

Aleron

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Consulting

Scoping Exercise

**Starter Grant Scheme for Medical Humanities and Health-related
Social Sciences**

The Academy of Medical Sciences

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Executive Summary

Background

As part of the agreement with the Wellcome Trust, the Academy has been asked to devise a Starter Grant scheme for early career lecturers in the Medical Humanities and Medically-Related Social Sciences. The overall aims of this scheme would be to target researchers within their first five years of appointment to a lectureship post (or equivalent), with the aim of helping them to transition to independence.

Our objectives

The brief for this scoping exercise is comprehensive and clear, the overall aims being:

- To gather insight, analyse, interpret and present data to understand the cohort of researchers eligible to apply e.g. numbers; range of roles/posts; major funders in this field.
- To explore and understand the career paths of this cohort to define career development and research funding needs. Furthermore, to identify unmet needs within this cohort and how the scheme can be designed to address these.
- To provide advice on best practice in developing and running the scheme, including approaches to mentoring and potential funding partnerships.
- To identify appropriate channels for communication and publicity for the scheme, once developed.

Methodology

During the study, we conducted three main activities: Desk research, an online survey (including lecturers eligible to apply, potential future applicants and senior lecturers, professors and/or Heads of Departments), and interviews with selected Heads of Departments, funders and Fellows of the Academy of Medical Sciences. Further details of the methodology can be found in Appendix II.

Key findings

Defining the research landscape: Considering the aim of the programme and the Academy's mission of improving health outcomes, we recommend using the broader definition of 'medical humanities' and 'health-related social sciences' for the Starter Grant scheme. Given the evolving and interdisciplinary nature of this broad field of academic enquiry, we recommend a definition that incorporates medical issues, but also leaves room for academic research that links health and social care disciplines with the humanities.

Perceptions of the Starter Grant scheme: There was very strong support from the research community and major funders for the Academy to establish a funding scheme supporting early career lecturers. Our review of funding needs and availability reveals that there is a lack of funding for this cohort of researchers within these academic fields.

Career paths and development: In comparison to medical research, career pathways in MHSS are much less linear. It is common for researchers to be more mobile in relation to specific projects, institutions and even between sectors. For early career lecturers key challenges in terms of career progression result from having to balance teaching requirements, research and administrative tasks.

Funding needs: While there is broad consensus that funding is needed to buy out teaching time and finance field research, considerable uncertainty exists regarding what the actual demand will be. Assuming average costs of £35,000 to buy out teaching time for one year (full time) and £5,000-8,000 to finance field research and disseminate findings, we recommend grants of up to £40,000. A

range of options are described to help manage demand and revise the scheme accordingly in future rounds. In considering the level of funding to be available, the scheme should balance prestige with the provision of much-needed support to a relatively large research community.

Key Risks

Description	Management
Access to MHSS expertise for peer review and awardee selection. This is highly important for allocating funds appropriately, providing credibility to the scheme and ensuring funding partner / research community buy-in.	Mobilise AMS Fellows in the existing network and gain expertise from partner organisations (e.g. Wellcome, AHRC, ESRC).
Access to a suitable range of MHSS expertise to facilitate mentoring.	Where suitable, engage AMS fellows. Through partner organisations (e.g. Wellcome, AHRC, ESRC) gain access to expertise in the relevant fields. Consider expansion of the Academy's fellowship beyond Medical Science (e.g. full or affiliate members).
Uncertainty in demand leads to oversubscription / low success rates.	Measures are proposed to manage demand (e.g. expression of interest stage for the first round) and revise the scheme in advance of future rounds.
Perceptions of competition from other funders. The majority of funders recognised the importance of the scheme, with many willing to consider some form of future involvement. The British Academy appeared to be more reserved about the potential for partnership.	Maintain dialogue with relevant funders to inform them of future plans and partnership opportunities.

Recommendations

Design of the Starter Grant scheme	
1	The scheme should have a clear purpose with intended, measurable impact as defined in this document. Key elements of this purpose are to: <ul style="list-style-type: none"> advance research in the fields of Medical Humanities and health-related Social Science, supporting aspiring early career stage lecturers (within 5 years of appointment) to develop their ideas and independent programmes of research build a new cadre of researchers with strong interdisciplinary skills in the Medical Humanities and Social Sciences improve the interface between medical science, the humanities and social sciences: forging new multidisciplinary collaborations that tackle major public health challenges advance research that improves our understanding of the cultural and societal factors that affect population health
2	The aims and focus of the new Starter Grant Programme should be considered within a wider Health Research Strategy for the Academy, incorporating findings and future priorities identified through the 'Health of the Public 2040' project.
3	Given the non-linear career paths of researchers working within MHSS, the scheme should be open for lecturers within their first five years of appointment.
4	The primary aim of the scheme is to support lecturers to transition to independence. This means that funding will be provided to support any activity necessary to pursue this goal, for

	example, to buy out teaching time, finance field research, organise conferences and disseminate research findings. Applicants should be encouraged to apply for up to a maximum grant of £40,000 depending on individual funding needs, providing appropriate justifications. The maximum grant value of £40,000 has been set to cover buy out costs for one year (full time) or two years (part time) and up to £5,000 for other research related activities.
5	In order to promote the scheme and support early career lecturers, the Academy should consider hosting networking events with Academy fellows that allow scholars to build their own interdisciplinary networks.
Best practice	
6	Access to external expertise in the fields of Medical Humanities and health-related Social Sciences will be vital to the success of the programme – for conducting peer review, selecting awardees and to facilitate mentoring. The Academy should consider strategic partnerships with relevant organisations to access expertise, or expand its own fellowship.
Communication and publicity	
7	Maintain dialogue with interested funders regarding the potential of future support for the scheme.
8	Given the scattered research landscape, the Grant scheme should be advertised using the channels of existing funders and online platforms of leading MHSS research networks.

Key findings

Introduction

Society is facing enormous challenges to improve population health, which require a better understanding of the complex social determinants of health, illness and ageing. Significant advances are being made, through biomedical research, to better understand the nature of disease and how cures can be devised. This progress is changing our expectations about health and the landscape for medical practice.

Whilst major advances in precision medicine are finding new and better ways to treat disease and detect it early, this approach alone will not address the major social issues and health inequalities that exist in the UK and globally¹. Global population health can only be improved by tackling a wide range of societal factors e.g. employment conditions, social exclusion, gender inequalities, early child development, globalisation and urbanisation². Much more can be done – through research – to better understand the wider context of population health and disease, through looking at societal, economic and cultural factors that increase risk of illness and how our public health systems can reduce risk and provide better treatments.

It is very timely for the Academy to be looking at this topic. Indeed, the Academy's 'Health of the Public 2040' initiative³ aims to identify the main health challenges the UK population will face by 2040, and the opportunities to address them, in order to inform future strategies and recommendations for research. It will be important to consider the proposed new Starter Grants scheme within an over-arching strategy for the Academy, and likewise to consider the contributions that research in the fields of humanities and social science can contribute to the '2040' project.

Given the Academy's policy and influencing agenda to tackle public health challenges, its research engagement in the sphere of Humanities and Social Science will not only generate evidence to underpin new and evolving policies, it will add further credibility to the Academy's voice in this field.

Scope and Definition - Medical Humanities and health-related Social Science (MHSS)

To inform the development of the new starter grant programme, a clear definition of the topic area is required. From holding several discussions with leading researchers and funders in these fields, the following definitions are proposed, under the title:

Medical Humanities and health-related Social Sciences (MHSS)

Medical Humanities

Consideration was given to using the term 'health humanities' rather than 'medical humanities'. The medical humanities comprise a variety of disciplines that explore the social, historical and cultural dimensions of scientific knowledge, clinical practice and healthcare policy. They investigate and give meaning to the experiences, narratives and representations of health and illness that are often ignored by the biomedical sciences alone e.g. arising from a perception that medicine lacks a humanist approach. This field also explores how medicine is done, for example clinical practice, doctors / patient interactions and the human experience.

¹ www.nejm.org/doi/full/10.1056/NEJMp1506241?af=R&rss=currentIssue&

² www.who.int/social_determinants/themes/en

³ www.acmedsci.ac.uk/policy/policy-projects/health-of-the-public-in-2040

In contrast, health humanities, as defined for example by Crawford et al. (2015), cover a much broader subject area than medical humanities, through the inclusion of a wider focus on healthcare research:

“Health Humanities draws upon the multiple and expanding fields of enquiry that link health and social care disciplines with the arts and humanities. It aims to encourage innovation and novel cross-disciplinary explorations of how the arts and humanities can inform and transform healthcare, health and well-being. It calls for a much richer body of work that breaks out of limited applications of the arts and humanities to any specific healthcare discipline, as in the medical humanities, which to date has been largely preoccupied with training medical practitioners. The health humanities is all about advancing health and well-being through the arts and humanities in ways that are not solely the preserve of medicine or to be defined and driven by it. As a more inclusive and applied field of activity with a fast-growing international community of researchers, health humanities looks to generate diverse and even radical approaches for creating healthier and more compassionate societies.”

In the UK, however, the term ‘medical humanities’ is more commonly used and is likely to appeal to a wider range of researchers. The field of health humanities also appears to be a relatively new and evolving field, which also incorporates several aspects of the health-related social sciences. Given the significant overlap between health and medical humanities and the ambiguity associated with both definitions⁴, we propose to stick to the term of medical humanities.

Health-related social science

The term ‘Health-related social sciences’ is selected over ‘Medically-related social sciences’ to highlight the intended focus of the programme towards improving health outcomes and to attract a larger number of researchers from different backgrounds.

Social Science covers a wide range of disciplines⁵. In its broadest sense, it is the study of society and the manner in which people behave and influence the world around us. The following subjects would be included within the scope of this Starter Grant programme, where research questions are addressing health-related issues: demography and social statistics (including population health research), human geography, environmental planning, economics, social anthropology, law, psychology, philosophy, bioethics, sociology, social policy and social work.

The ESRC is establishing a framework to enable *Biosocial Research*⁶, which is concerned with the dynamic interplays between biology, experiences and behaviours over the course of a person’s lifetime. Encompassing multidisciplinary science, biosocial research brings together expertise from the biological, medical and social sciences. It aims to advance understanding of the complex pathways and mechanisms that shape physical and mental health, social behaviours and outcomes, and genomic, neurological and physiological systems.

The AHRC and ESRC acknowledge that there is a wide interface between the Arts and Humanities and the Social Sciences, and have issued a joint statement highlighting areas of common interest⁷. Subjects where the AHRC and the ESRC share interests and responsibilities include for example: human geography, history, law, philosophy and anthropology.

⁴ Bleakley (2015) provides a detailed discussion of the meaning and history of the ‘medical humanities’ that refers to an increased ambiguity of ‘health humanities’ arising from its links with optimism, wellbeing and safety. Bleakley, A. (2015): *Medical Humanities and Medical Education. How the medical humanities can shape better doctors*. Oxon: Routledge.

⁵ www.esrc.ac.uk/about-esrc/what-is-social-science/social-science-disciplines.aspx

⁶ www.esrc.ac.uk/images/ESRC-framework-to-enable-biosocial-research_tcm8-33218.pdf

⁷ www.esrc.ac.uk/images/Joint_AHRC_ESRC_Statement_on_Subject_Coverage_tcm8-2637.pdf

From the perspective of defining the Academy’s interests, *Medical Humanities and health-related Social Sciences* would be a more appropriate term for the Starter grant scheme, highlighting its interests on population health outcomes and providing identity to the scheme. The diagram below (Figure 1) highlights the scope of Medical Humanities and Social Science and the interplay between subjects in related fields.

