

Joint Research Management Office

Research News Bulletin

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Revised Research Policies published

Last month both Queen Mary and Barts Health agreed to a new set of policies to support and guide research activity at the University and the Trust.

Research activity at Barts Health and Queen Mary, particularly clinical research, along with the workings of the JRMO itself, is undertaken in accordance with this set of agreed policies. The policies are usually reviewed every three years, but this latest review was delayed first by Brexit, and its possible regulatory consequences, and then by the pandemic.

They cover standards for our research, assuring its quality, information around research, minimising risk in R&D activities, financial probity and HR issues related to research. They can be viewed [collectively](#) on the JRMO website or, on a further webpage, [individually](#).

This joint policy approach was adopted to establish a common set of principles to provide consistency for researchers working in both organisations and ensure clear and consistent standards for research work and drawing on respective strengths.

The policies are designed to ensure there is clear guidance for research managers and

research staff concerning requirements for undertaking clinical and other types of research following [The UK Policy Framework for Health and Social Care Research \(2020\)](#).

Policies that have changed significantly since the last set include:

- Policy 1: Study Set-up and Regulatory Approvals
- Policy 2. (a) Queen Mary Policy on Research Integrity; (b) Queen Mary Policy on Research with Human Participants; and (c) Queen Mary Policy on Ethical Partnerships,
- Policy 22. Queen Mary Export Controls and Sanctions Policy (a new policy)

Separate reviews are ongoing concerning:

- Policy 17: Queen Mary's policy on the identification and protection of Intellectual Property
- Policy 24: Research Misconduct

In many cases, these policies will need to be read in conjunction with JRMO [Standard Operating Procedures \(SOPS\)](#) also available on the JRMO website. Updates to our SOPs are published routinely in this Bulletin



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~ Please 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

New JRMO International team

Changes that began in the summer have now come into effect with the formation of a new International Research and Innovation Team within the JRMO. This combines expertise from three former teams - QMI Global Innovation Partners, the JRMO's EU and non-EU pre and post-award support, and Business Development.

The new team will work to engage the best international partners, capture collaboration opportunities at home and overseas and raise Queen Mary's profile and capabilities globally. It provides central pre-award costing and contracts support, post-award financial and compliance management for all large-scale EU and non-EU research projects within a single dedicated team and will be the centre for advice and guidance on international bids, risks and mitigations and financial compliance for our research community.

- Strategic Partnership/Research Development - three specialist Senior Partnerships Managers will manage the funding pipelines with strategic engagement with the UK and overseas funders, building a network of preferred partners and collaborators plus initiating and co-ordinating large multidisciplinary bids.
- Pre-award Costing and Contract Support - four dedicated staff will coordinate competitive research bids, ensuring compliance with international regulations and funder requirements. They will act as key liaisons with external funders and partners, lead negotiations and prepare project contracts and budgets, as well as undertake overseas partner due diligence and provide advice on compliance and financial viability.
- Post-award Finance and Compliance Management - six experienced staff will provide comprehensive post-award services from grant set-up to project closure. This work covers partner due diligence, financial monitoring/reporting, budget reconciliation and preparation for internal and external audits. They will also interact with the pre-award team to provide a high level of client support which is essential for delivering large international collaborative projects.



- Trusted Research and Export Controls - an experienced manager will assess partnership risks within the global context, formulate policy and processes to underpin Queen Mary's compliance with Export Controls legislations and the NSI Act and develop training and provide guidance in trusted research to researchers.

The new team's [JRMO website](#) pages are under development, but they have already launched a [SharePoint site](#), accessible on application to a [team member](#).

NHS England launches National Contract Value Review

NHS England has launched the NCVR ([National Contract Value Review](#)) process, which is a standardised, national approach to costing for commercial contract research undertaken in the NHS. The NCVR is underpinned by the [National standard contract](#) and the [National directive on commercial research studies](#) and is being delivered in partnership with the NIHR, the Health Research Authority and the Department for Health and Social Care.

The introduction of NCVR in October 2022 means that, before NHS sites are allocated a budget provided by the Sponsor, the study will undergo a robust national review, so reducing the requirement for further local, site-level negotiations.

This will mean some changes to the way budget reviews for Commercially Sponsored

research studies are completed within the Trust.

- (i) **National Reviews where the CI is located at Barts Health.** A National, study-wide review of the budget will be completed by an NCVR costing expert from the site at which the Chief Investigator is affiliated. This will provide a thorough and expert review of the resources required to deliver the protocol that should then be accepted by other participating sites. The Costing expert will be expected to seek input from the CI and their local study teams (similar to our current medical sense check process). Around 30 to 40 new commercial contract studies per year are initiated with CIs affiliated with Barts Health and timely engagement with this process by CIs would be encouraged to ensure quality output of the national reviews from our organisation.
- (ii) **Local review of resource following NCVR.** Given the budget has been reviewed by clinical research and costing experts before allocation to the site, the quality and completeness should be much improved on what we have previously received from sponsors. We have, therefore, decided to pilot a new local process based on the overall resource required to deliver a study, rather than a line-by-line review of timings for individual research activities. This should be a less onerous task for the study teams and PIs and should, in theory, save time and shorten the review process so we can open studies more quickly and maximise recruitment opportunities.

