

# **DiABETES UK**

**KNOW DIABETES. FIGHT DIABETES.**

## **RESEARCH COMMITTEE GUIDELINES:**

**RD LAWRENCE AND SIR GEORGE ALBERTI  
FELLOWSHIPS**

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## BACKGROUND

### RD Lawrence Fellowship and Sir George Alberti Research Training Fellowship

The [RD Lawrence Fellowship](#) supports postdoctoral researchers to establish independence in diabetes research. It offers up to £525,000 over four or five years for applicants who are usually three to ten years postdoctoral and based at a UK research institution.

[The Sir George Alberti Research Training Fellowship](#) supports graduate healthcare professionals in patient-facing NHS or academic roles to begin a diabetes research career by undertaking a PhD or MD. It offers up to £300,000 for up to three years and is intended for applicants who want to build research skills, protected time and long-term research capacity in diabetes.

### Research Committee

The [Diabetes UK Research Committee](#) is made up of 25-30 scientists and clinicians including the Chair - Professor Helen McShane (University of Oxford). The Committee is constituted to ensure that it has the breadth of scientific and clinical 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. A **sub-panel** of the Research Committee meet:

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

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. GAP members act as advisors and do not have a role in decision-making, though their input influences final funding decisions.

## ASSESSMENT & SCORING CRITERIA

Fellowship applications undergo a two-stage review process before candidates are shortlisted for interview. First, each application is independently peer reviewed externally. It is then considered by

the scientific sub-panel, which reviews all applications except those where members have a conflict of interest. For each application, the first and second designated panel members submit a review, informed by the peer reviewers' comments, along with a score and a recommendation for interview to the office. The office collates the panel's comments and scores, calculates the average scores, and circulates this information to the panel. The Panel then uses the collated reviews, scores and interview recommendations to shortlist the highest-scoring candidates for interview.

**Scientific assessment criteria:**

- Scientific excellence & originality
- Track record and leadership potential of the candidate
- Quality of research environment & support
- Candidate performance at interview

The scientific panel will also be assessing the use of animals and inclusive clinical research, where relevant.

**Grants Advisory Panel assessment criteria:**

- Plain English summary
- Relevance to people with diabetes and its potential impact
- The timescale on which the project could make a difference to people living with or at risk of diabetes
- Patient and public involvement of people living with diabetes in the development and management of research study

At interview, GAP will assess the potential impact of benefit to people with diabetes and the patient and public involvement in the research.

**Scoring criteria**

The **scoring criteria** are outlined below.

0	No support
1	Little support
2	Weak support
3	Support
4	Clear support
5	Strong support
6	Very strong support

Applications with an average score of **4 or above** will be considered suitable for funding.

## INTERVIEW FORMAT

1. Interviews are scheduled to take approximately 55 minutes per candidate (10 minutes presentation from the candidate about their proposal, 35 minutes interview and finally 10 minutes allocated for a Panel discussion and scoring the candidate).
2. Respective roles are as follows:
  - The Chair will introduce the Panel members and explain the interview process. At the end of the interview, the Chair will ask the candidate about their career plans and ambitions for the future. Chair to keep meeting to time.
  - Lead interviewers 1 and 2 will ask detailed questions about the proposal based on the reviewers' comments and their own perspective (no more than 15 mins).
  - The GAP Review Panel member will ask questions about patient benefit, PPI or any other questions that may have come up in their focus group discussion. Examples of questions:
    - How has the candidate carried out PPI in their research and how would they consider it in the management and delivery of the study?
    - Why is the candidate's research a priority for people with diabetes?
    - Can the candidate explain the relevance and potential benefit of their research to people living with diabetes.
  - Other Panel members will be invited by the Chair to ask any supplementary scientific questions not previously addressed.
3. At the end of the interview, the lead interviewer will give a brief summary of their view of the interview and the candidate's responses. The other scientific members of the Panel may also provide additional comments or seek clarification on areas where there is disagreement. The GAP member will also provide comments based on the expert by experience review. The candidate will be scored by the Scientific members and GAP representative on the score sheet provided, a score is given against each criteria.
4. Applications will be ranked by the average scientific score and aligned with GAP score. An overall total score of 20 and above will be considered as suitable for funding.
5. At the end of all the interviews, the Chair will review the scores and rankings of the applications to ensure that all members are agreed on the decisions taken. In areas of disagreement, a more detailed examination of the individual scoring criteria may need to take place until a consensus is reached.

6. Candidates will be informed of the decision two weeks from the interview date.

## APPENDIX: POINTS TO CONSIDER

When assessing **Fellowship** we ask Scientific Panel members to do so considering the following points:

- Will the outcomes of the proposed research make a real difference to people with diabetes in the short, medium or long term?
- Track record of applicant/supervisor
- Leadership potential of the applicant (where relevant)
- Support environment where the research will take place
- Is the research novel?
- Is the proposed research achievable with the resources requested and in the proposed timescale? If not, are more resources and/or time needed, or could the resources requested and/or time requested be reduced?
- Is the plan of investigation appropriate?
- Is the appropriate methodology been used? As the research landscape evolves, so have the methodologies needed to study different types of projects. Have methods been justified by the applicants?
- Has the applicant considered the 3Rs policy (replacement, refinement and reduction) for animal use in their project? Diabetes UK's expectations for responsible animal use are set out in the document *Responsibility in the use of animals in bioscience research* <https://www.nc3rs.org.uk/3rs-resources/responsible-use-animals-bioscience-research>
- For studies recruiting participants, have the applicants considered how their study recruitment plans may impact generalisability, and how the study has been designed to promote equity, inclusion and diversity. If not, has a suitable rationale been provided? The INCLUDE initiative from the National Institute of Health Research provides guidance for ensuring research is inclusive, as well as free online courses: <https://sites.google.com/nih.ac.uk/include/home>.

- For interventions, including pilot studies, have the applicants considered how they might be implemented in the future, and who might need to be involved?
- We encourage applicants to include patient and public involvement (PPI) costs in their applications. 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?
- What is the potential for follow on funding?
- Performance at interview.