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Introduction

Health Education England (HEE) and the National Institute for Health Research (NIHR) are pleased to announce the launch of their fifth HEE/NIHR Integrated Clinical Academic Programme Clinical Doctoral Research Fellowship Scheme competition. This document describes the means by which applications for HEE/NIHR Clinical Doctoral Research Fellowships must be submitted and will be assessed.

Background to the HEE/NIHR Integrated Clinical Academic Programme

HEE is committed to supporting the delivery of high quality healthcare by ensuring that the workforce has the right skills, values and behaviours, and by ensuring that the right numbers of staff are available at the right time and in the right place. HEE will achieve this by focussing on outcomes, using financial levers and leadership influence to help drive real improvements in workforce planning, education and training.

HEE will contribute to realising the potential of research and innovation in healthcare and to transforming the NHS by continuing to develop a workforce that embraces research and innovation and by supporting clinical academic careers for health professionals.

The HEE Clinical Academic Careers Stakeholder Group (CACSG) was established in 2013 and sets the strategic direction and landscape for the delivery of HEE’s Research and Innovation Strategy and Clinical Academic Careers Framework. The HEE/NIHR Integrated Clinical Academic (ICA) Programme has a key role to play in supporting delivery of HEE’s statutory responsibilities, and aims to develop the clinical academic research leaders of the future.

The ICA Programme:

- supports registered non-medical healthcare professionals committed to developing careers that combine research and continued clinical practice;
- supports the provision of a comprehensive clinical academic career structure for non-medical healthcare professionals;
- is fully integrated with clinical practice and/or post registration training;
- supports research training from early to advanced levels;
- has flexible entry and exit points;
- where possible, is trainee centred; and
- focuses on research within the remit of the NIHR and HEE (see below).

HEE funds the ICA Programme, and works in partnership with the NIHR to manage the programme through the NIHR Academy.
The ICA Programme is composed of five principal schemes that together comprise a clinical academic career pathway for non-medical healthcare professionals:

- **The Internship Scheme** makes short duration awards that engage and expose recipients to the clinical academic research environment whilst equipping them with the practical skills to undertake research;

- **The Pre-doctoral Clinical Academic Fellowship (PCAF) Scheme** enables registered healthcare professionals to undertake Masters level academic training and to prepare an application for a doctoral fellowship whilst maintaining clinical practice;

- **The Clinical Doctoral Research Fellowship (CDRF) Scheme** enables registered healthcare professionals to obtain a PhD by research whilst concurrently developing their clinical skills;

- **The Clinical Lectureship (CL) Scheme** enables registered healthcare professionals who already hold an appropriate doctorate to continue research at a post-doctoral level whilst continuing to contribute to clinical practice; and

- **The Senior Clinical Lectureship (SCL) Scheme** enables registered healthcare professionals with independent clinical research experience to undertake further research in a senior academic position whilst developing as a clinical academic leader.

In addition to the above, HEE’s local teams offer short duration ICA Programme Bridging Awards to support prospective applicants that find themselves between funding schemes and awards.

CDRF, CL and SCL award holders are also invited to access funded career mentorship through the ICA Programme’s Mentorship Scheme.
The HEE/NIHR Clinical Doctoral Research Fellowship (CDRF) Scheme

The CDRF Scheme supports graduate (post-degree) healthcare professionals (excluding doctors and dentists) who have at least one year’s experience in clinical practice, and who can propose to undertake their doctorate at a recognised Higher Education Institution (HEI) based in England, an NHS body based in England or at any other English provider of health and/or social care services that provides at least 50% of its services free at the point of delivery (for example, a commissioned social enterprise, local authority or hospice).

A CDRF supports the award holder to develop their research skills and their clinical skills; the latter through dedicated time for clinical practice and/or through other activities that support development as a clinician. The CDRF Scheme differs, therefore, from the separate NIHR Doctoral Fellowship Scheme, which is open to anyone wishing to develop health research skills and does not support or place emphasis on clinical/professional development.

Following completion of a CDRF, the awardee is expected to be able to show evidence of:

- Completion of the research proposed in the application, which should lie within the NIHR remit and fulfil at least one of the HEE priorities listed below;
- Award of a PhD by research;
- Completion of a substantial, robust and wide-ranging training and development programme;
- Increased research skills;
- Increased clinical skills;
- Publications arising from the fellowship;
- Involvement in collaborative relationships.

Evidence of the above will be sought by the NIHR Academy through interim and final reports.

Clinical Skills Development

A key feature of the CDRF Scheme is that awardees are supported and expected to develop clinical skills as well as research skills. Applicants must be able to demonstrate how they will develop their skills as a clinician over the period of the fellowship. Applicants are advised to take account of their current skillset and propose a clinical development plan that is appropriate to their level of clinical seniority. Senior clinicians may choose to propose activities that will ensure the maintenance rather than the development of their clinical skills. Applicants may wish to consider whether the research activity and research training proposed might be further utilised to develop or maintain clinical skills and/or professional development as a clinician.

A Clinical Doctoral Research Fellow is required to spend approximately 20% of their fellowship hours undertaking clinical/professional practice and development.
The NIHR Remit

Only research that lies within the remit of the NIHR is eligible for funding by the CDRF Scheme:

All research funded by the NIHR as part of a training award managed by the NIHR Academy must fall within the following remit:

1. The overall remit of the NIHR is early translational (experimental medicine), clinical and applied health research, including social care research.

2. For ICA Programme doctoral and post-doctoral awards (including CDRFs) the proposal:
   a) must be for clinical and applied health research, including social care research
   b) must have clear potential for directly benefiting patients and the public (but recognising the training element of the research)
   c) can involve: patients; samples or data from patients; people who are not patients; populations; health technology assessment; or health services research

3. NIHR does not support basic research or work involving animals or their tissue.

4. If the work involves biomarkers:
   • research that tests whether application of new knowledge can improve treatment or patient outcomes, and has obvious direct potential benefit, is within remit; this might include application of known biomarkers, or other prognostic factors, to refine and test novel therapeutic strategies
   • research that aims only to elucidate mechanisms underpinning disease, or identify risk factors for disease or prognosis (including search for biomarkers) is out of remit.

5. The NIHR is also prepared to support high quality research into ‘medical education’ (defined broadly as education for healthcare providers) and methodological research. It is expected that the research will have the potential to have practical application and the potential impact on patients and the public must be made clear.

Further Information in the form of FAQs about the NIHR remit can be found in Annex A.

NIHR Themed Calls

This year, the CDRF scheme will also be participating in two NIHR wide Themed Calls, which were launched 1st October 2018. They are:

1. Improving the outcomes of health and social care for frail people and their carers.

2. The management of chronic pain.

Details of the Themed Calls, past and present, can be found here [NIHR Themed Calls website](#).

Whilst applications under a Themed Call are encouraged, they won’t be prioritised. If you are not applying under a Themed Call then you should not be put off from applying.
Priority Themes highlighted in the NHS Long Term Plan

For this round of the ICA Programme competitions, we are keen to see applications that address themes highlighted within the NHS Long Term Plan (www.longtermplan.nhs.uk). This includes:

- Making sure everyone gets the best start in life;

- Delivering world-class care for major health problems;

- Supporting people to age well.

As part of this, we would particularly encourage proposals that focus on the prevention of illness and tackling health inequalities, and also applications which look to improve NHS services through the use of digital technology and analysis of patient and population data.

As with respect to the NIHR Themed Calls, applications that fall under one of these highlighted themes will not be prioritised or favoured over those that do not.
### Eligibility requirements for the Clinical Doctoral Research Fellowship Scheme

Applicants to the CDRF Scheme must meet the following eligibility criteria:

1. CDRF Scheme applicants must be graduate (post-degree) professionals from one of the following healthcare professions, and also hold registration with the appropriate following professional body/council by the proposed fellowship uptake date.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Regulator with which applicants must hold registration/register</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AHP Professions:</strong></td>
<td></td>
</tr>
<tr>
<td>Art therapist</td>
<td>Health and Care Professions Council</td>
</tr>
<tr>
<td>Podiatrist</td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
</tr>
<tr>
<td>Orthoptist</td>
<td></td>
</tr>
<tr>
<td>Orthotist and Prosthetist</td>
<td></td>
</tr>
<tr>
<td>Paramedic</td>
<td></td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Radiographer (diagnostic and therapeutic)</td>
<td></td>
</tr>
<tr>
<td>Speech and language therapist</td>
<td></td>
</tr>
<tr>
<td>Drama therapist</td>
<td></td>
</tr>
<tr>
<td>Music therapist</td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractor</strong></td>
<td>General Chiropractic Council</td>
</tr>
<tr>
<td><strong>Healthcare Scientists:</strong></td>
<td>Health and Care Professions Council, or the Academy for Healthcare Science register: <a href="http://www.ahcs.ac.uk">www.ahcs.ac.uk</a></td>
</tr>
<tr>
<td>Professionals that work in one of the following broad areas of practice, which together cover over 45 different professional specialisms:</td>
<td></td>
</tr>
<tr>
<td>Life Sciences/Clinical Laboratory Sciences; Physiological Sciences; Clinical Bioinformatics; Physical Sciences (incorporating Medical Physics) and Clinical Engineering.</td>
<td></td>
</tr>
<tr>
<td>These include clinical scientists, biomedical scientists, clinical physiologists and clinical technologists.</td>
<td></td>
</tr>
</tbody>
</table>
| **Non-Medical Public Health Specialty Trainees, Specialists and Consultants** | Specialty Trainees: Faculty of Public Health  
Specialists and Consultants: The UK Public Health Register |
| **Nurse and Midwife:**                          |                                                               |
| Nurse                                           | Nursing and Midwifery Council                                 |
| Midwife                                         |                                                               |
| Health visitor                                  |                                                               |
| **Operating Department Practitioner**           | Health and Care Professions Council                           |
| **Optometrist and Dispensing Optician**         | General Optical Council                                      |
| **Osteopath**                                   | General Osteopathic Council                                  |
| **Pharmacy Professions:**                       | General Pharmaceutical Council                                |
| Pharmacist                                      |                                                               |
| Pharmacy technician                             |                                                               |
| **Practitioner Psychologist**                   | Health and Care Professions Council                           |
| **Wider Dental Team Professions:**              | General Dental Council                                        |
| Dental hygienist                                |                                                               |
| Dental nurse                                    |                                                               |
| Dental therapist                                |                                                               |

The range of professions that are eligible for support through the ICA Programme is determined by Health Education England.
2. Applicants must have at least one year’s experience of professional, post graduation, clinical practice at the point of application.

3. Applicants must propose substantive employment by a recognised Higher Education Institution (HEI) based in England, an NHS body based in England or by any other English provider of health and/or social care services that provides at least 50% of its services free at the point of delivery (for example, a commissioned social enterprise, local authority or hospice).

4. At least 50% of the applicant’s proposed clinical/professional practice within fellowship time must be spent delivering health and/or care services that are free at the point of delivery.

5. Applicants are expected to have a First Class or Upper Second Class bachelor’s degree or equivalent. Applicants without a First Class or Upper Second Class bachelor’s degree or equivalent must normally have a Masters degree.

6. Applicants must have research experience and/or research training that prepares them to undertake a PhD (research doctorate).

7. Successful applicants must register for a PhD (research doctorate) at a recognised HEI in England. Applicants who have already registered for a doctorate are eligible to apply if, by the proposed point of award uptake, they have not been registered for longer than 12 months Whole Time Equivalent.

8. **This scheme does not support the undertaking of professional doctorates.** Individuals who are already registered on a professional doctorate may apply for a CDRF but would be required to transfer their professional doctorate and register for a PhD. The same rules for registration described in point 7 above would apply.

9. Applicants must propose research that lies within the remit of the NIHR.

10. Applicants are only permitted to make one application for an ICA Programme personal award (a PCAF, CDRF, Clinical Lectureship or Senior Clinical Lectureship) per year.

Prospective applicants holding NMC or HCPC registrations but not listed in the table above, or if otherwise unsure of their eligibility, must contact the NIHR at academy-awards@nihr.ac.uk before embarking on the application process.

Individuals not eligible to apply to this scheme may be eligible for the separate NIHR Doctoral Fellowship Scheme – details of which can be found on the NIHR website: [http://www.nihr.ac.uk/fellow](http://www.nihr.ac.uk/fellow)

Applicants must have the support of the HEI at which they intend to register for a PhD, and the support of an appropriate provider of health or social care services. Early discussions with both organisations are recommended.

