National Institute for Health Research

Forming a research team

A multidisciplinary team is often required to undertake high quality clinical research of national and international importance. These team members should be involved in the preparation of the grant application and be included as a co-applicant, collaborator, and consultant as appropriate.

Most funding streams require the **Principal Investigator** (PI) to demonstrate they have substantial experience in the research field (through publication and grant awards). However, there are some funding streams that are suitable for new investigators. It is recommended that a new investigator includes experienced team members to support them. Occasionally funders will allow two PIs (co-PIs) so that a less experienced PI can be supported by a more experienced one.

What should my team composition look like and who should I invite to be part of my team?

- It will be essential to include a **clinical expert** in the disease and population being studied.
- If the study is evaluating an intervention it is important to include a co-applicant with **expertise in this intervention.**
- A **statistician** will be required if the project includes a sizeable component of quantitative analysis and the current applicants do not have experience in this area and/or help with study design is required. If undertaking a randomised controlled trial, it will be appropriate and necessary to include a statistician as a co-applicant. Statisticians are often included as co-applicants for feasibility and pilot trials to ensure the outcomes of these studies are suitable to feed into the design of the definitive trial. If it is not possible to include a statistician as a co-applicant, it may be suitable to make some provision in the grant to purchase statistical consultancy.
- A **health economist** is required if there is a sizeable component of economic analysis in the project. It will be necessary to include a health economist as a co-applicant for a cost-effectiveness or cost-utility analysis. If it is not possible to include a health economist as a co-applicant, it may be suitable to make some provision in the grant to purchase health economic consultancy.
- A **health psychologist** will be required if your planned intervention aims to change individuals' behaviour, be that "lifestyle" behaviours such as physical activity or smoking, or illness-related behaviours such as medication adherence. They will also be required if your intervention's key aim is to support people to cope with long-term conditions. Psychologists' expertise can also be highly valuable in understanding the beliefs that predict health care utilisation. Finally, psychologists also have expertise in risk communication and in the development and evaluation of patient decision aids.
- When evaluating service delivery, it may be beneficial to the research to involve an **organisational psychologist**.
- It is important to have a **qualitative expert** as co-applicant if any part of your study involves qualitative research. Some investigators have the perception that qualitative analysis can be performed by a member of the research team without training in this field. They may propose to follow typical designs from other studies

such as interviews/focus groups and a thematic approach (e.g. thematic analysis with Framework). However, it is likely that the funders will want the applicants to justify how and why the approach has been chosen. This enables them to understand if the team really do possess qualitative experience.

- **A Patient and Public representative/s** is often invited to be a co-applicant on the grant application. Their input is essential for all NIHR funding applications. Patient and public representatives should be active partners in research. They should be invited to contribute both to the development of the research proposal and to the management of the research project. This can take the form of user advisory panels, patient representatives as members of the project's steering committee, and patients involved as co-applicants and co-researchers in the proposed study.
- If running a large randomised controlled trial, it will be important to have methodological input from a **Clinical Trials Unit.** It may be appropriate for members of the CTU to be co-applicants on your trial to improve the methodological rigor of the study.
- **Other specialist methodological input** maybe required if for example you are studying a hard-to-reach population, have geographically highly mobile participants or are undertaking quantitative social science, policy analysis or action or participatory research. Co-applicants with expertise in this area with strengthen the research application.

How do I find these team members?

Statistics and Health Economics

- RDS will not routinely find a statistical/ health economics collaborator for PIs but will explore their networks and identify potential academic collaborators who may be able and willing to collaborate with you.
- If a Clinical Trials Unit has agreed to support your trial, then they may be able to suggest a trial statistician/ health economist for you to approach.
- Ask around. There may be a statistician/ health economist in your department or you could approach the medical statistics/health economics department in your university.
- If you are unable to find a statistical collaborator/co-applicant, then get in contact with a statistical or health economic consultancy unit. They should be able to supply a quote for statistical support which can be included in the application.

Patient and Public Representation

- You can approach existing patient groups or research advisory panels that are related to your research topic (local hospital and GP user groups can be a first point of contact). At RDS our Patient and Public Involvement (PPI) lead has information on such groups that they can share with you and can help facilitate this. You may also find this information in your Biomedical Research Centre.
- INVOLVE (www.invo.org.uk/) has a list of PPI organizations that can offer further resources and contacts to researchers looking to recruit patients as collaborators in the development and the management of their research applications.

Health Psychology

- As in other areas of expertise, check that there is not someone relevant in your own department or institute.
- There are some regional groups within the British Psychological Society Division of Health Psychology which might be a useful starting point to make enquiries about where to find a local psychologist http://dhp.bps.org.uk/dhp/health-psychology-regional-groups/health- psychology-regional-groups_home.cfm
- The European Health Psychology Society has a searchable member directory that can be restricted to UK-only http://www.ehps.net/index.php?option=com_content&view=article&id=200&Itemid=320

- If you unable to find a health psychologist, you could try and contact the psychology department in your university.

Qualitative

- As in other areas of expertise, check that there is not someone relevant in your own department or institute.
- Qualitative research is a large umbrella term. Your RDS advisers should be able to help you consider the different types but you then need to match the expert to your final choice. A conversation analyst for example is very unlikely to have the expertise to deal with a narrative analysis.
- It is advantageous to choose someone senior. Many people have been involved in a qualitative study, but a senior expert will have the experience needed to deal with the breadth of questions that can arise.
- As with all co-applicants, make sure that their CV backs up their claims to expertise. A 'qualitative expert' whose publications list comprises only surveys, epidemiological analyses or mixed methods papers could lose you the grant.

How much time should I cost in my co-applicants?

Showing value for money in your application is important. A balance between including the methodological expertise required (that will strengthen your application) and study costs needs to be found.

It is very important to map out roles and responsibilities. When planning the study roles and resources be efficient and ensure only costs for the actual grade required to undertake these duties are used. For example, do not use a clinical research fellow to perform study processes that could be achieved using a non-clinical or a more junior team member.

Limit the time of senior input to provide oversight and use junior resources to undertake the day-to-day roles. Only cost in the senior input required.

However, be realistic about the time required for a co-applicant to undertake their role. For example, 1% of co-applicants time equates to approximately 2-3 working days per year. This level of input may be suitable for attending several meetings and reading a limited amount of study documentation.

This level would give the funding panel cause for concern if the person is leading on a ‘work package’. Tokenism is easily spotted.

Make sure all your co-applicants are active team members and contribute to the development of your application. If they are not active, then think about whether their involvement is really required (or even whether they should tactfully be replaced).

Your co-applicants will advise on their percentage time required for the study but sometimes you may need to negotiate this with them to keep study costs down. Your costings team will also be able to help you achieve the right balance, by experimenting with slightly higher or lower levels, but don’t overuse them!