Canadian Primary Care Research Network
Réseau canadien de recherche en soins primaires

Researcher of the Year Award Scoring Rubric

Nomination Quality	Scoring Range / Definitions (1 is lowest score / 5 is highest score)	Score	Comments
Eligibility Criteria are met?	**Yes or No** (If no, disqualified and no further scoring)		
Were instructions for submission properly followed?	Yes or No (If no, disqualified and no further scoring). Package includes ● Nomination letter ● Letter of support ● CV within page limit ● Additional documentation of contributions		
	5 points possible		
Letters of Support (describe philosophy and career)	1. Vague description of research portfolio. Letters are overly brief, or provide little concrete information. 2. Letters are brief, generic, or only partially aligned with the criteria; discuss career achievement but with few details. 3. Letters are generally supportive but lack specificity or detailed examples. 4. Letters clearly describe nominee's strengths and contributions and align with the rubric criteria. 5. Letters are detailed, consistent, and richly illustrate nominee's philosophy, impact, and contributions; provide specific, compelling examples or narratives.		
Research Excellence	1. Minimal or no evidence of sustained		

and Experience	contribution to primary care research; few leadership roles in research, mainly supportive. Little to no evidence of patient engagement in one's research. Productivity is mainly within a single discipline. 2. Small but productive research portfolio, primarily as co-investigator. Limited depth or duration of primary care research; activities, including interdisciplinary engagement, are at an early-stage or narrow in scope. 3. Solid research experience in primary care; leads projects as investigator. Modest portfolio, showing increasing or developing transdisciplinary collaboration. Impact or system level influence is modest or less clearly demonstrated. Demonstrates some patient engagement. 4. Strong track record of research in primary care with clear relevance to Canadian contexts or a significant research milestone or contribution that has meaningfully advanced the field. Leads projects as principal investigator with moderate grant funding. Innovative ideas in research. Clear evidence of engagement with community or policymakers and a range of disciplines. 5. Expert in their field with principal investigator roles. Innovative and impactful research portfolio. Sustained, long term leadership in primary care research with clearly documented influence on Canadian health systems (e.g., informing national guidelines, informing policy, shaping local practice), and/or a landmark contribution with documented significance to primary care. Evidence of patient/public/community, transdisciplinary and multi-sectoral engagement activities.		
Originality/innovati	1. No clear originality or adaptation		

on	beyond standard practice. 2. Work follows conventional methods with little evidence of innovative methodologies or research questions. 3. Some originality or adaptation of existing methods and/or seeking transformative change. 4. Research demonstrates clear creativity and innovative elements, even if not fully transformative. 5. Research introduces novel concepts, methods, or tools that shift thinking or practice in primary care; widely recognized as innovative.		
Impact and Influence	1. Little or no evidence of measurable impact on policy, practice, or community. 2. Potential for impact is suggested, but concrete changes are not clearly evident. 3. Evidence of local or modest impact, but not yet systemic or widely adopted. 4. Research has demonstrable influence on practice, policy, or scholarly domain within one or more settings, or a specific contribution has produced a clearly documented and meaningful impact. 5. Research clearly changed policy, clinical practice, or community outcomes at regional or national level; documented uptake by stakeholders and users. This may reflect cumulative influence across a career or a singular, landmark contribution whose documented real-world impact is exceptional.		
Leadership, Mentorship, and Capacity Building	1. Little or no evidence or concrete examples of leadership, mentorship, or deliberate capacity-building. 2. Limited or informal leadership and mentoring; few structured capacity-building activities. 3. Some leadership and mentoring, plus		

	modest capacity-building efforts, but not consistent, extensive, or fully documented. 4. Clear leadership roles and active mentoring of emerging researchers, with evidence of impact on trainees and colleagues. 5. Sustained, visible leadership in major research teams, networks, with strong documented mentorship of junior researchers and students as well as structured initiatives that significantly increase research capacity in others.		
Productivity	1. Very sparse or developing scholarly record. 2. Limited number of outputs; many are informal or not peer reviewed. 3. Steady but modest output; some key publications or reports, but not prolific. Modest relevance to primary care, but depth and influence are not yet clearly established. 4. Consistent record of scholarly output of good quality and relevance. Demonstrated quality as evidenced by peer review, citation, knowledge translation, or uptake by practitioners or policymakers. 5. High-volume, high-quality outputs (papers, reports, tools, knowledge products) with clear relevance to primary care. Demonstrably high quality, widely cited or adopted, and has made meaningful contributions to primary care knowledge or practice.		
Relevance to Patient-Oriented Primary Care	1. Little or no evidence of patient-oriented research or engagement. 2. Patient-oriented focus is implied but not clearly demonstrated in materials. 3. Some attention to patient-oriented outcomes, but engagement may be opportunistic or not central. 4. Clear focus on patient-oriented questions and outcomes; engagement of lived-experience partners is evident and documented.		

	5. Research activities have explicitly involved communities and/or people with lived experience, providing opportunities to lead design, conduct and disseminate research; patient-oriented outcomes are central to the work.		