**Please be aware** that from this round (Round 5) onwards, unsuccessful applicants will only be eligible to apply for a CDRF on one further occasion before a 3-year period of ineligibility is imposed. Unsuccessful applications made to previous CDRF rounds (i.e. before 2019) and/or to other schemes (e.g. the ICA PCAF scheme or the NIHR Doctoral Fellowship scheme) will not be counted as ‘unsuccessful applications’ for the purposes of determining eligibility. Similarly, an unsuccessful application to this or any previous CDRF round will not be counted when determining eligibility for funding through any other NIHR Academy administered scheme.
Partnership Fellowships

For the first time this year, the ICA Programme will be partnering with charitable organisations to offer jointly funded CDRFs.

The application process for these CDRFs is the same as for our standard CDRFs, and successful applicants will become members of the NIHR Academy in the same way as successful applicants for our standard CDRFs. This is in addition to any additional benefits that come from being funded by the partner charity.

Anyone interested in applying for a jointly funded partnership fellowship should take note of the relevant charity’s criteria for partnership (see below) in addition to the standard eligibility criteria stated above, and should contact the relevant charity via the contact details listed below if they have any questions that pertain to these criteria. All other queries about the application process should be directed to the NIHR Academy.

Charity partners

1. Moorfields Eye Charity

   Research Area:

   Moorfields Eye Charity is interested in funding research in eye health, vision research, ophthalmic related service improvement, education or clinical practice.

   Please note: the partnership fellow is required to be hosted by either the Moorfields Eye Hospital NHS Foundation Trust or its main HEI partner (University College London).

   Awards Available:

   Up to 1 CDRF

   Contact Details:

   Name: Ailish Murray
   Role: Director of Grants and Research
   E-Mail: ailish.murray1@nhs.net
   Tel: 0207 566 2632
   Website: https://www.moorfieldseyecharity.org.uk/

2. Muscular Dystrophy UK

   Research Area:

   Muscular Dystrophy UK is interested in funding research that is relevant to any of the muscular dystrophies or related neuromuscular conditions that the charity support.

   Awards Available:

   Up to 1 CDRF

   Contact Details:

   Name: Dr Alison Stevenson
   Role: Senior Grants Manager
   E-Mail: a.stevenson@musculardystrophyuk.org
   Tel: 020 7803 4812
   Website: https://www.musculardystrophyuk.org/

Applying for a partnership fellowship...
The submission procedure and deadline for applying for a partnership fellowship is the same as for a standard CDRF.

Please indicate in the ‘Application Summary Information’ section of the form whether you wish to be considered for a jointly funded partnership fellowship.

Any jointly funded fellowships will be offered at the same funding level as any other CDRF and under standard NIHR terms and conditions, except where additional terms and conditions are specified by the joint funder.

Assessment of partnership fellowship applications will follow the same process as for standard fellowships, with all applications being considered alongside each other. This means that if there are more fundable applications to a partnership fellowship than there are partnership fellowships available, the remaining fundable applications will be considered as standard CDRFs.
Scope of Fellowship Employment Options

Whilst ALL applicants will require hosting by a HEI AND by a provider of health and/or social care services, one organisation must be identified as the employing organisation that will host the applicant’s Fellowship – referred to as the ‘Host Organisation’. This may or may not be the applicant’s current employer.

The Host Organisation must be able to provide the applicant with a substantive contract of employment for the duration of the award and be capable of fulfilling the role of research sponsor as set out in the UK Policy Framework for Health & Social Care Research (https://www.hra.nhs.uk/documents/1068/uk-policy-framework-health-social-care-research.pdf). Further guidance on the roles and responsibilities of a research sponsor can be found on the Health Research Authority’s (HRA) website (http://www.hra.nhs.uk/resources/before-you-apply/roles-and-responsibilities/sponsor).

The Host Organisation must be a recognised HEI based in England, an NHS body based in England or any other English provider of health and/or social care services that provides at least 50% of its services free at the point of delivery (for example, a commissioned social enterprise, local authority or hospice). Applicants proposing a clinical Host Organisation must include the HEI at which their PhD will be registered as their Partner Organisation.

Applicants must propose to commence the CDRF on the 1st April 2019, 1st May 2019, 1st June 2019, 1st July 2019, 1st August 2019 or the 1st September 2019. Fellowships cannot be deferred without very good reason and the consent of the NIHR.

Applicants must propose to undertake the CDRF either:

a. Full-time (1.0 WTE) for 36 months;

b. Part-time (between 0.95 and 0.5 WTE at one of ten available 0.05 increments).

<table>
<thead>
<tr>
<th>WTE</th>
<th>0.95</th>
<th>0.9</th>
<th>0.85</th>
<th>0.8</th>
<th>0.75</th>
<th>0.7</th>
<th>0.65</th>
<th>0.6</th>
<th>0.55</th>
<th>0.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration (Months)</td>
<td>38</td>
<td>40</td>
<td>42</td>
<td>45</td>
<td>48</td>
<td>51</td>
<td>55</td>
<td>60</td>
<td>65</td>
<td>72</td>
</tr>
</tbody>
</table>

The scheme is unable to support awards of any other duration or profile. Activities undertaken outside of the contracted fellowship hours are at the fellow’s discretion and are not funded by the fellowship.

A CDRF includes a requirement that clinical practice be undertaken within it, and applicants planning a part-time fellowship in order to undertake additional (non-fellowship) clinical activity should consider the impact of this on their future academic career trajectory and, thus, on the competitiveness of their application. This is not, obviously, a consideration that individuals proposing a part-time fellowship for any other reason need 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 fellowship.
Scope of Funding

1. The Fellowship may be undertaken on a full-time or part-time basis. Activities undertaken outside of the Fellowship are at the fellow's discretion and will not be funded by the Fellowship.

2. A CDRF is an individual training award and will only offer funding to cover the salary costs of the fellow, their PhD tuition fees, and the costs of an appropriate research project and training and development programme.

3. Whilst this personal award may support 'shared staff' (e.g. a statistician or software developer) to undertake specialist work that the fellow is unqualified to undertake, it does not fund generic 'research assistant' time.

4. CDRFs have been designed to support aspiring clinical academics. A CDRF requires the fellow to undertake clinical/professional practice within the hours of the fellowship. At least 50% of this practice must be spent delivering health and/or care services that are free at the point of delivery.

5. CDRFs are not project or programme grants, therefore, extensions to the duration of awards to allow for completion of research and/or training and development are not permitted. This does not affect suspensions of awards to allow for periods of parental, adoption or sickness leave.

6. If applicants are successful in being awarded an NIHR research training award whilst simultaneously holding another NIHR award, they will be asked to decide which award they would like to continue with, and will be withdrawn from the other.

7. The costs that will be met by a CDRF differ slightly depending on the type of employing host that is chosen by the applicant (i.e. the academic or clinical partner). These costs are summarised in the table below.

<table>
<thead>
<tr>
<th>ICA CDRF costs</th>
<th>Proportion funded</th>
<th>Higher Education Institutions</th>
<th>Providers of health and/or social care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Direct Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>80%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Travel, subsistence and conference fees.</td>
<td>80% (excepting conference related costs paid at 100%)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Equipment, consumables, patent and legal, patient and public involvement, and other specific costs needed to support the research</td>
<td>80%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Training and development</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>B: HEI Indirect costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estates charges and other indirect costs</td>
<td>80%</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Additional points to consider when preparing a CDRF application

The NIHR Academy can advise applicants on their eligibility and on completing the application form. The NIHR Academy cannot, however, comment on the design and/or methodology of specific research projects. An applicant’s local NIHR Research Design Service may be able to provide advice on developing a suitable research proposal. It is highly recommended that applicants contact the Research Design Service at the earliest opportunity. Please see the website below for further information.

https://www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/research/research-design-service/contact-us.htm

Irrespective of the research methods proposed, applicants should provide a full theory-based justification for their choice of methods, detail their experiences of utilising these methods, detail any training they hope to undertake in the use of the chosen methods and identify the relevant experiences of their proposed supervisory team.

Research projects undertaken as part of a CDRF may be eligible for inclusion on the NIHR Portfolio (https://www.nihr.ac.uk/research-and-impact/nihr-clinical-research-network-portfolio/) and, as a result, for associated NIHR CRN support. Applicants should speak to their proposed Host Organisation’s R&D Office about this in the first instance.

Applications for NIHR research training awards differ from applications to other NIHR funding streams, such as the HTA and RfPB Programmes. In applications for NIHR research training awards, the research project proposal does not stand alone, but is part of a package of elements expected to provide an excellent training experience that will allow the successful applicant to take his / her skills and experiences to a higher level. Thus, along with the research proposal, NIHR selection committees will assess the abilities, academic trajectory, existing experience, commitment to a career in health research, ambition and aspirations of the applicant, the standards in the research training environment, and the plans for explicit training in research methods. The research proposal provides a framework for research experience so has to be of high quality, but a good research proposal will not be supported if other elements are weak.

NIHR will only support primary research* where the proposed research is informed by a review of the existing evidence.

If your application includes primary research then it should include reference to the existing evidence and explain how this evidence has informed the proposed research. Where a systematic review already exists that summarises the available evidence this should be referenced, as well as including reference to any relevant literature published subsequent to that systematic review. Where no such systematic review exists it is expected that the applicant will undertake an appropriate review of the currently available and relevant evidence (using as appropriate a predetermined and described methodology that systematically identifies, critically appraises and then synthesises the available evidence) and present a summary of the findings of this in their proposal. All applicants must also include reference to relevant on-going studies, e.g. from trial registries.

The selection committee’s expectations of the application, including prior work to support the research proposal, will vary with the seniority of the award. At early career stages (up to and including the first postdoctoral level), plans to perform or update a systematic review may be included as part of the training award, provided that the proposal is also informed by any existing evidence, and that existing systematic reviews are referenced. The rationale for this is that the systematic review provides a training experience in a research methodology – evidence synthesis. However, the review also needs to be justified within the context of the research proposal (and not be too ambitious or perfunctory e.g. where there are likely to be no studies to synthesise).
In addition to the above, all prospective applicants are strongly advised to read the most recent ICA Programme Chairs’ Report (see Annex C), in which the Programme’s selection committee chairs have summarised their observations of Round 3 applications and their advice to prospective Round 4 applicants.

*Primary Research defined as: Original research conducted to collect new data to answer a research problem. [Source: Health Technology Assessment Programme A-Z of useful terms.](http://duyoweb.co.uk/atozusefulterms.shtml)
**Application Procedure and Selection Process**

Fellowships will be awarded following open competition.

The HEE/NIHR ICA Programme uses an adapted version of the NIHR Standard Application Form (SAF), and has introduced a 2-stage application process for the CDRF Scheme. The stage 1 form must be submitted by **1pm on Tuesday 30th April 2019**, and those applicants who are shortlisted for interview will need to complete and submit a stage 2 form by **1pm on Thursday 5th September 2019**.

Please give yourself sufficient time to obtain your signatorys’ approvals before each deadline. No extensions for signatory approval will be granted.

All components of a fully approved application, including supporting documents (e.g. references, CTU support letter), must be submitted by the deadline. No additional supporting documents will be accepted after the deadline.

All documents must be submitted in English.

The selection process and subsequent Fellowships will be managed by the NIHR Academy.

Following the submission deadline, the NIHR Academy will check applications for completeness and eligibility, and distribute eligible applications to members of the selection committee.

The selection committee will assess all eligible applications (using the Assessment Criteria listed below). Applications will only be sent for external peer review if deemed necessary by the reviewers.

Applicants will be informed of the outcome of selection committee meetings by email when all required processes are complete. No outcome indications will be given in advance.

Shortlisted applicants will be invited to Leeds to be interviewed by selection committee members. Interviewees will be asked to give a 5 minute presentation, followed by 20 minutes of questioning.

The Selection Committee will make recommendations for funding that will be considered by HEE and by the Director of the Department of Health and Social Care (DHSC) Science, Research and Evidence (SRE) Directorate.

If applicants are successful in being awarded a CDRF whilst simultaneously being assessed for another NIHR research training award, they will be required to choose between the two and to abandon one.

