



Efficacy and Mechanism Evaluation Programme

The Efficacy and Mechanism Evaluation (EME) Programme: A 10-year Impact Assessment

Closing date: 1:00 pm, 6th March 2019 (one stage straight to stage 2 application)

A call for applications to assess the impact of the Efficacy and Mechanism Evaluation (EME) Programme during its first decade.

The EME programme was set up in 2008 as a partnership between the MRC and NIHR to address a gap in funding for translational health research, as highlighted in 'A review of UK health research funding' (Cooksey, 2006).

The programme aims to:

- Evaluate whether interventions that have shown promise in early-phase applied research have the potential to make a step-change in the promotion of health, recognising the importance of results from studies that demonstrate no effect.
- Support mechanistic work and other opportunities for scientific advancement, such as methodological development within clinical trials.
- Provide a continuous pathway for the development and assessment of health interventions, including supporting the products of MRC-led discovery/exploratory research programmes, and NIHR early translational research as well as other technologies at a similar stage.
- Build research capacity and enable collaborations for translational research.

After its first ten years, the EME programme is inviting applications to conduct an independent review and evaluation of the impact of the programme in relation to these aims.

Applicants will want to note the programme's remit and context within the UK health research funding landscape.

The Medical Research Council (MRC) is also commissioning a review of the impact of its translational research funding, not inclusive of the EME programme. Combined with the findings of the successful project, this will contribute to our understanding around the measurable impact of funding translational research and will inform our future strategy.

Applications to assess the impact of the EME programme should

- Justify the impact model or conceptual framework used, and clarify how the preferred model or framework would reflect the characteristics, age, and stage of the EME programme;
- Be informed by the 'impact intentions' behind the creation of EME (as detailed below);

- Identify 'indicators' of impact relevant to EME and more broadly to translational health research across the UK, including within the Devolved Administrations;
- Consider the impact of both successful and unsuccessful awards and those with 'negative' outcomes;
- Represent excellent value for money; cost and time to delivery should be proportionate to the proposed work and applicants should refer to previous impact assessments of NIHR-funded programmes for guidance, e.g. HTA 03/67/01 and HTA 14/06/07.

It is the intention of the EME programme to appoint an independent advisory group to provide subject expertise throughout the project's lifetime.

Potential applicants are offered the chance to discuss this funding opportunity with a senior member of the EME secretariat via teleconference during the following times: 24th January, 09:00-13:00 and 31st January, 09:00-13:00. Please contact the EME Programme (<u>eme@nihr.ac.uk</u>) to request a time slot.

Applicants will submit a one stage application form that will be assessed by a subgroup of the EME Funding Committee. The final report will be published in the EME Journal and the NIHR website.

Appendix - Impact Intentions of the EME Programme

- Capacity building Creating research translators, enabling clinicians to understand research activities.
- Commissioning in areas of interest, importance and strategic need Supporting the MRC's and NIHR's strategic priorities and priority areas identified by the UK government/OSCHR; oversight of the translational research strategy.
- Considering new funding mechanisms ensuring adequate funding across the translational pipeline, including follow-on and seed funding.
- Iteration of proposals Using clinical knowledge to help shape proposals, rather than relying on the peer review model of basic science (at Board); a secretariat with the skills to assist unsuccessful applicants to develop areas of interest to the Board where proposals lacked specifics.
- Growth and efficiency Including e.g. funds leveraged, return on investment and cost savings within or outside of the NHS.
- Patient and population benefit clinical or intervention effectiveness (including safety); improvements in patient or population experience; translation of research evidence into practice.
- Pull-through of technologies Actively supporting the products of MRC-led discovery/exploratory research programmes, as well as other technologies at a similar stage with a potential for substantial gains in health care or in the understanding of disease.
- Recognising the importance of results from studies that demonstrate no effect.
- Scientific advancement including methodological development, generation of scientific knowledge and identification of further questions for research.
- Supporting the redesign of drug development proposal Including generating knowledge to assist future drug development (e.g. biomarkers or

endpoints as a proxy of efficacy); improving trial designs and clinical endpoints to increase efficiency; discriminating potential therapies at an early stage; support for conditional licensing for clinical use at the end of phase II.

 Working with industry and medical charities – including joint public and private funding and pre-competitive development (such as biomarker evaluation)

Applicants may wish to refer to '<u>A review of UK health research funding</u>' (Cooksey, 2006).

Important Information for Applicants to this call

Applicant eligibility

Researchers in England, Northern Ireland, Scotland and Wales are eligible to apply for funding under this Programme. We will consider funding an international contractor where the Chief Investigator and lead institution are based in the UK. If you have any concerns regarding your eligibility to apply we advise that you contact us before completing an application. We welcome applications from all sectors.

Collaboration and team expertise

Proposals should involve a multi-disciplinary team with appropriate skills and experience.

Project Management and monitoring of studies

The EME Programme retains the right to reassess project progress before subsequent stages of funding are released.

Your progress will be regularly monitored, comparing your submitted progress reports against your planned deliverables and milestones checked. These progress reports will be based on the project timetable and milestones, and will occur at approximately six month intervals. If you are late producing progress reports and a single draft final report of the expected standard for the EME Programme, we reserve the right to withhold payments as per the contract.

Governance and Regulation

Applicants will have to secure the required ethical approval.

Further Information

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public.