

# Joint Research Management Office

## Research News Bulletin

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# Need to know

## E-health records at Barts Heath

As with many NHS Trusts, Barts Health is currently transitioning from paper-based medical records to electronic health record systems. A large amount of research source data, which would previously have been captured in paper records, is now being entered directly into electronic health record systems.

The Medicines and Healthcare Products Regulatory Authority (MHRA) requires that research sites comply with the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) Good Clinical Practice (Edition 6, Revision 2). This requires that regulatory inspectors and clinical research monitors are given direct access to any electronic healthcare records which contain research source data.



The JRMO is working with the Trust's IT and Information Governance Departments to establish a secure and robust process to allow regulators and monitors direct access to all electronic healthcare systems used in research projects throughout the Trust.

Whilst this process is being established, Barts Health researchers must take additional steps to ensure that their data management processes are compliant with ICH Good Clinical Practice.

Where inspectors and monitors do not have direct access to electronic source data, the research team must generate a

certified copy of the source data. This can be done by printing the source data for the electronic system, writing "Verified" on the printout and then signing and dating it. Audit trails relating to source data must also be printed and certified. All certified copies must be stored in a secure location and must be available for audit, monitoring or inspection.

ICH Good Clinical Practice (Edition 6, Revision 2) [can be viewed here](#).

The MHRA Position Statement and Guidance on Electronic Health Records [can be viewed here](#).

## NHS England research contract consultation

NHS England has released a consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract.

The CRN has been involved in the development of this consultation in partnership with NHS England, Department of Health, NIHR and Health Research Authority and the resulting proposals provide a great opportunity to address some of the current challenges for setting up and delivering research in the NHS.

As the CRN has helped to develop these proposals, our role at this stage of the consultation is to raise awareness and encourage responses from our partner organisations. The consultation is open until 1 February 2018.

[You can respond to the consultation here](#) but you are encouraged to [read the full consultation document](#) first!

## New guidance released for studies applying for CRN support outside of IRAS

The Portfolio Eligibility function, the team in the CRN Research Delivery directorate responsible for determining which studies

are eligible for CRN support, have developed a guidance suite to define the different 'eligibility submission routes' through which studies can apply for CRN support. This suite outlines the policy, principles and process that are applied to each route.

Since there are now multiple entry points through which a non-commercial study can be submitted for consideration for NIHR CRN support, it was felt that additional guidance was needed. This is to ensure clarity and transparency across the NIHR CRN.

Following the launch of HRA Approval the NIHR CRN has identified a number of studies which fall outside the scope of HRA Approval, but which do meet the Eligibility Criteria and require CRN support. With the release of the new Department of Health 'Eligibility Criteria for NIHR CRN Support' policy (effective from 1 January 2018), which describes the extension of support into health and social care research taking place in non-NHS settings, it is anticipated that there will be an increase in the number of studies which require CRN support but which do not require HRA Approval. These studies are not received automatically into the Central Portfolio Management System. As a result there is a need for an alternative CRN application process.

As the NIHR CRN continues to evolve, and the Study Support Service becomes firmly embedded, the need has also arisen to revisit the current Exceptional Circumstances process to ensure that it remains fit for purpose. In order to align with the Study Support Service, all open studies will require a National Study Delivery Assessment before an application is made. This will give the Lead LCRN the opportunity to decide whether the NIHR CRN is able to support the study at this later stage in the study process and to identify any potential challenges. The new process will be implemented from 1 January 2018. There will also be a new application form which will provide the eligibility team with the necessary information to perform an eligibility review.

The guidance suite and the revised application form will be added to the Eligibility Hub website in the New Year.