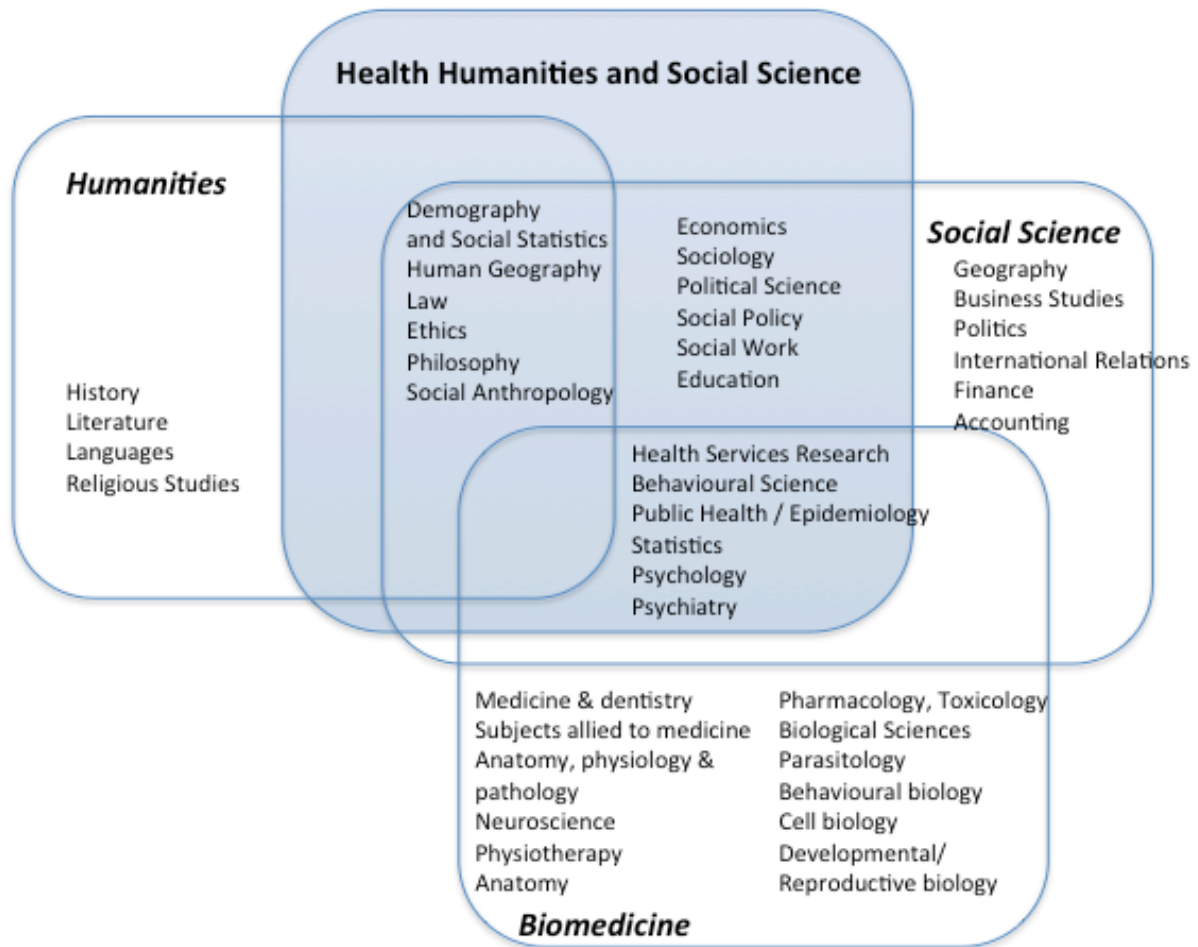


Figure 1 The medical humanities, social sciences and how they relate to other disciplines (Sources: Bastow et al. (2014): *The Impact of the Social Sciences*⁸; ESRC and AHRC subject definitions and coverage; HESA and HEFCE (REF/UoA) categories)

Research Landscape

Research in the Social Sciences in the UK is very strong – two separate ranking systems place the UK either 1st or 2nd in the world in terms of research impact. Within the UK’s academic research base of 118,000 research active staff, 38% (45,000) work in Humanities and Social Science compared with 57% (67,000) working in STEM subjects (see Figure 2). However, government funding for the main funders in these fields – the ESRC and AHRC – has declined in recent years. Furthermore, many social scientists believe their achievements are undervalued, especially when compared with those who work in science, technology, engineering and mathematics. There is also a widespread view that

⁸ <https://uk.sagepub.com/en-gb/eur/the-impact-of-the-social-sciences/book241492>

policy-making in the UK would be more robust if better use was made of the social science evidence base.

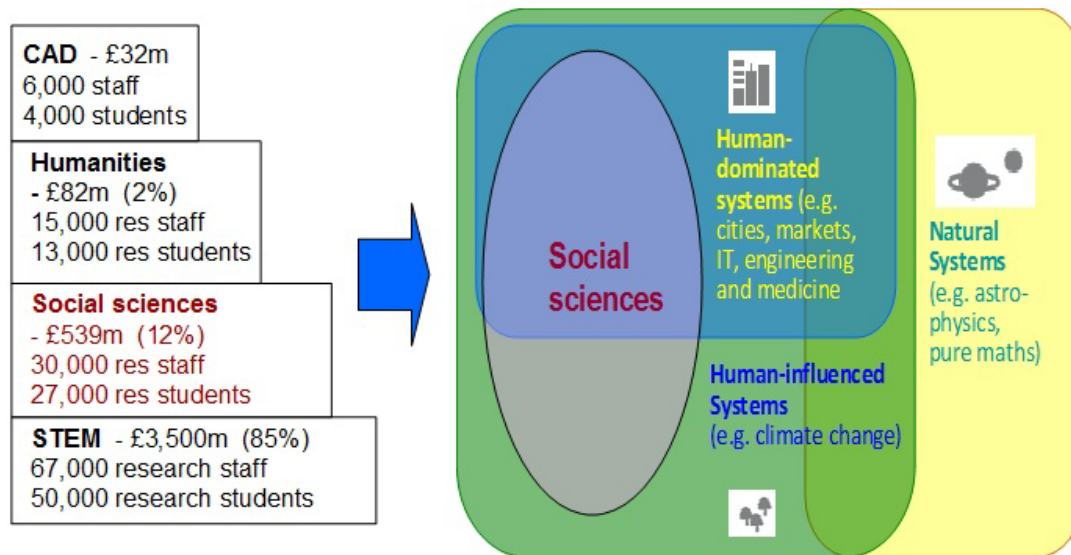


Figure 2 How the social sciences, STEM and other disciplines feed into the study of human-dominated and human-influenced systems in the UK
(Source: Bastow et al, The Impact of the Social Sciences, (2014))

Medical Humanities and Social Science – academic workforce

Overall, compared with the biomedical sciences, the research funding available for the Humanities and Social Science is relatively small, particularly considering the size of the academic workforce. Within the humanities and social science, there is evidence of funders supporting more research with a health-related focus. In part, this may be influenced by the increased pressure to identify societal benefits arising from research in these fields.

Whilst data exists describing funding and the workforce within the Humanities and Social Science (HSS), it is harder to quantify the volume of health-related research within these fields. By nature, subjects within HSS are very interdisciplinary - for example a sociology department might cover some health-related research but this would not be the focus of the whole department. Similarly, a specific clinical school may be active in social science alongside other fields of research.

The Higher Education Statistics Agency (HESA) provides comprehensive data on individual subject areas (e.g. 'Economics' or 'Sociology'). HESA's classification system uses 45 academic 'Cost Centres', provided for Higher Education Institutes to classify all teaching posts or students within a specific topic. These are closely related to HEFCE's 36 Units of Assessment (REF 2014). Whilst social science subjects are covered by a number of cost centres, there is no means to extract data on health-related social science from the broader field of social science. Similarly, subjects within the humanities are included within a separate range of cost centres (e.g. philosophy, literature), from which it is not possible to extract data on health or medical humanities.

Bastow et al. (2014) have looked in detail at obtaining data from HESA on the number of research active staff across the social sciences. They note that:

“Collating standardized information of this kind is supposed to be the core competence of HESA, yet it is still not possible to reach what we might call a definitive set of figures on the

number of academic research staff working in social science disciplines. Whereas HESA collects data on the numbers of students studying particular social science disciplines, they do not collect equivalent data on the areas in which staff do research (and teach).”

HESA was approached during this exercise to extract data on the relevant academic workforce. A number of limitations meant that it was not possible to obtain the relevant data from HESA:

- Data on lecturer-only workforce numbers could not be obtained as such data was collected and grouped together with e.g. Research fellows, Researcher (senior research assistant), Teaching fellows
- Data on health-related topics could not be extracted from wider subject areas such as philosophy, sociology or Economics

To help provide an estimate, data from three major funders (ESRC, AHRC and the British Academy) was obtained to estimate health-related spend within their portfolios. From these figures, an estimate has been made on the numbers of lecturers working these fields (Table 1).

Table 1 Estimated number of lecturers working in the Health-related Humanities and Social Sciences (MHSS)

	Total spend (pa)	Health-related spend (pa)		Total workforce (HESA)	Health-related workforce	Health-related lecturers*	
	£m	£m	%			1-5 yrs 20%	All 40%
ESRC	£200m	£36m	18%	30,000	5,400	1,080	2,160
AHRC	£98m	£2.9m	3%	15,000	450	90	180
BA	£30m	£1.5m	5%	15,000	750	150	300

Notes: Figures on health-related spend were provided by each funder. Figures on total workforce were provided as above (Figure 2). Information from a demographic review of the social sciences (2006; figure 2.3)⁹ using data from HESA indicated that 40% of the workforce was at lecturer level. Using this information, an estimate (20%) has been made to identify the number of lecturers within 5 years of appointment. Together, it can be estimated that the number of eligible lecturers within the fields of interest could be at least 1,200. *lecturers below senior level.

The estimations in Table 1 suggest that there could be between 90-150 lecturers (within 5 years of appointment) working in the field of Medical Humanities and almost 1100 lecturers at this career stage working in Health Social Sciences. The latter figure would appear to be quite high, for the reasons described below. Taking these estimates into consideration, a potential target audience of up to 1250 lecturers in MHSS is possible, however the actual number is likely to be much less (e.g. 500-700). Therefore, it is realistic to estimate that demand in the early years of the scheme could exceed 200 applications.¹⁰ As indicated, there are numerous caveats associated with this estimate:

- Assumption that health-related spend (i.e. funded grants) as a proportion of total research spend correlates with health / non-health-related workforce proportions
- Little detail was available on grants comprising the health-related spend for ESRC. In 2014/15, ESRC committed £43m on response mode funding and almost £100m on strategic, collaborative and infrastructure funding. Therefore, the above assumption on linking health-related spend to workforce proportions may be particularly weak in this case
- Assumption that, of 40% of the workforce identified by HESA as being at lecturer level (below senior lecturer), half of this amount (i.e. 20% of the workforce) are within 5 years of a lectureship appointment

⁹ <http://core.ac.uk/download/pdf/278774.pdf>

¹⁰ Estimates for the number of MHSS lecturers eligible to apply obtained from Heads of Departments in interviews range from c. 350-400. This is based on roughly 100 lecturers in medical humanities alone and another 250+ in medically-related social sciences.

Humanities and Social Science – Major Funders

The major funders in these fields are summarised below in Table 2. Omitted from these figures are spend from NIHR and the devolved governments.

Table 2 Major funders in Humanities and Social Science

Funder	Total spend (pa)
ESRC	£200m
AHRC	£98m
British Academy	£30m
Wellcome Trust	£32m
Leverhulme	£75m
Total	£435m

“The Wellcome Trust provides an excellent funding package, and their seed grant scheme is particularly good. However, they are currently the only funding body that explicitly provides money for Medical Humanities research, thus enabling them to play a very large role in shaping the direction of the field. Currently they are doing an excellent job, but it would be great to see other funders with perhaps alternative visions enter the playing field.”

-Lecturer in English Literature

Survey responses provide more detailed information about the relevance and popularity of these funders for researchers in medical humanities as opposed to medically-related social sciences (see Table 3). Given its focus on health-related research, the Wellcome Trust was unsurprisingly identified as the main funder of Medical Humanities and medically-related social sciences.

Table 3 Main funders ranked by popularity

	Medical Humanities	Medically-related social sciences
Popularity	Wellcome Trust	ESRC
	AHRC	Wellcome Trust
	ESRC	NIHR
	Leverhulme Trust	Medical Research Council
	British Academy	AHRC
	Others: Carnegie Trust, National Institute of Health Research, European Research Council, Royal Society of Edinburgh, National School of Primary Care Research, Brocher Foundation	Others: Bill and Melinda Gates Foundation, DFID, British Academy, Department of Health, European Research Council, Nuffield Trust, Cancer Research UK, WHO, Wellspring, Health Foundation, Society for Academic Primary Care, British Society for Literature and Science (BSLS)

These funders allocate resources to the research community through a wide range of mechanisms. Funding streams of most relevance to the cohort of interest for the Starter Grant scheme are highlighted in the Research Grant Funding Matrix in Appendix III.

In addition to response mode funding schemes, the Research Councils operate several cross-council schemes, which include calls targeted at supporting health and wellbeing related research. The ESRC is particularly active in health-related, cross-council initiatives - some examples are shown below:

Epigenetics: how early life experiences affect health	ESRC, BBSRC	£3m committed in 2015
Tackling the challenges of dementia: prevention; quality of	ESRC,	£20m committed in

life	NIHR	2013
Secondary Data Analysis Initiative To deliver high-quality high-impact research through the deeper exploitation of major data resources created by the ESRC and other agencies (e.g. large population studies)	ESRC	£8.2m committed in 2012

Main research areas

Given the nature of the field, most research within MHSS is interdisciplinary. Discussing our survey findings with leading researchers in MHSS helped us to identify two broad groups of researchers:

- i) researchers within the social sciences and humanities whose research links or is centred around medically- or health-related sciences
- ii) medical researchers and clinicians working in medical schools aiming to use insights from the arts and humanities to improve health outcomes for patients

Interviewees confirmed our initial impression that the former group, i.e. researchers with a background in social sciences, are currently driving the progress within MHSS. Our survey mirrors this trend: only 46 survey participants (17%) of survey respondents (across lecturers, professors, young researchers) were based in medical schools. Key research themes across both areas of investigation are mapped out in Figure 3 below. The dominance of health-related research in the sub-group of ‘medically-related social sciences’ is indicative of current research trends and justifies the application of a broader definition of medical humanities.

