

Joint Research Management Office

Research News Bulletin

Issue 100

23 August 2017

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

Our Research News Bulletin hits 100!

Somehow or other we have got round to publishing our 100th Research News Bulletin.

This edition contains the usual mix of local and national news, training and events, along with information about upcoming funding opportunities. We now have our own website (see below) and so this edition can not only be in colour but it also has pictures.

I hope you continue to find this modest publication useful, informative and *enjoyable!*

Best wishes

Nick

Research headlines

Barts Health and North Thames CRN show strong growth in clinical research

Partners across the North Thames Clinical Research Network, in particular Barts Health NHS Trust, are giving more people than ever before access to new and better treatments through participation in clinical research, according to [latest figures published by the National Institute for Health Research \(NIHR\)](#).

Patients at Barts Health can participate in 416 research studies, an increase of more

than 100 compared to 2015-16. That is the largest year-on-year increase of any NHS Trust. Additionally, Barts Health NHS Trust provided the highest number of commercial studies in the country at 149.

Gerry Leonard, Director of Research Development at Barts Health NHS Trust said: "At Barts Health we pride ourselves on conducting world class research. Thanks to the support from the NIHR Local Clinical Research Network North Thames we have, over a number of years, been able to continually build on the number of research studies we are conducting



Index

[Research headlines](#)

Barts Health and CRN clinical research growth	1
JRMO launches new website	3
Pan-London CLAHRC event to celebrate applied health research in London	3
UCLPartners annual review recognises input of North Thames CRN	4
Join the expert consortium on progressive MS trials	4
CRN News	4

[Local research update](#)

Balancing work and family may be learned from our parents	4
GP-based testing for HIV cost-effective and should be rolled out further	5
Researchers discover how human cells maintain the correct number of chromosomes	5
Emergency room research helps predict organ failure in critically injured	5
£8.6m for global health research	6
Sugar intake during pregnancy boosts allergy and allergic asthma in children	6
QMUL researcher wins £2m grant to improve internet management	6
Academic to receive honour from the Queen	7
Researcher wins Engagement Prize for cancer research	7

[Events](#)

Pride and Pragmatism: Celebrating 50 years of pragmatic trials	9
Optimizing Clinical Trials: Site Selection, Patient Recruitment and Feasibility Summit	9
RDS London drop-in clinics	9

[Training](#)

JRMO GCP training	9
Becoming Research Active	10
PPI workshops	10
EDGE Training	10
WFC research skills training	10
Clinfield research training	11

[Research Funding](#)

Highlights: Grants, fellowships and awards	11
Research Funding database access	16

Continued from page 1...

We are working hard to continue this trend into the future, offering our patients the opportunity to access a growing number of new and innovative treatments that will enhance our patients' care experiences and potentially improve and save lives."

Each year the National Institute for Health Research (NIHR) publishes a Research Activity League Table. The 2016/17 League Table, just out, has given North

Thames Clinical Research Network cause to celebrate; showing a 61% increase in research activity throughout the network. Trusts from the North Thames network have been recognised for the large number of clinical research studies open in 2016/17, with a total of 2,141, almost 2000 studies more than 2015/16.

Barts Health is now the fifth NHS Trust in the country on number of participants recruited in year 2016-17 (15,974 in total,

an increase of 14.2% from last year). It is also eighth in the country on number of studies in year 2016-17 (416 studies open, increase of 24.2% from previous year).

More information on the NIHR league tables is available [on the NIHR website](#).

JRMO launches new website

In the middle of July the JRMO “soft” launched its new website:
www.jrmo.org.uk

On the same day Barts Health has also launched its new website. That launch removed all the old research-related content (and links) that many people will have been familiar with.

Now all researcher-focussed information, for Barts Health NHS Trust and Queen Mary University of London researchers, and for those who work with us will then be found on www.jrmo.org.uk

Patient-focussed information about research has remained on the new Barts Health website at:
www.bartshealth.nhs.uk/takepart

We had to bring this project forward by a few weeks, to fit with the Trust’s decision to launch its new website and remove our existing content, so it is a little greener than we would have liked.

The new website is therefore not a case of “job done”, but it is a new basis upon which we can now develop and grow how we present the services we offer to our researchers and advise them about who to contact and what they need to do. It is an opportunity to better represent our services, our ambitions and our priorities in the future.

The aim is to have the new website looking as we really want it by Christmas.

Pan-London CLAHRC event to celebrate applied health research in London

July 4th saw more than 100 policymakers, clinicians, researchers, representatives

from charities, and patients and service users gathered at the House of Lords to celebrate the important applied health research being undertaken across London.

All of the research showcased at the event took place within the three NIHR Collaborations for Leadership in Applied Health Research and Care in London – CLAHRC North Thames which Barts Health NHS Trust is host for - Northwest London and South London.

Professor Jo Martin, President of The Royal College of Pathologists, Professor of Pathology at Queen Mary University of

London and honorary consultant at Barts Health NHS Trust opened the event with some inspiring words on the value of applied health research to front-line NHS staff.



CLAHRC North Thames Director Professor Rosalind Raine (pictured above) said: ‘The event was a brilliant example of collaboration between the CLAHRCs. We’ve had lots of positive feedback from attendees, and there is a real sense of support for creating the long-term infrastructure to ensure that applied health research can meet the significant health challenges of the future.’