Any queries should be directed to [portfolio.applications@nihr.ac.uk](mailto:portfolio.applications@nihr.ac.uk)

## Understanding the impact of NIHR investment in research

Everyone involved in the health research ecosystem needs to demonstrate the difference that the research we undertake, support, fund and enable makes. The NIHR is no different. To do this successfully we need to gather good information. The NIHR, and many other funders, uses a tool called [Researchfish](#) to collect information on the outputs and impacts of research. Organisations that host NIHR research and personal awards (not infrastructure awards) are required to report annually through Researchfish whilst the award is active and for 5 years after completion. The next submission window will open 5 February and 15 March 2018.

The information we gather through Researchfish helps the NIHR to make the case for continued investment in applied health research, respond to requests for information and to build impact case studies. Researchers and host organisations can also access their information and use this to support their own impact assessment activities.

You can find out more information about this [on the NIHR Researchfish web pages here](#). That includes help and support for organisations that host NIHR contracts and for researchers working on NIHR awards and information about webinars.

All NIHR researchers need to start entering information – starting early will reduce the pressure near the deadline

For help, advice and support please [visit the NIHR website here](#).

## Join an NIHR focus group

The National Institute for Health Research (NIHR), the research arm of the NHS, is inviting health and social care professionals to take part in a focus group on **30 January** (at 6pm at Minerva House, [5 Montague Close, London SE1 9BB](#)).

After a lengthy and detailed research study, the NIHR has recently undertaken a strategic and creative review of its communications, with a view to developing a new overarching corporate positioning campaign for both internal and external audiences. The newly developed campaign will deliver a real and effective step change in how people perceive and engage with the NIHR.

The focus group should last no longer than two hours. Travel and any incidental expenses will be paid and tea, coffee and biscuits will be provided. Attendees will also receive a £25 voucher from Amazon.

If you would like to take part in the focus group on **30 January** please contact Chelsea Drake on 020 3328 6743 or email [chelsea.drake@nihr.ac.uk](mailto:chelsea.drake@nihr.ac.uk).

## JRMO news

### Goodbye to Sally Burtles

Sally Burtles, Director of Research Services and Business Development left the JRMO at the end of November.

Since joining in 2014, Sally worked to improve the support for our researchers. Under her leadership, the JRMO has provided the strategic lead for a new automated system for managing grants and research funding (Worktribe) across the university.



Sally also improved clinical trials processes, to make sure that projects are approved and progressed more rapidly, thus ensuring that both QMUL and Barts Health are well-placed for future Medicines and Healthcare Products Regulatory Agency (MHRA) inspections. She also helped to secure funding for a new Clinical Research Facility in the Royal London Hospital.

Coleen Colechin, Pre-Award Operations Manager in the JRMO, who led on the practical implementation of Worktribe, has taken over Sally's position on an interim basis.

### Paperless Pre-Costing Questionnaires

The JRMO is now operating a paperless Pre-Costing Questionnaire (PCQ) system.

The Costing and Contracting team has adopted an online version of the old PCQ to work alongside 'Worktribe', the new research grants management system.

When a researcher submits a new PCQ through 'Worktribe' that will generate an email to the Costing and Contracting Team. The aim of a PCQ remains the same - to provide the JRMO with enough information for them to build a costing during the bid development phase – but it is no longer a stand-alone document.

PCQ information will be used by the Costing and Contracting Team to build a costing in Worktribe. If you have a QMUL login you can access Worktribe and the online [online PCQ here](#). If you have any queries about the PCQ or Worktribe you should email: [jrmo-worktribe-costing@qmul.ac.uk](mailto:jrmo-worktribe-costing@qmul.ac.uk)

Alternatively, if you are a Barts Health employee without a QMUL log-in please contact the team at: [research.preaward@bartshealth.nhs.uk](mailto:research.preaward@bartshealth.nhs.uk)

## New JRMO SOPs online

The JRMO has recently released the following new or revised Standard Operating Procedures (SOPs):

- **SOP 1** - Research Project Applications

- **SOP 19** - Project Closure: Process for JRMO staff
- **SOP 28** - Monitoring

These and all other JRMO SOPs are [available to download from the JRMO website.](#)

## Local research

### New Associate Dean for Strategic Development

Prof Sandra Eldridge has taken up a new post as the School of Medicine and Dentistry's Associate Dean for Strategic Development. She will be providing leadership and co-ordination to projects essential to the delivery of the SMD's 5 year Strategic Plan, working closely with senior academic and administrative colleagues, and to provide focussed support for the VP Health and leadership in a number of key strategic and operational areas.



