

Aleron

Freshney Consulting

**Evaluation of the  
Starter Grants Scheme for Clinical Lecturers  
The Academy of Medical Sciences**

**May 2016**

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## Executive Summary

### Background

The Starter Grants for Clinical Lecturers (SGCL) scheme was launched in October 2008 as a partnership activity between the Academy of Medical Sciences (Academy) and the Wellcome Trust (Trust). Over time the scheme has attracted additional funders and the partnership now includes the British Heart Foundation (since 2011), Arthritis Research UK (since 2012), the Medical Research Council (since 2013), the Royal College of Physicians (since 2014) and Diabetes UK (since 2016). Since 2008 the scheme has provided more than £8.9m in grants funding, managed by the Academy of Medical Sciences. To date, there have been fourteen rounds of awards, equating to 315 grants. The 15<sup>th</sup> round is currently under review with a panel meeting in June 2016. Prior to the renewal of funding arrangements, the Academy thought it was timely to conduct an independent evaluation of the scheme to ensure that it is meeting its objectives and to inform its future development.

### Objectives of the Starter Grants for Clinical Lecturers scheme

The scheme aims to make a strategic funding intervention to support a specific cohort of aspiring clinical academics, namely research-active Clinical Lecturers (CLs). At this career stage, individuals are juggling the demands of clinical specialty training whilst aiming to establish a research career. A CL post offers personal salary monies but does not provide funding to cover the costs of initiating research. The SGCL scheme is designed to help bridge this gap by providing CLs with access to modest research funds of £30k per award over a maximum period of two years. The scheme specifically aims to support CLs by:

- Providing experience of preparing a research grant application.
- Enabling them to establish their research portfolios by providing monies for research consumables.
- Funding them to develop preliminary data that will strengthen further applications and increase their competitiveness for longer-term fellowships and substantive project funding.

### Aims and scope of the evaluation

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

- To gather metrics on the career path of successful applicants.
- To gather metrics on the career path of unsuccessful applicants.
- To conduct a small set of interviews (up to six) in order to provide qualitative data on the drivers and barriers of undertaking clinical academic medicine.
- To conduct research on the current landscape of early-career clinical academic medicine to enable the AMS to assess whether the current offer remains relevant and competitive.

### Methodology

The evaluation is informed through desk research, two online survey (for successful and unsuccessful candidates respectively), interviews with funders, interviews with successful applicants and interviews with unsuccessful applicants. Further details of the methodology can be found in Appendix IV.

## Key findings

### Data on awards

At the time of this evaluation, 14 funding rounds for the scheme had taken place. Over these fourteen rounds, 841 applications were considered by the Panel and 315 applications were funded. 70% of award holders were male. The scheme is open to all areas of research and applications have been spread across a wide range of specialities. The highest number of awards have been made within the field of surgery (49 awards), followed by neurology (31 awards) and oncology (25 awards).

### Impact

According to survey results and interviews, the Starter Grant award had a significant impact on the career development of successful applicants: 53% of awardees indicated that they would not have been able to instigate with their research, had they not been awarded the grant; and 21% of awardees responded that they could have carried out their research without the award but it would have been on a smaller scale, with aims and objectives scaled down. These results are confirmed by the feedback received from unsuccessful applicants: 37% were unable to instigate their proposed plan of research without the funding, and 21% were only able to instigate their plan of research by securing alternative funding. The comparison of both, successful and unsuccessful applicants, suggests that the award has had a positive impact on research outputs and academic achievements. However, the similarities in career profiles of survey respondents from the awardee and unsuccessful applicant groups limit the conclusions to be drawn from comparing the outputs of these groups.

### Research Landscape

- The structure of clinical academic career pathways has improved considerably since the Starter Grant scheme was established.
- The Starter Grant scheme is widely acknowledged to be making easier the development of a career in research.
- Nevertheless, protecting sufficient time to do research is arguably the most significant challenge for clinical academics in the early stages of their career.
- Aside from participating in the Starter Grants scheme, few funders provide direct support for Clinical Lecturers, which underlines the important niche that the scheme fulfils.

### Recommendations for the SGCL scheme

Successful and unsuccessful candidates agreed about the significant value of the Academy's Starter Grant scheme. The funding was described as pivotal for further career progression as it provides early stage academics with an opportunity to develop their research ideas and establish their independence. With regards to scheme design and the level of funding, funders as well as applicants shared the opinion that the current structure meets the needs of early career clinical lecturers.

### Limitations, implications and significance of findings

Wherever possible we asked survey participants and interviewees to tease out and report on impacts where the SGCL had been a significant contributing factor to progress to date. However, it should be noted that CLs may have access to other sources of career support which may also have contributed to an individual's achievements. Furthermore, and this applies in particular to survey responses from unsuccessful candidates, the sample sizes per cohort are too small to draw general conclusions about the impact of the outcome of the grant application on career progression or research outputs.

There also exists some limitations and likely bias relating to the participation of unsuccessful applicants in the survey. For example, we believe that unsuccessful applicants who have developed a

career in research were more likely to respond to the survey than those who pursue clinical practice only and therefore research-active clinicians may be over-represented in this cohort.

Recommendation: A future evaluation could be conducted using Researchfish, whereby data on NIHR-funded Clinical Lecturers could be extracted to compare the outputs and career progression of CL cohorts who did - and did not - receive Starter Grant funding. Such information was not available during the timescale of conducting this evaluation.

## Key findings

### Objectives of the Starter Grants scheme

The scheme aims to make a strategic funding intervention to support a specific cohort of aspiring clinical academics, namely research-active Clinical Lecturers (CLs). At this career stage, individuals are juggling the demands of clinical specialty training whilst aiming to establish a research career. A CL post offers personal salary monies but does not provide funding to cover the costs of initiating research. The SGCL scheme is designed to help bridge this gap by providing CLs with access to modest research funds of £30k per award over a maximum period of two years. The scheme specifically aims to support CLs by:

- Providing experience of preparing a research grant application.
- Enabling them to establish their research portfolios by providing monies for research consumables.
- Funding them to develop preliminary data that will strengthen further applications and increase their competitiveness for longer-term fellowships and substantive project funding.

The Starter Grants scheme first became available in 2009 and the 15<sup>th</sup> round of applications is currently under review. This evaluation includes data on rounds 1-14.

### Characteristics of award holders

#### Applications and awards

At the time of this evaluation, 14 funding rounds for the scheme had taken place. Over these fourteen rounds:

- 841 applications were considered by the panel
- 315 applications were funded (37.5% award rate)

The number of applications received for consideration at each round of funding has varied, as shown in Figure 1 below. On average, 67% of applicants and 70% of award holders were male.

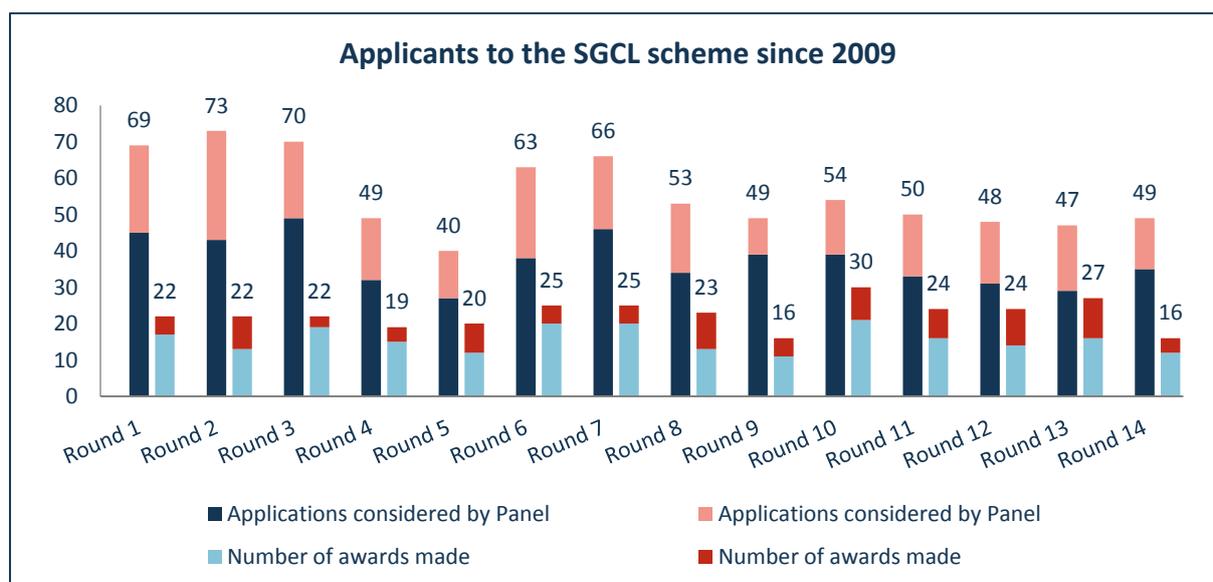


Figure 1 Applicants to the SGCL scheme since 2009

While the overall success rate has remained fairly stable at an average of 37%, the success rate of female applicants has improved significantly since round 8, reaching rates of up to 60% (see Table 1).

Table 1 Success rates of male and female candidates over time

Round:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Average
Male	38%	30%	39%	47%	44%	53%	43%	38%	28%	54%	48%	45%	55%	34%	39%
Female	21%	30%	14%	24%	62%	20%	25%	53%	50%	60%	47%	59%	61%	29%	35%
Overall	32%	30%	31%	39%	50%	40%	38%	43%	33%	56%	48%	50%	57%	33%	37%

### Geographic spread of applicants and awards

Figure 2 provides an overview of the geographic spread of applicants and awardees. The majority of both applicants and awardees are based in Greater London, the South East and the East of England. The University of Cambridge, University College London, Imperial College London, King's College London and the University of Oxford rank as the top five originating institutions for both applicants and awardees (see Table 2).

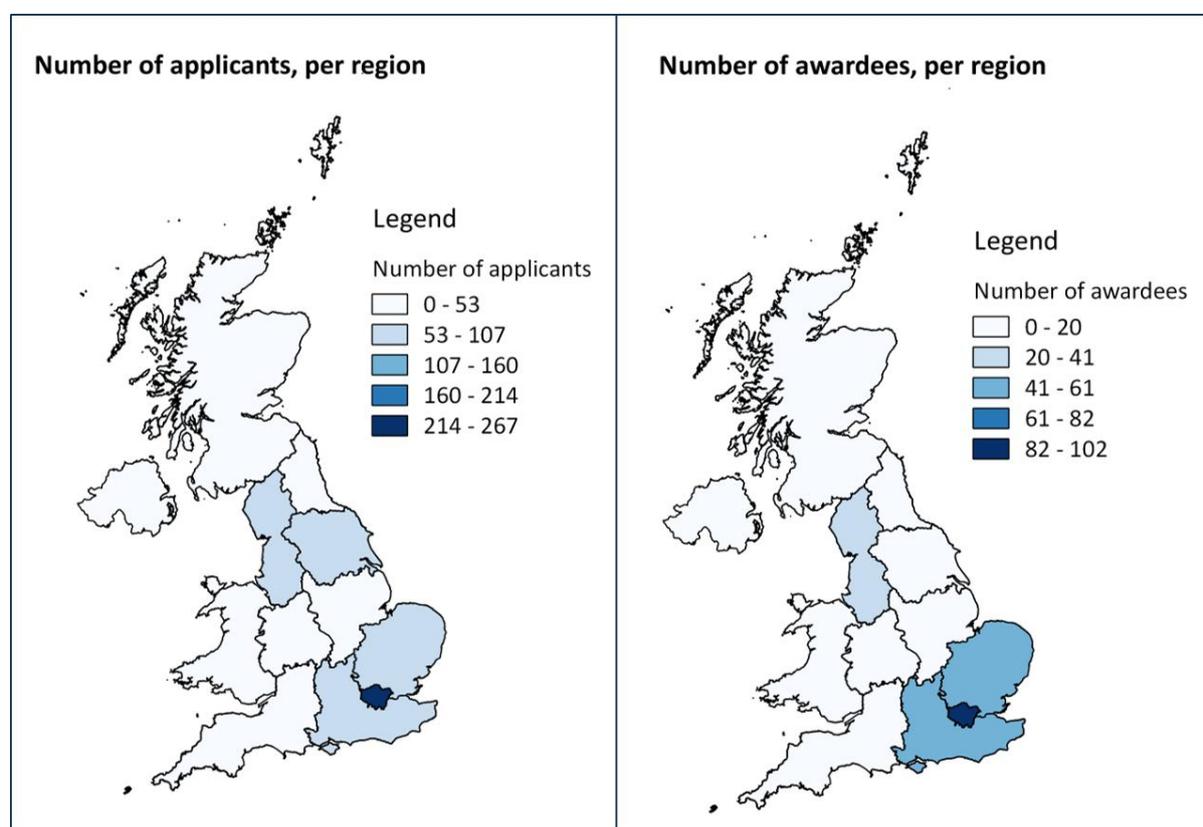


Figure 2 Geographical spread of applicants and awardees

Table 2 Top 5 institutions for SG applicants and awardees

Rank	Institutions	# of applicants	Institution	# of awardees
1	University of Cambridge	81	University of Cambridge	42
2	University College London	78	University of Oxford	37
3	Imperial College London	77	Imperial College London	31
4	King's College London	72	University College London	29
5	University of Oxford	65	King's College London	29

## Length and value of the award

Awards are available for up to two years. The majority of award holders are choosing to opt for the maximum length and value of the available award. The average award duration (including extensions granted by the Academy) was 25 months and the average award was £28,285, with a minimum of £14,990 and a maximum of £30,000.

