

Webinar Q&A for the Healthcare Technologies Translation Partnerships funding opportunity

26th September 2024

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Q1. Will the slides be available after the webinar?

We'll upload them as quickly as we can once the webinar has finished. They will be available from the funding opportunity web page in the "additional information" section.

Q2. Could a proposal involve developing multiple technologies all at TRL 2?

Each application should have a coherent research project. If the technologies can be combined or complement each other, then think about how well you can make the case for this project to the reviewers. If they really are different, the focus should be on one.

Q3. Could we apply for validation of implantation of a medical device in patients (where this is the most appropriate environment)?

Please see the information on the website about "proof of concept studies in healthcare": [Proof of concept studies in healthcare – UKRI](#). This is about proof that the technology works, rather than its medical effectiveness. Research projects funded by EPSRC can go to "first in human", but EPSRC does not fund clinical trials. Please consider the purpose – is it more about whether the technology or approach can work in that circumstance or about the biological or medical effects? Please ask yourself why you consider it necessary, and how it would add value through this particular funding route.

Q4. Does EPSRC aim to have a balanced number of applications across the 3 challenges.

In short, no. Balance can mean quite a few things, and across the challenges in our strategy is one way to consider it. We want to get the best outcome from our funding, taking on board the quality, fit to the call and the potential for impact. We will consider how diverse the applications are. Prioritisation will be based on the criteria and we don't have a formula, but we may have a final strategic discussion to inform the decision making process.

Q5. Does HTTPS require applicants to have had EPSRC funding previously?

No. This is open to applicants who might not have had EPSRC funding previously. However, if it does build on EPSRC funding, we're always interested to know and for a variety of reasons. If there is a relationship with previous EPSRC funding we'd appreciate your drawing it to our attention. This will not affect the assessment.

Q6. Can PPIE leads be a co-investigator or co-lead? Or Specialists?

Its standard eligibility, so if your PPIE lead is eligible to be a co-lead, then they can be listed as such. But we are mindful that many will not be eligible as co-leads and may have to be added as specialists. We are aligned with the arrangements being agreed across UKRI. This seems to be an area where much progress is being made at the moment. If you have a specific question, then do please drop us an email at healthcare@epsrc.ukri.org.

Q7. How does HTTPS dovetail with impact acceleration accounts?

This opportunity fits with the wider landscape and impact acceleration accounts (IAAs) are one aspect of that. IAAs tend to operate at a slightly higher "technology readiness level" than research grants, they are also generally a bit smaller than the average research grant and for initial exploration of impacts that

were not apparent at the outset of the EPSRC research grant. The IAA is something that you apply for within your universities after completion, or possibly during a successful award.

HTTPS is more significant support to really develop promising ideas towards deployment in a healthcare setting.

Q8. Can we describe what we consider to be product development? And where does proof of concept start to become product development?

Generally product development starts when you move out of the lab and start testing in more relevant scenarios and involving larger numbers of animals or patients.

For HTTPS please ask yourself whether there is new knowledge (research content) or whether this is about how to put existing knowledge into practice. There still needs to be some research content. We appreciate there may be a “grey area” where applying an approach or technology to a new problem means more development of the tech or approach so that it can work in that circumstance.

Multi-disciplinarity is welcome, provided a substantial element of the project is in engineering and physical sciences research (including information and communications technologies and mathematical sciences).

Q9. Does Konfer include clinical contacts?

Not specifically, we work primarily with universities and businesses. Although if healthcare providers

Q10. What's expected in the translation plan on further support? Is this support after the end of the project or support which will be sought during the project.

Both. The bulk of the work will be carried out during the research itself. But we want you to have a consideration and think about the onward steps. Obviously, flexibility is important, so we don't expect a plan which is set in stone. But we would like you to have shown that you have given this consideration, and thought about the criteria that you need to fulfil in order to access that support.

Q11. Could an application contain elements at “technology readiness level” 2 and at proof of concept?

Yes, it can do so long as the proposal itself is being used to accelerate translation.

Q12. Is software device development eligible for support?

Engineering and physical sciences includes information and communication technologies as well as mathematical sciences. Although the application of AI is different from research in AI and projects should have a substantial component in EPS research.

