ICA
HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals

Round 3 (2017)

Chairs' Report

Introduction

The ICA Programme supports registered graduate clinicians belonging to the ICA eligible professions to develop clinical academic careers by providing training awards that combine continued clinical practice and clinical development with clinical research and research leadership.

The HEE/NIHR Integrated Clinical Academic (ICA) Programme's Personal Award Schemes; the Clinical Doctoral Research Fellowship (CDRF), Clinical Lectureship (CL) and Senior Clinical Lectureship (SCL) offer the opportunity to undertake fully funded clinical research, research training and tailored professional development whilst maintaining clinical practice and salary.

The third round of CDRF, CL and SCL competitions launched on the 2nd March 2017. The CL and SCL competition closed on the 27th April 2017 and the CDRF competition closed on the 18th May 2017.

The numbers of applications received and awards made are detailed in the table below.

Round 3 (2017)				
	CDRF	CL	SCL	Total
Applied	91	23	4	118
Shortlisted	53	15	2	70
Awarded		9	0	

ICA personal award schemes are assessed by 2 review panels; the CDRF Review Panel and the CL/SCL Review Panel. The Panel Chairs and Deputy Chairs of both Panel made the following observations following the conclusion of the Round 3 competitions

Panel Chair observations

The Panel Chairs agreed that applications received in 2017 were, on the whole, very competitive, with applicants again taking full advantage of the chance to simultaneously propose comprehensive professional development plans and research projects of excellent quality and value.

Having noted some common weaknesses within unsuccessful applications, the Panel Chairs would like to remind prospective applicants of the following:

The need for full methodological consideration and justification

Whilst most applicants underpinned their proposals with the relevant theory base, the panels again observed a number of themes and common weaknesses within applications. The ICA Programme welcomes applications utilising any scientific methodologies, but these must always be justified and evidenced as those most appropriate to answer the research questions raised:

- A number of predominately quantitative research proposals also included a qualitative research element; although often warranted, this element was often weakly or poorly developed by comparison.
- The Programme does welcome wholly qualitative research proposals, but the theoretical grounding, methodologies and project design of qualitative or mixed methods proposals must be of the same high standard as is expected of quantitative research proposals.
- Confusion between pilot and feasibility trials was common, as was a tendency for applicants to propose a full RCT, despite lacking the justifying data and, importantly, the requisite personal experience of undertaking a trial of any kind.
- There is a current prevalence of intervention development proposals. Such proposals remain welcome, but the panel would equally welcome diagnostic and prognostic research proposals.
- There is a tendency to overlook the different stages of prognostic research, with several proposals aiming to develop prognostic models without due consideration of the need to validate them. Such applicants should consider specific training in prognosis research, and ensure that their supervisory team includes specific prognosis research expertise.
- Several applications involved the analyses of existing large epidemiological datasets. It is recommended that such applications show clear inclusion of supervisors with expertise in the analyses of such data.
- A number of applicants incorporated patient reported outcomes into their proposed studies, but did not have a clear rationale for their assessment, and seemed not to have given sufficient consideration to instrument selection and the collection of high quality data.

The NIHR TCC Remit

The ICA Programme only supports research that has a clear potential to benefit patients and/or the public within 5 years of its completion, and it is the responsibility of applicants to articulate how this potential might be realised within their applications.

The need for advanced planning and proposal development

It usually takes between 6 months and a year to work up a competitive application. Successful proposals have, at the very least, been under development for a couple of months prior to the competition launch, during which time they have enjoyed the support of the supervisory team members and prospective host organisations.

The considerations that should be made if proposing a linked project

Research projects can link with broader, existing research programmes, but applicants must demonstrate a consideration of both the advantages and disadvantages of this approach. In addition, applicants must describe how ownership of the project will be achieved (e.g. will the awardee take on PI responsibilities?) and detail the contingencies in place to ensure the success of the project if issues arise with the linked research and/or its funding.

The need for strong statements of support from the hosting organisations

The supporting statements submitted by an applicant's proposed hosting organisations are often weak and generic, and fail to convey a reassuring level of support for, and understanding of, the proposal and the aspirations of the applicant. Given the vital importance of organisational support to the development of a clinical academic career, the panels fully expect (and at the CL and SCL levels, require) these statements to clearly articulate an ongoing and post-award commitment to the applicant's academic career.

