

HSC Research and Development Doctoral Fellowship Award Scheme Feedback

Survey Results

May 2019

Background

Aim: To ascertain whether there was a lack of knowledge and/or barriers to application to the R&D Doctoral Fellowship Scheme.

A secondary aim was to get comments and suggestions for changes or improvements to the Scheme.

Background

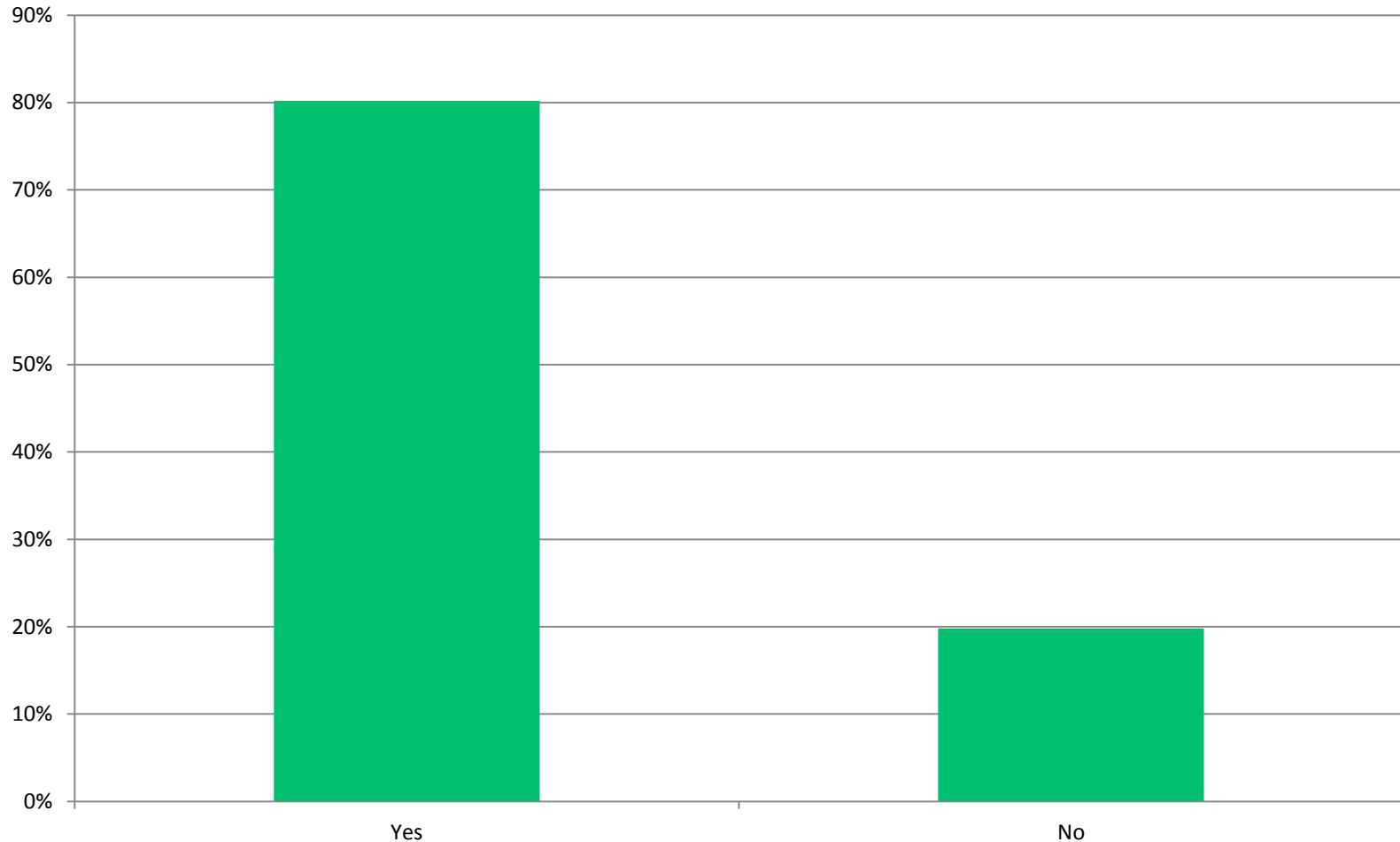
- Survey opened on 18th April 2019
- Distribution email list included:
 - Universities
 - Former and Current Doctoral Fellows, Supervisors, and Panel Members
 - Trust R&D Staff
 - Other HSCNI Staff
 - Community and voluntary sector organisations
- One reminder email was sent on 10th May 2019
- Survey closed on 17th May 2019

Background

- Distribution list included approx. 195 individuals
- A link to the survey was also put in the PHA R&D Newsletter
- 101 responses were received

Question 1

Are you aware of the HSC R&D Doctoral Fellowship Award Scheme?