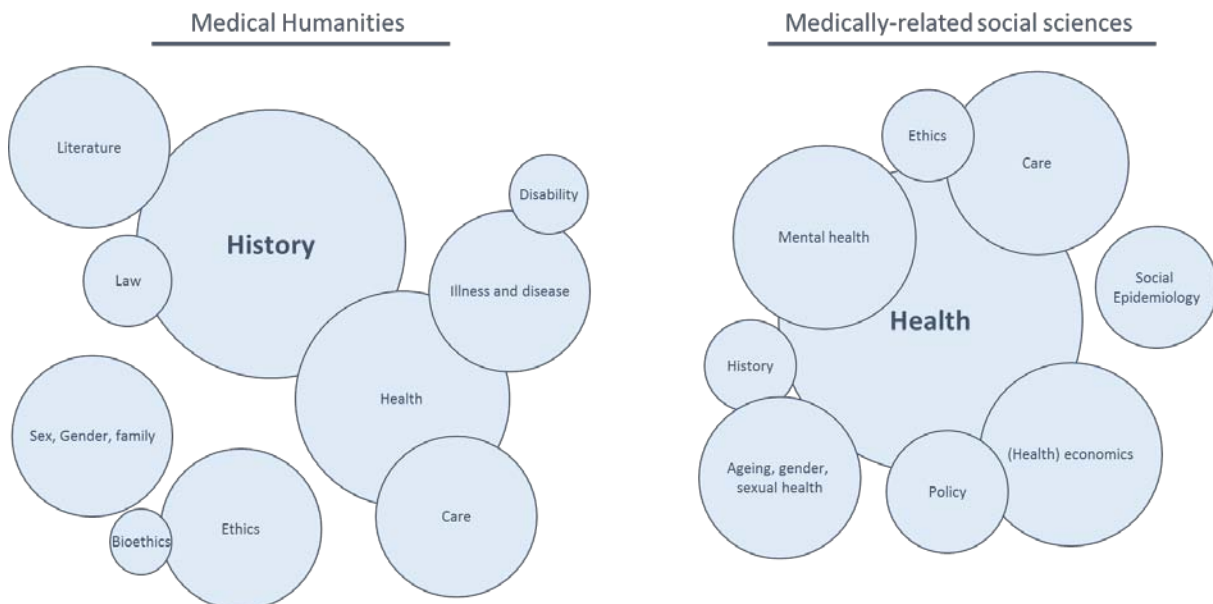


Figure 3 Key research themes

Research Activity in the UK: Leading research institutes and centres

Using results from the recent Research Excellence Framework (REF, 2014), HEFCE has made available interactive maps and data describing research quality and capacity at Higher Education Institutions across the UK. By way of example, research power within the Humanities is shown below (Figure 4).

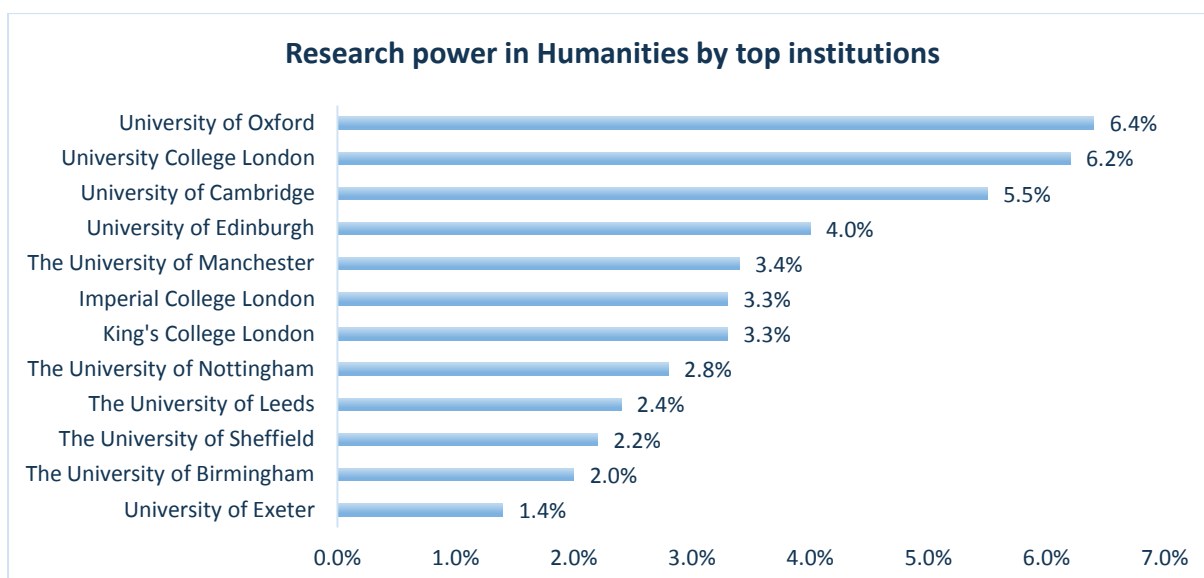


Figure 4: Research power (capacity and quality) in Humanities by top institutions in the UK (Source: HEFCE¹¹)

Whilst the Russell Group universities are particularly strong in Humanities and Social Science, some of the best research in this field also takes place at the newer universities, which can be more practically focussed (less theoretical) e.g. Sussex University. Senior academics in the field confirmed this finding and strongly proposed to promote the grant scheme across smaller universities outside the Russell Group. As an evolving field with limited access to funding, researchers working within MHSS are often scattered across a large number of different departments. Based on our research, King's College London and the University of Durham are the only two universities with independently funded research centres dedicated exclusively to research in the medical humanities¹². Outside of these two universities, researchers working in MHSS are generally paid by departments or schools outside of MHSS, and engage in cross-departmental research collaborations through networks (see Table 4).

Table 4 Leading Universities and Research Centres in MHSS

University	Centre Name ¹³
University of Durham	Centre for Medical Humanities
King's College London	Centre for the Humanities and Health
University of Aberdeen	Centre for Medical Humanities
Birkbeck, University of London	Research Centre for Medical Humanities
Bristol University	Research Cluster Medical Humanities
University of Edinburgh	Medical Humanities Research Network <ul style="list-style-type: none"> An interdisciplinary research network for the Medical Humanities is currently being developed in the College of Humanities and Social Science.
University of Exeter	Research theme bringing together academics from: <ul style="list-style-type: none"> Centre for Medical History

¹¹ www.hefce.ac.uk/analysis/coldspots/research

¹² The Centres in Durham and at KCL were funded by a generous contribution from the Wellcome Trust in 2008.

¹³ The term 'Centre' should not be mistaken for an independent department. In fact, only Durham and King's College London are independent in the sense of employing salaried academic staff within the Centre. Based on our current research, all other Centres should be regarded as research clusters without permanent staff members.

	<ul style="list-style-type: none"> • Egenis – the Centre for the Study of Life Sciences • European Centre for Environment and Human Health • Exeter Medical School • The College of Humanities
University of Glasgow	Centre for the History of Medicine
Keele University	School of Humanities <ul style="list-style-type: none"> • Medical Humanities taught within the School of Humanities, offered in addition to medical degree
University of Kent	School of History <ul style="list-style-type: none"> • Centre for the History of Medicine, Ethics, and Medical Humanities
University of Leeds	Centre for Medical Humanities <ul style="list-style-type: none"> • Interdisciplinary collaboration between the faculties of Arts and Medicine & Health
University of Leicester	Centre for Medical Humanities <ul style="list-style-type: none"> • An interdisciplinary research Centre exploring a suite of projects sitting at the intersection of medicine, humanities, social science, and the arts and their application to medical education and practice.
London School of Hygiene and Tropical Medicine	Faculty of Epidemiology and Population Health
Newcastle University	Literature, Health and Medicine research focus
Swansea University	Medical Humanities MA

Another dynamic shaping the research landscape is the aim to foster collaboration through regional or national networks. All interview partners confirmed an increasing tendency to engage in networks or collaborations to stimulate their own research and to advance the development of the field of MHSS. The goal is to create a forum and route to interdisciplinary collaborations, including – but not limited to – professionals working in the arts, healthcare and academia. Key networks are:

Table 5 Key interdisciplinary networks in MHSS

Network name	Region and scope	Website
Northern Network for Medical Humanities	Durham, Newcastle, Sheffield, Liverpool, Leeds, Glasgow, York	http://nnmh.org.uk/
Regional Medical Humanities Network South West and Wales	Exeter, Bristol, Cardiff	https://regionalmedicalhumanities.wordpress.com/
Association of Medical Humanities	c. 100 members, annual conference in June	http://amh.ac.uk/
International Health Humanities Network	AHRC supported global platform for health humanities scholars	http://www.healthhumanities.org/

Career paths and career development

General findings

In comparison to medical research, career pathways in MHSS are much less linear. It is common for researchers to be more mobile in relation to specific projects, institutions and even between sectors – regardless of their career stage. A key challenge for young researchers who have not yet been appointed to a permanent lectureship position is the increase of fixed-term research contracts in the social sciences over the last 15 years. This issue has been highlighted in the Research Concordat¹⁴, with steps being made to try to limit the use of fixed term contracts across all disciplines.

HESA data shows that an increasing number of researchers are employed on teaching-only contracts, making it more difficult for individuals to advance their research interests. Many lecturing jobs are very teaching intensive – often with minimal research time built into contracts – because Higher Education Institutions intend departments to pay for themselves through tuition fees (unlike the sciences, which has access to much more research funding). These factors represent big challenges to people progressing their research careers. Therefore, buying out teaching time is key to enabling this cohort to conduct research. Interviewees agreed that providing a proportion of time for research over e.g. 1-2 years would be transformative to this cohort’s output, career progression and ability to access to future grant funding.

The series of reports from *Vitae*: “What do researchers do?” provides helpful information on tracking the early career progression of doctoral graduates. Their report from 2013¹⁵ highlighted the increasing number of doctoral graduates employed through part-time contracts, which is considerably higher than for graduates in the biological sciences (see Table 6).

Table 6 Occupations and full or part-time working by doctoral graduates

	Arts & Humanities	Social Sciences	Biological Sciences
Occupation:			
Teaching and lecturing in HE	36.9%	44.1%	12.5%
HE research occupations	9.3%	14.6%	26.7%
Research (not in HE sector)	3.2%	3.4%	13%
Full or part-time working:			
Level of part-time working	22%	13%	5%
Level of full-time working	59%	73%	82%
Portfolio working*	27%	20%	6%

* having more than one job

Key challenges in terms of career progression

On average, a lecturer working in MHSS remains in post for four to five years before being promoted to senior lectureship¹⁶. In interviews with Heads of Departments as well as lecturers, we identified three key challenges that have a negative impact on the pace of career progression. First, the need to find the right balance between teaching, publishing and administrative tasks including grant applications. Given the high degree of competition for very few permanent academic posts, the pressure on early career lecturers to excel across all three categories is significant. According to Department Heads, most early career lecturer are pre-occupied with the development of teaching

¹⁴ www.vitae.ac.uk/policy/vitae-concordat-vitae-2011.pdf

¹⁵ www.vitae.ac.uk/vitae-publications/reports/what-do-researchers-do-early-career-progression-2013.pdf/view

¹⁶ One interview partner referred to a link between a promotion after five years and the initial probation period after five years. However, this finding could not be confirmed across universities.

and supervision materials for at least the first two years after being appointed which leaves them very limited room to progress on own research projects. This challenges was exacerbated by the increase in tuition fees which requires academic staff to spend more time working and providing supervision to undergraduate students than before. On average, early career lecturers spend c. 40% of their time teaching or supervising, 7% carrying out administrative tasks and 53% conducting research.¹⁷ A second challenge arises from the administrative burden on lecturers. Interviewees have confirmed that lecturers are often required to take over a significant amount of administrative work. 45% of all lecturers highlighted this administrative burden as a key challenge when it comes to protecting time for research. The third challenge is inherent in the current research structure of the field. Given the fact that the majority of MHSS researchers is affiliated to different departments, researchers face the challenge of ‘always wearing two hats’. This means that lecturers working in MHSS are less free in choosing their subject of research because they are often employed by a department that does not necessarily support and/or appreciate interdisciplinary work. According to interviewees and our survey, there is still a certain reluctance to accepting and promoting interdisciplinary research. Early career lecturers are often at the crossroads of trying to meet the expectation of finding a niche area within their department as well as engaging in the interdisciplinary – but sometimes less popular – approach of MHSS.

Teaching and supervision take up most of my time. Attendance at meetings etc. means I can't spend time working up grant proposals or research papers.

