

Joint Research Management Office

Research News Bulletin

Issue 120

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

Help us to help you: use EDGE

As research restarts in all areas, it has never been more important for us to capture our research activity, particularly patient recruitment.

Unfortunately, Barts Health has slipped from sixth position for patient recruitment nationally in 2019-20 to twentieth in 2020-21. Recruitment everywhere has been impacted by the pandemic but there are clearly exceptional local challenges.

The JRMO is working with research teams to explore and fix these challenges but one factor standing out is late or non-reporting of recruitment that has in fact happened.

The NIHR's annual funding allocation to Barts Health is based in part on the number of patients recruited into NIHR portfolio studies and delivery resources will be allocated according to research activity and performance. Not recording recruitment impacts directly on our income and our chances of obtaining additional resources.

Please contact the JRMO if you are facing challenges with recruitment, for whatever

reason, so that we can try to help. Always remember that recruitment challenges can be recorded in the local portfolio management system (EDGE) in the site level notes section or the "RTT RAG comments" attribute (please initial and date all comments).

If any research staff need EDGE training or require additional EDGE accounts, please contact zabed.ahmed@qmul.ac.uk

The bottom line is that it is the responsibility of the research team to ensure the EDGE record is accurate and that all research activity (recruitment) is recorded.

Recording includes first patient recruitment, all on-going patient recruitment, listing key contacts for the study (this is the staff member who will be responsible for keeping the EDGE record up to date including patient recruitment), PI name, and study status (which will change throughout the lifecycle of the study so please keep this updated).

Gerry Leonard, Director of Research Development at Barts Health, said "there is very little point in research teams working so hard to recruit patients into clinical trials if they don't then log that activity data on EDGE".

Meanwhile, data migration and cleaning of EDGE continues. Research teams are being contacted to verify the accuracy of their data. The aim is to update our system to ensure accurate recordings and so enable annual progress reporting, along with accurate study closure and registration information. Please ensure you respond if you have received an email so the system can be updated accordingly and for any support please contact the team at research.governance@qmul.ac.uk.



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~ Remember to upload your recruitment data regularly ~

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If you need any EDGE training or require further EDGE accounts, please contact zabed.ahmed@qmul.ac.uk in the JRMO

JRMO drop-in sessions return

[JRMO Drop-in sessions](#) are back, albeit virtual for now.

You can continue to contact the team - research.governance@qmul.ac.uk - if you have a query regarding Research Governance, Amendments or GCP matters at any time, but now, in addition, a trial drop-in has been arranged for **3 December 2021 from 10-11am**.

If you have a question about any of the following, please come along and the team will be available on a first-come-first served basis:

- Study set-up
- Research governance and sponsorship
- Research ethics
- GCP advice
- Research passports and staff access
- Finance and funding
- Costing and contracts
- Patient and public involvement

For this first session the team will allocate five 10 minutes sessions allocated on a first come first served basis. Other dates will be announced in due course.

To 'drop-in' please log on via MS Team: [Click here to join the meeting](#)

The team looks forward to seeing you!

Improving the review of AI and data-driven technology research

The HRA has announced that it wants to improve the approvals process for people applying to start health and social care research involving AI or data driven technologies. To identify common issues with existing approvals processes, it has conducted qualitative research, a literature review, and a series of workshops with patients, the industry, clinicians, academics and other regulators along with its own staff and volunteers.

This work has identified a clear need to help the developers of new AI and data-driven technology access the data they need quickly and to clarify which of their activities are actually research, and what approvals that research requires.

The HRA already has projects underway overseeing how a coordinated review for medical devices might work and investigating possibilities around streamlining Confidentiality Advisory Group (CAG) reviews. It plans to build on these by running a pilot to test new ways of working for CAGs, and two additional projects to focus on data holding structures and how it might best support developers to access data and obtain the right approvals.



You can read more about the HRA's new projects and what it is doing to streamline the approvals process for people who are developing AI or data driven research [on the HRA website](#).

New partnership guarantees full picture of UK clinical trials

The HRA has partnered with [ISRCTN](#) to make it easy for researchers to fulfil their transparency responsibilities. ISRCTN is a UK-based registry recognised by the World Health Organisation (WHO).

It is a requirement that all clinical trials register with a WHO-recognised registry before the first participant is recruited to a study, but a [recent HRA audit](#) showed that more than 10% fail to do so. From 2022, the HRA will automatically register clinical trials with ISRCTN, taking the burden away from research sponsors and researchers.



This is part of a package of measures we are putting in place to improve research transparency. At the [annual 'Make it Public' conference](#) the HRA will bring together partners to discuss how we move forward together to make sure trusted information from health and social care research studies is

publicly available for the benefit of all. [Register to join us](#) at the conference.

More information about automatic registration can be found [on the HRA website](#).

