

## **Capacity and Development 2015-2020**

### **1. Aims**

The National Institute for Health Research School for Primary Care Research (NIHR SPCR) is a unique collaboration between leading academic centres in England. This provides a setting where trainees can benefit from the leadership of researchers at the top of their field and where supplementary training, networking, mentoring and guidance are part of the added value that the School environment brings. The School aims to build research capacity in primary care by providing a range of multidisciplinary training and development opportunities. Its goal is to nurture future research leaders from a range of professional groups who can contribute to primary care research.

By funding a range of training and development awards, the School aspires to provide complementary rather than duplicate training pathways to the ones provided by the NIHR Trainees Coordinating Centre (TCC) and other funding agencies such as the MRC and Wellcome trust. The aim is to ensure that a range of training opportunities are available to maximise primary care research capacity.

Over 90 individuals have received funding since 2010. A list of the award holders can be found in appendix one. Their key achievements have been reported in annual reports submitted to TCC. These include first author papers in high impact factor journals, presentations at international conferences and successful bids for further research funding. A list of publications is listed in appendix two.

This plan together with the Research Business Plan for the same period will be used as the strategic plan for the School. They will be referred to in the overarching Partnership Agreement between the nine partners and will be used as reference documents when reviewing the School's performance. The School's performance will be reviewed regularly by

its Board against the key deliverables contained within the Business Plan. Key deliverables will include:

- Developing research capacity activity as per the School's business plan
- Publications in high impact factor journals
- Leveraging funding for further research grants
- Impact of research on patient care and on health policy
- Development of an expanded and highly trained research capacity across multiple primary care disciplines
- Robust Patient and Public Involvement throughout the School's activities

## **2. Mission and Activities**

The School's research capacity development programme is central to the overall mission of the NIHR SPCR. The School offers a number of highly competitive fellowships that are designed to complement existing fellowship schemes by targeting known 'pinch points' in capacity building (Society for Academic Primary Care, person communication). These include entry level doctoral training fellowships that provide talented methodologists, nurses and allied health professionals with exposure to primary care research whilst further developing their research skills and post-doctoral fellowships that support the difficult transition towards independent research in a supporting primary care environment. The School also provides a limited number of clinical fellowships to allow general practice trainees (at ST3 level) and newly qualified GPs to experience and participate in multi-disciplinary research in world renowned centres of excellence. Each fellow has an individualised training plan and regular progress reviews within the host institution. The School also hosts an annual trainees meeting which facilitates cross department collaboration.

By virtue of being part of the SPCR, trainees have access to a number of unique training opportunities including the placements in partner departments, funded places on the Oxford International Leadership Course and TUTOR-PHC, and the ability to participate in other NIHR opportunities (e.g. TCC annual conference). Further details of the individual schemes are provided below.

Our PhD Fellowships are open to all, with methodologists (e.g. health economics, biostatistics, social science and epidemiology) and allied health professionals (e.g. physiotherapy) being particularly well represented within the cohort. These are important developmental areas for the School, with methodological expertise being previously identified as a significant area for capacity building. Medical capacity remains a further issue, with the numbers of senior

primary care academics remaining unchanged (at around 200) over the past decade.

<http://www.medschools.ac.uk/ABOUTUS/PROJECTS/CLINICALACADEMIA/Pages/Promoting-Clinical-Academic-Careers.aspx>

As such the School has prioritised a small number of clinical fellowships to support newly qualified GPs in developing an academic career and to build the number of academic clinical fellowships available to GP trainees (the NIHR currently provides only 15-20 GP ACF posts per year for over 3,000 GP trainees, compared with more than 200 ACF posts for 3,000 trainees in other medical disciplines).

New members of the School (Universities of Cambridge and Newcastle) have been actively involved in developing the capacity building plan and by advertising posts in early 2015 we are able to ensure full participation when the new School officially starts in September 2015.

### **3. School Management and Governance**

The University of Oxford will continue to host the School as the Lead Partner and Professor Richard Hobbs has been re-appointed as Director for next five-year term. The nascent School Board has approved the recommendation that Professor Christian Mallen (Keele) be asked to continue as the School Training Lead. The Partners; University of Bristol, University of Cambridge, Keele University, University of Manchester, Newcastle University, University of Nottingham, University of Oxford, University of Southampton and University College London will renew (7 partners) or enter into (2 partners) a partnership agreement to govern their roles in the conduct of the School.

