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

Round 2 (2016)

Chairs' Report

Introduction

The HEE/NIHR Integrated Clinical Academic (ICA) Programme's Personal Award Schemes launched their second round of competitions on the 3rd March 2016. The Clinical Doctoral Research Fellowship (CDRF) competition closed on the 19th May 2016 and the post-doctoral level (Clinical Lectureship (CL) and Senior Clinical Lectureship (SCL)) competitions closed on the 28th April 2016.

ICA personal awards are open to a broad range of registered graduate non-medical healthcare professionals, and applications were again received from members of most eligible professions.

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

Round 2 (2016)				
	CDRF	CL	SCL	Total
Applied	81	25	5	111
Shortlisted	47	14	2	63
Awarded	20	6	1	27

Panel Chair observations

The Panel Chairs agreed that applications received in 2016 were as diverse and as competitive as ever, with applicants happily taking full advantage of the chance to simultaneously propose comprehensive professional development plans and research projects of excellent quality and value.

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

- A large 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.

- A number of applicants proposed to follow the MRC complex intervention framework when it was not warranted for the research proposed.
- Confusion between pilot and feasibility trials was common, as was a tendency for applicants to propose a full RCT, despite lacking the justifying data and, importantly, the requisite personal experience of undertaking a trial of any kind.
- There is a current prevalence of intervention development proposals. Such proposals remain welcome, but the panel would equally welcome diagnostic and prognostic research proposals.
- Applicants should always consider the support and training they will need in order to successfully employ the methodologies that they propose to use.
- A number of applicants incorporated patient reported outcomes into their proposed studies, but did not have a clear rationale for their assessment, and seemed not to have given sufficient consideration to instrument selection and the collection of high quality data.

The Panel Chairs would also like to remind prospective applicants of the following broader considerations:

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

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

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.

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. Proposals for part-time awards are welcome, but 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.

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. The NIHR takes PPI seriously; review panels assess it and include lay members to score it.

Proposals are required to be fully costed at the point of submission. Whilst inappropriate or erroneous costings within successful applications will be amended with the support of the NIHR during the subsequent contracting process, they are noted by the panel during the assessment

process. 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.

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, both as an academic and clinical leader.

Useful Resources

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

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

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

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

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

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

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

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

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

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

  www.birmingham.ac.uk/prolearn