CSP Charitable Trust
Registered Charity No. 279882

Physiotherapy Research Foundation (PRF): research project grants
Chartered Society of Physiotherapy (CSP)
Charitable Trust registered charity 279882

Guidance notes for PRF (Schemes A&B) OUTLINE applications 2018

The Physiotherapy Research Foundation awards aim to:

- Support the continued development of the profession's research capacity.
- Support the continued development of a culture of evidence based practice within physiotherapy, as underpinned by the Core Standards of Physiotherapy practice, 2012.
- Through research ensure they are able to continue to provide and develop effective treatments, advice and education to the public or members of the public seeking assistance on prevention, management, rehabilitation and recovery to improve their quality of life and wellbeing.

1. Awards available:

Please note all applications should be of the highest quality as the schemes are very competitive.

Scheme A: Grant of up to £150,000 for an **experienced** researcher. Scheme A grants are targeted at researchers who are looking to complete pilot studies, consensus projects, systematic reviews, qualitative studies, quasi-experimental design studies and other research projects that fit within this funding envelope.

Scheme B: Two grants of up to £25,000 for **novice** researchers and an additional grant of £25,000 ring-fenced within Scheme B for applications addressing topics related to paediatric non-acquired brain injury and paediatric cerebral palsy, see below for further detail.

Paediatric non-acquired brain injury includes any brain injury caused by events before or during birth (prenatal and perinatal period). Cerebral palsy includes any movement disorder that is attributed to non-progressive disturbances that occurred in the fetal or infant brain. Exclusions to this definition include progressive neuromuscular conditions.

Scheme B grants are targeted at individuals who are early career researchers. Scheme B applicants must meet the following criteria:

You **must:**

- have a **named research supervisor** for your study
- have a **named statistician** or **methodological adviser** as applicable

You **must not:**

- have been the lead researcher on a previous project funded by the PRF
- have received research council funding (e.g. MRC)
- have received research funding from NHS or charitable bodies totalling more than £50,000
- have a PhD (if you are registered for a PhD you may apply to this scheme but please note that PhD fees will not be funded)

2. Types of research and methods funded:

2.1 Applications in Scheme A & B are invited in 3 categories:

(i) **Clinical research** – e.g. does the specified intervention improve outcome of physiotherapy for patients?

(ii) **Educational research** – e.g. does the specified teaching method improve physiotherapists' (new graduates, advanced specialists, assistants/technicians) clinical reasoning skills?

(iii) **Service delivery research** – e.g. does the specified clinical pathway (perhaps including self-referral or telephone access) improve patient satisfaction, service or economic outcomes?

2.2. There is no quota system for the 3 categories; grants are awarded on merit. How your proposal maps to the CSP Research Priorities (or other national research priorities) might also be taken into consideration. Information on the CSP Research Priorities Project can be found on the CSP website.

2.3 **All** research methods are supported. Research methods are judged according to their application to the research question. Please note that the title of your project should clearly reflect the primary aims of the project.

3. What expenses can be funded through a grant:

3.1 Grants may provide for:

(i) Expenses in connection with your project e.g. staff and participant time, travel, assistance or materials, clinical trial registration fees, open access costs - scheme A only, there is funding supplement for open access costs for scheme B awards see section 4.

(ii) Equipment essential to your project (but note equipment alone cannot be funded).

(iii) Funding for research that is part of a study leading to MPhil / PhD / DPhil / Prof Doc is considered (but university fees will **not** be funded).

(iv) Funding will **not** be provided for:

- research that is part of a taught degree e.g. BSc or MSc
- MPhil / PhD / DPhil / Post Doc university fees
- educational courses or any educational activity
- attendance at conferences
- presenting at conferences
- PhD supervision costs

Note: funding towards accredited course fees (e.g. PhD / MPhil) and costs for conference presentations may be available from the CSP Charitable Trust in the form of separate Educational Awards. Please refer to the CSP website or contact edawards@csp.org.uk.

4. Funding supplements

4.1 All successful applicants are expected to present their results at Physiotherapy UK. Up to £600, over and above your award, will be ring-fenced for this purpose. Conference presentation costs should not be included in the application.