The NIHR SPCR Training theme is managed on a day to day basis by the Training Lead, a Senior Manager (Georgina Fletcher) and the Director of the SPCR (Richard Hobbs). Funding decisions and priority areas for Fellowships are decided by the NIHR SPCR board and operationalised by individual training leads in each host department.

Each partner has been asked to appoint a Training Lead to facilitate joint working across the NIHR SPCR Capacity and Development Programme. This person will join a cross School forum that is led by the School's Training Lead with support from the School's Senior Scientific Manager (SSM). Both are members of the School's Board. The training lead group aims to meet twice a year to discuss strategy for training and share areas of best practice. The group

will invite interested parties to join them to discuss future strategy, e.g. the NIHR Dean for Trainees, TCC programme managers etc.

The aims of the SPCR Training Forum are:

- to disseminate and promote excellence in Training and Capacity Development;
- to contribute to the development of bespoke training events, resources and materials;
- to provide a platform for sharing best practice and progress in training methods.

Specifically the Training Lead will be:

- Expected to sit on the Training Leads Forum to represent their department;
- Known to NIHR SPCR trainees in their department as the individual (in addition to formal supervision arrangements) from whom they can seek advice about their development needs and NIHR related opportunities. This activity should involve formal interaction with NIHR trainees either individually or as a group;
- Assist the SSM with the timely collection and reporting of information on trainees;
- Proactive in sharing local good practice across the School; and contribute towards the training and development available within the School;
- An active participant in the annual School Trainees' residential meeting.

The School Training Lead and Senior Scientific Manager are members of the NIHR Infrastructure Training Lead Forum. This provides an opportunity for the SPCR to link with training leads in other parts of the NIHR and the ability to discuss common issues in respective training functions.

The NIHR SPCR has developed a system of recruitment procedures that supports host departments identify talented individuals whilst maintaining national competition in the programme. Applicants are asked to complete a standard application form based on those used by other national funding bodies. Applicants are shortlisted for interview by the partners training leads. Interviews scrutinise not only the scientific content of the proposal, but also the clinical relevance, potential for patient benefit, methodological rigour, appropriateness of training plan and fit with the individuals career. Independent references are taken up and made available to the interview panels. Plans are in development to include public members in the recruitment processes. Recommendations from the interviews are then approved by the full NIHR SPCR board.

Standardised proforma have been developed (based on NIHR TCC proforma) to monitor and track the success of all trainees. This data is collected annually by the directorate, analysed and discussed with both training leads and board members. Data collected includes equal opportunity metrics, details of publications and other dissemination activity, grants applied for, promotion and training opportunities. This data forms the majority of the content of the annual report provided to the NIHR Trainees' Coordinating Centre. The School intends to develop further the tracking of trainees and so that the School's limited administrative resources are used effectively will discuss the methodology with TCC to explore potential synergies.

For our ST3 awards, recruitment is via the NHS portal and involves Dr Martin Wilkinson, Director of GP Postgraduate Education at Health Education West Midlands. The award holders undertake the standard GP training and attend the national ACF meeting.

#### **4. Research Capacity Development Focus and Strategic Leadership**

In addition to the unique training opportunities offered by the NIHR SPCR, added value is offered to the SPCR experience as trainees are also be able to access the range of opportunities provided by the NIHR. These include the Annual Trainees' Meeting, the NIHR Research Training Camp and the Doctoral Exchange Programme. SPCR ST3 Entry Academic GP Trainees will be invited to attend and participate in the national GP ACF conferences, providing additional support, training and networking opportunities.

##### Primary Care Academic Leadership Programme

This popular programme is hosted by the Department of Primary Care Health Sciences at the University of Oxford. The programme is part of the Brisbane Initiative, an international collaboration of universities founded by a small group of heads of primary care departments at a meeting in Brisbane in 2002. The School provided a block grant for the programme from its first research award in 2006. Since 2011 the School has funded up to two places per year on the programme. Twenty one people from across the School's partners have participated. Some examples of achievements are described here:

<http://www.oxfordleadershipprogramme.co.uk/experiences>

The International Primary Care Research Leadership programme is designed to foster and develop future leaders in primary care research. The programme consists of three residential meetings in Oxford designed to help participants explore different aspects of leadership in primary care research. Participants are encouraged to identify their own development needs,

form peer learning sets and establish a two year follow up programme. They are provided with access to current leaders in primary care research, experts in strategic leadership and one-to-one coaching.