Sandra is a biostatistician and trialist with internationally recognised expertise in methodology including the design of cluster randomised controlled trials and pilot studies. She brings considerable leadership experience having been joint lead of the Centre for Primary Care and Public Health for 10 years until January 2017, and having initiated and led the development of the Pragmatic Clinical Trials Unit since 2007, overseeing its growth to a portfolio of 40 trials and research expenditure of over £1 million per year.

The Associate Dean post is a part-time post for three years and alongside this role Sandra will continue to lead the Pragmatic Clinical Trials Unit.

[A copy of the SMD's five year plan can be found here.](#)

### QMUL academic receives China's highest award for foreign experts

Professor Nick Lemoine from Queen Mary University of London (QMUL) has been awarded the China Friendship Award - the country's highest award for 'foreign experts who have made outstanding contributions to the country's economic and social progress'.



The Chinese Vice Premier Ma Kai presented the award, which was followed by an official meeting with Premier Li Keqiang at the Great Hall of the People in Tiananmen Square, Beijing.

[Professor Lemoine](#), Director of [Barts Cancer Institute](#), was also elected as a Foreign Academician by the [Chinese Academy of Engineering](#). Academician is the highest academic title in China, and elected members are considered to have made significant and creative

achievements and contributions in the fields of engineering and technological sciences.

His election is in recognition of his work on engineering new therapies for cancer in the Sino-British Centre for Molecular Oncology, established as a joint venture between QMUL and Zhengzhou University in 2006.

### **Long term health conditions drive A&E visits, not lack of GP services**

Rising accident and emergency attendance rates are driven by patients' long term health conditions, and are not related to lack of GP provision, according to a study by QMUL of more than 800,000 patients in east London.

A team led by Dr Sally Hull found that contrary to the popular narrative, that people are using emergency departments rather than their GP surgery, that this is not the case. The same people who attend their GP surgery a lot also attend their emergency department a lot. It would appear that this is largely due to their having multiple long-term health conditions, both mental and physical. It is those conditions, along with an ageing population, which are driving the high attendance rates.

These effects are then exacerbated by socioeconomic deprivation; people in the most socially deprived areas develop long term health conditions 10 years earlier than those who are least deprived. These factors combine to put pressure on emergency departments.



Linking GP and A&E records for the first time has established that rates of emergency department (ED) attendance have more than tripled over the past 50

years, from 105/1,000 population in 1961 to 373/1,000 population in 2015-6. Previous studies found that socioeconomic deprivation was a major influence on ED attendance, but the studies were based on GP practice level and population data.

For the first time in the UK, the study, published in the [British Journal of General Practice](#), looks at anonymised data from individual patients, and links their separate GP and ED records to get a more accurate picture of attendances over a two year period. Key points

- Having multiple long term health conditions, including asthma, cancer, heart disease or diabetes, was the strongest predictor of ED attendance. This and social deprivation are the major drivers of ED attendance.
- There was a six-fold increase in ED attendance rates in those with four or more long term health conditions, compared to those with no such conditions.
- People in the most deprived areas with four or more long term conditions, who also smoked, had almost three times the rate of ED attendance, compared to the same type of person living in the least deprived areas.
- Attendance rates for the most deprived population group (366/1000 population) were 52 per cent higher than those for the least deprived (240/1000).
- Patients with more attendances at EDs also have higher GP consultation rates - this suggests that the year on year rise in ED attendance is not explained by poor access to primary care.
- Patient experience of GP access, reported at practice level, did not predict use of ED, unlike findings from previous studies.