- 4th year Lecturer

Funding needs

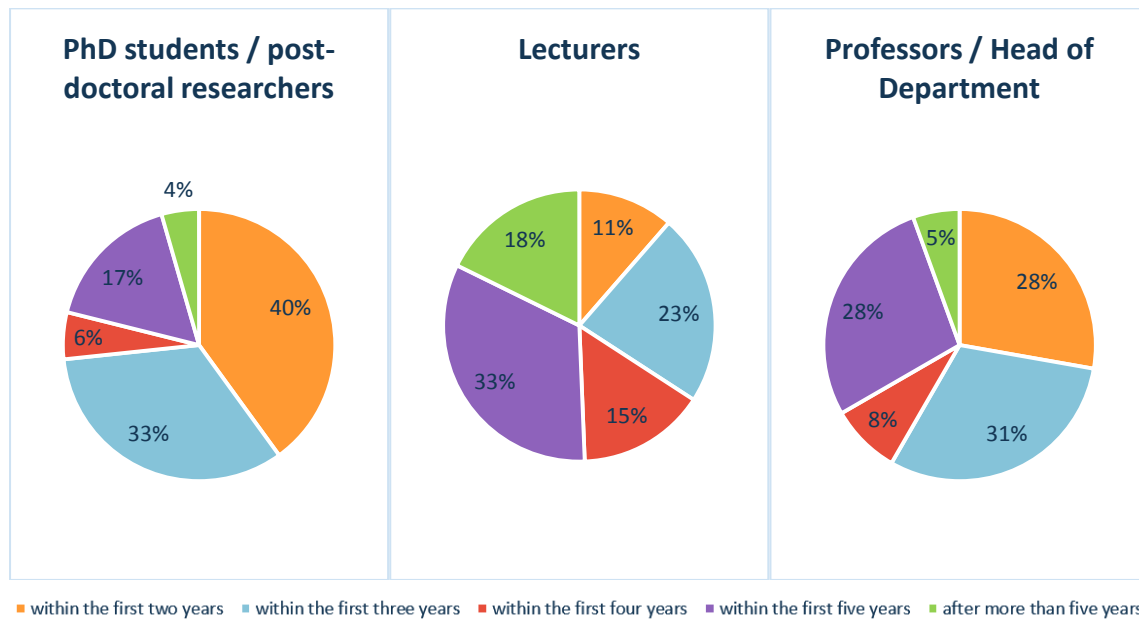
There is broad consensus among all three groups of survey participants that funding is most urgently needed to buy out teaching time. Interviews with Heads of Departments confirmed this finding highlighting the need to allow early career lecturers to choose between a full-time or a part-time buy out. Financing field research was listed as the second most important element followed by research assistant time and travel costs for meetings and conferences (see Table 7).

Table 7 Main funding needs of early career lecturers

Overall Rating	Lecturers	Professors	PhDs / post-doctoral researchers
1	Protecting / buying-out teaching time for research	Financing field research	Protecting / buying-out teaching time for research
2	Financing field research	Protecting / buying-out teaching time for research	Financing field research
3	Research assistant time	Research assistant time	Travel costs for meetings, conferences and collaboration
4	Travel costs for meetings, conferences and collaboration	Travel costs for meetings, conferences and collaboration	Research assistant time
5	PhD / postdoctoral researchers	PhD / postdoctoral researchers	PhD / postdoctoral researchers
6	Research consumables	Research consumables	Research consumables
7	Research equipment (incl. books, online journal access etc.)	Research equipment (incl. books, online journal access etc.)	Research equipment (incl. books, online journal access etc.)

¹⁷ According to feedback from the steering group, this share of 53% is very high for early career lecturers unless it takes account of annual leave and weekend working which is common. A more realistic estimate would be 30-40%, i.e. 1.5-2 days a week for a full time lecturer.

Given the non-linear career paths described above, determining the ideal timing for making funds available for early career lecturers is complex. Unsurprisingly the opinions across lecturers, professors and PhD students / post-docs diverge significantly. In response to the question what the best time to apply for a Starter Grant would be, more than 70% of all current PhD students and post-doctoral researchers indicated within the first three years of appointment. 59% of professors and Heads of Departments shared this opinion in comparison to only 34% of all lecturers.



A detailed breakdown of the lecturers who participated in the survey explains these differences: given the fact that more than 35% of survey participants indicated that they had been appointed more than five years ago, it is unsurprising that more than 50% of survey respondents at lecturer level think that the scheme should be made available to researchers within or after their fifth year of appointment (see appendix II).

To evaluate these responses we asked Heads of Departments to describe funding needs along the career path of a young lecturer. There was a shared understanding that the access to funding is particularly restricted for researchers with very limited experience as a PI. Very often funding only becomes available once an idea has proven to be worthwhile, i.e. once a first paper or poster is presented to a broader audience. The Starter Grant would help early career researchers to gap this bridge and progress in their careers. However, given the non-linear path of career progression, we suggest to make the Starter Grant scheme available to early career lecturers within the first five years of appointment under the condition that no previous major grant has been awarded to finance independent research activities. If awarded under this condition, the grant would contribute to career progression also in the context of allowing researchers' to demonstrate their ability to win competitive grants.

Description of overall funding availability

In addition to consulting key funders in the field, we asked survey participants and interview

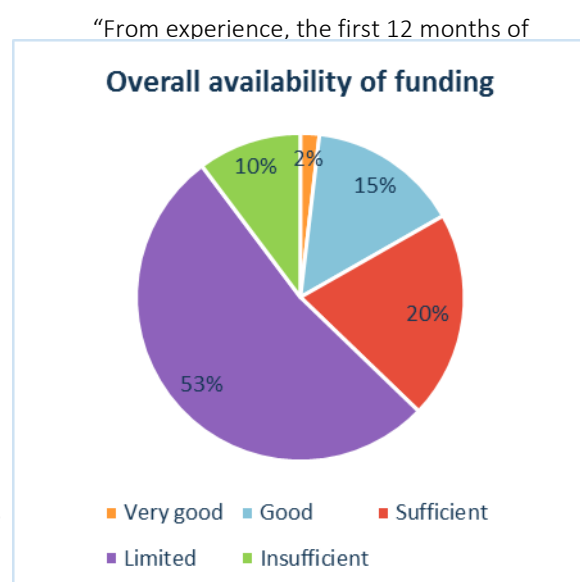


Figure 5 Overall availability of funding - survey results

partners about their perception of overall funding availability. 70% of survey respondents indicated that funding is limited or insufficient (see Figure 5) and a closer look at the data and explanations revealed three key trends:

First, we found that funding is particularly difficult for lecturers who work outside of medical schools, i.e. lecturers in social sciences and humanities departments working across disciplines. Feedback from researchers confirms this impression with a large number of survey respondents expressing concerns about the fact that social science-related projects often attract less funding than projects with a stronger clinical or scientific focus.

Second, there is a significant funding gap with regards to small grants that support early career lecturers to fund discrete parts of research, host networks or event to build contacts and experience and to progress on larger grant applications.

“There is too little funding available, leading to very low success rates, which drive ECRs away from applying, in my view.”

-Professor

Third, many early career lecturers are currently driven away from applying for funding given complex and time-intensive administrative requirements and very low success rates.

Other forms of career support

To identify other forms of career support for early career lecturers, we asked lecturers and PhD students / post-docs to provide details about career support opportunities offered to them by their universities or departments. Access to informal mentoring, i.e. more senior researchers working in a similar field is most popular among young researchers followed by networking events and skills training courses. Less than 30% of early career academics access formal mentoring to support the development of their careers (see Figure 6).

“Informal mentoring was all I had as a young researcher and was good. In retrospect, this means one is very reliant on good role models, and a more formal system or networking would have helped get a wider, and alternative, perspective on how things like project management can be done.”

-Dean of Faculty

We discussed this issue with current professors and senior lecturers asking them what they perceived as particularly valuable in their early careers. Mentoring – both formal and informal – was mentioned by all professors who participated in the survey and also mentioned by most interview partners as the most important element of non-monetary career support. However, interviewees also raised the concern that there are insufficient opportunities for networking and building formal mentor-mentee relationships. In this context, the access to the network of AMS fellows through the Starter Grant scheme could be a benefit for early career researchers (see below).

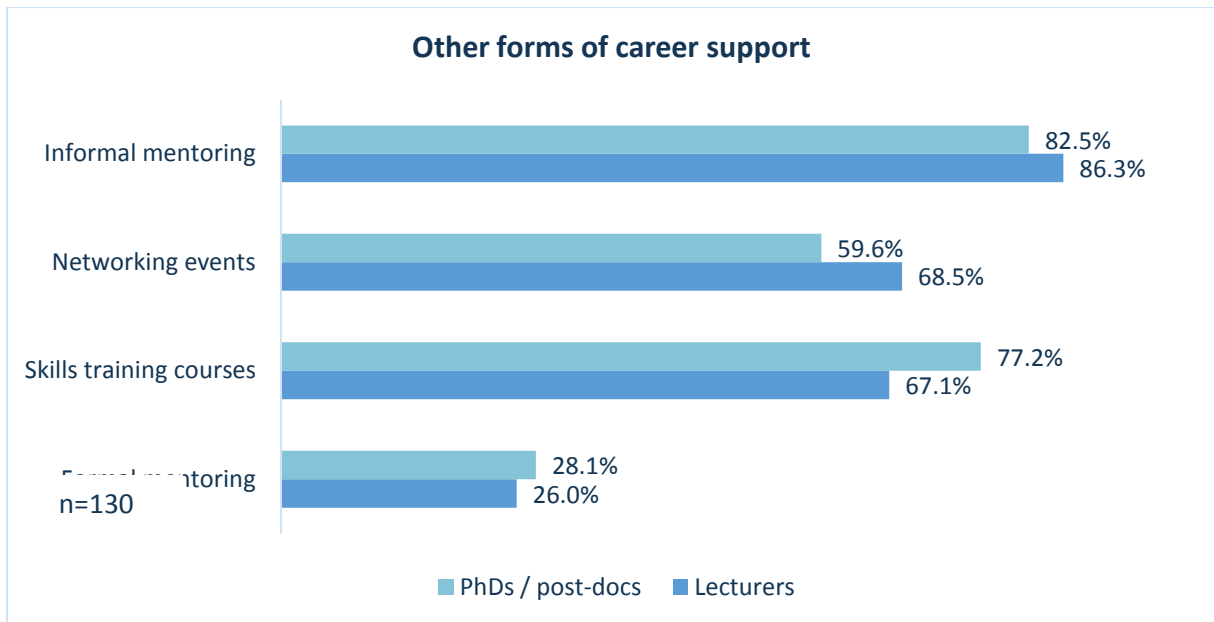


Figure 6 Other forms of career support

Collaboration and interdisciplinary work

It has become widely accepted that multidisciplinary approaches are the best way to solving the complex problems behind disease. There exists substantial distributed expertise across the UK that contributes to the Medical Humanities and Social Sciences. However, there is also a sense of researchers working in relative isolation and therefore the new scheme could bring added value in networking and bringing researchers together to be part of a broader community.

To really engage and understand the medical science, of sustained collaborative working is essential.
 -Professor of Medicine

Some general differences in approach exist between team-based social science research and the more independent, scholarly medical humanities. Whilst the Starter Grant scheme should be mindful of the need to work in certain ways to investigate specific research questions, the scheme should encourage interdisciplinary working, without making it a requirement.

Some significant challenges to interdisciplinary working exist, that can hinder people from working in this way, such as the need for individual recognition, esteem factors that influence promotion and the extra time required to learn ‘languages’ across disciplines, necessary for building strong networks & collaborations. Many of these factors are being looked at within the Academy’s Team Science project. Furthermore, Research Councils UK is also looking at the challenges of progressing interdisciplinary research within the context of progressing several cross-discipline priority areas.

The Starter Grant scheme needs to be designed in a way that facilitates researchers to overcome interdisciplinary boundaries and disincentives. In particular, given the Academy’s focus on medical science, it will want to see the research supported through this new scheme become integrated with the overarching aims of the Academy to improve health through research. This will require multidisciplinary working across the humanities, health and social sciences.