SPCR member departments are invited to nominate one candidate who has demonstrated the potential to become a future leader in primary care research. They will usually be 1-5 years post-doctoral. The School will fund the top two placed applicants from member departments from the applicants selected by the programme organisers. Participants will be asked to provide a report on their experiences and to demonstrate the outputs attributable to their participation in the programme.

#### Transdisciplinary Understanding and Training on Research - Primary Health Care

TUTOR-PHC is a one-year, national interdisciplinary research training program funded by the Canadian Institutes of Health Research (CIHR) and the Canadian Health Services Research Foundation (CHSRF) with representation from the disciplines of: Family Medicine, Nursing, Psychology, Epidemiology, Social Work, Sociology, Education and many others. The SPCR has been fortunate to have been allocated one place on the programme each year. The School holds a competition to select the candidate. To date 5 trainees have taken part. A recent participant has written about her experience: <http://nihrspcr.com/2014/06/04/transdisciplinary-research-the-future-for-effective-influential-research/>

One of the other key networks outside the NIHR is the Society for Academic Primary Care (SAPC). The School has developed a mentoring scheme with SAPC for non-clinical trainees. Seven trainees have taken up this opportunity to date. We recommend the Academy of Medical Sciences mentoring programme to our clinical trainees.

In the primary care sector, we will build on current relationships with the Wales School for Primary Care Research (WSPCR) <http://www.wspcr.ac.uk/>, the Scottish School of Primary Care <http://www.sspc.ac.uk/sspc-welcome>, the National Centre for Primary Care Research in Ireland [www.hrbcentreprimarycare.ie](http://www.hrbcentreprimarycare.ie) and also beyond the UK, e.g. the Netherlands, Canada, Australia and the US (NAPCRG, WONCA).

A new innovation for the SPCR will be working with a range of national funding bodies to lever additional resource for the capacity building programme. We have initiated discussions with the Wellcome trust which have resulted in a proposal for a Wellcome Trust Doctoral Training Programme for General Practice. This proposal is currently being considered by the Wellcome Trust and if successful will provide additional funding to support clinical doctorates. The

proposed cohort would be 2-3 participants each year over a five year period. We have also started to approach other funders, including medical charities, to try and build additional capacity.

## **5. Building Research Capacity**

Awards are distributed between member departments in two ways; a pro rata allocation and in open competition. The pro rata allocation, of PhD studentships and ST3 entry General Practice vocational trainees, allows capacity building in core developmental areas, whereas the open competition allows departments to attract and develop high calibre trainees from a range of methodological backgrounds.

### **SPCR PHD STUDENTSHIP AWARDS**

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These are available to those with limited primary care experience (e.g. Masters-level training) who want to develop their expertise in primary care research. Applicants must have a first degree in a discipline relevant to primary care research and will be expected to complete a PhD/DPhil during the award period. The precise academic qualifications required depend on the University and training offered. The awards offer traditional project-specific training in shortage-areas of particular importance to primary care. They typically focus on non-clinical disciplines (e.g. medical statistics, health economics, health psychology, medical sociology). Students are encouraged to maintain links with their own disciplines through collaborative arrangements for co-supervision with established senior non-clinical primary care researchers.

Students receive fees and a tax free stipend. The host department will receive an allocation of funds to support the research. These awards usually commence in October. The level of the stipend has not been seen as a barrier to recruiting high quality candidates.

### **SPCR CLINICAL TRAINING AWARDS FOR ST3 GP TRAINEES**

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These SPCR awards for GP vocational trainees are made for 2 years at ST3 level, subject to the availability of regional support and NHS funding (the SPCR fund only the 0.5wte academic component of the training). The aim is to complement the national ACF scheme by allowing later entry as it is clear that ST1 is too early in clinical training for many trainees to make an informed decision about following an academic track and emerging talent is being missed. The

awards also complement those available through the TCC. Applicants are required to meet national eligibility criteria for academic training and will have a training number and be on a VTS. Each member of the SPCR will be entitled to recruit at least one ST3 entry academic GP trainee supporting the development of academic general practice in each member department. These awards usually start in August.

