

Joint Research Management Office Research News Bulletin

Issue 123

15 June 2022

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#Red4Research: 17 June

#Red4Research Day returns on Friday 17 June 2022.

The aim is to get as many people as possible wearing red to demonstrate their support and appreciation for all those participating, undertaking, and supporting all our research activities.

The day is an opportunity to showcase the phenomenal work, learning legacy and the new innovative research system/techniques that have arisen, many through the pandemic. None of this would have been possible without the people involved – because people make research happen.

#Red4Research is for everyone, everywhere; children, adults, even pets.

The idea is very simple:

- Wear any item of clothing so long as it is red.
- Download, print or make a placard saying **#Red4Research**
- Take a photo and
- Post it on social media with the **#Red4Research** hashtag.

#Red4Research is all about positivity, creativity, and support in the face of adversity. Hopefully people might have a bit of fun along the way and raise the profile of research.

You can download #Red4Research resources from the [NHS R&D Forum website](#) and get involved.



Bulletin contents

News

#Red4Research: 17 June	1
Research Reset Programme	3
Queen Mary 7th= in UK for research	3
Queen Mary retains the HR Excellence in Research award	4
Could you be a Research Delivery Leader? Are you looking for new ways to develop the next generation of Research Delivery Leads?	4
One NIHR (National Institute for Health and Care Research)	4
Standard Operating Procedure changes	5
<u>Our research</u>	5
Major Barts Charity funding for clinical trials	5
Genes predict response to arthritis treatment	6
NHS bowel screening programme significantly reduces risk of advanced stage colorectal cancer	7
Barts Heath and Queen Mary trial world-first long-acting injection for high blood pressure	7
E-cigarettes more effective than nicotine patches for pregnant women	8
Unvaccinated individuals with heart problems much more likely to die or suffer serious complications from COVID-19	9
Queen Mary academic wins Global Challenges Teaching Award	9
Professor Jo Martin receives CBE	10
<u>Events</u>	10
Let's talk about sex: addressing misconceptions and barriers to including both sexes in your experiments	10
ARC North Thames Researcher Summer Showcase	11
<u>Training</u>	11
JRMO research governance training	11
CPE Training and Advice:	12
<u>Research funding</u>	12
NIHR funding	12
<u>Fellowships and related opportunities</u>	18
<u>Research Professional</u>	18

~ Remember to upload your recruitment data regularly ~

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

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

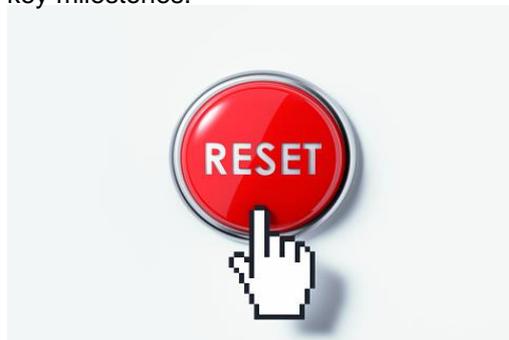
Research Reset Programme

In response to the ongoing challenges in research delivery, the Department of Health and Social Care (DHSC) has introduced the [Research Reset programme](#) with the aim of making portfolio delivery achievable within planned timelines (time and target) and sustainable within current resourcing.

The aim is to free up capacity across the research system, working with funders and sponsors to support the review of studies that have already completed, or that are unlikely to be able to deliver their endpoints in the current environment.

The DHSC has asked the NIHR to assist with data provision and maintenance of the data integrity of the portfolio during this process and the NIHR has collated the data provided by funders and sponsors, to identify lists of studies that meet certain criteria indicating a study may be suitable for review and action.

The objective in implementing Research Reset is to give as many studies as possible the chance of completing and yielding results, generating the evidence needed to improve care and sustain our health and care system. However, it will require amendments or closure of studies that are not viable in the current context. Studies were identified as requiring action if they are open, but the study target has been met in England; recruitment is at a lower rate than expected; or there has been a loss of contact or the study is behind key milestones.



64 Queen Mary or Barts Health sponsored studies were identified as requiring action by this process. The JRMO has responded with intentions for 54 studies and 10 still need further discussion. At present it looks like two

of these studies are off track and should be closed. Further discussions are ongoing.

As sponsors Queen Mary and Barts Health are keen to protect as many studies as possible and ensure they have every chance of successful delivery. It is therefore crucial that study teams maintain accurate study records in CPMS and EDGE, and that recruitment is recorded and confirmed as accurate as this is the source from which NIHR will identify studies that they consider require action.

Queen Mary 7th= in UK for research

Queen Mary made a strong impression in the 2021 Research Excellence Framework (REF). The results, published in May, help cement Queen Mary's status as one of the best research-intensive universities in the UK. Being [ranked joint 7th in the UK](#) for the quality of research is a great achievement, with 92% of Queen Mary's research assessed as internationally excellent or world-leading.

The results are a testament to the University's outstanding community of staff, students, and alumni, and demonstrate the strength of its research across all three faculties. These results reflect a commitment to research excellence, and to ensuring the impact of this research affects people across the world.

To make up the overall score in the REF, three distinct elements of each submission are assessed: the quality of outputs (for example, publications, performances, and exhibitions), their impact beyond academia, and the environment that supports research.

The Faculty of Medicine and Dentistry recognised that the REF highlighted several matters that could be improved but noted the recent investment in new academic appointments and vital infrastructure. Prof Sir Mark Caulfield, Vice Principal for Health, noted that "the 'Better health for all' strategy is not just a slogan for us but the underlying mission that drives our approach to research. For REF21, we have put forward a strong collection of impact stories, which speak to our commitment to address health inequalities. I particularly want to note the broad range of areas investigated by our research: [tackling bad air quality](#), [developing a HPV vaccine](#), [improving survival chances of trauma victims](#) or taking action on [sugar](#) and [salt](#) to name just a few."