## Range of specialities

The scheme is open to all areas of research and awardees have been spread across a wide range of specialities as shown in Figure 3. The highest number of awards have been made to Clinical Lecturers working within the fields of surgery (49 awards), neurology (31 awards) and oncology (25 awards).

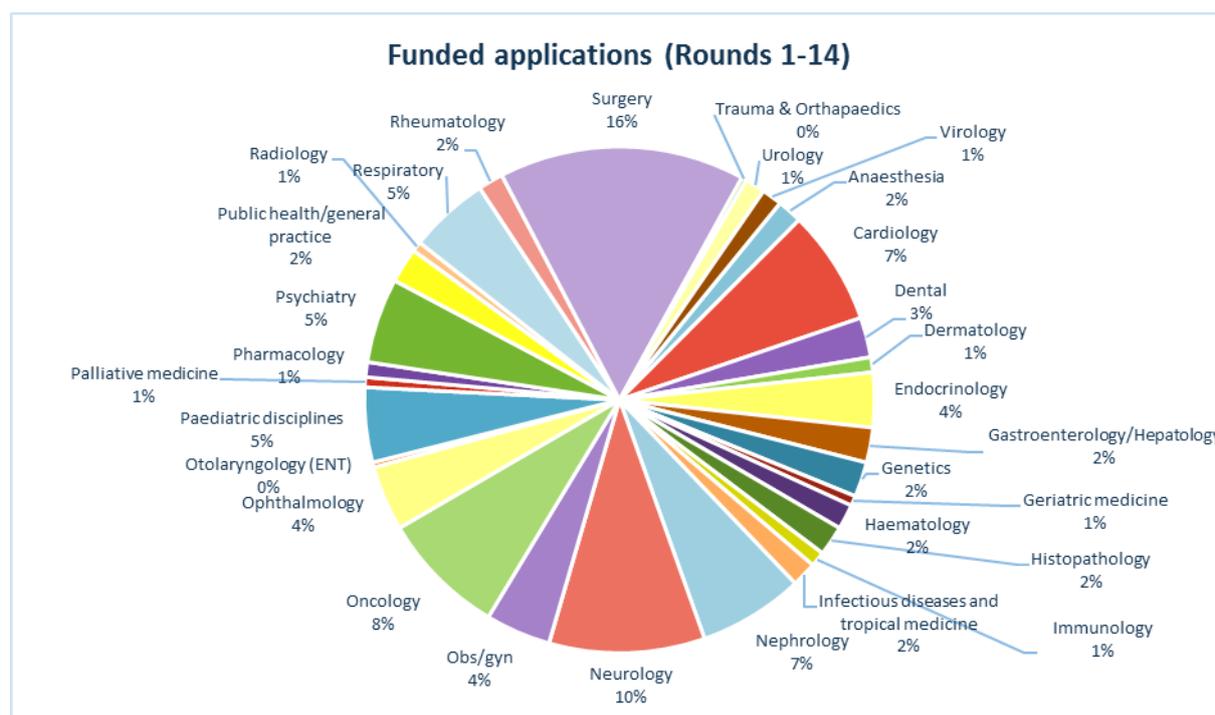


Figure 3 Funded applications by speciality of clinical practice (Rounds 1-14)

## Survey of awardees and unsuccessful applicants

To inform this evaluation, successful and unsuccessful applicants were invited to participate in an online survey. Two surveys were designed, targeting each respective group. Key themes for both surveys were: application process, research plan, research outputs and follow-on funding, career development, feedback on the level of funding. 130 out of 290 invited awardees responded to the survey. 38% (n=50) of survey respondents had applied to the scheme in or after 2014. Given the average award duration of two years, we have assumed that the majority of respondents within this group are current award holders (see Table 3).

Table 3 Survey respondents (awardees) by year and month of application

Years	2009		2010		2011		2012		2013		2014		2015		Total
Month	Mar	Sep													
Successful	5	3	7	0	8	7	10	9	11	20	14	11	15	10	130

previous award holders | current award holders

Figure 4 provides an overview of current roles of successful survey respondents. Given the relatively high share of current award holders within the total respondents group, it is unsurprising that the majority (58%) of awardees who participated in the survey are clinical lecturers. Clinician scientists form the second largest group, followed by senior clinical lecturers / readers.

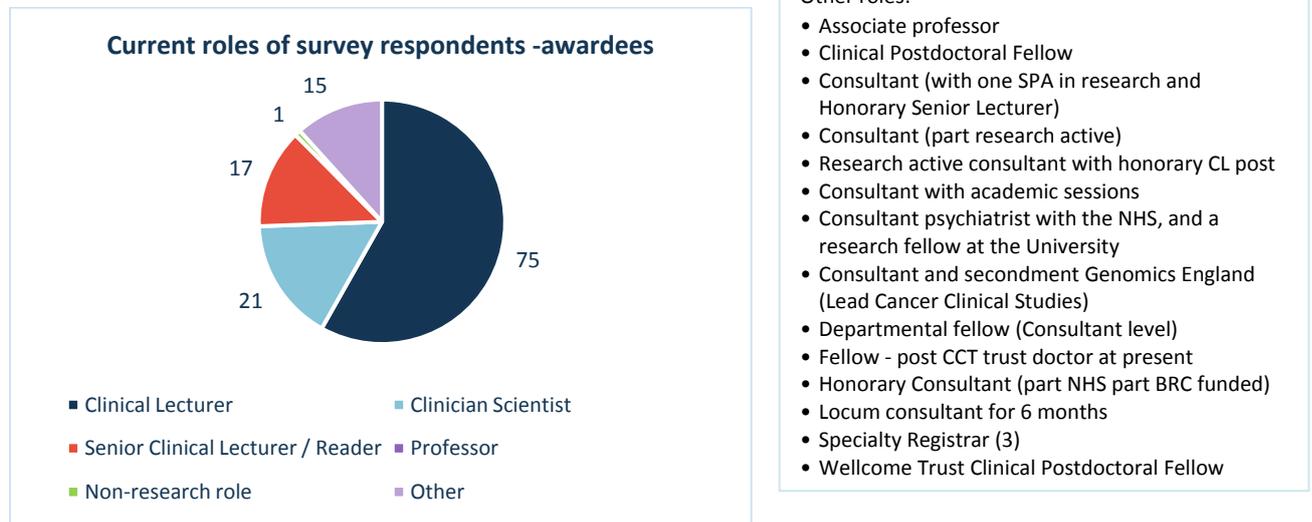


Figure 4 Current roles of survey respondents - awardees

286 people were invited to participate in the survey for unsuccessful applicants. We received responses from 57 applicants. There was a roughly even distribution across application rounds as shown in Table 4. 44% (n=25) of survey respondents had applied to the scheme in or after 2014.

Table 4 Survey respondents (unsuccessful applicants) by year and month of application

Years	2009		2010		2011		2012		2013		2014		2015		Total
	Mar	Sep													
Unsuccessful	4	3	2	5	3	6	2	1	3	3	1	8	6	10	57

40% of these respondents were clinical lecturers. Clinician scientists account for roughly 13% and over 7% of survey respondents are no longer in a research active role. A breakdown of other roles is provided below.

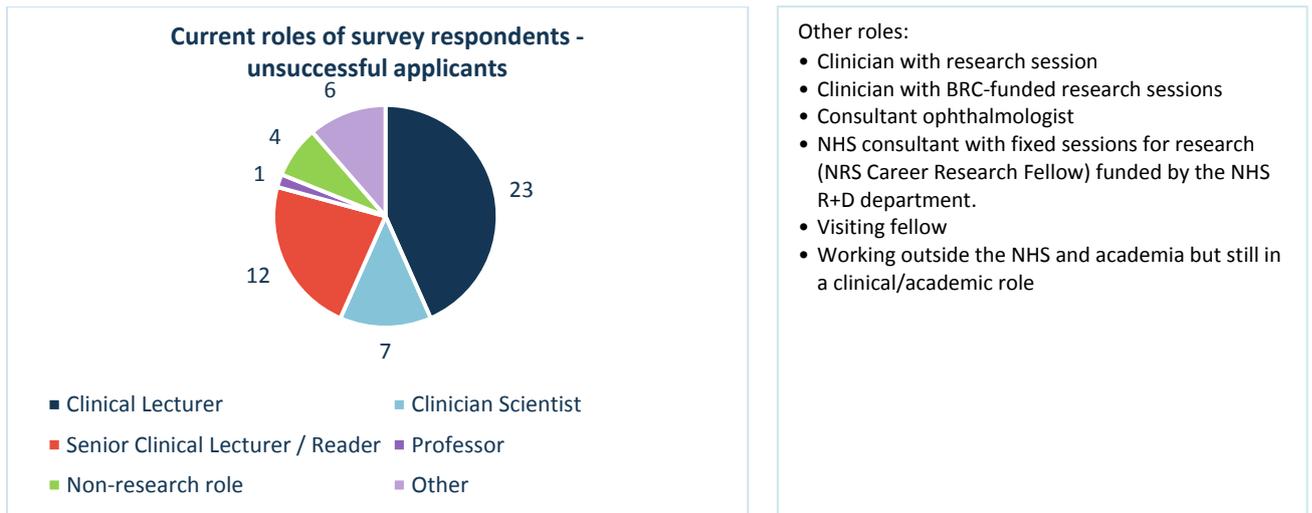


Figure 5 Current roles of survey respondents - unsuccessful applicants

### Comments about the survey participants

As noted earlier, we believe that unsuccessful applicants who have developed a career in research were more likely to respond to the survey than those who pursue clinical practice only. This factor limits conclusions that can be drawn from the survey results. For example, a similar proportion of respondents from the unsuccessful (44%) and awardee (41%) cohorts had progressed their career to Clinician Scientist, Senior Lecturer or Professor level. We have summarised key findings from both surveys below. Please note that the small sample sizes, especially when looking at a breakdown of applicants per year limit the generalisability of findings.

### Application process

Overall, survey respondents felt that the application process was straightforward and that the level/volume of paperwork that had to be completed was adequate. It was generally appreciated that the application does not involve reams of information. With regards to the peer review feedback received, opinions of successful and unsuccessful candidates diverged significantly (see Table 5).

Table 5 Survey responses: Usefulness of the peer review feedback received

	Strongly Agree	Agree slightly	Neither agree or disagree	Disagree slightly	Strongly disagree	Don't know / not applicable
Successful	85	26	5	1	1	10
Unsuccessful	3	15	10	10	13	1

The majority of successful respondents strongly agreed with the statement “The peer review feedback was useful”, and three awardees who were successful when reapplying, expressed the high value of the feedback received on a previous unsuccessful application:

- “The feedback I got was absolutely pivotal to giving me the encouragement to carry on doing postdoc research. I wondered whether I was ‘good enough’ and the constructive but measured panel feedback gave me the fight I needed to carry on!”
- “I was successful in obtaining a grant on my second application. Feedback received on the first application allowed me to improve my hypothesis and present a stronger application on a second round. Overall the process was straightforward and clear.”

