

Research and Development at Barts and The London:

Joint Research Strategy 2010-15

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Foreword by John Gribben, Joint Director of Research

This new strategy places Barts and The London on a sure footing to develop further our research aims and objectives further over next five years. The strategy has been constructed with the help and support of our many partners and stakeholders both internal and external.

The new strategy builds upon the first joint strategy adopted by the organisation in 2004, the year that our Joint R&D Office (“JRO”) was formed.

The intention now is to build upon past successes and focus on improving both our research performance and the quality of our research, understanding that the reputational rewards we gain from delivering excellence invariably results in greater strategic and financial rewards.

This is again a time of opportunities and challenges in research and development, in an increasingly dynamic field. Our new strategy focuses on maintaining the impetus achieved over the past five years, learning lessons from our past performance and reacting to changes in our research environment.

Delivering this strategy needs the committed engagement of our researchers, management, partners and stakeholders. We will endeavour to work closely with all members of our research community to deliver the vision for research, set out in this strategy paper, over the next five years.



Professor John Gribben F.Med.Sci.

Joint Director of Research, Barts and The London School of Medicine and Dentistry, Barts and The London NHS Trust, January 2010

1. Executive Summary

Background

- 1.1 The existing Joint Research and Development Strategy for the Trust and School of Medicine and Dentistry expired on the 1st January 2010. In order to replace the strategy and set the scene for the next five years, a paper was presented to the Trust Board in July 2009, setting out some thoughts on what the new strategy might address. In September 2009, a second paper was presented to the Trust Board, setting out a timetable for a Trust/College- wide consultation on the future strategy.
- 1.2 The consultation process was launched on 29th October and closed on the 18th December 2009. The final draft of the Strategy document was presented to the College's Senior Management Team in early March 2010 and The Joint Clinical Research Board later in the month and accepted by both groups.
- 1.3 It was submitted to the Trust Board in January, but put back for discussion until April, when it was decided to fully review the document in June; when the Trust had time to consider this strategy, in line with those other strategic elements of the total Trust Strategy with which it would mesh. In the meantime the Trust Board approved its objectives for 2010-11, which include some key elements of progress required relevant to research.

Goal and achievements

- 1.4 Our overarching goal over five years is to be recognised as a research centre of excellence, operating at international level.
- 1.5 In support of that mission we need to do five things:
 - Adopt standardised processes for research and development management throughout our region, working in close collaboration with the National Institute for Health Research;
 - Ensure that we recruit assertively in key areas of existing research and support the developments of further strength in defined areas;

- Promote wider collaboration between our organisations and our partners and stakeholders in North East London;
- Become an Academic Health Sciences Centre, almost certainly through a partnership with an existing centre (unless policy in London suggests that a fourth AHSC is viable); and
- Successfully bid for a Biomedical Research Centre status at the next Department of Health Call for proposals.

Focus on strengths and continuous review

- 1.6 The strategic objectives for the next five years focus on building on the Trust and Medical School's existing strong research profiles in North East London to promote and develop greater collaborative working within the area. Providing leadership in undertaking translational research, research governance and management and the construction and submission of applications for major, sector-wide initiatives were felt vital to the delivery of the joint key aims.
- 1.7 Of equal importance is the need to focus on the research strengths of both organisations and the identification of potential areas of growth. This will require the continuous review of research infrastructure, including identifying areas that require investment in plant, people or enhanced training and development.

Managing delivery

- 1.8 In order to implement the strategy and manage the delivery of the key aims an operational plan will be developed to monitor progress and adapt, should this be necessary, to the quite probable changes to national strategy and funding that can be expected over the five years in which the strategy will operate. In order to do this, we will have to achieve a range of goals including:
- Effect greater collaboration. A partnership forum will be established, to develop and implement collaborative working arrangements in NE London, with a focus on multidisciplinary research in the local community that addresses the needs of patients from diverse linguistic, educational and cultural backgrounds
 - Facilitate the transfer of best practice in research governance between partner organisations, adopting where possible common

processes and procedures that will reduce to a minimum, the time taken to initiate partnership research.