These results, alongside the recent recognition Queen Mary achieved [for social mobility](#) and [public engagement](#) demonstrate that excellence in research and education can sit happily beside an unrivalled commitment to inclusion, social justice and social mobility. Many of the case studies highlighting the impact of our research submitted in this REF exercise reflect a commitment to excellence coupled with a commitment to social justice. More information can be found on the [featured research pages](#).

Queen Mary retains the HR Excellence in Research award

In another recent development, Queen Mary retained the HR Excellence in Research award following a 10-year review by Vitae, a non-profit global leader in supporting researchers' professional development.

The European Commission's HR Excellence in Research Award marks a UK research institution's commitment to implement the principles of the [Concordat to Support the Career Development of Researchers](#).

The Concordat is an agreement between funders, research institutions, managers of researchers, and researchers themselves. It sets out clear standards that research staff can expect in terms of the research environment and cultures in which they work, and the recruitment and employment practices and the career and professional development support from the institution that employs them. Queen Mary became a [Signatory to the Concordat](#) in January 2021, and published its 2022-2024 Concordat Action Plan a year later, and will continue to report progress on implementing the Concordat annually to the senior executive and council.

In this time, Queen Mary has implemented several changes. These include our Researcher Development programme, a [Code of Practice for Research Staff](#), and resources to better support researchers during the performance and development appraisals. The current Action Plan will build on this progress by improving communications with the research community, supporting researchers' development and culture.

Could you be a Research Delivery Leader? Are you looking for new ways to develop the next generation of Research Delivery Leads?

Applications are now open for the [University of Exeter](#) and [Newcastle University](#) new online Postgraduate Certificate in Leading Clinical Research Delivery. These qualifications are open to prospective learners from all healthcare professions and will commence in September 2022.

They will provide a forum to develop the necessary networks, skills, and confidence for healthcare practitioners from any regulated profession to support and lead clinical research delivery. Aligned with the [NIHR-AoMRC Clinician Researcher Credentials Framework](#), the courses are designed for learners with busy work schedules studying part time.

Full bursaries for the course fees will be available for eligible EARLY applicants.

Further details about the NIHR-AoMRC Clinician Researcher Credentials Framework are available on its [website](#). If you have any questions, please contact credentials@nhr.ac.uk.

One NIHR (National Institute for Health and Care Research)

Prof. Lucy Chappell, NIHR Chief Executive Officer and Chief Scientific Adviser to the Department for Health and Social Care, has written to highlight changes that will be coming through as a result of [Best Research for Best Health: The Next Chapter](#) published in 2021.

One of the areas of strategic focus highlighted in The Next Chapter relates to building the nation's capacity and capabilities in social care research. To signal our commitment, she announced that the NIHR's name changed to the National Institute for Health and Care Research, although it will continue to be known as 'NIHR'.

The NIHR already has a strong foundation in adult social care research. Since our establishment in 2006, we have invested over £200 million into more than 470 projects, with £90 million of this spend since 2020. It is very proud of its [School for Social Care Research](#),

annual [Research for Social Care](#) funding call, [Health and Social Care Delivery Research Programme](#), its [Social Care Incubator](#), and the social care research being undertaken through the [Applied Research Collaborations](#) and [Policy Research Units](#).

But the NIHR has recognised that there is more it needs to do. Consequently, it has announced that it is investing more in social care research, enabling it to hold two Research for Social Care calls each year with a higher funding limit. The scope of RfSC will also be expanded to include children and young people, and we look forward to working in partnership with the Department for Education to drive forward much-needed research. By investing in social care, the NIHR will also be able to make progress against some of our other areas of strategic focus: supporting the recovery of the health and social care system; improving the lives of people with multiple long-term conditions through research; bringing research to under-served regions and communities with major needs; and embedding equality, diversity and inclusion across our research, systems, and culture.

In The Next Chapter, the NIHR also commits to improving our ways of working, making it easier for people to understand and work with it. The NIHR recognises that its breadth and scale can make it quite difficult for users to find their way around and it is therefore creating 'One NIHR' to provide a consistent, high-quality experience to the whole health and care research community. One NIHR will standardise, shorten and simplify application forms, operating procedures, and provide a single point of entry, aligned with the co-ordinating centres over the next year.



During the pandemic, NIHR demonstrated how successful it can be when we all work together towards a common goal. It now wants to bring that same energy and focus to social care and remove elements of bureaucracy that have often distracted or frustrated its users.

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 13a Barts Health Queen Mary Sponsorship of Research Studies - Process for researchers
- SOP 13b Barts Health Queen Mary Sponsorship of Research Studies - Process for JRMO
- SOP 17b Amendments for hosted studies

These and all JRMO SOPs can be found [on the JRMO website](#)

Our research



Major Barts Charity funding for clinical trials

Barts Charity has awarded almost £3 million in funding for the *Advancing substantial*

improvements in health through optimally designed Clinical Trials (ACT) research programme in the Centre for Evaluation and Methods.

Funding is over five years, starting this month, and it will support 11 new posts, and build on existing capabilities within the Barts Clinical Trials Unit to help to create a centre of excellence for trials research in the CEM.

