**NIHR Three Schools: Dementia Research Programme**

**Reducing the risk of dementia and improving the lives of people living with dementia and carers**

**2021-2029**

**Doctoral Studentships: Call for Topic Proposals**

The NIHR Three Schools’ Dementia Research Programme is seeking proposals for topics for Doctoral Studentships from the three Schools with the aim of supporting promising early career researchers in dementia.

We plan to have up to fifteen Studentships, with five allocated per NIHR School but with the requirement that the topics cross School boundaries and Students participate in all relevant cross-School and NIHR activities.

Topic proposals – coordinated by the Schools– are requested by **16.00 on Friday 19 January 2024.** Please email topics using this form (one form per topic) to Claire Ashmore [c.aashmore@keele.ac.uk](mailto:c.aashmore@keele.ac.uk).

Please submit your submission using the naming convention SPCR\_topic name\_2024.

The Programme’s Research Group will finalise a shortlist of fifteen topics to be openly advertised to potential students in late February 2024.

# Background

The NIHR Research Schools for Primary Care (SPCR), Public Health (SPHR) and Social Care (SSCR) (“three Schools”) have joined together in a unique collaboration between leading academic centres in England to collaborate on a programme of work funded through the NIHR on dementia.

The Three Schools’ Dementia Research Programme aims to develop the evidence base for dementia-related practice in England by commissioning and conducting high-quality research. The Programme builds on research within each School and will carry out research to address key gaps in the evidence base working collaboratively across primary care, public health and social care.

The three Schools are committed to commissioning primary and secondary research across the spectrum of dementia-related practice, across different groups, settings and using a range of methodologies. Research could involve any aspect of prevention, diagnosis, treatment, support or care, and related health and social care services.

# The requirement

The Programme’s Doctoral Studentships will support individuals with a stipend and fees for 3 years from October 2024 based at a university in England.

Five Studentships will be hosted within each NIHR Research School; collaboration across at least two of the three Schools’ areas of social care, primary care and public health is expected to feature prominently across all fifteen Studentships.

Each of the three Schools is asked to provide topic proposals using the form in [Annex A](#_Annex_A:_Topic) for consideration by the Programme’s Research Group.

Topic suggestions should be relevant to the Programme’s aims and objectives, address an identified gap in the evidence base for dementia-related practice ([see Annex B](#_Appendix_B:_Research)), with a strong supervisory team.

Proposals should be coordinated for submission from each School Director. The decision on the number of Topic Proposal Forms to be submitted by each School in response to this Call is that of the relevant School Director; the Programme is expecting to confirm funding for five Topic Proposal submissions from each School.

It is expected that specific details (such as methods) will be proposed by potential students in response to each Doctoral Studentship opportunity. The Topic Proposal Form therefore requires a summary of the theme/topic area, its relevance to the Programme, the importance of the topic, and a broad indication of expected methods.

In reviewing the Topic Proposal Forms, the Programme will be considering:

* originality;
* relevance to dementia-related practice;
* potential to have an impact on the lives of people with or at risk of dementia and/or family or other carers;
* appropriate collaboration across the Three Schools;
* contribution to the work of the three Schools more broadly.

If a School does not expect to have sufficient topics to cover five studentships, it should apply for the number of topics it has. The Programme Research Group will review other possible topics or synergies with other topic applications.

# Funding

The Three School’s Dementia Research Programme has allocated funding of £1.38 million for the Studentships.

Funding is based on a stipend of £20,000 per year (with an additional £2,000 per year for London weighting), home PhD fees, research costs up to £8,000 in total. Funding should not be included for open access costs which are covered separately.

The Programme can only fund fees at the home rate. In advertising the studentships, the Schools are asked to ensure that it is clear to any international students that there would be a fee difference to cover. We would encourage host universities to consider supporting these studentships by waiving or co-funding fees for international students to support potential international applicants to apply for these awards. The School Directors are asked to reflect this (should waiving of some fees or co-funding be possible) in the budget section of each topic application.

# Processes

The Programme is expecting to agree fifteen Doctoral Studentship topics and advertise these together in late February 2024.

The University lead for each Studentship (based on the Topic Proposal Form) will be expected to advertise and recruit to the Doctoral Studentship using standard processes in their university for recruitment to their PhD programme. Each School will support publicity of their five doctoral studentships, and the fifteen across the Dementia Programme.

The relevant School Director will be responsible for approval of the proposed candidate following completion of university-level recruitment processes for the five Studentships within their School, in consultation with the Programme Director.

