

August 2015 : Issue 7



**National Institute for
Health Research**

Faculty world

the magazine for NIHR people



THE RESEARCH CAPACITY BUILDING ISSUE

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of NIHR Trainees**

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Attracting, developing and retaining the best people in research

Welcome

Professor Dame Sally C. Davies FRS FMedSci

Chief Medical Officer and Chief Scientific Adviser, Department of Health



Welcome to Faculty World, the National Institute for Health Research (NIHR) e-magazine.

In the NIHR we train the future generation of health researchers through national schemes run by the NIHR Trainees Coordinating Centre and through research capacity building funding in our infrastructure. We aim not just to provide an academic training for these researchers but also an environment in which they will develop their careers.

In this issue we say goodbye, and thank you, to **Professor Jim Neilson**, who is retiring from his post as the inaugural Dean of NIHR Faculty Trainees. Jim led the way for just over seven years and has done a fantastic job establishing the NIHR's training programmes. Jim has been a strong voice for both the trainees and the NIHR's investment in developing clinical research through training. I wish Jim all the best for his retirement.

As Jim leaves us, it is my pleasure to welcome **Professor Dave Jones** as the new Dean of Trainees. Dave has been an active and ever-present advocate for clinical research training via his previous post as the NIHR Lead on Academic Training in the

Infrastructure. I am really excited to work with Dave to build on Jim's legacy.

Elsewhere in the issue, we showcase the range of people training through the NIHR at all levels. We also speak with those supporting our trainees.

I am continuously impressed by the dedication and talent of the people that we bring together and this issue provides a great flavour of the talent coming through the NIHR and the fantastic research that is emerging as a result.

A handwritten signature in black ink, reading 'Sally C. Davies'.

Professor Dame Sally C. Davies

Passing on the training baton

Professor Jim Neilson was appointed the very first Dean of NIHR Trainees just over seven years ago. He has now retired, passing the baton to Professor Dave Jones who has left his role as NIHR Lead on Academic Training in the Infrastructure to take up the post. Faculty World caught up with them both to take a look at what has been achieved during Jim's tenure and what the future may hold under Dave's leadership.

“The NIHR was formed for applied researchers like me.”



We meet with Jim bright and early ahead of the NIHR Fellowships panel meeting. Jim is still keen to attend and likes to get a feel for the quality and type of applications coming in. It's not surprising that he continues to be interested, as the Fellowships Programme was developed during his leadership as Dean.

Jim has been with the NIHR since its creation in 2006 and feels a great affinity with the organisation: “The NIHR was formed for applied researchers like me.” Jim's own career began in the field of obstetrics and gynaecology, though he soon developed an interest in research and was one of the original members of the Cochrane Pregnancy and Childbirth group.

He recalls the serendipity of his own career pathway; after being trained in Scotland, he landed a Research Fellow role and worked in the team researching ultrasound in its early days of development. His supervisor went abroad, leaving Jim to get the recognition. This opened up more doors including working in Zimbabwe, which in turn led to a chance meeting with Sir Iain Chalmers who later introduced Jim to Cochrane.

“Realising that training in the NIHR infrastructure could network across BRCs and BRUs (Biomedical Research Centres and Units) was a lightbulb moment for training leads; developing these networks was immense fun.

“A lot of clinical academics of my generation have similar stories. The training programmes available through the NIHR were designed to take this out of the process; no chance encounters necessary.”

Whilst fate may have played a small part in Jim’s career, his enthusiasm for research and training is obvious – and no doubt would have got him to where he is today without the serendipity.

Lisa Cotterill, Director at NIHR Trainees Coordinating Centre, told Faculty World: “He was instrumental in the success of the NIHR’s training programmes and someone who genuinely cares about the needs and concerns of trainees. He has become a figurehead for training and a fantastic voice for all NIHR trainees.”

[The Integrated Academic Training Programme](#) for doctors and dentists is an NIHR flagship scheme which has flourished under Jim’s leadership. He has been at the helm throughout, and the impact on medical academic careers in England has been transformational. He also helped to set up the [Integrated Clinical Academic programme](#) which focuses on non-medical clinical academic training which he names as one of his biggest achievements as Dean. Both of these programmes are driving more healthcare professionals from a variety of backgrounds to consider a career in research, increasing the research capacity within the NHS and will no doubt be one of Jim’s NIHR legacies. When we ask Jim how he would like to be remembered he says: “As somebody who contributed to setting up schemes that are well established, properly understood and that are supported by large organisations.”

When we speak to Dave Jones he says that he has already “picked Jim’s brains” and has been “watching and learning” from him for some time. Dave describes his approach to the role of Dean as a custodianship: “I want to continue all the things that are good and try to give them an even stronger footing. I understand the value of the NIHR and I want to do all I can to keep it safe. I love

working with trainees and I genuinely think the NIHR is a world-leading trainer. I’m itching for the opportunity to have a go at making it even better.”

Dave has always been an active clinician and researcher. As a beneficiary of the UK approach to research training, he wanted to give something back through his role as Training Lead at the NIHR Newcastle Biomedical Research Centre (BRC): “Realising that training in the NIHR infrastructure could network across BRCs and BRUs (Biomedical Research Centres and Units) was a lightbulb moment for training leads; developing these networks was immense fun.”

Dave plans to work to ensure greater parity between NIHR trainees that hold personal awards and those based in the infrastructure: “Research is changing fast and training is the link to a skilled workforce, especially in emerging areas such as health informatics, statistics and genomics. We have to encourage more trainees to take these paths forward.

“I want to raise awareness of the NIHR as an innovative trainer that responds to science. I have met a lot of researchers who tell me that they had not felt comfortable in a research environment until they found the NIHR. It’s an ideal situation in which to be starting a new role; with no fundamental problems to solve but with a lot of ideas for simple ways to make things even better.”

Dave Jones officially took over on 1 July 2015. After retirement, Jim plans to spend more time travelling with his wife. Though he won’t be letting go of clinical academia just yet; he plans to write a book and possibly undertake some international work with the World Health Organization as well as continuing to be a strong advocate of all things NIHR.

Being a Clinical Health Researcher – advice from the frontline

There was a real buzz in the air in Birmingham on 18 February when 150 aspiring clinical-academics from non-medical professions came together to hear inspiring speakers and practical advice on how to develop a clinical-academic career. Electronically, the buzz was created under the Twitter hashtag #NIHRCareersAdvice and captured on Storify by Annie Bruton bit.ly/1zcO7VB. Faculty World was there harvesting some of the best advice from the day.



So what personal attributes do you need to be a clinical academic? The message from all of the speakers throughout the day was clear. First, you need to be tenacious and take risks: because there will be set-backs – that's the nature of being an academic, second: the ability to network and seek out advice from lots of different places and, third: you need to be a planner – academic applications are time consuming and detailed.

If you wanted to get close to a leading clinical academic, Birmingham on 18 February was the place to be.

Steve Wootton, a nutritionist researcher based in Southampton and Operational Lead for the NIHR Biomedical Research Centre, emphasised the need to be proactive in seeking help and advice.