- Continuously develop our systems and procedures to facilitate the delivery of high quality research projects. In particular the processes in place for internal and external peer review will be revisited to ensure that they meet the needs of the organisations quality assurance systems.
- Develop processes that will enable our partner organisations to react swiftly to sector-wide or individual calls for proposals from our principal funders. This will include setting priorities for capital bids, establishing partnerships for major grant rounds (e.g. BRC or AHSC) and developing processes for rapid reaction to new initiatives from the DoH, NIHR, Research Councils and other major funders.
- Continue the drive to develop further the existing close working relationships between its Clinical Academic Units and Institutes, by facilitating the translation of basic research activities into healthcare practice.
- Focus and build upon the research strengths of both organisations in discovery and exploratory research and the application and delivery of that research into practice and identify areas of potential growth that will help the partnership meet the objectives of this strategy.
- Work to identify areas that require enhanced infrastructure to improve research performance and develop specific initiatives that will aid individual research teams to meet their planned objectives.
- Review the process for achieving the high quality levels expected in the partnership to ensure that application, at local level, of effective peer review possess has been implemented.
- Restate the partnerships' commitment to research excellence through training, assessment and continuous development and improvement.
- Develop mechanisms to identify potential opportunities for major strategic funding and by a variety of mechanisms, including targeted strategic investment and pump-priming, be in a position to exploit major funding opportunities as they arise.

2. Introduction

- 2.1 In 2004 Barts and The London produced its first five year Strategy for Research and Development (“the Strategy”). At that time the Joint R&D Office (“JRO”), servicing Barts and The London NHS Trust (“BLT”) and Barts and The London School of Medicine and Dentistry (“SMD”), had just been formed. The Strategy was designed to cover a five year period from 2004-9. The joint Strategy achieved and indeed exceeded many of the objectives that were set at a time of considerable change in the national and international research arena.
- 2.2 In the last five years the SMD and Trust have worked very well together, developing and implementing a Joint Research and Development policy that has delivered on all its principal objectives. This new strategy is designed to ensure that the core partner organisations remain aware of and engaged with the changing research environment.
- 2.3 Once again our partnership faces a range of opportunities and challenges, many of which are quite new as the UK research environment proceeds through a period of radical and rapid change.
- 2.4 Research and Development is now an increasingly dynamic sector. There are more players and stakeholders than there were in 2004, as both the public and commercial sectors have diversified. In addition, a new national strategy “Best Research for Best Health” was implemented from 2006 and the National Institute for Health Research (NIHR) has been established, introducing new performance based methods of funding research in the Health Service. There are also, of course, new pressures on budgets and heightened expectations to deliver best practice and value for money as the focus shifts to translating research into practice through patient participation in research. This can best be achieved within the framework of improving health within North East London by working with our partner Hospital Primary Care Trusts and other Higher Education Institutions within this network.
- 2.5 The higher education sector is also changing in terms of the methods it uses to evaluate research quality and how, in future, institutions are to be funded. A metrics based approach to evaluation will be introduced and this mirrors, in many respects, the approach that has

been adopted by the NHS to measure research inputs and outputs and allocate funding on an activity basis.

- 2.6 This all creates a challenging, if somewhat unpredictable, context for taking forward our objectives over next few years.
- 2.7 This strategy focuses on maintaining the impetus achieved in the last five years, addressing areas that will impact on the partnership in the next five years and articulating again the core objectives we now seek to achieve. The Strategy needs to be delivered in an era of multiple funding sources for research. It must also be in keeping with newly designated Clinical Academic Units and plans for a successful future bid for Academic Health Sciences Centre status.

3. Key Strategic Aims 2010-15

- 3.1 The initial joint strategy was created to achieve two key objectives to:
- Bring together, enhance and standardise R&D planning
 - Promote closer working relationships between the BLT and SMD.
- 3.2 Although a significant amount has been achieved in these areas, the drive to improve planning and partnership working will continue for the foreseeable future. However, the remit will be broader over the next five years and the drive to promote partnership working must include objectives to:
- ***Adopt standardised processes for research and development management throughout our region, working in close collaboration with the National Institute for Health Research.***
 - ***Promote wider collaboration between our organisations and our partners and stakeholders in North East London.***
- 3.3 Both the SMD and BLT recognise the importance of organisational profile and formal recognition in an environment where the allocation of resources is increasingly focused on the “Centre of Excellence” concept. The organisations have already begun the process of developing their reputation as a centre of excellence, through the Cardiovascular Biomedical Research and Experimental Cancer Medicines Units and its portfolio of major NIHR grants. In order to maintain our partnership’s excellent research performance over the past five years two new key strategic aims will be to:
- ***Achieve Academic Health Sciences Centre status when an opportunity to next apply presents itself.***
 - ***Develop the partnership, by attracting funds for additional Biomedical Research Units and other structural grants, to the level required to successfully bid for a Biomedical Research Centre status at the next Department of Health Call for proposals.***
- 3.4 The first five year Strategy achieved and indeed exceeded many of the objectives that were set at a time of considerable change in the national and international research arena. In setting objectives for the period covered by this strategic document, the continuing relevance