You can [read more about the day on the NIHR website](#)

UCLPartners annual review recognises input of North Thames CRN

UCLPartners recently launched a 'Year in Review', reflecting on achievements from across the North Thames region over the last financial year. The review highlights the contribution of our CRN and partner NHS Trusts and Universities to discovery science in all our clinical areas and sites, praising our record patient recruitment. [For more information click here.](#)

Join the expert consortium on progressive MS trials

The MS Society is now accepting expressions of interest in joining our expert consortium on progressive MS trials. The aim of this new group is to set up an innovative efficient clinical trials platform for MS research. That platform needs to develop a strategy to identify candidate drugs to begin testing in progressive MS, be fully translatable and implementable by the network of UK Clinical Trial Units (CTU), and facilitate the delivery of multi-arm multi-stage trials for novel treatments for progression in MS.

For more information to submit expressions of interest email research@mssociety.org.uk. The deadline for submission of your expression of interest to this call is Friday 8 September 2017.

CRN News

- Who are the NIHR? #WeAreNIHR**
 A new video has been released to explain who the NIHR is and what it does. The video, which is less than one minute long, describes the NIHR 'in a nutshell' and features people from across the NIHR who are working towards improving the health and wealth of the nation through research. [Find out more and watch the video here.](#)
- Work with the CQC: Research activity as a marker for high quality care in NHS inspections**
 Dr William van't Hoff, Clinical Director for NHS Engagement, recently led a team from CRN to meet the Care Quality Commission (CQC) to discuss whether research activity can be considered a marker of high quality care. [Read more here.](#)

Local research news

Balancing work and family life may be learned from parents

The extent to which we prioritise work versus family life may be shaped by our childhood experiences in the family home, according to a study co-authored by [Dr Ioana Lupu](#) of [QMUL's School of Business and Management](#).

Previous work-life balance research has focused more on the organisational context or on individual psychological traits to explain work and career decisions. However, this new study, [published in Human Relations](#), highlights the important role of our personal history and what we subconsciously learn from our parents.

The study argues that our beliefs and expectations about the right balance between work and family are often formed

		Volition	
		Willing	Unwilling
Reproduction	Continuity	Willingly reproducing primary socialization	Reproduction of the parental model against one's will
	Discontinuity	Willing discontinuity with the parental model	Discontinuity against one's will

and shaped in the earliest part of our lives. One of the most powerful and enduring

influences on our thinking may come from watching our parents.

The research is based on 148 interviews with 78 male and female employees from legal and accounting firms. Interviewees were sorted into four categories by the researchers: (1) willingly reproducing parental model; (2) reproducing the parental model against one's will; (3) willingly distancing from the parental model; (4) and distancing from the parental model against one's will.

The study shows a number of differences between women and men who grew up in 'traditional' households where the father had the role of breadwinner while the mother managed the household. Male participants who grew up in this kind of household tended to be unaffected by the guilt often associated with balancing work and family. Women on the other hand were much more conflicted -- they reported feeling torn in two different directions. Women who had stay-at-home mothers tend to work like their fathers but want to parent like their mothers. Women who had working mothers are not necessarily always in a better position because they were marked by the absence of their mothers. A female participant in the study remembers vividly, many years later how her mother was absent whereas other children's mothers were waiting at the school gates. An exception was found in female participants whose stay-at-home mothers had instilled strong career aspirations into them from an early stage.

The study concludes that if individuals are to reach their full potential, they have to be aware of how the person that they are has been shaped through previous socialisation and how their own work/family decisions further reproduce the structures constraining these decisions.

[For more information see the published study.](#)

GP-based testing for HIV is cost-effective and should be rolled out further

Offering HIV testing to people at health checks when they register at a new GP surgery in high-prevalence areas is cost-

effective and will save lives, according to a study involving over 86,000 people from 40 GP surgeries, led by QMUL and the London School of Hygiene & Tropical Medicine.

The researchers are calling on health care commissioners to invest in HIV screening in all 74 high HIV prevalence local authorities in England (those with more than 2 diagnosed HIV infections per 1,000 adults).

People with HIV have a near normal life expectancy if they are diagnosed early and have treatment, and those taking effective treatment are no longer infectious to other people. But in the UK around 13,500 people do not know that they have HIV, meaning they miss out on treatment, remain infectious to others and become more expensive to treat in the future.

HIV treatment is expensive and increased testing could potentially further increase costs. Health care planners need reliable estimates of cost-effectiveness of screening but estimates are few and until now, have not been based on robust data from randomised controlled trials.

The study by [Dr Werner Leber](#) from QMUL, [Dr Clare Highton](#), City and Hackney Clinical Commissioning Group (CCG), and [Dr Rebecca Baggaley](#), lead author of the study and Honorary Lecturer at the London School of Hygiene & Tropical Medicine, published in *The Lancet HIV*, examined data from an earlier research trial in Hackney, which has an HIV prevalence rate of 8 per 1,000 adults. The trial involved 40 general practices, where they tested the effect of rapid fingerprick HIV testing as part of the standard health check during registration, and found it led to a four-fold higher HIV diagnosis rate. Using a mathematical model that includes all the costs associated with HIV testing and treatment, the team now show that primary care HIV screening in high prevalence settings becomes cost-effective in 33 years (according to National Institute for Health and Care Excellence [NICE] criteria).