- “I initially applied in March 2012 but was unsuccessful. It took a long time to get feedback about my application and I only obtained this with relatively short notice before I resubmitted for the September 2012 deadline. Once I obtained the feedback, it was very helpful.”

Unsuccessful candidates, however, raised some criticism with regards to the quality and level of detail of the peer review feedback. A number of unsuccessful candidates pointed out that the feedback did not allow them to understand why the application was unsuccessful and that the views of the panel were not provided in sufficient detail, e.g.:

- “Feedback was all positive but the award was unsuccessful.”
- “The peer review comments were very positive but the award was not funded. It would have been helpful to know the panels views.”

### Research plan

We asked survey participants to give us an indication of whether the outcome of their Starter Grant application had affected their ability to conduct the research proposed in the application (see Figure 6). 53% of successful candidates indicated that they could **not** have instigated their proposed plans of research without this funding, and 21% responded that they could have carried out their research without the award but it would have been on a smaller scale, with aims and objectives scaled down.

Of unsuccessful applicants, 37% were unable to instigate their proposed plan of research without the funding, whereas 18% were able to carry out their intended research without the award, maintaining the same aims and objectives (see Figure 6). Selected quotes from unsuccessful candidates are provided below:

- “Failure to obtain funding meant I had to apply for several smaller pots of money.”
- “I was able to pursue my academic goals despite no support. However, the support would have been critical in securing a fellowship with early peer review of the idea and establishment of the science, which without the funding was just delayed.”
- “I am still in research and try to secure funding but if unsuccessful will return to clinical practice.”
- “Still in research but need to get funding to continue project.”
- “The outcome of my application slowed career development and continues to have a negative impact on funding applications.”

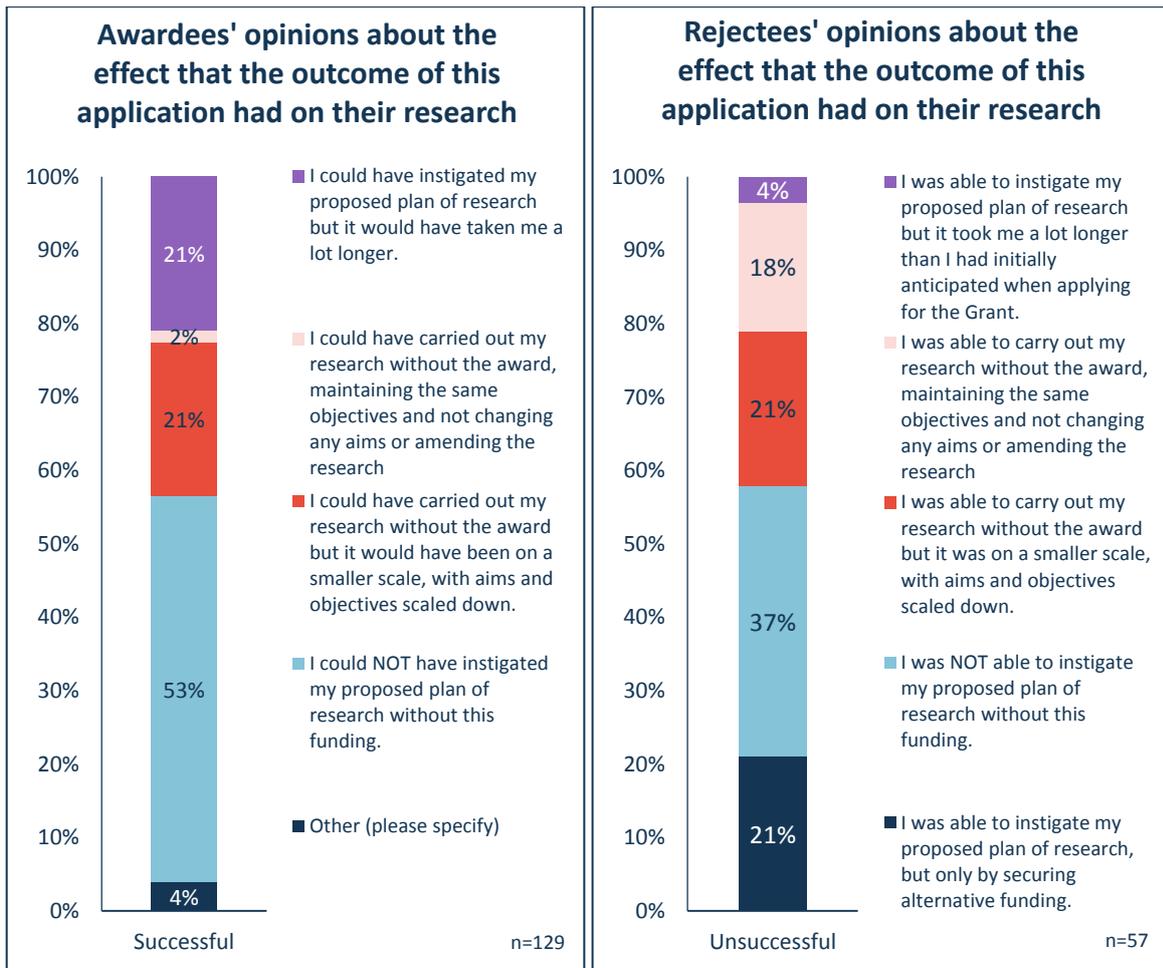


Figure 6 Impact of the outcome of the SG application on research

We discussed these findings in our 1:1 interviews. Both, successful and unsuccessful candidates confirmed that access to grant funding for research consumables is a key enabler for Clinical Lecturers who are in the early stages of their research career. The time constraints for CLs - who have to manage both specialist clinical training and research or educationalist training - are significant and additional grants are perceived to be pivotal to enable the development of new ideas that can then lead into larger grant applications.

Unsuccessful candidates were further asked whether they were able to secure alternative funding after their application to the AMS Starter Grant scheme. 12 respondents indicated that they had been successful with other applications. Details of the grants obtained by this sub-group are provided in Table 6 below.

Table 6 Alternative funding for unsuccessful applicants

Funder	Grant value	Duration
Fight for Sight UK	£19,000 further grant: £15,000	2012-2013 further grant: 2014-2015
Dystonia Society	£30,000	3 years
Wellcome Trust	£29,000	2 years
Funding from my sponsor's discretionary account	£10,000	6 months
St Jude	£10,000	2 years
Tommy's the baby charity/ Manchester Wellcome Trust CRF / Holly Martin Stillbirth Research Fund	£25,000	36 months

Internal and at a much later date Rosetrees Trust	£30,000	1 year
CMFT Experimental Medicine Research and innovation Grant	£26,500	12 months
Royal College of Emergency Medicine	£10,000	12 months

### Research outputs

We captured the research outputs of grant awardees and unsuccessful candidates by asking them to describe the main outputs of their research. We should be cautious in comparing the data gathered from the awardee group with that gathered from the unsuccessful group. This is for a number of reasons, 1) for some years the sample size is too small to make a reliable comparison, 2) comments left in this question indicate that the two groups may have interpreted the question differently. Some successful candidates indicated that they included only those research outputs that were related to the project they applied for the Starter Grant for.

Figure 7 provides a graphic summary of awardees' research outputs. Given the relatively small sample sizes per year of application round, we grouped successful candidates in two groups: previous awardees (application between 2009-2013, n=80) and current grant holders (application between 2014 and 2015, n=30).<sup>1</sup> Trying to control for differences in research outputs and career progression, we have applied the same grouping to the cohort of unsuccessful survey respondents.

Unsurprisingly, the group of previous awardees had achieved more than current awardees. 65% of previous awardees in comparison to 44% of current awardees, for example, indicated that they had authored peer reviewed article(s). Given the nature and objective of the starter grants scheme, it is unsurprising that the most significant difference between these two groups was with regards to the generation of preliminary data that formed the basis of a **successful** application for substantive research funding: it was at 51% for previous awardees and compared to 16% of current awardees.

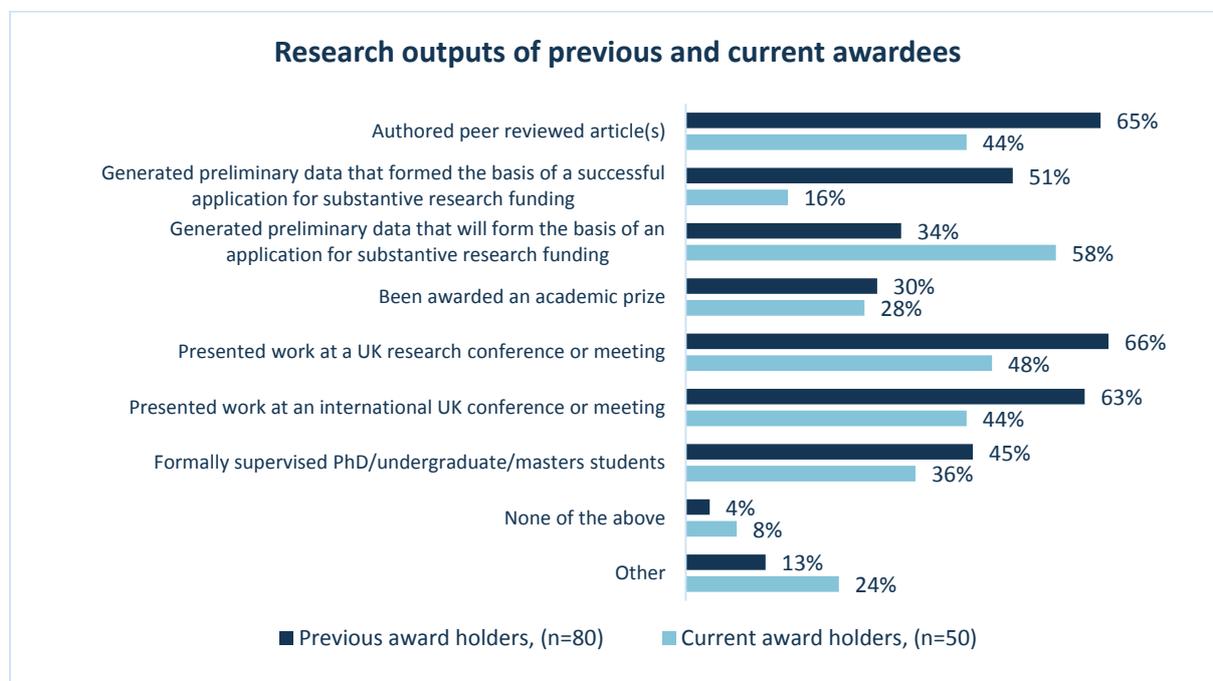


Figure 7 Research outputs of previous and current awardees

<sup>1</sup> This split is a proxy based on the average duration of the award. An overlap between the groups is possible.

A similar trend could be observed among unsuccessful candidates: 50% of the applicants from 2009-2013 indicated that they had been successful in generating preliminary data that formed the basis of a successful application for substantive research funding, compared with only 28% of applicants from 2014-2015 (see Figure 8).