Nadine Foster, a physiotherapist and holder of a prestigious NIHR Research Professorship from Keele University, advised finding dedicated research time to write papers and grants. Her success had emerged from taking the long view of her career, with several short term goals along the way. She also encouraged others to re-evaluate what they wanted from a research career and to look at whether the organisation they are based in is really the best place to develop an academic career.

Marion Walker, an occupational therapist and NIHR Senior Investigator from Nottingham University urged the room to find mentors who can offer time, encouragement, constructive feedback and inspiration. Dave Richards, a professor of mental health services research at Exeter University, a nurse and an NIHR Senior Investigator, described often feeling like an 'imposter' in the academic world as a nurse but also spoke of his pride that his research had impacted on the care of many people. His advice was to build a CV, to get a research degree, to write whenever the opportunity arises and to collaborate.

In a joint session from the NIHR, Dr Peter Thompson (NIHR TCC), Professor Gary Frost (Imperial) and Dr Ellen Donovan (NIHR award holder) gave practical advice about applying for a fellowship. Peter summarised the [personal fellowships / training awards available through the NIHR](#), what they offered and the remit of the funding.

Gary gave extremely insightful advice for applicants from the perspective of a panel member judging applicants. He advised that panel members will be looking at all sections of the application, the applicant, the project, the place, the supervisors and mentors, the training plan and the patient and public involvement element. More specifically he advised thorough preparation and practice for interview and that applicants surround themselves with those who have a track record of supporting others' academic careers.

The session was well rounded off by Ellen giving her real-life experience of the application and interview process. Ellen suggested planning applications at least a year in advance, and involving people who have been through the experience themselves.

Faculty World would advise interested readers to keep an eye out for similar events in the future, and to consult the web-pages for presentations from [the same event in 2014](#).

Opportunities for Clinical Academic careers

“Clinical academic careers are a vital element of research for the NHS, and creating a flexible workforce that is receptive to research is a key aim of HEE’s Research and Innovation Strategy.

This year has seen the launch of the first round of the new Integrated Clinical Academic (ICA) Programme funded by Health Education England (HEE) and managed by the NIHR.

The ICA programme has extended and replaced the previous Clinical Academic Training and Healthcare Science programmes, targeted for nurses, midwives, allied health professionals and healthcare scientists who wish to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development. These programmes are designed to complement the well-established NIHR Fellowships Programme that is open to all professions. The new programme has extended the eligibility to include more non-medical professions.

Professor Nicki Latham, Director of Performance and Development at Health Education England explained why the programme was updated: “When we reviewed the CAT Programme, we had a number of stakeholder comments about the barriers to access in place for some clinical staff. We wanted to create an exciting opportunity for our workforce to access a more streamlined

programme, open to more professions. Clinical academic careers are a vital element of research for the NHS, and creating a flexible workforce that is receptive to research is a key aim of HEE’s Research and Innovation Strategy.”

The programme consists of five schemes: the Internships offer an introduction to all aspects of clinical research, are available annually and run for six months. The masters level awards are available annually and run for one year full-time or two years part-time. Though described as studentships, they provide full salary, course fees and other training opportunities. The Clinical Doctoral Research Fellowships are three-year awards to complete a PhD. They provide salary, research costs, a bespoke training plan and enable clinical practice to be developed alongside research. The postdoctoral level Clinical Lectureships and Senior Clinical Lectureships are designed to allow awardees to spend equal time on their clinical practice and research.





As a practising clinician I was acutely aware of the increasing demands on services, and keen to use an evidence-based approach to prioritise care.

Since 2006, the NIHR has supported over 500 Masters places and 175 Fellowships have been awarded through the programmes for non-medical healthcare professionals. Dr Peter Thompson, Assistant Director, NIHR Trainees Coordinating Centre, said “The NIHR places huge importance on the development of the non-

medical workforce and would welcome more applications from the full breath of eligible professions.”

Anyone interested in the ICA programme should see [here](#).

CASE STUDY

CATHY GEESON, HEE / NIHR CLINICAL DOCTORAL RESEARCH FELLOW

I was awarded my clinical doctoral research fellowship in 2014, following the eligibility change to include pharmacists at this level. The aim of my research is to develop a prediction-tool to assist hospital pharmacists target patients who are at risk of medication-related harm. My intention is to improve patient care, whilst using NHS resources more efficiently.

I applied firstly because I had a research question that I felt passionate about answering. As a practising clinician I was acutely aware of the increasing demands on services, and keen to use an evidence-based approach to prioritise care. Second was an awareness of the importance of developing the research culture within the NHS, therefore a desire to develop my clinical, academic and leadership skills.

Completing the application was challenging and demanding, but also exciting and exhilarating – ultimately one of the most rewarding and enjoyable journeys of my career to date. My advice to others would be the importance of networking, preparation and determination. Think carefully about who you need to engage with, and contact them early. Seize training opportunities, heed advice and play close attention to detail. Finally, be resilient; don't expect it to be plain sailing. I'm only one month into the Fellowship, but I love every minute, it's all I hoped for and more.



Back



Forward



Research can change your world

NIHR trainee awards allow healthcare professionals to pursue their research dreams and work to improve the health of the nation. Faculty World spoke to three trainees whose awards have opened the doors to unique opportunities; we asked them about what being an NIHR trainee means to them and what advice they would give to aspiring trainees.



Alex Kumar

“I’ve always travelled light with just a stethoscope and curiosity.”

Alex Kumar is so dedicated to infectious diseases research that he visits hospitals wherever he is in the world; even when on holiday. He has lived and worked in over eighty countries, becoming one of the UK’s most experienced expedition doctors. Despite a busy full-time clinical job as a medical doctor at University Hospitals of Leicester, Faculty World managed to catch up with Alex (an NIHR Academic Clinical Fellow (ACF)) to hear his experiences, including treating Ebola infected patients in West Africa.

How did you become introduced to the NIHR?

“I’ve always been academic. I never asked ‘are we there yet?’ in the car as a child; I liked the journey and learning along the way. I’ve always travelled light with just a stethoscope and curiosity, interested in the ‘why’ questions – why does someone get a disease when others don’t? Why do we treat it this way instead of that?”

“During my training at Guy’s and St Thomas’, I did an additional BSc which created an opportunity to live in the Arctic to study HIV in the Inuit population. During an academic foundation programme I had a brilliant mentor, Professor Melanie Newport, who encouraged me to grow in the ways I wanted - I studied snake bites in the Brazilian Amazon and overwintering in Antarctica and my perspective on medicine and the world changed. I aim to learn as much as possible about predictions and ‘outbreaks’ of infectious diseases. I saw the NIHR funding streams as a factory of ideas and a chance to explore these leads.”

What difference has being an ACF made to your career?

“It allowed me to go to West Africa for first-hand experience of the most high-profile and medically complex emerging disease

outbreaks: Ebola. It gave me unique experiences, including training at Centres for Disease Control and Prevention (CDC) in the USA, hands on experience in an Ebola Treatment Centre and teaching international health care professionals before their deployment. My experience of frontline humanitarian work and medicine fuelled my commitment to providing a better standard of care.”

