NMRC'S CLINICIAN INVESTIGATOR / CLINICIAN SCIENTIST SALARY SUPPORT PROGRAMME APPLICATION GUIDE

Background

In line with Singapore's vision to be a preferred site for clinical research and clinical trials, NMRC has introduced a pilot programme to support contributions from Clinician researchers - Clinician Scientist / Clinician Investigator Salary Support Programme (CS/CISSP).

The pilot call for "Clinician Investigator Salary Support Programme (CISSP)" applications was launched in September 2010 to clinicians participating in existing NRF-funded clinical research projects administered by NMRC.

From 2014 onwards, the programme is renamed as "Clinician Scientist / Clinician Investigator Salary Support Programme (CS/CISSP)". The call for applications is opened to clinicians who spend between 10% to 60% time in research and is opened to all clinicians involved in competitively-funded research projects administered by NMRC.

Aim

The CS/CISSP aims to encourage more clinicians to participate in clinical research by providing funding for clinicians' research time. In recognition of support from the clinical departments for the clinicians' time and participation in clinical research, funding for salary support or full-time-equivalent (FTE) will be channeled to the respective clinical departments, with flexibility in using the funds to support clinical research in the department.

Eligibility

The applicant must be a Singapore Citizen or Permanent Resident, an SMC-registered doctor (MD/MBBS/BDS) and holding a clinical appointment in a local public health institution. All research must be conducted in Singapore at a public research institute, hospital/centre or medical school.

The applicant must be the clinician Principal Investigator (PI), co-PI or Co-I of the healthcare research projects which are competitively awarded and administered by NMRC and related to human subject recruitment.

The NMRC project must be have at least **a year remaining** at the point of call without a request for grant extension.

Applicants must spend **0.1 – 0.6 FTE** in the clinical research project.

PIs of National Health Innovation Centre (NHIC) grants with project start dates from 1 September 2019 onwards are eligible to apply for salary support of **0.1 – 0.30 FTE**. The applicant must also meet the rest of the CS/CISSP eligibility criteria.

Review Criteria

Applicants must complete the application form provided and provide a transparent, specific, and detailed account of their functions/activities and recruitment timeline. Applicants should also ensure that their requested FTE support tallies with the activities they indicate and that their requested period of support aligns with the project milestones of the tagged grant project.

Review will be based on an evaluation of the following:

- The reasonableness of the hourly estimates for specific functions
- The clarity of the functions/activities and whether the CS/CI functions could be better completed by others

Applications that fail to provide a detailed account of the time and functions/activities that would align with the requested FTE support would be deemed not fundable.

Administration of Funds

The funding of CS/CI's salary (including fringe benefits and allowances) will commensurate with the declared and approved FTE. The computation of the FTE funding will be based on CS/CI's Clinical Grade and the respective Annual Salary Cap as follows:

Table 1: NMRC Annual Salary Cap based on Clinical Grade

Clinical Grade	Annual Salary Cap
Senior Consultant	$300,000
Consultant	$200,000
Associate Consultant	$150,000
Registrar	$120,000
Medical Officer	$80,000

The Clinical Departments will be awarded consolidated funding amount for successful applicants within the department, based on approved FTE spent on research (i.e., within the grant period).

Upon award, the Heads of Departments (HODs), with assistance from the Host Institutions' Research and Development Offices (RDOs), will be required to submit the departmental plan detailing their planned use of the consolidated FTE funding to NMRC for approval. The plan has to be signed off by both the HOD and the respective RDO. RDOs must inform NMRC of any subsequent variation to the approved plan.

Fundable items that could be listed in the departmental plan include:

(i) "backfilling" of the CS/CIs' clinical duties;
(ii) expertise and scientific collaboration related to the clinical research project to include biostatisticians and bioinformaticians, site-monitoring, data analysis and management, and training of CRCs[1];
(iii) other research-related support costs that help in the clinical research project.

[1] The comprehensive list of expertise can be provided by SCRI at Annex B.

The items must be in accordance to NRF Fund Guide and NMRC Financial Regulation policy.

The funds are not to be used as direct monetary incentives to the CS/CIs or to cover any costs relating to routine clinical care/services.

For reimbursement of the CS/CIs' research time, the institution should submit claims via IGMS with supporting documents (e.g., CS/CIs' monthly pay slips), to NMRC on a **quarterly basis**. Consolidated funding of the approved research time/FTE support will be reimbursed to the respective CS/CIs' Departments through the Institution (i.e., on a quarterly basis).

Funding will cease together with the grant funding of the project. Should there be any extension of the grant, funding of the research time/FTE for the extended period will not be provided in line with the current policy of no-cost extension for all grants.

Audit Monitoring

Institutions and Departments are required to submit an **annual report** on the utilization of the funds received and provide justifications for any uncommitted funds.

Institutions and Departments are also requested to keep records that reflect the actual hours spent in the clinical research projects such as using **timesheets**. These records should be verified by the respective CS/CI, HODs and/or HR.

NMRC may conduct sampling audits and on-site visits to gather feedback from the CS/CIs to ensure that they have been given the support by their Departments and Institutions to carry out clinical research. Should there be any non-compliance with the policy, NMRC will inform the respective Head of Institutions (i.e., CEOs or Directors, and HODs) and future claims / applications from the Department under this programme may not be processed.

Application Procedure

Application is be submitted through the Integrated Grant Management System (**IGMS**) system.

IGMS Instructions

Please refer to the application guide on IGMS for instructions.

Late submission or revision to the submitted application will not be entertained after the closing date. Incomplete applications will be rejected.

Application Deadline

Please refer to the website for the deadline to NMRC. For internal deadlines in your institution, please contact your research office.

ANNEX A

Potential Functions of a CS/CI in a Clinical Research Project

Pre-experiment

- Development of protocol
- Recruitment of patients
- Training or management of clinical staff

During experiment

- Laboratory work
- Execution of clinical procedures
- Patient follow-up
- Training or management of technical staff
- Database-related work

Post-experiment

- Result analysis and write-up
- Manuscript drafting

ANNEX B

List of Expertise and Scientific Collaboration Provided by SCRI

i. Project Management
ii. Data Entry
iii. Data Management
iv. Data Analysis – primary and secondary analysis
v. Site Monitoring
vi. Design Protocol
vii. Develop Clinical Research Networks
viii. Medical Writing

Note:

- If PIs plan to collaborate with SCRI scientists in a multi-site protocol, the protocol must be developed in collaboration with SCRI. Support for SCRI time/effort to help execute the protocol must be written into the budget.
- The NMRC application and a written letter of collaboration must be included in the NMRC application.
- SCRI is a collaborator both before and after NMRC grant submission. Pre-submission time/effort will come from SCRI grants.
- SCRI does not provide services. It provides expertise and scientific collaboration. Collaboration/expertise is only provided to those who work with SCRI to develop the protocols.