Well-designed and executed clinical trials provide evidence of benefit of healthcare interventions and are a crucial step in improving the lives of patients and the public. ACT will provide expertise to enable the development and successful funding of innovative studies. This funding will allow scientists, clinicians, and other innovators to translate findings into promising health interventions and provide definitive evidence of benefits. The objective is to contribute to a reduction in mortality and morbidity from major disease through effective, efficient clinical trials research, producing tangible benefits. Research will be prioritised where there is a high disease burden for the local community, national or global impact, and where there is synergy with respect to growing research themes covering inequalities and targeted interventions across health settings.

Genes predict response to arthritis treatment

New research from Queen Mary, published in [Nature Medicine](#), has shown that molecular profiling of the diseased joint tissue can significantly impact whether specific drug treatments will work to treat rheumatoid arthritis (RA) patients.



The researchers also identified specific genes associated with resistance to most available drugs therapies, commonly referred to as refractory disease, which could provide the key to developing new, successful drugs to help these people.

While there has been much progress made over the past decades in treating arthritis, a significant number of patients (approximately 40%) do not respond to specific drug therapies, and 5-20% of people with the disease are resistant to all current forms of medication.

The researchers carried out a biopsy-based clinical trial, involving 164 arthritis patients, in which their responses to either rituximab or tocilizumab – two drugs commonly used to treat RA – were tested. The results of the original trial published in [The Lancet](#) in 2021 demonstrated that in those patients with a low synovial B-cell molecular signature only 12% responded to a medication that targets B cells (rituximab), whereas 50% responded to an alternative medication (tocilizumab). When patients had high levels of this genetic signature, the two drugs were similarly effective.

As part of the first-of-its-kind study, funded by the Efficacy and Mechanism Evaluation (EME) Programme the Queen Mary team also looked at the cases where patients did not respond to treatment via any of the drugs and found that there were 1,277 genes that were unique to them specifically.

Building on this, the researchers applied a data analyses technique called machine learning models to develop computer algorithms which could predict drug response in individual patients. The machine learning algorithms, which included gene profiling from biopsies, performed considerably better at predicting which treatment would work best compared to a model which used only tissue pathology or clinical factors.

The study supports the case for performing gene profiling of biopsies from arthritic joints before prescribing expensive so-called biologic targeted therapies. This could save the NHS and society considerable time and money and help avoid potential unwanted side-effects, joint damage, and worse outcomes which are common amongst patients. As well as influencing treatment prescription, such testing could also shed light on which people may not respond to any of the current drugs on the market, emphasising the need for developing alternative medications.

Professor Costantino Pitzalis, Versus Arthritis Professor of Rheumatology at Queen Mary University of London, said “Incorporating molecular information prior to prescribing arthritis treatments to patients could forever change the way we treat the condition. Patients would benefit from a personalised approach that has a far greater chance of success, rather than the trial-and-error drug prescription that is currently the norm. These results are incredibly exciting in demonstrating the potential at our fingertips; however, the field is still in its infancy and additional

confirmatory studies will be required to fully realise the promise of precision medicine in RA.”

The results are also important in finding solutions for those people who do not have a treatment that helps them presently. Knowing which specific molecular profiles impact this, and which pathways continue to drive disease activity in these patients, can help develop new drugs to bring better results and much-needed relief from pain and suffering.

NHS bowel screening programme significantly reduces risk of advanced stage colorectal cancer

The [first national evaluation of the English bowel cancer screening programme](#)'s effect on stage of colorectal cancer has shown that the programme significantly reduced the risk of advanced stage colorectal cancer, and is therefore likely to achieve its aim of reducing mortality from the disease. Results suggest that people who are screened are 32% less likely to be diagnosed with advanced stage colorectal cancer than those who are invited to screening but do not attend.



Around 35,500 colorectal cases are diagnosed each year in England, with 13,500 colorectal cancer deaths occurring. The English NHS screening programme began in 2006, offering biennial guaiac faecal occult blood testing to those aged 60-69. The age range was extended to include those aged 60-74 from 2010. This population-based randomised case-control study of screening participants included 14,636 individuals diagnosed with primary colorectal cancer in 2012-13, and 29,036 unaffected individuals (two controls per case, matched on geographic region, sex, date of birth and year of first screening invitation).

Those who were screened had lower odds of advanced (Dukes' stage D) colorectal cancer (cOR 0.68, 95%CI: 0.50-0.93). The authors estimate that in 100,000 people screened biennially between ages 60-74, 435 fewer advanced colorectal cancer cases occur by age 80 than in a similar unscreened group.

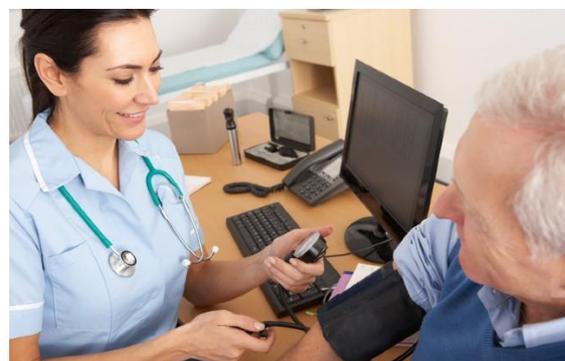
Corresponding author Prof Stephen Duffy said: “This study shows that the NHS bowel screening programme is likely to achieve its aim of reducing mortality from the disease. We now use faecal immunochemical testing, which is more sensitive to both cancer and pre-cancer, so the benefits of the programme in future are likely to be even greater than those we observed.”

Barts Health and Queen Mary trial world-first long-acting injection for high blood pressure

Scientists from Barts Health and Queen Mary trialling an investigational medication for high blood pressure (hypertension) in a clinical study which will give patients an injection of the medication every 6 months.