Electronic Health Records Compliance

In anticipation of a routine MHRA inspection, a plan to validate Barts Health's Electronic Health record (EHR) against MHRA requirements has been signed off. The GCP Team is now working with Barts Health IT to prepare a list of data systems where patient source data may be held which all need to comply with GCP. An audit checklist to validate this compliance is now in place and system owners need to complete it when asked. The initial focus of this work has been the Millennium and Winpath systems.



A site page on the JRMO website will be set up to confirm this when all the main core systems have been agreed and approved. If system owners wish to engage with the GCP team to document their compliance they should contact Marie-Claire Good - m.good@qmul.ac.uk – for further information.

Changes to Barts Health patient and staff expenses arrangements

Barts Health has changed two aspects of its expenses payment system covering both patients' expenses and staff expenses. Submissions of any expenses claims in the old formats are likely to meet with delays or possible refusal.

New Barts Health Patient Expenses arrangements

From October all research project patient participation claims will be paid via bank transfer payment only: No cash. This change

is because the Trust has withdrawn from using cash in transit services in all their sites.

To reimburse R&D patient participation expenses claims please follow this process:

1. A Research Project Patient Participation Claim Form* must be completed by the patient participant
2. Along with this a Manual Payment Request Form, must be completed by the requestor
3. BOTH FORMS need to be emailed together to apinvoices.bartshealth@nhs.net
4. The budget holder for the cost centre will then be sent a request via ORACLE to approve
5. NB: The requestor and the budget holder must not be the same person
6. All payments will be made by bank transfer

* Research Project Patient Participation Claim Forms are not available in digital format. These need to be ordered from Office Depot (Supplier code: SUPP01496P) via Trust Procurement; cost £26.88 per pack of 100. An illustrative example of the form is the second attachment.

NB: Patients acting as Advisory Group members, rather than as participants in particular research studies, only need to complete the new Manual Payment Request Form - the Research Project Patient Participation Claim Form does not apply to this group.

If you have any questions or wish to discuss special circumstances, please do not hesitate to contact William Ajala, Senior R&D Finance Manager: william.ajala@nhs.net.

New Barts Health Staff Travel and Accommodation (expenses) arrangements

Barts Health has also launched new ways of booking travel and accommodation that no longer require the submission of expenses claim forms

From September a new system (Agiito Connect) replaced the old staff expenses form. Staff no longer have to wait to be reimbursed, but they do now need to book all travel and accommodation through [Agiito Connect](#).

More information about this change, including training available, can be found on [WeShare](#)

PRES Survey update

The NIHR Patient Research Engagement Survey (PRES) is an important tool which allows us to change research practice based on feedback from participants, helping shape improvements across our research sites. Since the pandemic and the consequential restrictions, the response rate for PRES has fallen considerably. However, with many studies now being resumed, we are in a position where we can begin to reintroduce the survey to patients, gathering the crucial feedback that will help improve our practices.

Researchers undertaking NIHR portfolio studies are now being encouraged to offer PRES to participants, wherever possible.

The Engagement and Diffusion team is hosting a Teams meeting on 15 December, 1.30-2.15 pm, to discuss PRES and explore ways to increase uptake across our Portfolio studies.

PRES Leads are encouraged to attend the meeting, which is also open to other researchers. If you would like to learn more about the survey, please join us via this link to the [MS Teams PRES meeting](#).

For more information about PRES, please contact the Research Engagement and Diffusion team on: patientsinresearch.bartshealth@nhs.net or visit the [JRMO website](#)



Spotlight on Katie's Team: public involvement in women's health research

Ngawai Moss, women's health research public contributor, has recently featured in an [Economist's Intelligence Unit article](#) about Patient Empowerment. Having taken part in a study at Barts Health during her pregnancy some 12 years ago, Ngawai has gone on to become even more involved in women's health research, including being a co-founder of [Katie's Team](#) – an influential patient and public advisory group supporting women's health research across London and beyond.

To celebrate her contribution, and the excellent wider work of Katie's Team, we have added a new section to our [Take Part in Research](#) webpage.

This features profiles on some of the women behind Katie's Team, who each have different backgrounds and pathways to research, but who share a passion for improving health in the areas of childbirth, pregnancy and reproductive health. Please visit the website to learn more about their work and discover the impact being made by Katie's Team.

Queen Mary Ethics of Research Committee update

Generic Approvals and Devolved School RECs

Further to the roll-out of generic approvals to establish DSRECs, the team is delighted that so many groups have taken this opportunity to engage with research ethics and set up their own DSRECs at School or department level.

Congratulations to the recently approved (or very close to approval) DSRECs, they are:

- Geography (UG)
- Business & Management (PGR & Staff)
- Politics & International Relations
- Linguistics
- Psychology

Conversations with many others are underway and the team looks forward to supporting them as their DSRECs develop.