Starting in the New Year, we are aiming to hold knowledge exchange sessions to explain the changes to the process in more detail and provide a forum for research teams to ask questions and feedback their views on the process. Please look out for invitations to these.

If you have any questions, please contact the Barts Health pre-award team at research.governance@qmul.ac.uk

Barts CRF developments

Planning for the new Barts Clinical Research Facility (CRF) at the Royal London Hospital passed two important milestones recently. The design for the new unit was completed at the end of October and the business case was approved by the Barts Health Trust Board in November.

The new unit will have 10 inpatient beds, including two isolation rooms, 7 recliners, and 8 consulting rooms, plus laboratory, pharmacy and research office space (see images). The larger facility will support a full range of clinical trials, including early phase first in human studies and advanced therapy trials.

The project will be funded by a grant from Barts Charity, an NIHR grant and by income from commercial research. As well as providing support for the construction and fit-out costs, the funding will also cover staff and operational costs, including an innovative new PI scheme, funding half a day a week for up to ten new PIs.

The new CRF will, therefore, enable us to provide more capacity for a wider range of trials, researchers, and trial participants, increasing both the quantity and quality of clinical research. We aim to widen participation through a programme of community engagement, demonstrating the benefits of research to the local community and beyond.



The next steps for the programme are to complete the Barts Charity grant approval process (January 2023), commission and commence the construction work (July 2023) with a full opening due by September 2024.



Barts Charity Impact Report available

Barts Charity has just published its first-ever Impact Report. This report brings to life how the charity's funding and activities have made a real difference in 2021-2022.

This first Impact Report brings to life how our funding and activities have made a real difference in 2021-2022. Highlights include newly funded projects, supporter stories and healthcare improvements.

The full report on [the Barts Charity website](#)

New QM Director of Research and Innovation

Dr Bryony Butland has joined us as the new Queen Mary Director of Research and Innovation. Bryony brings a wealth of understanding of the UK and International research and innovation environment, and experience in how to deliver in complex environments.



Bryony joins from UK Research & Innovation, where she has been the Programme Director for UKRI research sustainability and infrastructure. She led the development of UK Research and Innovation's Infrastructure roadmap which set out opportunities for creating a step-change in the next generation of infrastructure capability in the UK. Since publication in 2018, she secured the budget for UKRI's Infrastructure Fund leading the prioritisation process for major infrastructure

investments announced in 2021 and 2022. Alongside this she has led work on a range of strategic questions for UKRI including the financial sustainability of research, most recently focused on responding to the pandemic and developing an analysis of other longer-term economic pressures.

Bryony started her career as a researcher completing her PhD in Genetics and a postdoc in a biotech company. She had previously worked on four Government science and innovation strategies: the case for investment in research and innovation in UK Government spending events; the policy for assessing the impact of Government investment in research; the set-up of Innovate UK/ UKRI; and the development of the Higher Education and Research Bill. She has also worked on public health policy for childhood obesity in DHSC and the Government Office for Science, UK Energy Strategy and Civil Contingencies. She was awarded an OBE for services to science in 2016.

Get involved with PRES

It's never too late to involve yourself and your patients in [PRES - the Patient Research Experience Survey](#).

Recent responses to PRES revealed that there was overwhelmingly positive feedback on our participants' research experiences:

- 92% of participants felt prepared for the study before it took place
- 92% of participants knew who to contact during the study
- 89% of participants felt valued by researchers for taking part in the study
- 95% of participants felt respected by researchers

The Research Engagement Team coordinates the delivery of PRES. Last year this involved 12 research teams conducting studies across several medical specialties and trial units, including cancer research at St. Bartholomew's Hospital, Diabetes, Gastroenterology, Trauma and Children's Health.

Due to the lingering impact of the pandemic, we received significantly fewer responses compared to previous years. That was also the case in other partner organisations within the North Thames CRN and other NIHR Networks. Nonetheless, we collected 137 responses,

equal to a second-place finish on the NIHR CRN: North Thames leader board, which provides us with a significant amount of patient feedback to improve our understanding of what is important to patients, and so make improvements where they are likely to have the greatest impact.

Changes we have made in response to PRES include:

- Contacting patients by phone/in clinics and giving them the option to receive study information via their mode of conversation.
- Offering virtual follow-ups for patients who travel further where possible, dependent on the relevant study protocol.
- Improving the dissemination of research results using infographics and other formats, such as videos; ensuring we share study results with staff and patients in a more streamlined process across all studies.
- Improving the visibility of research by ensuring that current information about relevant research is listed on the Barts Health website and made available in our clinics and waiting areas information about, for example, current clinical trials and trial result updates.

All NIHR Portfolio researchers can offer the survey, which is vital to monitoring our performance and maintaining best practices. If you would like to find out more about how you can get involved, contact James and Neeta at patientsinresearch.bartshealth@nhs.net

Pilot project on departmental-led Capacity and Capability Review

The JRMO issues the confirmation of Capacity and Capability ('C&C') for over 400 hosted studies each year. Recent feedback from study groups and an internal review suggests that many study teams could take a more active role in the C&C process.

From January the JRMO will pilot a proposal for study teams that have demonstrated full compliance and competency in the C&C process to take more responsibility in the set-up of hosted studies. Teams will voluntarily apply to take part in the new process and will be required to adhere to JRMO terms and conditions without contention. Approval for this process will be risk-based.