Factoring in the higher costs of care for people whose HIV is diagnosed late, they were able to predict that HIV screening could become cost-effective far sooner than this, and may even become cost-

saving if the long-term healthcare costs of late-diagnosed patients are much higher than those of patients diagnosed earlier, as has been observed in Canada.

For more information see the research [paper in the Lancet](#): 'Cost-effectiveness of screening for HIV in primary care: a health economics modelling analysis'. Rebecca F Baggaley, Michael A Irvine, Werner Leber, Valentina Cambiano, Jose Figueroa, Heather McMullen, Jane Anderson, Andreia C Santos, Fern Terris-Prestholt, Alec Miners, T. Déirdre Hollingsworth, Chris J Griffiths. The Lancet HIV.

Researchers discover how human cells maintain the correct number of chromosomes

Researchers at QMUL have discovered an important part of the mechanism involved in how chromosomes are pulled apart during cell division, so that one complete set goes into each of the new cells.



Cell division is an essential process in humans, animals and plants as dying or injured cells are replenished throughout life. Cells divide at least a billion times in the average person, usually without any problem. However, when cell division goes wrong, it can lead to a range of diseases, such as cancer, and problems with fertility and development, including babies born with the wrong number of chromosomes as in Down's syndrome.

"During cell division, a mother cell divides into two daughter cells and during this process the DNA in the mother cell, wrapped up in the form of chromosomes, and is divided into two equal sets. To

achieve this, rope-like structures called microtubules capture the chromosomes at a special site called the kinetochore, and pull the DNA apart," said [Dr Viji Draviam](#), senior lecturer in structural cell and molecular biology from QMUL's [School of Biological and Chemical Sciences](#).

"We have identified two proteins – tiny molecular machines – that enable the correct attachment between the chromosomes and microtubules. When these proteins don't function properly, the cells can lose or gain a chromosome. This finding gives us a glimpse of an important step in the process of cell division."

The study, which was [published in the journal Nature Communications](#) helps to explain the condition known as aneuploidy – when cells end up with the wrong number of chromosomes. Understanding the underlying molecular mechanisms of cell division could help in treating a range of diseases and disorders.

Emergency room research helps predict organ failure in critically injured patients

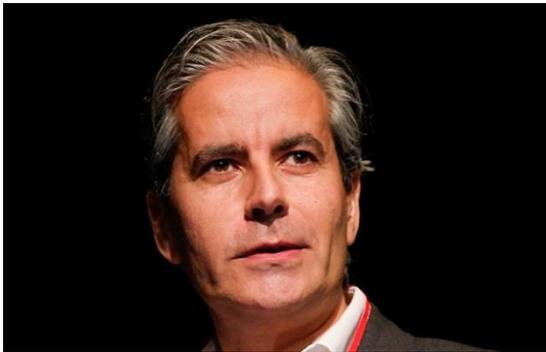
Testing blood samples within the first two hours of injury could help predict which critically injured patients are more likely to develop multiple organ failure, according to an early study led by QMUL using research at The Royal London Hospital. The finding that there is a specific immune response to trauma shortly after injury could also help with the development of new therapies.

The publication of the study in [PLOS Medicine](#) coincides with the launch of 'Transform Trauma', a national fundraising campaign to raise money for trauma research by Barts Charity.

Multiple Organ Dysfunction Syndrome (MODS) is the failure of several organs (including lung, heart, kidney and liver) which contributes to the deaths and morbidity of many critically injured patients who survive their initial physical insult. It is a poorly understood condition with no proven therapies.

Lead researcher Professor Karim Brohi from QMUL's Centre for Trauma Sciences said, pictured below, said "The first

minutes or hours after a traumatic injury is a key window where a patient's immune response may set the trajectory for whether they develop organ failure.



“This phase is very challenging to study due to the complexity and logistics of the emergency environment, but if we can understand the mechanisms that lead to poor outcomes, we may be able to help bring dramatic improvements through better diagnostics and therapeutics.

“Previous research into the blood clotting system, carried out immediately after injury, completely altered our understanding and changed an entire resuscitation paradigm within a decade. It is possible that overcoming the challenges of carrying out immune response research at this critical time point will do the same for our approach to organ dysfunction and protection.”

The team studied blood samples from 70 critically injured patients at The Royal London Hospital, which were taken immediately on arrival in the resuscitation room (within two hours of injury). They compared these with blood samples taken at 24 hours and 72 hours after injury, and from those with minor injuries and healthy volunteers.

Out of 29,385 immune cell genes, they identified only 1,239 immune cell genes that were different between critical and control patients immediately after injury. However, by 24 hours after injury, this response had grown into a widespread immune reaction involving a ‘genomic storm’ of 6,294 genes.

Looking at the genes more closely, the team found that certain white blood cells, including ‘natural killer’ cells and ‘neutrophils’, emerged as potentially central to the immediate response to

critical injury, while others, such as T-cells and B-cells, were less involved.

When comparing the immune cell genes expressed in patients who later developed MODS to those who did not, most differences were seen immediately after injury, where 363 genes had different activity levels between MODS and non-MODS patients, compared to only 33 genes after 24 hours. The researchers say it is the response of these early genes that could be used in the future to determine which patients will later develop MODS.

