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QResearch Scientific Committee Meeting 23.09.20
Minutes
Teams

Attending: Julia Hippisley-Cox, Sarah Lay-Flurrie, Rebekah Burrow, Stavros Petrou, Paul Aveyard, Clare Bankhead, Katja Pfafferott (observer)

Apologies: Claire Meadows, Mike Walton

Chair: Rafael Perera

	ACTION
1 Welcome and apologies	
2 Minutes and actions last meeting Last meeting's minutes approved by the Committee.	
3 Matters arising None	
4 Update on recruitment to the Committee RB gave an update: 18 applications received, 11 long-listed, RP and JHC short-listing currently. Applications are generally high quality and from a diverse range of people and experiences. RP asked the committee for their opinions: How many members should we recruit? Suggestions were: two now, and have two in reserve, and, a minimum of two lay - which was agreed. Should they attend a meeting, review an application after interview and before we confirm their position? The committee thought they should. Should we treat lay and expert members differently? The committee thought we should offer training for lay persons where required in line with best practice guidance. Payment would be different, at INVOLVE rates via expense claims for lay.	
5 Applications process/content questions	

The Nuffield Department of Primary Care Health Sciences is part of the NIHR School for
Primary Care Research. Head of Department: Professor Richard Hobbs FRCGP FRCP FESC FMedSci

Athena
SWAN
Silver Award

RB asked the committee for their opinions:	
Should we keep the identity of reviewers anonymous to protect them from direct contact by the applicants? Should we include the completed peer review forms in our feed-back to applicants alongside the letter from the chair? We currently share completed peer review forms which include the names of reviewers. If applicants request more help from the committee to understand the reviewer's comments, would reviewers be happy for RP to meet applicants via video conference, and on their behalf explain the review comments?	
The committee suggested following the BMJ model - open peer review – due to our small numbers it is easy to work out who the reviewers are anyway. We should continue to dissuade direct contact in either direction. The committee agreed that reviewers do not need to be anonymous as they are trying to help research and enable discussion.	
Members said that it would not be ideal for applicants to attend committee meetings as it would make meetings much longer. They also thought organising a discussion between reviewers, chair and applicants would be appropriate. Members thought we wouldn't want to give all applicants with a revise and resubmit decision a meeting as there would be many.	
One member suggested the committee gives RB model answers where these are generated and RB could assist applicants by providing these. The committee agreed we should work towards model answers in the future. One member suggested that reviewers could be more specific in the changes and clarifications they request.	
The committee agreed that applicants should not be invited to committee meetings. But that decisions requiring major revisions should be given more chance to discuss the review. The committee was reminded of the optional and essential tags in the review template. One member suggested that we should try to prevent second revise and resubmit decisions by providing more guidance early, and that we could offer a meeting if an applicant said they didn't understand part of the review, or what was required of them.	
RP summarised the committee's decisions: we should try to avoid second revise and resubmit decisions by offering a meeting to applicants who say they need more guidance. This should be with the chair or vice-chair in the first instance, but later could include the reviewers if they were needed. Second revise and resubmit decisions may still occur.	
RB to create table of reviews/reviewers and decisions so we can monitor number of revise and resubmits.	
Do applicants need to formally request an extension if they can't respond in 30 days, or is it just polite? What should RB do with applications after a set time?	
The committee thought there was no need for a limit, and the review will just be carried over to the next SC meeting. It was suggested we might let the applicants know that a speedy response from them to the committee would benefit them. One member thought we could add a sentence to the response letter explaining that after 30 days reviewers might change etc. Another thought we should make sure any new reviewers had access to the first reviews. It was decided that we shouldn't add more information to the letter.	RB
Overall decision was not to have a time limit, and where a new reviewer had to be found, they should have access to the first review.	

RB to add all decisions to SOP	RB
6 Applications in progress OX7 – approve OX115 – revise and resubmit OX123 – approve RB to draft letters to applicants	 RB
7 Applications of which to be aware RB mentioned OX29, OX90, OX99 which are with the applicants awaiting their revisions and resubmission.	
8 Applications process/content questions (cont) RB asked the committee for their opinions: Do we want applications to contain exhaustive list of co-applicants and researchers, including those accessing the servers? Committee thought everyone who has access to data should be named. ISAC asks for everyone. Committee thought changes to teams to add, for example, a clinician for their expertise should not require an amendment. We were reminded that amendments to add staff to access data could go through the proportionate amendment review process. (Questions following committee training) Applications for research to be used for regulatory purposes may have demands on the protocol that don't fit with our usual expectations. Should we wait until we get one then work out how to deal with it? Agreed, won't know how to manage until we know what they look like. Different study types and designs can be poorly described. Should we trust reviewers to spot these? We should trust reviewers to correctly identify study types and designs. Should we consider making sample size calculations mandatory (as well as feasibility?) No, need depends on study design, for the reviewer to decide if one is required. Do the committee want to receive exhaustive lists of outcomes, exposures, covariates, inclusion criteria as part of applications? No, too demanding, committee couldn't do it themselves.	
9 AOB & Date of next meeting	

Next meeting 5th October, 2020 from 13:00-14:30	