It is the first time that scientists will be trying an injection-based approach with a long-acting medication to treat high blood pressure, and if successful, it could [change how high blood pressure is treated for adults with this condition](#). An injection-based drug to treat cholesterol was recently tested and approved for use by the National Institute for Health and Care Excellence (NICE).

Those diagnosed with high blood pressure typically take tablets once a day to control the condition, with ACE inhibitors being the most common medication prescribed.



The researchers are looking to test the long-acting injection-based approach in approximately 630 patients worldwide with 100

patients across the UK. The study is funded by Alnylam Pharmaceuticals, with Barts Health NHS Trust serving as the lead site for the trial. The study will run for about 3 years. It is supported by the National Institute for Health and Care Research (NIHR).

If untreated, high blood pressure considerably increases the risk of heart attacks and strokes. It is one of the most common conditions among adults in the UK. Roughly a third of adults suffer from it in the UK. Key risk factors include being overweight, a poor diet with excess salt and not enough fruit and vegetables, along with smoking and a lack of exercise.

Dr Manish Saxena, study lead and Deputy Clinical Director at Queen Mary University of London, Hypertension Specialist at Barts Health NHS Trust said: "We are excited to be trialling this first of its kind approach to research if it is safe and effective for the treatment of high blood pressure. Solving health challenges on this scale cannot be achieved by one person or entity alone. We are thrilled to be working alongside Alnylam and combining our expertise to hopefully change modern medicine."

Providing a wider choice of treatment options to patients will be beneficial as half of people with high blood pressure are not diagnosed or receiving treatment, according to the British Heart Foundation.

Zilebesiran is an investigational RNA interference (RNAi) therapeutic targeting angiotensinogen (AGT) – a protein produced by the liver and involved in regulating blood pressure. Zilebesiran is administered under the skin and is designed to inhibit the production of AGT preventing constriction of blood vessels which may help reduce elevated blood pressure.

E-cigarettes more effective than nicotine patches for pregnant women

E-cigarettes are just as safe as nicotine patches for pregnant women and may help more women stop smoking, new research from Queen Mary suggests. The study, which was published in [Nature Medicine](#), is the first to examine the safety and efficacy of e-cigarettes among pregnant smokers.

While many women stop smoking when they become pregnant, some find it difficult to stop, particularly those from disadvantaged socio-economic backgrounds. Two stop-smoking medications have been tested with pregnant smokers so far – nicotine replacement treatments such as nicotine chewing gum or patches, and bupropion – an antidepressant. Nicotine replacement was shown to have only limited effects, while bupropion had none.



The study, funded by the National Institute for Health and Care Research (NIHR), shows that, as with smokers who are not pregnant, e-cigarettes may be more effective than nicotine patches and do not pose any greater risks to mothers or babies during pregnancy. It involved 1,140 pregnant smokers who were randomly divided into two groups. One was given e-cigarettes, while the other was given nicotine patches. Quit rates in the two study arms were similar, but some successful quitters in the patch group stopped smoking using e-cigarettes rather than patches. When this was controlled for, the e-cigarette group had better proven quit rates at end of pregnancy than the patch group (6.8% vs 4.4%, $p < 0.02$).

These quit rates are low because they required that women post their saliva samples to confirm no smoking, and very few did that. Looking at self-reported abstinence at end of pregnancy, 19.8% vs 9.7% ($p < 0.001$) were abstinent in the two groups. 34% of the women in the e-cigarette group and 6% in the patch group were using their products at the end of pregnancy. Birth outcomes and adverse effects in women were similar in the two groups, apart from low birthweight (babies born weighing under 2.5kg), which was less frequent in the e-cigarette group (9.8% vs 14.8%), most likely because women in the e-cigarettes group smoked less.

Prof Peter Hajek, Director of the Health and Lifestyle Research Unit at Queen Mary

University of London, said: “While it is best for pregnant smokers to stop smoking without continuing to use nicotine, if this is difficult, e-cigarettes can help smokers quit and are as safe as nicotine patches. Many stop smoking services are already using e-cigarettes as an option for smokers generally. Such use can now be adopted in stop-smoking services for pregnant women as well.”

Unvaccinated individuals with heart problems much more likely to die or suffer serious complications from COVID-19

Researchers from Queen Mary and Barts Health have combined evidence from 110 previous Covid-19 studies and found that unvaccinated individuals who contract the virus when they already have high blood pressure, diabetes or major heart damage are up to nine times more likely to suffer serious outcomes - including death, lung failure, admission to intensive care and kidney problems.



The study, published in the journal [Frontiers in Cardiovascular Medicine](#), looked at almost 49,000 unvaccinated patients in total, and identified multiple predictors of more severe Covid-19 and worse outcomes in them compared to vaccinated individuals. It found that evidence of heart muscle damage (myocardial injury) at the time of admission to hospital was associated with a nine-fold increase in likelihood of death. Patients found to have such heart issues also had higher chances of developing other complications, including severe lung failure (acute respiratory distress syndrome) and acute kidney injury, and required higher rates of intensive care admission and invasive mechanical ventilation.

The researchers also found that unvaccinated individuals with pre-existing high blood

pressure, diabetes or heart artery disease had a two to three-fold increased risk of death, and up to 2.5-fold increased risk of other Covid-19 related complications. When comparing the three medical conditions, individuals with diabetes were at the highest risk of developing severe lung failure. Prior to the emergence of Covid-19, these conditions were already known to be common predictors of heart attack and stroke.

Dr Ajay Gupta, study author and Senior Clinical Lecturer at Queen Mary said: “These findings present a strong case for these at-risk groups to be prioritised for vaccinations and other preventative measures. This is especially true in low and middle-income countries, where the impact of cardiovascular disease is particularly high. In more developed countries, groups with cardiovascular risk factors in addition to other vulnerable groups could be selected for booster and annual vaccination programmes, similar to the influenza vaccination programme.”