Examples of infrastructure to facilitate interdisciplinary working includes:

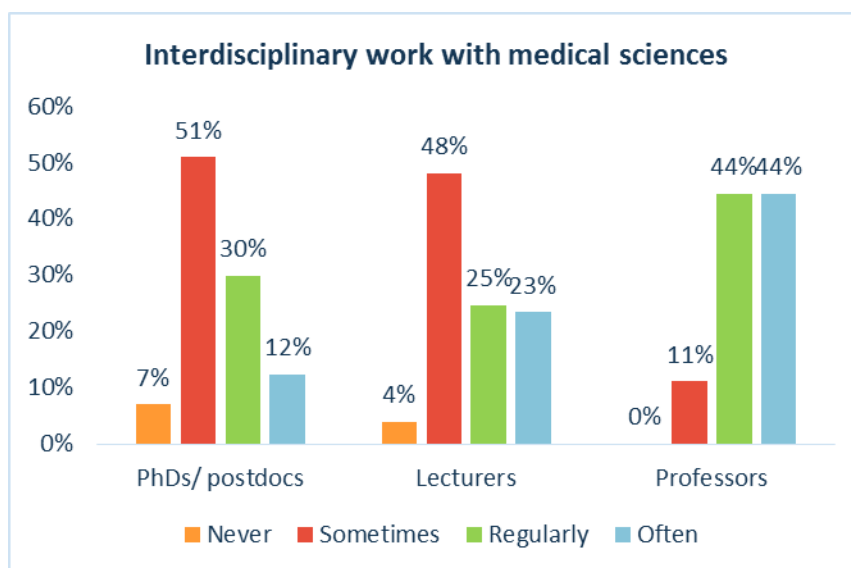
- In September 2015, the ESRC will commission a new Centre for Doctoral Training in Bio-social research. A key aim of this centre will be to build capacity in this interdisciplinary research field through developing and delivering specialist training.
- The Wellcome Trust has established 'The Hub' at the Wellcome Collection¹⁸, to be a focal point for the interdisciplinary study of medicine, health and wellbeing.

Interdisciplinarity as a key principle of academic research in MHSS was brought up by all interviewees with key benefits being the development of new methodologies, insights and new perspectives as well as new channels to disseminate and communicate research findings and making them useful in a practical context.

Table 8 Benefits of interdisciplinary work

Enhance the methodologies	New perspectives	Outreach and dissemination
<ul style="list-style-type: none"> • Enhance the methodologies of the constituent disciplines • Gain insights from other paradigms and approaches • Exposure to different theoretical frameworks and methodologies • Identify investigative techniques, solutions • Engage and understand the medical science this sort of sustained collaborative working in essential 	<ul style="list-style-type: none"> • See issues from the perspective of practitioners • Make research relevant to practice. • Understand problems from other perspectives, • Develop languages that translate across the disciplines so as to develop care in the clinical context and to engage academics in thinking the biological and technological in literary, cinematic and cultural analyses. 	<ul style="list-style-type: none"> • Develop new ideas, new platforms for the development and dissemination of those ideas, concrete publications. • Reach a broader audience • Improve research project ideas and funding; access to other literatures and theory • Access to the much better funded research councils is a major advantage of interdisciplinary research.

However, survey results show that academics in their early career, i.e. lecturers, PhD students and post-doctoral researchers engage significantly less in interdisciplinary work than more senior academics (Figure 7). Whilst the more independent nature of a PhD, combined with the departmental pressure to specialise or focus on one area might be larger on younger academics, this trend is not contributing to enhancing the benefits of interdisciplinary work in MHSS that were highlighted by senior academics in our survey.



¹⁸ <http://wellco> Figure 7 Interdisciplinary work with medical sciences

Grant Design

Purpose

Overall, there was very strong support from the research community and major funders for the Academy establishing a funding scheme supporting early career lecturers in these fields. The proposed scheme would also fill an important and unique niche in the funding environment, apparent from the analysis of other existing funding streams (see Appendix III). Topic areas for consideration within the scheme will be broad, however applicants would need to demonstrate how their research findings would contribute to improving health outcomes.

A strong understanding of the Academy's – and funding partners' – expectations of the scheme's aims and intended impact are important. A number of metrics are suggested under the 'best practice' section to track progress against these aims. The following objectives are proposed:

- To advance research careers in the fields of Medical Humanities and Social Science
- To support aspiring early career stage lecturers to develop their ideas and independent programmes of research
- To build a new cadre of researchers with strong interdisciplinary skills in the Medical Humanities and Social Sciences
- To forge new multidisciplinary collaborations that tackle major public health challenges
- To advance research that improves our understanding of the cultural and societal factors that affect population health
- To improve the interface between medical science, the humanities and social sciences – distinctive aspects of the scheme

Scheme Identity

The level of funding should be **attractive**, making a real difference to awardees' ability to develop their research plans. The scheme should be **prestigious**, with an appropriate level of **rigour** applied – through peer review – to selecting successful applicants. The combination of these factors should enable the new scheme to bring considerable **kudos** to awardees, highlighting to their host institution their potential to contribute to REF, likelihood to secure future funding and be employed on a permanent basis. In other words, securing a MHSS Starter Grant should be a major esteem factor that helps to propel the career progression of awardees.

Eligibility

A key challenge in designing the Starter Grant Scheme is the definition of the cohort of researchers eligible to apply. Aiming to support a group of academics who currently has only limited access to funding we propose to make the scheme available to lecturers within their first five years of appointment. Depending on demand for the scheme, the Academy will need to make a decision to what extent years in fixed term positions should be considered as being part of this proposed five year period. Interviewees strongly advised against opening the scheme for lecturers at later career stages to ensure a level playing field among applicants.

This scoping exercise has shown that the field of MHSS is very broad and spans across a large number of different disciplines. With only a small number of research centres exclusively working in MHSS, the Starter Grant is likely to attract a large number of people across the academic field. This is a unique opportunity to support niche research and bring together new ideas and approaches. In order to mitigate the risk of losing focus and funding a large number of projects without a coherent research outcome, interviewees highlighted the need to define an overarching goal of the scheme. To address this concern, a proposed list of objectives is provided above.

Potential modifications:

i) Requirement for principal investigator and co-investigator from different fields

Given the high value of interdisciplinarity in MHSS research, an alternative could be to launch the Starter Grant as an interdisciplinary grant requiring at least two researchers from different field to work together. Based on the survey result, this could have two benefits: first, it would encourage lecturers to engage more in interdisciplinary work and second, it could potentially contribute to decreasing the scepticism around interdisciplinary work and push the boundaries of MHSS.

ii) Targeting post-doctoral fellows transitioning to lectureship positions

Whilst most interviewees agreed with the importance of targeting early career stage lecturers (1-5 years), consideration could also be given to supporting postdoctoral fellows and their transition to more senior academic positions. For example, a modified scheme could be designed to apply leverage and influence to the Higher Education Institute for awardees to secure a lectureship position on completion of fellowship / starter grant i.e. a proleptic appointment. Such a scheme could provide e.g. 100% of salary in years 1 and 2, followed by a 50% salary contribution (or lower) in subsequent years). Such a modified scheme might be considered if demand from the cohort of lecturers is much lower than expected. One interviewee felt that a scheme targeting postdoctoral researchers was particularly necessary in the field of behavioural science.

iii) Targeting a smaller or larger cohort of lecturers

It is recommended that the scheme should target lecturers within the first 5 years of appointment. Subject to demand in the first round, this target cohort could be adjusted to 1-3 years from appointment (if demand is high) or 1-5 years and beyond (if demand is low).

Grant value and duration

In order to match the funding needs identified above with an appropriate amount of funding, data on the proposed grant value and grant duration was collected in the survey and in interviews. Most senior academics agreed that in order to support early career researchers, a focus on small grants for a large number of researchers would be more beneficial than offering a small number of large grants. Suggested minimum grant values ranged from less than £10,000 to more than £75,000 over the period of one year (see Figure 8). Most senior academics, on average, estimated that £30,000-£45,000 over a period of 12-24 months could make a significant difference to helping early career lecturers transition to independence. Lecturers proposed significantly more: 23 respondents said that more than £50,000 would be needed (over 1-3 years) and 17 indicating that more than £75,000 was necessary.

“With many grant schemes returning 90% failure rates, or above, the pot is simply too small. There are very few opportunities for those in post-docs or other fixed term positions to gain their 'own' money; to be the named PI which is important in applying for future grants. There are many schemes that assume 'time since PhD' is a the crucial factor in eligibility for what are termed 'early career' schemes, disadvantaging those who have had multiple fixed term positions (especially teaching-focused positions). Spending 5 years in fixed-term positions is a very different (and disadvantaged) situation as far as funding and 'proving leadership' is concerned vs. 5 years in a lectureship or other permanent position.”

-3rd year Lecturer

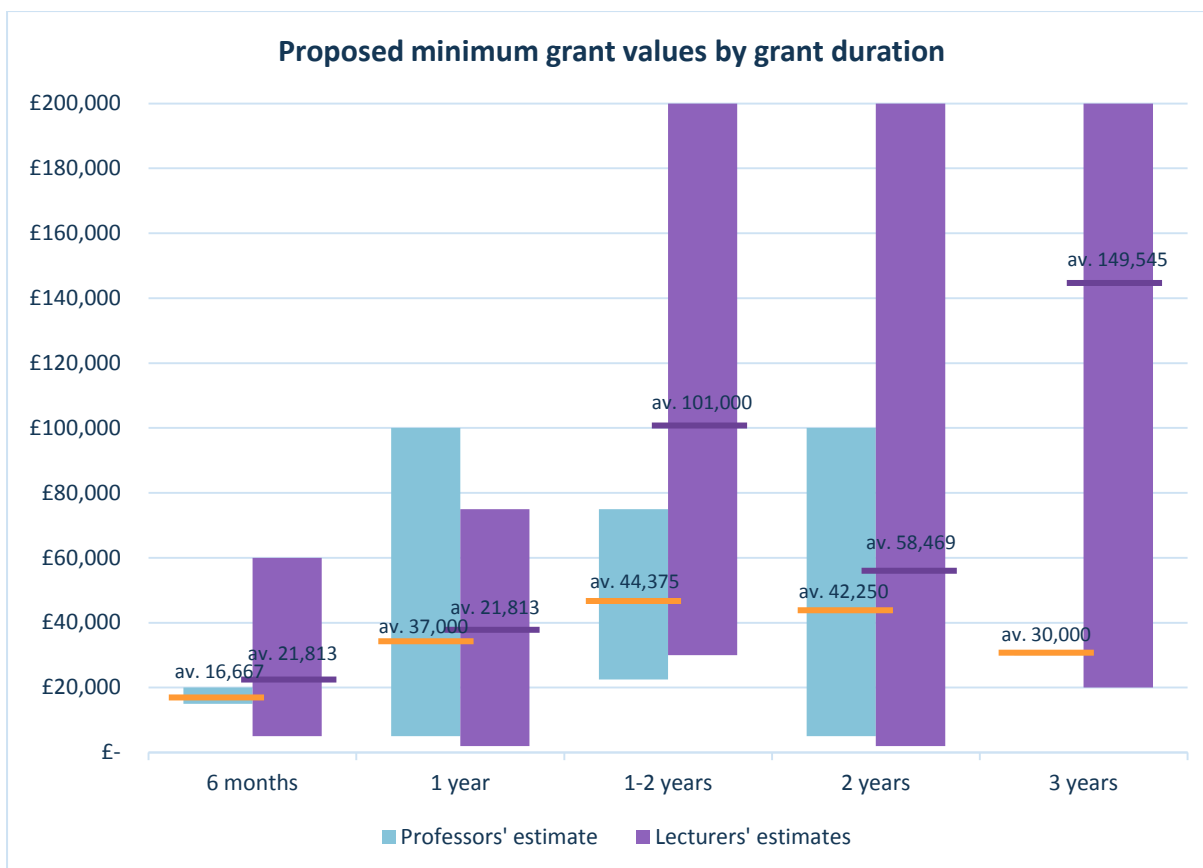


Figure 8 Proposed grant value by duration

Note: Estimates are subject to bias arising from small numbers of responses (e.g. only one professor proposed a grant duration of three years) and outliers (e.g. max. values of £200,000). For a detailed breakdown of responses including max and min values, see Appendix VI.

Given these significant deviations, we linked main funding needs to the grant value. More specifically, we discussed the average annual cost of teaching buy out and average costs of field research.

Given the broad consensus across all levels of researchers that most of the grant would be used to buying out teaching time, average annual salaries for backfill positions have been used as appropriate proxies to estimate the costs for covering this funding need (see Table 9).

Table 9 Average cost of backfilling a lecturer

Backfill with	Average cost (Full time teaching buy out over 1 year)
Post-doctoral researchers	£ 25,000-30,000
Research Assistant	£ 30,000
Teaching Fellow	£ 40,000

Source: Interviews with Heads of Departments, survey results and desk research. Values exclude overhead costs.

Choosing across either of these backfilling methods is eventually a decision of the grant receiving institutions. However, using insights from our conversations with interviewees, we have developed two approaches for the Academy to consider:

Table 10 Alternative funding models

	Developing two careers	Match funding
Description	In order to use the grant most effectively, the Academy could consider recommending backfill with a young, possibly a post-doctoral candidate.	Incentivise match funding from the university, i.e. the Starter Grant could cover buying out teaching time for 6 months as long as the university covers another six months
Advantages	This mode of backfilling has two advantages: first, giving young researchers the opportunity to teach a number of classes and get relevant experience can help them to develop skills and advance their careers. Second, this option is less expensive and does not contribute to the increasing trend of hiring young academics on fixed term contracts.	Match funding is commonly used in order to being able to reach out to a larger number of researchers. However, the requirement to match the buy out time might be a disadvantage for lecturers applying from departments and universities with little financial levy.