Further analysis of these genes during the initial two hour window found that the development of MODS was associated with biological pathways associated with cell death and survival, rather than inflammatory pathways. This is a very different finding from previous studies (based on bloods from a later time point) where excessive inflammation was thought to produce organ dysfunction.

Follow this link to read more about the [Trauma Sciences MSc](#) at Queen Mary University of London

£8.6m for global health research

Researchers from Queen Mary University of London (QMUL) have secured new awards totalling £8.6m to deliver medical research that will benefit people in low and middle-income countries (LMICs).

The grants come from the National Institute for Health Research's (NIHR) £60m tranche of Global Challenges Research Funding (GCRF). £6.6m has been secured by Professor Graham MacGregor and Dr Feng He from QMUL's [Wolfson Institute of Preventive Medicine](#) to establish a new Global Health Research Unit that will develop and implement a national salt reduction programme in China.

Professor MacGregor's previous work has showed that modest reductions in salt intake have major effects on blood pressure, and he translated the scientific evidence into practical public health policy by campaigning through the group Consensus Action on Salt and Health that he set up in 1996.

Professor Stefan Priebe from QMUL's [Wolfson Institute of Preventive Medicine](#) received £2m to develop a new Global Health Research Group that will focus on improving mental health interventions in LMICs. Since 1997, he has built up the Unit for Social and Community Psychiatry - a designated WHO Collaborating Centre and the only one specifically for Mental Health Service Development in the world. In collaboration with partners in Bosnia-Herzegovina, Colombia and Uganda, this new group will now develop and test similar approaches in very different low and middle-income countries. This is a very challenging, but exciting task."

For more information see the [NIHR Global Health Research Programme](#)

Sugar intake during pregnancy boosts allergy and allergic asthma in children

High maternal sugar intake during pregnancy may increase the risk of allergy and allergic asthma in the offspring, according to an early study led by Queen Mary University of London (QMUL) involving almost 9,000 mother-child pairs.

While some research has reported an association between a high consumption of sugar-containing beverages and asthma in children, the relation between maternal sugar intake during pregnancy and allergy and asthma in the offspring has been little studied.

The team, led by Professor Seif Shaheen from QMUL's [Blizard Institute](#), which included researchers from University of Bristol, used data from a world-leading birth cohort study, the Avon Longitudinal Study of Parents and Children (ALSPAC), also known as '[Children of the 90s](#)'. The cohort recruited mothers who were pregnant in the early 1990s and has been following up their offspring ever since. The current study, which is published in the *European Respiratory Journal*, analysed associations between maternal intake of free sugars* in pregnancy and allergy (defined by positive skin tests to common allergens, namely dust mite, cat and grass) and asthma at seven years of age.

While there was only weak evidence for a link between free sugar intake in pregnancy and asthma overall, there were strong positive associations with allergy and allergic asthma (where the child was diagnosed with asthma and had positive skin tests to allergens).

When comparing the 20% of mothers with the highest sugar intake versus the 20% of mothers with the lowest sugar intake, there was an increased risk of 38% for allergy in the offspring (73% for allergy to two or more allergens) and 101% for allergic asthma. The team found no association with eczema or hayfever. The team speculate that the associations may be explained by a high maternal intake of fructose causing a persistent postnatal allergic immune response leading to allergic inflammation in the developing lung. Importantly, the offspring's free sugar intake in early childhood was found to have no association with the outcomes seen in the analysis. As the study is observational, it does not prove a causal link between maternal sugar intake and allergies or asthma. A randomised controlled trial would be needed to definitively test causality.

For more information see the [Global Public Health and Policy MSc](#).

QMUL researcher wins £2m grant to improve internet management

Professor Steve Uhlig from QMUL's School of Electronic Engineering and Computer Science secured the grant of £2m from EPSRC* for a project that aims to rethink the operations of the physical locations where Internet Service Providers (ISPs) and Content Delivery Networks (CDNs) meet and exchange Internet traffic between their networks.

These physical locations are known as Internet eXchange Points (IXPs) and make national internet access affordable by carrying huge traffic volumes and reducing interconnection costs. Despite the growth of these infrastructures, the rapid evolution of the internet poses new challenges.

The project called EARL (EnAbleD measuRement for aLI), aims to improve the operation of IXPs, by combining the ability to monitor the network traffic they

exchange with new paradigms for the management of such traffic. This will be useful in informing how network engineering could react to changes in the traffic pattern almost instantly. It also has implications for network security. Once fully developed and functional, the project will provide improved capabilities to detect cyber security attacks such as Distributed Denial of Service (DDoS) attacks, and will block the traffic in an automated manner.

The project is due to start in January 2018 and has received funding for three years. It will happen in collaboration with the University of Cambridge, the London INternet eXchange point (LINX), Corsa Technology, Cisco Systems, Geant, the Energy Sciences Network and the Cambridge Cybercrime Centre (CCC).

For more information see QMUL's [MSc Network Science and MSc Internet of Things](#)

Academic to receive honour from the Queen

[Professor Parveen June Kumar](#) from Queen Mary University of London (QMUL) has been awarded Dame Commander of the Order of the British Empire (DBE), in the 2017 Queen's Birthday Honours List.