Dr Sher May Ng, one of the study authors from Barts Health said: “These findings can help us identify unvaccinated individuals who are at a higher risk of worse outcomes, even without special tests. This is particularly relevant where healthcare resources are limited but the proportion of unvaccinated individuals remains high.”

Successful vaccination programs have drastically reduced the social and economic burdens of Covid-19 through altering the disease course and effective prevention of severe disease. While more than 70% of the UK population is fully vaccinated, less than 15% of the population in low-income countries have received any doses of a Covid-19 vaccine. Accurate prediction of risk of severe disease and adverse outcomes of Covid-19 helps prioritise vaccinations for the highest risk groups and enables effective planning of appropriate health and economic policies for resource-limited nations.

Queen Mary academic wins Global Challenges Teaching Award

[Dr Jonathan Kennedy](#) from the Wolfson Institute of Population Health, has won an award in the 'Pandemics' category of the US-UK Fulbright Commission's inaugural [Global Challenges Teaching Awards](#) (GCTA), a programme aimed at increasing access to

global learning for students on either side of the Atlantic.



Dr Kennedy, Reader in Politics and Global Health at Queen Mary, will collaborate with [Jessie Dubreuil](#), Associate Director for Learning at the [Center for Innovations in Teaching and Learning](#) at the University of California, Santa Cruz. Together they will develop a 'virtual exchange' that will allow their students to learn about the similarities and difference between health inequalities in the US and UK.

Dr Kennedy said: "I am incredibly excited by this opportunity. It will allow my students to get first-hand insights into health inequalities in the US, and to develop their intercultural competence. I believe that the exchange will be of great value to the Queen Mary students involved and contribute to some important aspects of the Queen Mary Strategy 2030, such as inclusivity and creating global communities. What is also exciting about the project is that it makes the benefits of educational exchange accessible to all students, not just those that have the time and money to go on a year abroad." other and their partnered institution, with the virtual exchange taking place in the autumn

Professor Jo Martin receives CBE



Our congratulations go to Prof Jo Martin, Deputy Vice-Principal of the Faculty of Medicine and Dentistry, on her award published in the Queen's Birthday Honours List.

Prof Jo Martin, until recently President of the Royal College of Pathologists, has received the award of Commander of the Most Excellent Order of the British Empire (CBE) for her services to the NHS and medical education.

Prof Martin said "I am incredibly humbled and honoured to receive this recognition. I have worked with so many wonderful colleagues at Queen Mary and the NHS over the years – and I would not be in this position without all their support and guidance along the way."

Events

Let's talk about sex: addressing misconceptions and barriers to including both sexes in your experiments

24 June 2022 |10:30-11:30am |Derek Willoughby Lecture Theatre, Charterhouse Square

Dr Natasha Karp presents a seminar exploring the current status in preclinical research and expectation moving forward. It will focus on

the challenges of conducting and analysing animal experiments with both sexes. In particular, the seminar aims to clarify some misconception on needing higher number of animals and give practical advice for including both sexes in experimental design and analysis.

Dr Karp is a biostatistician looking to find practical solutions to support scientists in their research. Her research is focused on improving the replicability of *in-vivo* research

by optimising the experimental designs and by refining our practices in data analysis and reporting. Her work continues to provide statistical leadership across pharma and academic projects, ensuring that experimental design and data analysis are robust to support meaningful biological findings. Dr Karp has published over 64 publications of which 26 are first or senior author publications acting as an interface between statisticians and biologists and finding practical solutions to the challenges of modern research.

Hosts Prof Mauro Perretti and Dr Jordi L. Tremoleda strongly encourage joining in person (tea/coffee refreshments will be available during the networking break) but there is also the option to attend [via Zoom](#): (Meeting ID: 821 1239 7064, Passcode: 366248).

For more information contact Jordi Lopez-Tremoleda j.lopez-tremoleda@qmul.ac.uk

ARC North Thames Researcher Summer Showcase

ACR North Thames has announced its Early Career Researcher (ECR) Summer Researcher Showcase.



The theme for this year's showcase is Patient and Community Involvement and Engagement, with ECRs from across the ARC NT network demonstrating the impact, value, and lessons from patient and public partnerships.

The National Institute for Health and Care Research (NIHR) defines research involvement as 'research being carried out 'with' or 'by' members of the public, rather than 'to', 'about' or 'for' them, and research engagement as the 2-way interaction between researchers and the community for the mutually beneficial transfer of knowledge, technologies, methods or resources.

Join the Team on Friday 8 July to explore the breadth of collaborative applied health research and engagement at ARC NT.

The showcase will be online and followed by an in-person social. [Visit the ARC NT website to find out more and to book your place.](#)

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](#).

Dates for the summer period are:

- Governance training: data management and databases, split over 2 sessions - GCP013A: 14 July, 9:30 am–1 pm and 18 July 1:30–5 pm
- GCP for Lab staff - GCP001: 20 July 2-4.30 pm and 21 July 2-4.30 pm
- GCP, full course split over 2 half-days GCP002A: 27 July 2-5 pm and 28 July 2-5 pm

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 at 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 that new users need to register before booking (select the register button on the site and follow the instructions) with a Queen Mary email address. Once you have

made your booking, you will receive an automated email to confirm your place

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

CPE Training and Advice

Did you know that the Centre for Public Engagement runs a range of internal training sessions to help you engage with the public? Over the summer the CPE is running the following sessions:

- Public Engagement Masterclass - Thursday 7 July: 2pm-4:30pm
- Introduction to involving patients in your work - Thursday 4 August: 2pm-4pm

Learn about the type of training the CPE provide and to book onto an online session on the [Queen Mary Public Engagement site](#).