The research paper is available in the [British Journal of General Practice](#).

### **Gene therapy trial set to cure haemophilia**

A 'cure' for haemophilia is one step closer, following results of a ground breaking gene therapy trial led by QMUL researchers at Barts Health NHS Trust.

Clinical researchers led by Prof John Pasi at Barts Health and QMUL have found that one year on from a single treatment with a gene therapy drug, participants with haemophilia A (the most common type) are showing normal levels of the previously missing protein, and effectively curing them.

The early study, which was published in the [New England Journal of Medicine](#), found that a single infusion of the gene therapy drug showed improved levels of the essential blood clotting protein Factor VIII, with six out of seven patients treated at the highest dose achieving normal Factor VIII levels even many months after treatment.

The 'transformational' results have particular significance as the first successful gene therapy trial for the haemophilia A.

Around 2000 people have the severe haemophilia type A in the UK. This hereditary genetic condition, predominantly affecting men, means they have almost none of the protein factor VIII which is essential for blood to clot. It puts those affected at risk of excessive bleeding even from the slightest injury as well as causing spontaneous internal bleeding, which can be life-threatening. Recurring bleeding into joints can also lead to progressive joint damage and arthritis. The only current treatment involves multiple weekly injections to control and prevent bleeding, but there is no cure.

The trial saw patients across England injected with a copy of the missing gene, which allows their cells to produce the missing clotting factor. Following patients for 12 months, tests show that six out of seven patients treated with the highest dose in the trial now have normal levels of the previously missing factor and all seven patients have been able to stop their previously regular treatment.

The team will now hold further tests widening participants globally to include people in the USA, Europe, Africa and South America.



Jake Omer and his family

Jake Omer, 29 lives in Billericay and is married with two children, aged 3 years and a baby of 5 weeks. Diagnosed at two years old, he has had frequent injections of factor VIII to prevent bleeds ever since. Before he was treated with the gene therapy, Jake would wake up early before work to inject three times a week as well as injecting whenever he had an injury to stop the bleeding. As a result of repeated bleeding Jake has arthritis in his ankles. His father is a Turk-Cypriot and as a child he and his family could never travel to visit relatives in case he needed medical care as the facilities wouldn't have been available. He reports that the therapy has changed his life, reducing injuries to what is normal for other people.

The researchers caution that while the initial results are exciting, further research and data collection is needed to ensure the treatment is both effective and safe, and this may take some time.

### **Radar tracking reveals how bees develop a route between flowers**

As bees gain foraging experience they continually refine both the order in which they visit flowers and the flight paths they take between flowers to generate better and better routes, according to researchers at QMUL. Despite this, bees can be tricked into taking tempting shortcuts between flowers even at the cost of increasing the overall distance they have to fly.

Animals that travel between multiple destinations and return to a home base – like bees, birds, primates and humans – face a predicament known to mathematicians as the Travelling Salesman Problem.



The challenge is to find a route that visits each destination while travelling the shortest possible distance. Previous research, looking only at the order in which animals arrive at each destination, has shown that animals often find a good, or even optimal, solution but little is known about how they find that solution.

Lead author Joseph Woodgate, from the School of Biological and Chemical Sciences explains that animals cannot simply inspect a map to find out where the best food sources are or plan how to get between them. Bumblebees start out knowing nothing about the terrain or where they can find food, so they must explore the landscape, discovering locations one by one and then face the challenge of integrating their spatial memories into an efficient route.

The study, conducted in collaboration with Rothamsted Research, was published in [Scientific Reports](#). It has demonstrated that bees showed a strong preference for taking shortcuts between nearby pairs of feeders even though this meant flying further in the long run. However, they did not exclusively fly only to the closest possible feeders, and tried out different routes in a flexible way.

