



**Understanding public involvement in non-clinical research**  
**MRC-NIHR Better Methods, Better Research strategic opportunity**  
**Webinar questions and answers**

## Scope

### What is the scope?

The aim of the call is to improve public involvement in non-clinical health and biomedical research. This may be through the development of supporting evidence, guidance or approaches that will facilitate best practice for public involvement across disciplines in non-clinical health and biomedical research.

While proposals may include case studies to validate public involvement approaches, the aims should be on improving the *approaches* for public involvement. Applications focussing solely on undertaking a programme of public involvement in the absence of any associated methodological learning will be declined as out of scope.

Applicants should contact the Programme Manager, Dr Rosalind Roberts ([rosalind.roberts@mrc.ukri.org](mailto:rosalind.roberts@mrc.ukri.org)) ahead of application with a 1-2 page project summary covering background, key objectives and research plan (including dissemination activities and approximate resources to be requested) for a remit check.

### What is meant by public involvement in non-clinical research?

We are using the following definitions, as outlined in the [MRC Public Involvement Landscape Review](#):

#### **Public involvement**

Active collaborative partnership between researchers and members of the public, patients, carers and communities, working alongside research teams and as part of research organisations.

#### **Non-clinical biomedical and health research**

Fundamental discovery research (“basic science”), such as:

- Laboratory-based research (e.g. cell biology, biochemistry).
- Data science research (e.g. statistical modelling, machine learning).
- Methodology research (e.g. epidemiology, health economics or clinical trials methodology research).

The list is not intended to be exhaustive and is provided to exemplify some areas where public involvement practice is not yet well established. Research areas directly involving patients or the health service (“clinical research”), where public involvement is already well understood and embedded, would be out of scope.

All proposals must fully justify the gap in public involvement approaches in the area they intend to address.

I have an idea for a proposal, how do I know whether it will be within remit?

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Can methods from a research area that already has well developed public involvement approaches be used in the proposal (e.g. qualitative health research methods)?

All methods to be used in the proposal must be fully justified and described (see [MRC guidance for applicants](#) for further details). There is no restriction on how the research question is addressed if the focus of the proposal is on improving public involvement in non-clinical research disciplines where it is currently not well understood.

Why are some non-clinical research areas in scope for this call but out of scope for Better Methods, Better Research?

The focus of this call is on 'methods' for public involvement in non-clinical research, which is within Better Methods, Better Research remit. The non-clinical research in question may itself be out of Better Methods, Better Research scope (for example, development of cell-based assays is out of remit for BMBR), but it is the method for public involvement as opposed to e.g. lab-based non-clinical research methods that is the focus.

Should public involvement approaches developed/improved in proposals span several areas of 'non-clinical' research? Or would it be enough to be set within one of these areas bearing in mind that the 'methods' developed could be transferable across other areas?

The focus needs to be on developing or improving 'methods' for public involvement that have broad applicability across non-clinical research disciplines. For all applications, dissemination and plans for uptake will form an important part of the proposal and this may include dissemination activities to transfer the approaches from the case study setting to its application more widely.

If we use patient samples, for example, tissue from surgical operations, would it be defined as clinical research?

Focussing on public involvement in non-clinical research that involves the use of patient tissue, or that has clinical relevance, would not necessarily be out of scope and classed as clinical research. As noted above, we are defining clinical research as involving patients or health services. For this call, all proposals must justify the gap in public involvement for non-clinical research to be addressed.

If you are unsure whether your proposal would fall within remit, please contact the Programme Manager, Dr Rosalind Roberts ([rosalind.roberts@mrc.ukri.org](mailto:rosalind.roberts@mrc.ukri.org)) ahead of

application with a 1-2 page project summary covering background, key objectives and research plan (including dissemination activities and approximate resources to be requested) for a remit check.

[How does modifying existing methods fit within the scope of this call?](#)

Building on existing good practice and tailoring existing public involvement approaches for non-clinical research are welcome. As above, it must be clear how modification of existing approaches will provide broad applicability across non-clinical research and must be framed within a broader pathway for uptake and impact. Applications of existing methods to address novel research questions, not coupled with methodological learning and dissemination, would be out of scope.

For all projects, please contact the Programme Manager, Dr Rosalind Roberts ([rosalind.roberts@mrc.ukri.org](mailto:rosalind.roberts@mrc.ukri.org)) ahead of application with a 1-2 page project summary covering background, key objectives and research plan (including dissemination activities and approximate resources to be requested) for a remit check.

[Would the call include evaluation of existing activities/interventions?](#)

If evaluation of existing activities or interventions is framed within a pathway to improve the practice of public involvement in non-clinical research, it could be within scope.

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## Eligibility criteria and proposal development

[Can a public involvement professional lead an application?](#)

A public involvement professional may be the lead applicant if the eligibility criteria are met (having a contract of employment at an eligible research organisation and demonstrating the experience and ability to lead a research project; further details can be found in [MRC guidance for applicants](#)).

[I am an early career researcher – am I eligible to apply?](#)

You may apply, regardless of career stage, if you meet the eligibility criteria for project lead or co-lead (having a contract of employment at an eligible research organisation and demonstrating the experience and ability to lead a research project; further details can be found in [MRC guidance for applicants](#)). Information on funding available for early career researchers at various career stages can be found at the following web page:

<https://www.ukri.org/what-we-do/developing-people-and-skills/mrc/skills-and-experience-needed-to-win-support/>

If you are interested in applying for a New Investigator Research Grant (NIRG, <https://www.ukri.org/councils/mrc/guidance-for-applicants/types-of-funding-we-offer/new-investigator-research-grant/>) through BMBR or this strategic opportunity, please contact the Programme Manager, Dr Rosalind Roberts

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Is there a limit on the number of applications any one institution can submit?

There is no limit on application numbers per institution.

Is industry involvement encouraged, or discouraged? How can we address the IP issue when working with industry?

If working with industry would support the proposed research and its impact, it can be included in a proposal. Completion of the MRC Industry Collaboration Framework is required for applications that involve collaborations with industry and supports applicants to navigate the IP considerations of working with industry partners. Please see further information here: <https://www.ukri.org/councils/mrc/guidance-for-applicants/types-of-funding-we-offer/mrc-industry-collaboration-framework-icf/>

What are the earliest and latest start dates for the grant?

Funding decisions will be made in November 2024. February 2025 would be a realistic start date. All grants must start within six months of the funding decision date.

Will this call be repeated, or something similar?

This funding call is for a single round.

Is the call UK specific or can an application include global partners?

International co-investigators and costs may be included if they provide expertise or resources that are not available in the UK. Please see the [MRC guidance for applicants](#) for further details on including international costs.

What is HPI?

HPI is an identifier code for this strategic opportunity (HPI = Highlight Public Involvement). Please include 'HPI:' at the start of your proposal title to allow us to register your application as a response to this strategic opportunity.

Is there funding available to support involving public contributors in bid development?

Unfortunately for this call we are unable to offer funding to develop an application. This an area MRC is aware of as a gap and is exploring for future.

## Review process

How many awards will be made for this strategic opportunity?

The Better Methods, Better Research budget for the round including this strategic opportunity is £2,500,000. This will fund response-mode BMBR proposals as well as proposals received to this strategic opportunity. We anticipate that at least one award will be made for this strategic opportunity, and most likely two-three.

Will the Public Involvement Panel review have the same scoring weighting as the peer review panel?

The Public Involvement Advisory Group (PIAG) will provide recommendations to the Better Methods, Better Research Panel on funding decisions. PIAG members will provide indicative scores to the Panel, which will have the same weight as those of BMBR Panel members.