This new process will be a pilot which will initially run for 12 months with a full review after 6 months. By opting into this pilot, the study may also be reviewed as part of the JRMO's internal routine audit schedule to ensure compliance with existing SOPs and processes.

Key stakeholders have already been selected but to find out more please contact Mays Jawad in the JRMO: m.jawad@qmul.ac.uk

Nominations open for FMD Representative for the Centre for Public Engagement Small Grants Funding Panel

The [Centre for Public Engagement](#) is seeking a representative from the Faculty of Medicine and Dentistry to join the [Small Grants](#) Funding Panel, to review public engagement project applications submitted to the scheme and to work with CPE to make decisions on funding allocations.

Nominations are invited from students and staff at any career stage in Medicine and Dentistry who have any public engagement experience and/or responsibilities.

Applications close at noon Wednesday 4 January.

[For more information and to apply visit the Public Engagement site.](#)

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 14 Review of Clinical Research including Scientific and Departmental Review

- Associated Document 1: Review of Clinical Research Guidance
- Associated Document 2: Template Terms of Reference
- Associated Document 3: Scientific Peer Review template
- Associated Document 4: Review Form

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

Principal's Strategic Fund infrastructure investment

The Faculty of Medicine and Dentistry had secured significant investment from the Principal's Strategic Fund to purchase several key pieces of equipment and underpin further cutting-edge research and education. The funding amounts to circa £2.5 million and will support the following key acquisitions:

- IHSE - Anatomical models that will support and improve the delivery of teaching to current MBBS and Physician Associate programmes and support the development of new courses.
- Blizard Institute - Perkin Elmer Chemagen 360 for nucleic acid extractions; Illumina NextSeq 2000 for high-throughput sequencing and Cybio Flexi Liquid Handling robotics for high-throughput screens.
- Barts Cancer Institute - Symbionix RobotiX Mentor to support a portfolio of new postgraduate education and training programmes in robotic surgery; a new autoclave with a self-steam generating system to increase resilience in the John Vane Science Centre labs; Vxrail nodes to enable remote access to lab research equipment; RNA Hub equipment to support RNA biology and therapeutics research; and a fluorescence slide scanner for multiplex imaging.
- William Harvey Research Institute - a Micro CT Scanner for high-resolution 3D imaging; replacement biological safety cabinets for existing obsolete units; ThermoQ Mass Spectrometer for compound analysis; and enhanced confocal microscopy equipment to maintain our imaging capabilities.
- Dentistry - Keyence Microscopy for advanced 2D and 3D imaging of biological structures.

A number of these pieces of equipment will support research across a range of Institutes and Groups. This is the kind of collaborative working that reflects well on the faculty and certainly helped to make the case for new investment. I'd encourage all groups to think in

this broad way as it will bring many benefits in future and increase our competitiveness.

New drug treats high blood pressure in resistant patients

A new drug called Baxdrostat has been shown to significantly reduce high blood pressure (hypertension) in patients who may not respond to current treatments for the condition, according to results from a phase II trial led jointly by a Queen Mary researcher and colleagues at CinCor Pharma, USA.

Published in the [New England Journal of Medicine](#) and presented at the American Heart Association Scientific Sessions conference, the trial results represent the first time that this long-sought new class of drugs to treat resistant hypertension has been developed and successfully tested.

The trial, conducted over 12 weeks, gave 248 patients either a once-daily dose of Baxdrostat at varying amounts or a placebo. At entry to the trial, none of these patients' blood pressure was controlled despite taking 3 or more medicines for high blood pressure. Baxdrostat works by preventing the body from making aldosterone, a hormone which regulates the amount of salt in the body. Baxdrostat suppressed blood and urine levels of aldosterone and caused a marked fall in blood pressure in patients whose hypertension is resistant to usual drugs, and it was found that this type of hypertension is partly due to excess production of the aldosterone hormone.

Prof Morris Brown, the co-senior author of the study and Professor of Endocrine Hypertension at Queen Mary University of London, said: "The results of this first-of-its-kind drug are exciting, although more testing is required before we can draw comparisons with any existing medications. But Baxdrostat could potentially offer hope to many people who do not respond to traditional hypertension treatment.

"The effectiveness of older drugs in individual patients can vary substantially, whereas a hallmark of this new class is that it can be predicted to work well in the patients whose aldosterone hormone has made them resistant to older treatments."

High blood pressure is the main cause of strokes and a common cause of heart attacks

and kidney failure. In most people with the condition, the cause is unknown, and they need life-long treatment through drugs. It is one of the most common conditions among adults in the UK – roughly a third of adults suffer from it. In recent years, it has become clear that in 5-10 per cent of people with it is a gene mutation in the adrenal glands, which results in excessive amounts of the steroid hormone, aldosterone, being produced. This amounts to potentially more than 500,000 people in the UK.

Aldosterone causes salt to be retained in the body, driving up blood pressure. Patients with excessive aldosterone levels in the blood are resistant to treatment with the commonly used drugs for hypertension.

Three Queen Mary researchers named among top 100 female scientists in the UK

Frances Balkwill, Irene Leigh and Claudia Langenberg have been named in research.com's top 100 female scientists in the UK.



