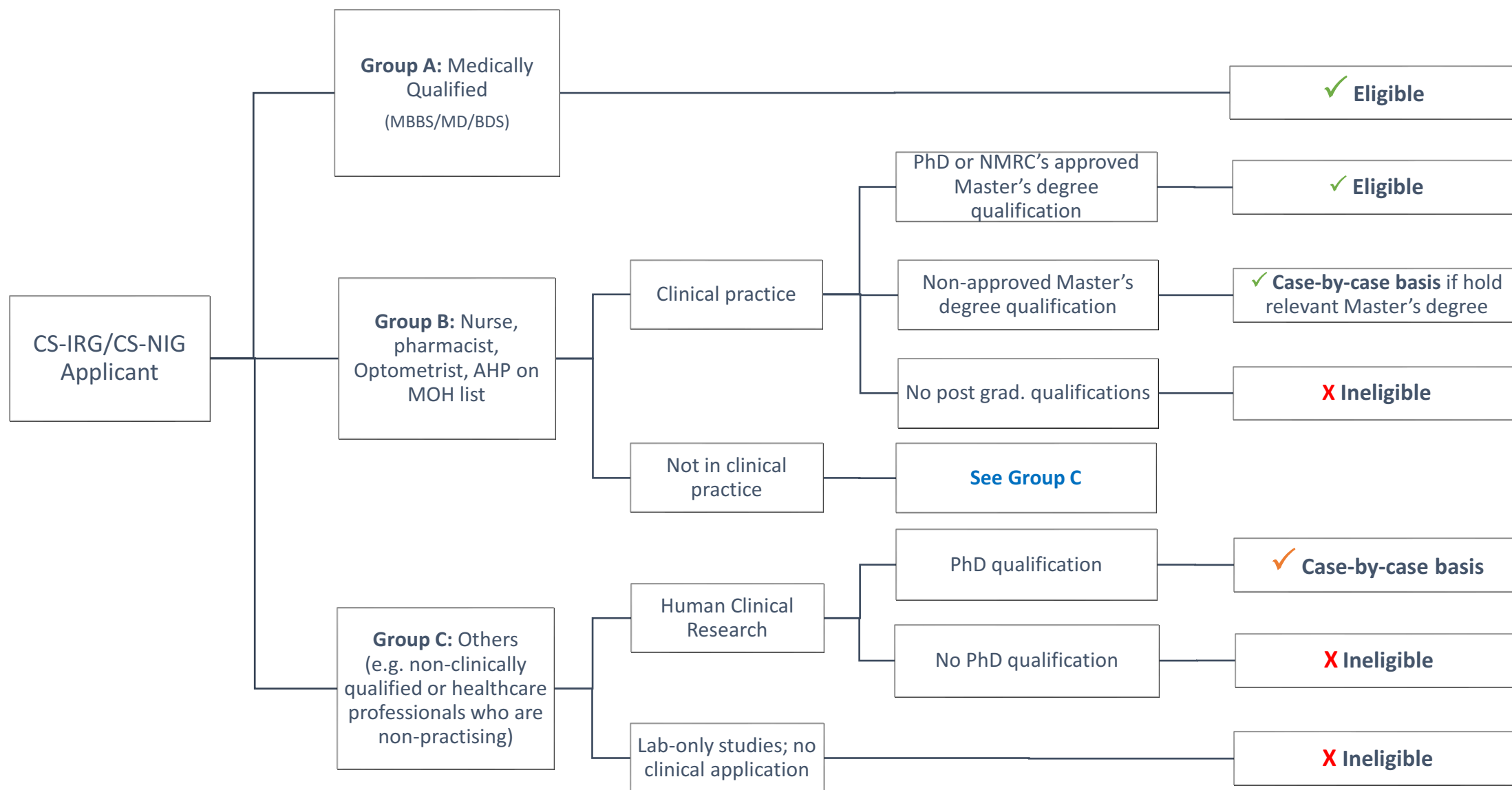
The grant application must be submitted through the PHI/autonomous university as the host institution.

CS-NIG – Eligibility Criteria (2)

- f) PIs must hold qualificationsⁱⁱ in one of the following categories:
- Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent)
 - Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) or a **postgraduate qualification listed in Slide 119** (non-exhaustive list) are eligible.
 - Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application), and they **hold PhD (or equivalent)**.

ii. Recipients of NMRC Talent Awards are exempt from this requirement.

Eligibility by Professional Background for CS-IRG/CS-NIG



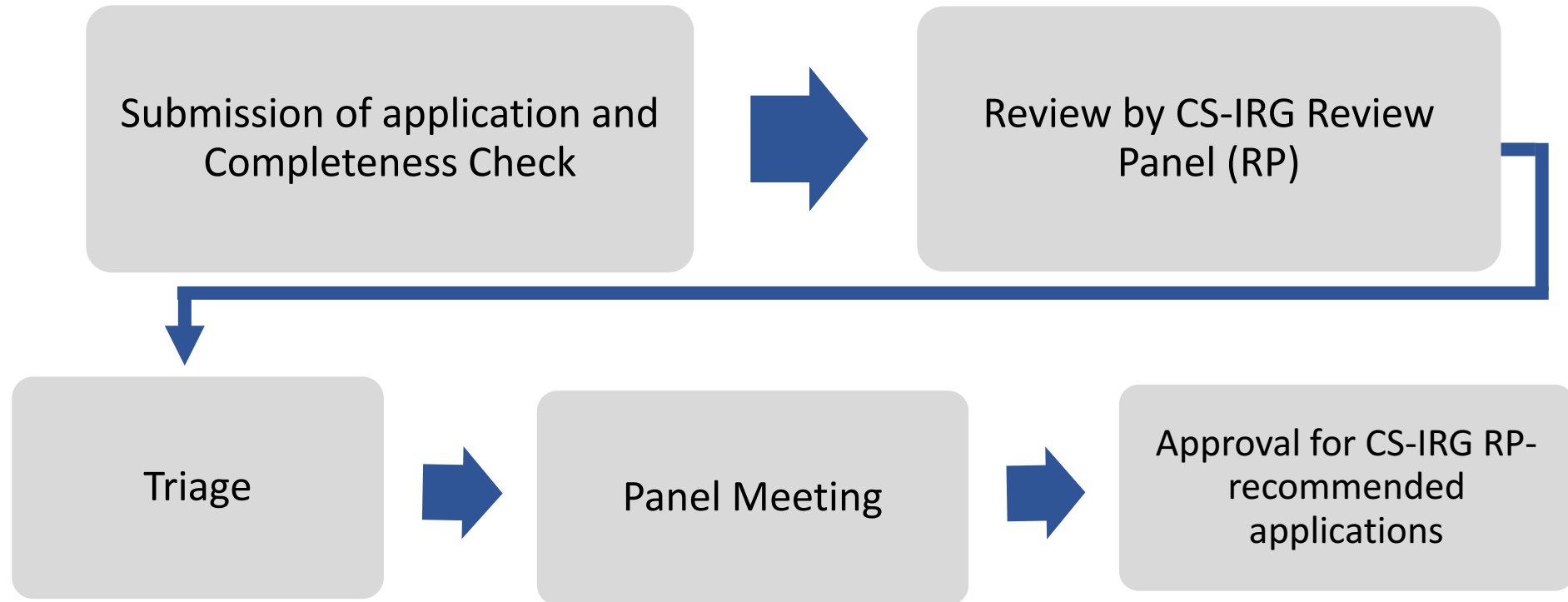
Note: Recipients of NMRC Talent Awards are exempt from the qualification requirements.

CS-IRG/CS-NIG – Research Areas

- The CS-IRG scheme and the subcategory CS-NIG are open to applications in all research areas
- Applications are assessed based on scientific merit at the international level and relevance to Singapore.
- The following seven disease areas (including multi-morbidity) have been identified as national priorities for research:
 - Cancers and neoplasms
 - Cardiovascular
 - Eye
 - Infection
 - Mental health (disorders)
 - Metabolic and endocrine
 - Neurological

CS-IRG/CS-NIG – Review Process

Estimated Duration for Review Process: 4 to 5 months



CS-IRG/CS-NIG – Assessment Criteria

	CS-IRG	CS-NIG
Assessment Criteria	<ul style="list-style-type: none">• Scientific excellence• Feasibility of study in local context• Productivity• Overall impact in local context• Track record of investigators	<ul style="list-style-type: none">• Scientific excellence• Feasibility of study in local context• Productivity• Overall impact in local context• Suitability of applicant to be an independent investigator and to assume the role of a PI

Open Fund - Individual Research
Grant (OF-IRG)

Open Fund - Young Individual
Research Grant (OF-YIRG)

OF-IRG

OF-IRG aims to support the conduct of research proposals in basic, translational and clinical research that are relevant to human health and potential, including research that looks at the causes, consequences, diagnosis and treatment of human diseases.

Grant call frequency: Twice a year (Jan and Jul)

Funding Quantum: up to **\$1.69M** per project (inclusive of 30% indirect costs) for up to 5 years.