The need to be ambitious whilst remaining realistic

When formulating the scope of the research proposal, prospective applicants need to ensure that the research project can be completed within the period of the award, predominantly by themselves with a view to maximising personal development. Early identification of, and guidance from, an experienced PhD supervisor or mentor will be invaluable to this.

Using training awards to develop new methodological skills

Applicants to research training awards are encouraged to take advantage of the opportunity to gain experience of methodologies that they have not used previously, and to always propose the most appropriate methodological approach rather than merely one that is familiar.

The panel will still, however, expect applicants to possess sufficient understanding the proposed methodologies to lead their research project (demonstrating ownership of the proposal in its entirety) and to have included sufficient support and training within the proposal to ensure expertise will be demonstrable at the end of the award.

Whether to propose a part-time or full-time award

There is a tendency for applicants to propose part-time awards in order to continue within their existing clinical posts. These awards all contain protected clinical elements, and so it is not necessary for applicants to make such a concession in order to maintain professional practice. Applicants proposing a part-time award purely to undertake additional clinical activity should consider the impact of this on their academic career trajectory. This is not, obviously, a consideration that individuals proposing a part-time award for any other reason are expected to make. Applicants who, for personal reasons, already work part-time (or, indeed, anticipate working part-time in the near future) are more than welcome to propose a part-time award.

The need for PPI

The panel were disappointed to observe very poor PPI in a number of applications. Applications that have paid lip service to Patient and Public Involvement but not effectively incorporated it are easily identifiable as such, and are invariably weaker as a result.

Common issues noted:

- Confusion between Patient Engagement and Patient Involvement.
- PPI proposed for one specific element of the project (e.g. research development) but neglected elsewhere, most notably within the data analysis and dissemination phases.
- Extremely poor PPI costing.

Applicants are reminded that the NIHR takes PPI very seriously. PPI is one of the assessment criteria used by the panel when reviewing all applications and PPI panel members sit on the interview panels.

Applicants are referred to the comprehensive resource available from the INVOLVE website, which includes guidance on writing Plain English summaries and budgeting for PPI involvement.

The cost of the project, including any NHS support and treatment costs

Proposals are required to be fully costed before shortlisted applicants attend for interview. Whilst inappropriate or erroneous costings within successful applications will be amended with the support of the NIHR during the subsequent contracting process, they are noted by the panel during assessment. Such mistakes are indicative of poor planning by the applicant and, particularly if relating to NHS support and treatment costs, of limited engagement with/from the hosting organisations.

The opportunity for personal development as a clinician, academic, and clinical academic leader

Finally, prospective applicants are reminded that an award represents an opportunity to undertake training and development that will further their career as a clinical academic and the service that they afford their patients. Whilst the principal purpose of the proposed training and development plan should be to afford the fellow with the skills needed to successfully undertake the fellowship, it is permissible that limited elements of the plan serve primarily to support their wider and longer-term career aspirations as an academic, clinician and clinical academic leader.

Support from the NIHR Research Design Service (RDS)

The Panels noted that several applicants are not accessing the support available to them through the NIHR RDS. RDS staff regularly observe Panel meetings and they are well placed to provide advice and helpful feedback on applications prior to submission.

Useful Resources

The panel has identified a variety of resources that prospective applicants might find useful in relation to some of the weaknesses identified above.

- **Mixed Methods Study Designs:**
  Prospective applicants are advised to consider the following article, and particularly the 10 resources highlighted within it.

  http://heapol.oxfordjournals.org/content/early/2013/04/05/heapol.czt019.full

- **NIHR Clinical Trials Guide:**
  The NIHR has produced a Clinical Trials Guide, and recommends that prospective applicants intending to propose a trial consult it at the earliest opportunity.

http://www.nihr.ac.uk/funding-and-support/documents/Clinical-Trials-Guide.pdf

- **Feasibility and Pilot Trials and the value of each:**

  Whitehead AL, Sully BG, Campbell MJ. Pilot and feasibility studies: is there a difference from each other and from a randomised controlled trial? Contemp Clin Trials. 2014 May; 38(1): 130-3.

- **MRC Guidance on Complex Interventions:**
  The MRC's standalone guidance document is more detailed than the often cited BMJ paper.

  https://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/

- **Patient Reported Outcomes:**
  The University of Birmingham's Centre for Patient Reported Outcomes Research has a freely available NIHR funded information resource on PROs of potential use to prospective applicants, and more broadly, to those involved in PROs.

  www.birmingham.ac.uk/prolearn