

Joint Research Management Office Research News Bulletin

Issue 119

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The Research News Bulletin is edited by Nick Good ~ nicholas.good@nhs.net

The JRMO is moving to Department W

The JRMO is on the move again, this time we are leaving Whitechapel for Queen Mary's new [Department W](#) building on the Mile End Road.

Our tenure at Empire House, always a stop-gap, will end with September. With the move to Department W, we will begin a new regime of agile working; with staff sometimes in the office, sometimes out at Trust or University sites, working with research colleagues, sometimes working from home.

Department W is an exciting new space with plenty of break-out areas and the latest equipment for collective working and team gatherings.

The former Wickham's department store on the Mile End Road in Whitechapel is one of London's more notable architectural oddities.

In the 1920s its developers were unable to secure a crucial piece of the site – a three-storey house and shop occupied by a jeweller, Spiegelhalter's – which consequently interrupts the rather grand Beaux-Arts façade

as you can see below. Spiegelhalter's is now preserved as the building's entrance.

[Ian Nairn](#), the author of Nairn's London and other guides, described it as "the best visual joke in London – a perennial triumph for the little man, the blokes who won't conform."

When we are in Department W we can be found on the first and second floors. As ever, a full list of JRMO contacts – both generic and individual - is available on the [JRMO website](#).

Please bear with us as adjust to new technology, including switching desk phones over to softphones (on PCs). You may find that the easiest way to contact people remains by email. In addition, some staff are still working from home almost permanently although we anticipate that will change over the next couple of months as the external situation develops.

Staff with access to the Queen Mary's Connected pages can find more information about Department W and new ways of working plus photographs and an FAQ, [online](#).



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Updates and guidance for our researchers on matters relating to research and the Covid-19 virus can be found [on the JRMO website](#)

£64 million funding to strengthen UK clinical research delivery

In June the Government set out details of the [first phase of activity to ensure research will have better health outcomes](#) and allow more patients to be involved in, and benefit from, research of relevance to them.

Activity over the coming months will include development and trial of new Covid-19 treatments and vaccines, making UK clinical research delivery easier through more rapid ethics reviews and faster approval processes, boosting clinical research capacity with more virtual and remote trials and increasing diversity and participation in research in communities traditionally under-served by research. The key to this is digitising clinical research processes to allow researchers to find patients, offer them places in trials, and monitor health outcomes.



Over the last year, the UK's research efforts fighting Covid-19 have reinforced the vital role clinical research plays in the health of the population. Continued development of new Covid-19 treatments and vaccines will ensure a front-footed approach in tackling the virus.

This is a first step and the Government has committed to building on this to deliver a research ecosystem that positions the UK as a global leader in cutting-edge clinical research. With research embedded across the NHS, the UK can become a global leader in trials for new treatments and technologies. More information is available on the [Gov.UK website](#).

Health data collection and use – why it's important and how it is protected

The use of patient data in research is in the public eye at present. The NHS Data Strategy, published in the summer, aims to build an understanding of how data is used and allow patients more control over their data. And NHS Digital's General Practice Data for Planning and Research (GPDPR) aims to allow the collection of patient data from GPs for planning and research. As you may have seen, [the HRA welcomed the decision](#) to delay the implementation of GPDPR while NHS Digital takes time to engage with patients, health care professionals and the public.



There are many organisations – 'data guardians' – that enable and safeguard the use of patient data in research. And it can be hard to understand who does what. We've brought together information on why this data is important to research and the organisations that safeguard your data.

More information about this is available on the [HRA website](#).

Learning from the pandemic

Applied Research Collaboration (ARC) North Thames has published a new blog covering the role of research evidence for policy in uncertain times.

The [NIHR ARC blog](#), written by ARC PhD researcher Sarah Lester, is concerned with the role that evidence and research play in public health decision-making. In the blog she explores how research evidence was used to inform the short-term Covid-19 policy response.

Take part in the census for Registered Clinical Research Nurses and Midwives

The NIHR 70@70 Senior Nurse and Midwife Research Leader Programme has created a brief survey which will take a few minutes which will help them identify how many registered research nurses and midwives there are across England, Wales, Scotland, Northern Ireland and the Republic of Ireland and their specialties.



This survey is relevant to all registered research nurses or midwives regardless of employer and including health and social care settings. It does not matter whether you are funded by the NIHR or not, and we would like to hear from you whether you work as a research nurse or midwife full or part-time.

The survey aims to understand the true size of our research nursing and midwifery workforce through self-reporting of those within this community. To take part please follow [this link to the Census for Registered Clinical Research Nurses and Midwives \(google.com\)](#).

The census closes on Sunday 31 October 2021.

Barts Health Group Clinical Services update

As of this month the Trust's Imaging, Clinical Pathology, Pharmacy and Clinical Physics have devolved to site-level leadership. However, the research arm of GCS remains unified across sites with a central leadership team and unchanged operational functions. The reporting line for the Research Director, Prof Anju Sahdev, remains to the Barts Hospital leadership team. There will be some co-dependencies across the site directorates but it is hoped that this model will best continue to support and advance the Trust's R&D agenda. Questions about research GCS provision should be directed to Prof Sahdev: a.sahdev@nhs.net

The results are in for the North Thames Patient Research Experience Survey 2020-21



A fantastic 95% of adults said they would take part in research again, while 94% of children and young people up to the age of 15 said they would also be part of a research project again given the opportunity.