Following our conversations with Heads of Departments and members of the steering group, we would like to emphasis the point that enabling early career lecturers to buy out teaching time might have a negative effect on the next generation of lecturers. To address this potentially negative outcome, the Academy could decide to promote either of the options recommended in Table 10. Acknowledging for the fact that the applicant has limited impact on the university’s decision of how to back fill teaching time, the ideal implementation would include the proposed models not as a requirement, but as preferred models. Applicants could, for example, be asked in the application form how teaching time will be backfilled and at what cost.

The second most common funding need mentioned in the survey is the financing of field research. Based on conversations with senior professors and funders, £5,000 – £7,000 should be sufficient to cover travel and accommodation costs, conference attendance as well as basic research materials and the cost of disseminating research findings. (see Table 11).

"There's a worrying rise of sub-12 month fixed-term positions opening up in the UK, and these are usually teaching-replacement posts for academics who have secured research funding. These short-term posts are terrible for early career academics, as they do not allow for proper career progression, failing to provide the hiree time to pursue or write up their own research. It would be a real shame if any new grant proposed by the Academy enabled permanent academics to ease their teaching load at the expense of the more vulnerable post-doc community."

- Senior Lecturer

Table 11 Cost estimates for research-related activities

Description of activity	Cost estimate
Conference travel	£750
Conference attendance	£1,000-2,000
Accommodation and subsistence for one month	£1,500-2,000
Public engagement and dissemination of research findings	£1,000-2,000
Research materials and access to archives	£ 300
Total	£4,550-£7,050

Source: Interviews with selected Heads of Departments

Based on these insights, our recommendation to the AMS is to offer Starter Grants of up to £40,000 (£35,000 salary and £5000 research expenses) over a period of one year for a full-time teaching buy out or over a period of two years for a part-time (50%) teaching buy out. However, as mentioned above, the Academy should consider to encourage early career lecturers to apply for less than the maximum grant value, i.e. to finance network events, conference organisation or attendance.

Best practice – operation of the scheme

Grant application materials and management

The scheme should be managed in a way that applies best practice and insight from the successful running of the Starter Grant scheme for Clinical Lecturers. Guidance and application forms would be adapted using insight gathered from this scoping exercise. A number of proposed modifications and points to consider are summarised below.

- A description of the proposed balance of teaching and research commitments, emphasising institutional and supervisory arrangements for managing workloads, together with local mentoring support
- A description of how the proposed research would tackle relevant issues in health and what the intended outcomes would be
- Applicants should describe the extent of their interdisciplinary approach in applications, highlighting existing or proposed collaborations.
- The Academy’s use of an appropriate grant management system would streamline the operation of this and other schemes. We understand that the Academy is in the process of considering such a system.
- As for Clinical Lecturers, finding time to write grant applications will be challenging and therefore providing documentation that is not too onerous will be an advantage.

Demand

The operation of the scheme should be informed by the likely demand. As described above¹⁹, it has not been possible to obtain accurate information on the cohort size of HSS lecturers within 5 years of appointment with interests in health research. An estimate of 200 potential applicants on programme launch has been derived, although there are many caveats associated with this number.

	Scenario I	Scenario II
	Total grant volume: £1m	Total grant volume: £2m
Size of Starter Grant	£40,000	£40,000
Number of awardees	25	50
% of expected number of applicants ²⁰	12.5%	25%

The scheme’s optimal operation will be informed by the actual demand and overall funding available. It is recommended that this scheme adopts the same process as for the Starter Grant scheme for Clinical Lecturers, in which full applications are submitted for peer review. The selection panel would make decisions on grant awards, with interview not required. Whilst an interview stage has many advantages in selecting outstanding candidates, it adds considerable time and cost, particularly to schemes where candidate levels are relatively high.

¹⁹ See section Medical Humanities and Social Science – academic workforce, p.10ff.

²⁰ Based on our analysis in section ‘Medical Humanities and Social Science – academic workforce’ we assumed 200 applicants.

A potential modification could be, for the first round of the scheme, to invite brief expressions of interest that also outline subject area. This would highlight the overall demand for the scheme before full applications are submitted.

Since the likely demand is uncertain, a potential modification for the first round of the scheme could be to invite brief expressions of interest that also outline subject area. This would highlight the overall demand for the scheme before full applications are submitted. If necessary, a triage stage could be used to reduce the number of full grant applications to a more manageable level e.g. 100 full applications (if £1m is available); 200 full applications (if £2m is available).

Peer review

Selecting appropriate peer reviewers will be a challenge for the Academy, because the subject matter is generally not within the Fellowships' fields of expertise. However, it is highly important to ensure that peer review is thorough, using appropriate expertise, to build credibility in the scheme. Given the partnership with the Wellcome Trust and the interest from AHRC and ESRC, it is recommended that discussions with these organisations seek to share the details of individuals who could be used for peer review.

An alternative approach would be for the Academy to build up its own database of peer reviewers in this field, which is feasible but more time consuming and costly.

Selection Panel

As for peer review, ensuring the right mix of expertise on the selection panel is vital for the scheme's credibility. Given that subject areas will be diverse, good consideration will be required to ensure that an appropriate range of disciplines is represented. It would be expected that the majority of members on the selection panel would not currently be Fellows of the Academy, but would be selected from prestigious academic roles, using insight from the Wellcome Trust and Research Councils. Some level of affiliate fellow might be considered by the Academy.

Measuring impact / outputs - metrics

The following metrics are suggested to help the Academy track and measure the scheme's ability to deliver intended outcomes. Data would be collected through appropriate means such as annual reports, final reports and ResearchFish.

- career progression: track awardees' career progression to senior lecturer, reader, progression to a permanent contract
- esteem factors: track conference presentations, speaker invitations, prizes and awards
- grant funding: track awardees' future success in obtaining grant funding
- research output: track research publications (journals, books)
- research collaborations: track collaborations through annual and end of grant reporting
- public engagement: track researcher engagement with the public to improve public understanding
- collect evidence, through annual / final / post-grant reporting of outputs that influence policy or change practice

Mentoring

All interviewees recognised the benefits and importance of mentoring to support the development of early career stage researchers. Many existing grant schemes require applicants to have a named mentor based at the research organisation where the grant is to be held. Mentors should for example, provide advice in developing research proposals and facilitate the development of suitable

links with leading researchers in the applicant’s field. Over time, previous awardees to the scheme could become mentors to subsequent grant holders.

Whilst linking awardees to the Academy’s existing pool of mentors would be helpful, in many cases individuals may benefit from expertise that is closer to their fields of research. Furthermore, given the limited number of Academy Fellows with experience the fields of MHSS, there would be insufficient mentors to support the number of awardees in the scheme.

Taking these aspects into account, we believe that instead of mentoring, MHSS scholars might benefit more from opportunities to network with Academy fellows and amongst each other in separate events. The desire to have a venue or participate in a series of events around a specific topic was expressed by professors, lecturers, PhD students and post-docs alike. A specific suggestion was to organise a series of events with awardees as key note speakers. These interdisciplinary seminars would not only give early career lecturers the opportunity to improve their presentation skills, but also constitute an opportunity to build strong research networks by engaging with Academy fellows and other scholars. For the Academy, such events could contribute to the esteem as well as the awareness of the scheme.

Next Steps: Funders interested in further discussion

All funders that were interviewed were very interested in the proposed scheme and would like to be updated as it is developed. The highest levels of interest for potential participation in supporting the scheme were expressed by the AHRC and DH / NIHR. England’s Chief Medical Officer has expressed interest in this field and the NIHR representative explained that they would be open to considering support for this scheme. Subject to the outcome of the current spending review, the AHRC also expressed strong interest in supporting this scheme in any way that they can in the future. The Chief Scientist’s Office (CSO) in Scotland, which also supports capacity in Health Economics and Health Services Research, also expressed interest to be kept informed as the scheme develops. Furthermore, plans to improve the integration of Health and Social Care in Scotland highlighted interests in this field.

Several other organisations would also like to be kept informed, albeit with no strong indication about potential future involvement: ESRC, the Division of Social Care and Health Research (DSCHR) in Wales, the Health Foundation and the Leverhulme Trust. Of all organisations spoken to, potential interest to participate might be lowest from the British Academy, however this could change with further discussion.

Communication and publicity

Information was obtained from several funders regarding routes used to publicise funding streams. A summary is provided below. A key challenge for the Academy in publicising this new scheme will be to reach out to individuals beyond its existing research community and publicity channels. Therefore, promoting the scheme through other organisation’s publicity channels (e.g. AHRC, ESRC and Wellcome) will be important. Indeed, using these organisation’s channels to publicise the survey for this scoping exercise

Table 12 Popular publicity channels

Relevance	Communication channel
1	Group internal communication
2	University Research Office
3	Word of mouth
4	Advertisements on the websites of funders
5	Newsletters from funders
6	Journals

Source: survey results (PhD students and lecturers, n=157).

proved to be highly successful.

Generic publicity approaches

Lecturers, PhD students and post-doctoral researchers identified group internal communications and emails from University Research Officers as the most important channels to publicise funding streams (see Table 12).

Other generic publicity approaches include:

- Funding opportunities section of funder website
- Twitter feeds
- Newsletters and funding bulletins: to all previous applicants, grant holders, peer reviewers, fellows etc.
- Emails to department heads
- University Research Offices – many UROs track the funding opportunities pages and this can be sufficient to reach the community effectively

A summary of relevant social media channels is included in Appendix IV.

Funder-specific approaches

AHRC

- Ad hoc email lists in specific areas (e.g. award holders in relevant fields; currently building one in the health and wellbeing area)
- Websites/ networks established by Theme Leadership Fellows (e.g. Science in Culture www.sciculture.ac.uk)
- For more strategic / non-standard calls: Town Meetings for potential applicants to explain what we are looking for / answer questions / promote networking, etc.
- Forward to learned societies etc. to ask their help with publicising

Advertising

Advertising tends to be more costly and were not used by all funders. In general, the wide reach of social media can make it harder to justify the additional cost of this approach:

- Times Higher Education (in print and online); jobs.ac.uk; The Guardian
- Targeted advertising in discipline specific publications
- Advertising at selected conferences

Appendix I: Definitions and List of Figures

Definitions

Stakeholder: all of those who have interest in the Starter Grant Scheme for Medical Humanities and Health-related Social Sciences.

Funder: External funder

Academy Fellow: Members of the Academy

Respondent: All respondents to the survey, including lecturers, PhD students, postdoctoral researchers, professors and Heads of Departments

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Appendix II: Methodology

Desk research: We carried out desk research to identify relevant cohorts of researchers throughout the UK and to understand which other grant schemes might be good comparators to the MHSS Starter Grant.

Online Survey: An online survey was designed and distributed among researchers in MHSS. To reach a broad audience, the link to the survey was shared with leading research institutes, sent out to funders for further distribution (AHRC, ESRC and the Wellcome Trust) and communicated on twitter. Overall, we reached 381 unique respondents out of which 264 completed more than 75% of the survey questions.

Interviews: Interviews with selected Heads of Departments or leading researchers were carried out before (three interviews) and after (seven interviews) sending out the survey. Additional interviews were conducted with external funders and selected fellows of the Academy. All interviews were semi-structured, with topic guides used to solicit responses. Questionnaires are included in the appendices of this report.

Steering Group: A first draft of the report was released to a steering group for review and feedback.

