

NIHR Fellowships 2015

Chairs' Report

Introduction

Round 8 of the NIHR Fellowships Programme was launched in October 2014 and closed 21st January 2015. A similar number of applications were received for round 8 of the programme compared to the previous year. This year, the NIHR Fellowships programme also took part in 3 NIHR wide Themed Calls:

- Evaluative research for long term conditions in children and young people.
- Proposals for clinical and applied health research into Mesothelioma.
- The evaluation of interventions or services delivered for older people with multimorbidity (two or more conditions).

In total 7 applications were funded as part of the long term conditions in children and young people call and 2 were funded as part of the evaluations of interventions or services for older people with multimorbidity call.

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

Round 8, 2015						
	TRF	DRF	PDF	CDF	SRF	TOTAL
Applied	5	162	96	61	11	335
Awarded	0	33	11	8	2	54

Chairs' feedback and observations

A common theme across all levels of the programme this year was applicants' methodology and how it often came across as somewhat formulaic. The methodological approach needs to be very carefully considered and should be appropriate for the research being undertaken. The Panels would especially like to see applicants proposing innovative methodological approaches to their research. A common flaw in applications this year was adding on a minor quantitative or qualitative element to an application (depending on the methodological focus of the major part of the project) in an attempt to make it a 'mixed methods' application. In many cases this approach may not have been the best one to take and highlights that applicants need to consider the most appropriate methodology and not just adopt an approach that they see as the best way of getting funding.

Another common theme in this year's round was the support statement from host organisations. A very important consideration in the assessment process for all levels of the programme is the support the host organisation will provide the applicant. This wasn't always very well described in some applications. A successful applicant will need to have an excellent level of support from their host organisation. Not only does the applicant need to be based within a first class research environment but the organisation must be able to provide the level of support needed for them to complete their research and training programme, and to support them in their career beyond the duration of the award. Panels are looking for evidence of the host's commitment to the applicant and statements of support should be tailored to the individual, their research, and their training and development needs.

Patient and public involvement also had a tendency to look formulaic in some applications. As described above for the methodological approach, 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 so just adopting a standard approach isn't necessarily 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.

The training programme of a Fellowship application is an area that Panels consider and judge closely when assessing applications. Applicants who fail to understand and address their training needs regardless of the level of award are unlikely to be recommended for funding. At doctoral level the Panels observed a wide variety of training programmes proposed this year 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 provide a step change to their longer term career as an applied health researcher. The Panels would also encourage applicants to consider training opportunities outside of their host organisation and not just focus on the standard post graduate training programmes that are provided locally.

Applicants need to carefully consider where their research will go in the longer term, this is especially true of more senior awards. For example, where will the intervention sit in the care pathway? Is there a requirement for the intervention in the first place? The Panel for Senior Research and Career Development Fellowships observed this to be particularly true for psychological interventions this year, with some applications not really making the case for the intervention in the first place or not really making it clear where their research would go upon completion of the Fellowship. It is strongly recommended that if an applicant has an intention of applying for further funding at the end of a Fellowship, for example to the HTA programme for a definitive trial; they speak to the funder even before applying for the Fellowship. This will ensure they understand the requirements a particular funding stream like the HTA programme may have and can tailor their Fellowship application to ensure these requirements are met by the work undertaken in the Fellowship.

At Senior Research Fellowship level the Panel would like to see applicants thinking beyond just a single research project as part of the application. At SRF level the applicant should be setting out a strategic vision for a 5 year programme of work; at the end of which they will have established themselves as a research leader in their field. The expectation from SRF applicants is that they will achieve a Chair position before the end of their Fellowship and they should ensure the research programme they propose reflects this expectation. Host institutions should also be considering how they can support SRF applicants to achieve a Chair before the end of the Fellowship.