If you cannot make a particular training session but would like to discuss a public engagement or patient involvement idea, the CPE runs a fortnightly advice surgery.



Research funding

NIHR funding highlights

- [Public Health Research Programme – future topics](#)
Potential advert date: 28 June 2022
The Public Health Research (PHR) Programme is considering the following topics for future commissioned research.
- [Research and Innovation for Global Health Transformation - Call 5](#)
Closes: 13:00 GMT on 29 June 2022
The fifth Research and Innovation for Global Health Transformation (RIGHT) call will support targeted research to strengthen health service delivery and resilience in low- and middle-income countries in the context of extreme weather events.
- [NIHR Population Health Career Scientist Award](#)
Closes: 13:00 on 30 June 2022
We are accepting applications to the NIHR Population Health Career Scientist Award (PHCSA).
- [Research for Patient Benefit - Competition 48](#)
Closes: 13:00 on 13 July 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.
- [22/11 Implementing the Mental Capacity Act in practice \(Mental Capacity Assessments\)](#)
Closes: 13:00 on 19 July 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.
- [22/10 Adult social care needs assessment and care planning](#)
Closes: 13:00 on 19 July 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity. 22/40 HTA Application Development Award: Towards evaluation of
- [22/46 NIHR NICE Rolling Call \(HSDR Programme\)](#)
Closes: 13:00 on 19 July 2022
The Health Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.
- [22/47 Health and Social Care Delivery Research Programme researcher-led](#)
Closes: 13:00 on 19 July 2022
The Health and Social Care Delivery Research (HSDR) Programme are accepting stage 1 applications to their researcher-led workstream.
- [22/46 NIHR NICE Rolling Call \(HSDR Programme\)](#)

- Closes:** 13:00 on 19 July 2022
The Health Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.
- [22/47 Health and Social Care Delivery Research Programme researcher-led](#)
Closes: 13:00 on 19 July 2022
The Health and Social Care Delivery Research (HSDR) Programme are accepting stage 1 applications to their researcher-led workstream.
 - [NIHR Doctoral and Advanced Fellowships Round 8 April 2022](#)
Closes: 13:00 on 21 July 2022
The National Institute for Health and Care Research (NIHR) is launching the 8th round of Doctoral and Advanced Fellowships as part of the NIHR Fellowship Programme. The Advanced Fellowship is for those at a post-doctoral level and can be utilised at several specific points of a researcher's career development. Whilst the NIHR Doctoral Fellowship is a three-year full-time award that supports individuals to undertake a PhD in an area of NIHR research.
 - [22/58 Technology-enabled monitoring - rapid evaluation of innovations team](#)
Closes: 13:00 on 22 July 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting expression of interest applications to this funding opportunity
 - [22/33 Botulinum toxin in the management of chronic masticatory myofascial pain](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/34 Surgical and non-surgical management of basal thumb osteoarthritis](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/35 Thromboprophylaxis in lower limb immobilisation](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/29 Pseudomonas aeruginosa eradication treatment in bronchiectasis](#)
Closes: 13:00 on 27 July 2022
- The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
- [22/30 post-operative pain in patients undergoing spinal surgery](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/31 Glucagon-like peptide-1 receptor agonist therapy for people with severe mental illness living with overweight or obesity](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/32 Biologic disease-modifying anti-rheumatic drugs in pregnancy](#)
Closes: 13:00 on 27 July 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [Programme Development Grants - Competition 34](#)
Potential advert date: 27 July 2022
Applications will soon be invited for Programme Development Grant (PDG) funding. Competition 34 will feature a highlight notice specifically to encourage inclusive and/or new ways of partnership working between researchers, people and communities and other key stakeholders.
 - [Management of perianal Crohn's disease](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Withdrawing long term macrolides in bronchiectasis](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [The clinical and cost-effectiveness of colesevelam for the treatment of bile acid diarrhoea](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Early detection of liver disease](#)
Potential advert date: 28 July 2022

- The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
- [Reducing overtreatment with suspected neonatal sepsis](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [‘Rescue packs’ in chronic obstructive pulmonary disease](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Janus kinase inhibitors for the treatment of juvenile idiopathic arthritis](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Management of bone metastasis and skeletal related events in patients with advanced cancer](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Early detection of liver disease](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Reducing overtreatment with suspected neonatal sepsis](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Repetitive Transcranial Magnetic Stimulation for depression in adolescents](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Urine sampling in children](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Self-care for children with neurodisability](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Low dose computed tomography vs. chest X-ray for the diagnosis of lung cancer in symptomatic patients seen in primary care](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [The clinical and cost-effectiveness of colesevelam for the treatment of bile acid diarrhoea](#)
Potential advert date: 28 July 2022
The Health Technology Assessment (HTA) Programme is considering this topic for future commissioned research.
 - [Development and Skills Enhancement Award Round 10](#)
Closes: 13:00 on 29 July 2022
The Development and Skills Enhancement Award (DSE) is a post-doctoral level award aimed at supporting NIHR Academy Members to gain specific skills and experience to underpin the next phase of their research career.
 - [22/50 HSDR Social Care Rapid Evaluation Research Team](#)
Closes: 13:00 on 9 August 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting expression of interest applications to this funding opportunity
 - [22/60 Mechanisms of action of health interventions in patients with multiple long-term conditions \(MLTC\)](#)
Closes: 13:00 on 16 August 2022
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to their commissioned workstream. This is a relaunch of this call. If you have any questions or feedback on the scope of the call, please contact eme@NIHR.ac.uk.
 - [22/51 Public Health Research Programme researcher-led](#)
Closes: 13:00 on 16 August 2022
The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream.
 - [22/52 Continuing priority research topics of interest to the PHR Programme](#)
Closes: 13:00 on 16 August 2022
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.
 - [22/53 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(PHR Programme\)](#)
Closes: 13:00 on 16 August 2022

The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream. The programme recognises the importance of the research priorities identified by the James Lind Alliance (JLA) Priority Setting Partnerships (PSP) and are interested in receiving high-quality applications which address them.