DSRECs are a great way to bring low-risk ethical reviews in-house, with the support of the QMERC. As a devolved Committee of the central QMERC, communication and support goes both ways: A named person on the QMERC Main Committee is identified as the QMERC-DSREC link and the DSREC Chair/Deputy is invited to represent on one of the QMERC Review Panels and at the review of future DSREC applications.

QMERC has recruited new committee members from across Faculties, including Linguistics, Geography, Business & Management, Psychology, IHSE and Global Public Health. With the recent addition of five new members, we now have a Professional Services rep on each of the Review Panels, including representation from the Health & Safety Directorate at QMERC Main Committee level to strengthen the link between ethical and safe research. The Committee would like to thank Jonathan Morgan and Sharon Ellis for their help with this.

In addition there was also a very successful recruitment drive for lay members, and QMERC is in the final stages of confirming 12 external people from all corners of the globe, representing a range of professional fields and cultural viewpoints, who will be contributing to our ethical debates.

As ever the [Research Ethics Team](#) is available for any queries or questions.

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 11a: Barts Health/Queen Mary Sponsorship of MHRA regulated studies (Process for Researchers)
- SOP 11b: Barts Health/Queen Mary Sponsorship MHRA regulated studies (Process for the JRMO)
- SOP 12a: Barts Health/Queen Mary Sponsorship of interventional studies Process (Researchers)
- SOP 12b: Barts Health/Queen Mary Sponsorship of Interventional Studies Process for JRMOs staff

- SOP 34b: JRMO staff training and induction
 - Associated Document 1: New Starter Induction Checklist
 - Associated Document 2: Training log
 - Associated Document 3: Transfer of paper-training records to electronic
 - Associated Document 4: Electronic Training Records
 - Associated Document 5: Staff training for the Governance section
 - Associated Document 6:Leavers Checklist

The associated documents for the following SOP have been released but the SOP itself is still in draft:

- SOP 9: Sponsorship of clinical investigation and other MHRA-Regulated medical device studies
 - Associated document 1: Legal Definitions of Medical Devices
 - Associated document 2: Early Engagement Meeting Clarification Tool
 - Associated document 3: Clinical Investigation Plan template
 - Associated document 4: JRMO document submission checklist
 - Associated document 5: Clinical Investigations Kick-off meeting guidance for Governance Officers
 - Associated document 6: Sponsor CI agreement (Barts Health)
 - Associated document 7: Sponsor CI agreement (Queen Mary)
 - Associated document 8: GCP Managers checklist
 - Associated document 9: Governance team sponsorship review for Clinical Investigations
 - Associated document 10a: Barts Health Medical Devices sponsorship with conditions letter
 - Associated document 10b: Queen Mary Medical Devices sponsorship with conditions letter
 - Associated document 11: Sponsorship with conditions email template
 - Associated document 12: Final governance meeting report
 - Associated document 13: Sponsors Confirmation of sponsorship email

All JRMO SOPs can be found [on the JRMO website](#).

Our research

Another step forward in Whitechapel Life Sciences development

Queen Mary University of London [has agreed a property](#) deal with the Department of Health and Social Care (DHSC) that paves the way for the development of a state-of-the-art [life sciences campus development](#) at Whitechapel Road.

The new campus is part of [Barts Life Sciences](#), a collaboration between Barts Health NHS Trust and [Queen Mary University of London](#). It will help deliver a long-held, local vision to establish east London as a major centre of excellence in life sciences, while also creating high-quality jobs and skills programmes. It aims to attract industry investment in the area, from start-ups to multi-national corporations. [NHS Property Services](#) is leading on the project for DHSC, involving a planning application and transaction management for the whole Cluster.



Queen Mary and Barts Health have a strong and long-standing partnership that has a track-record of delivering life-changing health outcomes, including for communities that are often under-represented in healthcare research and delivery, and education. Examples include the East London Genes & Health study that has helped identify the genetic determinants for specific illnesses, including Covid-19, among Bangladeshi and Pakistani communities.

The continuation of that partnership through Barts Life Sciences and the creation of this new facility will ensure developments in life science research will quickly lead to

improvements in health outcomes both for the diverse communities of east London and people all over the world.

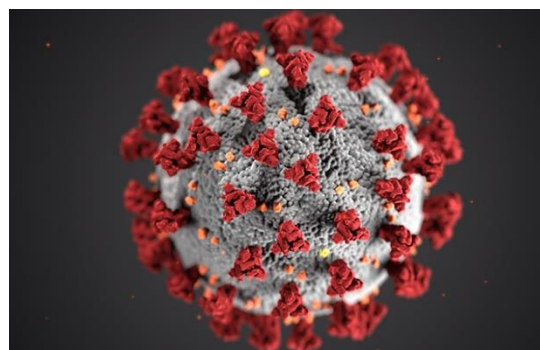
Professor Sir Mark Caulfield, chief executive of Barts Life Sciences and recently appointed a non-executive director of Barts Health NHS Trust, said: "This investment by Queen Mary is a major boost to UK Life Sciences, anchoring the entire Whitechapel Cluster with high-calibre scientific expertise and infrastructure. This ensures we can realise, with Barts Health NHS Trust, the benefits for the future health of our community of east London and beyond."