Q13. Can there be more than one commercial and industrial partner and do they need to be involved in terms of technology and funding?

We welcome there being more than one partner where it is appropriate for a project. The purpose is to inform the project and help you navigate the translation pathway.

You might involve industrial industry in a variety of ways. But if you want to call them a project partner, we would expect there to be contributions in some form. Project partners can provide in kind or cash support.

Q14. We have a technology which has been tested in patients. However, to make it effective we need to carry out fundamental neuroscience engineering studies. Would this be suitable?

It sounds like the keyword there is fundamental, and it obviously needs to fit within our window of being between establishing the EPS principle(s) and up to proof of concept. Anything that is too fundamental and too basic is out of scope for this opportunity. If in doubt, then please email healthcare@epsrc.ukri.org.

Q15. Could we see any examples of translation and PPIE plans.

We don't have a template or examples. You will probably have already thought about using your networks within your university or research community. We hope there's sufficient guidance in the call to allow applicants to construct appropriate plans that are relevant and meaningful for what they want to do and are appropriately resourced.

Q16. There are some questions about the requirement for a clinical or healthcare professional to be involved in a project.

We've deliberately not been prescriptive on the description of what a clinical or healthcare professional can be. It's anybody who can provide that insight of the end product or access to the end users. Who can perhaps provide a route to work with patient groups as well. It's about gaining perspectives from the people most likely to make use of the research outputs and doing so from the outset.

Q17. There's a question about whether the commercial partner needs to be a large established company

The project partners don't need to be large established companies. One of the components that you'll be assessed upon is the appropriateness of the partners for the project. This makes it project specific.

Q18. There's a question about whether there will be subsequent calls to this one or a planned cycle for calls in the future?

There are no firm plans at the moment. After the conclusion of this opportunity, we will review how it has gone and what the opportunity has enabled.

Q19. How might multiple applications from the same research group be treated, if both were deemed as fundable.

There is no restriction on multiple applications in the call, so they would be considered individually on their own merits.

A related question that sometimes needs to be asked is whether it makes sense for applications in similar subjects to be pursued as individual projects?

Q20. Does a collaborating company need to be UK based?

No, the company does not need to be UK based, but the benefit of having them on board, and the overall benefit and impact of the proposal needs to be felt within the UK. There can be benefits outside of the UK, but fundamentally and essentially, it needs to be felt in the UK.

Q21. Can a proposal span more than one of the three challenges in EPSRC's health technologies strategy? (ie prevention; prediction & diagnosis and; interventions or therapies)

Yes, absolutely. We have no restrictions on applying through multiple challenges.

Q22. Do clinical and healthcare professionals have to be partners or project partners or co-leads? Have we prescribed any specific role?

In short no – it depends on their involvement in the project. I think we've stated on the core document that clinicians and healthcare professionals can be co-leads, but they might be included in other roles too.

Q23. We have a question whether this funding call is exclusively on health technologies and not really on health predictive analytics.

It sounds like there may be a more detailed question underpinning this about scope and remit. We may need to see more about the project to answer fully. For questions about whether something might fit scope and remit, a description highlighting what the research content/new knowledge will be, aims, objectives and perhaps something about approach can be emailed to healthcare@epsrc.ukri.org.

Q24. Is market analysis or proof of market an eligible cost for the translation plan?

Yes, preparation for the actions beyond the end of the grant can be started (and costed) during the grant period, although they should not be the bulk of the application. The application should be primarily about the project that will be undertaken during the grant period.

Q25. What sort of percentage of outlines might you expect to continue to full proposals?

We can't gauge that until we know how many outlines we might get and how much the individual applications are asking for. The budget is fixed, but the potential demand is not!

We'd be looking for between 30-50% success rate at the full proposal stage and so it really depends on the numbers and size of applications that we receive. As we mentioned on one of the slides, we're looking to fund between 7 (if everyone applies for the max amount) and 20 (at the lower limit).

Q26. We have a question which is about how to include a business partner if their business is not in the EPSRC list.

We are not aware of a list that restricts project partners and do not expect restrictions to apply to this funding opportunity. Although universities will be aware of Trusted Research and Innovation ([Trusted research and innovation – UKRI](#)).

