

DIABETES UK

KNOW DIABETES. FIGHT DIABETES.

RESEARCH COMMITTEE GUIDELINES:

**PROJECT GRANTS, HIGHLIGHT NOTICES,
STRATEGIC CALLS**

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BACKGROUND

Project Grants, Highlight Notices & Strategic Calls

The committee follows clear principles to ensure fair, high-quality assessment of project and strategic grant applications, focusing on scientific excellence, feasibility, and meaningful impact for people with diabetes. **Project Grants** are awards that fund high-quality, diabetes-related research projects led by qualified investigators at established UK institutions, covering essential costs such as staff, consumables, and equipment to deliver a defined programme of work. Alongside standard grant rounds, **Highlight Notices** are issued to draw attention to priority areas identified by the **Diabetes Research Steering Groups**; applications submitted under these notices follow the same rigorous review process but are designed to stimulate proposals in strategically important fields.

Research Committee

The **Diabetes UK Research Committee** is made up of 25-30 scientists and clinicians plus the Chair - Professor Helen McShane. The Research Committee meet:

- Twice a year to discuss and make a funding recommendation on applications for submitted to the **project grants** and **highlight notices** funding schemes. Highlight notices do not have ringfenced funding, and these applications are in open competition with all the other applications we receive.
- Ad-hoc to discuss and make funding recommendations on applications for any **strategic funding calls**.

The Committee is constituted to ensure that it has the breadth of scientific expertise necessary to make a recommendation on the wide range of applications submitted to Diabetes UK. **Members have delegated authority from the Diabetes UK Board of Trustees to make funding decisions.**

The Director of Research is the Secretary, and a non-scoring member of the Committee. The Head of Research Funding is the Scientific Secretary and is not a member of the Committee.

Grants Advisory Panel of people living with diabetes

The **Diabetes UK Grants Advisory Panel (GAP)** was formed in 2007 and is made up of around 20-25 people with lived experience of diabetes. They meet:

- Twice a year before the Research Committee meeting to discuss the **pre-selected project grants** and score each application from the **perspective of people living with diabetes**.
- The GAP group is split into three groups, and each group discusses around 1/3 of the applications.
- GAP then come together as a whole group to discuss and finalise the feedback

and scores.

- Three GAP representatives will attend and give the group's feedback and scores at the Research Committee meeting.
- Ad-hoc, GAP will be involved in the discussion of any **strategic funding calls** and score each application from the perspective of people living with diabetes. Up to two members of the sub-panel will attend and give feedback and scores at the strategic call panel meeting.

The group is constituted to ensure that it is representative of people living with type 1 and type 2 diabetes, and parents of children with diabetes, as well as considering special category data such as ethnicity, age, gender and social economic drivers.

The meeting is chaired by the Head of Research Funding or the Senior Research Funding Manager. GAP use the same scoring range as the Research Committee but focus on assessing the plain English summary and evidence of involving people living with diabetes in the research proposal.

Members act as advisors and are not decision-making, though their input influences final funding decisions.

PRE-COMMITTEE PROCESSES

Peer review process

Prior to the Research Committee meeting, each application will undergo a process of peer review by independent external researchers. This includes a statistical review whereby we call upon a pool of statisticians. The peer reviewers will comment on the relevance, originality and quality of the science, budgets, and will assign a score between 1-6.

A score of **4 and above** indicates that the project is in the **fundable** range.

Rebuttal

Rebuttal is the process where applicants can respond to the feedback and comments provided by external peer reviewers. During this stage, they can clarify misunderstandings, address critiques, and provide additional information to strengthen their application before it moves forward in the process. This ensures that the reviewers' concerns are considered and that the application is evaluated with fairness and all the relevant context.

Pre-selection process

Due to the high number of applications received by Diabetes UK, it is not possible to take forward all applications to the Research Committee meeting for discussion on the day. Therefore, following external peer review and rebuttal, applications undergo a pre-selection process. This process is undertaken by the Chair of the Research Committee and Diabetes UK, who will make a recommendation on whether an application is strong enough to be taken forward to the Research

Committee meeting for further discussion. This is based on the external peer review comments and scores, and the response to the reviewers' comments.

The recommendations are ratified by the Research Committee members designated to speak to that application. At this point, the Research Committee members will have the opportunity to dispute any recommendations.

