

BHIVA/ViiV Implementation Science Scholarships

Guidance notes and FAQs

The BHIVA/ViiV Implementation Science Scholarships 2022 are supported by ViiV Healthcare and administered by BHIVA. Scholarships are available up to a maximum of £25,000 per award and smaller awards are welcome.

Successful UK-based BHIVA members from any discipline will be supported to deliver an implementation science project and have the opportunity to be trained in implementation science methodology. To apply, applicants must be current BHIVA members.

Implementation science is the study of methods and strategies to promote the adaptation, adoption and integration of evidence-based practices, interventions and policies into routine health care practice and settings. Implementation research is based on the principles of implementation science and seeks to address the challenges and barriers associated with the implementation of interventions to enhance the quality of patient care. Thus, these scholarships will fund projects based on these concepts, and that are focused on understanding what, why and how an intervention would work in the 'real world'. Such interventions could be a practice, service, programme or policy. It could also be a new diagnostic tool or treatment that has been licensed, but not yet widely implemented. Examples of such projects may include supporting patient testing in acute medical settings by educating staff, texting patients to reduce DNA rates or improve adherence, implementing patient held note systems, using cards or other prompts to reduce drug-drug interactions. Projects looking at anticipated or actual changes in service delivery, testing, and administration or monitoring of antiretroviral therapy (including injectable antiretrovirals) are also encouraged.

Consider and ask yourself the following questions to help you decide if your study is implementation research:

- Does the research clearly aim to answer a question concerning implementation?
- Is there a clear description of what is being implemented (for example, details of the practice, programme, or policy)?
- Is the research conducted in a “real world” setting? If so, has the context and/or target population been described in detail.
- Does the research appropriately consider implementation outcome variables (such as acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage, and sustainability)?
- Does the research appropriately consider context and other factors that influence implementation?

If you are unfamiliar with the concept of implementation science or research, and still uncertain if this is the right scholarship for you, then have a look at our **FAQs below** for further useful information.

Please consider the above and propose an intervention to be delivered and evaluated according to implementation science principles. Projects should be based on experience in your local environment. Funds can also be used by successful applicants to undertake a short (one or two days, usually) training course in implementation science if required. This is strongly suggested if this is the first implementation science project the applicant has undertaken and costs and intention to do so must be stated in the application form.

Where possible, the results of the project should be submitted to a future BHIVA conference for presentation as well as considered for publication in a peer reviewed journal.

You do not need to be an expert in implementation science to apply for funding.

Applications will be judged on the following criteria:

- Novelty
- Importance and potential impact on patients
- Likelihood of success
- Value for money
- Sustainability of the implementation after the project ends.

Success will be defined as completion of the proposed Implementation Science project within implementation science frameworks with an abstract submitted for presentation at the BHIVA meeting as well as published in a peer reviewed journal.

Funding

Projects will be funded as follows: maximum of two awards of up to £25,000 and five awards up to £10,000 per scholar to cover project costs as well as attendance at a short implementation science course, if required. Applicants will be expected to detail how their project can be delivered within the stated amounts.

Information

If you require further information or wish to discuss a potential application please contact the Chair of the Judging Panel, [Prof Maryam Shahmanesh](#) or the Chair of BHIVA Education and Scientific Subcommittee, [Dr Tristan Barber](#).

FAQs

- 1) ***What is the difference between implementation science and research?*** Although the two terms go hand in hand, they are slightly different, as implementation research is research that applies the principles of implementation science.
- 2) ***Is there a difference between the methods used in implementation research and other research?*** Yes! As with other research it starts with the research question, but it is less specific in nature and covers a wider range of interventions in different, but real-life settings.
- 3) ***What should I consider when planning an Implementation Research Project?*** After deciding on the question to be addressed, you should consider and answer the following:

- a) Who your population of interest is? This could be the users, providers or other target audiences.
 - b) What intervention are you adapting or implementing? This can include any strategy to support a clinical or public health strategy- it could be policies, programmes or individual practice
 - c) Do you have a comparator?
 - d) What 'real- life' outcomes do you want to achieve? This could be health related or implementation outcomes such as acceptability, adoption, appropriateness, feasibility, implementation cost, coverage and sustainability
- 4) **What method can be used to answer the research question?** Consider using implementation science frameworks (see below), or the principles of adapting and evaluating complex interventions.

The following articles and resources introduce implementation science and frameworks to develop and evaluate complex interventions:

<https://www.bmj.com/content/374/bmj.n2061>

<https://www.bmj.com/content/347/bmj.f6753>

<https://www.bmj.com/content/372/bmj.m3721>

<https://implementationscience.biomedcentral.com/submission-guidelines/aims-and-scope>

<https://www.fic.nih.gov/About/center-global-health-studies/neuroscience-implementation-toolkit/Pages/methodologies-frameworks.aspx>

<https://impsciuw.org/implementation-science/research/frameworks/>

- 5) **Are research participants selected for implementation interventions?** No, unlike other forms of research, inclusion and exclusion criteria are kept to a minimum. Participants are often a target population for the said intervention. This is preferred as it is more reflective of real-world settings and gives a better understanding of who the intervention has reached or helped the most. *For example, if a HIV service is introducing a new clinical service to support cervical and STI screening, as well as contraception and/or hormone replacement therapy uptake in women living with HIV, the target population would be all women living with HIV in the HIV service.*
- 6) **Who are the beneficiaries of implementation research projects?** The beneficiaries are widespread across the health system and can include Health Care Professionals, Government Stakeholders, Patients, Members of the Public, Policy Makers and NGOs.
- 7) **Is implementation science based on the production of new knowledge?** No, implementation science and research, is mostly based on the implementation of interventions that have already been proven or predicted to be effective in a real-world setting. These can be strategies to support a clinical or population/public health strategy – it can be policies, programmes or individual practice. See some examples below:

A new long-acting HIV Pre-Exposure Prophylaxis Injectable licensed in Country Y, after showing effectiveness in RCT's, but with different monitoring requirements to oral

PrEP would need some key implementation research questions to be addressed before it can be rolled out successfully. These may include:

'What practical things need to be done to adapt the service to provide it, and meet the new monitoring requirements?

- *Which groups will benefit the most from the introduction of long-acting PrEP?*
- *Does it widen access to PrEP?*
- *What are the user and provider experiences of this new service?*
- *What are the real-world adverse events that lead to discontinuation?*
- *What are the cost and resource implications for scale-up?*

An HIV service plans to add a woman only adolescent and young person's clinic to improve sexual well-being and contraception uptake: Some implementation research questions that can be asked include:

- *Does the addition of a woman's only clinics improve the uptake of contraception and STI screening in adolescent and young women living with HIV in the service? If it does, then the research would also need to explain how and why it was done. In addition, it would need to explain how the intervention was adapted to the context, resource and cost, as well as the user and provider experience*

Evaluate the real-world implementation of a new digital PrEP clinic for patients stable on PrEP, with annual face to face visits, using 3 monthly HIV/ STI self-sampling and pharmacy delivered refills. Implementation research questions to be considered here include:

- *How will this be implemented in existing PrEP delivery services?*
- *What practical things need to be done to implement the digital service?*
- *Does it widen access or improve retention?*
- *What are the user and provider experiences of this new service?*
- *What are the cost and resource implications for scale-up?*

8) **What are some other examples of implementation interventions?** Use of job aids, provider education, outreach clinics to improve coverage and quality of immunisation, a clinical process to reduce HAI's on ITU (QIP), etc.