What does it mean to be part of the NIHR?

“I’m very proud to be part of the NHS and I’m proud to have NIHR funding. This allows me to answer ‘why’ questions and to flex a muscle that would otherwise remain under-exercised.”

What advice would you give an aspiring NIHR trainee?

“To quote Abraham Lincoln, ‘It’s not the years in your life that count; it’s the life in your years.’ In a nutshell: go for it! It isn’t easy, but then I’d say, if you were hoping for an easy life, why did you choose medicine?”

What’s next?

“Public engagement around research is exciting and really important and there are some extremely exciting projects on the horizon.”

Most recently Alex has appeared on BBC 2’s Stargazing Live alongside Professor Brian Cox and has more media appearances in development. Alex has a [website](#) providing links to his extensive writing and photography including BBC News and New York Times among others. He is hard to keep up with, but can be followed on Twitter (@dralexkumar).



Paul Brocklehurst

“I was getting bored and wanted to stretch my problem-solving muscles. Research was the obvious choice.”

Faculty World spoke to **Paul Brocklehurst** weeks before he took up the prestigious roles of Director of the Clinical Trials Unit in North Wales and Professor of Health Services Research at the University of Bangor – roles he says he may not have got without his experience as a Clinician Scientist.

How were you introduced to the NIHR?

“I was working with Professor Martin Tickle, Director of the Institute of Population Health; a multiple award holder and the first dentist to receive the NIHR Public Health Career Scientist Award. He was involved in setting up the NIHR pathways for dentists.

“My first real hands-on experience of the NIHR was the Clinician Scientist application and interview – it introduced me to the great and good in dentistry as well as the fantastic infrastructure in Manchester and lots of people with extensive experience.”

What difference has being a Clinician Scientist made to your career?

“I spent a lot of time in practice, but left because I was getting bored and wanted to stretch my problem-solving muscles. Research was the obvious choice.

“I decided to go straight for the Clinician Scientist award as I’m pretty ambitious and not afraid of hard work; I also enjoyed the competitive element.

“The award fast-tracked me, equipping me for a stable and successful career. It allowed me to dedicate five years to researching the effective use of role substitution in primary dental care. This has both developed me and the area of research, for which it has created timely evidence for recent policy changes.

“Being a Clinician Scientist allowed me to hone my skills and knowledge around grant applications. It has set me up as an academic, demonstrated my independence as a researcher and

developed my grantmanship where I’ve learnt the art of grant-writing as well as the science.”

What does it mean to be a part of the NIHR?

“I feel like part of a club – a real research community whose role is to drive quality in research and improve healthcare.

“I’ve spent time with people who have inspired and taught me. The Clinician Scientist is a licence to meet senior academics – I’ve been schooled into the NIHR way of thinking and know the infrastructure available to me.”

What advice would you give to aspiring NIHR trainees?

“Be committed, be driven and demonstrate it.

“For aspiring Clinician Scientists, I’d say prepare your application early and be prepared for several iterations. I’d recommend asking colleagues to mock interview you. I did at least five and each one taught me something new for the real interview (which after all that practice didn’t seem so bad!).

“Finally – don’t forget to show your personality and passion for what you do.”

What’s next?

“I’m now in the last year of my award and hope to secure some funding through the NIHR Health Services and Delivery Research programme.

“I want to drive home the message to clinical trialists that improving external validity can impact on patients and ultimately change practice.

“I am also joining the Health Wise Wales steering group for patient and public involvement to tackle that challenge.”



Madeleine Stevens

“NIHR awards are seen as prestigious and my time spent as a PI helps to prove my ability.”

Madeleine Stevens' love of graphic novels led her to be part of the group developing the comic 'Tales from Social Care' which presents research findings in the form of a comic strip. She is an NIHR post-doctoral Fellow.

How were you introduced to the NIHR?

“A former colleague of mine had a fellowship and it seemed like a brilliant deal, especially as it was not strictly limited to health topics - as a social care researcher I could apply. My research project looks at services intervening with families with children who are at high-risk of developing anti-social or criminal behaviour. I have wanted to do it for a long time; the funding made it possible.”

What difference has being a Post-Doctoral Fellow made to your career?

“I think the real impact of the award on my career is still to come. In my unit at the London School of Economics, my award has been very well received. Most of the funding achieved here is short-term and they were pleased with my success. NIHR awards are seen as prestigious and my time spent as a PI helps to prove my ability.

“The award is a fantastic opportunity enabling me to do the research I have always wanted to do, bringing my previous 15 years of research together.”

What does it mean to be a part of the NIHR?

“It adds more credibility to what I'm doing. Social Care is often seen as a poor cousin to health research, so having NIHR funding is important. NIHR is high in my consciousness and I feel lucky to have its support.”

What advice would you give to aspiring NIHR trainees?

“Make sure your research is really what you want to do. It is good to show that your application is a progression on research already done and demonstrate how your research has led to where you are now.

“Think long-term about how the next three or four years will make you a better researcher. Finally, make sure that the research project is achievable. I had to cut mine back following discussion with the NIHR Fellowship panel because it was too ambitious.”

What's next?

“The first part of my research allowed me to collect some great qualitative data by working with 11 families over five years and looking at services support. The second part will be quantitative research using a larger dataset to further investigate hypothesis from the interview analysis.

“I will write papers and my PhD, but I plan to apply for further funding next year. I'm interested in examining the variation in schools' attitudes and approaches towards children with difficult behaviour and looking at the provision of parenting support.

“The comic has been a good way of engaging people with the results of my research. I would love to take the idea and create a book from my findings.”

You can read Madeleine's comic [here](#). Madeleine was also featured in a recent [Guardian](#) article.

How to build a Professor



The amount of research on childhood mental health difficulties generally, anxiety particularly, is really small.



Faculty World travelled to the rolling green meadows of the University of Reading campus to meet Professor Cathy Creswell, a clinical psychologist who works on childhood anxiety disorders and was appointed as an NIHR Research Professor in 2014.

Let's start by talking a little about your research career.

"I was awarded the 5-year NIHR Research Professorship in October. My undergraduate degree was in Psychology, followed by a doctorate in Clinical Psychology at UCL. After that I had a Clinical Research Fellowship and an MRC Clinical Scientist Fellowship.

"I've been doing research at least half time since qualifying as a clinical psychologist. I like the balance. My work is with psychological treatments. It's critical to have interaction with children and families, in order to develop the treatments.

"Childhood anxiety is one of the most common mental health difficulties – about 5% of children have a level of anxiety that interferes with day-to-day life. So, it's likely that at least one child in every classroom is going to be experiencing those sorts of difficulties. However, the amount of research on childhood

mental health difficulties generally, anxiety particularly, is really small."

What research has the NIHR Research Professorship allowed you to undertake?