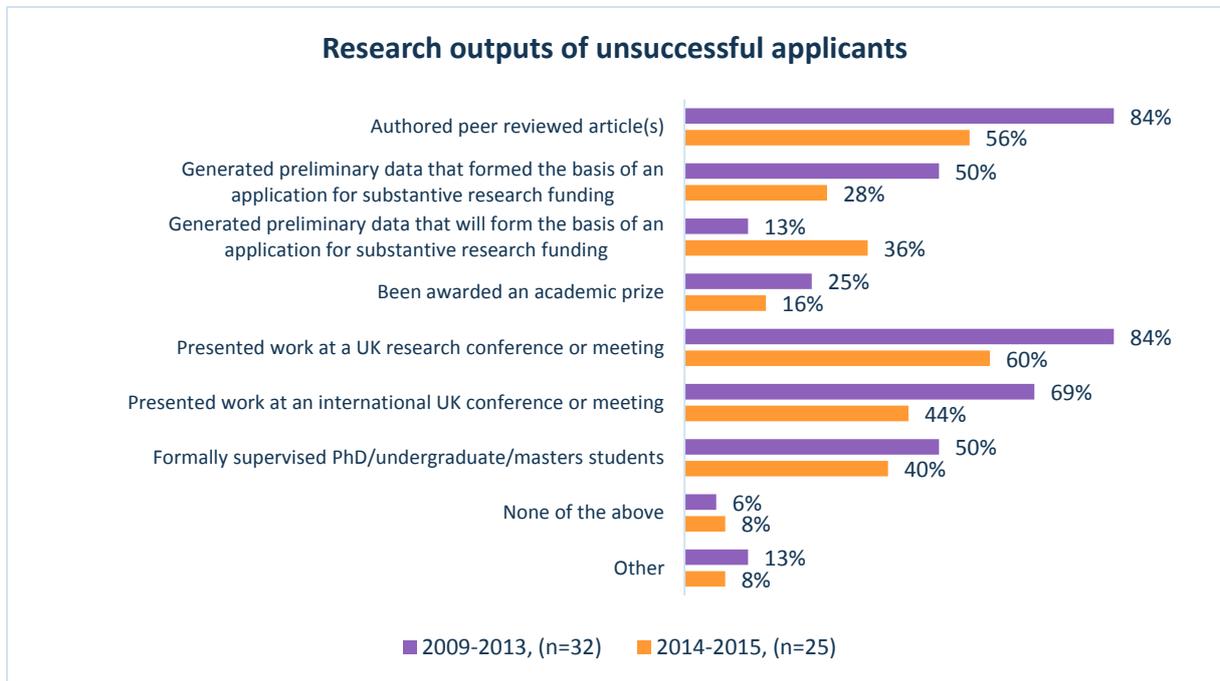


Figure 8 Research outputs of unsuccessful applicants

Across all years, 57% of successful respondents had authored a peer reviewed article(s), as compared to 72% of unsuccessful applicants. This may be a result of the difference in interpretation of the question, as mentioned above, or because unsuccessful candidates who had a subsequently successful research career were more likely to respond to the survey request. For those respondents who indicated that they had authored peer reviewed articles, we asked them to provide information about how many they had authored as 1) first author, 2) a senior author, 3) a co-author.

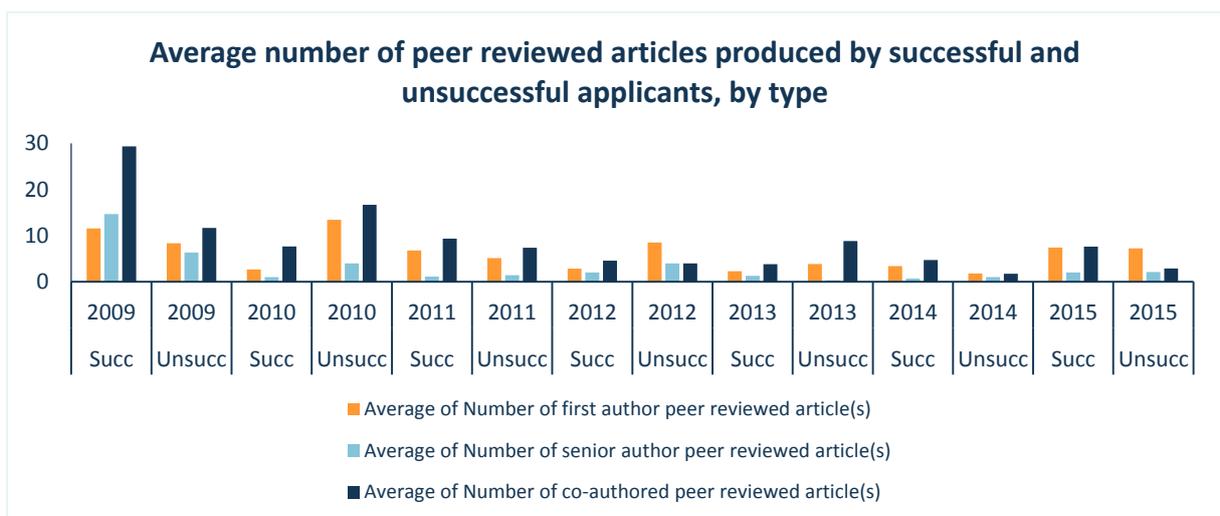


Figure 9 Number of peer reviewed articles of successful and unsuccessful survey respondents

We also asked respondents about other achievements they have made since their application; these included factors such as managing a research team, receiving media coverage and producing intellectual property. Across both groups, successful and unsuccessful applicants, the primary achievements were forming new collaborations and managing own research teams. Survey responses suggest a difference between current awardees and unsuccessful applicants from 2014-2015: 54% of current awardees manage their own research teams compared to 20% of unsuccessful candidates (see

Figure 10 and Figure 11).

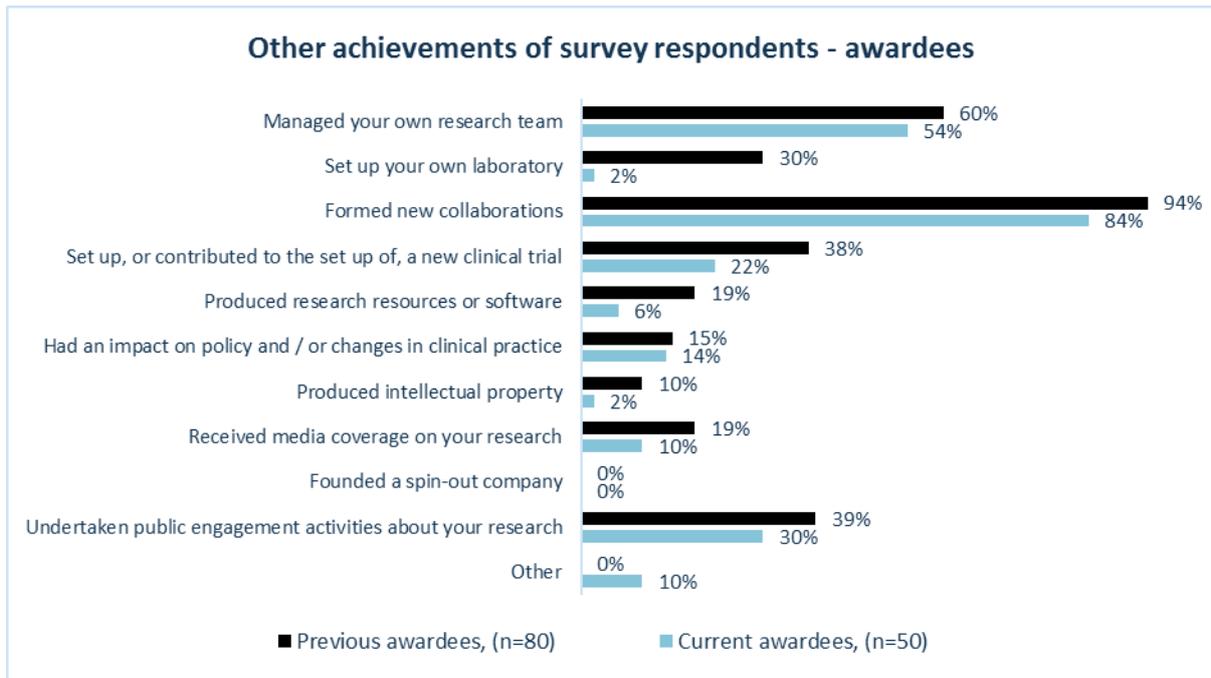


Figure 10 Other achievements of survey respondents - awardees

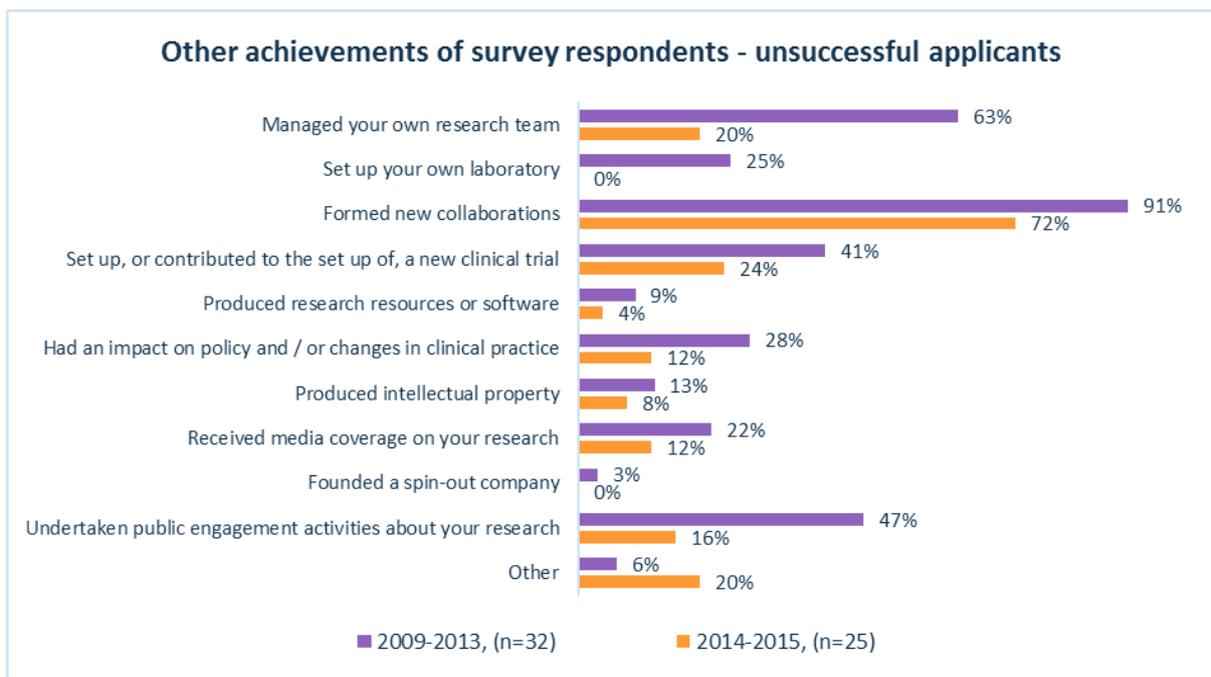


Figure 11 Other achievements of survey respondents - unsuccessful applicants

## Follow-on funding

74 successful respondents (57%) were able to secure follow-on funding since their Starter Grant award. As shown in Figure 12, 27% of successful respondents were able to secure £500,000 or more. It is remarkable that 16 out of the total of 50 current awardees who participated in the survey were already able to secure follow-on funding.

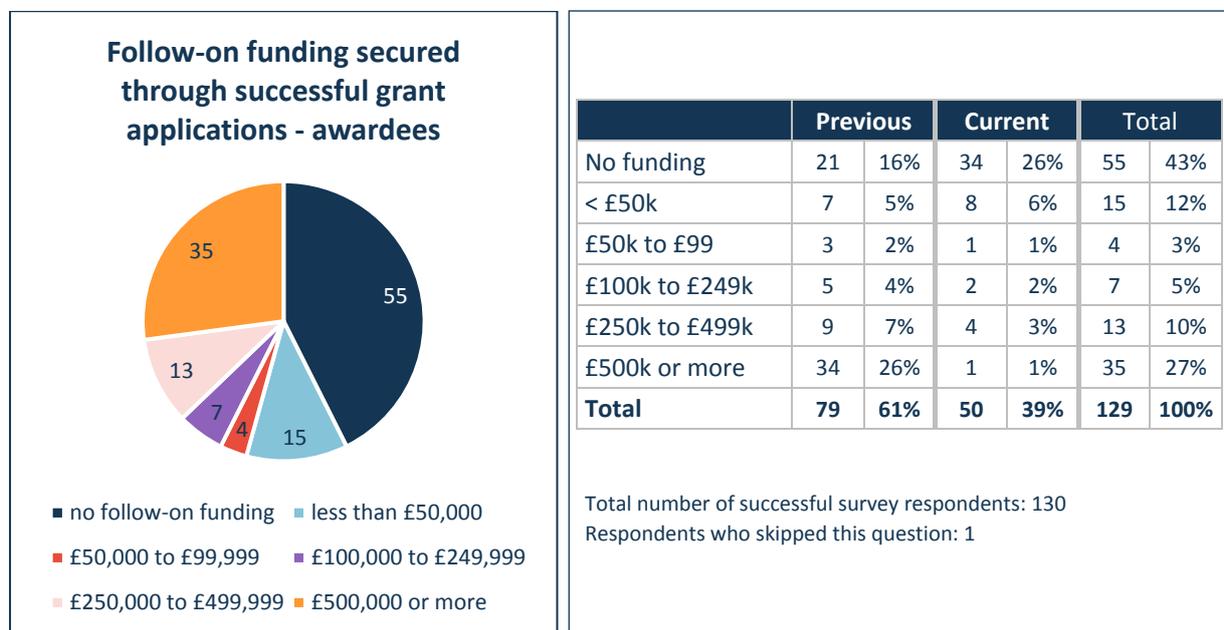


Figure 12 Follow-on funding secured through successful grant applications – awardees

To compare these figures, we asked unsuccessful candidates about any additional funding they secured through successful grant applications. 46 (87%) of unsuccessful survey respondents indicated that they had been successful in securing additional grant funding. As shown in Figure 13, 30% of unsuccessful respondents were able to secure £500,000 or more. 36% of unsuccessful respondents in comparison to 12% of successful respondents were awarded small grants of less than £50,000. The earlier finding that 12 unsuccessful applicants had been able to secure alternative funding after being rejected by the Academy (see Table 6) is one possible explanation for this difference. Therefore, we were not able to identify significant differences between the abilities of awardees and unsuccessful applicants to secure follow-on funding. This may be due to a number of reasons e.g. i) over-representation of unsuccessful applicants who were research-active in the survey and ii) unsuccessful applicants citing alternative sources of funding as follow on funding.

