Regional Accounts for Clinical Researchers (RACR) - webinar FAQs and useful links

Useful links

Supporting Clinical Researchers – background:

See the CATCH website to view the career pathways available to clinical researchers mapped across the major funders.

Read more about the newly launched UKRI Fellowship framework

Read more about MRC's training and careers priorities to see how we support people and teams.

RACR:

For questions related to this specific funding opportunity please contact **fellows@mrc.ukri.org**

Any queries regarding the system or the submission of applications through the Funding Service should be directed to the helpdesk. Email: **support@funding-service.ukri.org** Phone: 01793 547490. Our phone lines are open: Monday to Thursday 8:30am to 5:00pm and Friday 8:30am to 4:30pm.

Questions from the webinar

Consortia:

Q. Can a consortium be too big and become ineffective, either through communication difficulty or dilution of resource?	We suggest you define a partnership that is effective - this may be a core partnership with option to bring in additional partnerships over time and can be flexible. We are looking for complementarity with existing initiatives and clear strategy to enhance or expand local opportunities. We encourage applications from multi-institutional consortia which represent a large geographical region of the UK. Even smaller bids should cover multiple organisations. Whilst available funding is currently limited to £800K-£1.4m it is possible that funding levels could be enhanced further.
Q. How are regions being defined? Is Scotland defined as a single region?	
Q. How are geographies and regions defined? e.g Is Scotland defined as a region or is this too large?	
Q. Do MRC have a concern that very large consortia may result in the funding being very thinly spread and reduce the chances of successful outcomes?	

Q. The guidance states that the amount requested should be proportional to the size of the consortium, can you give an indication of what a small and large consortium look like.	The intention is to provide individuals with short term (6-12months) and small scale (50-150k) support in partnership with the NHS to position them for subsequent opportunities. It is not the intention to fully support clinical post-docs for extended periods of time.

Funding use:

Q. Will this award support health care professionals, e.g. nurses and midwives too? The call text focuses on 'clinical researchers' and is less clear about if/how health care professionals may also benefit.	RACR awards are open to registered and clinically active healthcare professionals who are planning to work in MRC core remit of research into human health and disease, from fundamental discovery science through to the development and testing of new diagnostics, therapeutic interventions and preventive measures, with mechanistic insight.
Q. Are NMAHPs eligible for this programme as well as doctors?	
Q. NMAHPS may find it more difficult to fit the strict alignment to MRC remit, how much scope is there for blurring this a little?	
Q. Can you clarify if NHS doctors "returning to research" have to have a research background, in which case does that mean they have to have a PhD?	We would usually expect clinicians returning to research to have a PhD or other research qualification. As a minimum, they should have significant research experience.
Q. How much time do you intend this award to buy out/ cover- £1.4M max is very small amount given paying for expensive doctors/ medics/ AHPs? How do you envisage this working especially when stretched across large academic consortia.	Consortia will have the flexibility to decide how best to address the career pinch points in their region and there is no one-size-fits-all as to how the funding is utilised to support clinical researchers. Whilst available funding is currently limited to £800K-£1.4m it is possible that funding levels could be enhanced further. The intention is to provide individuals with short term (6-12months) and small scale (50-150k) support in partnership with the NHS to position them for subsequent opportunities. It is not the intention to fully support clinical post-docs for extended periods of time.
Q. These funding suggestions of £50k-£150k for 6-12 months are unrealistic and will at a minimum not even cover salary costs	
Q. The expectation of developing pilot data and writing a Fellowship application within a 6–12-month period and a v. small amount of support seem unrealistic. Can I clarify: do you mean that salary support is at a maximum of 50%? i.e. we cannot fund someone full-time for a period?	
Q. Do applications/ consortia have to cover both critical career points or can we focus on one of the two based on our cohort/ the community we have in our region?	Consortia may choose whether to cover one or both of the critical career pinch points and there is flexibility throughout the award to decide where and how to direct the focus of activities.

