



Building on Success: NDPCHS Research Strategy 2020

Version 1.4.

This document aims to capture an outline for the research strategy for the Nuffield Department of Primary Care Health Sciences at the University of Oxford. It is not intended to be a definitive final draft but rather as part of an evolving process. The strategy is arranged in six sections:

1. Research Organisation and themes
2. Methodological Support
3. Training
4. Collaborations
5. Resources
6. Impact

Overall the strategy aims to develop our substantive research themes iteratively with a philosophy of fewer, bigger and better studies, concentrating our efforts in areas where we can achieve the greatest impact. This strategic focus still recognises the need to continue to develop and nurture new areas of interest and to be vigilant to the external landscape and national priorities.

Research Organisation and themes

There are currently around 20 different research groups declared on our website:

- Behavioural Medicine: Weight/Diet/harm reduction
- Cancer
- Centre for Evidence Based Medicine
- CKD
- Cochrane tobacco
- Diabetes
- Economic methods applied to health/social care
- eHealth / Telehealth
- Health Experience Research Group
- Hypertension
- Infection
- Monitoring and diagnosis
- Paediatrics
- Primary Care in international context
- Stroke prevention / AF

- Self-care (WHO)
- Statistical methods: CTU, CPRD, monitoring

Or, to take a more reductionist approach, we presented five themes to the National School of Primary Care Research in our recent successful bid:

- A. Behavioural medicine
- B. Infections and Child Health
- C. Cardiovascular and Metabolic
- D. Patient Experience and Health Policy
- E. Research Methods and Evidence Based Medicine

It is proposed that the Department organises its research activities around a small number of major themes developed from those above whilst recognising the importance of several cross-cutting topics as follows:

1. Health Behaviours
2. Infection and Acute Care
3. Cardiovascular and Metabolic
4. Patient Experience
5. Research Methods and Evidence Based Medicine

Cross cutting topics:

- I. Trials
- II. Big Data (e.g. CPRD)
- III. Digital Health
- IV. Health Policy
- V. Global Perspective

Despite the delineation of themes and cross cutting topics, much of our work is interdisciplinary and so for example, health behaviours and patient experience are key aspects of much of our cardiovascular and infection work. It is important that this interplay between disciplines and methodologies – a key strength of our work – is not lost.

Furthermore, we recognise that success in one theme or one study reflects well on the whole group and enhances the viability of our entire research mission. Similarly, failure of a single study will harm prospects for the whole group. The Research Excellence Framework (<http://www.ref.ac.uk/>) put great store on ‘sustainability and vitality’ of research groups. We need to become better known for specific fields of research, built around a team, not a single PI working largely in isolation of other senior colleagues. This will help to maintain long term viability, protecting that theme from peaks and trough’s in research funding success or personnel changes.

Where appropriate, themes will be encouraged and supported to develop proposals for ‘Unit’ or ‘Centre’ status (see below).

Methodological Development

The NDPCHS has clear strengths methodologically, particularly in social sciences and statistical methods / EBM. Social sciences, most notably led by HERG, is one of the largest groups of qualitative social scientists leading their own research in primary care. The statistics group is also one of the largest within the university and almost certainly nationally, especially within primary care. Both qualitative and quantitative methodology groups in NDPHCS have international reputations for their work. Colleagues in these teams work across the department and with many external partners. Key issues include limited capacity; requiring hard decisions to be made about priorities, career progression for methodological specialists, lack of external visibility.

A particular gap highlighted is the lack of senior behavioural psychology support although there are several colleagues with psychology backgrounds who could form a more coherent nucleus in the department.

It is proposed that:

- a) A behavioural psychology group within the department is convened including both behavioural scientists and clinical colleagues with an interest. Paul Aveyard will convene the group. Strategically, a senior health psychologist post would be a key target should a future opportunity arise.
- b) The research committee will work with the relevant Athena Swan group to ensure that methodologists have clearly delineated career progression pathways and that where blocks are likely to occur (for instance at promotion to associate professor level) then requirements are explicitly and openly discussed, particularly by line managers and at PDR.
- c) The communications strategy considers how to maximise the external face of methodologists within NSPCHS.
- d) Consideration is given as to harnessing the successful model of short courses as a means of raising visibility.

Training

A key strategy for our department is to attract the brightest and best to study and work with us. The key opportunities are:

- 1) To improve the numbers of applicants for our funded DPhil programmes. The Department is committed to appointing only high quality DPhil candidates. Currently we have been unable to fill our funded DPhil places.
- 2) To improve the numbers of clinical medical students undertaking Final Honours Studies within Primary Care and to help them publish their work.
- 3) To increase the number of foundation scheme places in primary care available to doctors in training.
- 4) To increase the number of applicants applying for ACF places and attract the most innovative minds to tackle the primary care problems of the 21st century.
- 5) To remove the block on GPs undertaking out of programme activities during clinical training for more than one year. This makes completing a PhD/DPhil within the training period impossible, which is not the case in any other medical speciality. The knock on effect is that GP applications for doctoral funding are disproportionately expensive and puts us at a disadvantage compared with other specialities.