#### SPCR GP CAREER PROGRESSION AWARDS

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There is an increasing demand for part-time academic training for personal reasons and from clinicians who do not wish to lose clinical competencies. In 2012 we introduced our highly popular part time GP Career Progression awards. These can be for a length of time from 12 to 24 months usually starting in October. Past trainees have used this time to complete a doctorate started as an academic trainee or to prepare a competitive application for a doctoral training fellowship.

#### SPCR POST DOCTORAL FELLOWSHIP AWARDS

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These are available to talented early postdoctoral researchers who show clear potential to develop a successful career in academic primary care. The awards will be open to all disciplines relevant to primary care research, clinical and non-clinical. Previous fellows have either concentrated on one particular project, or have developed a portfolio of work (e.g. placement in a CTU, working across host departments) to allow them the broadest based training in academic primary care. Fellows will have already completed their doctoral training and will be normally be within three years of this.

Fellows will receive a salary commensurate with their experience and also a training allowance.

The School awards aim to complement and not duplicate the opportunities offered by TCC:

<http://www.nihr.ac.uk/funding/training-programmes.htm>

#### **Seed-corn funding and bridging funding**

As part of the pro rata allocation, School members will receive funds for seed corn and bridging awards. Approval has to be sought from the School Training lead before the awards are made and a sound training and development plan for the person involved has to be These can be used to fund short-term seed corn appointments, usually up to 1 year duration, to support individuals while they develop applications for national training awards; there are



many examples of successful applications for MRC and NIHR awards. For non-clinical disciplines these awards have tended to be full-time; for clinical staff part-time and held in conjunction with an existing NHS post. The posts have been advertised with no gathered field and with applications made directly to individual Departments. The funding has been used flexibly and opportunistically by Departments to attract high potential individuals into primary care research. We would like to continue to use funds in this way and will liaise closely with the NIHR Trainees Coordinating Centre to ensure complementarity. Any individual recruited to these posts will need have a strong training programme in place that will be approved by the Training Lead.

Bridging awards are another successful feature of previous Academic Unit funding and have been used to support individuals in the “funding gaps” between national awards. Most bridging awards have been made at the post-doctoral stage and we suspect this will continue. The key criteria for an award are: i) that an individual has been in receipt of a training award made in national competition; ii) that they have performed creditably and are considered likely to be successful in gaining either a further national training award or a substantive academic post within 2 years. As the individuals concerned have already been selected in national competition, these awards have been made locally by Universities and so we would like to continue.

The School plans to recruit trainees according to schedule in table 1 providing that the applicants meet a high quality threshold:

**Table 1: Proposed distribution of awards**

Category	Number of awards
<b>Studentship - 3 years</b>	
Oct-15	9
Oct-16	9
Oct-17	9
Oct-18 (fund first 2 years of 3 year award) <sup>1</sup>	9
	<b>36</b>
<b>Post-doc Fellowships (non-medical) - 2 years</b>	
Oct-15	3
Oct-16	3
Oct-17	3
Oct-18	3
	<b>12</b>
<b>Academic GP career progression fellowship - 50% part time</b>	
<b>12 months</b>	
Aug-15 <sup>2</sup>	2
Aug-16	1
Aug-17	1
Aug-18	1
Aug-19	1
<b>24 months</b>	
Aug-15	1
Aug-16	1
Aug-18	2
	<b>10</b>
<b>Clinical ACF/ST3 fellowships - 2 years 50% part time</b>	
Aug-15	4
Aug-16	4
Aug-17	4
Aug-18	2
	<b>14</b>
	<b>48</b>
Non-clinical total	<b>48</b>
Clinical total	<b>24</b>

1 Partners to commit to fund third year of the award

2 These clinical posts have their 50% academic component spread over a two year period. The clinical work is front loaded.

## **6. Patient and Public Involvement and Engagement**

Meaningful involvement and engagement of patients and the public is central to the School, ensuring its work draws on their lived expertise, incorporates their perspectives and responds to their challenge. The School will build on the significant existing body of involvement and engagement activities within its research projects and beyond.