# Contractual arrangements

Research agreements will be between the NIHR School for Social Care Research on behalf of the three NIHR Schools and the host organisation for each Studentship. NIHR SSCR’s terms and conditions will apply.

### Annex A: Topic Proposal Form

**NIHR Three Schools: Dementia Research Programme**

**Improving the lives of people living with dementia and carers**

**2021-2029**

**Doctoral Studentship**

**Topic Proposal Form**

|  |  |
| --- | --- |
| **Lead details** | |
| NIHR School *(delete as appropriate)* | NIHR School for Primary Care Research  NIHR School for Public Health Research  NIHR School for Social Care Research |
| Host University |  |
| Lead Supervisor |  |
| Contact email |  |

**PART A: DOCTORAL STUDENTSHIP**

|  |
| --- |
| **Proposed research question / theme** |
|  |

|  |
| --- |
| **Summary of Studentship**  *Please provide a brief summary of the Doctoral Studentship topic, setting out the context to the proposed topic with reference to current evidence, why it is relevant to the NIHR Three Schools’ Dementia Research Programme, broad aims and objectives, and potential methods.*  ***800 words maximum*** |
|  |

**PART B: SUPERVISION ARRANGEMENTS**

|  |
| --- |
| **Supervision and Collaboration**  *Please set out the expected supervision arrangements, and arrangements for collaboration with one or more of the other NIHR Schools in supporting the Doctoral Student*  ***500 words maximum*** |
|  |

**PART C: BUDGET**

|  |  |
| --- | --- |
| **Please provide an indicative budget** | |
| Total stipend costs for the Student | £ |
| Total research and training costs (no more than £8,000) | £ |
| **Total budget** | **£** |
| [Addition post Dementia Group meeting]  **Further information as needed**  ***For example, please set out any co-funding for international student fees if available*** | |
|  | |

### Appendix B: Research priorities

The most recent national policy statement, *The Prime Minister’s Challenge on Dementia 2020*, [[1]](#footnote-1) included four research-related priorities:

* “Delivering increases in research funding;
* Increasing dementia research capacity;
* Delivering better treatments, faster;
* Improving the lives of people with dementia.” (Paragraph 5.132)

The *Prime Minister’s Challenge* included a range of research recommendations, from basic science and drug discovery to treatment and care. It emphasised that research should particularly look at ways to improve the lives of people with dementia:

“Research into dementia care is essential to find new and innovative ways for our health and social care systems to support the increasing numbers of people living with dementia and help them live well in all community and care settings.” (Paragraph 5.156)

“NIHR themed calls for research on dementia, as well as related topics such as comorbidity in older adults, and research commissioned through the NIHR School for Social Care Research, have pump primed the field. In addition, the ESRC and NIHR have funded £20 million of research into care and support through the Living Well Dementia programme.” (Paragraph 5.158)

New research studies were commissioned. Shortly afterwards, the Alzheimer’s Society convened a group, including people with dementia and carers, to produce a ‘Roadmap’ for research.[[2]](#footnote-2) The group made 30 recommendations for research, grouped around five ‘prioritised goals’:

1. Prevent future cases of dementia through increasing knowledge of risk and protective factors.
2. Maximise the benefits to people living with dementia and their families when seeking and receiving a diagnosis of dementia.
3. Improve quality of life for people affected by dementia, by promoting functional capabilities and independence, while preventing and treating negative consequences of dementia.
4. Enable the dementia workforce to improve practice and skills by increasing evidence to inform changes in practice and culture.
5. Optimise the quality and inclusivity of health and social care systems that support people affected by dementia (Pickett et al. 2018, p.902).

These are helpful recommendations because they have strong roots in the everyday realities and experiences of people with dementia and family or other carers, as well as looking forward to future generations.

These priorities are also broadly consistent with recommendations for research that have emerged from other sources, including the Lancet Commission on Dementia[[3]](#footnote-3),[[4]](#footnote-4) and an earlier Lancet Neurology Commission.[[5]](#footnote-5) The priorities resonate with gaps in the evidence base identified by NICE when it most recently produced dementia guidelines,[[6]](#footnote-6) and also with a very recent collective exercise to describe the impact of COVID-19 on dementia wellbeing and identify directions for future research.[[7]](#footnote-7)

**World Health Organization *Blueprint for Dementia Research* - strategic goals**

Last year, the World Health Organization published its *Blueprint for Dementia Research*, identifying 15 ‘strategic goals’; they provide a relevant and helpful set of potential research areas.