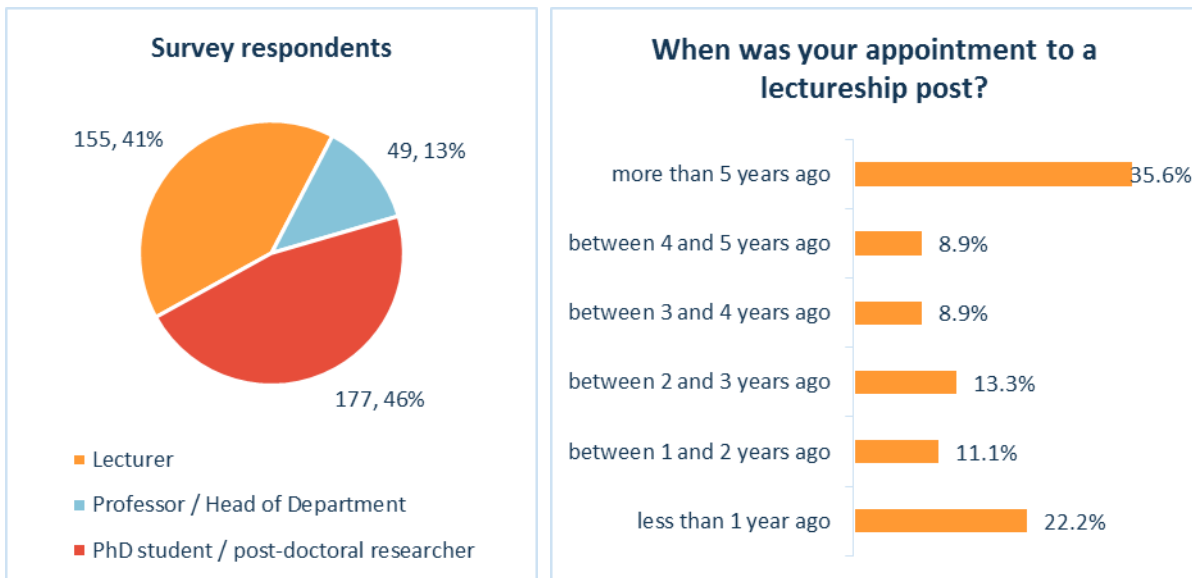
Stakeholder engagement

Stakeholder groups

GROUP	SIZE	MECHANISM USED
Early career lecturers (eligible to apply)	105	Survey – all Interviews – sample of 2
PhD Students, post-doctoral researchers (potential future applicants)	120	Survey – all
Senior lecturers, professors, heads of departments	39	Survey – all Interviews – Sample of 10
Key Funders	12	Interviews - all
Academy Fellows	4	Interview

Survey respondents

Due to a proportion of survey respondents dropping out half way through the survey the total number of respondents included in the analysis was 264 (105 lecturers, 39 professors, 120 PhD students / post-docs).



Appendix III: Research Grant Funding Matrix

<i>Major funding schemes for postdoctoral researchers and lecturers in the Medical Humanities and Social Sciences</i>									
<i>Title of scheme</i>	<i>Host / lead organiser</i>	<i>Aims</i>	<i>Duration</i>	<i>Career stage</i>	<i>Funding awarded</i>	<i>Overhead contribution</i>	<i>Demand</i>	<i>Success rate</i>	<i>Selection process</i>
Leadership Fellows - Early Career Researchers	AHRC	To undertake focused individual research alongside collaborative activities which have the potential to generate a transformative impact on their subject area and beyond	6-24 months	>2 years of postdoctoral experience	£50k - £250k	Yes - FEC	76	42%	Peer review; no interview
Research Grants - Early Careers	AHRC	to support well-defined research projects enabling individual researchers to collaborate with, and bring benefits to, other individuals and organisations through the conduct of research	Up to 60 months	>2 years of postdoctoral experience	£50k to £250k	Yes - FEC	29	41%	Peer review; no interview
Future Research Leaders	ESRC	to enable outstanding early-career social scientists to acquire the skills set to become the future world leaders in their field	Up to 24 months	Up to 4 years postdoctoral experience	Up to £230k	Yes - FEC	195 (2012/13); 226 (2013/14); 286 (2014/15)	31% 18% TBC	Peer review; no interview
Seed Awards	Wellcome Trust	provide flexible, responsive funding, enabling researchers to develop a novel idea to a position where they could be competitive for a larger award	6-12 months	Any career stage	£25k to £50k	No			Peer review; no interview
University Awards	Wellcome Trust	to attract outstanding humanities and social	Up to 5 years	Lecturer level	Full lecturer salary for 3	No			Interviews

Early Career Fellowships	Leverhulme Trust	science research staff working in any area of human and animal health for early career researchers to undertake a significant piece of publishable work	Up to 3 years	Within 5 years of obtaining their doctorate	years, 50% in year 4 & 25% in year 5 50% of salary (up to £24k; shared with HEI) plus £6k pa research expenses	No	700	14%	Peer review; no interview
Research Fellowships	Leverhulme Trust	to support leave from teaching to pursue research	3-12 months	Post-PhD, though mainly targeted at mid-career researchers	Up to £50k over 3 years	No	600	15%	Peer review; no interview
BA/Leverhulme Small Research Grants	British Academy	To facilitate initial project planning and development; support direct costs of research; enable advancement of research through workshops, visits, conferences	24 months	Any postdoc	Up to £10k	No			Peer review; no interview
Mid-Career Fellowships	British Academy	To support outstanding individual researchers with excellent research proposals; promote public understanding / engagement in HSS	6-12 months	Normally <15 years from doctorate award	Up to £80k for salary	Yes - FEC		20%	Prelim app; invite for full app
Postdoctoral Fellowships	British Academy	For outstanding ECRs to strengthen experience of research & teaching; improve prospects of obtaining permanent lecturing posts by end of Fellowship	3 years	Up to 3 years postdoc	PD salary; up to £6k pa research expenses	Yes - FEC		20%	Prelim app; invite for full app

Appendix IV: Key online channels to publicise the scheme

Relevant Blogs

Blog name	Link	Description
Centre for Medical Humanities University of Durham	http://centreformedicalhumanities.org/	The CMH blog is a leading source of news and commentary in the medical and health humanities, and was recognised in 2011 as one of the top 50 blogs for humanities scholars.
Leeds Centre for Medical Humanities	https://lcmh.wordpress.com/	Blog containing a large number of relevant news and updates from the field.
Wellcome Trust blog	http://blog.wellcome.ac.uk/	Disseminates research findings

Social Media Channels

Twitter	
Universities	
@mdichumanities	Centre for Medical Humanities at Durham University
@Med_Humanities	King's College London
@mhrcglasgow	Medical Humanities Research Centre Glasgow
@SheffieldMHS	Sheffield Medical Humanities
@LeedsMedHum	University of Leeds
@CGHH York	University of York, Centre for Global Health Histories
@mmu_hssr	Manchester Metropolitan University Research Centre for Social Science Research (RCASS) and the Humanities Research Centre (HRC)
Projects	
@cmhNewGen	WT funded project in Medical Humanities
@hearingvoice	WT funded project in Medical Humanities
@lifeofbreath	WT funded project in Medical Humanities
Journals	
@MedHums_BMJ	Medical Humanities peer reviewed journal

Appendix V: Survey Quotes

Access to the Academy's network of fellows

"It would be incredibly valuable to be able to approach Fellows in the AMS. It is often very hard to make initial contacts beyond my discipline, and that would be a great starting point."

"Law and science don't mix as much as they could - or should. The AMS network would provide an important means to foster law/science discussions."

"Being plugged in to an esteemed group of research fellows in the same field would provide invaluable networking and career insight opportunities."

"There are very few academics who function at the international level, rather than at the UK level. I need mentors who are global leaders not just famous in the UK - there are such fellows at AMS."

"Networking events around medical and humanities collaborations would be useful to see how others go about it and to learn what has worked for some and not for others. It would be useful to share ideas around and therefore to have skill development in how to teach across the disciplines."

Appendix VI: Detailed breakdown of grant value estimates

Professor's response to minimum value and duration of Starter Grant					
Duration	6 months	One year.	1-2 years	2 years	3 years
# of answers	3	11	4	10	1
Average value (in £)	16,667	37,000	44,375	42,250	30,000
Max value (in £)	20,000	100,000	75,000	100,000	30,000
Min value (in £)	15,000	5,000	22,500	5,000	30,000
Lecturers' response to minimum value and duration of Starter Grant					
# of answers	8	19	5	16	11
Average value (in £)	21,813	39,053	101,000	58,469	149,545
Max value (in £)	60,000	75,000	200,000	200,000	200,000
Min value (in £)	5,000	2,000	30,000	2,000	20,000

Appendix VII: Interview and Survey Questions

Interview questions

Group 1: Head of Departments / Centre Directors [also completing the survey]

Introduction and background to the review:

- Thank you for your time. I / we are conducting this review on behalf of The Academy of Medical Sciences.
- The Academy is in the process of designing a new Starter Grant Scheme for early career lecturers in the MHSS. The following questions will ask your opinion on the funding needs and career development of this cohort of research.

Interview guide

Part 1: Medical Humanities and medically-related social sciences (MHSS)

Part 2: Current funding

Part 3: Career development

Part 4: Collaboration / support network

Home university and department:

Job title:

Part 1: Medical Humanities and medically-related social sciences (MHSS)

- 1) Could you provide us with a rough estimate of
 - a) The number of universities / research centres in the field of MHSS in the UK?
 - b) The number of researchers (in total and those eligible to apply)
- 2) Please name the leading research institutes in your field.

Part 2: Funding

- 3) Who are the main funders supporting your field of research?
- 4) What is the main funding need for early stage researchers (i.e. researchers within the first 3 years of appointment to a lectureship post or equivalent)?
 - Research assistant time
 - PhD / postdoctoral researchers
 - Protecting / buying-out teaching time for research
 - Travel costs for meetings, conferences and collaboration
 - Research consumables
 - Research equipment (incl. books, online journal access etc.)
 - Other:
- 5) How would you describe the overall availability of funding covering these areas in your field?

Part 3: Career path & career development

- 6) What are the main challenges that early career lecturers (or equivalent) in MHSS face in terms of progressing their research careers?
- 7) Looking back, do you think a starter grant²¹ to support you during your early years of research would have helped you transition to independence?
- 8) What is the minimum amount of starter grant funding that would make a significant difference to researchers at this stage in their careers? Please provide us with an estimated funding level and duration of award.

Part 4: Collaboration / support network

The Academy aims to support researchers not only financially, but also through mentoring, skills development, networking and policy work. We would be interested to understand what kind of non-monetary support you received during your early stages of career and what you perceived as helpful.

- 9) What forms of non-monetary career support did you receive during your early stages of career?
 - Informal mentoring, e.g. by a more senior researcher
 - Formal mentoring where relationships were established through an independent third party, e.g. a funder, research council
 - Skills training courses
 - Networking events
 - Others:
- 10) How often do you currently engage in collaborations with researchers in the medical sciences (e.g. to discuss research findings or work on interdisciplinary projects)?
 - Never
 - Sometimes
 - Regularly
 - Often

If regularly or often: please describe the key disciplines with which you interact

- 11) What do you think are the most valuable outcomes of interdisciplinary exchange and how does collaboration and interdisciplinary exchange with other departments form part of your research activities?
- 12) What do you think could be the benefits to researcher development from access to the Academy of Medical Sciences' network of Fellows?

²¹ such as those available to Clinical Researchers: <http://www.acmedsci.ac.uk/careers/funding-schemes/starter-grants/>

Survey questions for lecturer / researcher working in MHSS

Introduction

Thank you for taking part in our survey as part of a scoping exercise to inform the introduction of the Academy of Medical Sciences' Starter Grants scheme in the Medical Humanities and Medically-related Social Sciences.

One of the Academy's strategic goals is to develop the next generation of leading medical researchers. This is done through grant schemes for early career researchers, and also through mentoring, skills development, networking and policy work. Building on the success of the Starter Grants for Clinical Lecturers [<http://www.acmedsci.ac.uk/careers/funding-schemes/starter-grants/>], a scheme that was introduced in 2008, the Academy is developing a new scheme for biomedical researchers in their first independent post. In addition, it is exploring how best to support researchers in the Medical Humanities and Medically-Related Social Sciences in a similar position. The overall aim of such a scheme would be to target researchers within their first years of appointment to a lectureship post (or equivalent), with the aim of helping them transition to independence.

We are interested in exploring the best ways to design the scheme, and would appreciate your honest and open comments about your career paths, current funding requirements and unmet funding needs as well as mentoring opportunities. Since your insight is invaluable to the Academy of Medical Sciences and the development of this new scheme, we may ask for your consent to share your responses and details with select Academy staff and Fellows. If you do not feel comfortable sharing this information, simply indicate this preference at the end of the survey and your response will remain anonymous.

1. Which of the following best describes your current career stage?

- I am a lecturer / researcher working in medical humanities and/or medically-related social sciences
- I am a Professor or Head of Department working in medical humanities and/or medically-related social sciences
- I am a PhD student / post-doctoral researcher interested in becoming a lecturer working in medical humanities and/or medically-related social sciences

We would first like to hear a bit more about you and your current work.

2. What is your home university and department?

3. What is your job title?

4. When was your appointment to a lectureship post?

- less than 1 year ago
- between 1 and 2 years ago
- between 2 and 3 years ago
- between 3 and 4 years ago
- between 4 and 5 years ago
- more than 5 years ago

5. My primary research focus lies within

- medical humanities
- medically-relates social sciences
- Other (please specify)

6. Within this field, what is your main research interest?

7. For lecturers, approximately what % time do you spend teaching and what % time do you spend on research?

% time teaching

% time research

8. What challenges do you experience in protecting time for research?

Funding needs

To get a better understanding about the demand for the Starter Grant scheme as well as your funding needs, we would like to learn more about your funding needs and current funding sources.

9. The Starter Grant scheme is designed to provide modest funds to enable research active lecturers to pursue their research work. It enables lecturers to carry out research in preparation of a larger research grant application and helps them establish their research portfolios by providing funding for research consumables.

Based on this definition, what do you think would be the best time to apply for the funds?*

*For successful candidates, funding is generally available five months after the submission deadline.