"We have a few different lines of work within the NIHR Research Professorship: one of them is about access; identifying the barriers to help-seeking amongst parents and young people. There's been a huge push forwards in adult mental health services through the IAPT (Improving Access to Psychological Treatment) programme, which is increasing access to psychological therapies. The IAPT programme has been extended to children and young people, but so far it hasn't been extended to follow a step-care treatment delivery mode.

"We're essentially training parents to put the principles of treatment in place in their child's day-to-day life. Then the other main theme is a focus on social anxiety

“ I enjoyed having a role that navigated the interplay between bioscience and healthcare.

disorders within children specifically. We're trying to pin down what exactly the key maintenance systems are. We need to know what's preventing these children from benefiting from the standard treatment and how we can improve the treatment that's available.”

What does a typical day look like for you?

“A typical day involves lots of meetings with the different members of my team. The team consists of about 25 people with roles focused on childhood anxiety, they range from post-doctoral clinicians, PhD students and placement students who are at under or post graduate level. I suppose the real shift that happens as you move through the fellowship schemes is that you spend more and more of your time talking to people about how they're going to do the work, and less of the time doing the work yourself. One of the big focuses of these research professorships is about developing a team, and bringing on junior colleagues, making sure the team are doing the best research and publishing the best papers they can, thinking with them strategically about how they can make a difference to practice and develop their clinical research careers.”

What has being awarded the NIHR Research Professorship allowed you to do?

“It's fantastic because it allows you to focus on your clinical research. It means that I do very little teaching and administration. It's good to do a bit of teaching and admin in order to keep firmly integrated in the school, but I can keep it at a level that's manageable. It means I can really focus on developing the clinical research, developing my team and helping them grow their academic careers.”

What piece of advice would you give to someone who's at an earlier stage of an academic career path?

“It's vital to have really good mentors throughout your career. It's obviously critical at the beginning, but it's still really important for me now. Good, committed, mentors who are able to give genuine and honest feedback and advice. It's also important that a mentor is someone you can talk to when there are challenges, because often the challenges are more about the organisational side of things or how to make things happen, rather than about your actual science. I've been really lucky on that front, and it's made an enormous difference.”

Is there anyone in particular who's been really important?

“Here at Reading, I've worked very closely with Professor Peter Cooper and Professor Lynne Murray. They supported me all the way through from coming here to developing an independent research career and leading my own group. Just prior to starting my NIHR Research Professorship, I've had support from Professor David Clark in Oxford. He's a clinical lead for the IAPT Programme. He's really the best person I could think of to support me in work that aims to improve access to psychological treatments for children with mental health problems. The key thing is that they've all made a huge commitment to helping me.”

From bench to bedside

“I will be balancing my time between research and clinical work. I really like the fact that this flexibility is built-in to how I use the protected time, which is very important; otherwise it would have been difficult to get any serious research work done.

Faculty World met William Mifsud, a National Institute for Health Research Trainee, at Great Ormond Street Hospital (GOSH) Biomedical Research Centre, where he is working in his dream job as a researcher. William is a pathologist working mainly in the laboratory but his work directly impacts on the day-to-day treatment of patients.

“I am an NIHR academic clinical lecturer in paediatric pathology, my role is a mixture of research and clinical work. My NIHR funding has protected my time to do research.

“Currently, I’m on a full-time clinical rotation, but in August I will be balancing my time between research and clinical work. I really like the fact that this flexibility is built-in to how I use the protected time, which is very important; otherwise it would have been difficult to get any serious research work done. Some people would argue that if the research you’re doing is more clinically involved, then you can do some of it as part of your clinical work. However, the work I do is laboratory-based, so I need time to do research in long stretches.

“As a pathologist my starting point is to analyse tissue biopsies or large area sections to provide a diagnosis. For example, we work on

several different features of paediatric kidney tumours. Typically the clinical work starts for me when we receive the removed tumour with the kidney. We take multiple pieces of tissue and process them, assessing the genomics of the tissue, how they relate together and how this may impact on patient management.

“We interact regularly with colleagues who are in direct contact with the patients; this is a strength of the way the service is organised. Meeting together and having different specialities in one room, discussing all aspects pertaining to the management of a specific patient has a major impact on how we manage that patient.

“I guess the first thing that gets me going with a research question is essentially the desire to know; immediately followed by wanting to see how knowing might help us offer better treatment, or diagnose earlier, or avoid over





I feel extremely grateful to have funding that allows me to have protected research time – this is really crucial. It's made doing my research much easier.

treating and essentially improve outcomes. Over the course of many years, Professor Kathy Pritchard-Jones (Professor of Paediatric Oncology at GOSH) has built a collection of samples and high quality data about the patients and their outcomes; the question I'm trying to address with those samples is: 'How do the different genetic changes that we know about occur, and which of them are early, which of them are late?' Hopefully, the long-term aim of the answer to that question will be that we can reduce treatment; because, even though we have very good outcomes in many of these tumours, those outcomes do require significant therapy and therapy has side effects.

"My academic supervisor is Professor Neil Sebire; as a Professor of Paediatric Pathology with an active research career, he's an extremely useful model for my development.

"We host weekly research meetings; everyone who is research active gets to present their work internally to the others in the department in order to discuss and share ideas. The first time I presented my work I found it a bit stressful, but then someone gave me some useful advice: 'Don't worry. The audience want to understand your work, so they want you to do well.' I now realise that presenting my work is an opportunity to make it better.

"I feel extremely grateful to have funding that allows me to have protected research time – this is really crucial. It's made doing my research much easier."

Trainees harness infrastructure expertise

“Going to a different lab and working with people from different backgrounds was an entirely new and refreshing experience for me.

The Infrastructure Doctoral Training Exchange (IDTE) scheme began in 2014 to allow NIHR Infrastructure trainees to learn a new skill or technique in another NIHR Infrastructure organisation with a remit to build capacity (the Biomedical Research Units (BRUs), Biomedical Research Centres (BRCs), Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), Patient Safety Translational Research Centres (PSTRCs) and the School for Primary Care). Faculty World spoke to two of the first round awardees about their experience:

Simone Ciufolini, a psychiatrist, was undertaking a PhD at the NIHR Mental Health BRC at South London and the Maudsley NHS Trust when he heard about IDTE. “Discovering IDTE was very timely for me. My supervisor and I were talking about establishing collaborations to learn new techniques for analysing my data that weren’t available locally. Professor Edward Bullmore’s group in the Cambridge BRC is world-leading in the relevant field, so I approached him with an idea and he was enthusiastic. The IDTE started the idea for the exchange, and it really catalysed the process of getting it set up.”

“After some preparation, I moved to Cambridge for three months, where I did the bulk of the work, with a lot of support from post-doc Kirsty Whittaker. Going to a different lab and working with people from different backgrounds was an entirely new

and refreshing experience for me. I knew the theoretical background of graph analysis but it was a steep learning curve to apply it to my own data but highly rewarding in the end.”