ASSESSMENT & SCORING CRITERIA

The **scientific selection criteria** for Diabetes UK's project grants, highlight notices and strategic calls:

- Scientific assessment
- Statistical assessment
- Route to patient impact (relevant to clinical and/or translational research only)
- Research team expertise
- Resource requested
- Other (ethics, animals or governance)

The **Grants Advisory Panel** selection criteria for Diabetes UK's project grants, highlight notices and strategic calls:

- Relevance to people with diabetes and its potential impact
- The timescale on which the project could make a difference to people living with and at risk of diabetes
- The extent of involvement of people with diabetes in the development and the management of the study

Scoring criteria

The **scientific scoring criteria** are outlined below, with comprehensive descriptors available in **Appendix 1**.

1	Poor- Reject	Very few strengths and numerous major weaknesses; weak rebuttal
2	Weak - Reject	A few strengths and a few major weaknesses; weak rebuttal.
3	Inadequate Reject -	Some strengths but with at least one major weakness; rebuttal addresses only the minor reviewer concerns.
4	Good - Fund	Some strengths but also some moderate weaknesses; rebuttal addresses several of the reviewer concerns.
4.5	Very Good - Fund	Strong but with at least one moderate weakness; rebuttal addresses the reviewer concerns adequately.

<i>A score of 5 is reserved for grants that are internationally competitive and address a crucial scientific question/knowledge gap.</i>		
5	Excellent- Fund	Very strong with only some minor weaknesses; rebuttal addresses all reviewer concerns.
<i>Scores 5.5 and 6 must be internationally competitive, address a crucial scientific question/knowledge gap and be of high strategic importance.</i>		
5.5	Outstanding Fund	- Extremely strong with negligible weaknesses; minor reviewer concerns raised, and all addressed in rebuttal.
6	Exceptional Fund	- Exceptionally strong with essentially no weaknesses.

Only those applications with an average score of **4 or above** will be considered as suitable for funding.

RESEARCH COMMITTEE MEETING PROCESS

The steps below outline the process at the Research Committee meeting where final funding decisions are made.

1. A Grants Advisory Panel (GAP) member, First Designated Committee Member (DCM1), Second Designated Committee Member (DCM2) and a Statistician, will be allocated to each grant application.
2. The **GAP member** will initiate the discussion by presenting GAP feedback regarding the application, emphasising any unresolved questions from the lived experience perspective for consideration by the scientific members. Additionally, the GAP member will provide the consolidated GAP score for the application.
3. The **First Designated Committee Member (DCM1)** should aim to spend no more than 5 minutes providing a summary of the project, external reviews and rebuttal. They should additionally articulate their assessment of the positive and negative aspects using the 'key factors' listed below of this document for guidance. The Committee member then provides an indicative score for the allocated application from a score criteria and scale.
4. The **Second Designated Committee Member (DCM2)** will then give their assessment of the proposal. If DCM1 has covered all relevant points and DCM2 agrees, there is no need to add anything and DCM2 need only indicate that this is the case and provide their indicative score. However, DCM2 may wish to add some points not already covered or may disagree with DCM1 and should do so as per the guidance given. Again, DCM2 should spend no more than 5 minutes reviewing the application.
5. The **Statistician** will be given the opportunity to comment on the application, who may want to

add comments based on the statistics within the application, and provide their indicative score.

6. The other Committee Members will then be invited to add their own comments if they have not been covered by the Designated Committee Members.
7. The Chair will ensure that all opinions are considered whilst keeping the meeting on time. At the end of the discussion of each application, the Chair will ask the rest of the Committee members to score the application based on the comments made, using an online anonymous poll.
8. At the end of the meeting, the applications will be ranked (by median score) first by the Research Committee Score, and secondly by the GAP score. Applications scoring 4 or above will be deemed fundable, and the Office will fund as many projects as possible in ranking order within the budget available. Where it is not possible to fund all applications scoring 4 or above, the GAP priority will be used to determine which applications will be raised into the fundable category.
9. A detailed discussion will take place for those grants where GAP have scored highly but the study is not scientifically fundable, to ensure the group are satisfied with the justification provided.
10. Applicants who have gained strong support from the Committee Members but need to revise their application in response to the Committee's feedback can be invited for a resubmission for a future grant round. There is no guarantee that the resubmitted application will be funded at a future grant round.
11. Research Committee members who have a conflict of interest on a specific application (identified by the office or self-reported) will leave the Committee meeting room before the application is discussed.
12. During the Committee meeting, the Research Funding Team will take minutes of the discussion which will be circulated after the meeting. These minutes will also be used as the basis of the feedback given to the applicants.

APPENDIX:

Diabetes UK Scoring Criteria: Project Grants/Highlight Notices/Strategic Calls

The Research Committee are asked to review applications based on the applicant (person) research environment, strengths and weaknesses of project and the quality of the rebuttal. Please consider the peer reviewers' opinions in your assessment.