Fellowships cannot be deferred.

**Please be aware** that from this round (Round 5) onwards, unsuccessful applicants will only be eligible to apply for a CDRF on one further occasion before a 3-year period of ineligibility is imposed. Unsuccessful applications made to previous CDRF rounds (i.e. before 2019) and/or to other schemes (e.g. the ICA PCAF scheme or the NIHR Doctoral Fellowship scheme) will not be counted as ‘unsuccessful applications’ for the purposes of determining eligibility. Similarly, an unsuccessful application to this or any previous CDRF round will not be counted when determining eligibility for funding through any other NIHR Academy administered scheme.
Key Dates

Applicants are asked to keep the interview dates available to attend an interview in Leeds.

Please note these dates are not negotiable.

<table>
<thead>
<tr>
<th>Application / Assessment Stage</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Application Submission Deadline</td>
<td>1pm on 30th April 2019</td>
</tr>
<tr>
<td>Shortlisting</td>
<td>11th July 2019</td>
</tr>
<tr>
<td>Stage 2 Application Submission Deadline</td>
<td>1pm on 5th September 2019</td>
</tr>
<tr>
<td>Applicant Interviews</td>
<td>6th and 7th November 2019</td>
</tr>
<tr>
<td>Earliest Uptake</td>
<td>1st April 2020</td>
</tr>
<tr>
<td>Latest Uptake</td>
<td>1st September 2020</td>
</tr>
</tbody>
</table>
Assessment Criteria

Applications are assessed by the Selection Committee using the following criteria:

When assessing the applicant

- The quality and relevance of the applicant’s recent and overall clinical experience.
- The quality and relevance of the applicant’s research experience and outputs.
- The evidenced commitment and potential of the applicant to develop as a clinical academic.

When assessing the research proposal

- The quality of the proposed research, its suitability as a PhD project, and its potential to benefit patients and/or clinical practice within five years of its completion.
- The extent to which the Fellowship will support the development of the applicant’s skills as a clinician as well as an academic.
- The quality, scope and relevance of the review of existing evidence.
- The appropriateness and level of patient and public involvement.
- The quality of the plain English summary.

When assessing the proposed host site(s), training programme and supervision

- The quality of the host research group, and their appropriateness to the development of the applicant’s clinical academic career.
- The appropriateness of the proposed academic and clinical supervision.
- The feasibility and appropriateness of the management and support arrangements proposed by the hosts.
- The quality of the proposed training and development programme.
- Evidence that the hosting HEI and clinical host have a non-medical clinical academic career infrastructure in place or have plans to implement one, are committed to building national research capacity for non-medical healthcare professionals, and plan to support the applicant beyond the period of the fellowship.

In addition to assessing the above, the Selection Committee will also take the appropriateness and value for money of the funds requested into consideration.

The NIHR strongly recommends that you remain mindful of these assessment criteria, and return to them, when developing your application.
Guidance for completing the Stage 1 (pre-shortlisting) application form

Registering, Completing and Submitting the Application

Registering

All applications must be completed and submitted via the online application system (ARAMIS). This can be accessed via: https://aramis.nihr.ac.uk.

Before you can start an application you will be required to register on the system. You will be asked to supply a valid email address and provide some basic information. Once this has been submitted you will receive an email confirming your registration and a temporary password. You should follow the instructions in the email to log on to the system.

Once signed in on the system you will be able to update various details including your CV (in ‘manage my details’) and apply for any open competitions. To start an application you will need to go to ‘My Applications’ and select ‘New Application’. You should then select the award you wish to apply for from the list provided. Only one application to the HEE/NIHR Integrated Clinical Academic Programme is permitted in each year. Multiple applications at the same level or applications at more than one level (PCAF/CDRF/CL/SCL) will not be accepted.

Completing the application form:

After answering all of the eligibility questions you will be able start completing the online form. Please make sure that you continue to refer to all available guidance, including this document, whilst completing the form.

The deadline for this call is 1:00pm on Tuesday 30th April 2019

When uploading a document to your application, please ensure that it is in Adobe PDF or Word DOC/DOCX format. It is not possible to upload a JPEG image or Excel spreadsheet to your application.

You are advised to validate your application regularly, and between entering information into different sections. You will find a “Validation Summary” option in the left-hand menu. This section will detail any points within your application that are incomplete or incorrectly presented. Failing to validate your answers may result in you being unable to submit your application by the required deadline.

If you are copying pre-prepared text into a free text box with a word limit, please be aware that different word counting programs may give different results. It is the word count in the application system that will be used. The validation system may advise you if you have exceeded a word limit.

The application and all associated documents must be submitted in English.

All participants and signatories must have completed their sections and actions by the deadline.

ORCID Registration
The NIHR is an ORCID member and requires all its funded researchers to hold an ORCID iD; this persistent digital identifier distinguishes individual researchers. Applicants must include their own ORCID iD in their application. Without the applicant’s ORCID iD, an application cannot be validated and submitted.
The “personal details” section of your application (which includes the ORCID ID) is automatically populated from the “Basic Information” section of the ‘Manage My Details’ page of your ARAMIS account.

Submitting the application form

You will need to complete all of the mandatory sections of the form and enter under the ‘Participants and Signatories’ section the names and contact details of participants and signatories (see below). Once all other parties have made their contribution, you will be required to ‘Submit’ the application to the signatories for final sign off before the closing date. Please note that you will need to read and be aware of the roles of participants, sponsors and signatories as described below.

You will only be able to ‘Submit’ the application for final sign off by the signatories when:

- all mandatory sections of the application form are complete
- all participants have agreed to be part of your application
- all signatories have agreed to their role and made their contributions

Participants

You are required to supply the names and email addresses (if not already registered on the ARAMIS system) of your Primary Doctoral Supervisor, up to 2 additional Academic Supervisors and up to 3 Clinical Supervisors. Everyone named in this section will be acting as a ‘participant’ to your application and will need to agree to be part of this application.

By confirming participation, participants are acknowledging their involvement and input into this application, and agreeing to be involved in the proposed fellowship. You must ensure all participants are happy for your application to be submitted before submitting it on the online system.

Participants must confirm their participation on your application before you will be able to select the ‘SUBMIT’ option. Please see the Submission Process Flow Diagram and the Applicant Guidance Notes for further information.

Required Participants:

- **Primary Doctoral Supervisor**: The individual named as the primary supervisor of your PhD must agree to participate in the application and confirm that they will act as your Primary Academic Supervisor, support your career development and abide by the conditions under which an award may be granted. The Primary Supervisor must also confirm that the information provided by you describes the status of your current / proposed research doctorate studies and also confirm that any proposed part-time study arrangements have been agreed and meet University regulations.

- **Academic Supervisor(s)**: All supervisors detailed in the ‘Training and Development and Research Support’ section must agree to participate in the application and confirm that they will act as your supervisor for research and career development and agree to abide by the conditions under which an award may be granted.

- **Clinical Supervisor(s)**: All supervisors detailed in the ‘Training and Development and Research Support’ section must agree to participate in the application and confirm that they will act as your supervisor for professional and career development and agree to abide by the conditions under which an award may be granted.

Signatories

You are required to supply the names and email addresses (if not already registered on the ARAMIS system) of the relevant Heads of Department at your Host and Partner Organisations. Once their contact details have been entered, these signatories will be invited to log in and confirm their participation on your application.

Once they have confirmed their participation, the Heads of Department must collaborate to provide the required joint statement in the ‘Training & Development and Research Support’ section. This
statement can be completed independently whilst you (the applicant) work on the rest of the application.

Signatories must confirm their participation and complete their joint statement before you will be able to select the ‘SUBMIT’ option.

The Heads of Department must also approve the application after you have selected the ‘SUBMIT’ option but BEFORE the application submission deadline. Please see the Submission Process Flow Diagram and Applicant Guidance Notes for further information.

The final signatory approval will result in the application being fully submitted to the NIHR. All parties (applicant, participants and signatories) will be notified of this via an automated system generated email. NIHR will not accept any applications unless fully approved by your signatories prior to the 1pm deadline on Tuesday 30th April 2019.

Required Signatories:

- **Head of Department (Host Organisation):** In agreeing to participate in this application, the Head of Department of the host organisation in which this award will be based must confirm that they support this application and that, if funded, the research and training will be supported and administrated in the named organisation and that the applicant for whom they are responsible will undertake this work.

- **Head of Department (Partner Organisation):** In agreeing to participate in this application, the Head of Department of the partner organisation in which this award will be based must confirm that they support this application and that, if funded, the research and training will be supported in the named organisation and that the applicant for whom they are responsible will undertake this work.

It is permissible for a single individual to serve as both a signatory and a participant, but they will need to be added separately under each heading.

Participants and Signatories must complete actions in respect to your application prior to submission; signatories must, additionally, approve your application after submission. All actions / approvals must be completed by the application deadline.

Once the applicant is ready, they will be able to ‘Submit’ the application for final sign off by the signatories. At this point, the signatories will be prompted to log back in to the system and approve the finalised application. The application will not be complete until all the required signatories have approved the final version. When the last signatory presses the ‘approve’ button, the application will be submitted to the NIHR Academy.

Please note that all of the steps described here need to take place before the deadline of 1pm on Tuesday 30th April 2019. No exceptions will be made.

Should you require assistance in completing the online form, please contact the NIHR Academy on 0113 532 8401 or by emailing academy-awards@nihr.ac.uk.
Stage 1 Application specific guidance

1. Application Summary Information

Host Organisation

Please give details of the organisation that will be the contractor if the project is funded.

Please note that we require the applicant’s proposed host organisation (their proposed substantive employer) to act as the contractor.

The contractor must be a recognised HEI based in England (at which the applicant proposes to register for PhD study), an NHS body based in England or any other English provider of health and/or social care services that provides at least 50% of its services free at the point of delivery (for example, a commissioned social enterprise, local authority or hospice).

The contractor must be able to provide the applicant with a substantive contract of employment for the duration of the award and be capable of fulfilling the role of research sponsor as set out in the Research Governance Framework for Health & Social Care (https://www.gov.uk/government/publications/research-governance-framework-for-health-and-social-care-second-edition).

Please also bear in mind that:

- The contractor is expected to respond to annual financial reconciliation exercises, provide the final financial reconciliation statement for the project and to provide ad hoc requests for financial information during the lifetime of the project.
- In the same way, the contractor is expected to respond to any queries relating to Intellectual Property, commercialisation and benefit realisation.

Partner Organisation

Please give details of the partner organisation that will be supporting this application.

If the proposed host organisation is a recognised HEI based in England, then the partner organisation must be an NHS body based in England or any other English provider of health and/or social care services that provides at least 50% of its services free at the point of delivery (for example, a commissioned social enterprise, local authority or hospice).

If the proposed host organisation is an NHS body based in England or any other English provider of health and/or social care services, then the partner organisation must be a recognised HEI based in England, and the HEI at which the applicant proposes to register for PhD study.

Research Title

The project title should state clearly and concisely the proposed research. Any abbreviations must be spelled out in full.

Partnership Fellowship

For the first time this year, the ICA Programme will be partnering with charitable organisations to offer jointly funded CDRFs.

The application process for these CDRFs is the same as for our standard CDRFs, and successful applicants will become members of the NIHR Academy in the same way as successful applicants for our standard CDRFs. This is in addition to any additional benefits that come from being funded by the partner charity.

Applicants interested in applying for a jointly funded partnership fellowships should take note of the
relevant charity’s criteria for partnership as described in the Applicant Guidance Notes.

**Applicants not wishing to apply for a Partnership Fellowship should select N/A from the drop-down.**

Any jointly funded fellowships will be offered at the same funding level as any other CDRF and under standard NIHR terms and conditions except where additional terms and conditions are specified by the charity partner.

Assessment of partnership fellowship applications will follow the same process as for standard fellowships, with all applications being considered alongside each other. This means that in the situation where there are more fundable applications for a partnership fellowship than there are fellowships available, the remaining fundable applications will be considered as standard CDRFs.

**Proposed WTE (including Duration)**

Fellowships can only be undertaken at one of the Whole Time Equivalence (WTE) options given. This choice dictates the duration of the fellowship being proposed.