4.2 All successful applicants are encouraged to publish in open access journals. For scheme B applicants, up to £1,500, over and above your award, will be ring- fenced for this purpose and therefore open access publication costs do not need to be included in the outline application stage. Scheme A applicants are encouraged to include this cost within their application.

5. Criteria for Application

5.1 As the lead researcher, you must be a CSP member paying a current subscription. For information on your membership contact 020 7306 6666 or enquiries@csp.org.uk

5.2 As the lead researcher, you must be HCPC registered.

5.3 As the lead researcher, if you are not working for a university, research organisation, or health trust, you must arrange for your project to be under the aegis of such an organisation.

5.4 Research should be predominantly undertaken in the UK, the lead researcher should be based in the UK and a full CSP member, and for the majority of the work, the focus should be relevant to UK physiotherapy practice.

5.5 You, your research supervisor(s) and/or head of department, must comply with national ethical and research governance standards.

5.6 For all projects which are prospective trials, we require successful applicants to apply for International Standard Randomised Controlled Trial Number (ISRCTN) registration. The trial registration scheme is administered by Current Controlled Trials Ltd. Registration fees can be included in your financial request. http://www.controlled-trials.com.

5.7 For all project that are or include systematic reviews these should be registered on PROSPERO https://www.crd.york.ac.uk/prospero/

5.8 You must have insurance to cover compensation in the event of non-negligent harm to research participants; check with your employing organisation. **Note that while you pay a full CSP subscription** your physiotherapy research activity is covered even where it takes place outside your employment.

5.9 Any applicants who have previously received funding grants from the CSP Charitable Trust must declare that this is the case and provide evidence of all dissemination and clinical impact pertaining to that research project. Any applicant who is unable to provide sufficient evidence of dissemination and clinical impact will not be considered for funding.

6. Preparation

6.1 Write all parts of your application clearly and concisely. Give yourself time to complete the form and submit well before the deadline.

6.2 **You are strongly advised** to discuss your proposal with your local National Institute for Health Research (NIHR) Research Design Service https://www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/research/research-design-service/ and clinical research network as appropriate: https://www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/

6.3 It is also recommended that scheme B applicants in particular, consider the support which may be available from your local Council for Allied Health Professions Research hub (www.csp.org.uk/cahpr).

6.4 There is a strong emphasis on service user involvement to ensure the quality and practical aspect of projects. Thus the panel assessing your proposal includes service users. Ideally, service users (patients, carers or members of the public) should be involved throughout the research cycle, i.e. from developing your research question to dissemination and implementation. PPI should be appropriately costed into the project proposal (for details see appendix A).

6.5 It is recommended that you read requirements for the full application by reading the full application guidance notes **before** completing the outline application form. These are available from the website.

6.6 Ensure you have sought appropriate methodological advice when developing your project. This includes statistics, qualitative research, health economics, and evidence synthesis.

6.7 If you are proposing a feasibility or pilot study ensure your research question(s) and methods are appropriate for those study designs. Please see appendix B for details on defining feasibility and pilot studies. Below are some resources that you may also find helpful:

- A tutorial on pilot studies: the what, why and how: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-10-1

- Defining Feasibility and Pilot Studies in Preparation for Randomised Controlled Trials: Development of a Conceptual Framework: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0150205

- CONSORT 2010 statement: extension to randomised pilot and feasibility trials: http://www.bmj.com/content/355/bmj.i5239