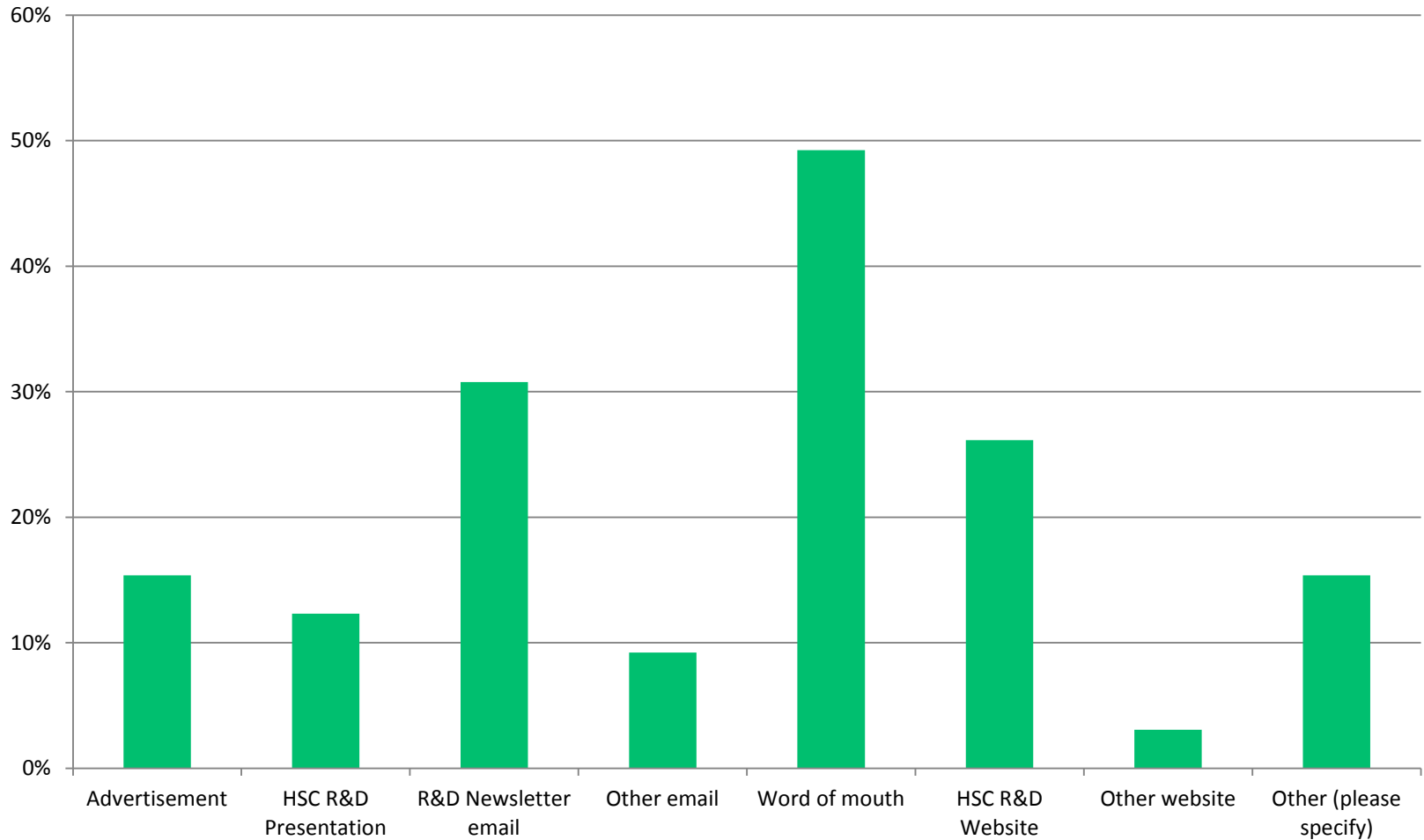


n = 101

NB: If respondents answered 'Yes' they were directed to Q2, if they answered 'No' they were directed to Q9

Question 2

How did you hear about the HSC R&D Doctoral Fellowship Award Scheme? Please select all that apply.



n = 65

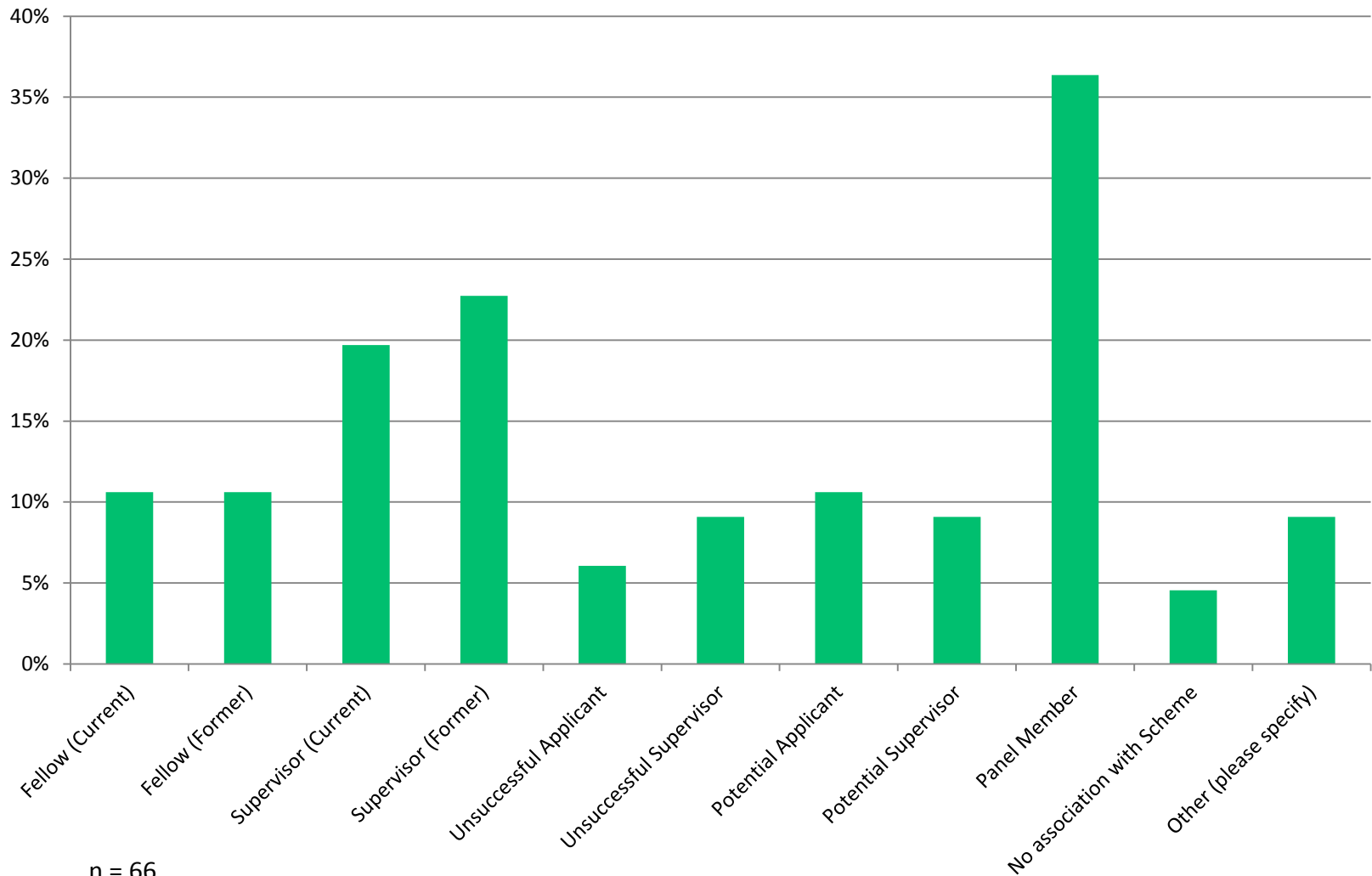
Question 2

How did you hear about the HSC Doctoral Fellowship Award Scheme?

Other (please specify)
Via University
Former Panel Member
Have been involved in applications and successful fellowships in the past
Via supervisor prior to undertaking a PhD
Line manager
Previously involved in HSC research
Local AHP conference

Question 3

What is your association with the HSC R&D Doctoral Fellowship Award Scheme? Please select all that apply.