Almost all adults (98%) said that NHS research staff treated them with courtesy and respect, while 95% of children under seven said that they found the research materials easy to understand.

The statistics come from the 2020/21 Participant in Research Experience Survey (PRES), an annual survey of research participants coordinated by Christine Menzies, Patient and Public Involvement and Engagement Manager at CRN North Thames.

More than 2,300 adults took part in the survey in 2020/21, while more than 80 children and young people responded. [To read more visit the NIHR website.](#)

JRMO Research Governance Team changes

In July Tumi Kaminskas joined as Research Governance and Performance manager, replacing Shafa who left in the Spring. Rahela Ali also joined the team in July as a Research Management and Governance Officer. Sadly Marria Khan has left the team this month.

And last, but not least, Mays Jawad will be off on maternity leave shortly. We wish her the very best of luck with the birth and hope she enjoys the time with her new baby.

As always, details of all current team members can be found on the [JRMO website](#).

HRA combined review update

The HRA recently announced changes to the combined review system for Clinical Trials of Investigational Medicinal Products (CTIMPs). Now both sponsors and applicants will be able to manage the end-to-end lifecycle of the combined review through IRAS – from application through to amendment, safety reporting, end of trial notification and submission of summary results.

From 31 August users of the combined review service will benefit from the following improvements:

- [Submission of Urgent Safety Measure \(USM\) notifications via IRAS](#)
- [Submission of End of Trial \(EOT\) notifications via IRAS](#) – this includes UK and Global EOT date (MHRA and REC), Early termination (MHRA and REC) and Clinical summary results (MHRA only)
- [Updates to amendment functionality](#) - Functionality has been added to provide the sponsor amendment reference number and sponsor amendment date and applicants will no longer need to select which regulators to submit a substantial amendment to; the appropriate regulatory review will be determined by the type of document that is being submitted with substantial amendments.
- [MHRA Acknowledgement letter available in IRAS](#)
- [Increased flexibility to submit supporting documents when responding to a Request for Further Information \(RFI\)](#) - Applicants will be able to respond to requests for points of clarification and provide updated

or additional documents requested by the REC as part of the RFI process.

This improved functionality will mean that all of the approved documents will show on the IRAS dashboard when the application is approved.

More detail about these changes will be published in the [HRA's step-by-step guidance](#).

Make It Public

Work is continuing to deliver the HRA's Make It Public strategy. Plans were delayed by the ongoing pandemic but they are still working to ensure trusted information from health and social care research studies is publicly available for the benefit of all. The HRA will publish an updated [implementation timeline](#) shortly.

Later this year, the HRA plans to hold its first transparency conference and publish the first annual transparency report, bringing together examples of best practices and like-minded professionals, patients and the public who are committed to transparency in research. Look out for more information and the dates for our conference in the coming weeks. If you have any questions or would like to sign up to receive the latest updates about our transparency work, please get in touch at research.transparency@hra.nhs.uk

At the same time, European Union member states have agreed that standards for the protection of personal data in the UK are sufficiently high that such information can continue to flow between the EU and the UK. For more information on that see the HRA's technical bulletin, [HRA Now](#).

Standard Operating Procedure changes

Since the last R&D News Bulletin was published, the following SOPs and associated documents have been updated and released:

- SOP 16a - Data protection for research studies v7.0
- SOP18a - Study closure sponsored regulated studies 6.0
 - Associated Document 1: EudraCT results upload flowchart 2.0
 - Associated Document 2: EudraCT Upload Guidance 2.0