Study links Covid-19 genetic susceptibility with blood clots, thrombophlebitis and circulatory diseases

Research led by Queen Mary associates genetically predicted Covid-19 susceptibility with increased blood clot events in legs and lungs, thrombophlebitis, and circulatory diseases.

The study used a Phenome-wide (PheWAS) analysis in up to 400,000 European ancestry individuals, derived from the [UK Biobank](#). Researchers aimed to identify traits and diseases associated with COVID-19 susceptibility and severity.

The team constructed a predictive Covid-19 genetic score, using the sum of Covid-risk-related chromosome mutations for each individual record in the UK Biobank. Those scores were examined against all available traits and diseases in UK Biobank and adjusted for confounders, in a hypothesis-free manner.



The study found that genetically predicted Covid-19 is significantly associated with an 11% increased risk of phlebitis and thrombophlebitis, a 10% increased risk of blood clots in the leg and a 12% increased risk of blood clots in the lung.

Areti Papadopoulou, first author and PhD student at Queen Mary said that the analysis was conducted to determine if genetically predicted COVID-19 susceptibility and severity is associated with other diseases and traits, examining all of them in a hypothesis-free way, “The results from our study add valuable information for the identification and stratification of individuals at increased Covid-19 risk and other complications after infection.” These findings could have further significance for individuals with Long Covid complications.

More information can be found the research paper: “[Covid-19 susceptibility variants associate with blood clots, thrombophlebitis and circulatory diseases](#)”. *PLOS*

Professor Chloe Orkin Appointed President of the Medical Women’s Federation

The [Medical Women's Federation \(MWF\)](#) is the oldest and most influential body of women doctors in the UK and the voice of medical women on medical issues. The organisation aims to advance the personal and professional lives of women in medicine and to challenge discriminatory attitudes and practices.



Professor Orkin is a Clinical Professor of HIV Medicine at Queen Mary and an internationally renowned expert in HIV therapeutics. She directs the [SHARE collaborative for health equity](#), which is based at Queen Mary, and has been a consultant at Barts Health for over 16 years.

Professor Orkin took up her role in September 2021, joining a list of exceptional past Presidents including Queen Mary Emeritus Professor of Medicine and Education, Dame Parveen Kumar.

Commenting on her new role, Professor Orkin said: “In addition to national advocacy as a medical academic with a strong focus on both mentorship and equity, I will focus on engaging our MWF junior doctors in co-creating research, expanding the evidence base on gender in healthcare and on building their confidence to become the articulate leaders and advocates of tomorrow.”

She will also represent MWF on the Department of Health and Social Care’s Gender Pay Gap implementation panel which will advise on how to reform the key structural and cultural barriers that hamper women’s careers.

Professor Orkin added: “The damning [report on sexism in the NHS](#) published last month has shown how much work is still to be done to address gender bias and sexism in medicine. The report showed that nearly 70% of women surveyed felt their gender had negatively impacted their careers, with 60% having been discouraged from pursuing their chosen medical specialty and many reporting being discouraged from taking up senior positions. The report also found that those with caring responsibilities were worse affected.”

MWF was founded in 1917 and is the voice of UK medical women on medical issues and welcomes and supports all women doctors including those who identify as trans or gender diverse.

The organisation has three main aims; to improve working conditions for women doctors and promote the personal and professional development of women in medicine, to represent and amplify the voices of medical women on medical issues and provide networking and support for women doctors in all branches of the profession and at all stages of their careers. Find out more on [the MWF website](#).

UK lung cancer trial shows screening at-risk groups lowers mortality rates

Findings presented at the 2021 IASLC World Lung Cancer Conference and published in [the Lancet Regional Health Europe](#) will also

be presented to the UK National Screening Committee.

The UKLS study of single LDCT (low dose computed tomography) indicates a reduction of lung cancer death of similar magnitude to major trials outside the UK, including the US National Lung Screening Trial (NLST) and the Dutch-Belgian NELSON trial.

Eligible groups aged 50-75 were assessed with the LLP risk score (for risk of developing lung cancer over five years). From October 2011 to February 2013, UKLS researchers randomly allocated 4,055 high risk participants to either a single invitation to screening with LDCT or to no screening (the usual level of care). 1,987 participants in the intervention and 1,981 in the usual care arms were followed for approximately seven years; 86 cancers were diagnosed in the LDCT arm and 75 in the control arm. 30 lung cancer deaths were reported in the screening arm, and 46 in the control arm. The benefit in terms of lung cancer mortality was seen most strikingly in years 3 to 6 after randomisation.

The results from nine randomised controlled trials, including the UKLS, were included in the meta-analysis, which indicated a 16% relative reduction in lung cancer from screening.