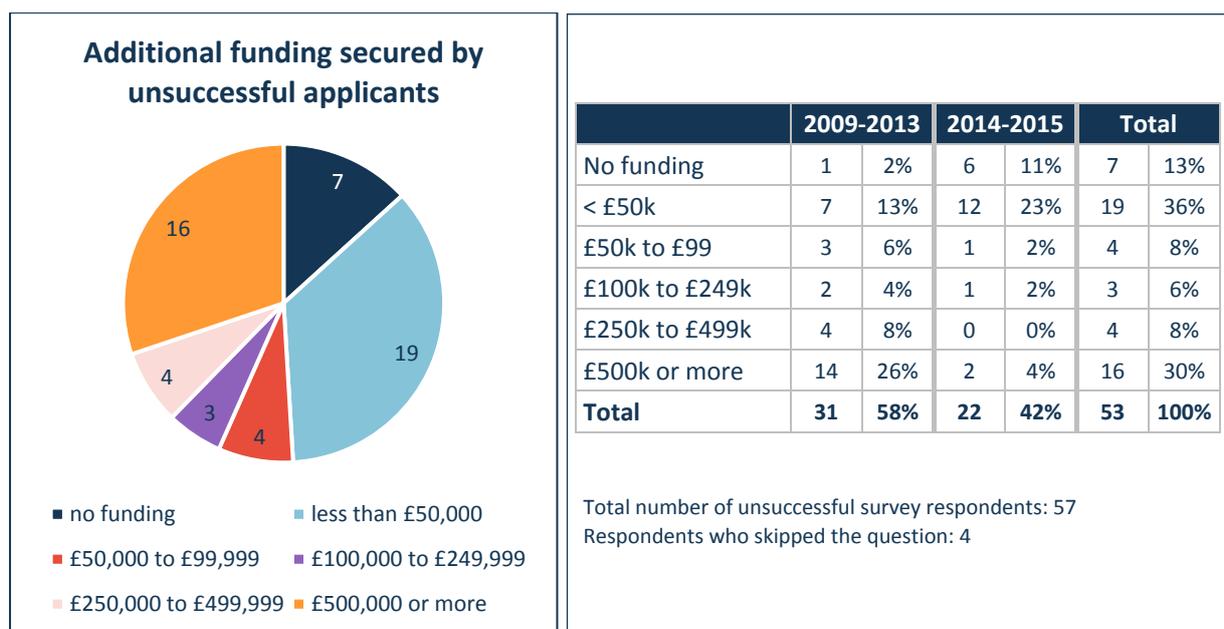


Figure 13 Additional funding secured by unsuccessful applicants

To inform our research about the funding landscape in general, we asked both successful and unsuccessful candidates to provide information about other funding sources they have accessed. Our results are presented in Table 7 below.

Table 7 Grant giving institutions for successful and unsuccessful candidates

	Successful candidates	Unsuccessful candidates
Medical Research Council	24.3%	18.9%
NIHR	27.0%	18.9%
Chief Scientist Office, Scotland	2.7%	5.7%
Division for Social Care and Health Research, Wales	0.0%	0.0%
Health and Social Care R&D Division, Northern Ireland	0.0%	0.0%
University / Host Institution	23.0%	39.6%
Wellcome Trust	27.0%	7.5%
Cancer Research UK	6.8%	3.8%
British Heart Foundation	4.1%	3.8%
Arthritis Research UK	1.4%	0.0%
Other medical research charity	27.0%	37.7%
Industry	14.9%	3.8%

This comparison suggests that successful candidates were more likely than unsuccessful candidates to receive additional funding from the NIHR, MRC, Wellcome Trust or industry. Researchers in the unsuccessful group were more likely to receive additional funding from a medical research charity, university or host institution. The most common type of funding for successful respondents were fellowships. Unsuccessful candidates were most successful in securing small pilot grants/seed awards.

Other funders named by **successful** candidates included: Alzheimer's Society and Alzheimer's Research UK, Asthma UK, Bone Cancer Research Trust, Bridging the Gaps EPSRC scheme via University, British Infection Association, Bupa Foundation, Crohn's and Colitis UK, Dinosaur Trust (charitable foundation), Dunhill Medical Trust, EP Abrahams Cephalosporin Fund, ESSO fellowship,

Evelyn Trust, Fight for Sight, Genesis Breast Cancer Prevention, Imperial College Healthcare Charity, Lady Tata Memorial Fund International Fellowship, L’Oreal, Medtronic (Industry), NewLife Foundation, NHS R&D, Pathological Society of Great Britain and Ireland, Prostate Cancer UK, Rosetrees Trust, Royal College Surgeons England, Royal Society

Other funders named by **unsuccessful** candidates included: ASME, Bloodwise, British Skin Foundation, Fightfor Sight, Get Ahead Charitable Trust, Health Education South West, Innovate UK, NIH, RCGP SFB grant, Resuscitation Council UK, Rosetrees Trust, Royal College of Emergency Medicine, RSM, SANDS charity, Society for Endocrinology, Stroke association, Technology Strategy Board, UCare, Wellbeing of Women, Welsh government and EU, Yorkshire Cancer Research

### Career development

The survey captured career progression of respondents by asking how long they had spent in each stage of their career, to date. We have summarised our findings in the tables below.

Table 8 Career development of successful survey respondents

Average time spent as ... by successful candidates (in years)						
Current role	n=	Clinical Lecturer	Clinician Scientist	Senior CL / Reader	Professor	Non-research role
Clinical Lecturer	75	2.7				2.0
Clinician Scientist	21	3.1	1.5	0.4		4.0
Senior CL / Reader	17	3.5	2.4	2.1		
Non research role	1	4.0				

Table 9 Career development of unsuccessful survey respondents

Average time spent as ... by unsuccessful candidates (in years)						
Current role	n=	Clinical Lecturer	Clinician Scientist	Senior CL / Reader	Professor	Non-research role
Clinical Lecturer	23	2.6		1.0 <sup>2</sup>		
Clinician Scientist	7	3.0	1.7	1.5		0.3
Senior CL / Reader	12	4.1	2.3	2.0		6.0
Professor	1	2.0	3.0		1.0	1.0
Non-research role	4	2.5				3.7

The data indicate that previous awardees who are now working as senior CLs / readers spent slightly less time as Clinical Lecturers (3.5 years in comparison to 4.1 years for unsuccessful applicants). In addition, the average time spent in a non-research role across roles is higher for unsuccessful candidates. Please note that the small sample sizes limit the significance and generalisability of these findings.

To complement these findings, we asked successful applicants how the Starter Grant award influenced their career aspirations. 85% of respondents replied that the award encouraged them to pursue an academic career. Numerous applicants mentioned that it “gave them confidence” and “recognition”. Selected comments are provided below:

- “This has been a morale boost, has strengthened my successful application for the Wellcome Fellowship, has directly funded work which has led to an IF>10 publication, and given me

<sup>2</sup> Given the nature of the question, we can assume that this data point is an error.

greater independence at a time in one's career which is particularly difficult to navigate: moving from student to independent research leader.”

- “It really helped me believe I could secure my own funding. That confidence was self-fulfilling.”
- “It has made me feel clear that I have a future in academic psychiatry - the AMS made me feel very confident and worthwhile.”

### Feedback on the level of funding

Respondents gave feedback on the degree to which the level of funding provided by the Starter Grant allowed them to achieve the aims laid out in their application. Across all years, 37% of awardees felt that the level of funding allowed them to achieve the aims within their Starter Grant application, with a further 48% feeling it allowed them to achieve most of the aims, and 12% saying that it allowed them to complete only a few of their aims (see Figure 14). In comparison to alternative grant opportunities available to early career clinical lecturers (see Table 6 above), the Academy of Medical Sciences offers one of the most generous schemes.

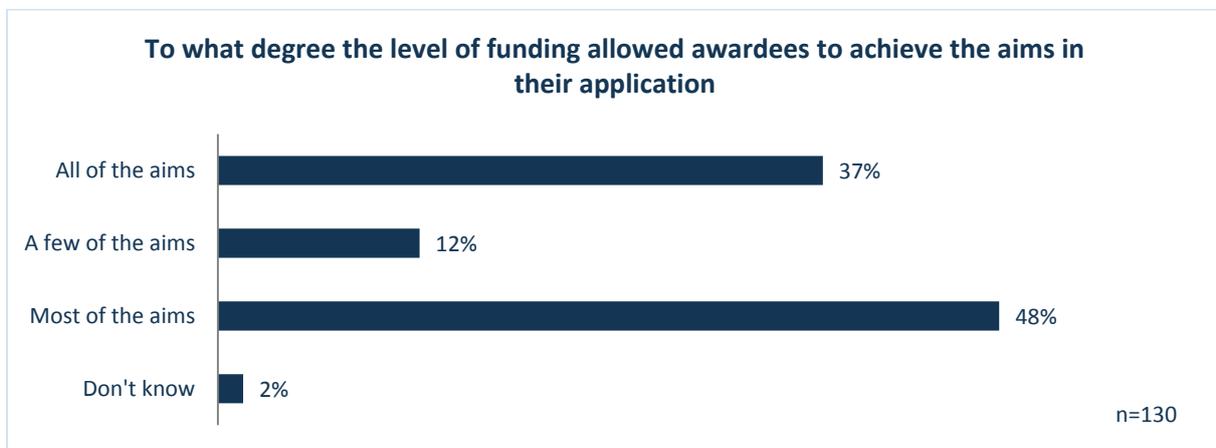


Figure 14 Funding level – awardees

### Scheme publicity and additional support from the AMS

We also asked survey participants and interviewees how they first found out about the Starter Grants scheme. Our results (presented in Figure 15 below) indicate that 56% of all respondents first found out about the scheme through word of mouth (through peers and supervisors).

Advertisements in The Lancet and the BMJ accounted for under 3%.