Consortia partners and wider partnerships (project partners and ICFs):

Q. Please can you clarify what financial contributions are expected from project partners/ wider partnership? Are you looking for match funding here or not?	There is no fixed expectation about match funding from partners. The application should detail the partner input, whether that's cash or in-kind, to enable their contribution to the RACR consortium to be fully articulated. A collaboration agreement between all consortium partners is not needed at the point of application but you will need to submit a copy of your signed agreement to us within 3 months of the award offer, and before the award can start. (Nb. this overrides UKRI standard terms and conditions.) Part of the purpose of the agreement and specifically for NHS Trusts is to enable flexibility in the transfer of funds across the consortium. If industry partners will be involved in the consortium, please read and complete the Industry Collaboration Framework (ICF) section of the application.
Q. Do we need to have collaborative agreements in place with all project partners in advance of the application deadline?	
Q. The requirement for collaboration agreements, which can be hard work to get, disincentivises building a really big consortium	

Metrics:

Q. Where in the application do we include plans to scale?	In the resources and cost justification: If your award is scalable beyond the current available award range, please indicate the optimal maximum scale and what additional impact could be achieved at this higher scale.
Q. It might not be possible to demonstrate progress against all metrics in the mid-term review - will this be considered?	Applications should suggest the metrics of success you will use to benchmark the impact of the RACR, that can be reported, monitored and evaluated via annual reporting and as part of a midterm review. Narrative can be provided to explain where progress has not been made. We will engage with consortia throughout the award to explore what is working well and less well, and to encourage shared learning and best practice between consortia.
Q. Do we need to describe a pathway to permanence for each post, once the RACR money has been spent?	Consortia should outline how the support that individuals have been given has enabled them to remain research-active, but there may be a variety of routes to achieve this, depending on the chosen funding use.

Assessment process:

Q. How many will you take through to interview?	Typically we would look to take through 2.5 to 3 times the number of awards we expect to make, so somewhere in the order of 18 as a maximum

Available Funding:

Q. The funding is 100% FEC but do you expect institutions to charge or not charge overhead costs?	Indirect and estate costs are not eligible for RACR, as the scheme intends to build on existing activities and mechanisms with all costs paid as exceptions. Similarly, it is expected that consortia draw on existing mechanisms for administrative processes, with no or minimal additional administrative costs requested. Where additional administrative costs are essential, these must be included in the overall cost requested value and must not exceed £20,000 FEC.
Q. Could you explain a bit more about your caution around direct costs. Running costs are a major issue for early post-PhD clinicians	Funds can be used to cover a salary contribution (20-50%) to support protected research time as well as modest direct costs of specific research activities that cannot be met via the partnerships. Mobility activities within the partnership and training courses may be appropriate with strong justification. We would expect standard lab costs and consumables to be covered by the consortia partners.
Q. This will require a lot of admin on the host organisation, is there a reason MRC don't want to fund this?	It is expected that consortia draw on existing mechanisms for administrative processes, with no or minimal additional administrative costs requested. Where additional administrative costs are essential, these must be included in the overall cost requested value and must not exceed £20,000 FEC. Justification of these costs must be included in the justification of resources and will be considered as part of the assessment.

Context:

Q. Is this scheme basically the CARP scheme but for academic institutions to manage the admin?	Not directly - but learning from the CARP review and feedback to create a more flexible local mechanism to encourage clinicians to engage with mechanistic discovery research and be position individuals for long term success.
Q. Will there be a future call for new consortia?	There are no immediate plans for another RACR opportunity, so applicants are encouraged to submit to this current round.
Q. Is there any connection/touchpoints between this call and the current Wellcome doctoral programme for healthcare professionals, with regards to career pathways?	MRC are working with other funders to address the decline in clinical researchers in the UK. The RACR initiative was developed by MRC as part of our response, addressing gaps in support through focus on the critical career pinch points of clinical researchers at the post-PhD transition and clinicians returning to research after training

	or an extended break. There are no direct connection/touchpoints between this call and the current Wellcome doctoral programme for healthcare professionals.