- within the first two years of appointment to a lectureship post
- within the first three years of appointment to a lectureship post
- within the first four years of appointment to a lectureship post
- within the first five years of appointment to a lectureship post
- after more than five years

Please explain your answer:

10. Who are the main funders supporting your field?

11. What are your main funding needs? Please rank the following options in terms of relevance (1 = most relevant, 7 = least relevant).

Financing field research

Research assistant time

PhD / postdoctoral researchers

Protecting / buying-out teaching time for research

Travel costs for meetings, conferences and collaboration

Research consumables

Research equipment (incl. books, online journal access etc.)

12. How would you describe the overall availability of funding in your field?

Very good

Good

Sufficient

Limited

Insufficient

Explanation:

13. What are the main publicity and communication channels by which you hear about relevant research funding opportunities? Please rank the following options.

- Group internal communication
- Word of mouth
- Advertisements on the websites of funders
- Journals
- Newsletters from funders
- University Research Office

Career paths and development opportunities

We are also interested to understand career paths and developments within your field.

14. What are the main challenges you face in terms of progressing your research career?
15. To what extent can additional research funding help you to develop your personal career goals?
16. What type of funding would be most helpful? For example, what aspects of research support should it provide?
17. What is the minimum amount of starter grant funding that would make a significant difference to your research activities? Please provide us with an estimated level and the duration of a starter award that would make a difference to your current research activities.

- Estimated level
- Duration

Career support and interdisciplinary work

The Academy aims to support researchers not only financially, but also through mentoring, skills development and networking. We would be interested to understand what kind of non-monetary support, i.e. mentoring or supervision, is currently available to you.

18. What forms of non-monetary career support do you access?
- Informal mentoring, e.g. by a more senior researcher
 - Formal mentoring where relationships were established through an independent third party, e.g. a funder, research council
 - Skills training courses
 - Networking events
 - Other (please specify)
19. How often do you currently engage in collaborations with researchers in the medical sciences (e.g. to discuss research findings or work on interdisciplinary projects)?
- Never
 - Sometimes
 - Regularly
 - Often

20. Please describe the key disciplines with which you interact.

21. What do you think are the most valuable outcomes of interdisciplinary exchange and how does collaboration and interdisciplinary exchange with other departments form part of your research activities - now and in the future?

22. What do you think could be the benefits to your research development from access to the Academy of Medical Sciences' network of Fellows? [www.acmedsci.ac.uk/fellows]

23. To what extent would additional support in form of mentoring, networking and skills development help you to accelerate your personal career development?

Conclusion

Thank you very much for your time and participation.

62. Would you be willing to be contacted for a brief interview?

Yes

No

If yes, please provide an e-mail address

63. Are you happy for us to share your name and contact details with the Academy?

Yes

No

64. If yes, please provide your full name and contact details.

First Name

Last Name

E-mail address

Survey questions for Professors, Heads of Departments

Introduction

Thank you for taking part in our survey as part of a scoping exercise to inform the introduction of the Academy of Medical Sciences' Starter Grants scheme in the Medical Humanities and Medically-related Social Sciences.

One of the Academy's strategic goals is to develop the next generation of leading medical researchers. This is done through grant schemes for early career researchers, and also through mentoring, skills development, networking and policy work. Building on the success of the Starter Grants for Clinical Lecturers [<http://www.acmedsci.ac.uk/careers/funding-schemes/starter-grants/>], a scheme that was introduced in 2008, the Academy is developing a new scheme for biomedical researchers in their first independent post. In addition, it is exploring how best to support researchers in the Medical Humanities and Medically-Related Social Sciences in a similar position. The overall aim of such a scheme would be to target researchers within their first years of appointment to a lectureship post (or equivalent), with the aim of helping them transition to independence.

We are interested in exploring the best ways to design the scheme, and would appreciate your honest and open comments about your career paths, current funding requirements and unmet funding needs as well as mentoring opportunities. Since your insight is invaluable to the Academy of Medical Sciences and the development of this new scheme, we may ask for your consent to share your responses and details with select Academy staff and Fellows. If you do not feel comfortable sharing this information, simply indicate this preference at the end of the survey and your response will remain anonymous.

1. Which of the following best describes your current career stage?

- I am a lecturer / researcher working in medical humanities and/or medically-related social sciences
- I am a Professor or Head of Department working in medical humanities and/or medically-related social sciences
- I am a PhD student / post-doctoral researcher interested in becoming a lecturer working in medical humanities and/or medically-related social sciences

We would first like to hear a bit more about you and your current work.

24. What is your home university and department?

25. What is your current job title?

26. My primary research focus lies within

- medical humanities
- medically-relates social sciences
- Other (please specify)

27. Within this field, what is your main research interest?

Funding needs

To get a better understanding about the demand for and the design of the Starter Grant scheme, we would like to learn more about your view of the current funding sources for early career lecturers in medical humanities and medically-related social sciences.

The Starter Grant scheme is designed to provide modest funds to enable research active lecturers to pursue their research work. It enables lecturers to carry out research in preparation of a larger research grant application and helps them establish their research portfolios by providing funding for research consumables.

28. Based on the definition provided above, what do you think would be the best time to apply to the Starter Grants scheme?*

*For successful candidates, funding is generally available five months after the submission deadline.

- within the first two years of appointment to a lectureship post
- within the first three years of appointment to a lectureship post
- within the first four years of appointment to a lectureship post
- within the first five years of appointment to a lectureship post
- after more than five years

Please explain your answer:

29. Who are the main funders supporting your field of research?

30. What are the main funding needs for early career lecturers/researchers? Please rank the following options in terms of relevance (1 = most relevant, 7 = least relevant).

- Finance field research
- Research assistant time
- PhD / postdoctoral researchers
- Protecting / buying-out teaching time for research
- Travel costs for meetings, conferences and collaboration
- Research consumables
- Research equipment (incl. books, online journal access etc.)

31. How would you describe the overall availability of funding covering these areas in your field

- Very good
- Good
- Sufficient
- Limited
- Insufficient

Explanation:

Career paths and development opportunities

We are also interested to understand career paths and developments within medical humanities and medically-related social sciences.

32. What are the main challenges that early career lecturers (or equivalent) in this field face in terms of progressing their research careers?

33. Looking back, do you think a starter grant* to support you during your early years of research would have helped you transition to independence? If you received any form of starter grant, please list them below.

*such as those available to Clinical Researchers [<http://www.acmedsci.ac.uk/careers/funding-schemes/starter-grants/>]

Yes

No

Please explain:

34. What type of funding would be most helpful to this cohort of researchers? For example, what aspects of research support should it provide?

35. What is the minimum amount of starter grant funding that would make a significant difference to the research activities of lecturers? Please provide us with an estimated level and the duration of a starter award.

Estimated level

Duration

Career support and interdisciplinary work

The Academy aims to support researchers not only financially, but also through mentoring, skills development, networking and policy work. We would be interested to understand what kind of non-monetary support you received during your early stages of career and what you perceived as helpful.

36. What forms of non-monetary career support did you receive during your early stages of career?

Informal mentoring, e.g. by a more senior researcher

Formal mentoring where relationships were established through an independent third party, e.g. a funder, research council

Skills training courses

Networking events

Other (please specify)

37. Out of those chosen, which ones were most helpful for further career development and why?

38. How often do you currently engage in collaborations with researchers in the medical sciences (e.g. to discuss research findings or work on interdisciplinary projects)?

Never

Sometimes

Regularly

Often

39. Please describe the key disciplines with which you interact.

40. What do you think are the most valuable outcomes of interdisciplinary exchange and how does collaboration and interdisciplinary exchange with other departments form part of your research activities?

41. What do you think could be the benefits to researcher development from access to the Academy of Medical Sciences' network of Fellows? [<http://www.acmedsci.ac.uk/fellows/>]

Conclusion

Thank you very much for your time and participation.

62. Would you be willing to be contacted for a brief interview?

Yes

No

If yes, please provide an e-mail address

63. Are you happy for us to share your name and contact details with the Academy?

Yes

No

64. If yes, please provide your full name and contact details.

First Name

Last Name

E-mail address

Survey questions for potential future applicants: current postdoctoral researchers and PhD students

Introduction

Thank you for taking part in our survey as part of a scoping exercise to inform the introduction of the Academy of Medical Sciences' Starter Grants scheme in the Medical Humanities and Medically-related Social Sciences.

One of the Academy's strategic goals is to develop the next generation of leading medical researchers. This is done through grant schemes for early career researchers, and also through mentoring, skills development, networking and policy work. Building on the success of the Starter Grants for Clinical Lecturers [<http://www.acmedsci.ac.uk/careers/funding-schemes/starter-grants/>], a scheme that was introduced in 2008, the Academy is developing a new scheme for biomedical researchers in their first independent post. In addition, it is exploring how best to support researchers in the Medical Humanities and Medically-Related Social Sciences in a similar position. The overall aim of such a scheme would be to target researchers within their first years of appointment to a lectureship post (or equivalent), with the aim of helping them transition to independence.

We are interested in exploring the best ways to design the scheme, and would appreciate your honest and open comments about your career paths, current funding requirements and unmet funding needs as well as mentoring opportunities. Since your insight is invaluable to the Academy of Medical Sciences and the development of this new scheme, we may ask for your consent to share your responses and details with select Academy staff and Fellows. If you do not feel comfortable sharing this information, simply indicate this preference at the end of the survey and your response will remain anonymous.

1. Which of the following best describes your current career stage?

- I am a lecturer / researcher working in medical humanities and/or medically-related social sciences
- I am a Professor or Head of Department working in medical humanities and/or medically-related social sciences
- I am a PhD student / post-doctoral researcher interested in becoming a lecturer working in medical humanities and/or medically-related social sciences

We would first like to hear a bit more about you and your current work.

42. What is your home university and department?

43. What is your current job title?

44. When did you start working in your current position?

45. How much longer do you think you will stay in this position?

46. My primary research focus lies within

- medical humanities
- medically-relates social sciences

Other (please specify)

47. Within this field, what is your main research interest?

Funding needs

To get a better understanding about the demand for the Starter Grant scheme as well as funding needs in general, we would like to learn more about your current funding sources.

48. The Starter Grant scheme is designed to provide modest funds to enable research active lecturers to pursue their research work. It enables lecturers to carry out research in preparation of a larger research grant application and helps them establish their research portfolios by providing funding for research consumables.

Based on this definition, what do you think would be the best time to apply for the funds?*

*For successful candidates, funding is generally available five months after the submission deadline.

- within the first two years of appointment to a lectureship post
- within the first three years of appointment to a lectureship post
- within the first four years of appointment to a lectureship post
- within the first five years of appointment to a lectureship post
- after more than five years

Please explain your answer:

49. Who are the main funders supporting your field?

50. What do you think are the main funding needs for lecturers in your field? Please rank the following options in terms of relevance (1 = most relevant, 7 = least relevant).

- Finance field research
- Research assistant time
- PhD / postdoctoral researchers
- Protecting / buying-out teaching time for research
- Travel costs for meetings, conferences and collaboration
- Research consumables
- Research equipment (incl. books, online journal access etc.)

51. How would you describe the overall availability of funding in your field?

- Very good
- Good
- Sufficient
- Limited
- Insufficient

Explanation:

52. What are the main publicity and communication channels by which you hear about relevant research funding opportunities? Please rank the following options.

- Group internal communication
- Word of mouth
- Advertisements on the websites of funders

Journals
Newsletters from funders
University Research Office

53. Are you considering a career in academia?

Yes
No
Not sure

54. Please briefly outline (including an estimation of years) what you are planning as the next steps in terms of career development.

55. To what extent could additional research funding help you to develop your personal career goals?

56. What type of funding would be most helpful? For example, what aspects of research support should it provide?

Career support and interdisciplinary work

The Academy aims to support researchers not only financially, but also through mentoring, skills development and networking. We would be interested to understand what kind of non-monetary support, i.e. mentoring or supervision, is currently available to you.

57. What forms of non-monetary career support do you access?

Informal mentoring, e.g. by a more senior researcher
Formal mentoring where relationships were established through an independent third party, e.g. a funder, research council
Skills training courses
Networking events
Other (please specify)

58. How often do you currently engage in collaborations with researchers in the medical sciences (e.g. to discuss research findings or work on interdisciplinary projects)?

Never
Sometimes
Regularly
Often

59. Please describe the key disciplines with which you interact:

60. What do you think could be the benefits to your research development from access to the Academy of Medical Sciences' network of Fellows? [www.acmedsci.ac.uk/fellows]

61. To what extent would additional support in form of mentoring, networking and skills development help you to accelerate your personal career development?

Conclusion

Thank you very much for your time and participation.

62. Would you be willing to be contacted for a brief interview?

Yes

No

If yes, please provide an e-mail address

63. Are you happy for us to share your name and contact details with the Academy?

Yes

No

64. If yes, please provide your full name and contact details.

First Name

Last Name

E-mail address]]