of these original objectives will be considered and if they are still relevant incorporated into the new aims for the next five years.

4. Strategic Objectives 2010–15

Developing Partnerships in North East London

- 4.1 The close partnership that exists between the BLT and SMD needs to extend its scope in conjunction with other bodies and individuals in North East London. This will involve taking forward its vision and those of its major research partners of remaining one of the UK's leading research establishments.
- 4.2 From past experience. There is a natural leadership role for Barts and The London in delivering excellence in healthcare in North East London, and indeed beyond. We believe that there are and will be considerable opportunities to build on such recent achievements as the outstanding results of the RAE, the MHRA review of Barts and The London of 2008, and the establishment of our clinical units and partnerships.
- 4.3 Clearly it must be our strategy to lead partnerships within the area and extend our network with other HEIs and Trusts, including PCTs. PCTs are so important to the picture because they have the vital direct links to patients and to GPs who are key to enable better research translation. Research may start at a basic or academic level, only later translating into change at grass roots and enhance best practice. What works here can, and often does, have a real impact nationally and internationally.
- 4.4 Both BLT and SMD understand the need to strengthen links across the sector to provide a focus on the population that it serves, particularly in developing research programmes that address local needs. The aim will be to develop partnership working with our Strategic Health Authority, PCTs and primary care networks and other providers within North East London.
- 4.5 The importance of collaborating closely with our local networks will be key to sustaining growth and generating income through the various national funding schemes. BLT, as Lead Trust for the North East and North Central CLRN, The NE London Cancer and Diabetes Networks and in its capacity as Joint Lead of the Medicines for Children's network, will work to reinforce the strong relationships that it has already made with these networks. The partnership will also

strive to increase its interface with the Primary Care and Stroke networks over the term of this strategy.

- 4.6 The SMD and BLT have worked hard to develop mechanisms to involve patients in the design and direction of research activities and will continue to seek to learn from the experience that our patient population has obtained during its interface with the Trust, in planning future research programmes.
- 4.7 It is recognised that a large section of our workforce, particularly Nursing, Midwifery and Allied Health Professions (NMAHPs) and our clinical scientists and Technical staff will need to align with HEIs that excel in specific professional fields. The objective of the drive to effect greater collaboration will be to engage in productive relationships with a wide range of HEIs and NHS providers with a view to encouraging our staff to pursue a diverse range of research activities. The partnership fully supports the objective of increasing its involvement in multidisciplinary research over the next five years.
- 4.8 It is therefore proposed that we adopt a new objective to:
- ***Effect greater collaboration. A partnership forum will be established, to develop and implement collaborative working arrangements in NE London, with a focus on multidisciplinary research in the local community that addresses the needs of patients from diverse linguistic, educational and cultural backgrounds.***

Developing Joint Research and Development planning processes

- 4.9 Developing strategic coordination in key areas within an overarching framework of best practice is vital. Good governance and proven management skills create an environment that fosters further research and continually reduces risk.
- 4.10 At Barts and The London we believe that successes in the past few years, set out above, have created an environment of co-operation and co-ordination. We are now benefiting from this and it is only appropriate that we make available the fruits of our experience and developed best practice to promote healthcare research across North East London and further, where appropriate. We have clearly developed areas of expertise and leadership, those are our future strengths. In particular the strategic aims will be to:

- **Facilitate the transfer of best practice in research governance between partner organisations, adopting where possible common processes and procedures that will reduce to a minimum, the time taken to initiate partnership research.**
- **Continuously develop our systems and procedures to facilitate the delivery of high quality research projects. In particular the processes in place for internal and external peer review will be re-visited to ensure that they meet the needs of the organisations quality assurance systems.**
- **Develop processes that will enable our partner organisations to react swiftly to sector-wide or individual calls for proposals from our principal funders. This will include setting priorities for capital bids, establishing partnerships for major grant rounds (e.g. BRC or AHSC) and developing processes for rapid reaction to new initiatives from the DoH, NIHR, Research Councils and other major funders.**

The importance of translational research

4.11 Without diminishing the importance of basic research, it is recognised that the NHS and DH, along with many other research funders, place a high priority on research which most easily translates into improved practice, treatment resulting in improvement in outcome and changes in practice..

