

NIHR Fellowships 2016

Chairs' Report

Introduction

Round 9 of the NIHR Fellowships Programme was launched in October 2015 and closed 20th January 2016. A similar number of applications were received for round 9 of the programme compared to the previous year. This year, the NIHR Fellowships programme also took part in 2 NIHR-wide Themed Calls:

- The evaluation of interventions or services delivered for older people with multimorbidity (two or more conditions).
- Treatment and prevention of obesity.

In total 1 application was funded as part of the Treatment and Prevention of Obesity call.

Details of the total number of applications received and the numbers awarded funding are given below.

Round 9, 2016						
	TRF	DRF	PDF	CDF	SRF	TOTAL
Applied	11	179	98	43	9	340
Awarded	1	35	11	6	0	56

Chairs' feedback and observations

Overall the Panels were very pleased with the high standard of applications to this round of the programme. A number of common themes did emerge during the assessment of the applications and details of these are given below with the intention of providing applicants applying to future rounds of the programme some general points to consider when putting together an application.

Applicants need to pay consideration to the balance of background and introduction versus details of their research methods in the research plan. Whilst it is important to state the reasons why a particular research question is being posed, having too much background and introduction to the detriment of detail on the research methods makes it difficult for the Panels to make an assessment.

The Panels noticed there was a low number of epidemiological based applications in round 9. A lack of understanding about the remit of NIHR with regards to epidemiology may be a reason for this. NIHR is interested in funding projects that demonstrate a clear potential for patient/public benefit so any study that uses epidemiological methods should either be an

evaluation of an intervention itself or have a clear, credible and articulated trajectory to further research within NIHR remits.

The Panels noticed, especially at DRF level, that the case for including a systematic review in the proposal was not always clearly made. At DRF, PDF and TRF levels it is permissible to include a systematic review as part of the research plan but the case for doing so must be clear. At CDF and SRF level it is expected that a systematic review be completed before making an application or a recently published review be referenced in the proposal.

The training programme of a Fellowship application is an area that Panels consider and judge closely when assessing applications. The Panels wanted to highlight the importance of linking the training programme to the research being proposed. The research plan and the training programme should not be seen as two separate entities but two equally important parts of the whole application which must complement and reference each other. Training programmes should also draw upon training that has already been undertaken and how this will be utilised or furthered over the duration of the fellowship.

Applicants who fail to understand and address their training and development needs regardless of the level of award; are unlikely to be recommended for funding. At doctoral level the Panels observed, as in previous years, a wide variety of proposed training programmes, with differing degrees of generic skills training versus specialist skills training. Applicants should carefully consider the balance between generic skills training and specialist skills training at doctoral level and how this training will complement their research and apply to their longer term career as an applied health researcher. The Panels encourage applicants to consider training opportunities outside of their host organisation and not focus solely on the standard post-graduate training programmes that are provided locally.

Patient and public involvement also had a tendency to look formulaic in some applications. The involvement of patients and the public must be carefully considered and be appropriate and meaningful for the research being undertaken. You will be expected to justify your approach for involving patients. Adopting a standard approach isn't going to be considered favourably.

A number of returning applicants were considered in this round and several were successful having carefully addressed the Panel's previous feedback and concerns. Where an applicant is returning following an unsuccessful application it is vitally important that they outline how their application has changed and how they have addressed comments from the previous submission. The Panels will want to see evidence that applicants have carefully considered the feedback they have previously received.

Applicants should consider where their research will go in the longer term and the impact of this on patients and the public. For example, where will the intervention sit in the care pathway? Is there a requirement for the intervention in the first place?