- [22/54 NIHR NICE Rolling Call \(PHR Programme\)](#)

Closes: 13:00 on 16 August 2022

The Public Health Research (PHR)

Programme is accepting stage one

applications to this funding opportunity.

The programme is interested in receiving applications to meet recommendations in research identified in NICE guidance that has been published or updated since 2015.

- [22/41 NIHR NICE Rolling Call \(EME Programme\)](#)

Closes: 13:00 on 16 August 2022

The Efficacy and Mechanism Evaluation

Programme is accepting Stage 1

applications to this funding opportunity.

- [22/42 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(EME Programme\)](#)

Closes: 13:00 on 16 August 2022

The Efficacy and Mechanism Evaluation

(EME) Programme is accepting stage 1

applications to this funding opportunity.

- [22/43 Efficacy and Mechanism Evaluation Programme researcher-led](#)

Closes: 13:00 on 16 August 2022

The Efficacy and Evaluation Programme is

accepting Stage 1 applications to their

researcher-led workstream

- [22/49 Innovative ventilation technologies for treatment of patients in ICU \(EME Programme\)](#)

Closes: 13:00 on 16 August 2022

The Efficacy and Mechanism Evaluation

Programme is accepting stage 1

applications to this funding opportunity.

- [22/24 Application Development Award \(ADA\): Adult drug screening and brief interventions in key health, social care, and justice settings](#)

Closes: 13:00 on 16 August 2022

The Public Health Research (PHR)

Programme is accepting direct-to-Stage 2

applications to this funding opportunity for

scoping work to develop research

proposals for evaluations of adult drug

screening and brief and extended brief

interventions in key health, social care, and justice settings.

- [22/38 Application Development Award \(ADA\): Universal Basic Income](#)

Closes: 13:00 on 16 August 2022

The Public Health Research (PHR)

Programme is accepting Stage 2

applications to this funding opportunity for

underpinning development work to explore

aspects related to Universal Basic Income

(UBI) or other income supplement models.

- [22/39 Methodological development in public health](#)

Closes: 13:00 on 16 August 2022

The Public Health Research (PHR)

Programme are accepting Stage 2

applications to this funding opportunity.

- [22/48 Delivering a Sustainable Health and Care System \(EME Programme\)](#)

Closes: 13:00 on 16 August 2022

Efficacy and Mechanism Evaluation (EME)

Programme is accepting Stage 1

applications to this NIHR Themed Call

- [22/22 Interventions to prevent eviction and homelessness](#)

Closes: 13:00 on 16 August 2022

The Public Health Research Programme

(PHR) is accepting Stage 1 applications to

their commissioned workstream for this

topic.

- [22/23 Interventions to prevent male violence against women and girls](#)

Closes: 13:00 on 16 August 2022

The Public Health Research Programme

(PHR) is accepting Stage 1 applications to

their commissioned workstream for this

topic.

- [21/605 Public health interventions led by or involving the police](#)

Closes: 13:00 on 16 August 2022

The Public Health Research Programme

(PHR) is accepting Stage 1 applications to

their commissioned workstream for this

topic.

- [21/606 Interventions that impact on gambling-related harm](#)

Closes: 13:00 on 16 August 2022

The Public Health Research Programme

(PHR) is accepting Stage 1 applications to

their commissioned workstream for this

topic.

- [22/21 Interventions to support the health of unpaid carers](#)

Closes: 13:00 on 16 August 2022

The Public Health Research Programme

(PHR) is accepting Stage 1 applications to

their commissioned workstream for this topic.

- [22/44 Innovative ventilation technologies for treatment of patients in ICU \(HTA\)](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary/secondary research topic.
- [22/61 Health Technology Assessment Programme researcher-led \(primary research\)](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their researcher-led workstream.
- [22/62 Health Technology Assessment Programme researcher-led \(evidence synthesis\)](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment Programme is accepting stage 1 evidence synthesis applications to their researcher-led workstream.
- [22/63 NIHR NICE Rolling Call \(HTA Programme\)](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity. The programme is interested in receiving applications to meet recommendations in research identified in NICE guidance that has been published or updated since 2015.
- [22/64 NIHR James Lind Alliance Priority Setting Partnerships Rolling Call \(HTA Programme\)](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity. The programme recognises the importance of the research priorities identified by the James Lind Alliance (JLA) Priority Setting Partnerships (PSP) and are interested in receiving high-quality applications which address them.
- [22/65 Delivering a Sustainable Health and Care System - HTA](#)
Closes: 13:00 on 31 August 2022
The Health Technology Assessment Programme are accepting stage 1 applications to this NIHR Themed Call for research into the evaluation of interventions or services to support the

delivery of a more sustainable UK health and care system, including mitigating the effects of climate change on health and care delivery.