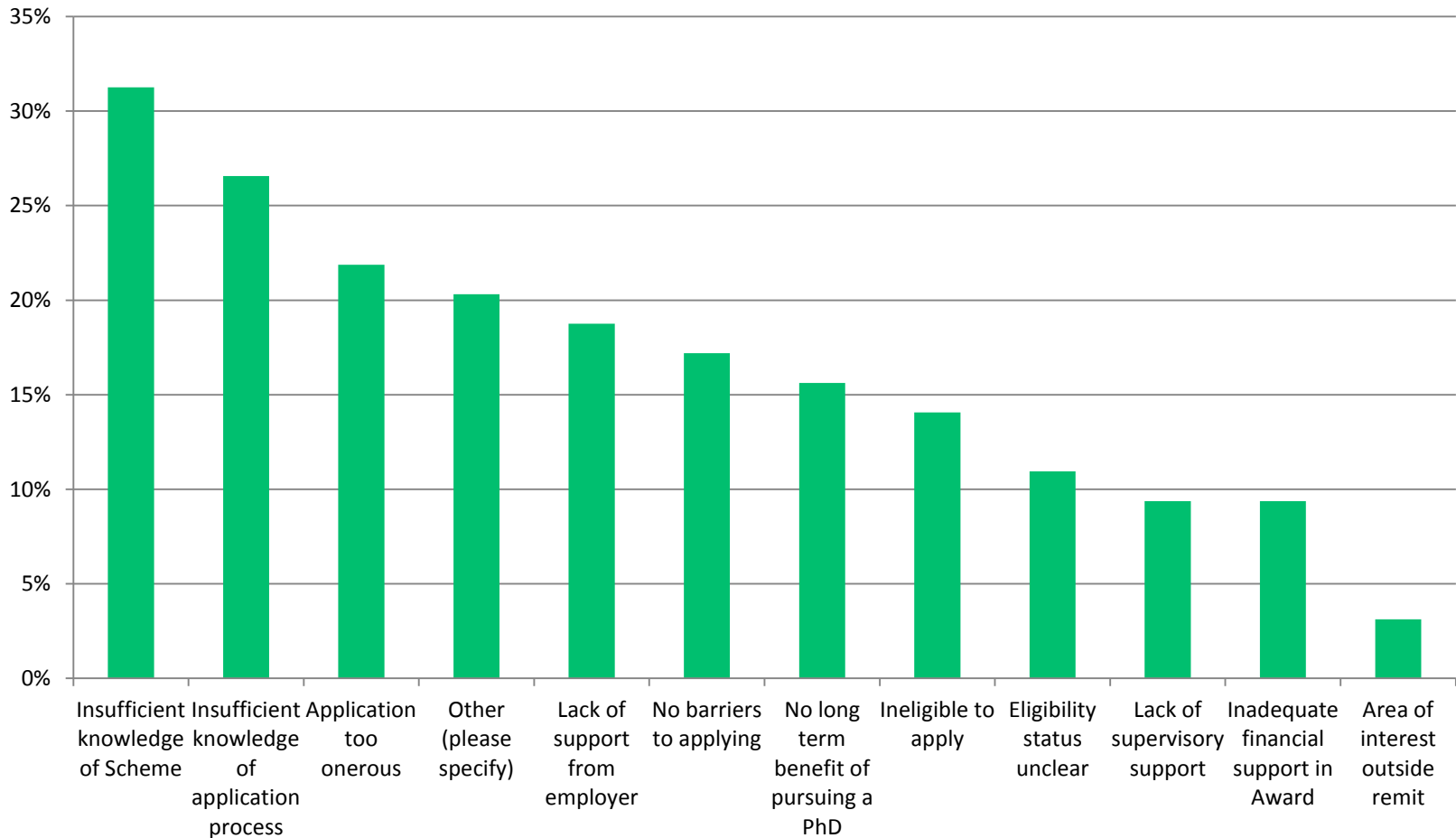
Question 3

What is your association with the HSC R&D Doctoral Fellowship Award Scheme?

Other (please specify)
Not working in HSC therefore not eligible to apply, I'm looking into other forms of funding for PhD
Successful applicant 2019
Advising on application
University Research Development Manager

Question 4

Please select the potential barriers that you feel exist in applying to the HSC R&D Doctoral Fellowship Award Scheme. Please select all that apply.



n = 64

Question 4

Please select the potential barriers that you feel exist in applying to the HSC R&D Doctoral Fellowship Award Scheme.

Other (please specify)
HSC staff <i>not motivated to undertake research</i>
<i>More information regarding the type of research HSC R&D are keen to support would be helpful.</i> Is it pure science, translational science, data analysis or clinically based projects which receive the highest priority?
Possibly age and mathematical/statistical background
<i>Time to devote to process</i> over and above work commitments
I was lucky to be working in clinical research with some experts in the field. I think it would be quite difficult to get started if you don't have <i>access to clinical academics</i> guiding you through. Recently I was approached by a proactive possible applicant from the last round of applications but <i>they weren't from a clinical background</i> - more administrative and had moved into healthcare management role - <i>they were concerned that would go against them</i> . In the end they didn't apply and it seemed to be the <i>lack of confidence in their eligibility</i> and <i>struggling to find relevant supervisors</i> to support them.
Inability to put knowledge and skills and research to good use on return/ many nurse managers do not see <i>the value of a nurse with a PhD</i> or role of research in improving patient care and <i>do not support a research career</i>
<i>Only tenured individuals can apply.</i> HSC tenured posts less frequent now

