

What makes a Successful Application? Feedback at the Conclusion of Competition One

All ten of the Regional Funding Committees (RFCs) of the Research for Patient Benefit Programme held their first full meetings in January 2007. Details of the projects that they recommended for funding by NIHR will be released as soon as contract negotiations are complete. It was clear that the call for *applied* research had been heard. The proposals under consideration addressed problems arising from daily practice; their results had have the potential for direct benefit to patients in terms of improved health and/or improved health care. At the same time, the RFCs found that they were recommending fewer proposals than they had hoped. It was 'heartbreaking', as one person put it, to see excellent project ideas and to be forced to a conclusion that the application could not be supported. It was not a matter of small and fixable faults but of a research plan that was more seriously flawed.

Committee members and Chairs are not in a position to ask for a resubmission or to become involved with negotiations about whether requirements have or have not been met. Nor – however much as individuals they would like to do this - can they provide personalised feedback and detailed discussions of particular proposals.

So what can be said, on the basis of this first round, about what gives applicants a better chance of success?

1. Consulting and involving others

- *Using local resources*
Committees often concluded that proposals had come forward too quickly and without sufficient consultation. An appointment with experts working in a RDSU, or use of the RDDirect helpline, for example, may significantly improve a research design. So too might discussion with colleagues and with an R&D manager. Statisticians can help more if they are brought in at an early stage and not just telephoned at the last minute for a power calculation.
- *Building appropriate partnerships*
Some applicants, for example, had not made contact with the clinicians and other service providers whose co-operation was clearly going to be vital, not only for securing access but for generating interest in and 'ownership' of the findings that would emerge. The possibility of creating project advisory or steering groups was surprising for its absence.
- *Inclusive working with patients*
Committee members noted that patients and patient groups were often a neglected stakeholder resource. While there were often plans for consultation over findings, few applicants had involved patients in the development of proposals and the conduct of the research. The absence of this will be seen as a

significant weakness in cases where patient or service user stakeholders are perceived as crucial to the success of a project. Some applicants seemed not to know about well-established patient groups who have contributed significantly at a national or local level to practice development in their field of expertise.

2. Keeping the decision criteria in mind

More than one potential applicant has asked whether a RFC would be likely to look favourably on a particular methodology or subject area. RFCs, however, are part of a *responsive mode* national programme. As such, they are open to diverse methodologies and to a very wide range of topics and themes. There is a very important ‘in scope’ question to be settled at an earlier stage of the process (see Director’s Message One), but the core business on the decision meeting day is to ask whether each proposal is ‘good science’, with a design that fits its question – and also to consider whether a clear and persuasive case has been made for patient benefit. These are the key questions that researchers need to address. What lessons can be teased out here?

- *Achieving a convincing research design*
Quality is at the heart of the RFC decision process. No proposal has fallen on the grounds of too much methodological detail – but many have done so on the grounds of not enough. Insufficient detail is a common fault for both quantitative and qualitative designs. Qualitative designs however, provoked rather more comment on this score – and it was the qualitative experts, not their quantitative colleagues, who were making these points.
- *Explaining the context for the study*
Making it clear that you are up to date with the latest knowledge, aware of work in progress and not embarking on ‘me too’ studies is a must. Where work seemingly overlaps or might be interpreted as duplication, it is always better to address this head-on, rather than risking the RFC being left with a residual doubt. For some studies, the policy context can be important. Demonstrating the relevance of a changing policy climate or a gap in policy can be helpful not just for ‘background’ but in establishing the rationale for the work and its likely impact.
- *Tackling patient and public involvement*
Many first round applications, as noted above, missed opportunities to make PPI a feature of the design, and in some cases, given the subject matter, this was a significant flaw. Where applications did integrate PPI, however, they did not always specify enough detail and budget adequately. Early stage familiarisation with the work of INVOLVE is a good move whatever the subject-matter. Guidance on this is on the web-site.
- *Specifying outcomes for the NHS*
RfPB guidance emphasises that academic publication is not enough – the interest is in projects which can ‘close the loop’ into practice. Applicants must be wary of over-claiming here. A sound and well-disseminated study has the potential to modify practice and bring patient benefit locally. It can also perhaps stimulate debate as to wider applicability. But a single study in a local

area is unlikely on its own to change policy direction for the NHS. RFCs, however, will always welcome the provision of clear discussion of outcomes and potential outcomes – and a research design that encompasses and costs dissemination plans.

- *Providing a well-crafted proposal*
Many of the proposals in this first round were clearly written. They did not assume that every reader was going to be a subject expert. They presented the context and significance of the research and its design choices in a way that was concise, engaging and thoroughly comprehensible for a readership including both lay people and specialists from different areas. Not all achieved this. It was certainly noticed and deplored, for example, when the lay summary simply put inverted commas around technical terms. All elements need to be spelled out carefully – it quite in order for committees to argue that if something is not in the application it isn't there. You may not be eliminated altogether by failure to complete a mandatory field on the Application Form (though we are likely to get tougher) – but it can go against you in the discussion – as can text that is not proof-read, references that are missing, and names that are spelled wrongly.

3. Avoiding Other Common Pitfalls

- One recurrent theme that emerged across the RFCs had to do with *evaluation research*. Evaluations of service designs and new programmes were identified at the outset as likely to be a key component of what was funded. But however laudable the aspiration of the pioneers to find out how well their new intervention is working, they are not the people who can bring an unbiased view to the conduct of a study. Research evaluations must be independent.
- *Economic evaluation* was another challenge. If this is going to be done, it needs a strong design and appropriate expertise on the team. Hopefully good economic evaluations will appear in future rounds. It is better, though, to drop it altogether than to run the risk of being accused of paying lip-service to it.
- *Randomised controlled trials* generated much Committee discussion. Some of the RCT proposals were too ambitious for the funding requested, and often insufficient pilot work had been done for complex interventions. Another much debated topic was the adequacy of designs that were concerned with *minority ethnic groups*. Here, as elsewhere, specialist advice and inclusion of direct expertise and experience on the team can have a pay-off.

To end, the single most useful piece of advice is to read and re-read the guidance on the website. There are comments provided for each question on the Application Form. There are FAQs (and we are more than willing to add to these). You can do a lot to enhance chances of success by spending time with this documentation, as well as by consulting with stakeholders and peers before you submit. CCF will give comment on ideas for proposals if you feel these might be out of scope. Also, if the web resources are ambiguous, or if you feel there is more that we can do please contact the CCF team – details are on this website.