

## CARP Round 2 - Chair's summary

The response from the clinical research community to the second round of the Clinical Academic Research Partnership scheme remained overwhelmingly positive. The demand for round two was high and the panel acknowledged that this could be due in part to it being the final round of the pilot scheme. The scheme welcomed applications across the MRC's and NIHR's remit and the panel considered a range of proposals spanning from basic discovery science to applied health projects. The projects sought to address critical questions across areas such as genetic analysis of antibacterial resistance, use of machine learning to detect clinical deterioration, and developing novel therapies for meningitis.

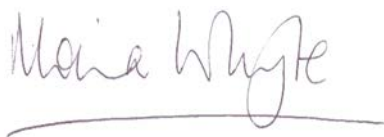
The awarded applications all described a partnership of clear value to both the clinical applicant, extending their experience and research skill-set, and to the host group, who would benefit from the applicant's clinical perspective and ability to deliver a project aligned to the host's existing research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

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

- A well-structured case for support was critical. This 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. The panel found it helpful when candidates described their anticipated future direction and detailed how they might continue their engagement with research beyond the CARP award.
- Robust methodology and experimental design should be at the centre of any proposal, to aid reproducibility of research findings. Successful applicants used the 1-page annex to the Case for Support to explain their choice of sample size or planned analyses. The panel would encourage applicants to think carefully about experimental design and use the [reproducibility and statistical design annex for any future applications](#).
- The applicant should be seeking to develop their research skills and be fully involved in the project delivery; proposals where the applicant would be delivering the clinical aspects of the project only, for instance by collecting samples, undertaking imaging or patient recruitment, but not being further engaged in the research were not competitive.
- In some instances, the proposed project was of interest but the panel were not persuaded that the applicant had the skills to deliver some aspects, or had put in place a suitable research partner and/or training. Having appropriate support in place to deliver the project successfully was imperative.
- The panel highlighted that applicants to the scheme were required to have an NHS position that covered the full duration of the proposed project. Fixed term contracts do not allow the NHS organisation to make the commitments to safeguard the applicant's research time and guarantee the return to an existing job plan. Without this, applications were not deemed suitable for funding through the CARP pilot scheme.

- 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.
- The panel noted that resubmissions to any scheme should be labelled clearly so the application can be assessed fully. As per [MRC guidance](#), the previous grant reference should be quoted in the 'Related Proposals' section and a cover letter explaining the differences included as an attachment.
- Successful applications requested support spanning 1 to 3 years and for 20-50% of the applicants' time. Some proposals described interesting projects but were not feasible to deliver within the time proposed.
- Successful applicants described a range of 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 welcomed 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 recognised that there may be local or national arrangements providing individuals with, for example, 2 PAs of research time and considered 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.
- The panel were pleased to see some applications from the devolved nations in round two. The CARP pilot was open to applications from across the four nations and from all centres meeting the key criterion of research activity and funding. We would be [keen to hear](#) if there were structural barriers to individuals applying from some organisations.
- The letters of support from the NHS had improved in some instances but overall were still not as strong as they could be. Research benefits both the NHS and patients, and the Care Quality Commission (CQC) now includes research indicators as part of their assessment. The panel continues to 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 second round. 128 proposals were submitted for consideration, of which 26 were awarded. MRC and NIHR aim to assess this pilot and reach a decision about the scheme's continuation by the end of 2019, but at this time no further calls have been timetabled.



Professor Moira Whyte

Chair of the CARP Panel