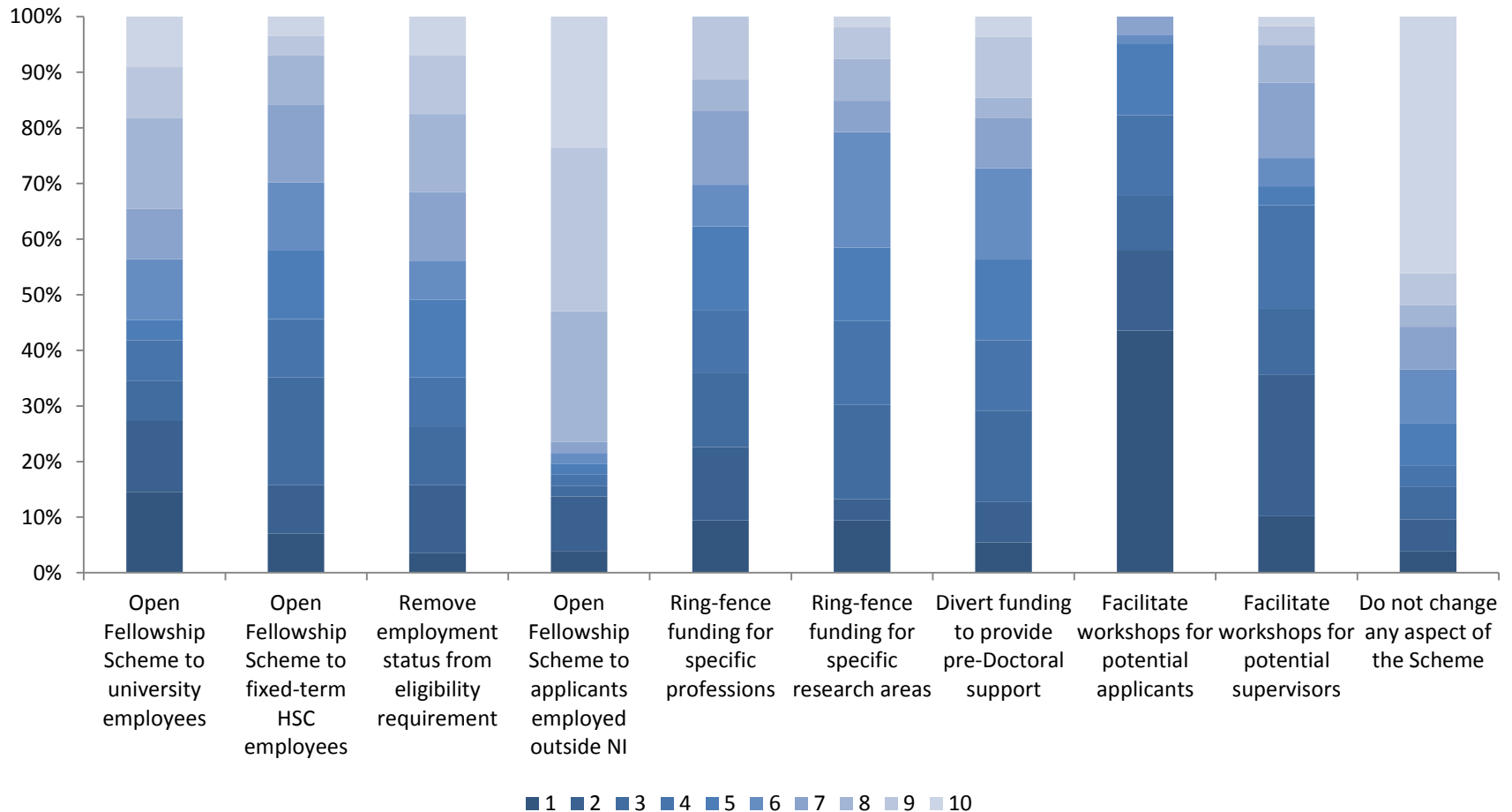
Question 4

Please select the potential barriers that you feel exist in applying to the HSC R&D Doctoral Fellowship Award Scheme.

Other (please specify) continued...
<i>Uncertainty regarding support</i> for basic science projects
Potential candidates <i>unaware of scheme</i>
I think there is a general lack of interest/need in doing research for many potential applicants due to larger changes in the healthcare system - we have noticed this even for small bursaries that we offer to encourage Gastroenterology trainees to get involved in research. <i>Competitiveness for consultant jobs seems to be the biggest motivating factor for doing research, and in many specialties there are such shortages in staff that this competitiveness is no longer a factor</i> (this goes in phases for different specialties, eg. I have noticed an increase in surgeons wishing to do research recently). The other factor is <i>flexibility about allowing applications from individuals who have started a MPhil or MD to upgrade to a PhD</i> would be welcome through this scheme - I've supervised a few self-funded students who started off with MPhil or MD then fell in love with the research and wished to upgrade but there are no funding routes for them to do so. The initial 3 year PhD can be daunting to sign up to.
<i>Eligibility is a big barrier and is too restrictive</i> ; need to extend to non-HSC employed applicant; encourage applicants from elsewhere in UK

Question 5

Below are some possible changes that could be made to the HSC R&D Doctoral Fellowship Award Scheme. Please rank these according to your preference, with 1 being your first preference and 10 being your last preference. *Darker bars indicate higher preference*



n = 65

Question 6

Please provide any further comments that you have regarding eligibility for the HSC R&D Doctoral Fellowship Award Scheme.

NB: Removed 'None' comments and positive comments e.g. 'Criteria clear' etc.

Comments
Allowing more flexible funding to upgrade to PhD for individuals who have started a MPhil or MD would be helpful.
As not employed by HSC not able to apply. I work in the charity who delivers care to HSC patients and works in very close partnership and being unable to apply feels a bit unfair.
Clinical medicine reportedly receive an unfair advantage.
Consideration should be given to encouraging non-clinical applicants to consider research in areas such as HSC leadership perhaps by ring-fencing funds for those applicants. This research may need to be supervised by academics from universities outside of NI which are currently excluded from funding.
Currently the scheme supports those working in HSC in NI. If the focus of the scheme is to improve research capacity in HSC in NI, then I don't think it is necessary to have this restriction and I do not think that the restriction and the aim necessarily match. Rather, the competition could be opened up to anyone and the onus would be on the applicant to indicate how their proposed project would enhance research capacity in HSC in NI. It could then be up to the panel to judge this.
Deliver workshops within specific disciplines within HSCTs and delivered in their setting or when they are attending something else as opposed to externally needing to move off site; meet with the managers to explore support for staff to obtain secondment
Encourage employers / managers to support their staff
I feel it is important that the scheme is restricted to applicants in NI. Potential applicants from outside NI can apply to schemes that people from NI are not eligible for. Increasing competition for NI funding to people outside the region, or from other sectors such as university employees, would limit the opportunities for people in the HSC here even further.

NB: Emphasis has been added

Question 6

Comments continued...

I think the really amazing thing about the Fellowship award is that it helps employees (typical clinical) within the health service a chance to upskill in research and to bring that back to the HSC. Post PhD - I have continued to work in research and project management posts within the HSC only. ***If the funding was open to overseas students and university employees I think it would take away from the unique and novel standing that it has as a mechanism to upskill the HSC workforce in Northern Ireland. It would become another highly competitive academic funding opportunity and I think it is difficult for clinical professionals to compete with people who have reams of publications and funding behind them.***

Ring-fenced money for specific research areas has pro's and con's. My experience of commissioned calls in research are teams with expertise in the area sitting down to brainstorm a possible idea to apply for the grant - due to it being a specialised team experienced in that area - the application can be to a high standard. This would be ***hard for others to compete against, takes away from the training aspect of the fellowship*** and would ***overlook the people that have a great research concept that doesn't fall into that window.***

I think the fellowship ***should be for the HSC in NI and therefore focused on HSC employees*** (I think NHS too if candidate is happy to be located in NI). However, the nature of so many employment contracts are now fixed term - so this should be considered but only where the employer is happy to extend the contract to facilitate if successful (also the emphasis should be on what this project/ training will do for the HSC in the longer term).

I would not ring-fence for certain professions in fact I would be open minded to clinical/non-clinical people within the HSC - we need them all to make our healthcare system work.

I think ***some pre-doc support to help people complete small pieces of research in preparation for a bigger application would be great*** (Maybe even a ***research shadowing/buddying opportunity*** to give people and opportunity to find out what kind of things are involved).

Question 6

Comments continued...

I think the scheme works well as it is - but there should be **parity of esteem in the number of places available to each profession**. I think **it should be for people in NI working within H&SC**.

Trusts/managers need better preparation/guidance (I have been working on a draft with colleagues) and understanding of what is their role/not their role during the fellowship/ communication between fellow and employer when out on secondment/reporting of sickness absence/mat leave - HRPTS requirement/assurance role will be there on return/ **managers of all professions need to place greater value on having staff prepared to doctoral level** and agreement on how the fellow will develop /able to contribute fully on return/an **academic career pathway for all professions**, not just medical staff. If opened to University employees - then I think they need to develop academic/clinical careers. It should flow both ways.

Maybe have some **funding for smaller/shorter term projects** - most medical trainees are now in run-through training programmes and not likely to take 3 years out.

Open up to BSc sciences

Opening applications to fix term employees is important given the large number of staff who spend many years on fixed term contracts

Removing employment status from eligibility / opening fellowship scheme to applicants employed outside NI will enable potential researchers to NI.

Scheme **is not suitable for Social Care projects**

Some **great professionals on FT contracts unable to apply** and some excellent **people in charitable sector unable to apply**

Some potential researchers are currently on long term locum appointments

The expectations need to be more realistic

The **scheme should primarily benefit NI students** in particular talented individuals who may not otherwise consider this as an option.