- [22/02 Public Health Intervention Responsive Studies Teams \(PHIRST\) - call for Local Authority Initiatives](#)
Closes: 13:00 on 12 September 2022
The Public Health Research (PHR) Programme are accepting Expressions of Interest (Eoi) from Local Authorities that have initiatives in need of research and evaluation.
- [22/36 Microsuction compared with irrigation to remove earwax](#)
Closes: 13:00 on 14 September 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
- [Research for Social Care - Competition 5](#)
Closes: 13:00 on 14 September 2022
Applications are invited for research proposals that will generate evidence to improve, expand and strengthen the way social care is delivered for people who draw on social care support and services, carers, and the public.
- [22/37 non-pharmacological interventions for fatigue management in adults with long-term health conditions](#)
Closes: 13:00 on 21 September 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this evidence synthesis topic.
- [22/68 Health inequalities in overprescribing](#)
Closes: 13:00 on 22 September 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.

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

GOSH Charity and Sparks National Funding Call

For the sixth year in a row, [Great Ormond Street Hospital \(GOSH\) Children's Charity](#) is making £2m available to support eligible project grant applications from researchers across the UK. This year it is partnering with [The Norrie Disease Foundation](#),

[Acrodysostosis Support and Research](#), [Myotubular Trust](#), [Action for AT](#) and [Ewing's Sarcoma Research Trust](#).



GOSH Charity is inviting project grant applications for paediatric health research studies focusing on complex or rare diseases. The call will support research across the spectrum of medical conditions affecting the foetus, neonates, and children directly, as well as pregnancy disorders that affect the child. Like last year, they will also consider applications seeking to understand how Covid-19 affects children, particularly in the context of pre-existing diseases or conditions. Qualitative and mixed-methods research projects, including healthcare management and service delivery for specific childhood diseases/conditions or groups of closely related conditions, are also welcomed.

All projects must aim to improve understanding of the disease or associated conditions or to improve outcomes for the affected child. Proposals will be expected to have the potential to lead to new medical developments or improved healthcare (for example, diagnostic tools or novel interventions) through laboratory and/or clinically based research. Applicants must clearly articulate the route to clinical application and/or potential for patient benefit, regardless of where their proposed studies are positioned along the basic-to-applied research continuum.

This is a national funding call and is open to independent researchers based anywhere in the UK. Investigators can apply to this call as a lead applicant if they: Hold a salaried, academic research post; are in an independent position at group-leader level and have sufficient time remaining in their current post to complete the awarded project or provide a written commitment from the host institution to extend the post for the duration of the award should it be successful.

All applications to this call will be uniformly assessed according to the same criteria for remit, quality, impact, and value for money, irrespective of their potential for co-funding by one of the research partners or the career

stage of the main applicant. Further prioritisation of applications will only be considered where proposals are deemed equally competitive.

For frequently asked questions about this funding call please [visit the GOSH website](#) or contact the GOSH Charity Grants team at grants@gosh.org.

To start your outline application please use the [Grants Management System website](#).

The deadline for submission of outline applications is **5pm, Thursday, 7 July 2022**.

Prostate Cancer UK Funding calls



[Research Innovation Awards](#)

This is a two-stage call that will open for expressions of interest for bold, innovative research projects that have a real potential to impact the way prostate cancer is diagnosed and treated.

The call will open for applications on 18 July 2022.

[Transformational Impact Awards](#)

This new funding initiative will support larger-scale research investments which aim to tackle the biggest challenges in prostate cancer, covering high quality discovery science, through to translation and clinical research. These awards will deliver research which cannot be met through our existing funding schemes, with the ambition to significantly expand our understanding of the disease, maximise the scale and speed of progress in prostate cancer research and crucially deliver a positive impact on the lives of men with prostate cancer. The call is open for applications on 18 July 2022.

Funding call: science, trust and policymaking

The British Academy is inviting proposals from UK-based researchers in the humanities, social sciences, and the arts (the SHAPE subjects) to explore public expectations and beliefs about the role and trustworthiness of science in policymaking across different areas

of policy. To respond to the topic of this scheme, we are inviting researchers to explore 'Under what conditions is science viewed as relevant and authoritative in policy-making?'

We expect to make an award of up to £100,000 (with Full Economic Costing at 80%), composed of two interrelated parts, starting in September 2022. We expect the project will run for no longer than 12 months. The

research outcome under this scheme and complementary British Academy work in this area will conclude in a report and recommendations for the Prime Minister's Council for Science and Technology.

Applications must be submitted by 6 July 2022, 17:00 (BST).

[More information is available on the British Academy website.](#)

Fellowships and related opportunities



Researchers at Risk Fellowships

The British Academy with [Cara \(the Council for At-Risk Academics\)](#) is establishing *Researchers at Risk Fellowships Programme* with the support of the Academy of Medical Sciences, the Royal Academy of Engineering and the Royal Society. The Fellowships will cover the natural sciences, medical sciences, engineering, humanities, and social sciences with applications made via UK-based institutions.

This Programme is a response to the Russian invasion of Ukraine, which has exposed Ukrainian-based researchers to direct threats. We wish to open the scheme more widely when possible. There is an immediate need to provide support for these researchers to enable them to have the space to continue their work. The Programme is receiving £3 million of government funding from the Department for Business, Energy and Industrial Strategy. The Nuffield Foundation, an independent charitable trust, is contributing £0.5 million towards the scheme.

For this Programme, a 'researcher' is considered to mean a person who has been engaged in teaching or research at a university, research institute or equivalent institution. The UK host institution will lead on completing an application.

For more information, please visit [the British Academy website.](#)



The Royal College of Physicians and NIHR CRN awards 2022

The Royal College of Physicians (RCP) and NIHR CRN awards are now open. These awards recognise outstanding contributions of NHS doctors who are active in research. There are two categories:

- Trainee
- Consultant

The awards close on **19 July 2022**. [More information and how to apply is available on the NIHR website.](#)

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