Personally, Simone found the exchange experience enriching: “In terms of my PhD, it’s given me the opportunity to look at the data from a different perspective, we are now looking at brain connectivity on network basis, a global basis, which has revealed new things and it has complemented my original analysis.”

Once he has completed his PhD, Simone will apply for a clinical lectureship, to pursue his research and clinical work side-by-side. “Learning this technique has really opened up future avenues that might not have been available to me otherwise.”



“ Learning this technique has really opened up future avenues that might not have been available to me otherwise.



Vinod Hegade was working as a trainee gastroenterology specialist registrar in Leeds when he decided to explore the world of research. He saw an opportunity arise at the Newcastle NIHR BRC for a PhD Fellowship, and leapt at the chance to enhance his clinical training with a PhD investigating cholestatic pruritus (itching) in liver disease, and specifically in primary biliary cirrhosis.

“I’d done a lot of planning around my research project and I knew how I wanted to approach my PhD. The plan for the metabonomic and microbiomic investigations were relatively straight-forward, but I wanted to make the extra effort to learn and interpret a genome-wide association study (GWAS). This expertise wasn’t available locally, but notice of the IDTE came around the time I was considering how to undertake the GWAS. The Cambridge BRC was the place to go to collaborate and learn; they had both the data and the expertise.

“They’ve been very patient with me and explained a lot of basic information as we’ve gone along. This is a very complex process of analysing the phenotype linked with the genotype. We are still at the stage of interrogating and improving the quality of the phenotype dataset, whilst work goes on to genotype a further 600 patients. Once this has been done, nearly 5,000 patients’ data will be in the GWAS study.

“This opportunity has been a great chance to collaborate with other centres, and to learn something new, the IDTE is only a small pot of money, but sometimes that is all you need.”

After his PhD, Vinod hopes to complete his speciality training, become a consultant hepatologist, and keep his research interests alive. “What I have learnt from my PhD and knowledge of research methodology has made me see everything from a different angle, and I’ve enjoyed the opportunity to see patients in a different way and develop different interpersonal skills.”

Research that cares: The NIHR Dementia Fellowship

“The collaborative nature of CLAHRCs, the focus on care and leadership is a great fit with dementia care capacity building.”



Some of the newest members of the NIHR Faculty are doctoral trainees recruited as part of a drive to build research capacity in dementia care research. The NIHR scheme is run through four NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) – in Greater Manchester, Peninsula, Wessex and East of England. Each CLAHRC supports 3 to 4 new doctoral students, a total cohort of 13 fellowships, from a range of clinical professions including nursing, occupational therapy and dietetics. Faculty World met the training leads in each of the four CLAHRCs to hear how things are going.

Tony Arthur, the NIHR training lead from CLAHRC East of England, is very optimistic about this dementia care capacity building opportunity: “the collaborative nature of CLAHRCs, the focus on care and leadership is a great fit with dementia care capacity building.” Dave Richards, leading the PenCLAHRC scheme, is equally enthusiastic: “there is a real lack of research capacity in dementia care – this scheme is a crucial opportunity.”

Each of the four CLAHRCs has used slightly different approaches to recruiting their fellows. PenCLAHRC and Wessex have offered student stipends rather than salaries. Greater Manchester has offered two student stipends and one salaried Fellow. As Dave says, “we took a bit of a gamble because

there is a general view that people want more salary support but we were inundated with applications.” The PenCLAHRC fellows are developing their own research questions which must reflect the James Lind priorities in dementia, be clinically relevant for their profession and be intervention focused; while both Greater Manchester and Wessex fellows’ research questions are related to the CLAHRC themes and developed with supervisors.

CLAHRC East of England advertised their fellowships with projects ideas but, Tony explains, “in any PhD, what people start out with as an idea for their research is not always what they end up with, so we also said we were keen to know their own clinically relevant ideas.”



There is lots of innovation in the NHS to improve quality of care, but we need an evidence base to underpin innovation and these fellowships are our starter for 10.

Their three fellows are all nurses and salaried. Consequently, they have potentially more clinically experienced fellows but, as Tony says, “this means we have a really interesting mix of people as a cohort across the four CLAHRCs.”

While the four CLAHRCs are running their own distinctive schemes, a common theme emerges from Faculty World’s conversation: a desire to improve care and to support carers.

Dave explains: “There is a huge amount of descriptive research on what it is like to be a carer. We don’t want that; we want to help carers. Fellows have a closer connection to their research because their research comes from their clinical experience.”

Jackie Bridges at the NIHR CLAHRC Wessex, goes further: “We know quality of care is not good and there is lots of innovation in the NHS to improve quality of care, but we need an evidence base to underpin innovation and these fellowships are our starter for 10.”

It would be easy for the four CLAHRCs to go about training their fellows separately, but they want to capitalise on the opportunities provided by having a cohort of 13 fellows. Tony describes the cohort aspect of the scheme as: “A key strength. A PhD can be a lonely endeavour. This scheme automatically plugs the fellows into the CLAHRC network and into a cohort of peers with similar research interests – a really positive progression.”

Heather Waterman from CLAHRC Greater Manchester agrees: “This will lead to a critical mass of researchers in the specialty. The fellows can be future leaders, professors of research and clinical academic leaders.”

So what could this mean for the future of dementia research? Jackie believes the fellowships won’t just benefit research; they’ll build a future clinical leadership with new skills. Dave speaks of “the fellows’ work being taken into trials; eventually making a significant difference to people’s lives. We will have a cohort of dementia care researchers – even if they don’t stay in research, they will be able to lead others towards research.”

Tony has ambitions to see “one of this cohort on the international stage, inspiring the next generation of dementia care researchers.” While Heather feels the fellowship experience has created “an excitement across the CLAHRCs, giving us the perfect opportunity to work on other dementia projects aside from training.”

My NIHR Life

Nathalie Maillard is the Head of Programmes for the NIHR CLAHRC West Midlands and an NIHR Trainee Lead. Here, she tells us a little about her life in the NIHR:



I have degrees in Life Science and Health Services Research. At the beginning of my career I did a number of small research projects and then I moved into academic research management.

Although I enjoy and continue to love research, it's slower paced. **I am a starter finisher** so in the scheme of things, Academic Research Management suited me better

I love the variety of my job. One minute you might be writing a communication piece for a blog and the next minute you are engaging with people in service delivery about their research design programme.

One of the **biggest challenges I face is getting consistent engagement with our partners** – we want to engage with them on research, but because it is not always at the top of their agenda it can be a time consuming process. **Getting research to the top of our research partner's agenda is one thing I would like to see change.**

For someone considering a career in research I would say '**stay strong, you might get setbacks like failure to get grant funding, but you can deal with it**'. **Networking and working collaboratively is beneficial**, because there will always be someone who has been in your shoes and can support you through your career.

Before the NIHR existed I managed large grant funding programmes with Richard Lilford and Dr Kay Pattison at the Department of Health. So, I was aware that the Department of Health was going to commission research centrally. When the NIHR was born in 2006, I was involved from the very beginning.