Widen the pool of applicants but retain a focus on HSC staff.

Question 7

Please provide any further comments that you have regarding the remit for the HSC R&D Doctoral Fellowship Award Scheme.

Comments
Advise on areas of specific current interest which are socially orientated, <i>appears quite clinical at moment</i>
<i>Audit and analyses of administrative datasets</i> should be covered
Clear for applicant and opportunity to ask for clarification if required
'conduct a high quality piece of research which is relevant to the HSC' - This is <i>very vague and open to wide interpretation</i> . It would be helpful to <i>clearly define the research areas of interest to the HSC</i> .
Could open competition wider
I like the fact that it is open but feel <i>staff should be given more active encouragement to consider applying</i>
I think <i>improved guidance on role of HSC R&D office / Trust Managers/ Fellows/Supervisors</i> - and links between all (including simple guidance on administration of award and how this works between university/Trust - and roles of supervisors/fellows in this).
I think it is a fantastic scheme. I feel really lucky to have availed of my invaluable research training through this funding opportunity. I do think it is <i>hard for people to get started if they don't naturally fall into contact with academics from the local universities</i> .
<i>Inclusion of funding for MD</i> may be more attractive for potential applicants.
<i>Social care and social work is underrepresented</i>
The Scheme should <i>encourage, possibly ring fence, funding for applicants from non medical and non nursing professions such as scientists, AHPs and managers/admin staff</i> .

NB: Emphasis has been added

Question 8

Please provide any further comments that you have regarding the application process for the HSC R&D Doctoral Fellowship Award Scheme.

Comments
A <i>preliminary application outlining the proposal would be beneficial and if successful then could go through to a full proposal</i> . The work involved in a full application is onerous and a rejection could stifle innovation
<i>Although the application process is onerous, I think it filters out the candidates that are serious about the opportunity</i> . It also <i>ensures that research questions and protocols are fully thought through</i> making them potentially viable projects.
<i>Application workshop would be useful involving previous applicants</i>
Clear application process, with detailed guidance notes. Only additional comment is it would be <i>useful for shortlisting notifications to occur earlier than 2 weeks prior to the interview</i> .
Clinical medicine applicants reportedly receive an unfair advantage in proposal completion
Could open competition wider, quite a detailed application process
Each Trust will have had a number of people through Fellowship Awards - I think there should be an <i>onus on those individuals to support applicants/supervisors with applications</i> . It would also help to have a <i>nursing/AHP research lead in each Trust to support applicants/managers in the Trust</i> . I agree that <i>pre-application workshops are very important for applicants/supervisors and I would also advocate managers</i> - so everyone is aware of what is involved and expectations.
Facilitation for those applying is very helpful

Question 8

Please provide any further comments that you have regarding the application process for the HSC R&D Doctoral Fellowship Award Scheme.

Comments continued...

From those who I have spoken to, it *seems rather complex*.

Guidance on the areas to be covered at interview would be helpful. Also there is often only 7-10 days between an applicant being invited to interview and then the interview happening. This leaves *very little time to prepare* a candidate for what is likely to be their first research interview

I was happy with the application process. *I took part in the learning sets which were a useful tool to help me to develop my application form section by section* - members of the learning sets also dropped out during the process and I think that was partly a realization as to what is involved.

It is *far too long and cumbersome*, make it easier

It is fine but *a bit pernicky*

It may be *helpful to run workshops advising on the application process, reasons why research is declined* and possibly suggestions for *individuals who can be contacted to mentor applicants through the process*.

It was *really helpful for me as a supervisor to be a member of the panel the previous year* - in terms of enhancing application quality. Other funders allow a small number of 'observers' at funding panel meetings - *I would suggest allowing 1-2 potential applicants/junior supervisors to observe the panel to help break down any perceived barriers*.

It's a *relatively onerous application for people in full time clinical employment*. That said, this is not necessarily bad - *probably screens out people who are not fully committed*.

More 1:1 support

Not intimately familiar with this

Possible *applicants should actively seek supervisors at the start of the application process*

Question 8

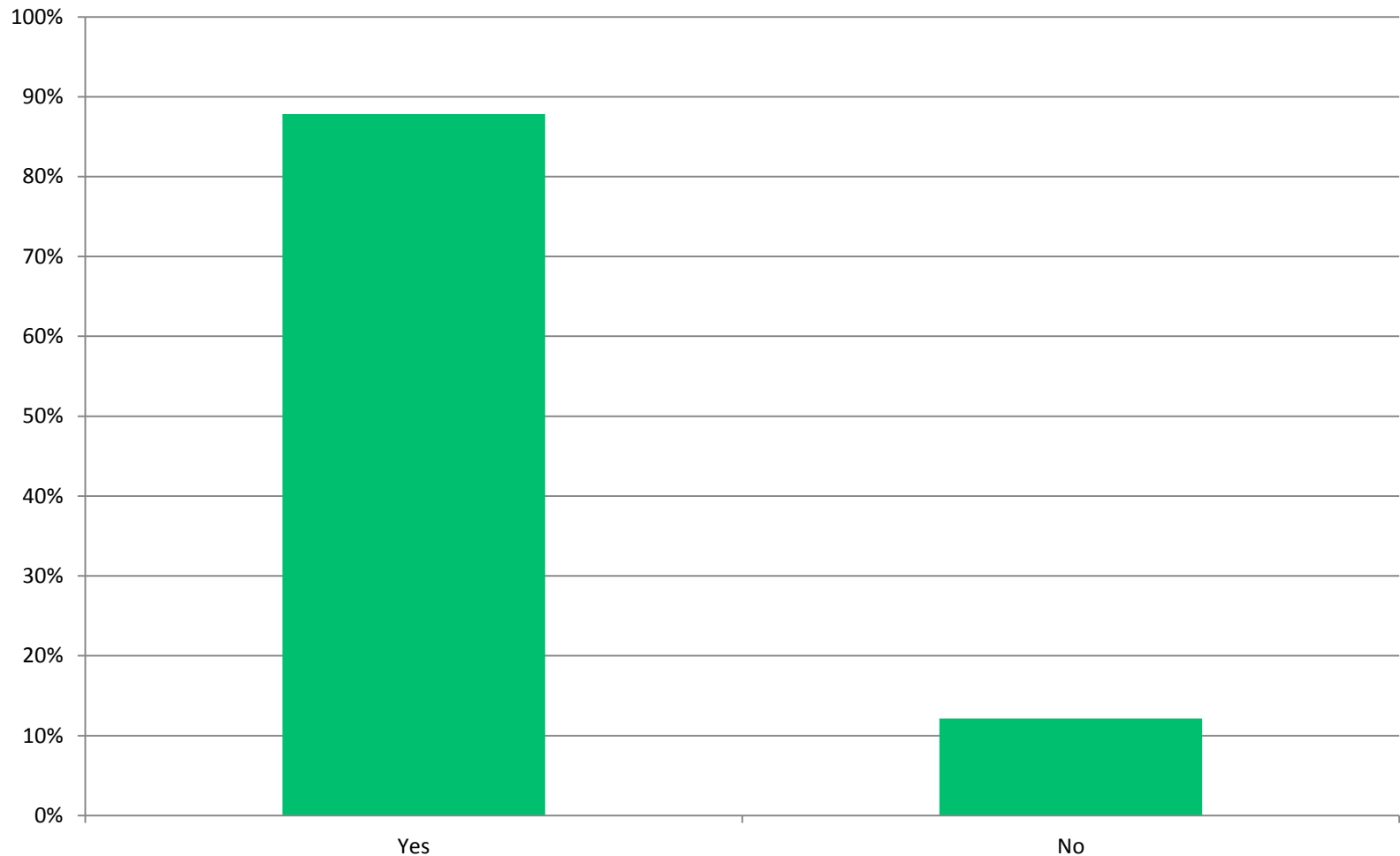
Please provide any further comments that you have regarding the application process for the HSC R&D Doctoral Fellowship Award Scheme.