4.12 The translational path is well known:



4.13 Undertaking translational research, including producing the final evidence base and communicating the related change, has to figure highly in the strategy of any serious R&D department. BLT and SMD working together have demonstrated their commitment to both clinical and basic research. This has become a vital part of the

Trust's healthcare mission and QMUL's growing academic success story.

4.14 There is also, of course, a financial side to this growth. Success in securing research has steadily increased related income, both as "returnables", i.e. grants, publications, overhead revenues, and revenue generation, in terms of recouping patient costs, drugs, imaging etc. Success in hosting innovative translatable research generates new patient referrals and in turn leads to the organisation being a recognised centre of excellence. The strategic objective will be for the partnership to:

- ***Continue the drive to develop further the existing close working relationships between its Clinical Academic Units and Institutes, by facilitating the translation of basic research activities into healthcare practice.***

Research Focus

4.15 A key part of growing success will be building on the existing proven strengths. We believe that the research undertaken at Barts and The London fits into two streams. These streams can be defined as "Discovery and Exploratory" and "Application and Delivery".

4.16 In the first category, Discovery and Exploratory, there is logically an SMD lead, whilst in Application and Delivery there is a Trust lead. The following table illustrates where clinical and research themes fit within this framework:

Discovery and Exploratory (SMD lead)	Application and Delivery (Trust Lead)
Genetics/genomics Structural biology Imaging Systems medicine Global health Ageing: lifecourse Stem cells Infections Population science	Programmes in: - Applied research Research for Patient Benefit Invention for Innovation Service Delivery and Organisation

4.17 Barts and The London believes that it has identified some clear areas of excellence that can be built upon. These include, but are not restricted to:

- Modelling – diabetes, hypertension, stroke, age related disease, cancer
- Biomarkers – Alzheimer’s, cancer, depression, CHD
- Methodology – e.g. molecular pathology,
- Stem cells
- Imaging, molecular imaging and medical devices technology

4.18 Where the partnership recognises that there are areas of research that could be enhanced or grown, it will work to develop plans, through targeted investment, to broaden the range and scope of activities that we are engaged in. It will encourage individual Institutes, Divisions, research centres and CAUs to develop local strategies that will work within the framework of this over-arching strategic plan.

4.19 Strategically the objective will be to:

- ***Focus and build upon the research strengths of both organisations in discovery and exploratory research and the application and delivery of that research into practice and identify areas of potential growth that will help the partnership meet the objectives of this strategy.***

Capacity Building

4.20 Recognising the importance of translational research does not reduce the need for a continued commitment to basic lab, clinical and population research. A vital element to this strategy must be capacity building. Building capacity to undertake research in the right environment by the right people is crucial.

4.21 To achieve this, targeted initiatives will be necessary to identify and alleviate bottlenecks in proactive and efficient ways. Not only will infrastructure need to be assessed and enhanced, but research methodology must be subject to peer review and scrutiny. In this respect the processes in place for internal and external peer review will be re-visited to ensure that they meet the needs of the organisations quality assurance systems.

4.22 It must be recognised that research excellence requires a commitment to continuous training and assessment; to continuous development and improvement. Strategic objectives in this area will be for the partnership to:

- ***Work to identify areas that require enhanced infrastructure to improve research performance and develop specific initiatives that will aid individual research teams to meet their planned objectives.***
- ***Review the process for achieving the high quality levels expected in the partnership to ensure that application, at local level, of effective peer review processes has been implemented.***
- ***Restate the partnerships' commitment to research excellence through training, assessment and continuous development and improvement.***

4.23 In recent years the SMD and BLT have successfully worked together to build infrastructure that supports its research programmes. In addition to the extra resources that have been obtained from the local networks, the organisations have developed two registered clinical trial networks and is a hub of the London Research Design Service. The organisations will work to integrate the services these units provide with the wider support offered by the Joint R&D Office. In addition, the Trust has indicated its agreement to develop a wider support service in the JRO and it is intended that a new section will be established, within the first year of the new strategy, to assist researchers to write grant, ethics and regulatory body applications and clinical trial set-up. This unit will ensure that the concept of a "one stop shop" is realised in the JRO.