OF-IRG – Eligibility Criteria

- Only one Principal Investigator (PI) is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Hold a primary appointment in a local public institution and salaried by the institution.
 - b) Is an independent investigator with a demonstrated track record of research as evidenced by the award of nationally competitive funding (international funding to be considered on a case-by-case basis) or substantial publication record.
 - c) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).
 - d) PIs should have PhD or MD/MBBS/BDS qualifications. (*Exceptions would be made on a case-by-case basis*).

Subcategory OF-YIRG

Objective

- The **OF – Young Individual Research Grant (OF-YIRG)** is a subcategory of the OF-IRG to allow new investigators to obtain a first independent national level grant.
- Applicants with substantial research experience will not be accepted under this category.

Grant call frequency: Twice a year (Jan and Jul)

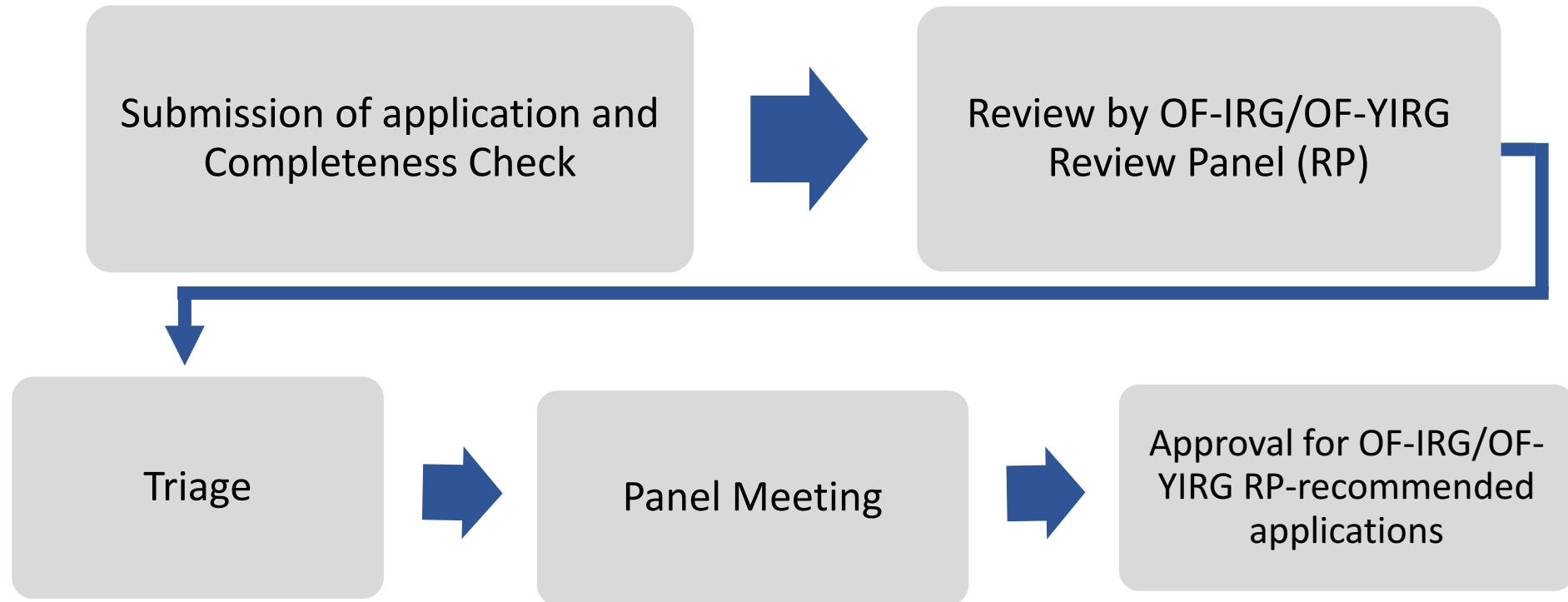
Funding Quantum: up to **\$338,000** per project (inclusive of 30% indirect costs) for up to 3 years.

OF-YIRG – Eligibility Criteria

- Only one Principal Investigator (PI) is allowed per application. The number of application by an individual (as PI) is capped at 1 grant application per grant type in a grant call.
- Applicant applying as **Principal Investigator** is required to fulfil the following criteria at the point of application:
 - a) Hold a primary appointment in a local public institution
 - b) Salaried by a local public institution from time of award.
 - c) Hold a minimum of 9 months employment (per calendar year) with local public institution(s).
 - d) PIs should have PhD or MD/MBBS/BDS qualifications. (*Exceptions would be made on a case-by-case basis*).
 - e) Applicants must have completed their PhD or MBBS/MD/BDS within the past 7 years and past 10 years respectively (whichever date is later).
 - f) Applicants must not have received external competitive funding exceeding \$500,000 (direct costs only), to conduct their own research project as the PI.
 - g) Applicants who are applying under the Young Investigator category have to work with a mentor for guidance in their research. This mentoring will provide support for a period of supervised research leading eventually to the investigators conducting larger scale research projects independently. Please note that the YIRG is intended to fund a young investigator's independent project, and not to provide additional funding for the mentor's project.

OF-IRG/OF-YIRG – Review Process

Estimated Duration for Review Process: 4 to 5 months



OF-IRG/OF-YIRG – Research Themes

- Open to applications in all research areas
- Applications are assessed based on scientific merit at the international level and relevance to Singapore.
- The following seven disease areas (including multi-morbidity) have been identified as national priorities for research :
 - Cancers and neoplasms
 - Cardiovascular
 - Eye
 - Infection
 - Mental health (disorders)
 - Metabolic and endocrine
 - Neurological

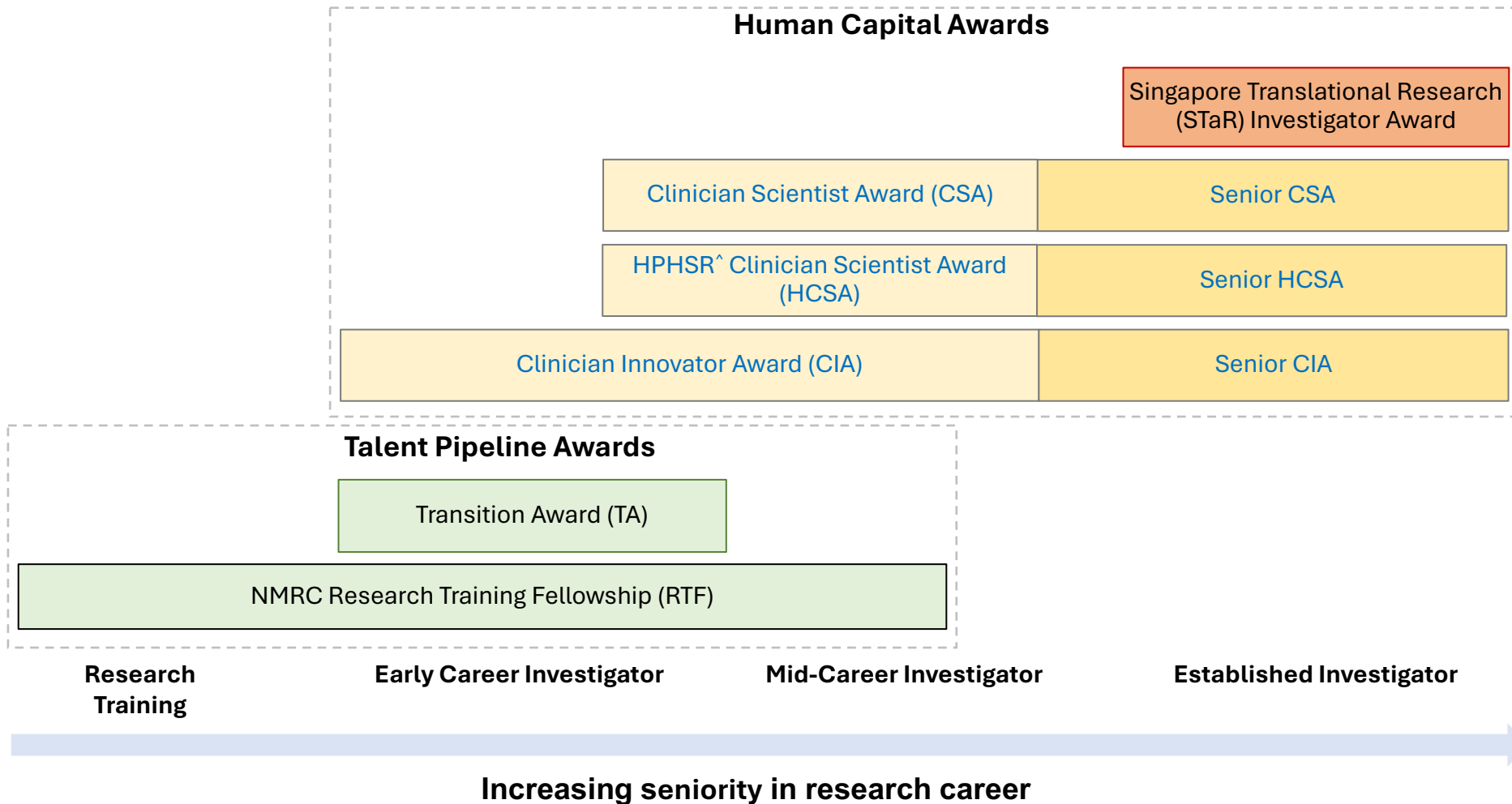
OF-IRG/OF-YIRG – Assessment Criteria

	OF-IRG	OF-YIRG
Assessment Criteria	<ul style="list-style-type: none">• Scientific excellence• Feasibility of study in local context• Productivity• Overall impact in local context• Track record of investigators	<ul style="list-style-type: none">• Scientific excellence• Feasibility of study in local context• Productivity• Overall impact in local context• Suitability of applicant to be an independent investigator and to assume the role of a PI

Talent Programmes

Talent Programmes

NMRC administers a range of Talent Programmes aimed at supporting individuals in their research and career progression.