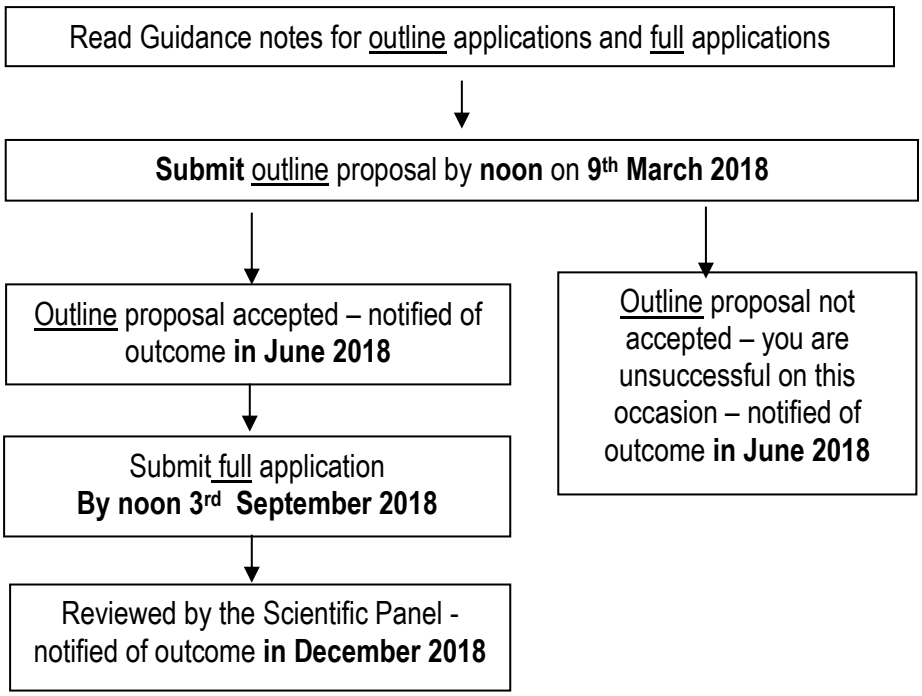
- **Sandra M Eldridge**, Ceire E Costelloe, **Brennan C Kahan**, Gill A Lancaster, **Sally M Kerry**. How big should the pilot study for my cluster randomised trial be? Statistical methods in medical research. 2015

- Open access guidance on sample size calculations for pilot trials: http://journals.sagepub.com/doi/full/10.1177/0962280215588241

7. Application Process

7.1 The application process is a 2-tier process consisting of an outline application stage and a full application stage. See figure 1 for timescales.

Summary of the application process figure 1:



7.2 The CSP Charitable Trust Scientific Panel reviews outline applications for quality and potential impact. Invitation to submit a full application is made on the basis of this review. Please see Appendix B for scoring criteria used.

7.3 A confirmation of receipt is sent to the lead researcher's email address.

7.4 Late submissions are not accepted except in extenuating circumstances, which will be grated at the discretion of the Chair of the Panel. You will be required to show evidence of your extenuating circumstance.

7.5 Contact details submitted on the form are held for administering awards only. The CSP will not use these for other purposes or pass them on to third parties.

7.6 A short final report from all successful applicants' projects will be posted on the CSP website on completion of your research.

8. Submitting an outline application form

You will need to complete either a scheme A or scheme B application form. The form will ask you to provide the following:

1) Your contact details
2) Name, role, institution and brief explanation of expertise of co-applicants
3) Supervisor details *(Scheme B applications only)*
4) Details of collaborators - If relevant, please give the names of any researchers and their research institutes that are not named as co-applicants but would be collaborating on the project. Collaborators may be based in other countries.
5) An outline description of your project including:
   a) Project title (*20 words max.).*
   b) Duration *(in months).*
   c) Project Category *(Clinical/Educational/Service Delivery)*.
      (i) For scheme B only: State whether your application specifically address a topic related to paediatric non-acquired brain injury and paediatric cerebral palsy
   d) Cost breakdown – Please provide an overview of costings such as staff salaries, travel and subsistence, equipment and consumables, PPI and open access costs; please refer to section 3 for what can and cannot be funded.
   e) Plain English summary – Please refer to the INVOLVE Guidelines on how to write a plain English summary: http://www.invo.org.uk/makeitclear/how-to-write-a-summary/
   f) Study background (300 words max. for scheme A and 150 words max. for scheme B) – Explain the background and justification of your project, including potential impact and benefits to the population and success criteria.
   g) Aims and objectives of the study (100 words max.) - Give a clear statement of the aims and how these will be met though the objectives of the research; where relevant, this would include hypotheses or the research question.
   h) The extent to which the proposal maps to specific CSP Research Priorities (50 words max) - Please note: this is not an essential requirement and should not stop you applying if your project does not directly match the research priorities.
   i) Plan of investigation (300 words max.) – *Including study design, target population, methods and analysis.*
   j) Patient /pubic involvement (100 words max.) – *Please see INVOLVE guidelines Appendix A.*
   k) Suggested peer reviewers – *Please suggest THREE potential reviewers, giving their name, email address and host institution details only.*
   l) References: *Up to four references, Vancouver style.*
6) Previous applications to the Charitable Trust: Have you applied to the charity with this or a related application before? If so please state a brief reason for re submission and address how you have responded to any previous feedback given.