4.24 The partnership will continue its drive to create new capacity by focusing on training and development, the provision of research fellowships and the drive to increase the number of PhD studentships in the SMD. It will retain its training programmes in all aspects of research governance, undertaking to re-design its courses to maximise their effectiveness in translating theoretical concepts into practice.

Targeted Financial Initiatives

4.25 We believe there are three main categories for the potential targeting of financial initiatives: One-off capital opportunities, strategic investment and pump-priming.

One-off capital opportunities

- 4.26 These include funding streams advertised by the NIHR. These often seem to come with very little opportunity for preparation time and consideration of strategic relevance. They present themselves as opportunities, financially and in terms of potential cache, and we feel obliged to compete; unless we are in a position where we are unable to bid, for instance because we do not have relevant expertise or time or resources to complete an application. A real problem with these opportunities is that even when we have led applications that are worthy of funding we were not selected because only one bid was going to be provided to BLT. . We have to identify the best strategy to maximise success in these bids to increase our capacity and strategic needs.

Strategic investment

- 4.27 There is therefore a need for a strategic thinking to develop a framework which enables us more easily to sift which opportunities to which we should aspire.. This involves strategic investment in equipment, infrastructure, appointments, and in recurrent and capital expenditure. That would help ensure we have resources available in our areas of expertise and to have identified those areas of expertise within which we feel confident to bid for those one-off opportunities.

Pump-priming

- 4.28 Finally, there is the issue of establishing priorities for “pump priming”. These might be areas where we feel we have some expertise, but not enough back up to secure larger programme grants, CTU status, etc. This could be for various reasons, such as insufficient statistical analysis of research results, a lack of time to publish or communicate outcomes, insufficient attention to research governance procedures, data security etc.
- 4.29 Our strategic objective here will be to :
- ***Develop mechanisms to identify potential opportunities for major strategic funding and by a variety of mechanisms, including targeted strategic investment and pump-priming, be in a position to exploit major funding opportunities as they arise.***

Ongoing objectives

4.30 Many of the Objectives set for 2004-9 have been met but most remain relevant to the future. Some remain matters for continuous reassessment and improvement, particularly in relation to the provision of meaningful assessment information, performance metrics and setting benchmarks for future performance in terms of improving our research profile and portfolio. Thus the following strategic objectives will remain in force throughout the new strategic term:

- ***Improve research funding from external research funders including The NIHR, Research Councils and AMRC biomedical charities.***
- ***Attain high quality assessments under the new REF (HEFCE) performance measurement system with measurable improvements to individual ratings and to improve the research output of NHS researchers. The SMD will work to maintain its position as one of the top five UK medical schools and to aspire to be the top medical school in the UK.***
- ***Provide the necessary resources to develop effective clinical trials facilities, patient databases, and management and information systems for clinical research and appropriate research infrastructure for basic and translational science research. This will include improving the synergy between the Research Design Service, Clinical Trials Units and the services offered by the Joint Research and Development Office.***
- ***Be compliant with the research governance framework across both institutions, maintaining and continue to improve the high levels of research governance and quality control that are currently in place across the Trust and SMD.***
- ***Provide first rate support for all aspects of grant applications and administration and through the Joint Research Office, ensure that efficient support is given to all researchers in an effective and appropriate fashion.***
- ***Encourage innovation and exploitation of intellectual property and to effectively market both institutions as innovative and forward thinking organisations.***

- ***Actively recruit and retain the highest quality research active staff for both academic and NHS positions. To develop a joint recruitment programme and to establish robust communication structures to ensure optimal filling of vacancies and new posts.***
- ***Provide training in basic and clinical research for new and developing investigators, and to develop further clinical research fellowships and PhD studentships.***
- ***Establish performance indicators for NHS staff as well as academic staff, and monitor and manage their achievement.***
- ***Continue to improve the peer review process and establish efficient systems for metrics assessment.***
- ***Implement best practice in informed consent by patients from linguistic, educational and cultural backgrounds.***