Talent Programmes' Areas of Research

- The Talent Programmes are open to applications on all research areas.
- Under RIE2030, applicants focusing on translation of research and innovations into healthcare in the following strategic areas will be prioritised:
 - Healthy Longevity and Population Health
 - Precision Health
 - Epidemic Preparedness and Response
 - Artificial Intelligence (AI) and Data
- Applicants are encouraged to collaborate with AI, Data Science and/or Technology talent where possible, and the necessary budget to engage them can be incorporated into the grant applications where needed/applicable.

Singapore Translational Research (STaR) Investigator Award

STaR Investigator Award (1)

Objective

- A prestigious award to recognise and support internationally renowned and outstanding investigators in Translational and Clinical Research (TCR), Health Promotion, Preventive Health, Population Health and Health Services Research (HPHSR), and/or Health Technology.

The STaR Investigator Award is a talent award for an individual. A large collaborative project involving themes not driven/led by the same investigator would be deemed unsuitable for this programme. The proposed research should also have sufficient scientific depth.

Award Features

Funding quantum of up to **\$7M** is awarded for up to 5 years, comprising:

- PI's salary support of up to **\$3M** (up to S\$600K per annum)
- **\$4M** in grant support, inclusive of 30% indirect costs

** Institutions are encouraged to co-fund; Applications with co-funding would be considered favourably during review.*

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

STaR Investigator Award (2)

Eligibility Criteria

- 1) Applicants should have a **strong track record of scientific achievement, conduct cutting edge translational and clinical research (TCR) or research in Health Promotion, Preventive Health, Population Health, Health Services Research (HPHSR) or Health Technology, and produce outstanding research output with clinical and health impact.**

Qualificationsⁱ

- 2) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and with specialty training beyond medical or dental school.ⁱⁱ **Those without specialty training may apply if they are in clinical practice, excluding House Officers, Medical Officers, and Residents.**
- 3) Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) **or a postgraduate qualification listed in Slide 119 (non-exhaustive list) are eligible.**
- 4) Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., **research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application**), and they **hold PhD (or equivalent).**

Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.
- ii. Clinicians with recognised specialty training are:
 - a. Clinicians who are accredited by the MOH Specialists Accreditation Board (SAB), Dental Specialists Accreditation Board (DSAB) and Family Physicians Accreditation Board (FPAB).
 - b. Clinicians who do not fulfil the above but are able to demonstrate completion of specialist training in countries which do not have specialist boards/colleges and are holding consultant positions as a specialist may be considered on a case-by-case basis.

STaR Investigator Award (3)

Eligibility Criteria (con't)

Appointment

5) Applicant must hold the following appointments:

- a) A primary appointment in a public healthcare institution (PHI) or autonomous university in Singapore and be salaried by the institutionⁱⁱⁱ; and
- b) A regular-rank faculty/academic appointment in one of the Academic Medical Centres or medical schools **within 3 months of award conveyance**. Applicant not holding/pledged such an appointment can be considered if there is a support letter from the PHI Chief Executive Officer, and co-signed by the cluster Group Director (Research) or equivalent authority.^{iv}

Notes:

iii. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:

- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
- b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.

The grant application must be submitted through the PHI/autonomous university as the host institution.

iv. *The support letter should highlight the existing framework and governance within the PHI that allow sustained research career and opportunities available to the applicant, as well as the availability of a conducive and facilitation structure where high quality research can be undertaken*

STaR Investigator Award (4)

Eligibility Criteria (con't)

Other Requirements

- 6) Applicant must generally **not be beyond the retirement age** in the year of grant call.ⁱ
- 7) Applicant may only submit one application to the NMRC Talent Awards (i.e. STaR, Senior CSA, CSA, Senior HCSA, HCSA, Senior CIA, CIA and TA) for each round of grant call.
- 8) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.

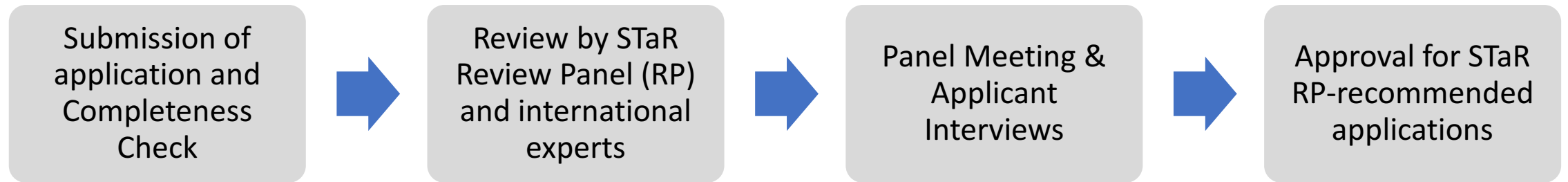
Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.*

STaR Investigator Award (5)

Review Process

- **Single-stage** review process by the STaR Review Panel and international experts.
- Applicants will be invited for interview by the STaR Review Panel.
- The review process will take about 4 to 5 months after the application closes.



Assessment Criteria

- Track Record of PI will be the highest priority
- Scientific excellence and potential outcomes in the respective areas
- Feasibility of study in local context
- Productivity
- Overall Impact in local context

STaR Award Salary Support Framework

- The primary aim of the STaR Award salary support is to provide **protected time for the PI to conduct research and for backfill purposes**.
- The amount of salary support required for protected research time and its justification are to be declared **at the point of application**.
- For exception cases (e.g. strategic hires, talent retention), the amount of salary support required, its justification and the intended use* are to be declared **at the point of application and subject to approval**.
- Awarded applicants who do not require or are not awarded salary support will still receive the project grant component comprising research direct costs and 30% indirect costs (i.e. without salary support).

**e.g. clinical or teaching backfill, research-related items*

Clinician Scientist Award (CSA)

Senior CSA

Senior CSA and CSA (1)

Objective

- **Aims** to provide salary and funding support for selected outstanding clinician scientists, to enable them to carry out internationally competitive translational and clinical research, to bring bench discoveries to bedside applications.

Two types of awards:

- **Senior CSA:** The applicant is expected to be a senior clinician scientist who has demonstrated sustained, high levels of productivity and leadership in this field and the award recipient is expected to mentor junior clinician scientists.
- **CSA:** The applicant is expected to be a clinician scientist with good track records of research work and demonstrated potential to become leaders in this field. The applicant is required to nominate a mentor at the point of application.

Senior CSA and CSA (2)

Award Features

- 0.5 FTE to 0.7 FTE salary support of actual research time, subject to NMRC annual salary cap
- Grant support of up to:
 - **Senior CSA:** S\$1.75M up to 5 years
 - **CSA:** S\$1.11M up to 5 years
- Up to 30% indirect costs
- Renewal policy:
 - **Senior CSA:** No limit to number of renewals
 - **CSA:** One renewal allowed

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

Senior CSA and CSA (3)

Eligibility Criteria

Qualificationsⁱ

- 1) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and with specialty training beyond medical or dental school.ⁱⁱ Those without specialty training may apply if they are in **clinical practice**, excluding House Officers, Medical Officers, and Residents.
- 2) Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) or a **postgraduate qualification listed in Slide 119 (non-exhaustive list) are eligible**.
- 3) Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application), and they **hold PhD (or equivalent)**.

Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.
- ii. Clinicians with recognised specialty training are:
 - a. Clinicians who are accredited by the MOH Specialists Accreditation Board (SAB), Dental Specialists Accreditation Board (DSAB) and Family Physicians Accreditation Board (FPAB).
 - b. Clinicians who do not fulfil the above but are able to demonstrate completion of specialist training in countries which do not have specialist boards/colleges and are holding consultant positions as a specialist may be considered on a case-by-case basis.