- SOP 18b - Study closure for sponsored interventional and research studies and all hosted studies
 - SOP 19 - Annual Progress Reports v1.0
 - Associated Document 1: APR and DSUR Template Emails v1.0
 - Associated Document 2: Sponsor Oversight Annual questionnaire v1.0
 - Associated Document 3: Progress Report Guidance for JRMO reviewers v1.0
 - Associated Document 4: DSUR Template v1.0
 - Associated Document 5: DSUR cover letter template v1.0
 - SOP 26a - Site level PV and safety reporting CTIMPs and ATIMPs v14.0
 - Associated Document 1: Pharmacovigilance Definitions v1.0
 - Associated Document 2: SAE form v9.0
 - Associated Document 3: Pregnancy reporting form v4.0
 - SOP 26b - PV and safety reporting for sponsored Interventional and Research studies v4.0
 - Associated Document 1: Interventional and Research Studies SAE reporting form v3.0
 - SOP 26c - Pharmacovigilance (Sponsor and CI) v3.0
 - Associated Document 1: RSI Guidance v1.0
 - Associated Document 2: ReDA instructions to log safety events v2.0
 - Template 1: AESI form template v1.0
 - SOP 34a - Researcher training v8.0
 - Associated Document: SOP reading log v2.0
 - SOP 38a - Use of Computerised equipment in clinical research v4.0
 - Associated Document 1: Computer system survey v1.0
 - Associated Document 2: Electronic-Health Records Validation Audit Checklist v1.0
 - SOP 38c - Computer System Validation for Interventional and Research Studies 1.0
 - Associated Document 1: Interventional and Research Studies Validation Form v1.0
 - Associated Document 2 Database guidelines for Computer System Validation for Interventional and Research Studies v1.0
 - SOP 41a - JRMO Oversight of CTG or Study Specific SOPs v5.0
 - Associated Document 1: Statement of Compliance Report v4.0
 - SOP 43 - Laboratories v1.0
 - Associated Document 1: Minimum requirement for laboratories v1.0
 - Associated Document 2: Laboratory Set-Up Checklist
 - Associated Document 3: Laboratory file checklist
 - Associated Document 4: Specimen transfer log v1.0
 - Associated Document 5: Specimen destruction v1.0
 - Associated Document 6: Laboratory Close-Out Checklist v1.0
- Guidance documents released
- JRMO e-TMF guidance v1.0
 - JRMO Guidance document on seeking consent by electronic methods v1.0
- All JRMO SOPs can be found [on the JRMO website](#).

Our research

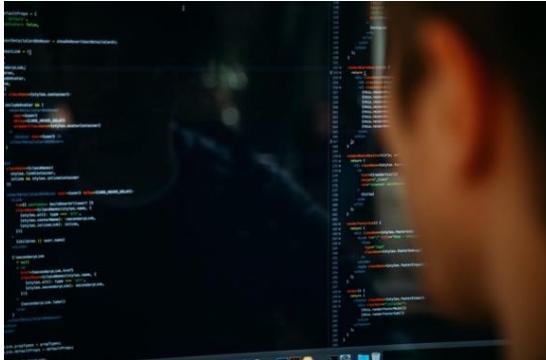
AI at Barts Life Sciences spares patients limb amputation

Thousands of diabetes patients could be spared a limb amputation thanks to ground-breaking AI technology that has helped [Barts Life Sciences \(BLS\)](#) identify people at risk from complications. It would have taken a clinician over a hundred years to review the volume of data that new AI technology being developed by BLS can complete in a few weeks, from start to finish.

This is one of the projects being carried out at BLS as part of CAP-AI, a pioneering research programme in AI, placing healthcare in east London at the forefront of the AI and technology revolution.

[CAP-AI](#), London's first AI-enabling programme, focuses on stimulating growth in the capital's AI cluster using machine learning to deliver innovative healthcare and services to improve outcomes for patients. Barts Health NHS Trust and Queen Mary University of

London, supported by Barts Charity, have come together to help accelerate the latest healthcare innovations from bench to bedside in a powerful partnership called Barts Life Sciences.



The Trust deployed new AI technology, supplied by Clinithink, to scan 14.2 million documents to find patients with diabetic foot disease, a potentially serious complication of diabetes. Software trawled through medical records and notes to find 30% more patients with diabetes and 375% more patients with diabetic foot problems, making it easier for clinicians to schedule earlier treatments to save feet and limbs from amputation.

"Attempting this scale of analysis manually would have been frankly impossible," said Dr Charles Gutteridge, chief clinical information officer at Barts Health. "Theoretically it would have taken one clinician over a hundred years to review that volume of documents. Not only does AI technology help us find patients who we couldn't otherwise find, but it also saves precious clinical time. This is a first and most important step in being able to treat many patients earlier than would have been possible using a manual process to find them and preventing the serious complications that may result in amputation."

In the next phase of work planned by Dr Sophie Williams, the lead research data scientist for the Barts Health team, the characteristics extracted by the software, along with input from other sources, will be used to determine whether this approach can predict which patients are most likely to develop the severe complications associated with diabetic foot disease (DFD). Diabetes is the leading cause of non-traumatic limb amputation in the UK with all the consequential costs implied both for patients and the NHS. It is estimated that there are over 3,00 patients with DFD in London alone.

Life sciences combines research, innovation and technologies to transform health and care services and brings together research, health and industry to spark new ideas and innovations in a powerful creative cycle. This technology and how it's benefitting patients and clinicians at Barts Health was [featured on news](#).

Ophthalmology Research news from 'BORG'

Barts Ophthalmology Research Group (BORG) is producing a quarterly Newsletter for Newham, Whipps Cross and the Royal London ophthalmology Teams.



BARTS OPHTHALMOLOGY
RESEARCH GROUP

The June edition included research from our departments around the world, publications, presentations, posters and prizes won internationally by the ophthalmology team. This included information on Heidelberg Spectralis teaching academy. To revisit previous training or find out the technique of taking an autofluorescence scan, you can watch a [YouTube training film](#). The training provider, Heidelberg, also delivers a series of instructional films that can be accessed any time through [Heidelberg Engineering Academy online training](#).

The next edition of the BORG newsletter will be out on 1 October. If you would like to submit any entries for the next newsletter or would like to write a piece for it, please contact samanthagordon1@nhs.net.