These fellowships include a requirement that clinical practice be undertaken within them. Applicants planning a part-time fellowship in order to undertake additional (non-fellowship) clinical activity should consider the impact of this on their future academic career trajectory and, thus, on the competitiveness of their application. This is not, obviously, a consideration that individuals proposing a part-time fellowship for any other reason need 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 fellowship.

**Proposed start date if grant awarded**

Possible start dates are:

- 1st April 2020
- 1st May 2020
- 1st June 2020
- 1st July 2020
- 1st August 2020
- 1st September 2020

Fellowships can only begin on the 1st of a month, regardless of whether this is a working day or not. Please be realistic about your start date, taking account of any necessity for staff recruitment and contracting prior to starting your project.

**Research Type**

Select the appropriate research type. If you are not sure which category to select, choose the closest match to your project. Categorisations can be amended at a later date if this is required. NIHR definitions of these terms can be found here: [https://www.nihr.ac.uk/glossary](https://www.nihr.ac.uk/glossary).

**Estimated Research Costs**

Enter the total cost of funding the proposed fellowship (not including NHS Support & Treatment costs). This figure should include all costs that would be requested from the NIHR if the award is funded (e.g. salary, research costs, training and development costs). Please enter the 100% cost, irrespective of whether proposing a HEI (i.e. attracting FEC) or NHS host organisation.

For further guidance, please refer to ‘Scope of Funding’ (Page 13) and the finance guidance below.
Estimated NHS Support & Treatment costs or external (not NHS) intervention costs

Enter the total amount of NHS support and treatment costs or external (not NHS) intervention costs associated with this proposal.

Please be aware that the fellowship award will NOT include NHS Support and/or Treatment Costs. NHS Support Costs will be funded via the Comprehensive Research Networks. NHS Treatment Costs, including any Excess Treatment Costs/Savings, will be met by the NHS through normal patient care commissioning arrangements.

For definitions and explanations of NHS Support and Treatment Costs, and an explanation of the Schedule of Events Cost Attribution Tool (SoECAT) that you will be expected to use, please refer to NHS Support and Treatment Costs (Page 42).

2. Applicant CV

Applicants must, by the point of award uptake, hold registration with the professional body/council listed for their stated profession in these guidance notes and available from the NIHR website (www.nihr.ac.uk/hee-ica).

Please note that some of the responses to the questions in this section are automatically pulled through from information you have entered in the 'Manage My Details' page.

Professional Bodies

If held, registration details MUST be inputted via ‘Basic Information’ in ‘Manage My Details’ on the welcome screen of the online application management system.

Degrees and Professional Qualifications

Please give the full details of any completed higher degree(s) and, where relevant, the full details of any higher degree(s) you are currently undertaking.

Present and previous positions

When entering details of your current and previous positions please indicate at what percentage (WTE) in each post you were undertaking research. For example, if you were a Clinical Lecturer and undertook research for 2.5 days a week and clinical work for 2.5 days per week; please enter 50% for that position. If you have worked part time at 60%, and undertook research for half of that time, please enter 30% for that position. This information is used to calculate your eligibility for schemes where there are limits on the amount of post-doctoral experience an applicant can have.

Research grants held

Details of all grants obtained in the last five years should be provided, including personal research training awards or fellowships, plus any additional previous grants relevant to this application. Please indicate clearly any co-applicants and provide brief details of the nature and full extent of your involvement (e.g. project design, project management, day to day running, data collection, data analysis, writing papers for publication, etc.).

It is not necessarily expected that applicants at this level will have been awarded research grant funding as a principal investigator or as a co-applicant. If such funding has been obtained, however, then please detail it here. Please do include any applicable travel grants or small funding awards.
Publication Record

Do not include abstracts, conference proceedings or articles in preparation. If relevant, details of these may be included in the ‘Applicant Research Background’ section. Details of articles which are in press and have been accepted as final by the publisher may be included.

Applicants for doctoral fellowships are not necessarily expected to have an extensive list of publications.

Only publications relevant to your application should be included.

At the doctoral level, ‘relevance’ is not defined as pertaining to the same subject area. Any publication in a peer reviewed journal, for example, might serve to evidence a range of pertinent and applicable skills.

Relevant Prizes, Awards and other Academic Distinctions

Please provide details of any awards or distinctions that would be relevant to your application (i.e. that will inform an assessment of your potential for a clinical academic career and for clinical and academic leadership) including details of what the award was for.

ORCiD

The NIHR is an ORCID member and encourages all researchers to obtain this persistent digital identifier that distinguishes you from every other researcher. Applicants must obtain an ORCID iD and include it in their application. Without it, the application cannot be validated or submitted. For more information and to register please see http://orcid.org/.

Gender

This question is included within the application form (in addition to being asked as part of equal opportunities monitoring) to ensure we are meeting NIHR’s commitment to gender equality in relation to academic career progression. The response to this question will not be displayed to the Selection Committee.

3. Applicant Research Background

Professional background

Select the option that best describes your professional group. This will determine the options that appear below. The selection of ‘nurse’ or ‘midwife’ will result in no further options. AHPs and Other Registered Health Professionals should select their specific profession from the lists provided.

Applicants must belong to one of the ICA Programme eligible professions. The ‘Other’ profession option should only be selected by individuals with a personal special dispensation to apply from the NIHR Academy.

Please describe your research career to date – 1000 word limit

Please use this question to describe your expertise and experience to date, and how this makes you suitable for this award. Please include the following:

Research experience. Please describe any research you have undertaken, including details about the research methods you have used and a statement that indicates your exact role in the research effort. Details of any abstracts, conference proceedings or articles in preparation that you feel are
relevant to your application may also be included here.

**Clinical experience.** Please provide details of your clinical experience and its relevance to your application.

**Have you already registered for a PhD?**

Please answer these questions if you are currently undertaking a research doctorate.

If you are currently undertaking a Masters as the first phase of studying toward a PhD please also complete these research doctorate questions, prefixing the title of your research degree with ‘Masters – first phase of PhD study’.

If you have indicated that you are registered part-time for the doctorate, **the NIHR will assume that you are studying for this degree 0.5 WTE.** If this is not the case, please note this in Section 2 under ‘Degrees and Professional Qualifications’ and/or ‘Present and Previous Positions’.

**Has this application, or a similar application, previously been submitted to this or any other funding body? – 500 word limit**

Select ‘Yes’ or ‘No’ to indicate whether this or a similar application has previously been submitted to this or any other funding body. This must include any previous submissions for an NIHR research training award, even if the proposed research has changed. Please detail the title of each previous submission, the funding body, scheme and outcome or the date that this is due if a decision is pending. If the application was unsuccessful please indicate why and detail how this application differs from previous submission(s) and how any feedback received has been used to inform this application.

**Employment Breaks – 250 word limit**

Please use this question to detail any employment breaks you wish to make the Selection Committee aware of.

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**4. Plain English Summary of Research – 600 word limit**

A plain English summary is a clear explanation of your research.

Many reviewers use this summary to inform their review of your funding application. They include clinicians and researchers who do not have specialist knowledge of your field as well as members of the public. If your application for funding is successful, the summary will be used on National Institute for Health Research (NIHR) and other websites.

A good quality plain English summary providing an easy to read overview of your whole study will help:

- those carrying out the review to have a better understanding of your research proposal
- inform others about your research such as members of the public, health professionals, policy makers and the media
- the research funders to publicise the research that they fund.

**If it is felt that your plain English summary is not clear and of a good quality then you may be required to amend it prior to final funding approval.**

It is helpful to involve patients / carers / members of the public in developing a plain English summary.
Content

When writing your summary consider including the following information where appropriate:

- aim(s) of the research
- background to the research
- design and methods used
- patient and public involvement
- dissemination.

The plain English summary is not the same as a scientific abstract - please do not cut and paste this or other sections of your application form to create the plain English summary.

Further guidance on writing in plain English is available online at NIHR Make it Clear www.involve.nihr.ac.uk/makeitclear.

For further support and advice on writing a plain English summary, please contact your local Research Design Service. www.rds.nihr.ac.uk.

5. Scientific Abstract – 500 word limit

The scientific abstract should be a clear and concise scientific summary of the Detailed Research Plan / Methods.

The following is a list of potential elements / headings that might be included depending on the design of the proposed research, the setting and programme being applied to, and whether it is for primary research or evidence synthesis. It will be for researchers to decide the appropriate elements to be included in the scientific abstract and could include elements outside this list. Applicants may find the guidance on the EQUATOR Network website (www.equator-network.org) useful.

- Background
- Research question
- Aims and objectives
- Methods
- Timelines for delivery
- Anticipated impact and dissemination

6. Detailed Research Plan – 5000 word limit

Using all of the headings (in the order presented) and guidance below, please use this section to clearly explain your proposed research. As this is the main part of your application detailing your proposal, which will be considered by the Selection Committee, you should ensure that the information is accurate, succinct and clearly laid out.

The NIHR expects appropriate and relevant involvement of patients and the public and other key stakeholders in the research it supports. It is essential to set out how patients and the public will be involved over the course of the proposed fellowship. Your patient and public involvement plans will be assessed by the Selection Committee, which includes patient and public members.

Information and resources to assist you can be found on the INVOLVE website (a detailed definition of patient and public involvement in research, briefing notes for researchers on how to involve
In this section it is important that you identify all stakeholders who are relevant to your research proposal. For each stakeholder group you need to be clear about how they benefit from your proposed research and, where appropriate, how they have been involved in the development of the application, as well as the plans for their involvement in the proposed research.

If the research you are proposing includes a clinical trial, feasibility study or pilot study, or if your area of research is related to clinical trials, you are strongly encouraged to read the **NIHR Clinical Trials Guide for Trainees** before starting an application.

The academic and clinical training plans, and the plan for clinical practice within fellowship time should be included in the ‘Training & Development and Research Support’ section.

1. **What is the problem being addressed?**

Provide a clear explanation of the health problem to be addressed, the impact on patients as well as health and care services, and how this research would fill a demonstrable evidence gap.

2. **Why is this research important in terms of improving the health and/or wellbeing of the public and/or to patients and health and care services?**

It is essential that you clearly identify the health and care need your research meets or contributes to. Please outline the anticipated value or contribution the study will provide.

3. **Review of existing evidence - How does the existing literature support this proposal?**

Explain why this research is needed now, both in terms of time and relevance. We will only fund primary research where the proposed research is informed by a review of the existing evidence.

4. **What is the research question / aims and objectives?**

Please summarise the research question / key aims and objectives.

5. **Project Plan**

Provide an expert description of the project plan of investigation plus any additional points required to support statements made in the previous sections, and include any key references required to justify the points made (e.g. in the use of particular outcome measures or methods of analysis). You should include where applicable; study design, justification of sample size, selection and exclusion criteria, methods of data collection and analysis, and justification for your choice of methodology.

6. **Dissemination, Outputs and anticipated Impact**

The purpose of this section is for the applicant to describe what the outputs of the research might be, how and who they will talk to and what impact there might be. NIHR understands that the impact of any research may take time to be realised and will likely involve other funders and institutions. In many cases it may be difficult to provide definitive answers or any guarantees. However, addressing the below questions will allow you to describe what you hope or expect the pathway to impact to be, what might prevent impact and who else might be involved.

**What do you intend to produce from your research?**

This could include but is not limited to:

- Conference presentation or other workshop events;
- Publications (academic or otherwise);
• Guidelines (clinical, service or otherwise);
• Other copyright (e.g. questionnaires, training aids, toolkits, manuals, software, etc);
• New or improved design of medical devices or instrumentation;
• New or improved diagnostic;
• Trial data that could be used to support a CE mark, market authorisation or equivalent;
• Trial data that could be used to shape or influence a healthcare market or government;
• Potential new drug or healthcare intervention.

Please provide brief details of each of the anticipated outputs.

How will you inform and engage patients, NHS and the wider population about your work? Describe your plans for disseminating this research. If you have not yet made plans, please outline at what stage in your project you intend to start formulating these.

How will your outputs enter our health and care system or society as a whole? Describe how any new or improved outputs generate through the proposed research will be recognised, captured, managed and use directly in the health and care service or wider society. This might be through commercial exploitation or other non-commercial routes or means. If the output(s) from your research are likely to be commercial, describe the proposed route to market and by whom, or how you plan on developing this.

What further funding or support will be required if this research is successful (e.g. From NIHR, other Government departments, charity or industry)? This should be linked to the responses to the questions above.