Senior CSA and CSA (4)

Eligibility Criteria (con't)

Appointment

- 4) Applicant must hold the following appointments:
- a) A primary appointment in a public healthcare institution (PHI) or autonomous university in Singapore and be salaried by the institutionⁱⁱⁱ at the point of application; and
 - b) A regular-rank faculty/academic appointment in one of the Academic Medical Centres or medical schools **within 3 months of award conveyance**. Applicant not holding/pledged such an appointment can be considered if there is a support letter from the PHI Chief Executive Officer, and co-signed by the cluster Group Director (Research) or equivalent authority.^{iv}

Notes:

- iii. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:
- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
 - b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.
- The grant application must be submitted through the PHI/autonomous university as the host institution.
- iv. The support letter should highlight the existing framework and governance within the PHI that allow sustained research career and opportunities available to the applicant, as well as the availability of a conducive and facilitation structure where high quality research can be undertaken

Senior CSA and CSA (5)

Eligibility Criteria (con't)

Other Requirements

- 5) Applicants must have been an independent PI on at least one national or international peer-reviewed research grant, with the grant quantum equivalent to an Individual Research Grant (IRG) (i.e. approx. \$1M).
- 6) Applicant must be a Singapore citizen or Permanent Resident (SC/PR) at the point of application. **Non-SC/PR may be considered on an exception basis if they have worked for at least five (5) consecutive years in healthcare research or as practising healthcare professionals at Singapore-based PHIs or autonomous universities. Such applicants must demonstrate their commitment to Singapore's healthcare research system through substantive local contributions, such as publications, collaborations, mentorship, and/or capacity building within Singapore's healthcare research community. They also must present clear plans for continued engagement, such as future research collaborations, knowledge transfer, mentoring plans, and long-term career commitment to Singapore's healthcare research system.**
- 7) Applicant must generally **not be beyond the retirement age** in the year of grant call.ⁱ
- 8) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.
- 9) Applicant may only submit one application to the NMRC Talent Awards (i.e. STaR, Senior CSA, CSA, Senior HCSA, HCSA, Senior CIA, CIA and TA) for each round of grant call.

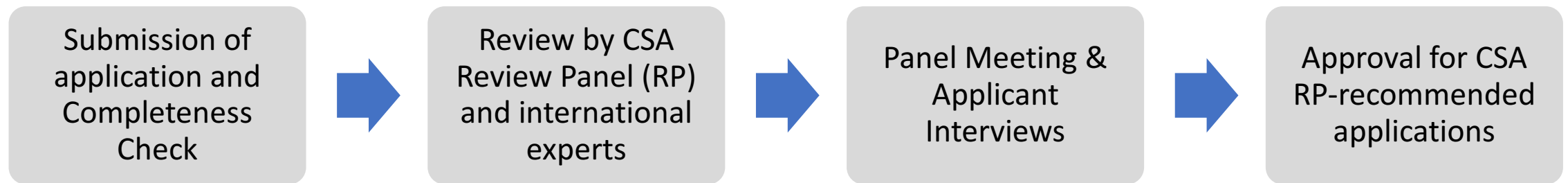
Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.

Senior CSA and CSA (6)

Review Process

- **Single-stage** review process by the CSA Review Panel and international experts.
- Applicants will be invited for interview by the CSA Review Panel.
- The review process will take about 4 to 5 months after the application closes.



Assessment Criteria

- Track Record of PI will be the highest priority
- Scientific excellence and the potential to bring bench discoveries to bedside applications
- Feasibility of study in local context
- Productivity
- Overall Impact in local context
- For CSA: Mentorship training plan, suitability and track record of mentor

HPHSR Clinician Scientist Award
(HCSA)
Senior HCSA

Senior HCSA and HCSA (1)

Objective

- Aims to provide salary & funding support for selected outstanding clinician scientists, to undertake research in the areas of Health Promotion (HP), Preventive Health, Population Health (PH) and Health Services Research (HSR), bringing about significant and sustainable impact to health outcomes of the nation.

Two types of awards

- **Senior HCSA:** The applicant is expected to be a senior clinician scientist who has demonstrated sustained, high levels of productivity and leadership in this field and the award recipient is expected to mentor junior clinician scientists.
- **HCSA:** The applicant is expected to be a clinician scientist with good track records of research work and demonstrated potential to become leaders in this field. The applicant is required to nominate a mentor at the point of application.

Senior HCSA and HCSA (2)

Award Features

- 0.5 FTE to 0.7 FTE salary support of actual research time, subject to NMRC annual salary cap
- Grant support of up to:
 - **Senior HCSA:** S\$1.3M up to 5 years
 - **HCSA:** S\$800K up to 5 years
- Up to 30% indirect costs

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

Senior HCSA and HCSA (3)

Eligibility Criteria

Qualificationsⁱ

- 1) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and with specialty training beyond medical or dental school.ⁱⁱ Those without specialty training may apply if they are in **clinical practice**, excluding House Officers, Medical Officers, and Residents.
- 2) Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) **or a postgraduate qualification listed in Slides 119 and 120 (non-exhaustive list) are eligible.**
- 3) Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application), and they **hold PhD** (or equivalent) **or a postgraduate qualification listed in Slides 119 and 120 (non-exhaustive list).**

Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.
- ii. Clinicians with recognised specialty training are:
 - a. Clinicians who are accredited by the MOH Specialists Accreditation Board (SAB), Dental Specialists Accreditation Board (DSAB) and Family Physicians Accreditation Board (FPAB).
 - b. Clinicians who do not fulfil the above but are able to demonstrate completion of specialist training in countries which do not have specialist boards/colleges and are holding consultant positions as a specialist may be considered on a case-by-case basis.

Senior HCSA and HCSA (4)

Eligibility Criteria (con't)

Appointment

- 4) Applicant must hold the following appointments:
- a) A primary appointment in a public healthcare institution (PHI) or autonomous university in Singapore and be salaried by the institutionⁱⁱⁱ at the point of application; and
 - b) A regular-rank faculty/academic appointment in one of the Academic Medical Centres or medical schools **within 3 months of award conveyance**. Applicant not holding/pledged such an appointment can be considered if there is a support letter from the PHI Chief Executive Officer, and co-signed by the cluster Group Director (Research) or equivalent authority.^{iv}

Notes:

- iii. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:
- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
 - b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.
- The grant application must be submitted through the PHI/autonomous university as the host institution.
- iv. The support letter should highlight the existing framework and governance within the PHI that allow sustained research career and opportunities available to the applicant, as well as the availability of a conducive and facilitation structure where high quality research can be undertaken

Senior HCSA and HCSA (5)

Eligibility Criteria (con't)

Other Requirements

- 5) Applicants must have been an independent PI on at least one national or international peer-reviewed research grant, with grant quantum equivalent to a Health Services Research Grant (HSRG) / Population Health Research Grant (PHRG) (i.e. approx. \$1M).
- 6) Applicant must be a Singapore citizen or Permanent Resident (SC/PR) at the point of application. **Non-SC/PR** may be considered on an exception basis if they have worked for at least five (5) consecutive years in healthcare research or as practising healthcare professionals at Singapore-based PHIs or autonomous universities. Such applicants must demonstrate their commitment to Singapore's healthcare research system through substantive local contributions, such as publications, collaborations, mentorship, and/or capacity building within Singapore's healthcare research community. They also must present clear plans for continued engagement, such as future research collaborations, knowledge transfer, mentoring plans, and long-term career commitment to Singapore's healthcare research system.
- 7) Applicant must generally **not be beyond the retirement age** in the year of grant call.ⁱ
- 8) Applicant may only submit one application to the NMRC Talent Awards (i.e. STaR, Senior CSA, CSA, Senior HCSA, HCSA, Senior CIA, CIA and TA) for each round of grant call.
- 9) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.

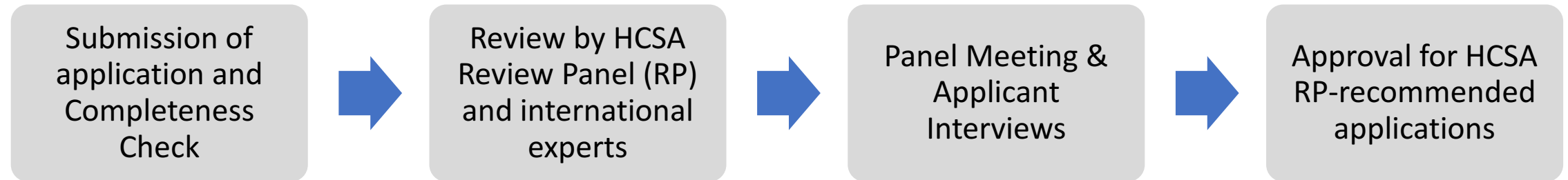
Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.

Senior HCSA and HCSA (6)

Review Process

- **Single-stage** review process by the HCSA Review Panel and international experts.
- Applicants will be invited for interview by the HCSA Review Panel.
- The review process will take about 4 to 5 months after the application closes.



Assessment Criteria

- Track Record of PI will be the highest priority
- Scientific excellence and potential to improved health outcomes and adoption into actual policy/practice
- Feasibility of study in local context
- Productivity
- Overall Impact in local context
- For HCSA: Mentorship training plan, suitability and track record of mentor

Clinician Innovator Award (CIA)

Senior CIA

Senior CIA and CIA (1)

Objective

- Aims to support **selected outstanding** clinician innovators with healthcare innovation ideas such as in disease diagnosis, medical treatment, and/or improvement of human health and quality of lives.
- Provides salary and funding support, to enable the clinician innovators to bring their ideas towards **translation and development of technologies or products that can eventually be commercialised and/or have impact on the healthcare system through implementation and adoption.**
- **Projects focusing on process optimisation or administrative improvements would be deemed unsuitable, as the award seeks to support innovations that demonstrate healthcare impact and advancement beyond routine operational enhancements.**

Two types of awards

- **Senior CIA:** The applicant is expected to be a senior clinician innovator with a demonstrated track record in healthcare innovations and the award recipient is expected to mentor junior clinician innovators/scientists.
- **CIA:** The applicant is required to nominate a mentor at the point of application.