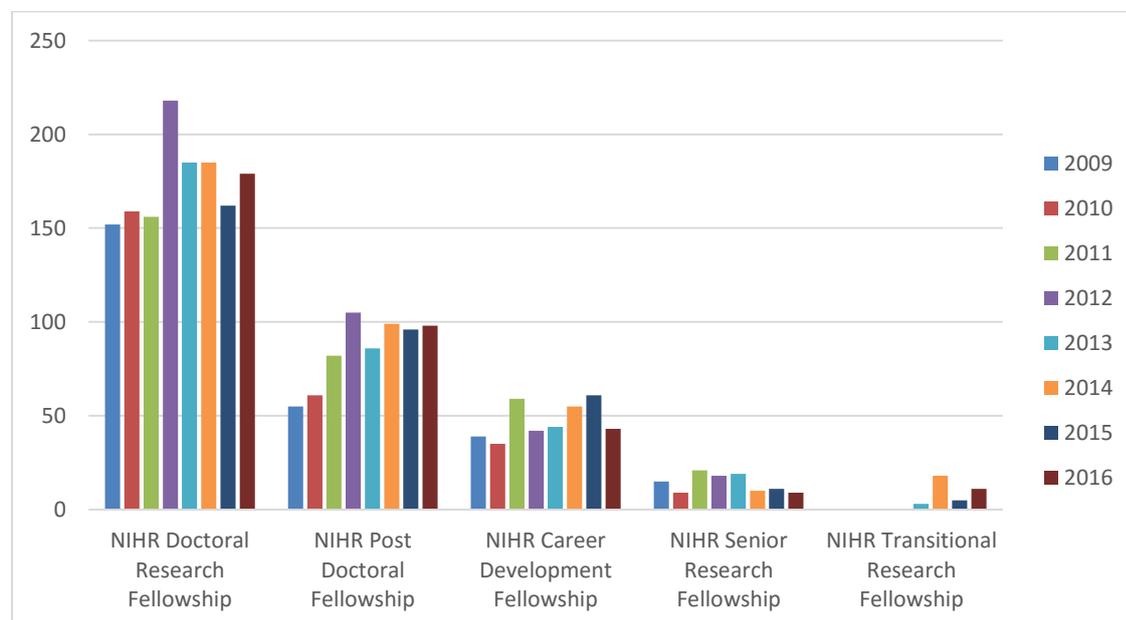
Finally, as in previous rounds, an overall comment from all the Fellowships Panels this year is that there is no set formula for success. The approach of a previously funded fellowship may not be the best direction for a different applicant and a different research topic. Each application and the various constituent parts need to be considered individually and as a whole to suit the individual as the Fellowships are personal awards. The approaches taken

from the methods used, to the involvement of patients and public, to the courses attended in the training programme should all be justified and not undertaken just because it is what has worked in the past or as a secondary thought to other aspects of the application. Patient Public Involvement (PPI) is considered a fundamental aspect of the application and there are two PPI panel members per panel who will score the PPI aspects of the application including the Plain English Summary. As always, the Panels are looking for innovative, well thought through applications which are proposing to answer important health research questions and will enable the applicant to make a clear step change in their career.

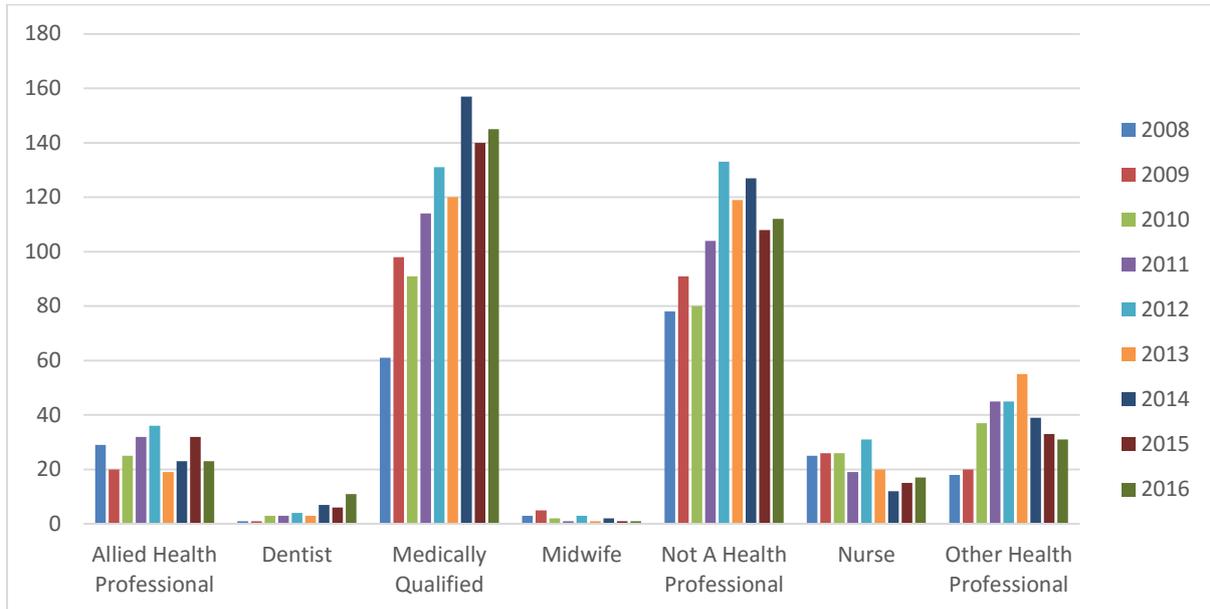
We hope that the advice above is helpful to potential applicants for round 10. Please do not hesitate to contact the NIHR TCC with any queries.