Research.com released its first annual ranking of [top female scientists in the world](#) yesterday (21 October). The ranking aims to "inspire female scholars, women considering an academic career, as well as decision-makers worldwide with the example of successful women in the scientific community."

Three researchers from the Faculty of Medicine and Dentistry have been named in the top 100 female scientists in the UK:

Frances Balkwill, Professor of Cancer Biology at Barts Cancer Institute, studies the links between cancer and inflammation, with a particular focus on ovarian cancer, and she researches ways of translating this into

treatments to test in clinical trials. She is Deputy Lead for the Centre for the Tumour Microenvironment at Barts Cancer Institute. She is also a Fellow of the Academy of Medical Sciences and Director of the [Centre of the Cell](#).

Claudia Langenberg, Director of the Precision Health University Research Institute, is a German-British scientist who has been recently appointed as the Director of the Precision Health University Research Institute (PUHRI), a new cross-faculty institute that will work closely with Barts Health NHS Trust to research and develop innovations in precision healthcare. A public health clinician by training, her research is focused on the genetic basis of metabolic control, and her team studies its effects on health through the integration of detailed molecular with large-scale clinical data.

Irene Leigh, Professor of Cell and Molecular Medicine at the Institute of Dentistry, has focussed her research on non-melanoma skin cancers and genetic skin diseases. Early in her career, she established the Centre for Cutaneous Research at the London Hospital Medical College, which later became part of the Faculty of Medicine and Dentistry. The Centre became a world leader in skin biology research. Irene directed the Cancer Research UK (CRUK) skin tumour laboratory from 1989-2017 and returned to Queen Mary in 2018 as the Interim Dean for Dentistry, and now leads a project to establish the Queen Mary International Clinical Academy.

Funding boost to help develop targeted healthcare for patients in east London

Barts Health NHS Trust has received £20.9 million in funding from the National Institute for Health and Care Research (NIHR), providing a major boost to their plans to tackle health inequalities and deliver pioneering, innovative healthcare to the people of east London and beyond.

The funding will be used by healthcare professionals and scientists to research and develop new ways to diagnose and treat a variety of illnesses including cancer, musculoskeletal conditions and heart disease, based on an individual patient's genetic make-up and health history, known as [precision or personalised medicine](#).

The Trust will carry out this research in partnership with Queen Mary University of London and St George's University of London and NHS Trust, forming the new 'NIHR Barts Biomedical Research Centre (BRC)'.



Professor Sir Mark Caulfield, Vice Principal for Health at Queen Mary and the Barts BRC Director, said: "The new NIHR Barts BRC partnership between three leading healthcare and academic organisations provides a unique opportunity to tackle health inequalities in our diverse local communities. This new centre will help make our ambition to bring personalised healthcare that improves survival and quality of life to those suffering from the disease in east London and beyond a reality."

Building on the existing research carried out by the Trust, the new BRC has a particular focus on finding new ways to diagnose diseases like cancer earlier, which increases the chances of survival. One [way they will do this](#) is by looking for patterns and clues in existing healthcare data that has been depersonalised, which could reveal new information about a disease, and in turn how to better diagnose and even treat it.

New research shows how IVF patients view medical evidence differently

People struggling with infertility take very different views on the medical evidence around treatment and need personally tailored support from doctors to make informed choices, according to a study by Queen Mary University of London published in the journal *Sociology of Health and Illness* this month.

Over 50,000 people have fertility treatment every year in the UK, and an estimated 70% of these use controversial 'add-ons' that promise

to increase their chances of having a baby but aren't supported by solid evidence. Most fertility treatment in the UK is paid for privately, with prices varying from £3,000 to £20,000, so patients need to be able to make decisions based on evidence, rather than marketing.

Private fertility care providers are often accused of manipulating vulnerable patients for financial gain, and a [BBC Panorama film](#) in 2016 investigated IVF clinics selling unproven or risky add-ons. However, research led by Queen Mary's [School of Business and Management](#) tells a different story: While some patients prefer to delegate decisions to their doctors, others actively assess add-ons and decide to take risks, especially when fertility treatment has not worked in the past.

Researchers held in-depth interviews with 51 fertility treatment patients across England aged 29 to 47, including those personally going through IVF as well as their partners. The results show that patients share a general understanding of what counts as medical evidence but take different views of what is 'good' or 'enough' depending on their personal experience of infertility and IVF.

The study found that patients were expected to make their own choices about what add-ons to have – and some did want to critically assess the evidence available, but around half preferred to leave decision-making with healthcare professionals and just follow their advice. Interviews also revealed that patients looked at the evidence based on their own experience, calculating risks and making choices based on what they had been through in the past or how many chances they felt they would have to try for a baby in the future.

In light of the new study, researchers are calling for healthcare professionals to rethink what "informed choice" means in a privatised system. Patients need quality information in an accessible format so they can make treatment choices themselves, but alternative strategies should also be explored to defend those who take calculated risks or defer to their doctors.

You can read the newly published study in the open-access journal [Sociology of Health and Illness](#), and find out more about this ongoing research project on the [Remaking the Human Body](#) blog.