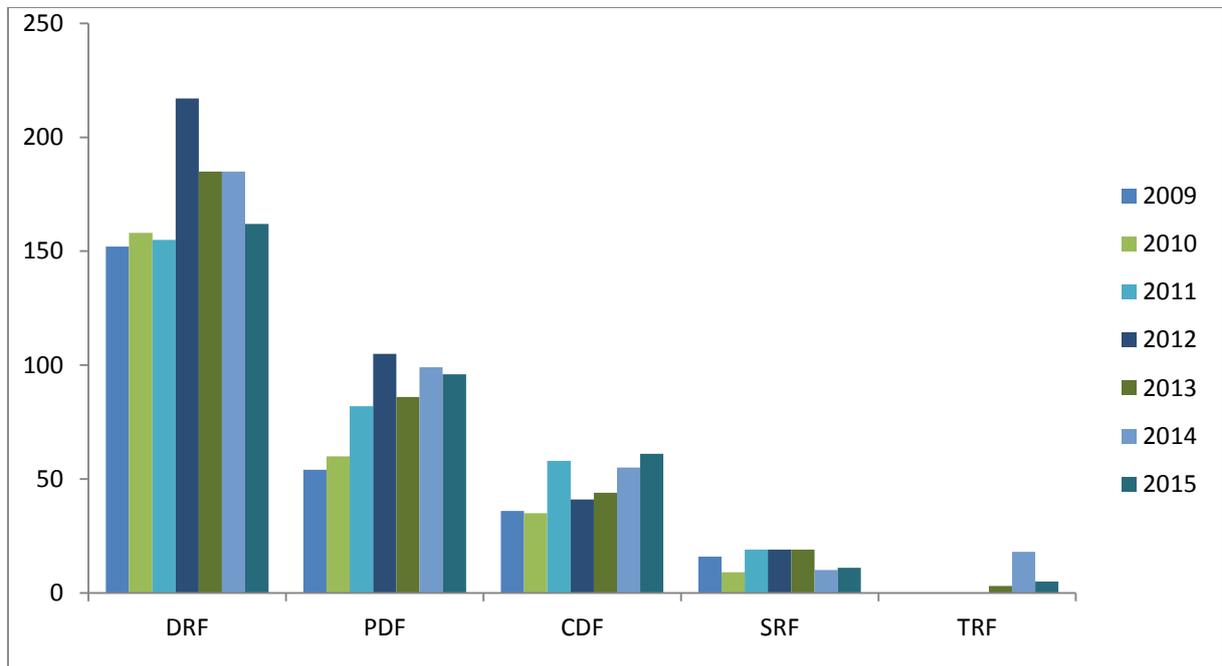
The Panel and NIHR were disappointed not to see more competitive applications for Transitional Research Fellowships this year. Many applicants were still not understanding what a TRF should be used for. Applicants wanting to use the award to transition into applied health research should make it very clear how they intend to use the award to transition to a point where they would be considered competitive for further NIHR funding. This will mean, for example, ensuring they have the required training and experience in applied health research methods at the end of a TRF award. Applicants considering a TRF are being strongly encouraged to speak to NIHR before applying so that NIHR can help people understand how a TRF can be used.

Finally, an overall comment from all the Fellowships Panels this year is that there is no set formula for success. The methods and structure of a previously funded fellowship may not be the best approach 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. 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. 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.