Action on health inequality in Pakistani and Bangladeshi communities

Social Action for Health (SAfH) and Queen Mary University of London are calling on Bangladeshi and Pakistani communities to take part in the world's largest genetics study into people of their heritage, to help scientists understand and treat the causes and consequences of poor health.



People of Bangladeshi and Pakistani origin have some of the highest rates of heart disease, type 2 diabetes and poor health in the UK. SAFH, a health inequality and community development charity, wants people to act to change this and is working with Queen Mary to promote the biggest study in the world researching genetics in people of Bangladeshi and Pakistani heritage. With the tagline #OurGenesOurHealth, they hope that British Bangladeshi and Pakistani people can be part of the movement making medical studies representative of those that will benefit most.

Improved imaging through radiomics biomarkers

Current methods of imaging the heart do not capture in full the complexity of the heart's architecture. To truly understand how the heart changes with disease, we need to be able to capture images of the heart in much greater detail.

Work by Dr Zahra Raisi-Estabragh at the William Harvey Research Institute, mentored by Prof Steffen Peterson and working in close collaboration with the University of Barcelona and the MRC Lifecourse Epidemiology Unit, University of Southampton, has led to the development of a new image analysis toolkit called radiomics.

This new technique allows the extraction of very detailed information about the shape and texture of the heart, beyond what is available from conventional image analysis. Early studies, by our group, suggest that the new information generated by radiomics analysis may improve our ability to identify important diseases and has huge potential to improve our ability to diagnose and predict heart diseases quickly and accurately.

The research study, [Genes & Health](#), aims to help fight against major diseases. A [video](#) features children filmed in their own homes highlighting the diseases they are more at risk of developing and making a plea to their community to give five minutes of their time to provide a once in a lifetime saliva sample and fill in a short form to help change their future. This will contribute to breaking the cycle of health inequality, improving medications and treatment and increasing representation of these groups in medical research improving health and life chances for future generations.

Research made possible by Genes & Health volunteers is already making a difference. For example, data from Genes & Health has helped show that one of the reasons some British Bangladeshi and British Pakistani people have very severe covid-19 is because an inherited genetic risk factor is four times more common in the South Asian community.

If you are 16 and over, of Bangladeshi, British-Bangladeshi, Pakistani or British-Pakistani heritage, and can donate a saliva sample, please [visit the SAFH website to register your interest](#).

In a large study of healthy participants from the UK Biobank, adjusted for body size and age differences, it was observed that compared to women, men had larger more spherical hearts and less bright and less texturally complex architecture of the heart muscle. These are new findings, previously unreported. The study proceeded to review risk factors such as diabetes, high blood pressure, high cholesterol and smoking and found that, broadly, all of the risk factors were linked to a less bright and less texturally complex architecture of the heart muscle. A separate study, in almost 20,000 UK Biobank participants, observed that higher intake of red and processed meat (dietary habits previously linked to poorer heart health) was also linked to a less bright and less texturally complex appearance of the heart muscle - a pattern of associations similar to that seen with vascular risk factors and male sex. Therefore, it seems that the radiomics measures may be reflecting a common disease process linked to the unhealthy risk factors studies.

The next stages for this research will aim to ascertain whether radiomics models can provide incremental analysis for disease discrimination and enhanced prediction over conventional image analysis measures and clinical variables.

The British Heart Foundation funded this research. Further information on [cardiovascular research at the William Harvey Research Institute can be found online](#).

Queen Mary professor receives prestigious Dentistry Gold Medal



The International Association for Dental Research (IADR) has announced Professor David Williams, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, as the 2021 recipient of the IADR Gold Medal Award.

Professor Williams was recognised during the Opening Ceremonies of the virtual 99th General Session & Exhibition of the IADR.

Professor Williams' principal research focus is on the causes and consequences of the oral health inequalities that exist both within and between countries. This led to the establishment of a global initiative that set priorities for research that can lead to a reduction in oral health inequalities. [More information can be found online](#)

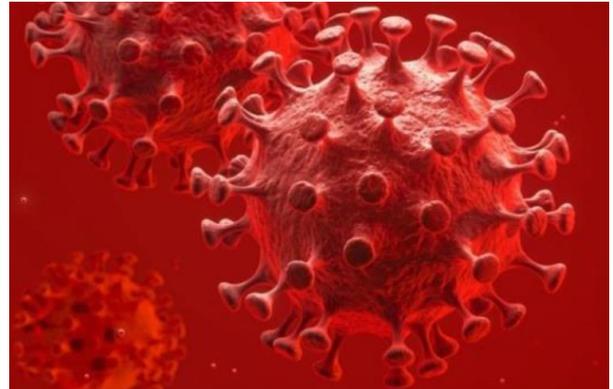
New Insights into Uncontrolled Inflammation in Covid-19 Patients

Research led by Queen Mary University of London provides new insight into the mechanisms that lead to uncontrolled inflammation in Covid-19 patients.

In a recent study, published in the journal [Circulation Research](#), scientists discover how the production of protective molecules known as specialised pro-resolving mediators (SPM) is altered in patients with Covid-19.