Senior CIA and CIA (2)

Award Features

- Up to **0.5 FTE** salary support of actual research time, subject to NMRC annual salary cap
- Grant support of up to:
 - **Senior CIA:** **S\$525K** up to **3 years**
 - **CIA:** **S\$265K** up to **3 years**
- Up to 30% indirect costs
- Renewal policy:
 - **Senior CIA:** No limit to number of renewals.
 - **CIA:** One renewal allowed, second renewal on a case-by-case basis.

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

Senior CIA and CIA (3)

Eligibility Criteria

Qualificationsⁱ

- 1) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and with specialty training beyond medical or dental school. ⁱⁱ **Those without specialty training may apply if they are in clinical practice, excluding House Officers, Medical Officers, and Residents.**
- 2) Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) **or a postgraduate qualification listed in Slides 119 and 120 (non-exhaustive list) are eligible.**
- 3) Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., **research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application**), and they **hold PhD (or equivalent)**.

Notes:

- i. *Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.*
- ii. *Clinicians with recognised specialty training are:*
 - a. *Clinicians who are accredited by the MOH Specialists Accreditation Board (SAB), Dental Specialists Accreditation Board (DSAB) and Family Physicians Accreditation Board (FPAB).*
 - b. *Clinicians who do not fulfil the above but are able to demonstrate completion of specialist training in countries which do not have specialist boards/colleges and are holding consultant positions as a specialist may be considered on a case-by-case basis.*

Senior CIA and CIA (4)

Eligibility Criteria (con't)

Appointment

- 4) Applicant must hold the following appointments:
- a) A primary appointment in a public healthcare institution (PHI) or autonomous university in Singapore and be salaried by the institutionⁱⁱⁱ at the point of application; and
 - b) A regular-rank faculty/academic appointment in one of the Academic Medical Centres or medical schools **within 3 months of award conveyance**. Applicant not holding/pledged such an appointment can be considered if there is a support letter from the PHI Chief Executive Officer, and co-signed by the cluster Group Director (Research) or equivalent authority.^{iv}

Notes:

- iii. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:
- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
 - b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.
- The grant application must be submitted through the PHI/autonomous university as the host institution.*
- iv. *The support letter should highlight the existing framework and governance within the PHI that allow sustained research career and opportunities available to the applicant, as well as the availability of a conducive and facilitation structure where high quality research can be undertaken*

Senior CIA and CIA (5)

Eligibility Criteria (con't)

Other Requirements

- 5) Applicant must be a Singapore citizen or Permanent Resident (SC/PR) at the point of application. **Non-SC/PR may be considered on an exception basis if they have worked for at least five (5) consecutive years in healthcare research or as practising healthcare professionals at Singapore-based PHIs or autonomous universities. Such applicants must demonstrate their commitment to Singapore's healthcare research system through substantive local contributions, such as publications, collaborations, mentorship, and/or capacity building within Singapore's healthcare research community. They also must present clear plans for continued engagement, such as future research collaborations, knowledge transfer, mentoring plans, and long-term career commitment to Singapore's healthcare research system.**
- 6) Applicant must generally **not be beyond the retirement age** in the year of grant call.ⁱ
- 7) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.
- 8) Applicant may only submit one application to the NMRC Talent Awards (i.e. STaR, Senior CSA, CSA, Senior HCSA, HCSA, Senior CIA, CIA and TA) for each round of grant call.

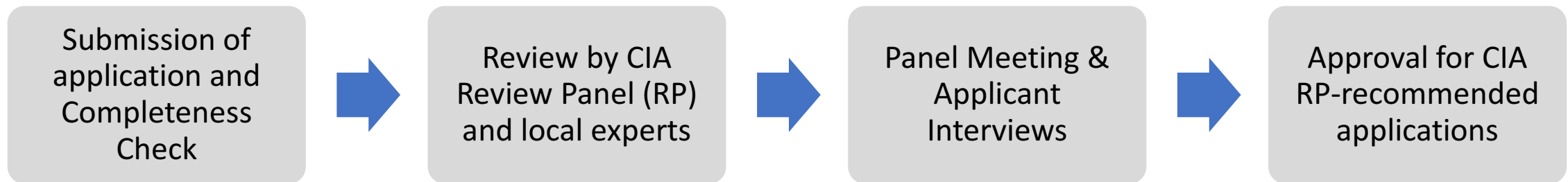
Notes:

i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.

Senior CIA and CIA (6)

Review Process

- Applications are reviewed by the CIA review panel and local experts.
- Applicants may be invited for interview and provide their rebuttal during their presentations at the review panel meeting.
- The review process will take about 4 to 5 months after the application closes.



Assessment Criteria

- Track Record of PI will be the highest priority
- Demonstration of intellectual property position
- Viability of development and commercialisation [and/or clinical implementation](#) plans
- Overall [healthcare](#) impact in local context
- Feasibility of study in local context
- Productivity
- For CIA: Mentorship training plan, suitability and track record of mentor

Notes on (Senior) CSA, HCSA and CIA

- Applicant may decide which programme is more suitable to apply for.
- The key difference between the programmes would be how the proposals are evaluated (i.e., expected outcomes). Proposal assessment will be in line with the criteria for the respective programmes.
- The review panel will comprise experts clearly informed of the assessment criteria of that programme.

For example, work that generates outcomes such as new clinical guidelines or spin offs may not be given as much weight under (Senior) CSA compared to (Senior) HCSA or CIA respectively.

Transition Award (TA)

Transition Award (1)

Objective

- Aims to support healthcare professionals who show interest and potential to be future clinician scientists/innovators, in building up their capability in research
- Assist these healthcare professionals in transitioning to a stable independent research position or other independent research funding, and with an enhanced probability of success in obtaining independent research support.
- Award recipients are expected to “differentiate” into one of the three CS tracks of TCR, HPHSR or health technology.

Award Features

Funding quantum of up to 5 years comprising:

- 0.5 FTE to 0.7 FTE salary support of actual research time, subject to NMRC annual salary cap
- Grant support of up to S\$307K
- Up to 30% indirect costs

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

Transition Award (2)

Eligibility Criteria

Qualificationsⁱ

- 1) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and with specialty training beyond medical or dental school. ⁱⁱ Those without specialty training may apply if they are in clinical practice, excluding House Officers, Medical Officers, and Residents.
- 2) Healthcare professionals with non-medical qualifications, such as nurses, pharmacists, optometrists and other allied health professions listed on this website* in **clinical practice** and **hold PhD** (or equivalent) or a **postgraduate qualification listed in Slides 119 and 120 (non-exhaustive list) are eligible**.
- 3) Other applicants (e.g. non-clinically qualified or non-practising healthcare professionals) may be considered on a **case-by-case basis**, if the proposed work is in **human clinical research** (i.e., research involving direct interaction with human subjects, excluding laboratory-only studies without clinical application), and they **hold PhD (or equivalent)**
- 4) Applicants **must not exceed 8 years** from the **last completed relevant training** as follows:
 - Medical/Dental applicants: This refers to specialty training. Clinicians who completed specialty training more than 8 years ago may apply if they completed PhD not exceeding 8 years ago or are still in active PhD training. If specialty training is not applicable, this refers to basic medical or NMRC's approved postgraduate qualifications.
 - Healthcare professionals with non-medical qualifications: This refers to PhD or NMRC's approved postgraduate qualification.
 - Other applicants: This refers to PhD qualification.

Notes:

- i. Recipients of NMRC Human Capital Awards (i.e., STaR, (Senior) CSA, (Senior) HCSA, (Senior) CIA or CIDA) and Transition Award are exempted.
- ii. Clinicians with recognised specialty training are:
 - a. Clinicians who are accredited by the MOH Specialists Accreditation Board (SAB), Dental Specialists Accreditation Board (DSAB) and Family Physicians Accreditation Board (FPAB).
 - b. Clinicians who do not fulfil the above but are able to demonstrate completion of specialist training in countries which do not have specialist boards/colleges and are holding consultant positions as a specialist may be considered on a case-by-case basis.

Transition Award (3)

Eligibility Criteria (Con't)

Appointment

- 5) Applicant must hold a primary appointment in a public healthcare institution (PHI) or autonomous university in Singapore and be salaried by the institutionⁱⁱⁱ at the point of application

Notes:

- iii. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:
- a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
 - b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.

The grant application must be submitted through the PHI/autonomous university as the host institution.