What are the possible barriers for further research, development, adoption and implementation?

• Will the proposed research use data, technology, materials or other inventions that are subject to any form of intellectual property protection (e.g. copyright, design rights, patents) or rights owned by another organisation(s)? If yes, provide brief details including how such third party IP will be accessed (e.g. collaboration agreement, drug supply agreement).

• What are the key current and future barriers to uptake of any likely output or innovation directly in the health and care service, through commercial exploitation or other means, e.g. potential regulatory hurdles?

What do you think the impact of your research will be and for whom? Describe the anticipated impact of the expected outputs on the health and care of patients, the public, and on health and care services in the short, medium and long term in terms of: patient benefit; changes in NHS service (including efficiency savings); commercial return (which could contribute to economic growth). Indicate the anticipated timescale for the benefits to reach patients, the public and services, providing a quantitative estimate of the scale of these potential benefits, if possible.

7. Project Management

Please outline the processes that will be put in place ensure the research described will be well managed. This should complement your research timetable upload (see ‘10. Uploads’ below) and include:
the management structure that will ensure that milestones are achieved in a timely manner;
- a description of how you intend to manage the project;
- the meetings schedule;
- the financial management of the award.

8. Ethics

Please describe any ethical issues your research project raises and how you intend to address these. Research requiring ethical approval must have the appropriate approvals in place before it can commence. Further guidance on the approval process is available from the Health Research Authority (HRA) ([http://www.hra.nhs.uk/about-the-hra/our-committees/](http://www.hra.nhs.uk/about-the-hra/our-committees/)). The MRC and the HRA have designed a tool to help you decide whether you need ethical approval, which you can find here: [http://www.hra-decisiontools.org.uk/ethics/](http://www.hra-decisiontools.org.uk/ethics/). However, if you are unsure whether your research requires ethical approval please contact the HRA directly and they will be able to advise.

9. Success Criteria

Please set out the measurements of success you intend to use and also the key risks to delivering this research and what contingencies you will put in place to deal with them. This section should identify appropriate actions that would reduce or eliminate each risk or its impact.

7. Training & Development and Research Support

Proposed training and development programme – 1000 word limit

Whilst the principal purpose of the training and development plan should be to afford the applicant with the skills needed to successfully undertake the proposed fellowship, it is permissible that limited elements of the plan serve primarily to support the applicant's wider and longer-term career aspirations, both as an academic and clinical leader.

Please describe the following:

**Proposed formal study**

Detail the formal training that you will receive and how it will meet your training needs. This is most likely to be the formal taught element of a PhD programme.

**Details of any academic training and development you wish to undertake in addition to the 'Proposed formal study' to support your personal and professional development as a researcher and clinical academic.**

The training should include any specialist skills that may be required to undertake the proposed research and should also address research capacity development.

It is expected that the training will equip you with a detailed understanding of research governance and the principles that underpin research including: research design; a variety of research methods; statistics; data analysis/interpretation; and presentation of research findings.

A timetable and milestones for the proposed training programme should be included.

**Details of any clinical training and development you wish to undertake to support your personal and professional development as a clinician and clinical leader.**

A key feature of this fellowship is that successful applicants are supported to develop clinical skills as well as research skills. Applicants must be able to demonstrate how they will develop their skills as a clinician over the period of the fellowship. Applicants need to take into account their current skill level and need to propose a clinical development plan that is appropriate for their level of clinical seniority. If applicants are senior clinicians they may choose to demonstrate in their application ways in which they will maintain rather than develop their clinical skill levels.

You may wish to consider whether the research activity and research training proposed in your
application (which may be integrated with, based in, or focused on clinical practice) might be further utilised to develop or maintain clinical skills and/or professional development as a clinician.

**Details of the clinical practice that will be undertaken over the course of the fellowship.**

It is expected that approximately 20% of salaried fellowship time will be spent undertaking clinical practice, clinical training and professional development. The majority of this time will, realistically, be spent undertaking clinical practice, and this practice should be selected with a view to maximising the clinical experience that it will afford the fellow. Fellows are not limited to practice within a single clinical setting, and applicants are encouraged to negotiate as diverse a range of responsibilities as is appropriate with their clinical host, perhaps through a range of clinical secondments.

**Supervision – 250 words per justification of participation**

- **Primary Doctoral Supervisor**

  Give details of the proposed Primary Doctoral Supervisor.

  Describe their experience of PhD supervision to date (how many PhDs they have supervised to completion) and how the proposed project aligns with their current research programme and expertise.

  Careful thought should be given to the practicalities of effective continued supervision by this individual. The award will not cover any fees the supervisor may wish to charge the applicant.

- **Additional Academic Supervisor:**

  Give details of each proposed Additional Academic Supervisor (up to 2).

  Describe their experience of PhD supervision to date (how many PhDs they have supervised to completion) and how the proposed project aligns with their current research programme and expertise.

  Careful thought should be given to the practicalities of effective continued supervision by this individual. The award will not cover any fees the supervisor may wish to charge the applicant.

- **Clinical Supervisor:**

  Give details of each of the proposed Clinical Supervisor(s) (up to 3) who will provide you with clinical supervision during your Fellowship. As well as supporting the development of your clinical skills connected with your research, it would be advantageous for this/these individual(s) to be able to support and advise you on your broader professional development appropriate to your career stage.

  The award will not cover any fees the supervisor(s) may wish to charge the applicant.

All of the individuals you list here must be detailed within the ‘Participants and Signatories’ section of the application form. **The award will not cover any fees the supervisors may wish to charge the applicant.**

**Collaborations – 600 word limit**

Explain what collaborations you intend to establish to support your research and, if applicable, your training and development programme. This may involve short visiting placements (e.g. an Overseas Research Visit), or secondments in new (to the applicant) research environments, e.g. clinical trials units or NIHR Biomedical Research Units / Centres.

The NIHR is particularly keen to enhance the cadre of researchers equipped to work at the university/NHS/industry interface, translating ideas into new treatments and products from which patients can benefit. Therefore, where appropriate, you should consider any industry collaborations you may wish to establish during the course of your Fellowship. You should include; the training and development the collaboration will provide; the facilities and expertise you will have access to; and
how the collaboration will strengthen links between academia, industry and the NHS.

### Host Organisation support statement – 1000 words

The Heads of Department of the host organisation and the partner organisation are required to complete this section jointly. The statement should detail how the organisations are going to support the applicant in partnership to successfully complete their research and the training and development programme. This statement should be tailored to the applicant, their research and training needs, and include how the organisations intend to support the applicant to develop their clinical academic career in the long-term.

The statement should also describe the nature of the partnership between the organisations in relation to how they will facilitate a sustainable wider clinical academic career infrastructure for non-medical healthcare professionals.

The Heads of Department will be able to access this section of the form once they have confirmed participation. Invitations to participate are sent by the applicant via the ‘Participants and Signatories’ section of the form.

### 8. Uploads

To support your research plan you are able to upload the following documents in the ‘uploads’ section of the form:

**Optional Upload:**

**Figures/Tables**

1 A4 page of figures/tables may be included to supplement your research plan. All submitted figures should be referred to within your research plan (e.g. see figure 1; see figure 2). These figures are restricted to tables/diagrams/images/illustrations; figures that contain only text will not be considered. Each figure should be accompanied by a short descriptive legend.

**Mandatory Uploads:**

**References**

1 A4 page listing all references cited in the application.

**Research timetable**

1 A4 page detailing specific milestone and deliverables. Please only upload a single image of a table or Gantt chart.

**CTU letter of support (if applicable)**

If a CTU has supported the application and/or will support the proposed fellowship, please include a supporting letter from that CTU. The letter should describe the input of the CTU to the proposal and the continuing support they will provide over the course of the Fellowship.

If any upload is longer than a single page, only the 1st page of that upload will be considered.

All uploads must be made in Adobe PDF format.
9. Participants and Signatories

A number of participants and signatories are required to be added to your application and, where applicable, to complete sections of it. Details of the required individuals are provided on the online application form. The flow diagram in Annex B details the actions required of participants, signatories and the applicant.

10. Acknowledge, review and submit

Conflict checks – 300 word limit

Please declare any conflicts or potential conflicts of interest that you may have in undertaking this research, including any relevant, non-personal & commercial interest that could be perceived as a conflict of interest.

Agreement to terms and conditions

Please click the check box to confirm you agree to the Terms and Conditions of submission as detailed on the application form.

Checklist of information to include when submitting a NIHR stage 1 research application

Applicants should use list below to check that they have included the necessary information prior to submitting their application.

- A good quality Plain English Summary [www.involve.nihr.ac.uk/makeitclear](http://www.involve.nihr.ac.uk/makeitclear)
- A clear explanation of the problem being addressed
- A clear demonstration of the need and importance of the research
- A review of existing literature (primary research)
- A clear research question / aim(s) and objectives
- A clear project plan summarising the study design and methods
- Appropriate and relevant involvement of patients and the public [www.involve.nihr.ac.uk](http://www.involve.nihr.ac.uk)
- A clear, appropriate and relevant plan for dissemination
- A single A4 page of references (document upload)
Guidance for completing the Stage 2 (post-shortlisting) application form

Applicants shortlisted for interview will be required to complete a Stage 2 application. As when submitting a Stage 1 application form, your application will need to have been submitted to participants and signatories and they must have signed off the application in advance of the deadline.

Deadline for submission of the fully approved Stage 2 application to the NIHR
1pm on Thursday 5th September 2019

Participants:

- **Research Contract Officer:** A Research Contract Officer at the Host Organisation must confirm that they have read the Applicant Guidance Notes for the relevant NIHR scheme and the standard NIHR contract and confirm that the Host Organisation would be willing to accept an award according to the published terms and conditions of the NIHR standard contract.

- **Sponsor:** If the award includes a clinical trial then an authorised representative of the organisation that will sponsor the clinical trial outlined in this application must confirm that the organisation supports the application and has, where applicable, confirmed with the CTU named in this application that they support this application and the arrangements for managing the trial.

- **NHS or Partner Facilities:** A representative of the NHS or other partner facilities must agree to participate in this application if any NHS support or treatment costs are being incurred as part of the research. The representative of the NHS body incurring any NHS Support and Treatment Costs must confirm that they will ensure that all NHS Support and Treatment Costs in the application are correct and the aforementioned organisation is prepared to meet these costs.

Required Signatory:

- **Host Organisation Administrative Authority or Finance Officer:** The Administrative Authority or Finance Officer for the employing host must confirm that they will ensure the accuracy of the financial details of the application and that the host organisation is prepared to carry out this research at the stated costs and to administer the award if made.

It is permissible for a single individual to serve as both a signatory and a participant, but they will need to be added separately under each heading.

Once all participations (including that of the signatory) have been confirmed, the applicant will be able to ‘Submit’ the application for final sign off by the signatory. At this point, the signatory will be prompted to log back in to the system and approve the finalised application. **The application will not be complete until the required signatory has approved the final version.** The application will only be submitted to the NIHR once the signatory presses the ‘approve’ button.

Please note that all of the steps described here need to take place before the deadline of 1pm on Thursday 5th September 2019. No exceptions will be made.
Stage 2 Application specific guidance

Patient and Public Involvement

Please describe how patients and the public have been involved in developing this proposal – 350 word limit

You should describe who has been involved and why this is appropriate, what role(s) they have they played and what influence or change has happened as result of their involvement.

Please describe the ways in which patients and the public will be actively involved the proposed research, including any training and support provided – 350 word limit

INVOLVE has developed guidance both on how patients and public can be involved http://www.invo.org.uk/posttypepublication/involve-briefing-notes-for-researchers/ and the processes, procedures and values necessary to support this involvement www.invo.org.uk.

Patients and public can be involved in every stage of a research project, from developing a proposal through to dissemination and evaluation.

In your description you will need to say who will be involved and why.

Explain why your approach to public and patient involvement is appropriate for this proposal

Describe how you will support and enable patient and public involvement in your research (e.g.: payments, training).

If it is considered not appropriate and meaningful to actively involve patients and the public in your proposed research, please justify why – 350 word limit

Complete / justify as necessary.

Management and Governance

Please complete the check boxes as appropriate.