- 6) To improve the success rate of our non-clinical and clinical candidates applying for prestigious externally funded DPhil fellowships.
- 7) To improve the number of clinical researchers with a PhD/DPhil who are in a position to apply for our NIHR funded academic clinical lecturer posts. This reflects a national shortage of suitably qualified candidates pursuing academic careers in general practice research.
- 8) To improve the perception and reality that there is a clear career path and job security for junior non-clinical scientists progressing beyond the first post-doctoral years.

It is proposed that

1. The department invests in student links and placements for both clinical and non-clinical students. This could take the form of small grants available for summer work or top up funding for FHS projects. Small amounts of funds (up to £5k per student) might disproportionately improve our talent pipeline and improve the number of applicants at DPhil in particular.
2. All research teams are encouraged to offer at least one FHS project per year and that a central register of potential projects are held within NDPCHS and advertised on the website.
3. Better links with Masters courses in Oxford and further afield. This might include development of new modules to run alongside research groups/themes.
4. Further discussions are undertaken with OUCAGS, Health Education Thames Valley GP School and RCGP to try to extend the potential for out of programme activities.
5. Raising profile of the Department among non-clinical scientists working in relevant fields

Collaborations

Much of our work is collaborative both within the university, nationally and internationally. These collaborations help to develop and cement our reputation and have particular advantages tactically in terms of REF in that joint activities are able to gain credit for multiple individuals and institutions.

Key issues include

- i) Collaborative projects allow new areas to develop and to harness synergies with colleagues.
- ii) National School funding is limited and Oxford's size relative to other departments of primary care in the School affects our ability to fund local projects to the level required.
- iii) The need for our research to create impact by influencing local, national and international policy.
- iv) Opportunity costs: need to balance internally led projects vs. external collaborations

It is proposed that

- a) Consideration is given to improving links with the Medical School and wider university through inviting colleagues working in translational areas to give seminars in NDPCHS showcasing their work with the aim of developing new collaborations.

- b) The potential for new links with other parts of the university, particularly Blavatnik, are considered. Other areas that would benefit from enhanced links might include work in developing countries and eHealth.
- c) Importance of identifying more diverse funding streams (e.g. Wellcome) to leverage additional funding, perhaps in association with other colleagues within the university.
- d) Identification of potential behavioural science (especially psychology) colleagues both within the university and nationally to enhance our applications in this area.
- e) International collaborations are supported. Again, links to developing countries are particularly important (see below re funding streams).
- f) Greater consideration is given to our potential stakeholders – who are we trying to influence, why and how?

Resources and the future landscape

Having been very successful in recent years – grant income has increased by a multiple of at least three – it is clear that both the funding landscape and our ability to attract overheads on research income are changing. We are entering a five year cycle where our major funder (NIHR) is likely to have at best a flat cash funding envelope and this will quickly result in year on year cuts.

Key issues for the department include:

- 1) The need for new funding sources. We are very light on research council (MRC, ESRC), charitable (Wellcome, BHF), European (2020) and industry funding and over reliant on NIHR.
- 2) Prioritisation of activities with targeting of specific goals
- 3) Maximising overhead recovery
- 4) Consideration of new activity such as working with developing countries on current research themes explicitly to attract new funds.
- 5) Competitor departments have been successful at attracting significantly more diverse funding and centre status
- 6) Maximising impact and uptake

It is proposed that:

- A. We aim to bid for funding at centre status funding (i.e. £5+m over 5 years), both via NIHR (looking towards a Biomedical Research Unit in Primary Care research translation) and/or charitable funding (looking towards British Heart Foundation initially linked to a BHF Professorship). Front runner likely to be cardiovascular disease but similar efforts to follow with infection and behaviour change.
- B. Considering how best to bid for higher risk funds (EU). This is likely to require significant investment in time and potentially money (€30,000 not uncommonly needed to prepare a grant).
- C. We leverage current funding and contacts (e.g. Wellcome and MRC) to bid for linked and larger grants.
- D. Consider development of current activities internationally as potential area for new funding from different funders.
- E. We map and strategically develop our membership of boards/panels to advocate for the importance of applied/translational/primary care research as a higher priority

- F. Moving from reactive mode to proactive in developing grant applications in line with the research priorities
- G. Maximising opportunities for impact and recording successes: 'case studies' need to start their development now.

Impact

Overall it is recognised that the ongoing success of the NDPCHS will depend on our ability to impact in a variety of ways:

- Perhaps most importantly on the health of people presenting to primary care
- Academically in terms of high impact publications and presentations.
- To funders securing ongoing grant income to support our programmes of research.
- To the public maintaining our links in terms of public and patient involvement and in supporting the work we do.
- To students and trainees ensuring that our work forms an attractive option for high quality individuals in order to maintain our pipeline of talent.
- To the profession in raising the profile of primary care research in general practices and other primary care settings nationally and internationally.
- To politicians and policy makers ensuring that the profile of our work is sufficiently high that it influences policy and that advances in the research base are implemented into practice.
- Internationally that our work is recognised as world leading.

This research strategy document has been developed by the research committee following discussions over the last six months. It will continue to evolve and should be considered a developing document.

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