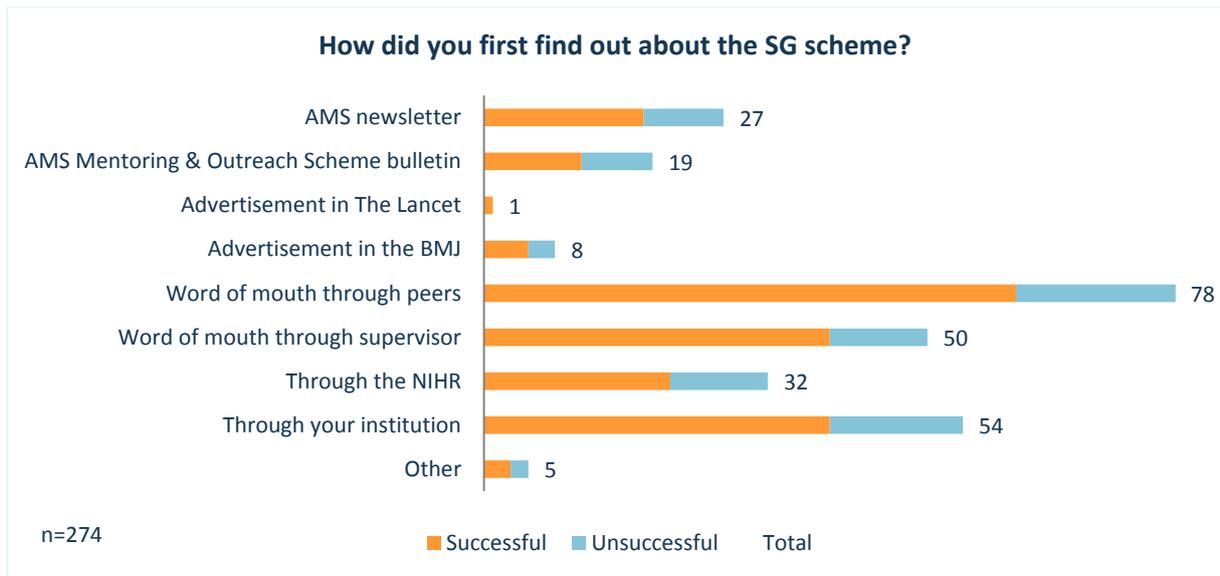


Figure 15 Survey results: Referral source

### Additional benefits

To understand the value of the AMS' wider network and events for Clinical Lecturers, we asked survey respondents to provide details about their current access to the AMS mentoring scheme and meetings. 60 awardees (just under 50%) indicated that they had not yet taken part in an event or the mentoring scheme, but that they were intending to do so in the future. The AMS Winter Science meeting was the most popular event among awardees. Interviewees also emphasised the value of these meetings to develop informal networks and meet colleagues from different academic backgrounds.

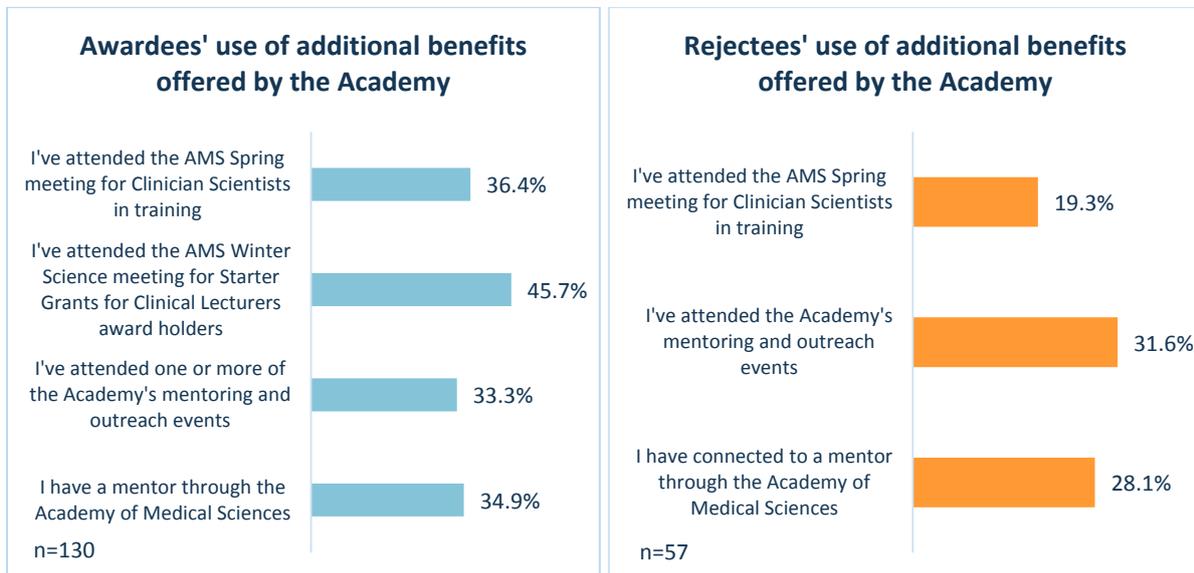


Figure 16 Access to additional support from the Academy of Medical Sciences

Nearly a third of successful and unsuccessful survey respondents have a mentor through the Academy of Medical Sciences, and numerous respondents of both groups expressed their interest of joining the scheme. Interviewees similarly confirmed the great value of this offer.

- "It's an excellent scheme and coupled to the mentorship programme is an invaluable form of support at a time when you are unlikely to have sizeable grant support."

- “The Starter Grant Award has not only provided the funds to develop and shape my research goals, it has also provided motivation and a wider view of research generally through the Winter Grant holders meeting and the mentoring programme.”

## The landscape for Clinical Lecturers

### Introduction

Since the scheme was launched in 2008, there have been considerable changes to the funding landscape and research environment for clinical academic medicine. Most notably, the development of the integrated clinical academic training scheme (Figure 17) has transformed career development in clinical academic medicine. One applicant pointed out that, when they commenced clinical research training in 2004, “you were a novelty and neither university or hospital employers really knew quite what to do with you”.

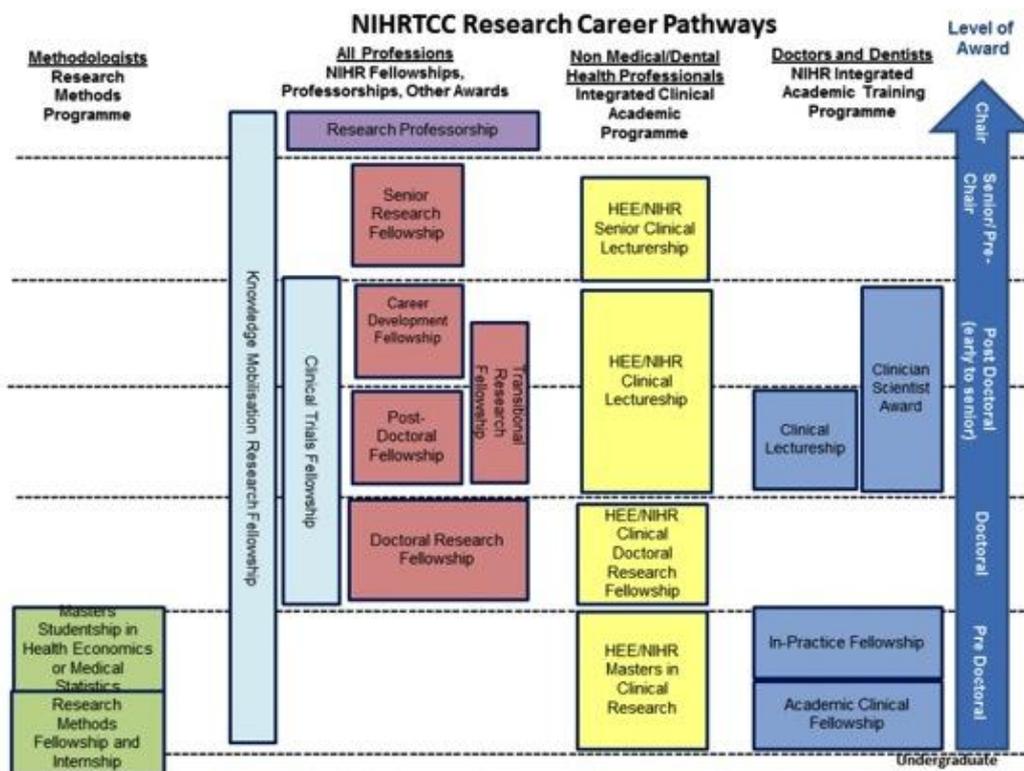


Figure 17 Training programmes managed by the NIHR Trainees Coordinating Centre

However, alongside the improved career pathways and funding opportunities for clinical academics, challenges relating to the clinical training and commitments of this cohort have persisted, contributing to major challenges in developing early stage clinical academic careers. These challenges are discussed in more detail below.

### Clinical Lecturers in the UK

Information from the Medical Schools Council (2015) indicates the number of Clinical Lecturers to be 558 FTE in 2014 and 564 FTE in 2013. The funding source for Clinical Lecturers is shown in Table 10.

Table 10 Funding source for Clinical Lecturers in the UK; Source Medical Schools Council (2015)

Funding body	Total Clinical Lecturers	%
Funding Council	87	15.6%
NHS	387.5	69.5%
Other	83.1	14.9%
Total	557.6	

Figures from the NIHR indicate that, in 2014, there were 263 NIHR-funded Clinical Lecturers in post. Whilst funding for up to 100 Clinical Lecturers is available each year, these roles are filled at about 70%. Therefore, the NIHR supports approximately 70 new Clinical Lecturers each year.

In summary, in the UK there are approximately 550 – 560 Clinical Lecturers in post (Medical Schools Council, 2015) and just under 50% of these (263 in 2014) are supported by the NIHR.

### Key challenges faced by early career clinical academics

Protecting sufficient time to do research is arguably the most significant challenge for clinical academics in the early stages of their career. Whilst Clinical Lecturers, by definition, should have this time protected, challenges remain about making this balance work in practice. Some particular concerns were expressed about the erosion of protected research time in Scotland, with only 20% of time being allocated to this activity.

Loss of earnings is also seen as a barrier to pursuing a career as a clinical academic, because the time spent in research training extended the time required to complete clinical training and obtain subsequent qualifications (e.g. CCT). There were also concerns that recent changes to clinical training programmes and the proposed junior doctors contract would extend further the time to complete clinical training, acting as a disincentive to research engagement.

The emphasis by universities on research outputs and associated income was also seen as a major factor that influenced career progression and behaviour of clinical academics. For example, there is evidence that universities consider the outputs of clinical academics to be less impactful than for non-clinical scientists, as highlighted in a quote from the Cross Funder Review (MRC, 2015):

“I’ve been told they’re not interested in me at all because I’m not producing Nature papers; my work is very different to that sort of high-impact journal publication science. I’m more interested in getting impact into patient care. That has not been well-supported.”

Furthermore, anecdotal evidence from the MRC indicates that clinical academics are taking longer to publish their research, potentially arising from an emphasis on fewer, higher impact publication. This results in a longer time to publish and share data, and for individuals to produce a CV with an adequate level of publications to support future grant applications.

### The Cross Funder Review of Early-Career Clinical Academics

The Cross Funder Review of Early-Career Clinical Academics (MRC, 2015) provides helpful insight on the challenges faced by individuals supported by Research Training Fellowships (RTF) and Clinician Scientist Fellowships (CSF). Encompassing stages of clinical academic development prior to and following Clinical Lectureships, many barriers and enablers were identified which are of relevance to this review and these are copied below:

#### Key findings from the Cross Funder Review of Early-Career Clinical Academics (MRC, 2015)

##### Career Pathways

- The award of a CSF has a strong positive correlation with progression to clinical academic leadership roles; of past CSF awardees surveyed, 43% are either clinical professors or senior clinical fellows, 95% currently direct and lead their own research, and 85% have secured significant further funding.
- A majority of rejected fellowship applicants continue to be engaged in research. Some find alternative routes to research leadership roles, and many have active roles supporting research more generally.
- Many are unclear about their career aspirations and routes to progression as a clinical

academic. There is a clear need for better support and guidance about career options, with only around half of participants being satisfied with the accessibility and quality of advice available.

- Difficulties with both clinical and academic progression were reported. Even amongst those who had obtained a fellowship, although many have progressed to become research leaders, only 10% considered it had been easy to progress as a clinical academic.

#### **Barriers / Enablers:**

- The majority of participants considered that the experience and skills gained early in their career, their success in securing funding, and mentoring were important enablers in pursuing a clinical academic career.

The major barriers encountered related to:

- Organisational support (including lack of alignment between needs and structures in academic and clinical departments, longer working hours, lack of support from host institution/supervisor)
- Research roles and support, (including maintaining research activity, the balance of clinical and research activity within roles, availability of funding, the availability of roles)
- Personal issues (including family commitments, financial implications of pursuing a clinical academic career, inability to re-locate)
- Emphasis on publication and research income

The most common enablers suggested to facilitate future clinical academic careers were:

- Increasing opportunities (more grant/fellowship funding)
- Improving career structures (greater job security within academic roles, greater integration across clinical and academic departments to support research roles, clearer career paths for clinical academics, greater flexibility in the clinical training model)
- Improving support (better availability and quality of guidance in making career choices, improved access to formal mentorships and personalised advice, more consistency/connectivity between the careers advice offered across academic and clinical settings)

#### **Next steps (as recommended in the cross-funder report)**

##### **Removal of unnecessary barriers in current training pathways**

The existing pathways to integrate both clinical and academic training should be further developed in order to:

- More clearly signpost routes to clinical academic progression
- Provide greater flexibility in access to posts at different career stages
- Support the balancing of research and training needs

##### **Retain funding and review flexibility of fellowship support**

Fellowships provide protected research time at critical career stages. Opportunities for fellowship funding should not be diminished and funders should keep under review the flexibility of approaches to ensure opportunities for clinical academic training are taken up.