Transition Award (4)

Eligibility Criteria (Con't)

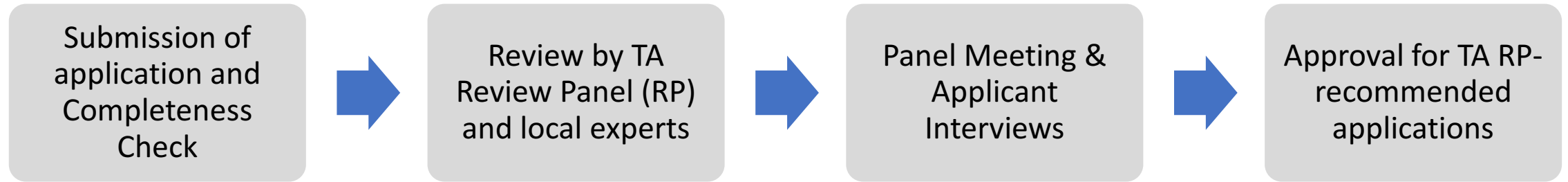
Other Requirements

- 6) Applicants should **not have been an independent PI** on national/international research grants. Recipients of institutional grants or NIG grants are eligible to apply. Applicants who have previously held one national grant (e.g. IRG), can apply on exceptions basis with justifications.
- 7) Applicant must be a Singapore citizen or Permanent Resident (SC/PR) at the point of application. **Non-SC/PR may be considered on an exception basis if they have worked for at least five (5) consecutive years in healthcare research or as practising healthcare professionals at Singapore-based PHIs or autonomous universities. Such applicants must demonstrate their commitment to Singapore's healthcare research system through substantive local contributions, such as publications, collaborations, mentorship, and/or capacity building within Singapore's healthcare research community. They also must present clear plans for continued engagement, such as future research collaborations, knowledge transfer, mentoring plans, and long-term career commitment to Singapore's healthcare research system.**
- 8) Applicant may only submit one application to the NMRC Talent Awards (i.e. STaR, Senior CSA, CSA, Senior HCSA, HCSA, Senior CIA, CIA and TA) for each round of grant call.
- 9) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.

Transition Award (5)

Review Process

- Evaluation by the Transition Award Review Panel.
- Shortlisted applicants will be invited for interview by the review panel.
- The review process will take up to 4 to 5 months after the application closes.



Assessment Criteria

- Track record and suitability of the applicant to be an independent investigator/CS will be of highest priority
- Quality of proposed research
- Feasibility of study in local context
- Productivity
- Overall Impact in local context
- Mentorship training plan, suitability and track record of mentor

NMRC Research Training Fellowship (RTF)

NMRC Research Training Fellowship (1)

Objective

- Awarded to outstanding and talented clinicians and health science / healthcare professionals for research training^ to have qualifications and skills to become clinician scientists/innovators.
- As the RTF is a talent pipeline programme, priority will be given to talent who are at a relatively early stage of their research career.

Funding Quantum

Funding quantum of up to S\$550K is awarded over 2-3 years (extendable to 4 years for PhD degree) comprising:

- Salary support
- Tuition Fees
- Conference support
- Maintenance allowance and others (e.g. return air travel, health insurance)*

** For overseas training, to be accordance to the institution's guidelines*

For overseas non-PhD training, the award is capped at S\$330K and institutions are encouraged to co-fund if required. Applicants pursuing overseas full-time PhD training may request for up to S\$880K.

Grant Call Frequency

- Twice a year
- Opening dates: Typically in **January** and **July**

^A list of local post-graduate programmes will be included in the NMRC RTF website as a guide for interested applicants. Please note that the list is not meant to be exhaustive and applicants can still apply for programmes or courses not stated in the list.

NMRC Research Training Fellowship (2)

Eligibility Criteria

Qualifications

- 1) Medical/Dental applicants should hold **medical qualifications** (e.g. MBBS, MD, BDS or equivalent), and registered with the Singapore Medical Council/Dental Board. Residents who wish to pursue research training in the midst of their clinical training will be required to submit additional documents. Medical/House officers are not eligible to apply.
- 2) Healthcare professionals with non-medical qualifications such as nurses, pharmacists, optometrists and other allied health professions listed on this website* and hold PhD (or equivalent) are eligible to apply. Those without PhD (or equivalent) may apply for formal postgraduate training.

NMRC Research Training Fellowship (3)

Eligibility Criteria (con't)

Appointment

- 3) Applicant must hold a primary appointment in a [public healthcare institution \(PHI\)](#) or [autonomous university](#) in Singapore and be salaried by the institutionⁱ at the point of application.
- 4) Applicant must remain employed in a public institution in Singapore during and throughout duration of the award. Applicant will also be required to serve a bond with the Government of Singapore upon the completion of training.ⁱⁱ

Other Requirements

- 5) Applicant must be a Singapore citizen or Permanent Resident **at the point of application**.
- 6) Applicant is only allowed up to 2 resubmissions following an unsuccessful first submission.

Notes:

- i. A*STAR CS scholar from the National Science Scholarship (NSS) (MBBS-PhD) or NSS (MD-PhD) schemes and fulfil the following may apply:
 - a. hold a primary appointment in a public health institution (PHI) or autonomous university in Singapore; or
 - b. hold a primary appointment in A*STAR and a joint appointment in the PHI/autonomous university, and the grant application is supported by the PHI/autonomous university. The PHI/autonomous university is to consider if the applicant is able to demonstrate that he/she can act as a bridge between A*STAR and the healthcare system.

The grant application must be submitted through the PHI/autonomous university as the host institution.

- ii. Refer to the [NMRC website](#) for details on the types of awards and corresponding bond periods.

NMRC Research Training Fellowship (4)

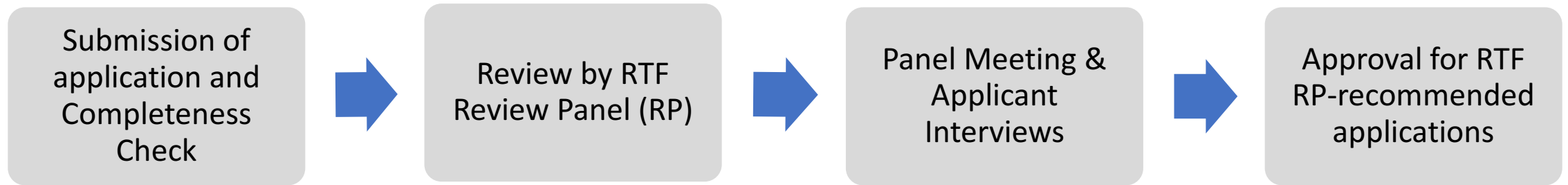
Other Application Requirements

- a) The curriculum of the formal degree can be research-based or course-based.
 - For formal course-based training which does not require a research project, applicants are only required to provide the project title and scientific/lay abstract, i.e. they need not submit a detailed research proposal.
- b) Applicants are advised to apply to the University/Institution of interest and liaise the necessary arrangements for the research training or degree programme concurrently with this fellowship application to avoid delay in the submission of the application and commencement of training. **Retrospective start date of training is subject to panel's approval.**
- c) Applicants are strongly encouraged to apply for local training where available and overseas training will be awarded only to very exceptional applicants with strong justifications.
 - Applicants must provide **compelling justifications** and the **potential positive impact of the training** for proposing overseas training over local training (if there are equivalent or similar local courses/expertise).
- d) All applicants must provide a write-up on their research area/focus, to justify how the curriculum/training will enable them to pursue a career as a CS and to include a 5-year career plan post-training.
- e) All applicants are required to nominate a research supervisor/mentor to provide guidance during and after training.