The results suggest that treatments that increase SPM production, such as dexamethasone or SPM based drugs, could play a key role in limiting inflammation in these patients.

Currently, there is little understanding of the mechanisms that lead to uncontrolled inflammation in patients with Covid-19.



The study found a link between decreased SPM blood levels and disrupted white blood cell responses in patients with a higher disease burden. The findings also revealed that dexamethasone, the first drug approved for the treatment of patients with Covid-19, increased the levels of these protective molecules in these patients. Furthermore, treatment of white blood cells with SPM improved their function and reduced the expression of molecules linked to the spread of inflammation.

Understanding these mechanisms will help provide new leads into the development of treatments to limit disease severity in patients with Covid-19. The [full article is available on the Queen Mary website](#)

Researchers successfully identify new gene variants that cause hypertension in pregnant women

An international study, led by researchers from Queen Mary University and Barts Health has found a unique pair of gene variants that causes sudden onset high blood pressure in pregnant women.

The research was funded by Barts Charity, the British Heart Foundation, and the National Institute of Health Research, through their Biomedical Research Centres and the Efficacy and Mechanisms Evaluation programme, a

partnership with the Medical Research Council.

Hypertension (high blood pressure) affects 30% of adults. Most cases are caused by a combination of inherited and acquired factors that require long-term treatment to prevent the complications of stroke and heart attacks.



For 10% of people with hypertension, a specific cause can be found and removed. The most common cause is a tiny benign nodule in one of the adrenals. These are glands near the kidneys that produce steroid hormones. The hormone aldosterone stimulates the kidneys to retain salt and hence increase blood pressure. As a result the condition known as primary aldosteronism typically leads to a type of hypertension that is resistant to conventional drugs and is linked to an increased risk of stroke and heart attacks compared to other patients with hypertension.

Over the years, a research team at Queen Mary University of London and St Bartholomew's Hospital has found several gene variants which cause the production of high levels of aldosterone from small adrenal nodules. Their latest study, published today in the journal [Nature Genetics](#), is the discovery of a new type of primary aldosteronism caused by the coincidence of a unique pair of new variants that always occur together. The patients are predominantly women, who present with sudden onset of high blood pressure and low blood potassium in the early months of pregnancy.

In partnership with Prof Christina Zennaro, Inserm Research Director at the Paris Cardiovascular Research Center, and colleagues in Paris, it emerged that the new variants switch on a receptor molecule in the adrenal cells which recognises the pregnancy hormone Human Chorionic Gonadotropin (HCG), the same as is measured in routine pregnancy testing – and that the receptor molecule triggers a surge of aldosterone production.

[Prof Morris Brown](#), Professor of Endocrine Hypertension at Queen Mary University of London said: "What was particularly satisfying is that recognition of the cause of hypertension in these women enabled them to complete a successful pregnancy, and that afterwards they were completely cured of hypertension by a procedure to remove the adrenal nodule and were able to stop all their drugs."

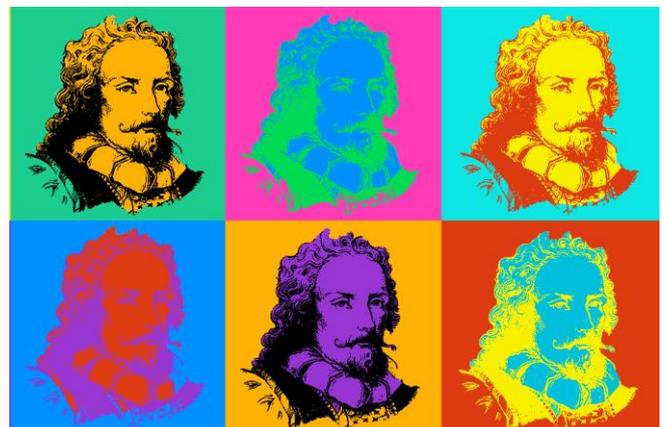
For more information please see the [research paper](#).

Events

William Harvey Day 2021

All our researchers and research staff are invited to join the upcoming [William Harvey Day 2021](#). This annual research conference will be taking place online with an expanded format for three days between 19-21 October.

Each day will be dedicated to a key research theme: Discovery Science, Population Health and Translational Medicine.



This year, in addition to attending keynote lectures and seminar sessions, attendees can join several interactive workshops organised by colleagues from across Queen Mary such as the Business Development team, SMD EDI Committee and the Alumni and Engagement team.

There are three external speakers lined up to deliver the event's keynote lectures. Their shortened bios are included below and you can find their full profile on the William Harvey Day 2021 website.