It's been great being an NIHR Infrastructure Training lead – the NIHR established the Infrastructure Training Forum annual meeting, and I've received a lot of support from my peers through networking.

Before the Infrastructure Training Forum, as training leads we were working in silos with no job descriptions. Now we have a training lead job description and we work collaboratively – the NIHR has pulled that together.

Faculty voices

The Faculty is a community of people funded and trained by the NIHR to undertake and support research. In each issue Faculty World asks members for their views; in this issue we've asked:

How has the NIHR changed the health researcher training landscape?



NIHR funding in clinical academic research training has resulted in clear strategies to support priority research areas, diversify training opportunities for clinicians and increase research capacity. With a strong focus on translational research, taking advances in basic medical research out of the laboratory and into the clinical setting, NIHR funding has delivered direct benefits to patients and has helped the UK become a world leader in translational research.

PROFESSOR DAVID ADAMS

Director of the Birmingham NIHR BRU in Liver Disease and NIHR Senior Investigator



In my view, the NIHR influence on research training has been transformational. I see new researchers appearing at all levels around me with a skill trajectory suited to reducing key uncertainties in the NHS. I have personally witnessed and supported some of my own researchers into becoming senior researchers in their own right, thanks to the excellent range of various NIHR training schemes that cater for all health care professionals. The result is a critical mass of new researchers with the right skills in the right places, doing the right sort of research needed to improve the lives of NHS patients and the public.

HYWEL WILLIAMS

Professor of Dermato-Epidemiology & Director of the Centre of Evidence Based Dermatology, University of Nottingham and NIHR Senior Investigator



The NIHR has supported the development of opportunities in, and a career pathway for health researchers to engage in, tailored education and training. These clinical researchers not only have the opportunity to learn about research, but they are equipped with the tools to robustly and systematically innovate, and so to improve both practice and patient outcomes. Linking academics and clinicians has provided formal and informal opportunities for mentoring and experience of research and clinical practice (e.g. research internships) and has allowed people to make informed choices about future research career development opportunities that NIHR has made available to them (e.g. doctoral and postdoctoral fellowships).

PROFESSOR CAROLINE WATKINS

Professor of stroke and older peoples care at the School of Health, University of Central Lancashire, NIHR Infrastructure Training Lead



The NIHR has developed a wealth of training opportunities for anyone wishing to pursue clinical and applied research. There really is something for everyone. NIHR has also created innovative clinical academic training pathways which, for the first time, allows the integration of academic and clinical training, ensuring research is embedded in practice for the benefit of patients.

DR LISA COTTERILL

Director of the NIHR Trainees Coordinating Centre



The NIHR has transformed the training landscape for health researchers. NIHR was formed less than a decade ago, in 2006, when clinical research opportunities and training were few in number and declining. This threatened the future of academic medicine in the UK and the ability of the NHS to improve patient outcomes through research. Over the last decade health researchers have observed a transformation in the landscape for training and research opportunities through the now comprehensive NIHR training schemes in place for all healthcare professionals. Health researchers can now have access to research training opportunities from the early pre doctoral stages of their career all the way up to Chair level and beyond. There has never been a more exciting and opportune time for health researchers to make a difference to patient outcomes through their research.

PROFESSOR WALJIT DHILLO

Professor in Endocrinology & Metabolism and Consultant Endocrinologist, NIHR Infrastructure Training Lead



The NIHR has made an enormous difference to the health researcher training landscape. For us in particular, we went from no clinical lecturer posts to eleven 50/50 clinical lecturer posts, and several of these outstanding individuals have gone on to senior fellowships. The opportunities for training for non-medical professionals have also been remarkable and have been equally important for our research infrastructure. This is critical for the future of the UK as such individuals are the future of research.

PROFESSOR SIR PENG TEE KHAW

Moorfields Eye Hospital, NIHR Senior Investigator

One NIHR – Connecting us all

More than 25,000 people within the NHS in England are involved in NIHR research. Together NIHR people, facilities and systems represent the most integrated research system across the globe.

“No matter what our role in research, we’re all working towards the same goal; developing the evidence to improve health and healthcare for patients.

The NIHR wants to connect its people to create a visible community of ambassadors who will raise awareness of the important work that we do. However, people within the system tend to identify with the part of the NIHR which is local to them or their host institutions, while those outside the system can find the organisation complex to navigate. And so we have worked together to develop ‘One NIHR’.

‘One NIHR’ launched at the end of June to promote the people funded by, supported by or working for the NIHR. Its aim is for people to recognise that no matter who they are, where they work or what they do, if they are part of the NIHR, they are an invaluable asset.

Professor Dame Sally C Davies, Chief Medical Officer and Chief Scientific Adviser at the Department of Health, is a major supporter of the One NIHR initiative. She said: “The NIHR is a distributed organisation and to outsiders it can seem a bit complex. The idea behind the ‘One NIHR’ concept is to give us a clear

identity and help us to recognise that no matter what our role in research, we’re all working towards the same goal; developing the evidence to improve health and healthcare for patients. Consistent messaging across the NIHR will help us to engage and raise the profile of clinical research.”

A ‘[One NIHR’ website](#), containing resources to help everyone that makes up the NIHR promote the work we do, is now live and in the coming months ‘I am NIHR’ pin badges will be distributed to NIHR-funded and affiliated colleagues to promote their NIHR identity in their working day.



Introducing the RIPOSTE framework

The NIHR Statistics group has recently announced their development of the **Reducing Irreproducibility in labOratory STUdiEs (RIPOSTE)** framework: a tool to help promote better communication amongst scientists, statisticians and others engaged in laboratory research.

Good statistical practice and study design are fundamental to health research. There are hundreds of NIHR statisticians, who work within the clinical research infrastructure or on NIHR funded projects. The NIHR statistics group was established to support these statisticians, enabling them to share expertise, communicate and work collaboratively. The group supports more than 300 members of the NIHR community.

Lack of reproducibility of laboratory studies is an ongoing problem in some areas of the biomedical sciences.

Poor experimental design and a failure to engage with experienced statisticians at key stages in the design and analysis of experiments are two contributing factors. To address this, the NIHR statistics group has developed the RIPOSTE (Reducing Irreproducibility in labOratory STUdiEs) framework. It aims to support discussions between scientists and statisticians to improve the design, conduct and analysis of laboratory studies and, therefore, reduce irreproducibility.