Professor Kumar co-founded and co-edited the 1987 textbook, '[Kumar and Clark's Clinical Medicine](#)', which is well-known for its advancements and improvements to the medical training and education of students, doctors and nurses. It is now in its ninth edition in 2017.

She has many other notable achievements and is currently the President of the [Royal Medical Benevolent Fund](#) (RMBF) and the [Medical Women's Federation](#), now in its centenary year. Both organisations help support doctors, medical students and their families. In the past, she has been the Chairman of the [Medicines Commission UK](#), a founding non-executive Director of the [National Institute for Health](#)

[and Care Excellence](#) (NICE), [President of the British Medical Association](#) and also President of the [Royal Society of Medicine](#).

Researcher wins Engagement Prize for cancer research

Professor Fran Balkwill from Queen Mary University of London (QMUL) has been awarded an Engagement Prize by Cancer Research UK. These prizes are awarded



to outstanding researchers who have shown extraordinary commitment in actively engaging and involving the public and patients with science. Professor Balkwill (above) from QMUL's [Barts Cancer Institute](#) (BCI) was selected to receive the 'Inspiring Leadership in Research Engagement Prize' which honours those who have demonstrated a significant commitment to public engagement with science, and have embedded a culture of public engagement within their institution or research group.

Dr Balkwill was Founder and Director of the Centre of the Cell science centre and programme of activities, her work has been instrumental in embedding public engagement in work at Barts Cancer Centre. The programme has trained and enthused over 300 researchers who are now science ambassadors, and enabled them to engage with over 135,000 people since 2009.

For more information see '[Celebrating our Engagement Prize winners](#)' - Cancer Research UK website.

Events

Pride and Pragmatism: Celebrating 50 years of pragmatic trials

A course entitled [Pride and Pragmatism: Celebrating 50 years of pragmatic trials](#) is being run by QMUL's Pragmatic Clinical Trials Unit.

This event will run on **28 September 2017** and will comprise a half-day course on understanding, conducting and reporting pilot and feasibility studies run by the PAFS group* who developed the recent CONSORT

extension for pilot trials, followed by lunch and an afternoon of talks exploring the current state of pragmatic trials, including invited speakers Professor Shaun Triweekly (Professor of Health Services Research Aberdeen), and Professor Kerry Hood (Professor of Trials and the Director of the Centre for Trials Research at Cardiff University).

[To book a place please click here.](#)

Optimizing Clinical Trials: Site Selection, Patient Recruitment and Feasibility Summit

The [11th Annual Optimizing Clinical Trials: Site Selection, Patient Recruitment and Feasibility Summit](#) (3 - 5 October) returns this year to London.

The largest brands will come together for two days for an event packed full of case studies, workshops, networking, discussions related to topics such as patient as partner in clinical trials, protocol challenges, patient centricity, technology & transformation of clinical trial execution.

Keynote speakers include:

- Tariq Sethi| Vice President, Respiratory Translational Medicine Unit Early Clinical Development| AstraZeneca
- Francois-Xavier Frapaise| Vice President, Clinical Development, Drug Safety and Medical Affairs| Merck
- Amy Froment| Global Feasibility Operations Director, Global Study Management| Amgen
- Oriol Serra| Director Feasibility Center of Excellence| Pfizer
- Markus Schugens| Director, Clinical Country Management| Biogen

RDS London drop-in clinics

RDS London holds regular next drop-in clinics for researchers preparing applications to NIHR Applied Health Streams (RfPB, EME, HTA, Programme Grants, Programme Development Grants and Fellowships) or medical charities. Drop-ins take place in East London on the last Friday of the month. RDS London can support researchers at all stages of preparing grant applications. Advice and guidance can be provided on study design, identifying a research team and targeting an appropriate funding stream.

The next East London clinics will be held on Fridays: **25 August, and 22 September**, all 12 – 2pm. There is no need to book, just turn up on the day: Room G15, Yvonne Carter Building, 58 Turner Street, London, E1 2AD (reception: 020 7882 5882).

[For more information please click here.](#)

Training

JRMO GCP training

To book your place on JRMO run GCP-related training courses please [visit our website](#). Core courses available are:

- Good Clinical Practice (GCP) full course One day
- GCP refresher 2.5 hours
- Research Governance Framework (RGF) full course 4.5 hours

- RGF refresher 2 hours
- GCP for Pharmacy - full course 4 hours
- GCP for Pharmacy - refresher 2 hours

[For more information on dates and instructions on how to book your places please see the JRMO website](#) or email: research.training@bartshealth.nhs.uk.

JRMO EDGE Training

All accrual information for NIHR portfolio studies must now be logged on EDGE and CPMS. Failing to log data on EDGE and CPMS will impact on the funding allocation that the network and ultimately that Barts Health will receive in the next financial year.

- Accrual recorded on EDGE ultimately leads to additional funding from the Network;
- Accrual recorded on other systems, or unrecorded, will not lead to additional research funding.

The Network has been helping our support teams but we now need to become self-sufficient in managing our study data on EDGE, ensuring that we maintain in in real-time. Clinical teams need to populate their EDGE records as fully as possible and ensure that if the status of a study has changed (i.e., becomes active or in follow up or closes) that is kept up-to-date.