We hope you will be able to join us at the event. Registration is free and students can claim CPD points for attending the event. [To register please follow this link](#)

Training

JRMO research governance training

New dates for the various JRMO GCP-related for 2021-22 have been announced:

JRMO Good Clinical Practice for September to December 2021

- GCP003: Good Clinical Practice (GCP) Refresher, 15 September, 2-4 pm
- GCP 013A: Governance Training Course - Data management and databases split over two sessions, 22 September, 2-5 pm
- GCP003: Good Clinical Practice (GCP) Refresher, 14 October, 2-4 pm
- GCP002A: Good Clinical Practice GCP Full course Split over two half days, 20 October, 2-6 pm
- GCP001: Good Clinical Practice for Lab staff, 27 October, 2-5 pm 00
- GCP008B: Good Clinical Practice for non-CTIMP research split over two half days, 16-17 November, 2-4.30pm
- GCP003: Good Clinical Practice (GCP) Refresher, 25 November, 2-4 pm
- GCP002A: Good Clinical Practice GCP Full course Split over two half days, 6-7 December, 2-5 pm
- GCP003: Good Clinical Practice (GCP) Refresher, 9 December, 10 am-noon

Barts Health staff and Queen Mary staff and students should book research governance training using the [Queen Mary CPD online booking system](#). Please note you will need a Queen Mary email address to do this. NHS users, without a Queen Mary ID, please contact Rhona Atkin, Clinical Trials Facilitator on Rhona.atkin@qmul.ac.uk to book your place.

JRMO courses are also open to staff working on NIHR portfolio studies across North Thames free of charge and to external

participants for a fee. Individuals in either group should contact research.governance@qmul.ac.uk for course details and fee information.

Please note the following:

- New users need to register before booking (select the register button on the site and follow the instructions) with a Queen Mary email address
- All users will be asked to select an appropriate course
- Please ensure that you read the details of each course and meet the description of the target audience;
- Select a date and course to meet your needs
- Once you have made your booking, you will receive an automated email to confirm your place
- We can only accept booking through the above route

More detail on all these courses is available on the ['What training do I need' webpage](#).

The Human Tissue Act and its implications for research

This course provides an overview of the human tissue legislation in the UK and the role and importance of the Human Tissue Authority (HTA). This course is for research staff and students who need to be trained to take consent for research studies, and to understand the rules governing the use of human tissue, set out in the Human Tissue Act, before working with human tissue and/or data.

Dates are Thursday 7 October 2-3 pm and Thursday 11 November 2-3 pm

To book, Queen Mary users can register via the Queen Mary [CPD booking system](#) or contact Katie Ersapah (k.ersapah@nhs.net) or Rhona Atkin (rhona.atkin@qmul.ac.uk) to register.

WFC Training

[WFC](#) can offer all their training opportunities virtually. They offer a selection of training, education and workforce development courses on a bespoke basis only - select the topics you'd like to cover, and we will build you a tailor-made course to suit your team directly, at no extra cost.

[Contact WFC](#) to discuss your bespoke needs for 2021.

Recent courses that have been delivered include:

- Clinical Investigations of Medical Devices - Sponsor responsibilities
- The regulatory implications of Brexit for Clinical Research
- Understanding and applying AcoRD principles (Including the use of the SoECAT and NHS England ETC process)
- Informed consent for research
- Clinical protocol development
- Principles of clinical research involving human subjects
- Effective sponsorship of research

ARC North Thames Academy: Economic Evaluation Online introductory course

NIHR ARC North Thames is offering a new online course that will provide a unique opportunity to develop economic evaluation skills with leading trainers, irrespective of previous experience.

This flexible that runs online from 1 November to 10 December 2021 is self-paced. It will act as an introduction for frontline health and care staff who need to undertake their own economic evaluation of a local intervention or service. The cost of the course is £150, but there are a limited number of free places available to members of ARC North Thames partner organisations.

Applications close on 10 October 2021. [To find out more and apply visit the ARC website](#)



Research funding

NIHR funding highlights

- [Programme Development Grants - Competition 31](#)
Closes: 13:00 on 22 September 2021
Applications are invited for Programme Development Grant funding. Programme Development Grants are designed to increase the rate and number of successful applications for a full Programme Grant by supporting the completion of the necessary preparatory work to suitably position the research team to submit a competitive Programme Grant application.
- [21/541 Medication support interventions and strategies for people with learning disabilities](#)
Closes: 13:00 on 22 September 2021
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
- [21/531 NIHR Evidence Synthesis Incentive Awards Scheme 2021](#)
Closes: 13:00 on 24 September 2021
The NIHR Evidence Synthesis Incentive Awards accepts applications on an annual basis from all Cochrane Review Groups and Campbell Coordinating Groups.