Comments continued...
Process was clear
Progressing towards an electronic application with sign-off completed by applicant, supervisors and various HR / finance teams would make it much easier.
Provision of constructive feedback to unsuccessful applicants would be helpful; involving principal supervisor in application and interview may ensure greater shared engagement in the proposal
Rigorous
Short time interval between offering interview and interview day. Could this be altered?
Simple process which can be time consuming while in a permanent NHS contract
Taking over 100 hrs to complete an application form to not even get an interview was disappointing. I would introduce an additional layer of screening at the beginning of the process requiring a shorter application form which may rule out unnecessary workload on a potential candidate who is unsuccessful.
The application form is very time consuming to complete due to its structure - the text boxes make editing the document difficult. Staff involved with the scheme are very friendly and extremely helpful.
The application process is very onerous , requiring a full and detailed research proposal. The only way potential applicants working full-time within the HSC can complete this process is by working long hours in their own time. This is likely to prohibit many people from applying.
The process can seem daunting for those who are unfamiliar with the process. It is challenging for professions other than medical staff as other professions are starting from a different perspective.
Would really like to do it but feel there may be a cultural barrier. Managers/ service leads may not see the benefits of getting employees into this program therefore not often discussed or worked towards.

NB: Emphasis has been added

Question 9

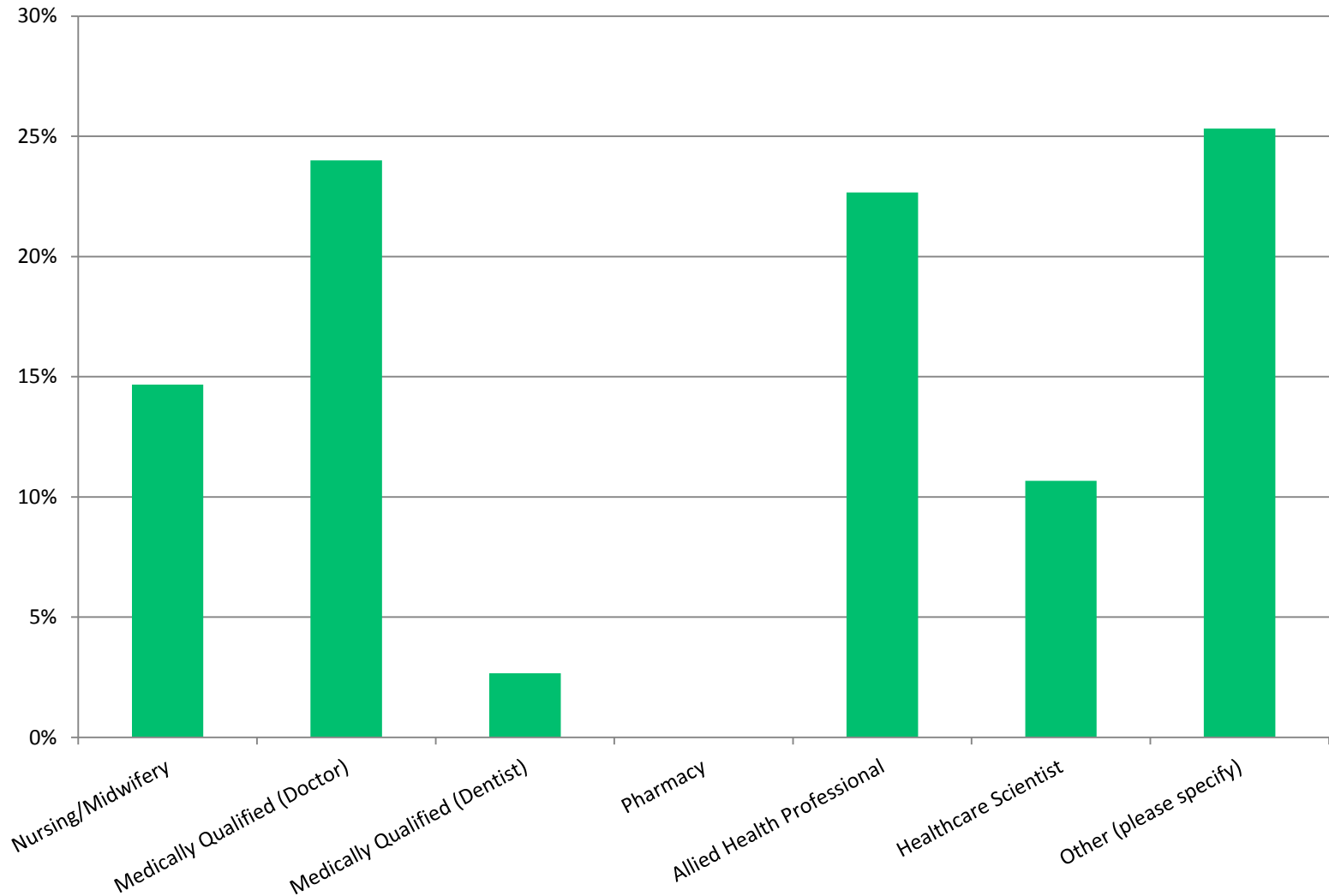
Do you have an interest in Research Fellowships, either as a potential applicant or a potential supervisor?



n = 74

Question 10

What is your professional background?