Detailed Budget

Justification of Costs

Please provide a breakdown of research costs associated with undertaking the research and provide justification for the resources requested. This should include the following costs: staff costs, travel and subsistence, dissemination costs, equipment (including lease versus purchase costs), consumables, patient and public involvement (PPI) and any other direct costs. For help with estimating PPI costs please see the INVOLVE cost calculator available at http://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/.

When justifying staff costs you should also provide the % amount of time input of each member of staff and link this to the specific area/work package of the proposed study where this input will be taking place.

You should indicate here how this research might benefit the NHS and/or public health. For
example, where appropriate, describe the likely cost savings or benefits in terms of numbers of patients treated, treatment times etc.

You should describe the value for money of the conduct of the proposed research.

Please provide a breakdown of the NHS costs associated with undertaking the research and provide justification for the resources required. If there are no NHS Support or Excess Treatment Costs associated with the research you must explain why you think this is the case.

Please provide a breakdown of any non-NHS intervention costs and provide justification for the resources required. Non-NHS intervention costs should include costs incurred in delivering the intervention that would continue to be incurred after the trial, should the intervention become standard care.

**Detailed Budget Breakdown**

The finance section should provide a breakdown of costs associated with undertaking the research as described in the proposal.

**General Information**

The information entered in this section should provide an analysis of the total funds requested to undertake the research proposed and should be based on current prices. These costs will be used to assess value for money.

It is in the best interest to undertake a thorough, realistic and accurate costing. Where an outline/stage 1 application has been produced and this is the full stage 2 application, the Selection Committee will pay close attention to any material increase in costs. You must provide a clear and full justification for all costs including NHS costs. You must also ensure that you include all costs including those required to secure good research management.

Costs must be provided at current prices. An adjustment for inflation will be made annually thereafter at rates set by the Department of Health. Whilst allowances for incremental increases should be included on the form, nationally or locally agreed pay increases should be excluded.

Years should be calculated starting from the anticipated start date of the proposed research. For example, if your research is expected to start on 01 June 2020 then its second year starts 01 June 2021.

Further itemisation of costs and methods of calculation may be requested to support the application at a later date.

Payments will be made to the contracted organisation only, and the contracted organisation will be responsible for passing on any money due to their partner organisation(s).

Appropriate sub-contracts must be put in place for any element of the award that is to be paid to another organisation.

NHS Support Costs are funded via Clinical Research Networks. Researchers should contact their local NHS R&D Department initially and, if they are unable to help directly or if there is no local NHS R&D Department, contact their Local Clinical Research Network. Further details about CRN contacts are available at: [https://www.nihr.ac.uk/nihr-in-your-area/local-clinical-research-networks.htm](https://www.nihr.ac.uk/nihr-in-your-area/local-clinical-research-networks.htm).

All applications are expected to have appropriate NHS, HEI, commercial and other partner organisation input into the finance section of the application form.

There is no need to individually itemise costs, except equipment costs, where the total is below £1,000.
Information on different types of organisations

Higher Education Institutions (HEIs)

Higher Education Institutions (HEIs) should determine the Full Economic Cost (FEC) of their research using the Transparent Approach to Costing (TRAC) methodology. For HEIs, up to 80% of FEC will be paid, provided that TRAC methodology has been used.

NHS bodies and other providers of NHS services in England

For applications where the contractor is an NHS body or provider of NHS services in England, up to 100% of direct costs will be paid.

If you are a commercial organisation/consultancy, please fill in direct costs and commercial indirect costs. Indirect costs should be charged in proportion to the amount of research staff effort requested on the funding application form. Up to 100% of costs will be paid.

Other Partner Organisations

If you are an other partner organisation (e.g. charity or NGO), please fill in direct costs and other partner organisations indirect costs. Indirect costs should be charged in proportion to the amount of research staff effort requested on the funding application form. Up to 100% of costs will be paid.

STAFF DETAILS

Details of posts and salaries

This section presents an overview of salary costs for the applicant and other support/shared staff contributing to the research, including normal salary increments broken down individually.

Please state the proposed salary point and scale at the start of the fellowship. Please note immediate promotion to a higher grade as a result of securing a fellowship will not be funded. Please do not include any Clinical Excellence or Discretion/Merit awards or discretionary points.

Please include all members of staff working on the research by clicking ‘add staff details’ or editing a current one. Where applicants are already receiving salaries funded by NIHR, these should be declared in the application.

The Apprenticeship Levy can be included in the salary costs from 1st April 2017 where relevant.

DIRECT COSTS

These are costs that are specific to the research, which will be charged as the amount actually spent and can be supported by an audit record. They should comprise:

Salary costs.

This section specifies the annual costs of the applicant and other staff contributing to the research. You should now allocate the individual staff member costs to each year of the research, allowing for increments. Use current rates of pay, and build in any known annual increments (again at current rates). You will not be able to claim for pay awards retrospectively, once your research is underway.

Please note the salary figures need to be calculated using the current annual costs, WTE and number of months. If the research lasts for several years and an individual’s involvement varies over the course, it may be necessary to explain fully in the justification of costs section the WTE and months per year for an individual staff member.

It is important to double check that the WTE, total months and yearly costs information are consistent with the information presented in ‘Details of Posts and Salaries’ (‘Details of Posts and Salaries’ should
show the full current staff costs independent of WTE etc, whereas the yearly costs in ‘Salary Costs’ depend on WTE etc).

Please ensure that you check the ‘Type of Cost’ box which describes the employing organisation for a member of staff as this impacts on the level of funding provided. Staff employed by a Higher Education Institution (HEI) are funded at 80% of cost and staff employed by NHS, commercial or other partner organisation at up to 100% of cost.

Please note that this section also includes ‘Shared Staff Costs’ which is located under directly allocated costs in some other funders’ applications. These are costs of an institution’s research resources which can be charged to the research on the basis of estimated use, rather than actual costs. These may include: IT technicians, laboratory staff, and costs of pooled staff efforts. HEI indirect costs cannot be claimed on these shared costs.

The NIHR reserves the right to question any costs deemed excessive, and will not fund:

i. Contributions for individuals providing research support (previously referred to as mentors), supervisors and/or other collaborators involved in the research
ii. Administrative or secretarial support
iii. Whole or significant percentages of support posts over and above those permitted by the scheme
iv. Technical or research support staff whose costs are funded through institutional indirect costs (HEIs only)

Travel, subsistence and conference costs.

This section includes journey costs, subsistence costs and conference fees. Where applicable, you will need to include the travel and subsistence costs of your Project Advisory Group, Steering Committee and/or Data Monitoring & Ethics Committee. Travel and subsistence costs relating to dissemination should also be included here, as should costs relating to overseas travel. Where applicable, you will need to include the travel and subsistence costs relating to meetings with individuals providing research support. Please note that mentors’ (including supervisors and individuals named as providing research support) expenses will not be funded.

If a cost relates to travel, subsistence or fees for a conference please select ‘conference’. Costs relating to conference attendance will be funded at up to 100% for all employing/host organisation types, but support is capped at £3000. Conference costs don’t need to be individually itemised for each conference. The justification box should detail the conferences the costs will cover.

Journey Costs

Enter the total cost of transport for all journeys for destination/purpose. If travel is by car, apply your institution’s mileage rates (however this should not exceed HMRC approved mileage allowance payments, which is 45p per mile for the first 10,000 miles and 25p thereafter).

Travel by the most economic means possible is encouraged. NIHR programmes do not usually fund first class travel.

Subsistence

Subsistence covers accommodation (if necessary) and meals associated with the travel, excluding any alcoholic beverages.

Conference Fees
There is a **£3000 limit** on the amount that can be requested in support of conference attendance related costs (including all related travel and subsistence as well as conference fees).

**Equipment**

Essential items of equipment plus maintenance and related costs not included as part of estates should be input in this section. These can be lease or purchase costs. The purchase cost of pieces of equipment, valued up to £5,000 excluding VAT, will be considered.

**Pieces of equipment costing more than £5,000 to purchase will usually need to be leased.**

Where applicants are leasing equipment with a purchase price of more than £5,000, a comparison of leasing verses purchasing costs must be provided in the ‘Justification of Costs’ section.

Items of equipment valued at £250 or more must be itemised separately; however grouping same type equipment is permitted. **Costs of computers are normally restricted to a maximum of £650** excluding VAT and a statement of justification must be included, in the relevant ‘Justification of Costs’ section for any purchase above this limit.

Equipment must exclude VAT, but if your organisation is unable to reclaim/recover the VAT on a piece of equipment, you should check the box ‘VAT cannot be reclaimed’.

You will need to seek expert advice from the organisation purchasing the equipment regarding its VAT status. If you check the ‘VAT cannot be reclaimed’ column, VAT at 20% will automatically be calculated into the overall cost of that item.

**Consumables**

This section includes non-reusable items specific to the research. Please itemise and describe the requirements fully (e.g. postage, stationery, photocopying). These items should be research specific, not just general office costs which should be covered by indirect costs.

**Patient and Public Involvement**

Please itemise and describe fully the costs associated with Patient and Public Involvement. These are likely to include out of pocket expenses, payment for time and any relevant training and support costs.

INVOLVE have produced a number of useful payment-related resources which can be found at the following link:


**Other Direct Costs**

These are costs, not identified elsewhere, that are specifically attributed to the research. For example, costs associated with the use of research facilities, external consultancy costs, computer licensing, recruitment and advertising costs. Please note that for organisations claiming indirect/overhead costs, costs such as recruitment of staff, and general training (e.g. in common IT packages) are costs that should be covered by the indirect costs element of the award being sought and should not appear in this section.

If external consultancy costs are included in this section they must be fully justified in the ‘Justification of Costs’ section. Please specify the hourly rate and the number of hours and note that consultants must not be people who are already employed by the applicant's institution. If they are, any costs should be entered as direct costs in the ‘Details of Posts and Salaries’ and ‘Annual Costs of Posts’ sections.
Note on CTU costs in Personal Training Awards

Costs claimed should be for the additional support from the CTU for the necessary expertise that the trainee cannot provide themselves. For example, part time support from a trial manager, database manager, and statistician are all costs that could potentially be included. The level of support and input from the CTU will likely vary depending on the level of fellowship and experience of the applicant. For example, doctoral applicants will be expected to be undertaking the majority of the day-to-day tasks involved in running a trial, with oversight from a more senior member of CTU staff (though specialist input in database programming may be needed). For more senior post-doctoral awards it may be more appropriate for other members of staff to be undertaking some of the day-to-day tasks. This also very much depends on the experience and expertise of the applicant and the applicant’s training needs and should be agreed with the CTU before submitting an application. These costs should all be agreed with the CTU and budgeted for. Staff costs should be detailed under the ‘other direct costs’ section. Staff costs should include basic salary and on-costs for each member of staff involved and it should be made clear within the justification section what role each member of staff has within the context of the personal award application and the time they will spend on the award. Please note that because NIHR Fellowships and other research training awards are personal awards and not project or programme grants we can't fund whole or significant portions of posts other than that of the applicant themselves and their support staff member (where applicable).

We would not normally expect the time commitment of any individual costed into the application other than the applicant to exceed 0.3 WTE. In total we wouldn’t normally expect the total WTE of all staff costed into the application to support clinical trial activities to exceed 1 WTE (excluding the applicant). The level of additional staff input will obviously depend on the type and scope of the trial and the experience of the applicant. Full justification should be provided for all staff costs requested. Overheads (estates and indirect costs) can be included for CTU staff costed into the application. The justification section should split out the overheads from the salary costs and overheads shouldn’t exceed 40% of the total CTU staff cost.

Any costs must be realistic in order to deliver the trial but must also represent value for money. Applicants can also include non-staff costs for the CTU for example; randomisation service, and license fees for clinical data management software.

Note on dissemination costs (in addition to conference costs)

Open Access Costs

During the course of your project and throughout review and publishing phase you may choose to submit an article based on your research to an Open Access publication. Depending on the publication you may be subject to an article processing charge (APC). APC rates vary but are usually within the range of £300 and £3000. Open Access publications usually list their APC rates on their websites.

Where possible you should include an estimate for any APC in your funding application, since NIHR expects that APCs will be covered by the funding award.
Other Dissemination Costs
Any large costs should be further detailed with a breakdown of constituent parts or a timescale profile of the costs. Meetings to share best practice, training events and events to disseminate research findings must be run at the lowest possible cost with minimal catering. ‘Conferences’ which are described as such are not eligible for funding.