##### **Enhance mentorship and career support**

Tailored careers advice and mentorship is essential, especially at early career stages. This is the responsibility of a range of partners including funders, with medical schools and postgraduate deans playing a key role in ensuring a range of routes for clinicians to gain research experience.

A framework should be developed to illustrate career routes and opportunities for clinical researchers at all levels.

### Engagement of clinicians in research

A recent report by the Royal College of Physicians (RCP, 2016) surveyed almost 2,000 doctors across a diverse range of specialties and career stages. The broad message of this report is that doctors want to be more engaged in research, but that many do not currently have the time, funding or skills support to realise their potential contributions. The survey also found that doctors who were not formally employed in a research role devoted substantial volume of time to this activity (over 25% of all research hours reported). Many more doctors would like to do more research if they could. Whilst highlighting the importance of exposure to research early in medical training, there is also a need to support the engagement of doctors in research, when they choose to do so later in their careers.

### Research funding for Clinical Lecturers

Aside from participating in the Starter Grants scheme, few funders provide direct support for Clinical Lecturers, underlining the important niche that the scheme fulfils. The main programmes for supporting early career clinical academics are through Academic Clinical Fellowships (PhD) and Clinician Scientist Fellowships (postdoctoral).

In May 2016, the Wellcome Trust will launch its new Postdoctoral Clinical Scientist Fellowship, which consolidates two existing schemes into a single, flexible offer. This scheme will increase by 50% the Trust's capacity for supporting clinicians at postdoctoral level. It will include longer-term support and greater flexibility for balancing research and clinical training. It will be open to those who are re-entering academia after career breaks or extended periods of clinical training, and will adapt to the changing clinical training model.

Comments were also received about the allocation of Clinical Lecturer positions by the NIHR. In some cases, potential applicants could not access CL positions in their chosen specialty at their host institutions. Furthermore, some specialties such as acute and geriatric medicine lack a strong cadre of research leaders and therefore it is more difficult to attract and develop young clinical academics into these areas.

### Career Tracking

Information from the Wellcome Trust, Medical Research Council (MRC) and British Heart Foundation (BHF) shows that Clinician Scientist Fellowships (CSF) have been awarded to individuals who have previously held a Clinical Lectureship (CL) and a Starter Grant. One funder indicated that such individuals seem to fare better in their CSF, given their previous research experience. The importance of CL roles was underlined in helping clinical academics to pursue research whilst completing their clinical training. When looking at a cohort of CSFs spanning 3 years, the MRC identified 15 out of 25 awardees who had held a CL position previously. A closer look at such information might reveal how many of these awardees had received a Starter Grant. Information from the BHF showed that within 14 Clinician Scientists who had been funded by the charity, five had been NIHR or equivalent Clinical Lecturers and two had held a clinical starter grant. The BHF has also shown that, between 2011-15, 50-60% of applicants to their Clinician Scientist programme (Intermediate Clinical Fellowships) were Clinical Lecturers.

The Wellcome Trust's Clinical Career Tracker<sup>3</sup> has collected information of relevance to the development of Clinical Lecturers. The 2012 report noted that:

"All 14 former Intermediate Clinical Fellows were carrying out some academic work (four female and ten male). Of these, eight were holding senior clinical lecturer positions (three

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<sup>3</sup> <http://www.wellcome.ac.uk/Funding/Biomedical-science/Career-tracker/Clinical-tracker/index.htm>

female and five male), two were associate professors (both male), two were senior fellows (both male) and two were holding postdoctoral fellowships (one female and one male).”

In the Career Tracker report, a postdoctoral training fellow noted that:

“I think the opportunities for medical graduates to pursue a career in academic medicine have improved dramatically. There is now a recognised path into this career and the specialty training deaneries recognise this. The Academy of Medical Sciences awards for Clinical Lecturers for consumables have made this part of the path much easier. In addition, there are far more organised meetings and conferences about a career in academic medicine which makes it much more accessible.”

There is evidence that individuals are coming out of clinical training to do a PhD at an increasingly later stage. However, this reduces the amount of time for them to hold a Clinical Lectureship, which ends once they obtain their CCT. Individuals are also commencing Clinician Scientist Fellowships at a later stage.

There also exists a gap between completion of a PhD (write-up and viva) commencing a Clinical Lectureship. Some institutions are able to provide bridge funding to help individuals continue research before the CL starts, through improved access to flexible funding from the NIHR (BRUs, BRCs) and Wellcome Trust.

The NIHR has provided figures describing the next destinations of all Clinical Researchers supported to date (see Figure 18 and Figure 19).

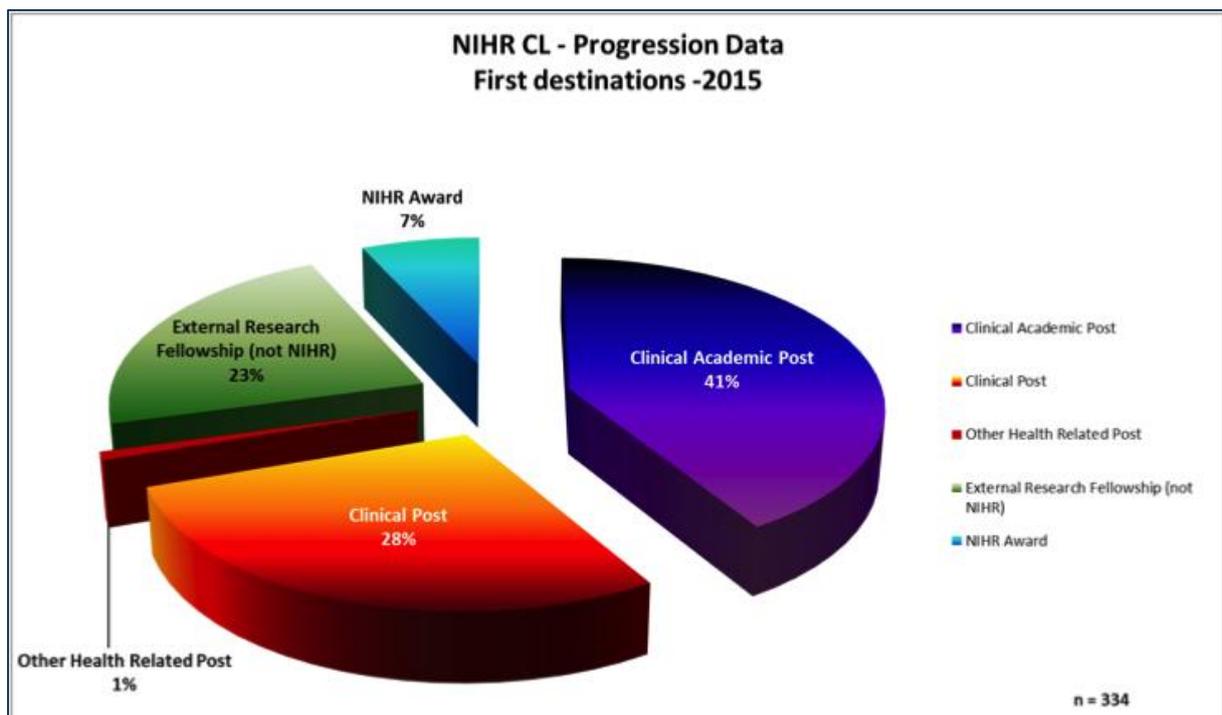


Figure 18 First destinations of NIHR Clinical Lecturers in Medical Specialties

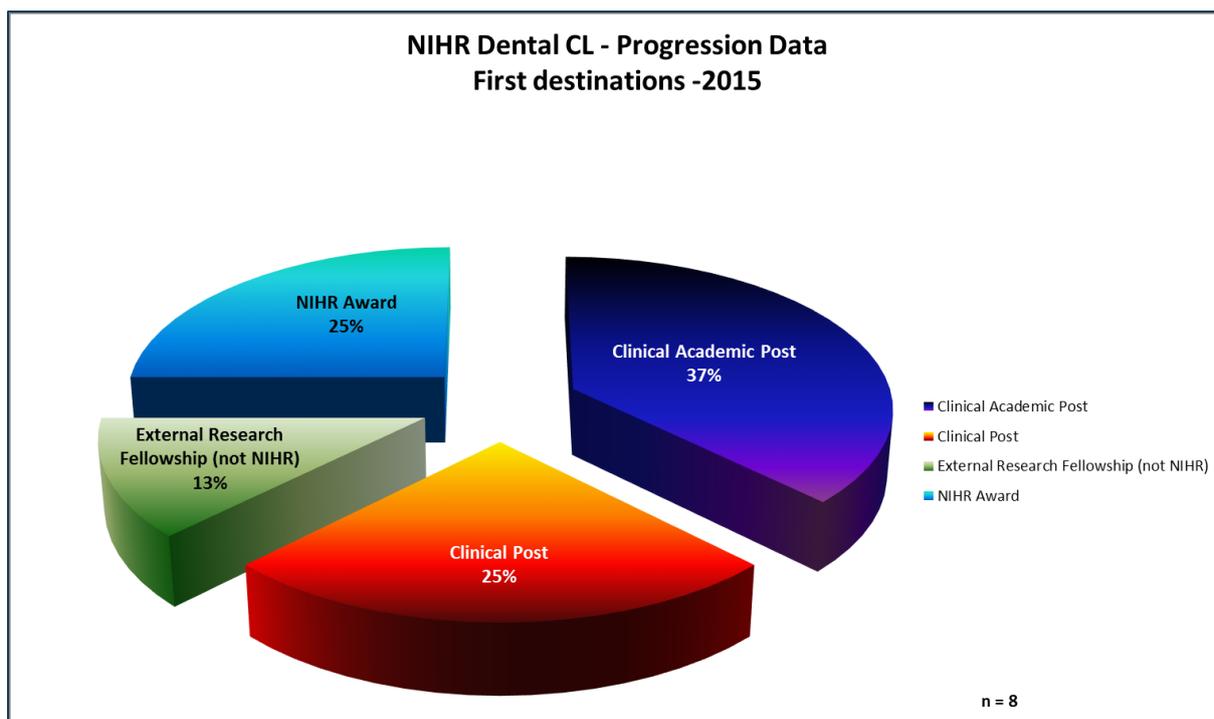


Figure 19 First destinations of NIHR Clinical Lecturers in Dentistry

### Mentoring

Several funding partners highlighted the important role that the Academy plays in providing mentoring for early career researchers. One funder questioned whether all Starter Grant awardees take up this offer and whether more encouragement or requirement to appoint a mentor could be considered. One applicant to the scheme suggested that early career researchers might benefit from access to mentors who are closer in career level to the mentee. For example, mentors that are just ahead of mentees in career stage may be more familiar with the current landscape and the emerging challenges of clinical academic medicine.

### Level of funding available

Participants in this review were asked to comment about the level of support provided through the scheme, which has remained at £30k over 2 years since the programme began. When interviewed, applicants to the scheme commented that, whilst the level is appropriate for conducting many types of laboratory-based research, increased funding for technical or research support would be beneficial, such as PhD, scientific officer or postdoctoral support. However, funders commented that they would be concerned if an increase in the level of each grant resulted in fewer grants being awarded. It would also be important to distinguish the key purpose of the Starter Grant - to gather data and strengthen bids for longer-term fellowships and funding – from that of a small project-type grant, to generate data for publication.

In summary, some flexibility to access a slightly higher sum of funding could be considered, where such justification is made. However, this should not lead to a reduction in the number of awards being made.

## Eligibility

There exists a considerable and diverse cohort of clinical academics in the early stages of their careers (post-PhD) who do not hold a Clinical Lectureship. Whilst the NIHR training framework has helped to define career pathways for clinical academics, there exist alternative routes to career progression. For example, individuals may pursue a research career outwith the Clinical Lecturer pathway as a research fellow, supported by their university and hospital trust. There also exists a gap in support for more experienced doctors to enter research later in their career. Consideration should be given to providing research training and funding opportunities at every stage in a doctor's career (RCP, 2016). Providing support for allied health professionals to develop careers in research was also noted as an area for potential future development.