Queen Mary's Professor Stephen Duffy, lead UKLS statistician, said "These results add to the international evidence that low dose CT screening reduces the risk of death from lung cancer. They also demonstrate that such screening can be made to work in the UK. Low dose CT can be added to the armoury of potential tools for the control of lung cancer."

This research was funded by the NIHR Health Technology Assessment programme, the NIHR Policy Research programme, and Roy Castle Lung Cancer Foundation. More information can be found in the publication: ['Lung cancer mortality reduction by LDCT screening: UKLS randomised trial results and international meta-analysis'](#) John K. Field et al. *Lancet Regional Health Europe* (2021).

Queen Mary researchers help develop nasal spray that prevents Covid-19

Queen Mary University of London professors Rakesh Uppal and Áine McKnight have been at the centre of a new clinical trial finding that

pHOXWELL – a nasal spray developed by biotech company pHOXBIO - reduced SARS-CoV-2 infection by 63 per cent in the group given pHOXWELL compared to the group given the placebo. SARS-CoV-2 is the virus that causes Covid-19.

The trial was carried out during the peak surge of the highly infectious Delta variant in India in April to July 2021. Both a spray and placebo were delivered to 648 healthcare workers in India at high risk of the virus, to best test the solution's effectiveness.



13% of those receiving the spray went on to test positive for Covid-19, significantly less than the 34.5% who received the placebo treatment. Additionally, only 17.6% of pHOXWELL patients who tested positive for the virus showed clinical symptoms, compared to 34.6% on the placebo arm.

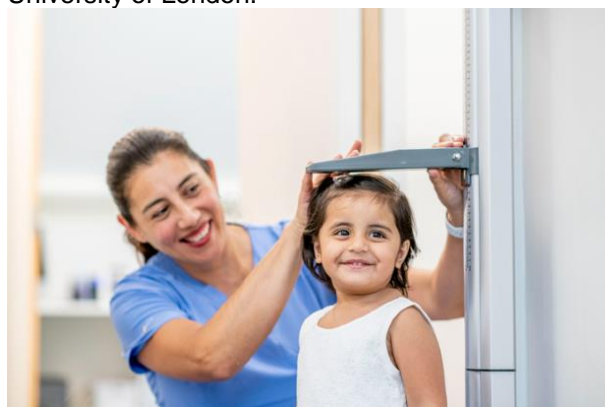
Professor Rakesh Uppal, Director of Barts Life Sciences, Professor of Cardiovascular Surgery at Queen Mary and Chairman of pHOXBIO, said "pHOXWELL presents a significant breakthrough. We now have an effective tool, previously missing, to fight this pandemic. Vaccination, while absolutely essential, is not 100 per cent effective and it is still possible to become infected by, and transmit, the virus that causes COVID-19. pHOXWELL is designed to offer extra protection to vaccines and PPE, as the spray inhibits SARS-CoV-2 from infecting the nasal mucosa, which is the primary entry point into the body."

Scientists from several universities and institutions collaborated to bring this research to fruition. As well as representatives from Queen Mary, Barts Health Trust and the Blizzard Institute, the pHOXBIO team included Professor Dame Kay Davies, Professor Steve Davies and Professor Angela Russell from Oxford University. The Universidade Federal de Minas Gerais in Brazil and numerous US-based scientists also contributed to the research and its delivery.

[Barts Life Sciences](#) – a partnership between Barts Health NHS Trust and Queen Mary, supported by Barts Charity – was set up to accelerate, with confidence and safety, research and development through the innovation chain from the bench to the patient. PHOXWELL exemplifies how the development of new therapeutics will transform health and wellbeing, inequalities and patient care worldwide.

Young children from England's poorest areas are shorter, according to new Queen Mary study

Primary school children from England's most deprived areas are nearly twice as likely to be short than those in the least deprived areas, according to new research led by Queen Mary University of London.



The study, funded by Barts Charity and in collaboration with St George's, University of London and Public Health England, looked at data from over 7 million 4-5 year olds taken as part of the National Child Measurement programme between 2006 and 2019, and mapped the prevalence of short stature across the country.

The results show that around 2% of children measured had short height for their age, and that short height was linked to poorer areas with regional hotspots found in the North and Midlands as well as more deprived areas of East and North London.

The highest rate of short stature in young children was observed in Blackburn and Darwen in the North West and was over four times higher than the lowest prevalence recorded in Richmond-upon-Thames, London.

This translates into an additional 2,950 children with short stature per 100,000 children starting school.

In London, high rates of short stature in children were observed in the areas of Tower Hamlets, Newham and Hackney in East London and in Brent, North-West London.

Short height for age can be a sign of underlying health conditions or adverse socioeconomic circumstances in young children. It has been widely researched in low- and middle-income countries but the new study, [published today in PLOS Medicine](#), is the first to investigate the prevalence of short stature in the UK.