Training and Development
All costs in this section will be funded at up to 100% for HEI, NHS and Commercial/Other Partner organisations. Please itemise and describe fully the costs associated with training and development. Please provide estimates if exact costs are not available at the time of application. Any travel and subsistence associated with training and development including overseas research visits should not be included here and should be included in the travel section of the form.

Applicant PhD Tuition Fees
NIHR will make an estimated maximum contribution of £4,327 per year, based on the Research Council UK indicative fee level for 2018/19.

Training programme, short courses and workshops
These are costs relating to the applicant’s training programme.

Overseas Research Visits.
Please provide costs for any overseas research visits that the applicant wishes to undertake during the course of the award. The NIHR will consider overseas research visits on an individual basis and reserves the right to limit expenditure. Overseas visits (excluding conference attendance) are normally restricted to one visit per Fellowship and a maximum duration of 3 months.

INDIRECT COSTS/OVERHEADS

HEI Indirect Costs
Total HEI indirect costs must be fully justified. HEIs are permitted to claim estate and other indirect costs. These costs are calculated on the basis of TRAC methodology. Proposals from other types of institutions/organisations should leave this section blank.

HEI indirect costs are based on the number of full-time equivalent research staff working on the research and the indirect/estates charges set by an institution. Please note HEI indirect costs cannot be claimed on shared staff costs. Where staff from more than one HEI are working on the research there may be different indirect/estates charges for each one. Please list each institution on a separate line.

The applicant should consult their HEI Finance Departments for the appropriate figures to include in the estate charges and other indirect cost sections.
**Commercial/Other Partner Organisation Indirect Costs**

Commercial/Other Partner Organisations can claim indirect costs which are the costs of resources used by the research that are shared by other activities. Please seek advice from your finance department about the appropriate cost for this section.

Total Commercial/Other Partner Organisation indirect costs must be fully justified.

Indirect costs will be charged in proportion to the amount of research staff effort requested on the award. Commercial/Other Partner Organisations should calculate them, using their own cost rates.

They comprise:

- General office and basic laboratory consumables
- Premises costs
- Library services/learning resources
- Typing/secretarial
- Finance, personnel, public relations and departmental services
- Usage costs of major research facilities
- Central and distributed computing
- Charge out rates for shared equipment
- Cost of capital employed

**NHS SUPPORT AND TREATMENT COSTS (incl. Excess Treatment Costs/Savings)**

The finance section includes a section that asks researchers to provide an estimate of the patient care costs associated with the research (if applicable). An explanation of why these costs are being incurred and the basis on which the estimations have been made should be fully detailed under the relevant ‘Justification of Costs’ section.

The Selection Committee will take NHS Support and Treatment Costs into account when considering the value for money of the research. It is important that you consider these costs and discuss them with the NHS bodies or providers of NHS services involved in order to avoid any delay in commencing the research.

Please be aware that the research award does NOT include NHS Support and/or Treatment Costs. NHS Support Costs will be funded via the Clinical Research Networks. NHS Treatment Costs, including any Excess Treatment Costs/Savings, will be met by the NHS through normal patient care commissioning arrangements.

A representative of the NHS body or provider of NHS services - incurring any NHS Support and Treatment Costs - must sign off the application. The ‘Declarations and Signatures’ page is intended to ensure that the aforementioned organisation is satisfied that all NHS Support and Treatment Costs in the application are correct and is prepared to meet these costs.

**Please note that as part of the work to address the issues surrounding the way in which Excess Treatment Costs are funded, new arrangements are now being implemented as part of a pilot.** To underpin the new arrangements, a cost attribution tool has been created by the Health Research Authority (HRA) in partnership with charity funders and research sponsors. This tool provides a standardised approach across England, ensuring that the attribution of study activities complies with the Department of Health and Social Care Guidance on Attributing the Costs of Health and Social Care Research and Development (AcoRD). As part of their funding applications, researchers are required to complete this new tool, known as a Schedule of Events Cost Attribution Tool (SoECAT) for clinical research, which has been developed from the current HRA Schedule of Events. This tool is designed to capture the different costs associated with clinical research and
attribute them accordingly. The totals for excess treatment costs and NHS support costs calculated by using the SoECAT can be entered directly into the application form.

Researchers and/or their study teams and Research Sponsor/Lead NHS Provider (e.g. R&D office/Clinical Trial Unit) are supported by AcoRD Specialists in the Local CRN to verify the accuracy of the SoECAT. For more information please see the NIHR CRN Routemap available at:

https://www.nihr.ac.uk/funding-and-support/study-support-service/resources/supporting-research-in-the-nhs.htm

Under the new arrangements, sign off via the LCRN AcoRD Specialist is required to confirm the study attribution complies with the Department of Health and Social Care AcoRD guidance. This early attribution support will underpin the excess treatment cost management process by providing formal sign off, supporting the role of the research sponsor and lead R&D office or Clinical Trial Unit. Completion of the Schedule of Events Cost Attribution Tool will be required for studies eligible for the NIHR portfolio and the support this provides, which will include access to excess treatment cost payments under the new arrangements. This ETC value, alongside recruitment activity in the NIHR Central Portfolio Management System, will then be utilised to inform the payments to NHS providers.

A completed Schedule of Events Cost Attribution Tool (SoECAT) is now required to be uploaded and submitted as part of the application submission for all applications. The SoECAT must be signed off by an AcoRD Specialist even where there are no excess treatment costs.

More information can be found here

Download the supporting guidance for researchers, study teams and sponsors to complete the SoECAT

Download a preview of the Schedule of Events Cost Attribution Tool (SoECAT)

NHS Support Costs

These are the additional patient care costs associated with the research, which would end once the R&D activity in question has stopped, even if the patient care service involved continues to be provided. These might cover items such as extra patient tests, extra in-patient days and extra nursing attention. Applicants should contact their local NHS R&D Department initially and, if they are unable to help directly or if there is no local NHS R&D Department, contact their Local Clinical Research Network (LCRN) for advice on NHS Support Costs. Further details about LCRN contacts are available at https://www.nihr.ac.uk/nihr-in-your-area/local-clinical-research-networks.htm.

NHS Treatment Costs

Please read the following guidance on the funding of excess treatment costs prior to completing your application https://www.england.nhs.uk/ourwork/research/etc/

These are the patient care costs that would continue to be incurred if the patient care service in question continued to be provided after the R&D activity has stopped. In determining NHS Treatment costs you must assume that the patient care service being assessed will continue even though there may be no plans for it to do so. Where patient care is being provided which differs from the normal, standard, treatment for that condition (either an experimental treatment or a service in a different location from where it would normally be given), the difference between the total Treatment Costs and the costs of the “usual standard care” (if any) constitutes Excess Treatment Cost/Saving, but is nonetheless part of the Treatment Cost, not an NHS Support or Research Cost. These costs should be determined in conjunction with your NHS body or provider of NHS services and their commissioners.

Please note if the patient care intervention under investigation is in addition to usual care there is no need to complete the ‘Usual Treatment Costs’ section however this will need to be justified in the
relevant ‘Justification of Costs’ section. If the patient care intervention under investigation either wholly or partially replaces usual care, the ‘Usual Treatment Costs’ section must be completed.

For further information, please see:

Attributing the costs of health and social care research and development (AcoRD)

HSG(97)32: Responsibilities for meeting patient care costs associated with research and development in the NHS

SUMMARY OF COSTS

- NIHR programmes currently fund HEIs at a maximum of 80% of full economic cost, NHS bodies and other providers of NHS services in England 100% and commercial/other partner organisations at 100%.

- Please note that whilst these percentages will be used to calculate the maximum grant payable, the programme reserves the right to award a grant for less than this maximum where it is considered appropriate.
Additional Supporting Information

Plagiarism in NIHR funding applications
NIHR expects all content within applications for funding to be original material of the applicant's own work, with the exception of sections that other participants are required to complete. Whilst we anticipate and expect that applicants will get help and advice from various sources when putting together an application, including on occasion input from those previously awarded funding, care must be taken to ensure this does not lead to plagiarism of either published work or other previous applications. If an allegation of plagiarism is raised against an application this will be investigated in accordance with NIHR Academy’s policy on plagiarism, a copy of which is available on request from academy@nihr.ac.uk.

Data Protection
The Department of Health and Social Care, National Institute for Health Research (DHSC NIHR) is the Data Controller under the Data Protection Act 1998 (‘the Act’). Under the Data Protection Act, we have a legal duty to protect any information we collect from you. You should be aware that information given to us might be shared with other DHSC NIHR bodies for the purposes of statistical analysis and other DHSC NIHR research management purposes. NIHR also reserves the right to share, in confidence, details of your application with other approved research funding organisations outside NIHR, and peer reviewers for the purposes of selection and assessment, in order to coordinate research activity in the UK.

Information collected from you will not be passed to any third party outside the NIHR except specifically as detailed above without your consent except where we are under a statutory obligation or entitled to do so by law. Applicants may be assured that DHSC NIHR is committed to protecting privacy and to processing all personal information in a manner that meets the requirements of the Act.

Data Security
Personal information will be held on a secure network with strictly controlled user access. Your details will be retained by the NIHR Academy on behalf of the Department of Health and Social Care to facilitate the running of our programme. If your application is successful your name, and the details of the host organisation, will appear on the NIHR website (www.nihr.ac.uk). In addition, once funding has been agreed and the contract signed, your details will appear in other literature as an award holder and will be passed to the Department of Health and Social Care (DHSC) for inclusion in their publicly available databases of research projects. Your name will be added to our mailing list. This means that you will be sent updates on all the programmes. We may also send you separate literature about the NIHR research training programmes and related events in health research. If you have any questions, or if you would prefer not to receive routine and/or general communications, please contact us at: academy@nihr.ac.uk.

NIHR Privacy Policy
The privacy policy sets out how the NIHR uses and securely protects any information that you give us when you use the ARAMIS online system and other websites, systems and services of organisations that are contracted to the Department of Health and Social Care to improve the health and wealth of the nation through research.

The NIHR may change this policy from time to time. You may check the latest document content at any time by visiting the privacy policy page of the NIHR website at http://www.nihr.ac.uk/privacy-policy.htm.

International Standard Randomised Controlled Trial Number (ISRCTN)
All primary research studies need to be assigned an ISRCTN. You can view the ISRCTN website at: www.isrctn.org/. Please note that the remit of this database has been widened to include all primary research projects, even those that are not randomised controlled trials. There is no registration fee for NIHR funded trials.

Requirements for systematic reviews to be registered with PROSPERO
Applicants undertaking systematic reviews should note the commitment of NIHR to publication in the database. PROSPERO was developed by the NIHR’s Centre for Reviews and Dissemination (CRD), and is the first online facility to register systematic reviews for research about health and
social care from all around the world. Access is completely free and open to the public. PROSPERO registration is a condition of NIHR funding for eligible systematic reviews. Link to PROSPERO website: http://www.crd.york.ac.uk/prospero/.

**UK Biobank**

UK Biobank is a major national health resource, and a registered charity in its own right, with the aim of improving the prevention, diagnosis and treatment of a wide range of serious and life-threatening illnesses – including cancer, heart diseases, stroke, diabetes, arthritis, osteoporosis, eye disorders, depression and forms of dementia. UK Biobank recruited 500,000 people aged between 40-69 years in 2006-2010 from across the country to take part in this project. They have undergone measures, provided blood, urine and saliva samples for future analysis as well as detailed information about themselves. The health of members of this large cohort will be followed over the coming years and the participants have consented to be approached about health research. http://www.ukbiobank.ac.uk/.

Applicants are encouraged to consider whether Biobank may be able to provide suitable data for their study. We do not want to discourage establishment of new collections of participants and their data where this is necessary to address the research questions under consideration, our aim is to avoid applications for funding to set up Biobank-like cohorts where the use of Biobank would prevent wasteful duplication of Biobank-like activities.

**NIHR Carbon Reduction Guidelines**

Researchers applying for NIHR funding are asked to consider the carbon footprint of their research and take steps to reduce carbon emissions where appropriate. Advice on how to do this can be obtained from the NIHR Carbon Reduction Guidelines https://www.nihr.ac.uk/research-and-impact/documents/NIHR-Carbon-Reduction-Guidelines.pdf.