£7m NIHR grant to create new Global Health Research Centre

Professor Victoria Bird, a researcher at Queen Mary University of London (Unit for Social and Community Psychiatry), has been awarded a £7m grant from the National Institute for Health and Care Research (NIHR) to develop a new Global Health Research Centre with partners across Latin America.



The new Centre will work with communities across Latin America to develop innovative, low-cost solutions to improve healthcare for non-communicable diseases – with a key focus on indigenous populations. Taking the role of Centre co-director alongside Professor Bird is Professor Carlos Gomez-Restrepo, Dean of the Faculty of Medicine at Javeriana University (Colombia).

Non-communicable diseases (NCDs) are responsible for 8 out of 10 premature deaths, with the greatest burden in low- and middle-income countries. In Latin America, long-term NCDs are a leading cause of disability and poor quality of life. There is a lack of community-based care to help people manage long-term conditions, with most currently available limited to hospital settings.

The NIHR Global Health Research Centre for the Community Management of Long-term Conditions will bring together researchers from Queen Mary University of London and three locations across Latin America – Universidad Javeriana in Colombia, Universidad Franz Tamayo in Bolivia, and Universidad Rafael Landívar in Guatemala.

Working in close partnership with Universidad Javeriana, a leading university in Colombia, the Centre will investigate the best ways to manage long-term conditions, developing interventions using resources available within the community to change factors and

behaviours linked to the development of long-term NCDs. The Centre will develop the skills of local researchers and clinicians and will host a PhD and master's programme to provide formal training for students in all three countries.

The NIHR Global Health Research Centres programme funds research-driven partnerships between institutes in LMICs and the UK to carry out high-quality research and strengthen institutional capacity within LMICs to undertake, manage and disseminate high-quality applied health research. The Latin American Centre is one of five research consortia to have been awarded funding for this new programme and is the only one based in Latin America.

Suicide risk much higher with a diagnosis of young-onset dementia

A study of nearly 600,000 people in England shows that suicide risk in the first three months following a dementia diagnosis for patients aged under 65 is nearly 7 times higher than in patients without dementia.



In the UK, around 850,000 people are currently living with dementia and it's the leading cause of death. Around 70,800 of these have young-onset dementia. Only two-thirds of those living with dementia have received a diagnosis and improving access to a timely and accurate dementia diagnosis is a major NHS priority.

However, the expansion of memory clinics for diagnosing dementia has not always been accompanied by additional resources for supporting patients in the difficult period after they are given a diagnosis.

Researchers from Queen Mary University of London and the University of Nottingham

undertook a [population-based case-control study](#) of medical records from 2001–2019 to determine if there was a link between dementia diagnosis and suicide risk.

The researchers found that nearly 2% of patients with a dementia diagnosis died from suicide. The results showed that patients were at a high risk of suicide after a dementia diagnosis if aged under 65, during the first three months after a diagnosis, or if they had a known psychiatric illness. Early recognition and a timely accurate diagnosis of dementia, combined with specialist support, are hugely important factors in reducing the distress caused by a young onset diagnosis.

Dr Charles Marshall, senior author and Clinical Senior Lecturer and Honorary Consultant Neurologist at the Wolfson Institute of Population Health at Queen Mary, said: "Improving access to a dementia diagnosis is an important healthcare priority. However, a dementia diagnosis can be devastating, and our work shows that we also need to ensure that services have the resources to provide appropriate support after a diagnosis is given."

Agile team learns of appetite for research at community events

Members of the CRN North Thames agile working team, which promotes and supports the delivery of research in community settings, have been a strong presence at two events in North Thames.

The team attended the Queen Mary University of London Festival of Communities at Stepney Green Park and the Big Conversation on BAME Men's Mental Health and Wellbeing at the London Muslim Centre, organised by local charity Social Action for Health.

The Festival of Communities focuses on the vibrant community of the London borough of Tower Hamlets, where the university is based. It was created by Queen Mary in collaboration with Tower Hamlets community groups and organisations, to provide a space where everyone can come together, and share experiences. More than 8,000 people attended on the day and the team, supported by a representative from Noclor, handed out information about research, with leaflets about Join Dementia Research, in particular, proving popular, and visitors were given an activity

where they were asked questions about research by the team.

Sarah Gifford, Community Engagement Manager at Queen Mary University of London said: "It's so important to engage residents and communities in all stages of health research, so it was particularly great to have CRN North Thames take part in the Festival of Communities this year.

"The festival provides an opportunity for people to come together in Tower Hamlets and begin really important conversations about new and important topics which the team embraced over the festival weekend. Thanks for all your efforts!"

At Social Action for Health's Big Conversation event at the London Muslim Centre, which focused on mental health in men from Black, Asian and Minority Ethnic communities, members of the agile team heard presentations from community leaders and NHS representatives on some of the issues and barriers which have prevented men from these communities accessing mental health services.

The team also took part in group discussions with community members and leaders, where participants shared their own experiences, with language-specific facilitators and male and female exclusive tables.

Barts Bone & Joint Health team at the WellOne festival

Barts Bone & Joint Health team attended the WellOne Summer wellbeing festival in September. They asked visitors if they have had a bone or joint problem, now or in the past, and if yes, how they would feel about taking part in research.