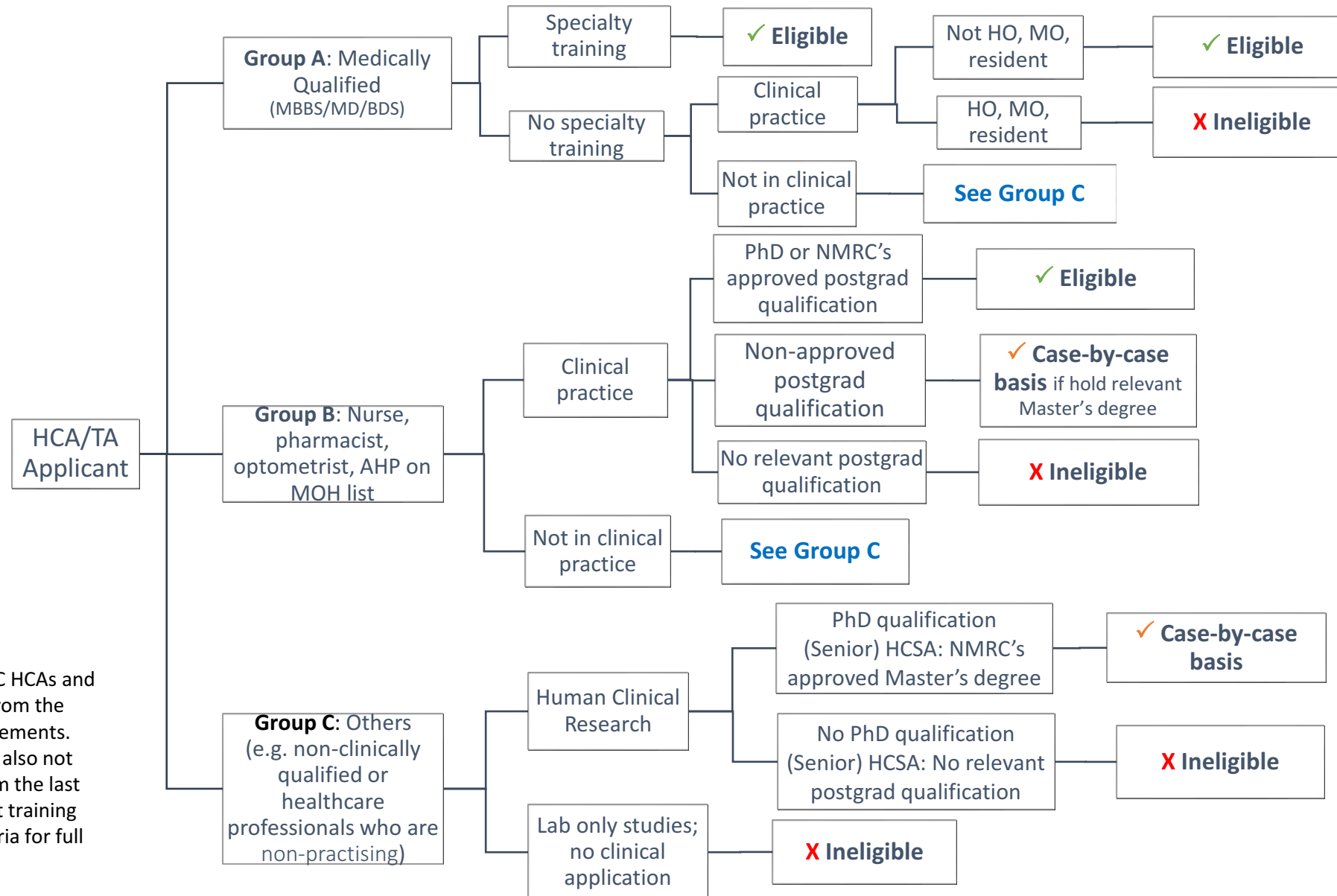
NMRC Research Training Fellowship (5)

Review Process

- Evaluation by the NMRC Research Training Fellowship (RTF) Review Panel.
- Shortlisted applicants will be invited for interview by the review panel.
- The review process will take up to 4 to 5 months after the application closes.



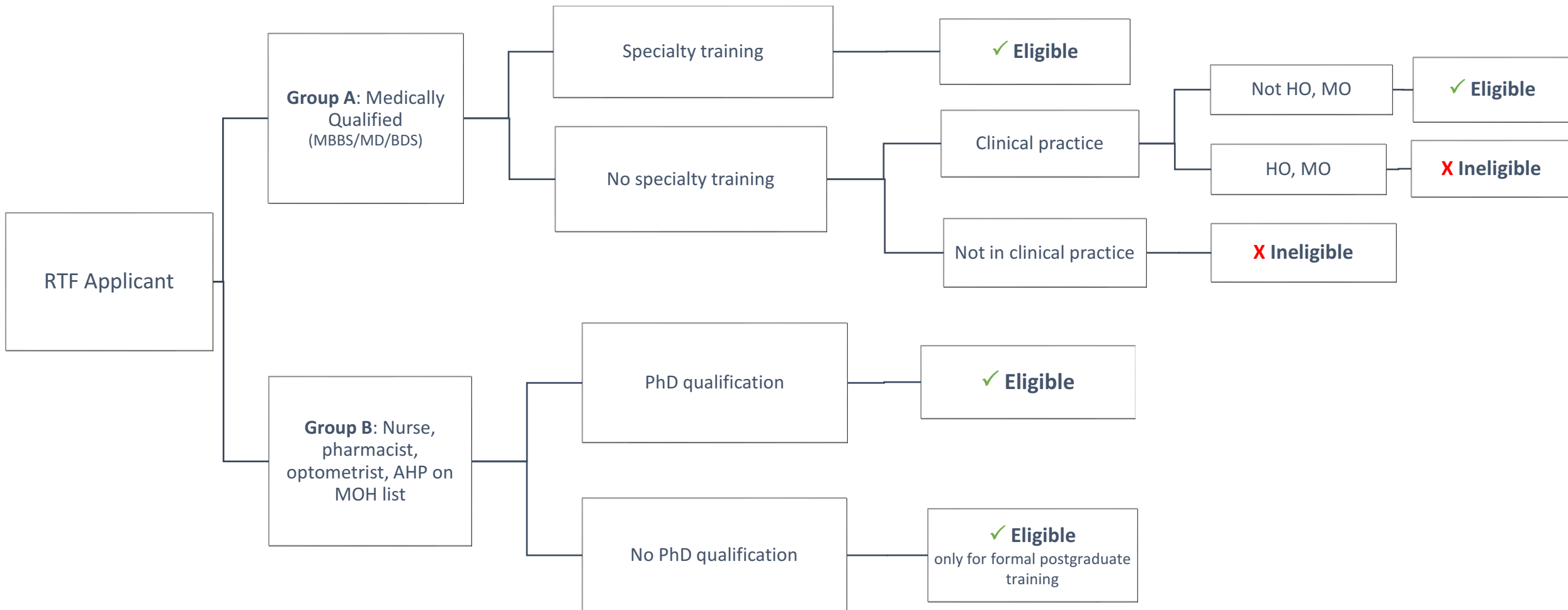
Eligibility by Professional Background for HCAs and TA



Note:

- Recipients of NMRC HCAs and TA are exempted from the qualification requirements.
- TA applicants must also not exceed 8 years from the last completed relevant training (ref. eligibility criteria for full details)

Eligibility by Professional Background for RTF



Note: Recipients of NMRC Human Capital Awards and Transition Awards are exempted from the qualification requirements.

NMRC Talent Programmes Salary Support Policy

(except STaR Award)

- The support for NMRC Talent Programmes include direct costs, indirect costs and salary support up to a fixed FTE for protected time in research during the awarded duration.
- The aim of the salary support is to provide **protected time and for backfill purposes, for the PI to do research** (or research training under RTF).
- Only awarded applicants who require protected time for research will be awarded salary support.
- Awarded applicants who do not require protected time for research will still receive the project grant component comprising research direct costs and 30% indirect costs (or research training costs under RTF) (i.e. sans salary support).
- The **amount of salary support** required for protected time in research and its **justification** is to be declared **at the point of application**.

List of approved local Master's Programmes for NMRC HCAs, TA and CS-IRG/NIG (*Non-exhaustive*)

S/N	Type of Training <i>In no particular order or rank</i>	Place of Training
1	Master of Science (Nursing)	Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore
2	Master of Science (MSc)	Yong Loo Lin School of Medicine, National University of Singapore
3	Master of Clinical Research in Health Sciences	Singapore Institute of Technology
4	Master of Science (MSc) Artificial Intelligence in Medicine	Lee Kong Chian School of Medicine, Nanyang Technological University
5	Master of Clinical Investigation (MCI)	Yong Loo Lin School of Medicine, National University of Singapore
6	Master of Science in Precision Health & Medicine (MSc PHM) – Capstone pathway	Yong Loo Lin School of Medicine, National University of Singapore

List of approved local Master's Programmes for specific Talent Programmes only *(Non-exhaustive)*

S/N	Type of Training <i>In no particular order or rank</i>	Place of Training
Senior HCSA, HCSA and TA only		
1	Master of Community Health (MCH)	Yong Loo Lin School of Medicine, National University of Singapore
2	Master of Public Health (MPH)	Saw Swee Hock School of Public Health, National University of Singapore
3	Master of Science in Behavioural & Implementation Sciences in Health (MScBIS)	Yong Loo Lin School of Medicine, National University of Singapore
4	Master of Science (Infection Prevention and Control)	Yong Loo Lin School of Medicine, National University of Singapore
5	Master of International Translational Medicine (MITM)	Duke-NUS Medical School
Senior CIA, CIA and TA only		
6	Singapore Biodesign Innovation Fellowship (SBIF)	Agency for Science, Technology and Research

Submission Mode and Deadline

July 2026 Grant Call

Submission Mode and Deadline

- Grant Call will be open on **1 July 2026**.
- Grant Call Closing Deadlines:

Grant Programme	Deadline	Submission Mode
PHRG (Thematic Category)	3 August 2026 (Mon), 5pm	RGP
PHRG/PHRG-NIG (Open Category)	3 August 2026 (Mon), 5pm	RGP
CS-IRG/CS-NIG	3 August 2026 (Mon), 5pm	RGP
OF-IRG/OF-YIRG	3 August 2026 (Mon), 5pm	RGP
STaR	3 August 2026 (Mon), 5pm	RGP
CSA/HCSA/CIA	3 August 2026 (Mon), 5pm	RGP
TA	3 August 2026 (Mon), 5pm	RGP
RTF	3 August 2026 (Mon), 5pm	RGP
OF-LCG	12 August 2026 (Wed), 5pm	Offline via email

Submission Mode and Deadline

- It is mandatory for all applications to be submitted online via [Research Grants Portal \(RGP\)](#), **except for OF-LCG**.
- Please ensure that all submissions are endorsed by the corresponding Research Director (for Host Institution), Head of Department and Dean (for Academic Institution)* or equivalent , by the deadline.
- The Host institution is to submit a summary of the applications to NMRC.
- We will not entertain any late submissions or submissions from individual applicants without endorsement from the Host Institution and Academic Institution* .
- Application forms, guidelines and grant call information will be available on the [NMRC website](#) by mid-June 2026. NMRC Office will inform the institution research offices when the website has been updated.