Q27. Is discovering new medicines in the remit of this call?

This is a funding opportunity offered by the healthcare technologies theme of EPSRC. Proposals must be appropriate for EPSRC. It may depend on the specifics of the application, but as for all proposals to EPSRC, there should be a substantial component of research in engineering or physical sciences (including information and communication technologies and mathematical sciences). To address any specifics about fit to scope and remit, please see Q23.

Q28. Should an application be about a technology? Or can it be a new software technique?

It will depend on what the project is about.

We get a lot of questions about, for example, artificial intelligence. Where it is developing new approaches and methods, then it is likely to fit well with EPSRC. Where it is simply applying existing methods to a new data set or a new problem, then it's not going to be appropriate for EPSRC. Where we see a need for more detail is generally where the approach or method needs to be developed in order to work in that circumstance. It will be specific to the project that you have in mind. Please ask yourself what will be new and what will be learned as a result of the project – would it be more about the disease/condition and how its responding (i.e. more medical)? Or would it be more about developing a new complex, open, scalable software environment? [Software engineering – UKRI](#). If still unsure, you can email healthcare@epsrc.ukri.org.

To address any specifics about fit to scope and remit, please see Q23.

Q29. Would anybody like to talk a little bit further about the kinds of research this call is targeting?

The opportunity is targeting the window between establishing the basic EPS principle(s) and proof of concept (ie technology readiness level 2-3½ and there are a couple of diagrams to illustrate that on the website: [Microsoft Word - EPSRC-1.docx \(ukri.org\)](#) and [Microsoft Word - EPSRC-2.docx \(ukri.org\)](#)).

Gathering medical data is not research in the engineering and physical sciences, but there is no limit on the proportion of time/effort or resource on various aspects of the research project.

As with all funding opportunities offered by EPSRC, proposals should be appropriate for EPSRC and include a substantial element of research/new knowledge in engineering or physical sciences (including information technologies and maths). If the research is largely about the pre-competitive tech/approach (new EPS) then its likely to be a good fit. If what will be learned is more about the diagnosis or treatment of a disease, then less so. For example, developing new EPS knowledge for application to a healthcare problem is fine, applying existing EPS knowledge (even quite cutting edge) is not. However, there can be some grey area where applying an approach or technology to a new problem means more development of the tech or approach so that it can work in that circumstance. Multi-disciplinarity is welcome, provided a substantial element of the project is in EPS research.

EPSRC goes to about “proof-of-concept” where this is validating the technology (not its medical usefulness): [Proof of concept studies in healthcare – UKRI](#) and does not fund clinical trials, although may go as far as “first in human”.

Applicants will want to bear in mind how their application will be assessed. An excerpt from the funding opportunity regarding the Outline Vision follows:

What the assessors are looking for in your response

Explain how your proposed work:

- effectually meets the strategic aims of the funding opportunity
- is sufficiently developed to apply for this scheme. Have you summarised the previous work and described how this will be built upon and progressed
- how the project will address a clear unmet health need within the health technology's challenge areas and what the proposed impact will be
- is of excellent quality and importance within or beyond the field(s) or area(s)
- has the potential to advance current understanding, generates new knowledge, thinking or discovery within or beyond the field or area
- is timely given current trends, context and needs
- impacts world-leading research, society, the economy, or the environment

Q30. Does the resubmission policy apply to this funding opportunity? If an outline doesn't make it through to the full proposal stage, could a research grant proposal based on that outline come in through our standard route?

Yes resubmission policy applies so that we will not accept a resubmission of a full proposal ([EPSRC policy on resubmissions – UKRI](#)). However, as the question highlights, there is a difference between an outline and a full proposal. An outline will not stop submission of a related full proposal to another opportunity. You will, no doubt, bear in mind that if it doesn't get through the outline stage for this opportunity there is no guarantee of any better fate through the standard route.

Any new proposal will have to meet the requirements and address the criteria for that opportunity.

Q31. Would accelerating the development of antimicrobials be covered in this call?

Again, this will depend on what the project is about and whether there is research in the engineering and physical sciences.