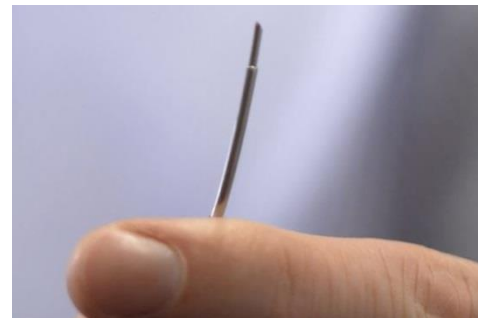
Co-author James Makinson explains that understanding how small-brained animals like bees find efficient rules-of-thumb to accomplish complex and flexible behaviours has great potential to inform the development of artificial intelligence and advanced robots. It is also important to understand how bees and other pollinating insects search for food and use the landscape is crucial to managing the risks to pollinator services posed by habitat loss and agricultural intensification.

The study was funded by the European Research Council and EPSRC (Engineering and Physical Sciences Research Council). [For more information please click here.](#)

### **Ultrasound imaging needle to transform heart surgery**

Heart tissue can be imaged in real-time during keyhole procedures using a new optical ultrasound needle developed by researchers at QMUL and UCL.

This revolutionary technology has been successfully used for minimally invasive heart surgery in pigs, giving an unprecedented, high-resolution view of soft tissues up to 2.5 cm in front of the instrument, inside the body. Doctors currently rely on external ultrasound probes combined with pre-operative imaging scans to visualise soft tissue and organs during keyhole procedures as the miniature surgical instruments used do not support internal ultrasound imaging.



New optical ultrasound needle

For the study, published today in [Light: Science & Applications](#), the team of surgeons, engineers, physicists and material chemists was co-led by Dr Malcolm Finlay, consultant cardiologist at QMUL and Barts Heart Centre and Dr Adrien Desjardins of the Wellcome EPSRC Centre for Interventional and Surgical Sciences at UCL.

The team developed an all-optical ultrasound imaging technology for use in a clinical setting over four years. The technology uses a miniature optical fibre encased within a customised clinical needle to deliver a brief pulse of light which generates ultrasonic pulses. Reflections of these ultrasonic pulses from tissue are detected by a sensor on a



second optical fibre, giving real-time ultrasound imaging to guide surgery.

The team is now working towards translating the technology for clinical use in patients.

The work was funded by the European Research Council, Wellcome, the Engineering and Physical Sciences Research Council and the NIHR Barts Biomedical Research Centre.  
More information

### Drug could cut transplant rejection

A diabetes drug currently undergoing development could be repurposed to help end transplant rejection, without the side-effects of current immunosuppressive drugs, according to new research by QMUL.

In the study, funded by the British Heart Foundation (BHF) and Barts Charity, researchers found that the enzyme glucokinase increases the movement of a type of T cell, called a regulatory T cell, into human organs. Once inside the organ tissue these regulatory T cells act as guardians of the immune system, preventing it from rejecting a transplanted organ.

The research, published in [Immunity](#), shows that when regulatory T cells were

treated with a drug known to increase the activity of the glucokinase enzyme they moved into the organ tissue of mice in much greater numbers.



The team then studied blood samples from a group of people who have a genetic mutation making their version of the glucokinase enzyme more active. They found that in these people, the regulatory T cells move into the organs more readily.

These results suggest that a drug currently being developed to treat people with type 2 diabetes which increases the activity of the glucokinase enzyme could now also be used to prevent organ rejection after a transplant. The next step is to take the drug into clinical trials. If the trials are successful, these findings could prove to be life-changing for patients who have had a transplant.