** For applicable STaR, CSA, HCSA and CIA applicants with regular rank faculty / academic appointments. AI's endorsement will be required under "Other Support" template.*

Pre and post-award matters to note for Research Grants Portal (RGP)

Pre-award Matters

Pre-award Matters

- It is Host Institution's responsibility to ensure that endorsed application is complete, and NMRC reserves the right to reject an incomplete application.
- OREs are to check on applicants' eligibility and ensure compliance with instructions in the latest Read-Me document and templates.
- For queries pertaining to eligibility, PIs/OREs should contact the respective Programme Managers (PMs) early for clarifications.
- Please note that most application templates have been harmonized across most grant schemes. Please use the **latest templates** available in RGP and the NMRC website.

Key changes for July 2026 Grant Call in RGP

- For adding of Team Members (PI/Co-Is) in RGP, please provide the personnel's full name, institution full name and email. (Choice of institution should be based on the capacity Co-I is participating in)
- Signatories for team members are not required.
- Details of collaborator(s) in the 'Team Composition' section are not required.
- Budget line items and justification are to be indicated in the Budget Request Template

Post-award Matters

Progress/Final Reports (1)

- **Progress/Final Report for Non-Migrated Ongoing Projects**

For ongoing projects on **IGMS** that have not been migrated to RGP as at 15 February 2026, progress/final reports are to be submitted via **IGMS**.

- **FY2025 Progress Report for Migrated Ongoing Projects**

The FY2025 progress report is due for submission via **RGP** by **31 May 2026**. Please be reminded not to submit the progress reports in IGMS.

- **Final Report for Migrated Projects**

For migrated projects, the final report should be submitted via **RGP** within **3 months** from the project end date.

Progress/Final Reports (2)

Reminders for Annual Progress Reports/Final Progress Reports

- The RGP system currently does not send individual email reminders to Lead PIs/OREs for progress and final report submission.
- The system-generated email reminder function is under development and will be implemented at a later date.
- NMRC Office (NMRCO) will support this effort for the interim period to provide a list of projects which had completed in the preceding month on the 1st working day of each month.
- HI OREs to assist in sending email reminders to your PIs according to institutional practices.

Progress/Final Reports (3)

RGP system behaviour on 'Reporting Start Date' for Annual Progress Reports

Projects migrated from IGMS* with <u>NO</u> extension approved after migration	Projects migrated from IGMS* with extension requests approved after migration	Newly awarded projects in RGP for the July 2025 grant call onwards
Annual progress reports' 'Reporting Start Date' will follow 'Start Date of FY'.	Annual progress reports' 'Reporting Start Date' will follow 'Project Start Date' of the project.	

Please note that all progress reports submitted in RGP should capture the **cumulative progress** of the project from the project start date regardless of the 'Reporting Start Date' displayed in RGP.

Deviations (1)

- **All post-award requests for migrated projects are to be submitted through RGP.**
- Extension requests are to be made **before the last 6 months of the original end of the Term.**
- All other requests are to be made **before the last 3 months from the end of the term.**

Deviation requests to be submitted offline

1. Change in Mentor

- For projects migrated from IGMS to RGP*, Pls are to submit change in mentor requests offline to the respective PMs.
- The feature for submitting change in mentor requests in RGP is being developed and is expected to be available for RIE2030 awarded projects moving forward.

2. Out-of-time virement/extension deviation requests

- RGP currently does not support lifting restriction for Pls to submit out-of-time deviation requests.
- Should there be compelling reasons for Pls to submit out-of-time virement/extension requests, please submit the request offline to the respective PMs.

Deviations (2)

Change in Research Scope

- For projects migrated from IGMS to RGP*:
 - PIs are to submit change in milestones in RGP.
 - Changes to project title, aims and abstract are to be submitted **offline** to the respective PMs.
- The feature for submitting change in research scope for changes to project title, aims and abstract in RGP is being developed and is expected to be available for RIE2030 awarded projects moving forward.

Deviations (3)

Change in Principal Investigator (PI) and/or Host Institution (HI) requests

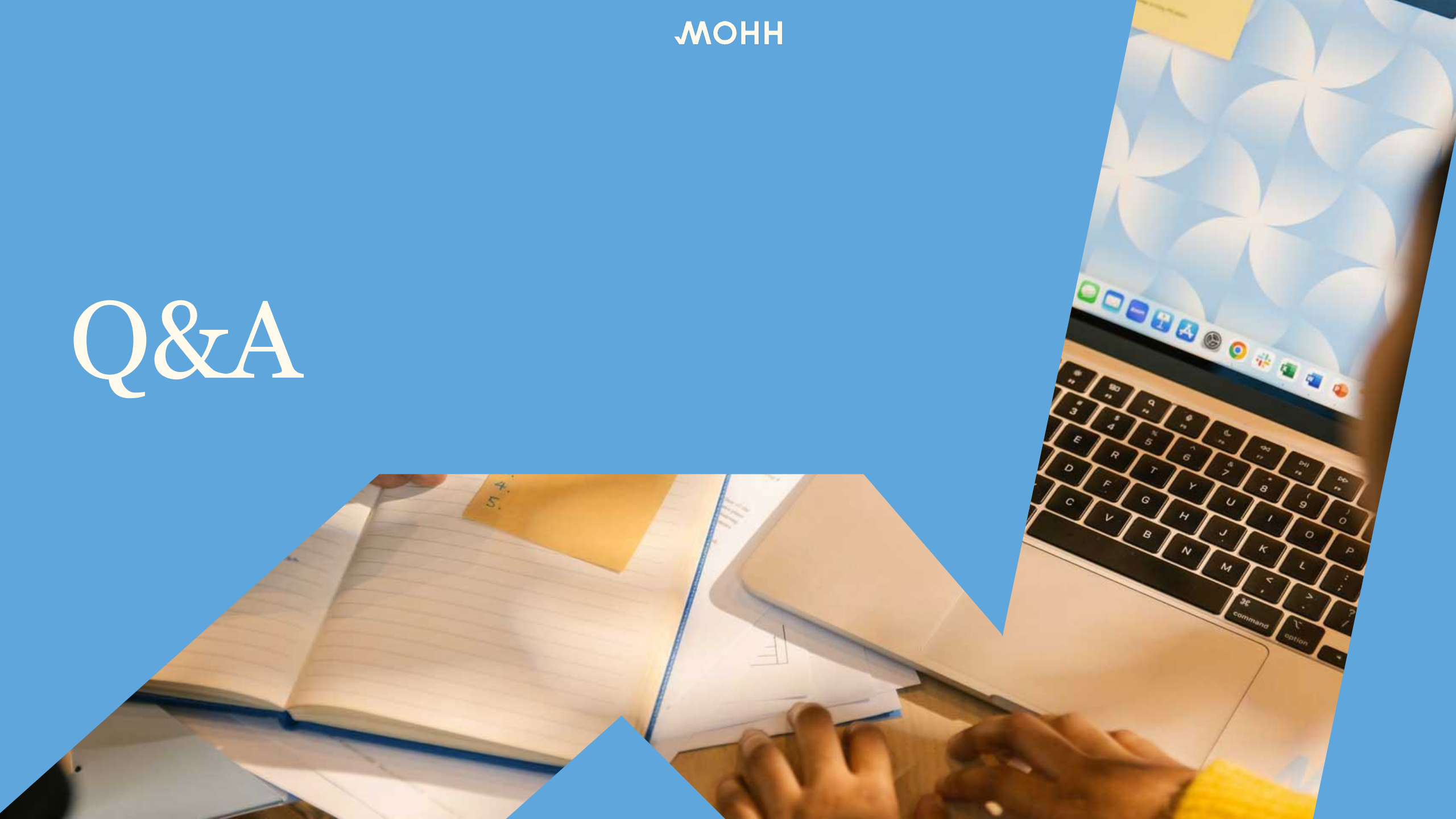
- For change in HI requests, please ensure the Lead PI is onboarded to RGP with their email address under the new Host Institution on or before the effective date of change of the change in HI deviation request.
- Please note that final claims from the original HI/ current PI has to be submitted and approved by NMRC Finance prior to processing the change in HI. The approved final budget balances to be transferred to the proposed HI are to be confirmed and conveyed to PM via email before the deviation can be processed.
- Fund utilisation at the proposed HI will only be permitted after the change in HI request is approved on the system.

Claims

- All claims for migrated projects are to be submitted through RGP.
- Final claims are to be submitted **within 6 months from the end of the Term.**
- RGP system currently does not send individual email reminders to Lead PIs/OREs/HI Finance for on final claim submission. We would appreciate HI ORE/HI Finance's assistance in ensuring timely submissions. **HI will not be able to submit the final claim in RGP after the stipulated deadline.**

MOHH

Q&A



MOHH

Thank You