7) Current applications: Do you or your co applicants have any grants from the CSPCT that are currently active? If yes please give a brief statement on dissemination and impact pertaining to that research project
8) Research design service support: Have you engaged with your local Research Design Service and if so what has been the outcome of this discussion

8.1 Please check your application carefully before submission as changes cannot be made after submission.

8.2 Please ensure that all fields within the application form are completed. Incomplete application forms will be rejected.

8.3 Contact details submitted on the form are held for administering awards only. The CSP will not use these for other purposes or pass them on to third parties.

8.4 The CSP Charitable Trust Scientific Panel reviews outline applications for quality and potential patient benefit. Invitation to submit a full application is made on the basis of this review. Please see Appendix C for scoring criteria used and panel membership.

8.5 A confirmation of receipt is sent to the lead researcher's email address.

8.6 The closing date for full applications is **1200 (midday) 9th March 2018.** Late submissions are **not** accepted. Please note that hard copies are no longer compulsory.

8.7 Forward your application to the CSP Charitable Trust and Awards Officer by:

- Email to PRFaward@csp.org.uk in **MS Word format**. Please note that any scanned and/or digitally photographed attachments/insertions must be clearly legible.

- If you are providing a hard copy as well, please print out and post the full application, **with original signatures and original letters of support (section 12 below)**, to Shamina Begum, CSP Charitable Trust and Awards Officer, Chartered Society of Physiotherapy, 14 Bedford Row, London, WC1R 4ED.

Contact PRFaward@csp.org.uk if you have any further queries.

Appendix A

Patient, Carer and Public Involvement (PPI) in Research

It is good practice to involve patients, carers and the public in health research and this is expected for all applications. Involvement means that ‘’people who use services are active partners in the research process rather than being ‘subjects’ of research” (Hanley et al, 2004). You are advised to consider opportunities for appropriate active involvement in relation to the scale of your project proposal.

The organisation INVOLVE promotes involvement of the public in NHS, public health and social care research and a range of resources can be found via its website – www.invo.org.uk. INVOLVE outline the key steps in the research process in which patients, carers and the public can be involved. This can be used as a guide when considering PPI in your research plan. The key stages in the research process are outlined below:

Public involvement at different stages

(Source Hanley et al., 2004)

Project proposals will be reviewed in relation to:

- Whether you have considered PPI in key stages of the research process
- The level of involvement e.g. consultation, collaboration or user controlled research
- Who will be involved e.g. individuals, patient groups
- Whether, as researchers, you have considered how to involve. For example, what provisions have been made for training, support and payment? What practical aspects (e.g. providing lay summaries in meetings) will be adopted?

Applicants are encouraged to consider 8 key principles for successful involvement in research outlined by Telford et al (2004). These are listed below:

1. The roles of consumers are agreed between the researchers and consumers involved in the research
2. Researchers budget appropriately for the costs of consumer involvement in research
3. Researchers respect the differing skills, knowledge and experiences of consumers in NHS research
4. Consumers are offered training and personal support, to enable them to be involved in research
5. Researchers ensure that they have the necessary skills to involve consumers in the research process
6. Consumers are involved in decisions about how participants are both recruited and kept informed about the progress of the research
7. Consumer involvement is described in research reports
8. Research findings are available to consumers in formats and in language they can easily understand.

Involving other stakeholders

As well as involving patients, carers and the public in your research, it may also be relevant to involve other stakeholders, for example, clinicians, policy makers and students who may use the results of your research. You may choose, for example, to work with health professionals to develop a plan for disseminating the results of the research in professional networks. This activity would be done in addition to (and not instead of) working with patients, carers and the public.