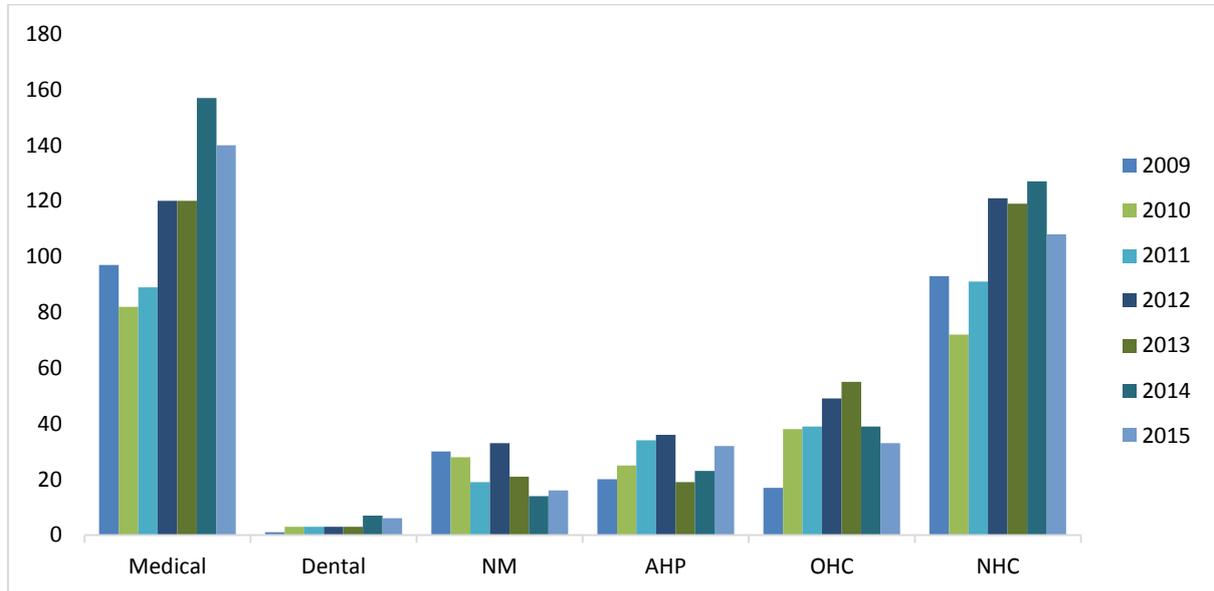
We hope that the advice above is helpful to potential applicants for round 9. Please don't hesitate to contact the NIHR TCC with any queries.

Data on Round 8

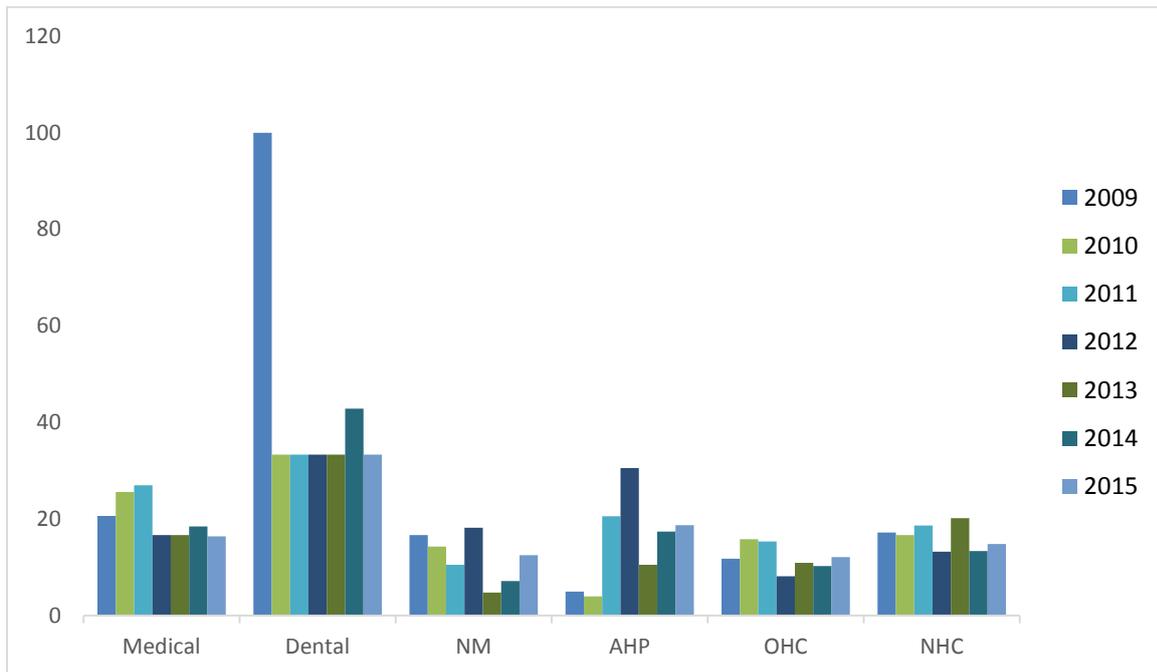
1. Applications to the NIHR Fellowships Programme from 2009-15*



2. Applications to the NIHR Fellowships Programme by Profession from 2009-15.



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