- [NIHR Clinical Research Facilities](#)
Closes: 13:00 on 29 September 2021
The NIHR has launched a new, open competition to designate and fund NIHR Clinical Research Facilities (CRFs) in England.
- [Artificial Intelligence for Multiple Long-Term Conditions \(AIM\)](#)
Closes: 13:00 on 5 October 2021
The NIHR invites proposals to undertake programmes of research to spearhead the use of artificial intelligence (AI) methods to develop insights for the identification and subsequent prevention of multiple long-term conditions (multimorbidity) or MLTC-M.
- [21/514 NIHR NICE Rolling Call HS&DR](#)
Closes: 13:00 on 7 October 2021
The Health Services and Delivery Research (HS&DR) Programme is accepting stage one applications to this funding opportunity.
- [Research for Social Care - Mental health call](#)
Closes: 13:00 on 19 October 2021
The NIHR Research for Social Care (RfSC) call invites proposals for research to address important social care questions around mental health in Northern England.
- [Research for Social Care - Dementia funding call](#)
Closes: 13:00 on 19 October 2021
Applications are invited for research proposals for an additional Research for Social Care call about dementia.
- [Public Health Research Programme – future topics](#)
Potential advert date: 19 October 2021
The Public Health Research (PHR) Programme is considering the following topics for future commissioned research.
- [Transforming care and health at home and enabling independence](#)
Closes: 16:00 on 21 October 2021
The NIHR in partnership with UKRI ESPRC invite applications for this call
- [Harkness Fellowships in Health Care Policy and Practice](#)
Closes: 1 November 2021
The Harkness Fellowships provide a unique leadership development opportunity for mid-career research professionals who are committed to advancing health care policy and practice.
- [Research for Patient Benefit - Competition 46](#)
Closes: 13:00 on 10 November 2021
Funding Opportunities Post - Competition 46
- [21/550 Public Health Research Programme researcher-led](#)
Closes: 13:00 on 30 November 2021
The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream.
- [21/551 Continuing priority research topics of interest to the PHR Programme](#)
Closes: 13:00 on 30 November 2021
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.
- [21/530 Application Development Award – Healthy extended working lives](#)
Closes: 13:00 on 30 November 2021
The Public Health Research (PHR) Programme is accepting direct-to-Stage 2 applications to this funding opportunity for development work to support a later application to a pending commissioned call on interventions to support healthy extended working lives.
- [21/524 Health impacts of housing-led interventions for homeless people](#)
Closes: 13:00 on 30 November 2021
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
- [21/523 Image and performance-enhancing drugs](#)
Closes: 13:00 on 30 November 2021
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
- [21/518 NIHR NICE Rolling Call PHR](#)
Closes: 13:00 on 30 November 2021
The Public Health Research (PHR) Programme is accepting stage one applications to this funding opportunity.
- [21/552 Microsuction compared with irrigation to remove earwax](#)
Closes: 13:00 on 1 December 2021
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
- [21/532 Intensive Interaction for children and young people with profound and multiple learning disabilities](#)
Closes: 13:00 on 1 December 2021
The Health Technology Assessment Programme is accepting stage 1

- applications to their commissioned workstream for this primary research topic.
- [21/534 Surgical management of successfully reduced incarcerated inguinal hernia in children](#)
Closes: 13:00 on 1 December 2021
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/535 Follow-up strategy after radical treatment for prostate cancer](#)
Closes: 13:00 on 1 December 2021
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/536 Sodium bicarbonate in neonatal care](#)
Closes: 13:00 on 1 December 2021
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

Information on all NHIR funding can be found on the [NIHR Funding website](#).

Funding call – BA/ Leverhulme Small Research Grants

The British Academy is now accepting applications for the BA/ Leverhulme Small Research Grants scheme. The deadline for applications is 5pm GMT on Wednesday 10 November 2021.

BA/Leverhulme Small Research Grants are available to support primary research in the humanities and social sciences. These awards, up to £10,000 in value and tenable for up to 24 months, are provided to cover the cost of the expenses arising from a defined research project. Awards are open to postdoctoral scholars or equivalent who are ordinarily resident in the United Kingdom. Please read our [scheme guidance notes](#) and [FAQs](#) carefully.

If you have any questions, please contact grants@thebritishacademy.ac.uk.

Supporting Ageing Across the Life Course funding

BBSRC and MRC have announced the launch of new funding to support Ageing Across the Life Course Interdisciplinary Research Networks.

This initiative will establish a core of challenge-led research networks that bring together diverse and novel groupings of researchers and stakeholders with the aim of:

- Enhancing collaboration;
- Building interdisciplinary communities;
- Promoting knowledge exchange in the field of ageing research.

By integrating knowledge and expertise across disciplines, networks should break down existing siloes and propose new approaches to deliver research aimed towards improving health-span and quality of life, addressing health inequalities and strengthening overall resilience throughout older age.

Awards of up to £200,000 over two years will be made available to each successful network to support the advancement of interdisciplinary ageing research in a challenge area. Networks should be cross-cutting and ambitious in nature; applications focused solely on specific age-associated diseases will not be considered within scope for this call.

The call will close at 4 pm on October 13 2021.

[More information can be found on the UKRI website.](#)

Knowledge Frontiers: International Interdisciplinary Research 2022

The British Academy is inviting proposals from UK-based researchers in the humanities and social sciences wishing to develop international interdisciplinary projects in collaboration with colleagues from the natural, engineering and / or medical sciences, focusing on the question, “what is a good city?”

The Academy is looking to fund applications that break new ground in the collaborations – international and interdisciplinary – they support and the research they aim to undertake. The Academy is seeking to support projects that build understanding internationally across different forms of

knowledge and expertise – academic, professional and lay – on challenges surrounding modern urban environments.