To help you we have arranged the following EDGE Training Dates:

- **29 August** – 10.30am-12:00 and 2.30-4pm
- **19 September** – 10.30am-12:00 and 2.30-4pm
- **17 October** – 10.30am-noon and 2.30-4pm

Venue: Garrod Building, ICT suite (room G.18), Whitechapel.

Numbers limited to 20 at each session so to book your place please contact Zabed Ahmed in the JRMO:

zabed.ahmed@bartshealth.nhs.uk

If you have any EDGE related queries please contact Zabed or Pushpsen Joshi: Pushpsen.joshi@bartshealth.nhs.uk

Becoming Research Active

The CLAHRC Academy is running a new short course in 2017, in collaboration with the Research Design Service London (east London arm) and Clinical Research Network North Thames.

[Becoming Research Active – what does it involve and where do I start?](#) to be held on 12 October 2017, is an introductory level course for nurses, allied health professionals, public health and local government members of staff who are interested in research.

As a first step towards becoming “research active”, by the end of the course attendees will be able to understand the research process and will have produced an action plan for taking their research idea forward.

For more details on the workshop, including how to apply [please visit the CLAHR events page](#).

PPI workshops for researchers

Back by popular demand, there will be another series of Patient and Public Involvement (PPI) workshops for researchers, funded by UCLPartners and Wellcome Trust, and hosted in Whitechapel.

The programme for 2017-18 is currently being finalised but will cover topics such as an ‘Introduction to PPI’, ‘Filling in the PPI section of a grant application’ and ‘Setting up a Patient and Public Advisory Group’. Workshops will run from October 2017.

Further details (including how to book a place) will be posted shortly [on the JRMO website](#) or you can contact the Engagement and Diffusion team at patientsinresearch@bartshealth.nhs.uk

WFC research skills training

WFC are a leading provider of research skills training in the NHS, taking a holistic and practical approach to learning. All of their courses are developed and delivered by trainers with extensive senior experience in their field of expertise. Uniquely WFC provide on-going support and follow-up to delegates allowing for continued reflection and development. All courses run at our dedicated training venue in central London. Forthcoming courses and dates are:

- [Informed Consent for Research: Actor Facilitation – 7 September](#)

- [Understanding Audit in Research – 8 September](#)
- [Monitoring Clinical Research – 12 September](#)
- [Research Facilitation – 14 September](#)
- [AcoRD: Calculating and Attributing the Costs of Research – 21 September](#) Successful Pharmacy
- [Clinical Trials Team Management – 26 September](#)
- [Introduction to Clinical Research – 06 October](#)

To find out more, or to book a delegate place, please click on the links above.

Clinfield research training

Clinical Research runs a number of courses aimed at those new to the field of clinical research as well as those who have gained experience in the field but

who would like to refresh their knowledge and skills and pick up tips and tools to enhance their practice. Over the next few months the following training is being offered ([click to see more](#)):

Course dates for summer 2017:

- [Lab Skills for Clinical Research Staff](#) - September 27

To book a place or find out more please click on the links above.

HRA releases six e-learning modules

The Health Research Authority (HRA) has developed six new e-learning modules as an aid for researchers, R&D staff, study sponsors, research ethics committee members and the wider research community.

[To find out more please visit the HRA website here.](#)

Research funding

NIHR funding deadlines

- [17/45 - Health Services and Delivery Research Programme researcher-led \(evidence synthesis\)](#)

Closing date: 7 September 2017

The Health Services and Delivery Research (HS&DR) Programme is accepting full evidence synthesis applications to their researcher-led workstream

- [17/49 - Health Services & Delivery Research Researcher-led standard call](#)

Closing date: 7 September 2017

The Health Service and Delivery Research Programme are accepting Stage 1 applications to their researcher-led workstream

- [NIHR i4i Connect for SMEs](#)

Closing date: 13 September 2017

Expressions of Interest are invited for i4i Connect, an NIHR Invention for Innovation (i4i) funding stream aimed at small and medium-sized enterprises (SMEs) in need of a funding boost to reach the next stage in the development pathway.

- [17/51 - Gender identity health services](#)

Closing date: 14 September 2017

The Health Services and Delivery Research (HS&DR) Programme are accepting stage 1 applications to their commissioned workstream

- [17/52 - Research on interventions to support service guideline implementation and the adoption of new models of care at scale](#)

Closing date: 14 September 2017

The Health Services and Delivery Research (HS&DR) Programme are accepting stage 1 applications to their commissioned workstream:

- [17/31 - A refined prognostic tool to better identify individuals at high risk of developing psychosis](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [17/32 - Variceal bleeding in people with small oesophageal varices](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [17/33 - Management of diarrhoea in patients with stable ulcerative colitis](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [17/34 - Opioids for the treatment of breathlessness in palliative care](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [17/65 - Dequalinium chloride as first-line treatment for bacterial vaginosis](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic

- [17/66 - Short-term use of benzodiazepines for the acute management of acute low back pain](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic

- [17/67 - Primary antibiotic prophylaxis for spontaneous bacterial peritonitis in cirrhosis](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic

- [17/68 - Androgen replacement therapy in symptomatic men with low testosterone](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting single stage, full applications to their commissioned workstream for this evidence synthesis topic

