

CARP Round 1 - Chair's summary

The response from the clinical research community to the launch of the Clinical Academic Research Partnership scheme was overwhelmingly positive, and the panel were pleased to see this reflected in the breadth of proposals received. With proposals welcomed across the MRC's and NIHR's remits, the panel had the pleasure of considering proposals spanning from basic discovery science to applied health projects. The projects sought to address critical questions across areas such as applying decision theory to improve antibiotic prescribing, understanding mechanisms of antifungal resistance, and determining causal associations in multi-morbidities such as lung function, cognitive impairment and risk of dementia. We believe that the breadth of the scheme, covering the whole spectrum of biomedical and applied health care research, is one of its key strengths and we would welcome a similarly diverse spectrum of topic areas in applications to the next round of this scheme

The awarded applications all described a partnership of clear value to both the clinical applicant, extending their experience and research skill-set, and to the host group who would benefit from the applicant's clinical perspective and ability to deliver a project aligned to their existing research programme.

Reflecting on the proposals considered in round one, the panel highlighted a number of recurring themes which applicants to round two are encouraged to reflect on:

- The added-value of some of the partnerships was not well articulated. In some cases the applicant was already involved in studies and appeared to want time to simply do 'more of the same', in others the panel struggled to understand how the projects described differed from work already funded and in progress within the research partner's programme of research.
- Successful applications presented a clear research question, and described a project that was well-designed for the timeframe of the award. Some proposals described interesting projects but were not feasible to deliver within the time proposed.
- A well-structured case for support is critical. This part of the proposal should provide a brief summary of the research area to place the project's importance in context, but focus primarily on detailing the project plans, with a clear rationale for the proposed approaches, including references to relevant literature, as well as articulating the added value of the partnership. Some candidates described their anticipated future direction and how they might continue their engagement with research, which the panel found helpful.
- Robust methodology and experimental design should be at the centre of any proposal, to aid reproducibility of research findings, and a number of applicants did not explain their choice of sample size or planned analyses. To ensure applicants are able to provide sufficient detail, a 1 page annex can be added to the case for support to [detail these aspects](#).
- The applicant should be seeking to develop their research skills and be fully involved in the project delivery; proposals where the applicant is delivering the clinical aspects of the project, for instance by collecting samples, undertaking imaging or patient recruitment, but is not further engaged in the research will not be competitive.
- The resources requested should be aligned to the scheme's aims. The CARP scheme does not support contributions to the salary of the research partner or any

staff other than the applicant. Additionally, open access publication costs cannot be costed on any UKRI grant as these are supported via [alternative mechanisms](#).

- Successful applications requested support spanning 1 to 3 years and for 20-50% of the applicants' time. The scheme aimed to support 30-50% of the applicant's time but where 20% is appropriate for delivery of a competitive partnership and project the panel were supportive. Future applicants are encouraged to think carefully about the time needed to deliver successfully the project they are proposing.
- Successful applicants had a range of current job plans. While the expectation is that applicants will have less than 1 research PA in their current job plan, this is not a strict criterion. The panel welcome proposals from applicants with more than 1 research PA where they are able to articulate the added value of a CARP award as described in the first point, for instance to move from purely clinical studies to more methodological or discovery science. The panel also recognise there may be local or national arrangements providing individuals with for example 2 PAs of research time and will consider applications to increase that allocation where it is clearly justified by the research programme proposed and represents a clear step-change in the applicant's research activity.
- Successful applicants had formed partnerships with a range of researchers. The panel were concerned that there was a perception, including amongst some people had considered an application but were then concerned about eligibility that the research partner must hold an MRC programme grant. As explained in the guidance, research partners must already have an ongoing peer-reviewed research programme. Whilst this could be funded by the MRC it could equally well be funded by NIHR (for example BRC funding or a Programme Grant for Applied Research (PGfAR), one of the other research councils, Wellcome, CRUK, BHF etc. The principle behind the need for research partner funding is to ensure that CARP recipients will be hosted in a vibrant research environment not to link CARP applications to any one type of funding.
- All the applications in round one sought to partner with research organisations based in England. Within England a number of research intensive HEIs were not represented. The panel are keen to emphasise that the scheme welcomes applications from across the four nations and from all centres meeting the key criterion of research activity and funding. We are keen to hear if there are structural barriers to individuals applying from some organisations.
- Overall, the letters of support from the NHS were not strong. Research benefits both the NHS and patients, and the Care Quality Commission (CQC) now includes research indicators as part of their assessment. The panel were disappointed to see poorly described backfill plans, with, in some cases, exactly the same letter of support submitted for every candidate from that Trust. The panel encourage Trusts and applicants to ensure letters are personalised and include clear and feasible plans for the applicant's time to be backfilled, especially for applicants from niche specialties where this will present particular challenges.

The panel were impressed by the response and quality of proposals submitted to the first round, especially given the relatively short time frame since the call's launch on 30 November 2018. 61 proposals were submitted for consideration, of which 19 were awarded, and the panel hope for an even larger number of submissions in round two.

Maira Whyte

Professor Maira Whyte

Chair of the CARP Panel