The results suggest that large numbers of young children, particularly those in the most deprived areas of England, could be failing to reach their full growth potential.

Joanna Orr, Postdoctoral Research Assistant at Queen Mary and first author of the study, said: "Whilst the average prevalence of short stature across England was in line with what we'd expect, the regional differences we see are striking, and there's a clear North-South Divide. Our findings show that where a child is born and the environment in which they grow up have an impact on their height at a young age and suggest further investigation is needed into why children from poorer areas of England are shorter."

Professor Andrew Prendergast, Professor of Paediatric Infection and Immunology at Queen Mary, said: "Currently most UK public health programmes focus on body mass index as the main indicator of health so even though the heights of school children in England are being measured as part of this National Programme, children with short stature are not currently systematically being highlighted to their families or GPs for action. Height could be a marker for other vulnerabilities, such as underlying health conditions or poor nutrition, so nationwide screening programmes could provide an opportunity to identify children who are short for their age and intervene early."

Data from the National Child Measurement Programme is used to monitor healthy weight and overweight patterns in the primary school-aged population. Public versions of the datasets are available through NHS Digital.

Events

Webinar - How the built environment shapes service innovation

Wednesday, 1 December, 1 – 3 pm

Join the NIHR ARC North Thames Academy and UCL Bartlett School of Sustainable Construction for an interdisciplinary discussion, exploring lessons learned from the symbiotic relationship between the built environment, technology and service innovation.

This free, online workshop invite researchers, policy makers and practitioners to raise questions and debate how new healthcare knowledge, practices, and systems should be implemented during hospital building programs.

Find out more and register [on the NIHR ARC website](#).

Training

JRMO research governance training

The JRMO runs various good research practice training sessions. These include:

- Good Clinical Practice (GCP) full course;
- GCP refresher;
- Good Practice for non-CTIMPs; and
- GCP for Labs.

A full list of our research courses can be found [on the JRMO website](#).

Barts Health staff and Queen Mary staff and students should book this training through 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](#).

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.

[Clinical Investigations of Medical Devices - Sponsor/Investigator responsibilities](#)

9:30-12:30, 1 March 2022 - Virtual delivery

Medical device research is an often misunderstood area, with many stakeholders unsure how to properly identify and categorise a device and what the regulatory considerations for clinical investigations are. This 3-hour virtual workshop provides a detailed summary of the requirements for investigations of medical devices, focusing on the key topics, including:

- What is (and is not) a medical device? How are they categorised?
- The UK Medical Device Regulations (and a comparison with the EU Medical Device

Regulations), the regulatory and approvals framework and requirements

- ISO14155 overview
- CE and CA marking - what are the requirements?
- Software as a medical device

[AcoRD - Calculating & attributing the costs of research](#)

9:30-12:30, 15 March 2022 - Virtual delivery

This 3-hour virtual workshop provides an in-depth overview of AcoRD. Delegates will explore the attribution process for all costs associated with clinical research in the NHS, and the funding sources for each category of

cost. We simply and clearly explain what is meant by a research cost part A, research cost part B, treatment cost, excess treatment cost, and service support cost. Additionally, we will have a detailed look at the Schedule of Events Costing Attribution Template (SoECAT) and the excess treatment cost calculation/allocation process.

Both workshops are priced at £120 per-person (excl. VAT). Full details, including how to secure a place on either course, can be found on [the WFC website bookings page](#).

[Contact WFC](#) to discuss any bespoke needs.

Research funding

NIHR funding highlights

- [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.
- [21/563 Dementia research call - Efficacy and Mechanism Evaluation \(EME\) Programme](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity
- [21/561 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(EME Programme\)](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity
- [21/562 Early detection of disease](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity
- [21/543 Efficacy trials in regenerative medicine](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to their commissioned workstream.
- [21/544 Mechanisms of action of health interventions \(pilot call of expanded remit\)](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to their commissioned workstream for this funding opportunity.
- [21/545 Efficacy and Mechanism Evaluation Programme researcher-led](#)