- [17/69 - Safely and Effectively Stopping Medications in Older People with multimorbidity and polypharmacy](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting single stage, full applications to their commissioned workstream for this evidence synthesis topic

- [17/70 - Cost-effectiveness of earlier provision of powered wheelchair interventions for children with mobility limitations](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting single stage, full applications to their commissioned

workstream for this evidence synthesis topic

- [16/96 - Standardised diagnostic assessment tool as an adjunct to clinical practice in child and adolescent mental health services](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [16/97 - Antipsychotics for anorexia nervosa](#)

Closing date: 28 September 2017

The Health Technology Assessment Programme is accepting outline applications to their commissioned workstream for this primary research topic

- [17/53 - Changing drinking behaviours](#)

Closing date: 14 November 2017

The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic

- [17/55 - Promoting independence among older people, and disabled people](#)

Closing date: 14 November 2017

The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic

For further information please see the NIHR website:

<http://www.nihr.ac.uk/funding-and-support/current-funding-opportunities/>

To subscribe to the NIHR's themed call mailing list please [click here](#).

MRC call

The MRC has announced its 'Confidence in Global Nutrition and Health Research' call as part of our suite of activities under the Global Challenges Research Fund (GCRF). The research supported through this call will contribute to the UK's commitment to research for the benefit of Low and Middle Income Countries (LMICs). These are institutional pump-priming awards, with the funds providing an opportunity to define research questions and develop strategies in global nutrition research, and to establish and consolidate UK-LMIC partnerships.

Applications close on the 14 September 2017. [For details and guidance on how to apply please click here.](#)

Barts Charity Clinical Research Training Fellowships

Barts Charity is offering to fund clinical training fellowships through two of its schemes (A and B, please see below) and are working with the SMD Research Deanery by requesting project applications. Potential PhD students are asked to complete the project outline template (attached above), together with the supervisor, if one has been identified, and submit this along with the PhD applicant's CV, academic references and covering letter by 15 September 2017.

Scheme A

- This pump priming scheme is open to medically qualified trainees (including dentistry) with no existing funding, to enable applicants to develop sufficient preliminary data to apply for full three-year Clinical Research Training Fellowships from major funders.
- Applicants who have previously received salary to fund their research / are in receipt of existing salary funding are not eligible.
- The main supervisor must be a permanent employee of Barts Health NHS Trust or Barts and the London School of Medicine and Dentistry.
- The scheme is not open to NIHR Academic Clinical Fellows.

Scheme B

- This scheme is open to medically qualified trainees already registered for a PhD or MD and with existing research salary funding from a recognised, nationally competitive award, to enable applicants to complete their higher degree
- The main supervisor must be a permanent employee of Barts Health NHS Trust or Barts and the London School of Medicine and Dentistry.
- Maximum funding is for one year.

Documents should be sent as one PDF to Adam Wilkinson, SMD Grants Officer: a.wilkinson@gmul.ac.uk by Friday 15 September 2017

A-T Research proposals

Action for Ataxia-Telangiectasia (A-T) has joined forces with Action Medical

Research to co-fund A-T research in 2018. Action for A-T and Action Medical Research are now calling for project grant outline applications from across the UK for a closing date of Tuesday 21 November 2017.

Action for A-T and Action Medical Research invite outline applications for UK based research projects into A-T. We will consider high quality medical research projects that have the potential to lead to treatments and cures for the condition. Applications are invited across the fields of this multi-system condition, however research must demonstrate to be of actual or future potential benefit to A-T patients.

Applications should be made to Action Medical Research who will be managing the process through their normal grant round application forms and timelines. You can access a link to the [outline application form and more information here](#). Successful applicants from the outline stage will then be invited to complete a full application for full external peer review in open competition with other applications in the grant round.

Questions regarding this grant round should be directed to Action Medical Research through their email address - applications@action.org.uk

Academy of Medical Sciences – Starter Grants for Clinical Lecturers

The AMS is offering grants of up to £30,000 to cover the cost of research consumables, enabling research-active Clinical Lecturers to gather data to strengthen their bids for longer-term fellowships and funding. To be eligible to apply you must be a research-active Clinical Lecturer (or equivalent eligible post for Veterinary Clinicians), have a PhD or MD, hold a medical, dental or veterinary undergraduate degree, and be within higher specialty training (except from GPs who may apply post-CCT)

We welcome applications from clinicians in human, dental and veterinary medicine. For more information on eligibility, please see the [Academy's Starter Grant webpage](#).

CPE Large Grants 2017: Apply now

The Centre for Public Engagement (QMUL) is running the large grants round, to support new or existing public engagement initiatives from across Queen Mary. The 2017 round is now open for applications between £1,000 and £10,000 until Monday 18 September (10am).

Applicants must be current staff or students at QMUL, with an end date no sooner than the end of the 2017-18 academic year, but they will also welcome applications which include co-applicants from outside QMUL. [For more information, including application eligibility, please click here.](#)

Royal Academy of Engineering Enterprise Fellowships

The Royal Academy of Engineering Enterprise Fellowships scheme is now open for applications. Enterprise Fellowships support the founders and leaders of tomorrow's high-tech companies. The awards provide money-can't-buy bespoke support and one-to-one mentoring from the Academy's Fellowship.