Responses covered the spectrum from positive to uncertain to negative. Many felt they would love to contribute, especially to help understand why some injuries happen. Others felt it would depend on what was involved but they would be open to discussing research as they realised that helps people, others were not inclined to be involved but thought they might be if they knew

more about it. Even those inclined to say no felt that more information might persuade them. So information about the research and any related risks and possible benefits seems the key to getting more people involved in research.

Events

JRMO drop-in sessions

JRMO drop-in sessions take place on the second Wednesday of every month, 10-11 am.

To attend a session during that time please [follow this MS Teams link](#)

You can of course continue to contact the team at any time
- research.governance@qmul.ac.uk- if you

have a query regarding research governance, amendments or other GCP-related matters.

If you have a question about any of the following, 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

Training

JRMO GCP Training

Both Queen Mary and Barts Health require all those undertaking clinical research at our sites to attend appropriate training. It is mandated that all researchers conducting MHRA-regulated trials must complete a GCP course and refresh it every two years. The same is advised as the best practice for all other researchers.

More details regarding research-specific training can be found in [JRMO SOP 34a Researcher Training](#) and [SOP 12b Associated Document 2: JRMO Sponsorship review proportionality document](#)

To book on to a course please email research.governance@qmul.ac.uk with the subject title 'GCP COURSE BOOKING', including in the body of the email the name of the JRMO course you wish to attend (see below). Your place will be confirmed by email.

JRMO Good Clinical Practice (GCP) training is currently being delivered online, via Zoom.

The following courses are available to book for the 2022-2023 academic year:

- GCP Refresher - 12 January 2023, 9.30-12.00
- GCP for MHRA Regulated Studies -18 & 19 January, 13.30 – 16.00
- Governance Training Course - Study Set Up, 25 & 26 January, 9.30 – 13.00
- GCP Refresher - 21 February, 13.30 – 16.00
- Governance Training Course: Managing a Study – 22 February, 13.30 – 16.00
- GCP for non-CTIMP research – 1 March, 13.30 – 17.00
- GCP Refresher - 14 March, 13.30 – 16.00
- GCP for MHRA Regulated Studies – 22-23 March, 9.30 – 12.00
- GCP for Laboratory staff – 29-30 March, 13.30 – 16.00
- GCP for Clinical Investigations (ISO14155) – 19 April, 13.30 – 16.00
- GCP Refresher - 20 April, 13.30 – 16.00
- Governance Training Course: Data management and Databases – 26-27 April, 9.30 – 12.00

CPE training and advice

Queen Mary's Centre for Public Engagement runs a range of internal training sessions to help researchers engage with the public. Each training session is a mixture of presentations, activities, and discussions to provide you with the knowledge and practical skills to enable you to get involved with public engagement activities.

If you are new to public engagement or are looking to familiarise yourself with the basic principles of engagement, we recommend attending one of our [Public Engagement Masterclass sessions](#).

If you have some experience in public engagement or are looking to focus on a particular area of engagement, we recommend attending our [in-depth training sessions](#).

Other courses are available and the Centre is also able to offer [bespoke training sessions for schools and faculties at Queen Mary](#), and [training for groups external to the University](#).

Protecting Your Research: QMPLUS Export Control and Trusted Research Module

The course is designed to raise awareness of the kinds of risks that you, as an academic, can encounter during your research. The aim is to help you ensure that you meet relevant legal obligations and to support you with making informed decisions about research collaborations. You will get access to information on important subjects such as personal data, research data, export controls, intellectual property, and cyber security.

The course will help you to understand the issues and risks, and develop the skills

required to put together an effective plan to protect your research by:

- Asking the right questions when it comes to international collaboration to effectively assess the potential risks involved
- Improve your data security and awareness skills to ensure your intellectual property is safe
- Offering guidance and tools on how to protect your research from risk
- Acknowledge the risks posed by the potential theft, misuse, or exploitation of your research and innovation activities

For further information [visit the QM Plus website](#).

UCL BRC PPIE Training

University College London's BRC provides regular PPIE training sessions for researchers.

The award-winning sessions build up researchers' skills and confidence in involving laypeople in activities, including setting research priorities and designing protocols. Evaluation in BMJOpen (Yu et al. 2021) showed marked increases in researchers' PPIE confidence after our training.

There are five modules available, including an introduction to PPIE and sessions on running focus groups, finding people and filling in grant applications. You can attend all 5 modules to build up knowledge progressively or you can pick the one that best suits you.

The training is available to all researchers, although non-UCL/ UCLH/UCLP-related staff do have to pay a small fee for each workshop attended.

For more information, please visit [the UCLH BRC website](#).

Research funding

NIHR funding highlights

- [22/115 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(HTA Programme\)](#)

The Health Technology Assessment (HTA) Programme is accepting stage one

applications for this funding opportunity. The programme recognises the importance of the research priorities identified by the James Lind Alliance (JLA) Priority Setting Partnerships (PSP) and is interested in receiving high-quality applications which address them.

