

Do you consider non-emergency care research?

These grants are intended to fund research directly relevant to pre-hospital and facility-based emergency care. All emergency care is part of a continuum and touches upon the range of medical, obstetric, psychiatric and surgical specialities. However, we are looking for work which takes place within a country's emergency care system (or indeed contributes to the development of such a system) i.e. the system whose focus is initial evaluation, diagnosis, treatment, coordination of care for patients with time-critical illness or injury. We often receive high quality proposals which are much more aligned to a speciality and therefore are unlikely to be successful in competition with other good quality proposals with clearer emergency care relevance. If you are in any doubt, please get in touch and we can advise.

My whole study costs more than £5,000 - would RCEM part fund the project?

Part funding would be considered, especially if there is a natural subsection of the project which could be fully funded. If part funding is granted it will not usually be released until the rest of the funds are obtained, usually with a 6-month time limit.

How will my application be judged?

All applications are rated on the basis of importance to emergency medicine, quality of science, potential for leading to future funded projects, potential for research training within the applicant team and feasibility/contextual relevance. Overall value for money will be considered as will the clarity of the proposal.

I have an idea for a pilot project – is this type of research considered?

Pilot studies that have the potential to lead to a Grant Application to another major funders of emergency medical research will be considered.

I have a project in progress but would like to fund a sub-study – is it worth applying?

Worthwhile sub-studies can be considered.

I have run out of money from another source, but have not completed the project – is it worth applying?

In these circumstances it is unlikely that your application will be successful, unless a very good argument can be made about why the initial funding has not been sufficient.

Do you fund surveys?

Generally, surveys are less robust in terms of research methodology and would be unlikely to be funded unless they had appropriate justification.

Do you fund quality improvement studies?

We would not automatically reject a quality improvement study however it would very much depend how strong it was in its own right and also in comparison to other submissions in the grant round because the primary intention of this grant was not aimed at QI.

Do you fund setting up of data registries?

In general, we do not fund the setting up of registries as the sole purpose of the research grants. If it could be demonstrated to be an integral part of the broader question and there was a defined plan to use the funding to answer a research question, it might be considered.

I am intending to undertake a systematic review and would like to apply for the costs?

Secondary research may be supported however justification of funding would need to be very clear.

Which countries will the grant cover?

Using the latest [DAC List of ODA Recipients](#) our primary aim is to fund research in the Least Developed Country (LDC), Low Income Country (LIC) and Lower Middle Income Country (LMIC) categories. Upper Middle Income Countries (UMICs) are not precluded from applying, particularly those whose healthcare systems have been challenged by natural or man-made disasters or who are strongly projected to drop into the LMIC category. However, it is at the discretion of the panel to balance whether the application, in comparison to other submissions from LDC/LIC/LMICs, makes the case for addressing a specific need in developing emergency care.

Is there anything which could result in automatic ineligibility?

All proposals should stick within the page/word count as indicated on the application form or they risk rejection: we cannot guarantee screening of submissions and request for re-submission in the same grant round, so the responsibility lies with the lead applicant. If there is no co-applicant who is a member or fellow of RCEM then the application will not be accepted.

If my proposal is not successful, can I reapply?

If you are not successful you may re-apply in other grant rounds, clearly indicating this is a resubmission, however if you receive feedback and do not act upon it, we reserve the right to automatically reject the proposal without review (as time will have already been spent reviewing and making suggestions). It is possible that an application is deemed unfundable but the panel believe there is potential for revision and re-submission within the same round, in which case this will be fed back and a hard deadline for revision will be given (usually in the region of 4-6 weeks). If the deadline is not met and/or the areas of concern are not addressed sufficiently then the revision will almost certainly be rejected at that point except in very exceptional circumstances (any extensions request to deadlines would need to be very clearly justified). Further resubmission in later grant rounds would usually be permitted however feedback would very clearly need to have been taken on board.

How are the grants administered?

We encourage all applicants where possible to list a local academic institution who will administer the grant funds. Alternatively the local hospital employing the applicant can perform the same role. If this is not possible, a recognised national emergency medicine society may be able to support in this role.

The use of an NGO to administer the funds should be avoided, but if deemed absolutely necessary will require RCEM to undertake due diligence and cannot be guaranteed to be approved pending the outcome. We discourage applicants to apply without an administering organisation because this will require the applicant to spend out of pocket and the process of claiming back funds can create significant delay.

It should be noted that any organisation taking on the role of administration can be costed to a maximum of 10% of the total grant. In 2023, this 10% would need to be encompassed within the £5000 total grant budget. We are in discussion for future years as to whether we can accommodate the 10% beyond the £5000 total.