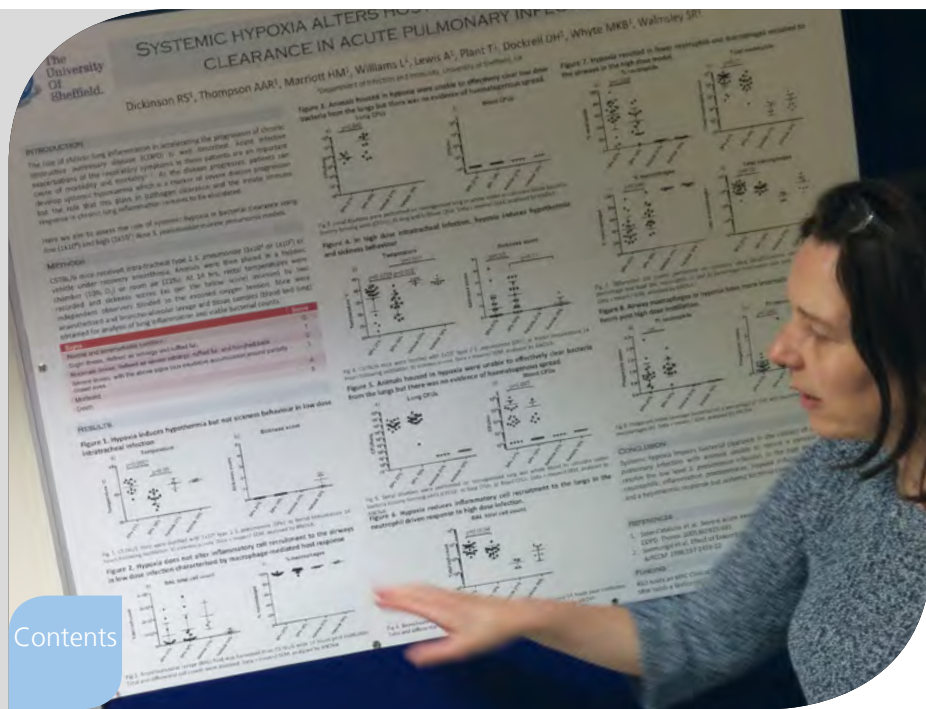
The project began when the NIHR statistics group, together with NOCRI, organised a workshop for people with an interest in laboratory study statistics. One of the main issues that emerged on the day was that the design and analysis of laboratory studies often presented a challenge to statisticians and scientists alike. In addition, the statisticians had limited input into the study design because they were consulted only after data had been collected. Scientists and statisticians each use specialised methods which can often be difficult for the other to follow. This meant that there were

multiple barriers to communication when discussing the study design.

Following this meeting a group of NIHR-funded statisticians and laboratory scientists worked collaboratively to develop a framework that would address these issues. It aims to enhance communication between statisticians and laboratory scientists, improving the design and analysis of studies. To ensure the framework worked in practice it was 'road-tested' at a workshop with NIHR statisticians and scientists. Small groups worked through example studies provided by the scientists and then gave feedback on the performance of the framework. This group, together with the workshop organisers, formed the RIPOSTE consortium to further refine the framework, voting on changes through online surveys until the final version reached a consensus.

The RIPOSTE framework has recently been published in eLife open access journal and it includes three hypothetical biomedical research studies that are used to illustrate how the framework can be used in practice.

The RIPOSTE consortium is jointly led by four statisticians; Dr Victoria Cornelius, Dr Elizabeth Hensor, Dr Nicholas Masca and Dr Dawn Teare.



OK to Ask goes local

Over 100 events took place during International Clinical Trials Day (20 May) to celebrate the NIHR's 'OK to ask' 2015 campaign. Trusts, GP practices and other NIHR research facilities organised a huge variety of events to mark the occasion, including displays, seminars, a tour by 'research buses' and a research jigsaw puzzle flashmob.

A storify montage has been put together to show some of the highlights of the day, you can find it [here](#).

OK to ask aims to encourage more patients or carers to ask about research opportunities that could be available to them or their loved ones if they are receiving treatment for a medical condition. The campaign aims to make it clear that it is, indeed, OK to

ask about research opportunities.

Whilst the campaign is primarily aimed at encouraging more patients to ask about research opportunities, it's also about reminding all healthcare professionals from consultants and GPs to nurses and midwives, whether research-active or not, to be research-aware.

Over five weeks, via Twitter, the NIHR also held 'OK to ask hours' focusing on some of our largest research specialty areas. Expert guest panellists included research consultants, research nurses, charity representatives and patients, tweeting news, views and Q&As.

You can find out more about OK to ask [here](#).



NIHR Photo Competition 2015

The second NIHR photo competition has the theme of 'Diversity and Equality' and selected entries will be used to enlarge the NIHR photo library. Anyone funded by, or working with, the NIHR can enter. This year Google, the provider of the award-winning NIHR Hub, has offered to host a unique day for the winners of the competition at their London offices. For information on how to enter see [here](#)

Getting animated about a clinical academic career

Healthcare professionals are being encouraged to develop a clinical academic career through a new animation developed by Health Education England (HEE) and the National Institute for Health Research (NIHR). The eye-catching animation describes the opportunities on offer to all professions as part of HEE's Clinical Academic Careers Framework which brings together research programmes funded by HEE and the NIHR.

The animation is available to view [here](#)

Potential applicants looking for further information on the NIHR IAT Programme should look [here](#), whilst applicants looking for more information on the HEE/NIHR ICA Programme should see [here](#)

New Clinical Trials Guide for Trainees launched

To mark International Clinical Trials Day 2015, a new Clinical Trials Guide for Trainees has been released. The guide is the outcome of the first stage of a National Institute for Health Research (NIHR) project to develop a source of information to support individuals interested in pursuing a research career that involves the delivery of clinical trials. You can view the guide [here](#)

Could you be an NIHR Academic Training Advocate?

The NIHR is looking for clinical academics who are passionate about furthering academic training in their profession to join the NIHR in the role of NIHR Academic Training Advocates.

NIHR Academic Training Advocates work individually and collectively as ambassadors for careers in health research. They give advice and find support for early career researchers, they write for their professional press and speak at professional conferences about the potential and opportunities of a research career. In addition, they actively promote the training opportunities available through the NIHR.

The NIHR already has eight advocates who are now looking to create teams of dedicated and like-minded individuals. These groups would each represent one of the professional groups, led by the 'Lead Advocate', to provide a more diverse range of experience and expand the number of academic role models. Interested parties will preferably have a PhD, and should have a clinical-academic career.

Interested applicants should contact NIHR TCC at TCC@nihr.ac.uk. The email with the CV attached should have the subject line 'ADVOCATES'.

If your application is unsuccessful, you have the option to have your CV kept on a reserve list for future use.

[More information for non-medical clinicians](#)

Become a reviewer for the NIHR

The NIHR relies on an established expert reviewer community whose contributions and perspectives are vital in ensuring the quality and scientific relevance of research topics, funding applications and published outputs across NIHR programmes. Members of the NIHR faculty have a collective responsibility to provide advice on research issues within their expertise, and reviewing also offers a number of benefits to you:

- Learn about forthcoming research in your area of expertise
- Gain insight into best practice in health research
- Contribute to prioritisation of research areas most important to the public, patients and the NHS
- Gain letters of recognition of individual reviewing contributions for NIHR to support CPD portfolios and annual appraisals.

To join our community of professional reviewers please [register online](#). More information [here](#)

The fourth annual NIHR Knowledge Mobilisation Research Fellowship competition is now open

The NIHR commissions new research of direct relevance to the NHS through its various national research programmes, and also supports the use of such research within the service. It is clear, however, that knowledge does not necessarily 'flow' from completed research projects to where it is most needed, which limits the realisation of its potential value.