- Closes: 13:00 on 4 January 2023
- [**22/129 Motor neurone disease highlight notice \(HTA Programme\)**](#)
The Health Technology Assessment (HTA) Programme is accepting stage one applications for this funding opportunity.
Closes: 13:00 on 4 January 2023
 - [**22/101 Management of bone metastasis and skeletal-related events \(SREs\) in patients with advanced cancer**](#)
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research or evidence synthesis topic.
Closes: 13:00 on 4 January 2023
 - [**22/112 Health Technology Assessment Programme researcher-led \(primary research\)**](#)
The Health Technology Assessment (HTA) Programme is accepting stage one applications for this funding opportunity. The HTA Programme aims to commission high-quality, well-designed research which will be carried out by effective and efficient research teams, providing findings which meet the needs of NHS and Social Care managers and leaders.
Closes: 13:00 on 4 January 2023
 - [**22/113 Health Technology Assessment Programme researcher-led \(evidence synthesis\)**](#)
The HTA Programme aims to commission high-quality, well-designed research which will be carried out by effective and efficient research teams, providing findings which meet the needs of NHS and Social Care managers and leaders.
Closes: 13:00 on 4 January 2023
 - [**22/114 NIHR NICE rolling call \(HTA Programme\)**](#)
The Health Technology Assessment (HTA) Programme is accepting stage one applications for 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.
Closes: 13:00 on 4 January 2023
 - [**22/100 Pain management for children and young people**](#)
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research or evidence synthesis topic.
Closes: 13:00 on 4 January 2023 - Webinar
 - [**Policy Research Programme - Global Health Research Centres: Learning Research Partner Call**](#)
Applications are invited for a Learning Research Partner to support, embed and advance methodological approaches - spanning monitoring, evaluation and learning (MEL), research on research, and continuous improvement - across the first 3 years of the first cohort of the National Institute for Health and Care Research (NIHR) Global Health Research Centres awards.
Closes: 13:00 on 11 January 2023
 - [**NIHR Advanced Fellowship Round 9**](#)
This NIHR Advanced Fellowship is a three-year full-time award that supports anyone with a PhD who hasn't yet been awarded a chair.
Closes: 13:00 on 12 January 2023
 - [**22/134 Health and Social Care Delivery Research Programme researcher-led**](#)
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications for this funding opportunity.
Closes: 13:00 on 17 January 2023
 - [**22/135 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(HSDR Programme\)**](#)
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications for this funding opportunity.
Closes: 13:00 on 17 January 2023
 - [**Research for Social Care - Competition 6**](#)
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.
Closes: 13:00 on 18 January 2023

- [**22/95 Chronic kidney disease education for patients, families and carers**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 25 January 2023
- [**22/96 Urine sampling in children**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 25 January 2023
- [**22/97 Early detection of liver disease**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 25 January 2023
- [**22/98 Low-dose computed tomography for the diagnosis of lung cancer in symptomatic patients seen in primary care**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 25 January 2023
- [**22/99 Clinical prediction models for early-onset neonatal infection**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 25 January 2023
- [**22/14 Public Health Intervention Responsive Studies Teams \(PHIRST\) - local government initiatives**](#)
 We invite local government organisations in England, Wales, Scotland, and Northern Ireland to submit an expression of interest to the NIHR Public Health Intervention Responsive Studies Teams (PHIRST) programme.
 Closes: 13:00 on 31 January 2023
- [**NIHR Doctoral Fellowship Round 9**](#)
 The NIHR Doctoral Fellowship is a three-year full-time award that supports individuals to undertake a PhD in an area of NIHR research.
 Closes: 13:00 on 2 February 2023
- [**Policy Research Programme - Understanding the Missing Links: Integrated Health and Social Care for People Experiencing Homelessness**](#)
 The NIHR Policy Research Programme (PRP) invites applications for the call Understanding the Missing Links: Integrated Health and Social Care for People Experiencing Homelessness
 Closes: 1 pm on 14 February 2023
- [**22/143 Improving services for people living with Diabetes**](#)
 The Health and Social Care Delivery Research (HSDR) Programme in partnership with Diabetes UK is inviting applications to understand how services can be improved for people with type 1 and type 2 diabetes.
 Closes: 13:00 on 15 March 2023
- [**22/132 Optimal models for reablement services**](#)
 The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications for this funding opportunity.
 Closes: 13:00 on 24 March 2023
- [**22/131 Management of antipsychotic-induced sexual dysfunction**](#)
 The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 Closes: 13:00 on 29 March 2023
- [**2023 NIHR Academic Clinical Fellowships in Medicine**](#)
 This award supports doctors to gain research experience as part of their clinical training.
 Closes: 31 March 2024
- [**2023 NIHR Academic Clinical Fellowships in Dentistry**](#)
 The NIHR Academic Clinical Fellowship (ACF) is a clinical specialty training post in dentistry that incorporates academic training.

- Closes: 31 March 2024
- [2023 NIHR Clinical Lectureships in Dentistry](#)
The NIHR Clinical Lectureship (CL) is a postdoctoral award that provides a clinical and academic training environment for dentists to establish themselves as independent researchers and leaders.
Closes: 31 March 2024
 - [NIHR Academic Clinical Fellowships in Dentistry 2022](#)
The NIHR Academic Clinical Fellowship (ACF) is a clinical specialty training post in dentistry that incorporates academic training.
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The NIHR Clinical Lectureship (CL) is a postdoctoral award that provides a clinical and academic training environment for dentists to establish themselves as independent researchers and leaders.
Closes: 31 March 2023
 - [NIHR Academic Clinical Fellowships in Medicine 2022](#)
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Closes: 31 March 2023

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

International Research and Innovation Funding Opportunities

A bi-monthly bulletin of various international funding opportunities is available on the JRMO International Team's [Sharepoint site](#). It contains a huge number of research funding schemes from the EU and other international sources.