Other resources

INVOLVE and the National Research Ethics Service (NRES) have developed a number of helpful resources, which can be found at:
http://www.invo.org.uk/resource-centre/resource-for-researchers/
http://www.hra.nhs.uk/patients-and-the-public/

References

- Hanley B et al. Involving the public in NHS, public health, and social care research: Briefing notes for researchers. 2nd edition. INVOLVE; 2004.

- Telford R et al. What does it mean to involve consumers successfully in NHS research? A consensus study. Health Expectations 2004; 7: 209-220.

Appendix B

Defining Feasibility and Pilot Studies

Applicants are encouraged to accurately describe the proposed research. The Scientific Panel suggests using the descriptions below for pilot and feasibility studies from the National Institute for Health Research (NIHR)
http://www.nihr.ac.uk/CCF/RfPB/FAQs/Feasibility_and_pilot_studies.pdf

It is also suggested that applicants refer to the extension to the CONSORT statement covering randomised pilot and feasibility trials, see
http://www.bmj.com/content/355/bmj.i5239

Feasibility studies

Feasibility Studies are pieces of research done before a main study in order to answer the question "Can this study be done?". They are used to estimate important parameters that are needed to design the main study.
For instance:

- standard deviation of the outcome measure, which is needed in some cases to estimate sample size;
- willingness of participants to be randomised;
- willingness of clinicians to recruit participants;
- number of eligible patients;
- characteristics of the proposed outcome measure and in some cases feasibility studies might involve designing a suitable outcome measure;
- follow-up rates, response rates to questionnaires, adherence/compliance rates, ICCs in cluster trials, etc.
- Feasibility studies for randomised controlled trials may not themselves be randomised. Crucially, feasibility studies do not evaluate the outcome of interest; that is left to the main study.
- If a feasibility study is a small randomised controlled trial, it need not have a primary outcome and the usual sort of power calculation is not normally undertaken. Instead the sample size should be adequate to estimate the critical parameters (e.g. recruitment rate) to the necessary degree of precision.

Pilot studies

Pilot studies are a version of the main study that is run in miniature to test whether the components of the main study can all work together. It is focused on the processes of the main study, for example to ensure recruitment, randomisation, treatment, and follow-up assessments all run smoothly. It will therefore resemble the main study in many respects, including an assessment of the primary outcome. In some cases this will be the first phase of the substantive study and data from the pilot phase may contribute to the final analysis; this can be referred to as an internal pilot. Or at the end of the pilot study the data may be analysed and set aside, a so-called external pilot.

Appendix C

CSPCT SCIENTIFIC PANEL SCORING SYSTEM

Each application will be scored against the criteria outlined below. The scientific panel will then meet to discuss each application and make a decision on which applications will be shortlisted for review.

0-2 Unacceptable
No evidence of research knowledge or understanding, multiple design flaws, relevance to physiotherapy not addressed, no service user involvement, literature review missing or inadequate, writing style unclear, multiple typos, referencing incorrect or absent.

3-4 Borderline
Evidence of some research knowledge but lacks essential design and implementation information. Research question or aim unclear or inconsistently stated. Application generally clearly presented and written but lacks significant detail and with little effort made to describe relevance or value of study. Project management and budget details missing or inadequate. Minimal service user involvement. Some potential but would need major redesign and informed consultation.

5-6 Satisfactory
Evidence of research knowledge but some essential design and implementation information missing. Clear research question or aim, professionally presented and writing style clear. Relevance and value of study well described. Some project management and budget details provided. Service user involvement realistic and adequately addressed. Study has potential but needs consultation and revision in most areas.

7-8 Good
Good evidence of research knowledge and all essential design and implementation details provided. Clear research question or aim guides the design. Relevance of study to physiotherapy adequately described and reasonable project management and budget details provided. Professionally presented. Minor amendments and /or clarification needed but suitable for funding.

9-10 Excellent
Evidence of in-depth research knowledge and experience. All study design and implementation details provided. Study clearly relevant to physiotherapy profession, feasible and realistic budget established. Service users consistently and authentically involved. Very professionally organized and presented. Very high standard. No amendments or clarification required.