Annex: Barts and The London's R&D Strategic Objectives 2010-15

- (i) Adopt standardised processes for research and development management throughout our region, working in close collaboration with the National Institute for Health Research.
- (ii) Promote wider collaboration between our organisations and our partners and stakeholders in North East London.
- (iii) Achieve Academic Health Sciences Centre status when an opportunity to next apply presents itself.
- (iv) Develop the partnership, by attracting funds for additional Biomedical Research Units and other structural grants, to the level required to successfully bid for a Biomedical Research Centre status at the next Department of Health Call for proposals.
- (v) Effect greater collaboration. A partnership forum will be established, to develop and implement collaborative working arrangements in NE London, with a focus on multidisciplinary research in the local community that addresses the needs of patients from diverse linguistic, educational and cultural backgrounds.
- (vi) Facilitate the transfer of best practice in research governance between partner organisations, adopting where possible common processes and procedures that will reduce to a minimum, the time taken to initiate partnership research.
- (vii) Continuously develop our systems and procedures to facilitate the delivery of high quality research projects. In particular the processes in place for internal and external peer review will be re-visited to ensure that they meet the needs of the organisations quality assurance systems.
- (viii) Develop processes that will enable our partner organisations to react swiftly to sector-wide or individual calls for proposals from our principal funders. This will include setting priorities for capital bids, establishing partnerships for major grant rounds (e.g. BRC or AHSC) and developing processes for rapid reaction to new initiatives from the DoH, NIHR, Research Councils and other major funders.

- (ix) Continue the drive to develop further the existing close working relationships between its Clinical Academic Units and Institutes, by facilitating the translation of basic research activities into healthcare practice.
- (x) Focus and build upon the research strengths of both organisations in discovery and exploratory research and the application and delivery of that research into practice and identify areas of potential growth that will help the partnership meet the objectives of this strategy.
- (xi) Work to identify areas that require enhanced infrastructure to improve research performance and develop specific initiatives that will aid individual research teams to meet their planned objectives.
- (xii) Review the process for achieving the high quality levels expected in the partnership to ensure that application, at local level, of effective peer review processes has been implemented.
- (xiii) Restate the partnerships' commitment to research excellence through training, assessment and continuous development and improvement.
- (xiv) Develop mechanisms to identify potential opportunities for major strategic funding and by a variety of mechanisms, including targeted strategic investment and pump-priming, be in a position to exploit major funding opportunities as they arise.
- (xv) Improve research funding from external research funders including The NIHR, Research Councils and AMRC biomedical charities.
- (xvi) Attain high quality assessments under the new REF (HEFCE) performance measurement system with measurable improvements to individual ratings and to improve the research output of NHS researchers. The SMD will work to maintain its position as one of the top five UK medical schools and to aspire to be the top medical school in the UK.
- (xvii) Provide the necessary resources to develop effective clinical trials facilities, patient databases, and management and information systems for clinical research and appropriate research infrastructure for basic and translational science research. This will include improving the synergy between the Research Design Service, Clinical Trials Units and the services offered by the Joint Research and Development Office.
- (xviii) Be compliant with the research governance framework across both institutions, maintaining and continue to improve the high levels of

research governance and quality control that are currently in place across the Trust and SMD.

- (xix) Provide first rate support for all aspects of grant applications and administration and through the Joint Research Office, ensure that efficient support is given to all researchers in an effective and appropriate fashion.
- (xx) Encourage innovation and exploitation of intellectual property and to effectively market both institutions as innovative and forward thinking organisations.
- (xxi) Actively recruit and retain the highest quality research active staff for both academic and NHS positions. To develop a joint recruitment programme and to establish robust communication structures to ensure optimal filling of vacancies and new posts.
- (xxii) Provide training in basic and clinical research for new and developing investigators, and to develop further clinical research fellowships and PhD studentships.
- (xxiii) Establish performance indicators for NHS staff as well as academic staff, and monitor and manage their achievement.
- (xxiv) Continue to improve the peer review process and establish efficient systems for metrics assessment.
- (xxv) Implement best practice in informed consent by patients from linguistic, educational and cultural backgrounds.