If you don't already have access to that Sharepoint site please contact a [member of the international team](#) to obtain it.



Barts Charity Research Seed Grants

Barts Charity Research Seed Grants help to seed innovative research focused on health-related problems.

This scheme provides funding up to £75,000 to support the generation of research data and information that:

- Aims to enhance our understanding of health and illness and could lead to improved lives in East London; and
- Will support a grant application to another funding organisation or pump-prime a new academic-clinical collaboration.

The charity particularly encourages applications from researchers at the start of their independent careers or those who want to develop ideas that are outside their discipline or area of expertise.

You can find out more about the Research Seed Grants [on the Barts Charity website](#):

Barts Charity welcomes applications for this scheme four times a year, and the **next deadline for applications is 27 January 2023**

BartsCharity Research Project Grants

Barts Charity supports Research Project Grants to help advance research focused on health-related problems of local and international significance.

The scheme provides funding up to £600,000 to support innovative research that:

- Enhance understanding of health and illness;
- Has the potential to lead to improved lives in East London; and
- Will generate research outputs of international significance which could form the basis of substantial ongoing support from other funders.

You can find out more about the Research Project Grants scheme [on the Barts Charity website](#).

The next deadline for applications is 13 June 2023



Department for
Business, Energy
& Industrial Strategy



British Academy Conferences

The British Academy Conferences scheme, with generous support from the Department for Business, Energy & Industrial Strategy and the Wellcome Trust, presents an exceptional opportunity for UK-based scholars to run a pivotal event of lasting significance in their field, as a central part of the Academy's events programme.

Successful conferences will bring together scholars from around the world to present and discuss new research in the humanities and social sciences. Held at the British Academy's premises in London, at venues across the UK, or online, these landmark events will offer students, scholars and specialists an opportunity to learn about the latest developments in their subject areas and to expand their academic networks.

Awards for a strand of British Academy / Wellcome Trust conferences are available for proposals that foster discussion and debate on human, animal and/or environmental health and wellbeing-related themes.

The deadline to submit a proposal for a 2024-25 British Academy conference is **17:00 GMT on 25 January 2023**.

Please refer to the [guidelines](#) before submitting your proposal on Flexi-Grant

The Alexander von Humboldt Foundation and the British Academy Knowledge Frontiers Symposium

The British Academy is inviting applications for early career researchers in the humanities and social sciences to attend a research collaboration symposium on the broad theme of 'What is a good city?', in partnership with the Alexander von Humboldt Foundation.

The deadline for submissions is Wednesday 11 January 2023 at 17.00 (GMT).

The symposium will bring together around 15 early career researchers from the UK and 15 from Germany (understood as up to 10 years after obtaining a PhD) from across the humanities and social sciences to discuss key questions around the theme of 'What is a good city?'. The symposium is designed specifically to encourage collaboration and networking. The symposium will aim to draw on the insights of the humanities and social sciences to explore varied understandings and experiences of what is a good city.

For further information please visit the [British Academy's website](#) or contact Saima Saleem at s.saleem@thebritishacademy.ac.uk

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

Innovation Fellowships Scheme 2022-23 – Route B: Policy-led (Governance, Trust and Voice)

The Innovation Fellowships scheme is designed to enable researchers in the humanities and social sciences to partner with organisations and businesses in the creative and cultural, public, private and policy sectors to address challenges that require innovative approaches and solutions.

The British Academy has been funded by the UK Government, Department for Business, Energy and Industrial Strategy (BEIS) to continue its support of a new scheme, the Innovation Fellowships. The Academy is also working on this scheme in partnership with other partners, including the Office for National Statistics (ONS) and Department for Levelling Up, Housing and Communities (DLUHC), as per this funding call.

The Innovation Fellowships Scheme will provide funding and support for established early-career and mid-career researchers to partner with organisations and businesses in the creative and cultural, public, private and policy sectors, to address challenges that require innovative approaches and solutions. Through the Innovation Fellowships, our researchers in the SHAPE community will be supported to create new and deeper links beyond academia, so enabling knowledge

mobilisation and translation, as well as individual skills development.

Deadline: 16 January 2023 – 12:00 GMT

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

Post-Doctoral Career Development Fellowship

The Action for A-T and MRC Nucleic Acid Therapy Accelerator (NATA) Career Development Fellowship is a 2-year programme with associated funding of up to £250,000. The purpose of the Fellowship is to support post-doctoral scientists to become independent group leaders and drive high-quality research in Ataxia Telangiectasia (A-T).

Funds will cover the Fellow's salary, support staff costs and project running costs. The successful applicant will have the opportunity to spend time working with the MRC NATA Hub (Harwell) and leveraging facilities on the Harwell Campus and projects must be focused on the use of nucleic acid-based approaches to help understand the underlying biology of A-T and/or to develop new methods of treatment.

For more information please visit the [Action for A-T website](#) or contact Tania.Wheeler@actionforAT.org to apply.

Deadline for applications: Monday 9 January 2023.

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