- Closes:** 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to their researcher-led workstream.
- [21/546 NIHR NICE rolling call \(EME Programme\)](#)
Closes: 13:00 on 7 December 2021
The Efficacy and Mechanism Evaluation Programme is accepting Stage 1 applications to this funding opportunity.
 - [Invention for Innovation - Product Development Awards Call 23](#)
Closes: 13:00 on 8 December 2021
i4i Product Development Awards (PDA) supports the translational research and development of medical devices, in vitro diagnostics and high-impact patient-focused digital health technologies for ultimate NHS use.
 - [Public Health Research Programme Rapid Funding Scheme](#)
Closes: 31 December 2021
The RFS has been set up to provide the public health research community with an accelerated route to funding for small-scale, short and time sensitive proposals that demonstrate a need for a rapid commissioning process to be followed.
 - [Cochrane review gold open access scheme](#)
Closes: 3 January 2022
Cochrane Review Authors can apply to have their reviews published under Gold open access, meaning that they are instantly and freely open for all users to access on the Cochrane Library from the date of publication.
 - [21/575 HSDR Rapid Service Evaluation Team 2022](#)
Closes: 13:00 on 5 January 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one Expression of Interest applications to this funding opportunity.
 - [21/559 Dementia research call - Health Technology Assessment \(HTA\) Programme](#)
Closes: 13:00 on 5 January 2022
The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity.
 - [21/558 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(HTA Programme\)](#)
Closes: 13:00 on 5 January 2022
- The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity.
- [21/65 Public Health Intervention Responsive Studies Teams \(PHIRST\) – Local Authority interventions](#)
Closes: 13:00 on 10 January 2022
The Public Health Research Programme is accepting expressions of interest from Local Authorities that have initiatives in need of research and evaluation.
 - [21/574 Health and Social Care Delivery Research Programme \(standard researcher-led\)](#)
Closes: 13:00 on 11 January 2022
The Health and Social Care Delivery Research (HSDR) Programme are accepting stage 1 applications to their researcher-led workstream.
 - [21/573 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(HSDR Programme\)](#)
Closes: 13:00 on 11 January 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.
 - [Invention for Innovation - Challenge Awards Call 13](#)
Closes: 13:00 on 12 January 2022
The NIHR Invention for Innovation (i4i) programme is inviting proposals to Call 13 of its Challenge Awards on real world implementation.
 - [Advanced Fellowship Round 7](#)
Closes: 13:00 on 13 January 2022
The NIHR Advanced Fellowship funds post-doctoral career development.
 - [Programme Development Grants - Competition 32](#)
Closes: 13:00 on 13 January 2022
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.
 - [Population Health Career Scientist Award](#)
Closes: 13:00 on 13 January 2022
THE NIHR is accepting applications to the Population Health Career Scientist Award (PHCSA).
 - [Doctoral Fellowship Round 7](#)

Closes: 13:00 on 18 January 2022

The NIHR Doctoral Fellowship funds PhDs in an area of NIHR research.

- [Research for Social Care - Competition 4](#)

Closes: 13:00 on 19 January 2022

The Research for Social Care (RfSC) call is inviting research proposals that will generate evidence to improve, expand and strengthen the way adult social care is delivered for users of care services, carers, and the public.

- [21/576 Improving choice, access, and uptake of contraception for women, including transgender and non-binary people](#)

Closes: 13:00 on 21 January 2022

The Health and Social Care Services Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.

- [Invention for Innovation - Dementia Call](#)

Closes: 13:00 on 26 January 2022

The NIHR Invention for Innovation (i4i) Programme invites applications for a dementia-specific funding call aimed at the research and development of digital approaches for the early detection, diagnosis and stratification of individuals with dementia

- [Patient Safety Research Collaborations](#)

Closes: 13:00 on 9 February 2022

The NIHR has launched a new, open competition to designate and fund NIHR Patient Safety Research Collaborations (PSRCs) in England.

- [Research for Patient Benefit - Competition 47](#)

Closes: 13:00 on 9 March 2022

Applications are invited for research proposals that are concerned with the day-to-day practice of health service staff, and that have the potential to have an impact on the health or wellbeing of patients and users of the NHS.

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

Call for A-T project grants

[Action for Ataxia Telangiectasia \(A-T\)](#) and [BrAshA-T](#) have joined forces to provide additional funding to the A-T research community. They are inviting applications for medical research that has the potential to benefit children and adults with A-T: short-term research projects lasting up to 3 years in

duration and to a maximum value of £150,000. Funding will be provided for the direct costs of research (such as research staff and consumables) but not for PhD studentships. A wide range of research applications will be considered.

Applications must be received by **Monday 3 January 2022**, with awards made in April 2022.

For further information on how to apply, please contact rania.wheeler@actionforAT.org with a brief summary of your proposed research or visit [the Action for AT website](#) for more details.

MRC funding: Enhance living and post-mortem human nervous tissue resources.

The aim of this new call is to support an innovative pilot demonstration for a national human nervous tissue resource. This will enable researcher access to well characterised living (e.g. tissue or CSF collected through diagnostic or neurosurgical procedures) and post-mortem nervous tissues.

It is anticipated that these awards will build new capacity by linking expertise and resourcing from multiple disciplines and through alignment with prior or currently planned major UK research investments. We anticipate funding 2-4 programmes for up to 36 months from a total fund of £5 million.

The mandatory expression of interest stage of the call closes at 4pm on 2 December 2021.

The full proposal stage opens on 2 December and close on 1 February 2022.