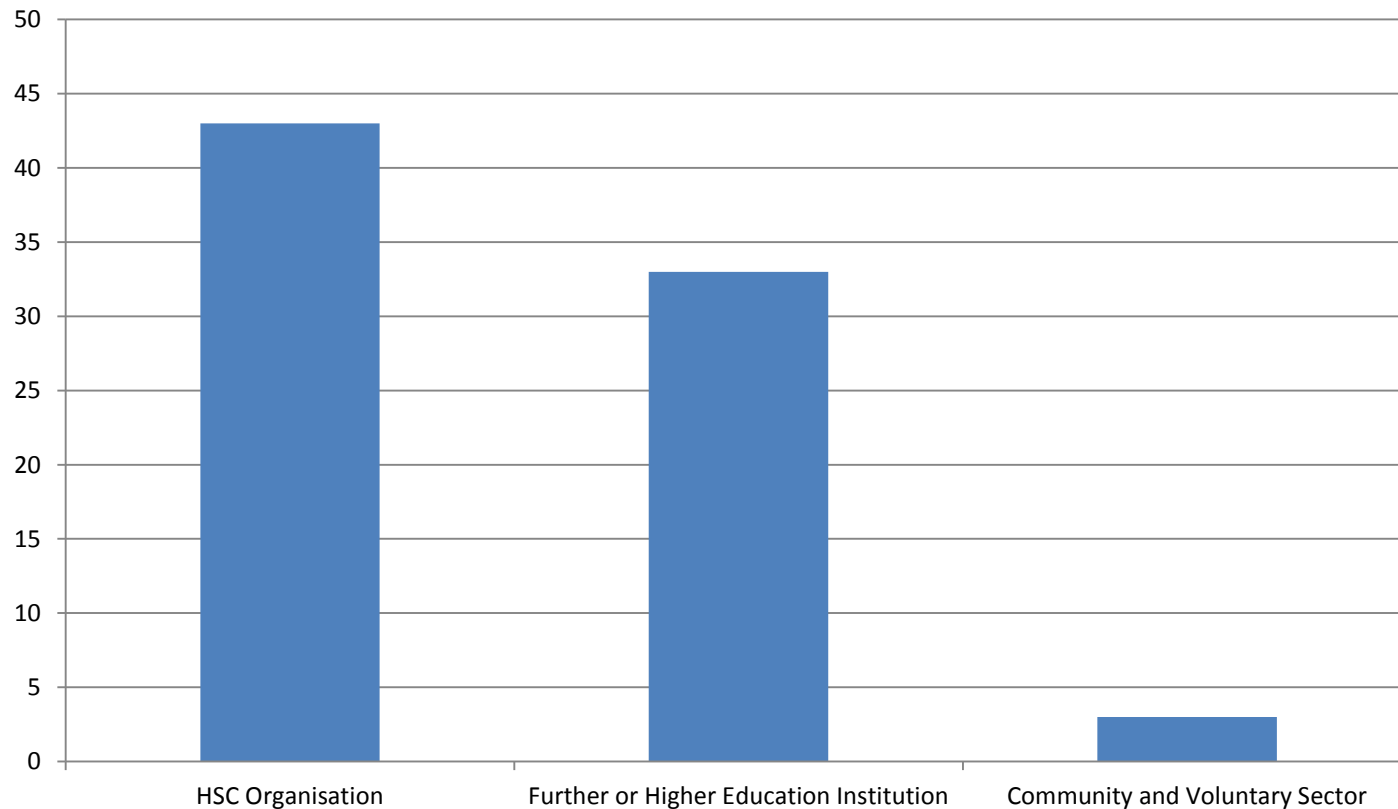
n = 75

Question 10

Other (please specify)
Biomedical Scientist
Health Trust Employee
Academic
Social work
MSc Mathematics and former IT Assistant Director
Senior manager with an interest in governance, medical law and leadership
No professional accreditation, do hold an MSc in Health Psychology
Social Work
Psychology
Optometrist
Biological Sciences
Lecturer in Stratified Medicine
Technical Staff
Housing
Company Director
Academic scientist
Molecular biologist
Academic scientist
Data science

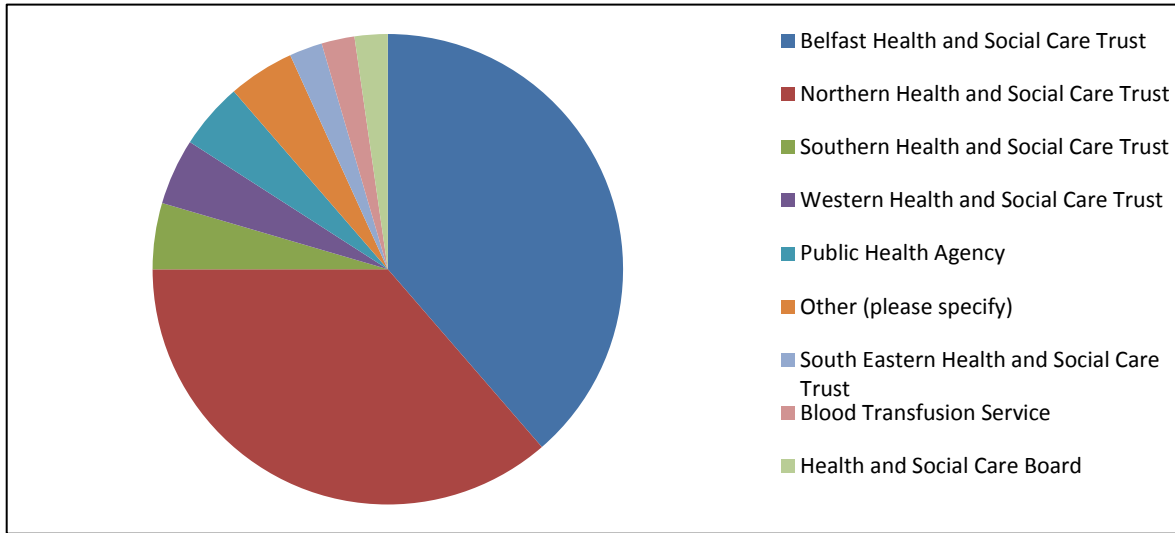
Questions 11-15

Are you employed in (Q11/12) the HSCNI, (Q13/14) a Further or Higher Education Institute, or (Q15) the community and voluntary sector? *Multiple answers are permitted*

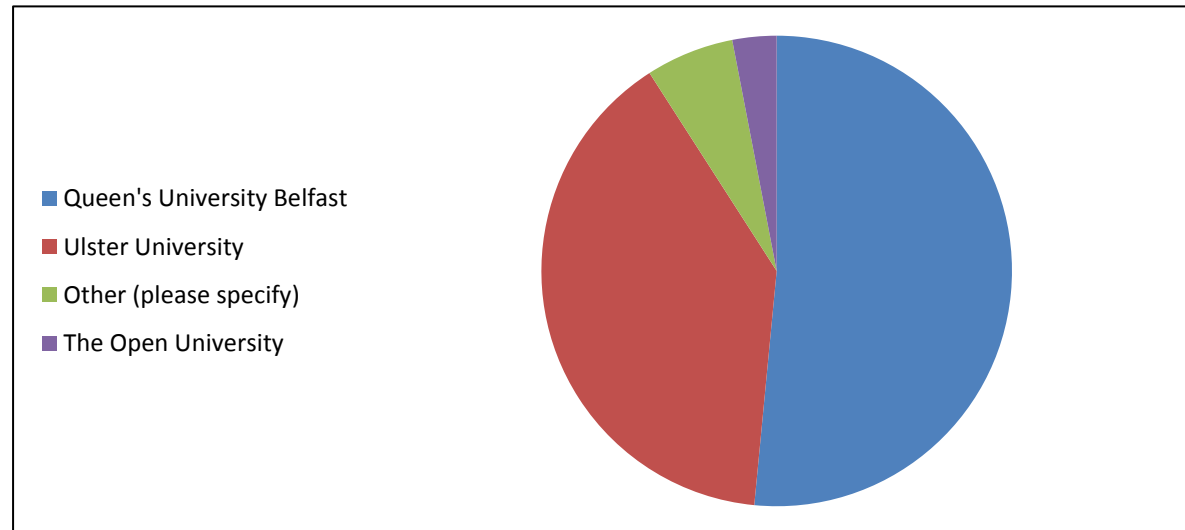


n = 68-76

HSCNI organisations



FEI/HEI organisations



Question 16

What area(s) of health research are you interested in?