The lead applicant must be a researcher from the humanities and social sciences and be based at an eligible UK university or research institute. The lead applicant must be of postdoctoral or above status (or have equivalent research experience). Projects must involve at least one co-applicant from the natural, engineering and / or medical sciences. Collaboration between researchers in different institutions is encouraged, where appropriate, given the nature and aims of the programme, and applications may include co-applicants and other participants from overseas.

The Academy offers awards of up to £200,000 for 24 months in duration with Full Economic Costing at 100 per cent. Projects must begin in Spring 2022 and finish in Spring 2024. Applications must be submitted online using the British Academy's Grant Management System (GMS), [Flexi-Grant®](#).

The deadline for submissions 29 September, 17.00 UK time. [For more information visit the British Academy site.](#)

COVID-19 Recovery: building future pandemic preparedness and understanding

The British Academy is inviting proposals from UK- and G7-based researchers in the humanities and social sciences aiming to support around five studies focused on vaccine engagement, including examples of community confidence and hesitancy.

Covid-19 has been one of the most challenging health crises we have faced for decades. Its impacts are changing lives, communities and economies. However, these challenges are not new. There are lessons we can learn from history and recent experience, such as the response to Ebola in recent years and research on other global vaccine campaigns like polio.

This call aims to facilitate global and interconnected learning about the contexts, causes and factors leading to vaccine engagement by supporting research within each country of the G7. Applications on these issues must demonstrate a dedicated focus on place and context at local and community

levels, as well as an ability to connect learning to national and international dynamics.

Projects should build on existing or ongoing research, but should ultimately allow us to establish an evidence base that can be used to answer the questions:

- How does context-specific to place, culture, social, political and economic factors shape people's responses to vaccines?
- How can we harness existing knowledge to develop, disseminate and employ community-engaged research which works for and with national and regional public health authorities and community actors and researchers before, during and after vaccine deployment programmes?

Each project will be led by a named Principal Investigator (PI). The PI must be a researcher in a discipline within the social sciences or the humanities. The PI is expected to direct the research and the management of the project and has responsibility for the overall project reporting requirements.

Awards are offered of up to £100,000 (with Full Economic Costing at 80 per cent) and will run until March 2022 following a clear deadline and deliverables that must be met. Applications must be submitted online using the British Academy's Grant Management System (GMS), [Flexi-Grant®](#).

The deadline for submissions and UK institutional approval is 6 October 2021, 17:00 UK time. [To find out more visit the British Academy website.](#)

Barts Charity Clinical Research Fellowships call 2021

The annual calls for Barts Charity Clinical Research Fellowships are open.



Please refer to the [Barts Charity website](#) for full information about deadlines, application process and eligibility criteria.

[Clinical Research Training Fellowships](#)

This funding scheme supports medically qualified trainee doctors to undertake a PhD or MD in clinical research.

- **Scheme A: Pump-priming award**

This scheme offers up to two years of support to collect preliminary data for an application for a PhD fellowship from a national funder. Applicants must not have completed more than 6 months of research before the start of the Fellowship, if awarded. Fellows are expected to apply for external fellowships during the period of the grant.

- **Scheme B: PhD completion award**

This scheme provides 1 year of funding to complete a PhD. Applicants must have received up to 2 years of funding for a PhD or MD through a nationally competitive award.

Key dates

2021-22 round: Deadline, 7 October 2021; interviews early February 2022
2022-23 round: Deadline 25 August 2022; interviews early December 2022

[Nurse, Midwife or AHP Clinical Research Fellowships](#)

This funding scheme supports nurses, midwives and Allied Healthcare Professionals (AHPs) to undertake clinical research to complete a PhD. The scheme will fund the Fellow's salary, PhD fees and up to £7000 per year for research costs, for either 3 years full-time or up to 5 years part-time.

Key Dates

2021-22 round: Deadline 4 November 2021; interviews early March 2022
2022-23 round: Deadline 1 September 2022; interviews early December 2022

If you have any questions about this or wish to update the Charity on a project, so it can for example provide early advice and support, please contact Virginia Govoni, virginia.govoni@bartscharity.org.uk

The Apothecaries Prize 2022

The Worshipful Society of Apothecaries is inviting applications for its 2022 Apothecaries' Prize.

The Prize is aimed at doctors at the pre-consultant level (in the last two years of training) or, in pharmacy training, those practising at Advanced Stage II of the Royal Pharmaceutical Society's Faculty or similar. The prize is suitable for Academic Clinical fellows finishing PhDs (/MDs) or those in Clinical Lectureships before CCT.



Entry for the prize will consist of submitting a published paper in medical therapeutics or public health medicine.

The winner will receive a medal and a cheque for £1,000, to be given at their prestigious Awards Dinner in May 2022, which is attended by senior medical representatives, including Presidents of the Royal Colleges and heads of other major medical organisations.

Candidates can find further information, including on how to apply on [the following page](#)

Research professional

Research Professional (formerly Research Research) has an easy-to-use sign-up process: <http://www.researchprofessional.com/>

Funding information: [Up-to-the minute information about all types of research funding can be found on the Research Professional website – to access this click here \(account and password required\).](#)