## Events

### PPI workshops in Whitechapel

Dates for 2018 have been added to the series of Patient and Public Involvement (PPI) workshops for researchers, funded by the Wellcome Trust, supported by UCLP and hosted by Barts Health and QMUL. These are:

- **How to write the PPI section of a grant form** - Tuesday 24 January, 1.30-4.30pm in Charterhouse Square, and
- **Meaningful PPI? How was it for you?** - Monday 29 January, 1-4pm in Whitechapel



Other workshops we are hosting this year:

- **Finders keepers? How to access and sustain patients and the public for involvement in research** - Tuesday March 6, 10am-1pm in Whitechapel
- **Finders keepers? How to access and sustain patients and the public for involvement in research** - Wednesday April 18, 9.30am-12.30pm in Whitechapel
- **Meaningful PPI? How was it for you?** Wednesday April 18, 1.30-4.30pm in Whitechapel
- **How to write the PPI section of a grant form** - Wednesday 9 May, 9.30am-12.30pm in Whitechapel
- **Finders keepers? How to access and sustain patients and the public for involvement in research** - Wednesday 9 May, 1.30-4.30pm in Whitechapel

For the full programme and to book your place please [visit the UCLH website here](#) or contact the Engagement and Diffusion team at [patientsinresearch@bartshealth.nhs.uk](mailto:patientsinresearch@bartshealth.nhs.uk)

### **ICCA Stroke 2018**

ICCA Stroke is an interdisciplinary and interactive course with lectures from leading experts in the field, live and recorded cases, step by step presentations, debates and hands-on workshops. You will be guided through the different aspects of stroke treatment: patient selection, imaging, indication, how to do it, post-procedural care as well as avoiding and managing complications. With the meeting attracting around 300 attendees from around the world in 2017, we are confident that ICCA Stroke 2018 will be an even greater success and we hope that you will join us, April 20 - 21, 2018 in Warsaw, Poland.

[To register or to see more information visit the ICCA website here.](#)

### **European symposium on EU Funds 2018: 19-21 March 2018, Berlin**

With special contributions from:

- European Commission (DG Regio), Directorate General for Regional

Policy, Evaluation and European Semester, Head of Unit

- European Commission (DG Agri), Directorate General for Agriculture and Rural Development, Head of Unit
- European Court of Auditors (ECA), Chamber II: Investment for Cohesion, Growth and Inclusion, Director
- European Court of Auditors (ECA), Chamber II, Head of Unit Financial Audit, Employment and Social Affairs
- European Investment Bank (EIB), Head of Division Mandate Services
- Ministry of Finance (AA), Financial Control Department, Head of Audit Unit, Estonia
- Ministry of Employment and the Economy (CA), Head of Certifying Authority, Finland
- Swedish Agency for Economic and Regional Growth (MA), Manager

For more detailed information see the [online brochure](#), [online booking form](#) and to see the video of a previous Symposium [click here](#).

### **London Arrhythmia Summit 2018**

Friday 16 March 2018 - Kings Fund, 11 Cavendish Square, London

This summit aims to give Electrophysiologists and Arrhythmia specialists an update and succinct review of all the important developments/changes in this arena over the past year. The programme is dedicated to highlight guideline changes and important studies that will impact daily practice as well as an opportunity to look ahead to new developments on the horizon. We aim to road map all the information to the relevant conferences and hence provide a comprehensive update.

For more information and to book a place [visit the Heart Rhythm Alliance website here](#)

### **The 2018 Annual NHS R&D Forum**

The NHS R&D Forum is delighted to announce the 2018 Annual Forum will be held on the 13 to 15 May 2018 at Celtic Manor, Newport, Wales.

Last year over 500 people attended the Conference over the two days making this the biggest Annual Forum to date. Delegates had a wide choice of sessions to attend, over 30 posters to read, over 20 exhibitors to visit, a fantastic gala dinner with disco and entertainment as well as great opportunities to network. The Poster Awards were announced at the Gala Dinner on 15 May and prizes presented to the authors. You can view the presentations and posters [online at the 2018 Conference website](#).

[For full details of this year's event and how to book please click here.](#)

### 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 26 January, 23 February and 23 March, 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

It is QMUL and BH policy that all researchers conducting research at our sites must attend appropriate training. It is mandated that all researchers of MHRA regulated trials must complete a GCP course and refresh it every 2 years. The same is advised as best practice for all other researchers.