**Transparency Agenda**

In line with the government’s transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at: https://www.gov.uk/government/publications/procurement-and-contracting-transparency-requirements-guidance.

**Clinical Trials Unit (CTU) support**

Applicants thinking of including a clinical trial, feasibility or pilot study as part of their application, or are undertaking a research and/or training related to clinical trials are encouraged to consider working with a CTU where appropriate. Further guidance for NIHR Academy Members and applicants is available in the NIHR Clinical Trials Guide for Trainees (https://www.nihr.ac.uk/funding-and-support/documents/Clinical-Trials-Guide.pdf). This includes guidance on how to go about approaching a suitable CTU to support your application.

**MRC Complex Intervention Guidance**

Where appropriate applicants are encouraged to read the MRC complex interventions guidance available here: https://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/.

**NIHR Research Design Service**

The NIHR Research Design Service (RDS) supports prospective applicants to make high quality applications for research funding from the NIHR and from other national research funders. Assistance is primarily focused around refinement of research questions, research design and methodological support. Complementing the advice applicants receive from supervisors and/or mentors. The RDS also assists prospective applicants to understand the scope of the NIHR’s various funding streams and to develop patient and public involvement (PPI) strategies. The RDS may be able to support applicants with small grants to work up PPI plans with, for example, patient groups.

The RDS has regional offices and links with local networks. Further information regarding support that the RDS can provide and contact information for each regional office is available via the NIHR website: https://www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/research/research-design-service/.
NIHR INVOLVE

INVOLVE is funded by the National Institute for Health Research, to support active public involvement in NHS, public health and social care research.

As a national advisory group, its role is to bring together expertise, insight and experience in the field of public involvement in research, with the aim of advancing it as an essential part of the process by which research is identified, prioritised, designed, conducted and disseminated. INVOLVE can support prospective applicants and existing awardees to incorporate effective patient and public involvement into their work. Support includes: help with calculating appropriate costs for involving patients and the public, help with developing potential strategies for involvement, case studies of involvement activities including the impact they have had, and help with writing plain English summaries.

Full details of the support INVOLVE can provide and contact information is available via the INVOLVE website: www.invo.org.uk.

CRN support

The NIHR Clinical Research Network (CRN) supports researchers and the life sciences industry in planning, setting up and delivering high quality research to the agreed timelines and study recruitment target, for the benefit of the NHS and its patients in England.

In partnership with your local R&D office, we encourage you to involve your local CRN team in discussions as early as possible when planning your study to fully benefit from the support the NIHR CRN offers as outlined in their Study Support Service. To find out more about how you can apply for this additional support to help deliver your study, please visit www.supportmystudy.nihr.ac.uk.

Ethics / Regulatory Approvals

Guidance on the application process for ethical and other approvals can be found on the HRA website. Please note that if your study is led from England and involves the NHS in England you should apply for HRA approval.

If you are using patient information from an existing database, you should check whether the patients have given their consent for their data to be included in that database for research purposes, or if not whether the database is exempt under Section 251 of the NHS Act 2006. Where exemptions are not already in place, approval to use confidential patient information without consent must be requested from the HRA who make decisions with advice from the Confidentiality Advisory Group. (CAG)

NOTE: NIHR is interested in taking advantage of the growing utility of routine data (such as HES, GP records etc.), and would like investigators, where appropriate, to ask study participants to consent to long term follow up (e.g. beyond the outcomes to be collected in the funded trial) using routinely collected data, and appropriate linkage to allow this data to be best used.

Contractual Arrangements

Financial support under an NIHR Fellowship is subject to a contract between the NIHR and the host organisation.

Once funding for a Fellowship has been discussed and agreed, the NIHR Academy will confirm the financial arrangements with the host organisation. The NIHR Academy will provide the host organisation with a contract setting out the details of these arrangements.

The host organisation will be expected to issue the individual with an employment contract commensurate with their experience and seniority.

Government procurement transparency regulations require publication of details of all contracts made with the Department of Health on the Department of Health Website. Confidential information including research proposals (Plain English Summaries will be published), detailed finance information, bank details, and departmental staff names (other than the award holder’s name) will be removed from the published versions.

Freedom of Information Act

The NIHR Academy manages the HEE/NIHR ICA Programme on behalf of Health Education England and the National Institute for Health Research. As such, the findings of researchers funded by the
programme are incorporated in to the Department of Health Freedom of Information Publication Scheme: [https://www.gov.uk/government/organisations/department-of-health/about/publication-scheme](https://www.gov.uk/government/organisations/department-of-health/about/publication-scheme)

**Equal Opportunities and Diversity**

NIHR and DHSC have a duty as a public body to promote equality of opportunity. All applicants will be contacted shortly after the closure date by NIHR Equality Monitoring.

Monitoring ensures that all applications to NIHR Programmes are treated equally in terms of gender, ethnicity and/or disability.

The information you share with the monitoring system:

- will be stored separately from your application
- only be used for the purpose of monitoring equal opportunities
- be kept securely and in confidence

**Guidance and Advice**

Please read these Guidance Notes carefully. If you require any further information, advice or guidance please contact:

**The ICA Programme Management Team**

NIHR Academy
21 Queen Street
Leeds
LS1 2TW
0113 532 4401
academy-awards@nihr.ac.uk
Annex A

NIHR Remit frequently asked questions (FAQs)

The following FAQs are designed to help applicants decide whether the research they are proposing as part of a Fellowship or other research training application falls within the remit of the NIHR. Please bear in mind that in these applications, the research project proposal does not stand alone, but is part of a package of elements expected to provide an excellent training experience that will allow the successful applicant to take his/her skills and experiences to a still higher level. Therefore, along with the research proposal, NIHR selection committees will assess the abilities, academic trajectory, existing experience, commitment to a career in health research, ambition and aspirations of the applicant, the standards in the research training environment, and the plans for explicit training in research methods. The research proposal provides a framework for research experience so has to be of high quality, but a good research proposal will not be supported if other elements are weak. If you have queries over whether the research you are proposing as part of a research training application falls within the NIHR remit you are strongly advised to speak to a Programme Manager for the award you are applying for before submitting an application.

Do you fund the evaluation of education and/or training schemes?

Yes. Proposed studies should be within the overall remit of the NIHR and outcomes measured should be health related, or there should be good evidence for a link between the outcome measured and a health outcome.

Do you fund the development and/or evaluation of decision aids for patients?

The development or updating of a decision aid will be considered as part of a larger project or programme.

Do you fund the development of interventions, devices, technologies or services?

The development or adaptation of interventions can be considered as part of a larger project or programme of work. We will not fund standalone developmental studies.

Do you fund the development and/or evaluation of outcome measures, questionnaires or surveys (e.g. Patient Reported Experience/Outcome Measures)?

The development, adaptation or updating of outcome measures questionnaires or surveys can be considered as part of a larger project or programme of work.
Do you fund the development, evaluation and/or validation of models (e.g. risk factor models, health economic models etc)?

Yes – we will consider funding the development of models where there is a case for service need or patient/public benefit. There should also be an evaluation or validation aspect to the study.

Do you fund research requiring observational/applied epidemiological methods?

We fund research according to the potential for patient/public benefit rather than according to specific methodologies. We therefore fund research using a wide range of study designs including observational and applied epidemiological methods. Any study that uses observational and applied epidemiological methods should be an evaluation of an intervention itself, or have a clear, credible and articulated trajectory to further research within NIHR remits. An applied epidemiological component can also be considered as part of a larger project or programme of work.

Do you fund research that is relevant to, or takes place outside the NHS?

We fund research aimed at improving health, public health and health related social care in a broad sense; we therefore fund research to meet the needs of health services, the NHS, public health and health related social care. Proposed studies should be within the overall remit of the NIHR and outcomes measured should be health related, or there should be good evidence for a link between the outcome measured and a health outcome.

Do you fund research into workforce?

Yes. Proposed studies should be within the overall remit of the NIHR and should concern the impact on health and well-being, whether of patients, the public, or of the workforce itself.
HEE / NIHR Integrated Clinical Academic Programme
Clinical Doctoral Research Fellowship Scheme

1. Stage 1 or Stage 2 application created

2. Applicant adds participant and signatory details

3. Signatories and Participants log in and confirm their participation

3. Signatories complete sections of form as directed

4. Applicant presses the ‘Submit’ button

5. Automated emails sent to notify signatories †

6. All current signatories log in and approve locked application *

7. Application is fully submitted to NIHR for consideration

† Automated ‘out of office’ replies to these emails will not be relayed to the applicant
* Rejection of the application by any individual at Step 6 will return the application to Step 3
Annex C

Chairs’ Report

Round 4 (2018)

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 fourth round of CDRF, CL and SCL competitions launched on the 1st March 2018. The CL and SCL competition closed to new applications on the 19th April 2018 and the CDRF competition closed to new applications on the 27th April 2018.

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

<table>
<thead>
<tr>
<th>Round 4 (2018)</th>
<th>CDRF</th>
<th>CL</th>
<th>SCL</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>83</td>
<td>26</td>
<td>6</td>
<td>115</td>
</tr>
<tr>
<td>Interviewed</td>
<td>55</td>
<td>17</td>
<td>3</td>
<td>75</td>
</tr>
<tr>
<td>Awarded</td>
<td>24</td>
<td>9</td>
<td>3</td>
<td>36</td>
</tr>
</tbody>
</table>

ICA personal award schemes are assessed by 2 Selection Committees; the CDRF Selection Committee and the CL/SCL Selection Committee. The Chairs and Deputy Chairs of both Selection Committees made the following observations on conclusion of the Round 4 competitions.
The Chairs’ observations

The Chairs agreed that applications received in 2018 were again, on the whole, very competitive. Applicants took 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 (both in the written application and at any subsequent interview), the 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 Selection Committees 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 selection committees would equally welcome diagnostic and prognostic research proposals.
- There is a tendency to overlook the different stages of prognostic research and research developing new interventions. Several proposals aiming to develop and apply empirical or theoretical models without due consideration of the need to validate them. Such applicants should consider specific training in model development and validation, and ensure that their supervisory team includes specific research expertise in this area.
- 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 the choice of measures. They seemed not to have given sufficient consideration to instrument selection or the implications for the collection of high quality data.

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 Selection Committees 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 Selection Committee will still, however, expect applicants to possess sufficient understanding of the proposed methodologies to justify their choice and, following appropriate timely training, to lead their research project (demonstrating ownership of the proposal in its entirety). The training plan should incorporate sufficient support and training to ensure expertise will be demonstrable at the end of the award as they commence the next step towards being an independent researcher.

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 selection committees 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 Selection Committee when reviewing all applications and PPI members sit on the interview committees.

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.

Plain English Summaries

The Plain English summary submitted as part of the application will be assessed by the selection committee. If the summary does not provide a clear explanation of the proposed research to clinicians and researchers who do not have specialist knowledge of your field, as well as to members of the public, this will impact on the competitiveness of the application when shortlisting decisions are made.

Applicants are advised to use the support available from NIHR INVOLVE and the Research Design Service in the development of their Plain English summaries.

Frequent weaknesses in the Plain English Summaries submitted to the Round 4 competitions:

- Poor structure with large blocks of text and a lack of headings
- Poor explanations of terminology

Further guidance on writing in plain English is available via the NIHR Involve webpages: www.involve.nihr.ac.uk/makeitclear.

For further support and advice on writing a plain English summary, please contact your local Research Design Service www.rds.nihr.ac.uk.

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 Selection Committee 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.
Support from the NIHR Research Design Service (RDS)

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

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.
Useful Resources

The Selection Committees have 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.
  
  [Link](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.
  [Link](http://www.nihr.ac.uk/funding-and-support/documents/Clinical-Trials-Guide.pdf)

- **Feasibility and Pilot Trials and the value of each:**
  NIHR definitions can be found here:
  [Link](https://www.nihr.ac.uk/funding-and-support/documents/funding-for-research-studies/research-programmes/PGfAR/CCF-PGfAR-Feasibility-and-Pilot-studies.pdf)
  See also:
  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. DOI: [Link](https://doi.org/10.1016/j.cct.2014.04.001)

- **MRC Guidance on Complex Interventions:**
  The MRC's standalone guidance document is more detailed than the often cited BMJ paper.
  [Link](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.
  [Link](www.birmingham.ac.uk/prolearn)