The criteria for scoring are divided into:

- Scientific assessment
- Statistical assessment
- Route to patient impact (relevant to clinical and/or translational research only)
- Research team expertise
- Resource requested
- Other (ethics, animals or governance)

Scoring (project grants, highlight notices, strategic calls)		
1	Poor - Reject	<p><i>Very few strengths and numerous major weaknesses; weak rebuttal</i></p> <p>Scientific assessment:</p> <ul style="list-style-type: none"> - Poorly defined question. - Methodologically weak study. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Statistical questions not addressed, and no statistician or statistical expert consulted or involved, where necessary or appropriate (depending on type of study). <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - No consideration and/or information provided for route to impact. - Unlikely to lead to patient benefit in short, medium or long-term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Poor leadership for the successful delivery of the project. - Limited research experience in team / missing expertise in team. <p>Resource requested:</p> <ul style="list-style-type: none"> - Poor value for money. - Under/over resourced, unclear and not well justified. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Several ethical and/or governance concerns. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.

2	Weak - Reject	<p><i>A few strengths and a few major weaknesses; weak rebuttal.</i></p> <p>Scientific assessment:</p> <ul style="list-style-type: none"> - Interesting area however poorly defined question. - Methodologically mixed, lots of missing detail. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project doesn't include statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - No power calculations and rationale provided; no supporting references provided to support calculations; no statistical analysis plan included. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Detail for route to impact provided, weak. - Unlikely to lead to patient benefit in short, medium or long-term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Principal Investigator leadership appropriate, however project requires CO-PI for successful delivery of project. - Scope to strengthen team; environment; collaborators. <p>Resource requested:</p> <ul style="list-style-type: none"> - Limited value for money. - Under/over resourced, unclear and not well justified. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Several ethical and/or governance concerns. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
3	Inadequate	<i>Some strengths but with at least one major weakness; rebuttal addresses only the minor reviewer concerns.</i>

<p>- Reject</p>	<p>Scientific assessment:</p> <ul style="list-style-type: none"> - Interesting scientific question. - Methodologically sound study but several areas require revision. - Some likelihood of new knowledge generation. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project doesn't include statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Power calculations and rationale provided unclear; no supporting references provided to support calculations. - Weak statistical analysis plan included with several unanswered questions. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Some information provided on route to impact but room for improvement and more detail required. - Might lead to patient benefit in the long term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Appropriate leadership for the delivery of the project, however scope to strengthen team, environment and/or collaborators. <p>Resource requested:</p> <ul style="list-style-type: none"> - Resources broadly appropriate to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are not adequately considered. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance. 	
4	Good - Fund	<i>Some strengths but also some moderate weaknesses; rebuttal addresses several of the reviewer concerns.</i>

	<p>Scientific assessment:</p> <ul style="list-style-type: none"> - Worthwhile scientific question or knowledge gap being addressed but perhaps not at the very front edge of the research in the area. - New knowledge will be generated but may be of modest impact, potential impact on the field considered worthy without being outstanding. - Methodologically sound study, with few aspects needing to be clarified, and or missing contingencies. - Potential for scientific, health or socioeconomic impact rather limited. - Competitive on a National scale. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project includes statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Power calculations and rationale provided with supporting references required to support calculations. - Statistical analysis plan included but requires some clarification. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Some detail for route to impact provided, brief timeline provided. - Might lead to patient benefit in the medium term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Appropriate leadership for the delivery of the project (track record, team, environment, and collaborators). <p>Resource requested:</p> <ul style="list-style-type: none"> - Appropriately costed, and adequate staff time allocated to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are well considered. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
4.5	Very Good - <i>Strong but with at least one moderate weakness; rebuttal addresses the reviewer concerns adequately.</i>