***Dementia epidemiology and economics***

Strategic goal 1: Ensure availability of high-quality epidemiological data from widely representative geographical, ethnic and socioeconomic groups with appropriate disaggregation by gender and sex, age, disease severity and subtypes and relevant measures of inequity.

Strategic goal 2: Establish better understanding of the economic impact of dementia on society, and generate robust evidence on the cost–effectiveness of risk reduction, treatment and care.

***Dementia disease mechanisms and models***

Strategic goal 3: Increase understanding of the origins and mechanisms of the diseases that cause dementia through a life course approach.

Strategic Goal 4: Develop models of the diseases that cause dementia that reflect their complex mechanisms and downstream molecular events.

***Diagnosis of dementia***

Strategic goal 5: Develop highly sensitive, specific diagnostic for neurodegenerative disease that are cost-effective and can distinguish the underlying diseases that cause dementia.

Strategic goal 6: Develop or improve clinical assessments of cognition and function that are applicable to diverse settings and cover the entire disease spectrum.

Strategic goal 7: Improve understanding and diagnosis of prodromal stages of diseases causing dementia and of the clinical, legislative and economic implications of such diagnosis.

***Drug development and clinical trials for dementia***

Strategic goal 8: Develop novel molecules, repurpose drugs currently in use or newly developed and investigate next-generation biotherapeutics for effective treatment of dementia.

Strategic goal 9: Facilitate the translation of preclinical findings into human trials in all phases up to approval and introduction of treatments, hallmarks of the trials being efficiency, consistency and equity.

Strategic goal 10: Develop legislative frameworks and appropriate regulatory environments in countries for the execution of trials, approval of drugs and devices, cost–benefit analyses and post-marketing surveillance.

***Dementia care and support***

Strategic goal 11: Have high-quality tools and methodologies for the design, adaptation and evaluation of dementia care interventions that are applicable internationally and can be adapted locally.

Strategic goal 12: Develop affordable and cost-effective care models across the continuum of care from diagnosis to the end of life for primary care/community, long-term care, rehabilitation, hospital and specialist settings that are appropriate for ethnic, regional, economic and cultural contexts.

***Dementia risk reduction***

Strategic goal 13: Improve and generate standardized methodology for population-based research on risk reduction, reach consensus on outcome measures, improve the diversity of samples, and promote collaboration and consumer participation.

Strategic goal 14: Develop a better understanding of the risk factors for dementia, including the diverse health, social and environmental determinants of brain health, resilience and promotion mechanisms, as well as differences between and within countries.

Strategic goal 15: Generate robust evidence of the efficacy, cost-effectiveness and return on investment of interventions to reduce the risk of dementia across the life course and in different settings. This should include promotion of healthy behaviours and non-pharmacological interventions for both individual behaviour change and societal approaches, grounded in better awareness and understanding of dementia by the general population, to promote informed, extensive adherence to risk reduction programmes.

1. Department of Health (2016) *The Prime Minister’s Challenge on Dementia 2020: Implementation Plan*. London: DH. [↑](#footnote-ref-1)
2. Pickett J, Bird C, Ballard C et al. (2018) A roadmap to advance dementia research in prevention, diagnosis, intervention, and care by 2025. *International Journal of Geriatric Psychiatry* 33(7):900-906. [↑](#footnote-ref-2)
3. Livingston G Sommerlad A Orgeta V et al. (2017) Dementia prevention, intervention, and care. *The Lancet*. 2017; 390: 2673-2734. [↑](#footnote-ref-3)
4. Livingston G, Huntley J, Sommerlad A et al. (2020) Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet* 396 (10248), 413-446. [↑](#footnote-ref-4)
5. Winblad B, Amouyel P, Andrieu S et al. (2016) Defeating Alzheimer's disease and other dementias: a priority for European science and society. *The Lancet Neurology* 15(5):455-532. [↑](#footnote-ref-5)
6. National Institute for Health and Care Excellence (2018) *Dementia – Assessment, management and support for people living with dementia and their carers*. London: NICE [↑](#footnote-ref-6)
7. Liu K, Howard R, Banerjee S et al. (2021) Dementia wellbeing and COVID-19: systematic review and expert consensus on current research and knowledge gaps. *International Journal of Geriatric Psychiatry*, doi.org/10.1002/gps.5567. [↑](#footnote-ref-7)