Further information on the call scope, eligibility and how to apply can be found on [the UKRI Funding Finder](#). Any questions to: neurotissuesource@ukri.org

Funding call – Shared Understandings of a Sustainable Future

The British Academy is inviting proposals to support interdisciplinary analyses and fresh syntheses to bridge two interrelated, but distinct challenges: (1) achieving the goals of a transition to a net-zero economy that support

wider goals of environmental sustainability, (2) in a way that mobilises and empowers a range of actors working across sectors and areas of society.

Key to these two challenges is the importance of communities, co-creation, adaptation, resilience and innovation.

In this scheme, we are seeking insight that bridges these challenges by inviting proposals from researchers in the humanities, social sciences, and the arts (the SHAPE subjects). The Academy encourages proposals from multidisciplinary teams drawing on multiple insights and disciplinary framings. Applicants are encouraged to bring together different

communities of expertise, for example, academic, professional, business, lay or community. In particular, we encourage responses from teams that include or are led by humanities researchers.

The deadline for submissions and UK institutional approval is on **8 December 2021, 17:00 GMT**.

The timetable for deliverables will be agreed upon by successful applicants and the British Academy.

[To find out more and to apply visit the British Academy website.](#)

Fellowships and related opportunities

British Academy/ Wolfson Research Professorships

The British Academy is inviting applications from established scholars to the British Academy/ Wolfson Research Professorships. These Professorships provide an opportunity for extended research leave to a small number of the most outstanding established scholars to enable them to concentrate on a significant research programme, while relieved of their normal commitments. The award duration is three years.

This scheme is designed primarily for established scholars who already have a significant track record of publication of works of distinction in their field, and who have a major programme of research which would benefit from the uninterrupted concentration offered by the award of the Research Professorship.

The grant maximum is £204,000 across three years. The funding is expected to be used primarily to meet the costs of replacement teaching up to £63,000pa or £189,000 over the three-year duration of the award, with a further £5,000pa or £15,000 for travel and research expenses.

The deadline for applications is **Wednesday 8 December 2021, 5:00pm UK time**.

Applications are available online on the Flexi-Grant application system.

[For further information visit the British Academy website.](#)

Japan Society for the Promotion of Science (JSPS) Postdoctoral Fellowship Programme for Overseas Researchers 2022

The British Academy is currently inviting applications from UK-based early career scholars for the Japan Society for the Promotion of Science (JSPS) Postdoctoral Fellowships for Overseas Researchers. The Academy is an overseas nominating authority for this fellowship scheme.

This scheme is for scholars in the UK who are at an early stage of their career and wish to conduct research in Japan for a period of 12-24 months.

The scheme, which is wholly funded by the Japan Society for the Promotion of Science (JSPS), provides the opportunity for highly qualified young researchers based in the UK to engage and collaborate with leading research groups in universities and other research institutions in Japan. In its capacity as an overseas nominating authority for this scheme, the British Academy is able to nominate a quota of candidates each year.

Applications must be submitted online using the British Academy's Grant Management System, Flexi-Grant®. Application deadline: **Wednesday 8 December 2021 (17.00 GMT)**.

[For more information visit the British Academy website](#) or contact international@thebritishacademy.ac.uk

HARP PhD Programme for Health Professionals.

The first call for HARP PhD Programme for Health Professionals has been announced.

HARP is a 3-year clinical PhD Programme dedicated to redressing health inequality through representative research in an inclusive environment. We are looking for enthusiastic fellows who would be interested in projects addressing research topics related to underrepresented populations and diseases due to social inequalities (demographic and protected characteristics); marginalisation (socioeconomics, education, lifestyle choices, legal/housing status); or health status (examples - mental health or rare diseases).

- PhD fellowships - candidates are invited to apply with a project which fits to the HARP PhD Programme remit by the deadline of 31 January 2022. Interviews will be in April 2022 with the start of PhD in September/October 2022.
- Pre-doctoral research experience - candidates are invited with no previous formal research experience to apply for a 1-year pre-doctoral training phase. Deadline 31 January 2022, start September/October 2022.

Further information is available on the Please visit our website [HARP PhD website](#),

Innovation Fellowship: Devices for Dignity Programme

The Innovation Fellowship: Devices for Dignity Programme is collaboration between the Office of the [Chief Scientific Officer](#) and the [National School of Healthcare Science](#). The programme will be delivered by NIHR [Devices for Dignity](#) MedTech Co-operative and is for qualified Healthcare Scientists working within the NHS in England and Wales with a least one year of post-qualification experience.

The programme will provide experience in the innovation process, focusing on digital technologies for diagnosis or monitoring - equipping Fellows with the knowledge, skills, and confidence for the development, evaluation, and implementation of new technologies, and the ability to initiate and lead their own technology innovation projects in the future.

It is a 12-month programme, with Fellows committing to one-day-per-week protected study time.

To access the application form and find out more about the programme, please go to the [Devices 4 Dignity](#) or [Health Education England](#) websites.

The closing date for the applications is **14 December 2021**.

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 \(account and password required\).](#)