Fund	<p>Scientific assessment:</p> <ul style="list-style-type: none"> - Important scientific question, knowledge gap or area being addressed but <u>not in an area of strategic importance</u>. - Robust methodology and design, including any necessary contingencies. - Potential for scientific, health and/or socioeconomic impact. - Perhaps not at the very front of work in the area, but worthy of support. - Competitive on a National scale. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project includes statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Power calculations and rationale provided, including supporting references. - Statistical analysis plan included but requires some clarification. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Clear consideration for route to impact, including brief timeline and considerations of stakeholders who need to be consulted and/or involved. - Might lead to patient benefit in the medium term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Strong leadership for the delivery of the project (track record, team, environment and collaborators). <p>Resource requested:</p> <ul style="list-style-type: none"> - Good value for money. - Appropriate costs and staff time allocated to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are fully considered. - Consideration of the <u>3Rs policy</u> (replacement, refinement and reduction) for animal use in their project.
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		<ul style="list-style-type: none"> - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
<p>A score of 5 is reserved for grants that are internationally competitive, and address a crucial scientific question/knowledge gap</p>		
5	Excellent - Fund	<p><i>Very strong with only some minor weaknesses; rebuttal addresses all reviewer concerns.</i></p> <p>Scientific assessment:</p> <ul style="list-style-type: none"> - Crucial scientific question or knowledge gap being addressed, <u>and of strategic importance</u>. - Original and/or innovative. - Internationally competitive. - Robust methodology and design, including any necessary contingencies. - Potential for significant scientific, health and/or socioeconomic impact. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project includes statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Power calculations and rationale provided, including supporting references. - Strong statistical analysis plan included, and rebuttal addresses reviewer concerns. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Strong plan provided about how the research might be implemented in the future, including timeline, stakeholders to involve. - Identified potential challenges and how these might be addressed. - Might lead to patient benefit in the short term. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Strong leadership for the delivery of the project (track record, team, environment and collaborators) <p>Resource requested:</p> <ul style="list-style-type: none"> - Good value for money. - Appropriate costs and staff time allocated to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of

		<p>results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application?</p> <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are fully considered. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
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Scores 5.5 and 6 must be internationally competitive, address a crucial scientific question/knowledge gap and be of high strategic importance

5.5	Outstanding - Fund	<p><i>Extremely strong with negligible weaknesses; minor reviewer concerns raised, and all addressed in rebuttal.</i></p> <p>Scientific assessment:</p> <ul style="list-style-type: none"> - Crucial scientific question or knowledge gap being addressed and <u>high strategic importance</u>. - Internationally competitive work likely to shape future research priorities/direction. - Highly original and/or innovative. - Robust methodology and design, including any necessary contingencies. - Potential for high scientific, health and/or socioeconomic impact. <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project includes statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Clear power calculations and rationale provided, including relevant and accessible supporting references. - Strong statistical analysis plan included; all reviewer queries addressed in rebuttal. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Strong plan provided about how the research might be implemented in the future, including timeline, stakeholders to involve. - Identifies potential challenges and how these might be addressed. - Research is close to clinical translation, or a larger RCT, if successful. <p>Research team expertise:</p> <ul style="list-style-type: none"> - Excellent leadership for the delivery of the project (track record, team, environment, and collaborators).
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		<p>Resource requested:</p> <ul style="list-style-type: none"> - Excellent value for money. - Resources requested will lead to successful delivery of project delivery. Appropriate staff time allocated to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are fully considered. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
6	Exceptional - Fund	<p><i>Exceptionally strong with essentially no weaknesses.</i></p> <p>Scientific assessment:</p> <ul style="list-style-type: none"> - Internationally competitive work of clear strategic importance and high potential for scientific, health or socioeconomic impact <p>Statistical assessment:</p> <ul style="list-style-type: none"> - Project includes statistical input by a statistician or someone with statistical expertise, where necessary or appropriate (depending on type of study). - Clear and detailed power calculations, rationale, supporting references, and a clear statistical analysis plan included. <p>Route to patient impact (relevant to clinical and/or translational research only):</p> <ul style="list-style-type: none"> - Strong plan provided for how the research might be implemented in the future, including timeline, stakeholders to involve. - Identifies potential challenges and how these might be addressed. - Research is close to clinical translation, or a larger RCT, if successful. <p>Research team expertise:</p>

	<ul style="list-style-type: none"> - Excellent leadership for the delivery of the project (track record, team, environment, and collaborators) <p>Resource requested:</p> <ul style="list-style-type: none"> - Excellent value for money. - Resource requested will lead to successful delivery of project . - Appropriate staff time allocated to deliver the project. - Diabetes UK encourages costs for undertaking patient and public involvement in projects. This includes incentivisation, co-creation research aims/methods (where appropriate), consultation, and/or dissemination of results at engagement events (specific to PPI). Has the applicant adequately costed patient and public involvement activities into the application? <p>Other:</p> <ul style="list-style-type: none"> - Ethical and/or governance issues are fully considered. For clinical research the necessary ethics are in place. - Consideration of the 3Rs policy (replacement, refinement and reduction) for animal use in their project. - For studies recruiting participants, have applicants addressed how recruitment affects generalisability and designed their study to support equity, inclusion, and diversity? If not, is there a valid rationale? The NIHR INCLUDE initiative offers guidance.
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Version	Changes	Effective date	Author	Approver	Next review date
9.0	Revised guidance to reflect each scheme and criteria	20/01/2026	Kamini Shah (Head of Research Funding)	Anna Morris (Assis. Director of Research)	01/03/2027