

Faculty Implementation Group Paper from meeting 15th January 2007

NIHR Faculty Implementation

1. This paper reviews the process of implementing NIHR Faculty from the point at which plans were first announced.

Supporting applied health research – developing policy

2. *Best Research for Best Health* was launched on 25 January 2006 having been agreed as the Government's strategy for health research. It had strong support from stakeholders in the NHS, universities and industry. Over 500 individuals and organisations had responded to formal public consultation, with the idea of NIHR Faculty being well received. The main suggestions were to ensure its inclusiveness in terms of professions and organisations.
3. The strategy is to create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, focused on the needs of patients and the public. A strategic goal for the NHS is to attract, develop and retain a Faculty of the best research professionals conducting people-based research.

Implementation issues

4. *Best Research for Best Health* was launched with detailed Implementation Plans, setting out the projects whereby Best Research for Best Health would be implemented. These have been revised and have evolved as implementation has progressed. A key element of NIHR Faculty implementation was the formation of the Faculty Implementation Group a task and finish group to whose terms of reference are:

“To advise the Director of NIHR on the principles, rules and mode of implementation on the key issues in setting up the Faculty including:

- the appropriate selection standards and criteria for each Faculty group;
- the extent to which selection standards and criteria need to be tailored to recognise differences between membership categories, professions and specialities;
- the mechanisms for local engagement and implementation including financial management and human resource management;
- the mechanisms for identifying staff and the associated budgets. “

5. The group met four times in 2006 to advise on implementation, with a subgroup meeting on finance issues, and a major stakeholder workshop testing developing ideas on a wider audience of stakeholders. Its final meeting will be January 2007.
6. The detailed process of consultation was described in FIG 19/06. The main outcomes of consultation were the need for:
 - flexibility and local ownership, management and accountability;

- all health and supporting professions to be included
- support staff and collaborators in research to be included
- all research resources including those currently be funded from patient care and other monies, to be appropriately identified and included within a research ring-fence
- not burdening the NHS with unnecessary further regulation and data collection arising from Faculty implementation.

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7. Criteria for membership and selection have been developed. Consultation was undertaken. These were developed to uphold the highest quality standards, without being unduly burdensome on the NHS. Options considered included identification of all individuals undertaking research using a national data collection and review of research outputs. However these were rejected, on advice, as too labour intensive, retrospective and in particular because of the need for local ownership and management of the research process. The proposals agreed at the October meeting of FIG 06 21 describe in some detail the nature and criteria for the now four levels of Faculty membership:
 - NIHR Senior Investigators
 - NIHR Investigators
 - NIHR Research Associates
 - NIHR Trainees.
8. It was agreed to Using NIHR/PRP funding as a system to identify faculty membership allocated through competitive mechanisms. This will enable a straightforward process with a minimum of administration. Initially some work will need to undertaken to identify those individuals who are currently funded via these streams. Any new funding will include clear details of membership. This will be completed during 2007/2008 financial year.
9. The initial process of creating an NIHR College with a internationally competitive structure will also be completed during 2007/2008 with the College meeting for the first time in April 2008
10. On the key issue of finance to support Faculty options were considered to identify the patient care funds currently spent on research. This was supported by successive FIG meetings and a subgroup meeting (see FIG 06/22). Securing these funds for research was been further reinforced by the Cooksey report.
11. Over 2006 Sir David Cooksey carried out a review of institutional arrangements for a new single fund for health research. His findings were announced in the Chancellor's Pre-Budget Report on 6 December 2006, and accepted in full by the Government. This report offered strong endorsement to the continued delivery of Best Research for Best Health, and for NIHR.
12. The Cooksey report recommended transfer into a ring-fenced 'Joint Health Research Fund' funds for academic clinical fellowships, lectureships and clinical scientists (NIHR Faculty Trainees), and recommended that future increases in funding should be weighted towards translational and applied research to improve the effectiveness and efficiency of health services.

13. R&D Finance are now working with their colleagues on the implementation of this work. An up to date report will have been provided to FIG orally under matters arising.
14. The Faculty Implementation Group also considered the best method of funding the faculty and advised that this would be through a hybrid route; Faculty staff will be funded through funding from NIHR Projects, Programmes, Units and Centres through funding for NIHR Research Networks, Experimental Medicine Facilities, and Technology Platforms. Faculty can also be funded through a Flexibility and Sustainability Fund.
15. Flexibility and Sustainability Funding will incentivise and support the best research without adding to the administrative burdens of the NHS and Universities.
16. The Faculty Implementation Group has been key in advising the Director of NIHR on the principles, rules and mode of implementation.