Fellowships are available to both university-based academics of any experience level who wish to spin-out a company, and also to recent graduates wishing to create a company. Prior experience of commercialisation activities is not essential, **closing date: Monday 2 October**. More details are available on the [Royal Academy's website](#), or you can contact the [enterprise team](#).

Fight for Sight Primer and Project Grants call is now open

Fight for Sight, the UK's leading charity dedicated to funding pioneering research to prevent sight loss and treat eye disease, is inviting applications for the awards described below.

- **Joint Primer Fellowship Awards -** Applications are invited for new Primer Fellowship Awards which provide a grant of up to £60,000 for trainee ophthalmologists and other ophthalmic healthcare professionals to undertake a one year project. There are up to two Fight for Sight /John Lee, Royal College of Ophthalmologists primer

awards, which are open for members of the Royal College only. There is one Fight for Sight / The Royal Society of Medicine primer award which is open for trainee ophthalmologists and ophthalmic nurses and allied health professional graduates (including optometrists and orthoptists). Applications for the Primer Fellowship Awards are to be submitted by **5 pm on Wednesday 1 November 2017**.

For invited applicants, interviews will take place on Friday 12 January 2018.

- **Project Grants -** Applications are invited for Project Grants of up to **£170,000** for three years, or pro rata for projects of shorter duration, to start in October 2018. These projects are for clinical and non-clinical scientists, and cover all fields of ophthalmic and vision research. Applications for Project Grants and the Fight for Sight / CSO Project Grants are initially by **Abstract** to be received not later than **5 pm on Wednesday 1 November 2017**. For shortlisted applicants, the deadline for the receipt of full submissions will be 5 pm on Wednesday 31 January 2018.
- **Fulbright Fight for Sight Research Award -** Applications are invited for the fifth Fulbright Fight for Sight Research award. The award, of £75,000, is offered to a UK citizen to conduct research for 1 year in the field of Ophthalmology at any accredited US institution. Application forms are available from the [Fulbright Commission](#). The closing date for submission is **Friday 6 November 2016**.
- **MRC/ Fight for Sight Clinical Research Training Fellowship -** Applications are invited for clinically qualified, active professionals to undertake specialized or further research training in a three year fellowship. The grant is administered by [the MRC](#). Further details can be found on the Fight for Sight Website. The closing date is **Wednesday 6 September 2017**.
- **PhD Studentships-** Applications are invited from PhD supervisors for PhD studentships of up to £100,000 to support the training of graduate students, to start in October 2018 for three years. Students may be selected following the award. Application deadline is **30 August 2017**

For more details about these research funding opportunities, please visit the [Fight for Sight website](#) or log in [log into their online system](#).

Royal Society of Edinburgh – International exchange programme – bilateral

This programme aims to facilitate collaboration between researchers in Scotland and those based in institutions with which the society has a formal memorandum of understanding. Grants are worth up to £3,000. Visits should last between one and four weeks. **Closing date:** 31 Aug 2017 (recurring).

Fritz Thyssen Foundation | Fritz Thyssen Stiftung, DE, conference grants

These awards support scholarly events, in particular national and international conferences with the aim of facilitating the discussion and analysis of specific scholarly questions as well as fostering cooperation. Grants cover the costs of travel and accommodation for speakers and meals of active participants, as well as up to €500 to defray incidental conference costs. **Closing date:** 31 August 2017 (recurring).

Royal Academy of Engineering Research Fellowship applications

This call opens on the 30 June 2017.

New applicant guidance has been uploaded on the [RAE website here](#).

The **closing date is now 4pm on Wednesday 6 September**, not Monday 4 September. There is only one application stage this year but all information will need to be submitted by the closing date.

Cancer Research Excellence in Surgical Trials (CREST) Award opens

The NIHR CRN Cancer Research Excellence in Surgical Trials (CREST) award is now open to nominations. This annual national award in partnership with the National Cancer Research Institute (NCRI) is in its fourth year. The award aims to recognise surgical teams who have made the greatest contribution in recruiting to the NIHR cancer trials portfolio. In 2016, the CREST award saw a record number of nominations for the award, with the Surgical Research Team (Breast) at The Mermaid Centre, Royal Cornwall Hospital Trust presented with the award. The team comprised of surgeons, radiologists, research nurses and a research registrar. The team were presented with the award based on their commitment to surgical research in breast cancer.

The CREST award is supported by Swann Morton (scalpel manufacturers) and not only recognises valuable contributions to recruiting to the NIHR cancer trials portfolio, but generates some positive publicity within the surgical community for clinical trials. The award is for NIHR portfolio recruitment (i.e. nominees may, or may not, be active as trial CIs, or on CSGs, or in other areas such as R&D /laboratory work etc.), with additional cancer research roles also taken into account, and covers the full range of specialties including ophthalmology & gynaecology as well as the 10 surgical specialties covered by the surgical colleges.

[Find out more and make your nomination for the CREST Award here](#). Nominations need to be submitted by **Friday 29 September 2017**.

Research professional

Research Professional (formerly Research Research) now offer an easy to use self-service sign up: <http://www.researchprofessional.com/>

Funding information: [Further funding information can be found on the Research Professional website – to access click here \(account and password required\)](#).