Data on Round 9

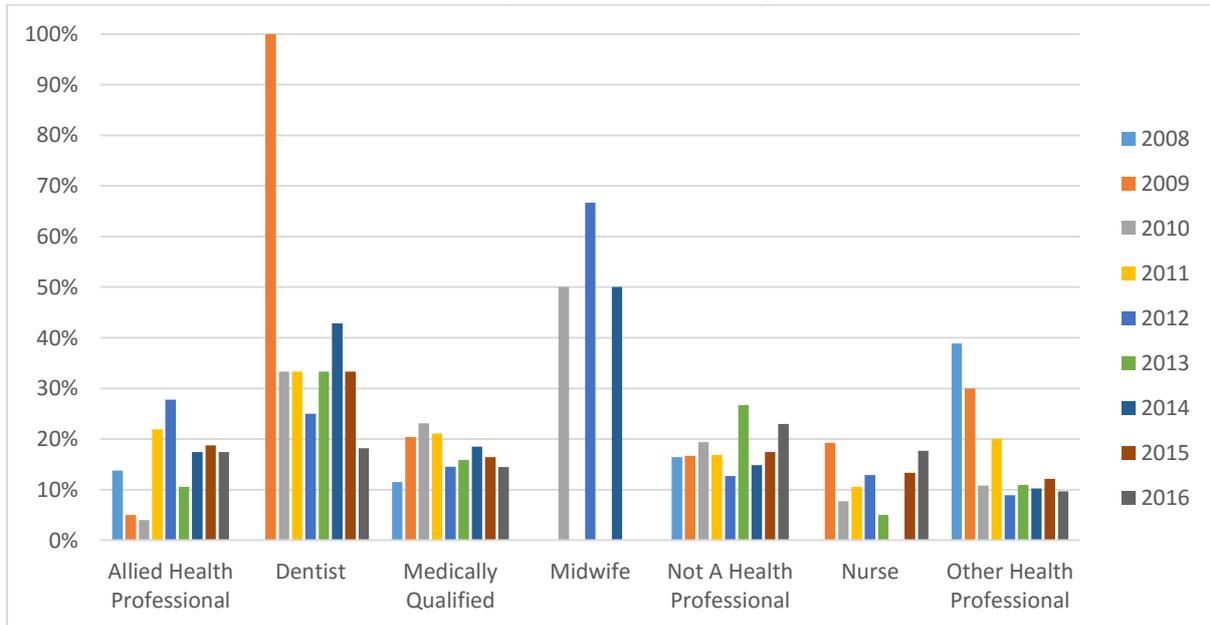
1. Applications to the NIHR Fellowships Programme from 2009-16*



2. Applications to the NIHR Fellowships Programme by Profession from 2009-16.



3. % Success rate of applicants by professional background**.



*Please note NIHR TRFs were launched for the first time in 2013.

**Please note this chart (1) should be considered alongside chart 2 which shows application numbers, due to the small number of applications from certain backgrounds.

Key

DRF	Doctoral Research Fellowship
PDF	Post-Doctoral Fellowship
CDF	Career Development Fellowship
SRF	Senior Research Fellowship
TRF	Transitional Research Fellowship
NM	Nurses and Midwives
AHP	Allied Health Professionals
OHC	Other Healthcare Professionals
NHC	Non Healthcare Professionals