Patients and the public will be involved and able to participate in all stages of research and governance. Existing expertise and structures will be used wherever possible. Work will be coordinated with other key organisations.

We will consider appointing a PPI and Engagement Officer across the School. In addition a member of the Board will be asked to take a strategic lead on PPI. The School International Advisory Group and Funding Boards will also have lay representation. The Advisory Group will be convened during 2015/16. Lay members of the School's funding board will offer a lay review of research proposals and take part in the funding decision process.

Researchers will be asked to consult INVOLVE's definitions of involvement, engagement and participation. Funding applications must contain a robust PPI approach and a satisfactory Plain English Summary or they will not be eligible for funding. Updates on PPI must be provided at all points during project monitoring. The School has provided training sessions for its trainees on aspects of PPI/E and will repeat this in the future.

The School is aware that the NIHR has recently conducted a review of public involvement and engagement across the NIHR and that the high level findings from this were published in late 2014. The full report will be available in early 2015 and the SPCR will review its current strategy at that point to ensure that it is in line with the recommendations for the wider NIHR.

## **7. Dissemination/ Communication**

Communications about the research capacity development programme and impact will be generated centrally by the Directorate and locally by member departments. All research progress reports have to include a description of dissemination strategies and likely impacts. Trainees are encouraged to think about their research's contribution to national guidelines from the project inception and to ensure that it is within the NIHR remit. Funding will be made available to researchers to enable their research to be disseminated appropriately. This will follow the NIHR's Open Access policy.

Trainees will be encouraged to produce at least one peer reviewed publication in a high ranking journal and these will be captured in annual reports and linked to the School's website.

The School will continue to invest in its website and in a full time Communications Officer post. Trainees are asked to write blogs, tweet and provide articles about particular aspects of their training so that good practice and experiences are shared. Examples of these outputs can be found here: <http://nihrspcr.com/>, @NIHRSPCR and <http://www.spcr.nihr.ac.uk/news>. The SPCR Communications Officer will work with colleagues in TCC and the wider NIHR and share relevant aspects of their respective communication plans.

All trainees are expected to attend the School's annual trainees' event where they are required to produce a poster about their work. These are presented to their peers and to senior academic staff in the School.

Other communications activities include the ongoing conversations with Health Education England particularly over the clinical ACF posts for ST3 GP trainees, with the Society for Academic Primary Care around mentorship and other relevant primary care organisations.

## **8. Performance Indicators**

The School collates data on the number of applications received, and the success rate of those applying to all Fellowships awarded by the SPCR. These have previously been comparable to other major funding schemes, including the NIHR.

Equal opportunity data is collected from trainees at the start of their awards and this includes gender, ethnicity, professional back ground data etc.

All School trainees complete an annual progress report that is based on those used by the NIHR TCC which collect data on a range of performance indicators that are indicative of success. These include publications, grant income, training and career progression. The monitoring results are presented and discussed at an annual School board meeting. This allows a high-level examination of performance and the opportunity for the Board to support Fellows who might need further input. The directorate also monitors career progression and research related impact, publicising this through our website, newsletter and wider dissemination activity (e.g. showcase meeting, annual trainees meeting).

One strategic aim for the next iteration of the School is to build links with other funders (e.g. medical charities) to identify further sources of funding that provide 'added value' for the School and highlights the need for a strong research base in primary care. Early discussions in this area have been promising. We will also encourage host institutions to 'match' funding, where possible, for PhD fellowships to increase the number of training opportunities provided.

The breadth and depth of capacity building activity within the School is designed to ensure capacity building at a number of key strategic, with a particular focus on early entry to academic primary care and on making the difficult transition towards independent researcher status. These have been identified by external organisations, including the Society for Academic Primary Care as pivotal to developing a sustainable future workforce.

On behalf of the nascent School Board:

Professor Richard Hobbs, Director, Professor Christian Mallen, Training Lead & Dr Georgina Fletcher, Senior Scientific Manager

SCHOOL MEMBERS  
SPCR Directorate, University of Oxford  
on behalf of academic partners at the Universities of Bristol, Cambridge, Keele,  
Manchester, Newcastle, Nottingham, Oxford, Southampton, University College London