## Perspectives from unsuccessful applicants

Interviews were held with two individuals who had applied to the scheme some years ago, yet had not been awarded funding. The individuals selected had both developed successful careers in academic clinical medicine. The aim of these interviews was to assess their career trajectory and identify alternative funding opportunities that had been of help in the early stages of their research careers.

### **'Dr A'**

*Applied in 2010*

*Current Role: Senior Clinical Lecturer in GI Surgery*

*Secured >£500,000 from NIHR, University, charity*

*Speciality - General Surgery*

Shortly after completing a PhD, Dr A was successful in being awarded a NIHR Clinical Lectureship. He was very clear from starting his PhD that he wanted to pursue a career in academic surgery. He applied to the Starter Grants scheme two years into his lectureship to support postdoctoral research, but was not successful.

Dr A noted that, "the biggest barrier is always the balance between the clinical training and your academic work". Whilst it is effectively a 50:50 split between these roles, in reality many clinical academics are working more than that to push their career forward. The biggest barrier is making sure that the academic time that that is allocated within the contracted hours is delivered. Dr A had very supportive programme directors who always made sure that that happened.

At the time of applying to the Academy, Dr A was successful in receiving from the NIHR, the local Biomedical Research Unit, local trust fund and a charity to advance his research. Being able to access this external funding was very significant, as was the experience of being Principal Investigator on successful grant applications. The research conducted underpinned a subsequent application for a NIHR postdoctoral research fellowship. The earlier grants had provided the funds, means, preliminary data and evidence of writing a grant application and receiving funds successfully.

Dr A explained that the Academy's starter grant scheme provides an important niche: "what's on offer through the starter grants - it's ideal, that's what you want". Such grants help investigators to increase the impact of a publication or generate preliminary data for a subsequent grant application, such as an intermediate fellowship. Whilst £30k over 2 years is still an appropriate amount, for some lab-based projects, more might be beneficial e.g. up to £50k. If funds could go towards providing research support e.g. a PhD, technical support or postdoctoral salary, that would also be helpful.

When pursuing a career in clinical research, the time taken to complete training is extended because individual's time is split 50:50 between clinical training and research. There's been a mandatory extension of training time to 4 years, which has a financial impact with regard to career progression and pension contributions. This extension of training and associated remuneration will make people

think twice about pursuing an academic career.

**'Dr B'**

*Applied in 2009*

*Current Role: Senior Clinical Lecture and Honorary Consultant in Paediatric Nephrology*

*Secured Funding >£500,000 from MRC, Wellcome Trust and other charity*

*Speciality - Paediatric Nephrology*

Dr B had previously come out of clinical training to do a PhD (2004-2007), supported by the Wellcome Trust, during which she gained a real taste for academic medicine. Dr B applied – and was successful – in the first round of the new NIHR Clinical Lectureships, in 2009. Dr B noted that, as an academic clinician, making your first step towards more independence, post-PhD, can be quite challenging. Since previous research has been quite team-based, to break away successfully from the group that you had been working with requires confidence in your own ideas and the ability to secure funding.

In 2009, funding opportunities were very limited. The NIHR Clinical Lectureship enabled Dr B to split time 50:50 between clinical responsibilities and research, however laboratory based research is quite expensive (equipment, consumables etc.) and there were next to no opportunities to support this. In not receiving Starter Grant funding from the Academy, Dr B instead established a collaboration with a larger research group, to cover research expenses at this time. Through this collaboration, Dr B set up a new project and generated preliminary data for future fellowship applications. Within 12 months of starting that collaboration Dr B had submitted – and was awarded – an intermediate clinical fellowship from the Wellcome Trust.

In commenting on the research environment, Dr B noted that the integrated clinical academic training scheme is very established in contrast to when she started, “where you were a novelty and neither university or hospital employers really new quite what to do with you”. Now there is much more infrastructure in place to support those trainees. As well as the Starter Grant scheme, there exist more local sources of funding to support Clinical Lecturers to do research. However, it remains a big challenge to obtain early stage research support.

It is important for individuals to strike the right balance between clinical and academic training, particularly how smooth and efficient this is in terms of use of time. Current issues of concern include the new junior doctors’ contract and delayed pay progression when doing research training alongside clinical training. If the new contract goes ahead, it will have a negative effect on people choosing to enter clinical academic medicine.

The suitability of the current level may depend on the type of research that you are doing, however it is quite reasonable in providing consumables for laboratory-base medicine. Further research support would be helpful towards e.g. an additional individual within the new group that you are establishing would be helpful, as this would increase productivity.

## Appendix I : Case Studies

**Dr Richard Lee, Consultant Senior Lecturer, School of Clinical Sciences and Bristol Eye Hospital, University of Bristol**

Awarded: Round 3

Duration of award: June 2010 – May 2012

### **Background**

Dr Lee is an ophthalmologist focusing on immune responses among patients with inflammatory eye disease. He currently leads UK research for experimental medicine in inflammation and immunotherapy within a partnership between the NIHR Moorfields Biomedical Research Centre, the National Eye Institute in Maryland, USA and the State Key Lab for Ophthalmology in Guangzhou, China. He was in the early stages of his Clinical Lectureship post when he applied for a SGCL award.

### **Outputs from award**

Richard started his research project in the summer of 2010. He had some initial findings, resulting from his previous time at the United States National Institutes of Health (NIH) and wanted to further develop these data. With the support of his Starter Grant, Richard set out to interrogate the role of a particular type of immune cell in inflammatory eye diseases which was refractory to conventional therapy. As a result of the SGCL award, Richard generated data which identified a new subset of immune cells as key players in determining patients' response to immunotherapy. This had potential relevance across a range of autoimmune diseases.

### **Career progression**

The findings from Richard's SGCL supported research has helped to drive a wider effort to define the spectrum of immune responses among patients with inflammatory eye diseases. This has since contributed toward the UK-US-China partnership through which he now works, with the broader purpose of delivering research excellence in human ocular immunology. His main areas of interest are novel immunotherapies, immune phenotyping and immune imaging in man. He supervises three post-doctoral fellows and has set up a Phase 2 clinical trial between the US and UK. He is lead inventor on a patent for a new immunosuppressant drug and has been successful in securing a number of grants to fund his research. He has also spearheaded efforts to increase the engagement of NHS patients with early phase clinical trials, and has recently been appointed as Deputy Director of the NIHR Moorfields Clinical Research Facility.

Richard notes that his Starter Grant award has afforded him the opportunity to develop his research, manage project-specific resources and establish his independence. Looking back at his career, he regards the grant as being a critical source of funding and the Academy of Medical Sciences as a highly valuable network and source of support.

**Dr Catriona Waitt, Senior Lecturer in Clinical Pharmacology,  
University of Liverpool and Wellcome Trust Clinical Postdoctoral  
Fellow**

**Awarded:** Round 8

**Duration of award:** February 2013 – July 2015



### **Background**

Dr Waitt is a clinical pharmacologist based at the Infectious Diseases Institute, Makerere University College of Health Sciences in Kampala, Uganda. She applied to the Starter Grants scheme during the second year of her Clinical Lectureship post.

### **Outputs from award**

Catriona has been interested in pharmacology since doing an intercalated degree as a medical student. She was particularly interested in health care in low resource settings and was keen to explore how drugs and treatments work in the population where they are used. With support from a Wellcome Trust Training Fellowship she investigated early mortality in Malawian adults treated for pulmonary tuberculosis which led to her PhD in May 2011. She is especially interested in populations that are usually not eligible for clinical trials, seeking to explain the gap between clinical trial data and actual outcomes in the population. She was keen to progress her career in academic medicine, but struggled to find suitable openings and collaborations for an early stage career researcher, and also wished to change direction from her PhD work. With the support of the Starter Grant, Catriona was able to pursue her new ideas surrounding the pharmacokinetics of HIV drugs in pregnant and breastfeeding mothers. She successfully developed and validated the methods (liquid chromatography with tandem mass spectrometry) to accurately measure drug concentrations in breastmilk and undertook a pilot study establishing a new collaboration in Uganda. In addition to yielding novel data, she was able to demonstrate that undertaking an intensive pharmacokinetic study involving sampling of blood and breast milk from nursing mothers and their infants was acceptable and feasible in this population, enabling future work to be designed.

### **Career progression**

The Starter Grant enabled Catriona to obtain a Wellcome Trust Clinical Postdoctoral Fellowship to explore her research further, expanding the mathematical modelling approaches to determine drug dosing in 'special' populations such as pregnancy and breastfeeding. She is now based at the Infectious Diseases Institute in Kampala, Uganda and is a co-investigator on several related clinical trials at this site. The Starter Grant was pivotal for Catriona to stay in academic medicine. It afforded her the opportunity to develop new ideas and collaborations and establish her independence. Catriona also notes the high value of the Academy's wider network and mentoring scheme. She has attended the Winter Science meetings and greatly enjoyed the informal exchange with other researchers. Both the AMS and the Wellcome Trust have provided flexibility to enable her to work less than full time, which as a mother of five, has been invaluable.

*"The Starter Grant was pivotal and without that grant I would have had to leave academic research."*

## Appendix II: References

**Medical Research Council (2015) A Cross-Funder Review of Early-Career Clinical Academics: Enablers and Barriers to Progression** [Online] Available from: <http://www.mrc.ac.uk/documents/pdf/review-of-early-career-clinical-academics/> [Accessed 21 April 2016]

**Medical Schools Council (2015) A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2014** [Online] Available from: <http://www.medschools.ac.uk/Publications/Pages/clinical-academic-survey-2015.aspx> [Accessed 21 April 2016]

**Royal College of Physicians (2016) Research for all: Building a research-active medical workforce** [Online] Available from: <https://www.rcplondon.ac.uk/projects/outputs/research-all> [Accessed 21 April 2016]

## Appendix III: Definitions and List of Figures

### Definitions

**Awardees:** all successful applicants to the Starter Grants Scheme for Clinical Lecturers since the first round in 2009

**Unsuccessful applicants / unsuccessful candidates:** all unsuccessful applicants to the Starter Grants Scheme for Clinical Lecturers since the first round in 2009

**Respondents:** All survey respondents including successful and unsuccessful applicants

**Funder:** External funders

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## Appendix IV: Methodology

Data for this report is drawn from four main sources:

- Desk research on the current funding landscape
- Review of data from the Academy of Medical Sciences' grant database
- Online Surveys for successful and unsuccessful applicants
- **1:1 interviews** with 2 successful and 2 unsuccessful applicants as well as funders as detailed in below

### Stakeholder engagement

Group	Survey	Interview
<b>Awardees</b>	290 invited to participate. 130 responses (44%)	Sample of 2
<b>Unsuccessful applicants</b>	286 invited to participate. 57 responses (20%)	Sample of 2

### Interview list

Funding Partners	
James Harden	Wellcome Trust
Dr Julia Dickinson	Medical Research Council
Dr Shannon Amoils	British Heart Foundation (comments by email)
Dr Clare Farmer	Arthritis Research UK
Professor Margaret Johnson	Royal College of Physicians
Dr Anna Morris	Diabetes UK

## Appendix V: Survey quotes

### General comments about the scheme

- Enormously helpful to maintain projects as a clinical academic and be more competitive for next stage funding
- I think it is very valuable and hope it continues to offer the initial support aspiring clinical scientists need.
- Fantastic scheme which has certainly help me to develop as a P.I.
- Please continue to offer this important opportunity to prospective CLs
- This is an extremely valuable scheme, and a very supportive scheme for those starting out on research.
- Excellent bridge funding toward more substantive grants. Thank you
- I found the reviewer feedback most helpful for subsequent applications
- This is a fantastic scheme and there are relatively few pump priming awards available for clinician-scientists after they complete their PhDs.
- I think it was very good, well run, and flexible. The challenge really is that a 2-year award means that only prelim data for the first year can go into a subsequent fellowship application.
- The award scheme is a huge asset to clinicians aspiring to an independent clinician-scientist career. There are few, if any, other programmes that offer the scope of opportunities for individuals at this stage of their career.
- It is an absolutely fantastic scheme and has been immensely helpful in my career progression.
- Excellent, long may it continue.