Question 17

Please provide any further comments that you have regarding the HSC R&D Doctoral Fellowship Award Scheme.

Positives
Provides excellent opportunity
This is a great scheme
Good scheme - keep it going.
A really useful scheme
An excellent concept and should be retained
It is a brilliant scheme
Brilliant scheme
A good application process for selecting candidates with an interest in their field.
Fantastic and worthwhile opportunity for those committed to research
Highly recommend this fellowship
Good scheme
Should keep going
As a current award holder, I am very grateful for the opportunity the scheme has given me to develop my research knowledge and skills through completing a doctorate.
This is a great opportunity for those in Northern Ireland. It is an excellent source of funding to drive research here. I will be recommending application to this fellowship to more junior colleagues who have a research interest.
Great scheme
I am very supportive of this scheme, I think it is an excellent opportunity for clinicians to undertake a PhD.
Excellent scheme
It has changed my life. Thank you!
There is scope for rich research in a multidisciplinary context. I hope to be a future partner.
An excellent opportunity for clinicians to undertake a PhD

Question 17

Negatives/Barriers

Lack of career opportunity and potential lack of supported secondment seem to be barriers, as well as limited research culture embedded and limited time for research within some areas of practice which impact on the priority held be research

The main comment I have about it is that I don't think people know about it. I only knew about it because I knew someone else who applied. It was not promoted by my employer (NHSCT) at all, which is a shame, as so many people would love to have this opportunity.

While the title is HSC, social work needs to be better reflected

Does it discriminate on the basis of age?

Undertaking a doctoral fellowship would be mainly impacted by associated potential cost/financial burden

To date this scheme whilst very worthwhile is completely out of touch with reality. Firstly applications need to be paid /seconded on their current salary to do this. Secondly the application process needs to be easier/thirdly employing trusts need to be supportive of the importance of research/fourthly there needs to be an outcome and benefit for the person at the end e.g. opportunity of promotion etc.

The application process can be arduous. The ethical application process is extremely onerous and the need for such a detailed proposal should be reviewed as many proposals require amendments over the course of the study.

When I was applying for the scheme guidance advised that applicants must "intend to pursue a long-term career in HSC R&D and must be prepared to demonstrate their commitment to research." The challenge for award holders is that post-doctoral research opportunities are limited. This is a potential deterrent to people interested in applying for the scheme who may not see the long-term benefits of having a PhD.

I was unaware of the scheme

Question 17

Suggestions/Changes
Impact of previous awards should be analysed to identify potential success factors.
More advertisement of HSC R&D Doctoral Fellowship needed
Broadening applications wider could stimulate competition
Could encourage applicants to consider a period of study abroad/elsewhere in UK or Ireland
Eligibility criteria could be broaden
Funding should be based on the nature and complexity of the project
Should be open to members of charity, community and voluntary organisations
Encourage ring-fenced research time on return to employment if relevant
Useful to consider how those in social work/care research fields are able to obtain the scheme and additional barriers posed
The scheme may want to focus on specific themes / topics relevant to local policy / populations / needs
I would strongly encourage enabling academic supervision from universities outside of NI (not just ROI). This will enable high quality research to be undertaken in establishments with a long track record in "niche" areas. This research can be applied to NI.
Would be beneficial if Fellowship could link in with creating a professional qualification in Health Psychology with the British Psychological Society (Stage 1 is MSc qualification with Stage 2 being Practical vocational work in relation to developing health related intervention and behavioural change). This would then lead to a professional qualification as a Health Psychologist registered with HCP body.

Question 17

Suggestions/Changes
Consider implementing meet-ups for fellowship holders and further NIHR integration
Strongly support a greater merger of HSC support with that of clinical academic training, with a move towards the system in place in other UK nations
Open up to fixed term NHS staff in NI
I would just reiterate my last ranked option for potential change to the scheme as being extremely important; i.e. not to open the scheme beyond Northern Ireland. National fellowships exist for many research areas already and I feel this would discourage applications as there is often unconscious bias towards the 'golden triangle' (Oxford/Cambridge/London applicants) that would particularly disadvantage NI applicants.
As a previous panel member I noted that the statistical support/analysis sections were often very weak in applications - more could be done to signpost people to meaningful support for this.
Attaching previous case studies from successful applicants to the website would be very helpful
Some way of separating these two types of research [lab and non-lab based] (e.g.. two separate competitions) would be useful
Should be more widely publicised and used
Making potential candidates and supervisors aware well ahead of deadlines would be useful

Question 17

Other comments of interest
Parallels the NIHR scheme
Hope it is continued to be used to upskill the HSC workforce
For those committed to research
Research is always a poor relation
Give nurses a chance
Am struggling with the importance of equality and ensuring equal opportunity for colleagues working within voluntary/private health care organisations. However, funding is at present limited and will opening the entry gates wider limit even further opportunity for those in H&SC? Should private organisations be encouraged to support their own employees? Or would setting the research priorities in H&SC be the best option and best use of public monies - open to those in academia/NHS practice/ voluntary and private sectors to apply for?
It seems to me that, all things considered, the process lends itself to prioritising lab-based research. I think this is because non lab-based research is less 'clean cut' and so it is easier to identify uncertainties and alternative approaches in non lab-based vs lab-based research. So, when you put both types of research together in the same competition, lab-based research is more likely to be rated higher. However, that does not mean it results in better quality or more impactful research.

Next steps

- Some good feedback but clear that gaps remain in receiving feedback, e.g. professional background and sector of survey respondents
- Survey identified some immediate changes that can be made for the 2020 R&D Doctoral Scheme
- Other medium/long-term changes were suggested and are being developed for future rounds
- Continued engagement with stakeholders will happen, especially those sectors/groups that are harder to reach and under-represented

Immediate changes made for the 2020 R&D Doctoral Scheme

- Open scheme to fixed-term employees
- Clarification and simplification of eligibility criteria, specifically charity/voluntary sector
- Better communication and advertisement of scheme with different sectors
- Clarification and simplification of scheme remit
- Reemphasis of message that R&D office can provide 1:1 support during application process
- Lengthened time between shortlisting and interview dates to provide more preparation time
- Introduction of Panel Membership expression of interest
- Structure of application form simplified

Potential medium/long-term changes for future rounds

- Further awareness raising particularly with hard to reach and under-represented professions/sectors
- Development of workshops for prospective applicants and supervisors
- Development of alumni events and network
- Development of events to link prospective applicants to potential supervisory teams within academic sector
- Awareness raising for managers and employing organisations
- Introduction of competitive pre-doctoral support for potential applicants
- Development of post-doctoral career pathways

HSC R&D contact details

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