Knowledge Mobilisation Research (KMR) Fellowships fund awardees to undertake innovative knowledge mobilisation (that is, support the more

effective use of research outputs) whilst simultaneously researching the processes and impacts of such innovation.

KMR Fellowships are personal awards designed to buy out an individual's salary costs, fund a training and development programme and fund the activities needed to complete an appropriate knowledge mobilisation research project.

NIHR KMR Fellowships are open to individuals who have significant NHS and/or academic experience and who can demonstrate that they have the potential to mobilise research knowledge in healthcare settings and contribute to the research base underpinning knowledge mobilisation activities.

The fourth annual competition closes at 13.00 on Thursday 24 September 2015.

More information, including guidance notes and the link for applying is available from the [NIHR Knowledge Mobilisation Research Fellowship Programme](#) pages.

FUNDING OPPORTUNITIES/COMPETITIONS

CCF Programmes

To submit an application for a Programme Grant/ Programme Development Grant or funding from either the Research for Patient Benefit or Intervention for Innovation Programmes, applicants will need to be [registered](#) on CCF's Research Management System (RMS).

1. Programme Grants for Applied Research (PGfAR)

Researcher-led proposals

Competition 19 for the PGfAR Programme is now open.

The submission deadline for stage 1 (Outline) [applications](#) is 13.00 on 6 October 2015.

2. Programme Development Grants

Researcher-led proposals

Competition 14 opened on 9 June 2015; this competition includes the Multiple Morbidities in Older People Themed Call.

The submission deadline for [applications](#) is 13.00 on 13 October 2015.

3. NIHR Senior Investigators: Competition 9

The NIHR has launched the next annual round of the NIHR Senior Investigators competition. NIHR Senior Investigators are fundamental to the NIHR Faculty and include some of the country's foremost researchers, making the most outstanding contribution to clinical and applied health and social care research.

For more information on Senior Investigators please see [here](#)

Leading researchers funded by the NIHR or the Department of Health's Policy Research Programme (and who are employed by an NHS Trust, university or charity based in England) are encouraged to apply. The application deadline is 13.00 on 28 July 2015.

TCC FUNDING OPPORTUNITIES/COMPETITIONS

NIHR ACFs (Dental) 2015 recruitment is now open

The 2015 NIHR Dental Academic Clinical Fellowship (ACF) recruitment round is now open and will close on 31 March 2016. Take up of posts will start from 1 April 2015.

Before applying you are recommended to read the following information and guidance as well as any relevant information and guidance provided by individual LETBs.

Further information for these posts can be found on the [2015 Dental ACF information for applicants page](#).

NIHR EVALUATION, TRIALS AND STUDIES COORDINATING CENTRE

1. Efficacy and Mechanism Evaluation (EME)

Programme

Commissioned calls

15/73 Markers of early treatment response in non-cancerous conditions

15/74 Novel diagnostics and treatments for irritable bowel syndrome

15/75 Mechanisms of action of health interventions

15/76 Severe opportunistic fungal infections

More information available [here](#)

Closing date 13.00 on 10 November 2015.

Researcher-led

Round 15/79 is now open. A webinar has been organised to support the latest researcher led calls and is now open for [registration](#).

Closing date 13.00 on 10 November 2015.

2. Health Services and Delivery Research (HS&DR)

Programme

Commissioned calls

15/77 Evidence Syntheses to support emerging models of care

Closing date: 13.00 on 3 September 2015.

More information [here](#)

15/56 Evaluating service models of smoking cessation in prison

Closing date: 13.00 on 10 September 2015.

More information [here](#)

Researcher-led

The HS&DR Programme are accepting applications to their researcher-led work-stream as follows:

15/70 HS&DR Researcher-led (Standard – two stage outline to full)

15/71 HS&DR Researcher-led (Evidence synthesis – one stage straight to full)

For more information and to apply please see [here](#)
Closing date: 13.00 on 17 September 2015.

3. Health Technology Assessment (HTA) Programme

Commissioned calls

The next rounds are now open:

15/39 Treatment of avascular necrosis of the femoral head

15/40 A clinical decision aid to inform the management of lower urinary tract symptoms in men in primary care

15/41 Interventions for adults with spasticity due to Cerebral Palsy

15/42 Multi-modal retinal imaging for surveillance of patients with treated diabetic eye disease

15/43 Extended rehabilitation for older frail people after acute illness or injury

15/44 Thresholds for intervention in fever among critically ill children

15/45 Specialist intensive rehabilitation for lower limb amputees

15/46 Methylphenidate in cancer-related fatigue

14/229 Mechanical Insufflation-Exsufflation devices for assisted cough in neuromuscular disease.

Closing date: 13.00 on 24 September 2015

More information [here](#)

Researcher-led

The Health Technology Assessment Programme is accepting calls to their researcher-led workstream.

Closing date: 1pm, 03 September 2015

For more information and to apply please see [here](#)

4. Public Health Research (PHR) Programme

Researcher-led

The Public Health Research Programme is accepting applications to their researcher-led workstream.

15/55 Researcher-led call

For more information and to apply please see [here](#)

Closing date: 13.00 on 30 July 2015

Public mental health call

The Public Health Research Programme are accepting applications for research into the evaluation of public health interventions to improve public mental health.

For more information and to apply please see [here](#)

Closing date: 13.00 on 30 July 2015

Commissioned calls

The Public Health Research Programme are accepting applications to their commissioned workstream for the following topics:

15/50 Public communication for anti-microbial resistance

15/51 Health Improvement Interventions for gay, bisexual, transgender or other men who have sex with men (MSM)

15/52 Interventions to target people in mid-life to maintain or take up healthy behaviours

15/53 Community-based interventions that promote uptake and maintenance of breastfeeding

15/54 Interventions to promote healthy eating in minority ethnic groups.

Closing date: 13.00 on 3 September 2015.

For more information and to apply, please see [here](#)

GENERAL NEWS ITEMS

Need to calculate a budget for patient involvement in research?

Important for researchers

The national NIHR patient and public advisory group INVOLVE have developed a new resource to help with budgeting for the costs of public involvement in research. It can be used for everything from putting together an involvement budget for an entire study to working out how much it will cost to run a one-off consultation event. See [here](#)

The NIHR Hub

Important for all

The Hub and all of its services can be accessed using only a web browser, without the need for users to install any additional software. It is browser independent – supporting recent versions of Chrome, Firefox, Internet Explorer and Safari ([full details](#)) – and is designed to be easily accessible from a range of mobile devices.

You can run the [access checker](#) to highlight any potential technical issues, which you can pass onto to your local IT support teams to ensure NIHR researchers and staff have full access. The NIHR is prepared to work with your organisation's IT departments if you encounter any difficulties accessing The Hub, and can be contacted at ask@support.nihr.ac.uk.

Find out [more](#) about the NIHR Hub.

Need help with your application?

Important for all

Contact your nearest [NIHR Research Design Service](#).