To book a place on JRMO run GCP-related training courses please [visit our website](#).

Core courses available are:

- Good Clinical Practice (GCP) - full day course
- GCP refresher (2½ hours)
- GCP for labs
- Good practice for research studies
- Good practice for interventional studies
- Planning and managing your ethical research project

[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](mailto:research.training@bartshealth.nhs.uk).

### PPI training courses at the Farr Institute

The Farr Institute will be hosting two Patient and Public Involvement (PPI) courses for researchers organised by the NIHR UCL Biomedical Research Centre in partnership with UCL Partners, and supported by the Wellcome Trust, on Tuesday 20 February.

In the morning there will be a general session *for* mixed experience people on facilitation skills for PPI, 9:30am – 12:30pm. Then in the afternoon, 1.30 to 4.30 pm there will be a beginners' workshop on how to fill in the PPI section of a grant form.

To register for either or both courses, please email [ppihelpdesk@ucl.ac.uk](mailto:ppihelpdesk@ucl.ac.uk) stating the name of workshop, its date and your name, job title and organisation. There is no charge for attending a course, however the organisers reserve the right to charge a £50 non-attendance fee if you fail to inform them 24 hours before the workshop that you won't be attending.

## Practical Monitoring in a Health & Care Setting – 5 & 6 February

NHS Forum is running an intensive, hands-on course for anyone with Sponsor oversight and monitoring responsibilities. Practical work includes review of in-depth mock files, source data and research records plus support with risk assessment and advice from a very experienced NHS training team.

This is a practical two-day course delivered by experienced Monitors who work in the NHS. Sessions include slide presentations but are primarily practical and interactive. An essential workbook will be provided to all delegates. It is designed for all staff involved in monitoring or supervising monitoring of clinical research for example, R&D managers, quality managers, facilitators, research governance staff, study coordinators and investigator site staff.

For more information and to book a place please [click here](#)

## 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 in London are:

- AcoRD: Calculating and Attributing the Costs of Research – 18 April 2018
- Informed Consent for Research: Actor Facilitation – 23 April 2018 -
- Successful Pharmacy Clinical Trials Team Management – 08 May 2018
- Investigator Site File Management – 10 May 2018
- Research Facilitation – 11 May 2018 -
- Understanding AcoRD for Grant Funders – 18 May 2018

For more information on these courses [please click here](#) and to book you place please email [info@wendyfisherconsulting.co.uk](mailto:info@wendyfisherconsulting.co.uk)

# Research funding

## New PPI and Community Engagement Funding Schemes

The Centre for Public Engagement at QMUL have created two new funding schemes to enable QMUL staff and students to develop patient and public involvement (PPI) projects and engage with QMUL's local community. Both schemes are open to QMUL staff who have joint contracts with Barts Health NHS Trust.

Applications of up to £500 are now being accepted and close at 12noon on Monday 26 February. [For more information, and how to apply, click here.](#)

## NIHR funding deadlines

[17/117 - Therapeutic interventions for self-harm in adolescents - an individual](#)

[patient data meta-analysis](#) - Closing date: 1 February 2018

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

[17/118 - The effectiveness of early treatment with amitriptyline for the prevention of post-herpetic neuralgia](#) - Closing date: 1 February 2018

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

[17/119 - Non-invasive neurally adjusted ventilator assist for neonates requiring respiratory support](#) - Closing date: 1 February 2018

The Health Technology Assessment Programme is accepting stage 1

applications to their commissioned workstream for this primary research topic

**[17/101 - Air pollution: outdoor air quality and health](#)** - Closing date: 20 March 2018

\*WEBINAR RECORDING AVAILABLE\*  
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.

**[17/104 - Community-wide interventions for physical activity](#)** - Closing date: 20 March 2018

\*WEBINAR RECORDING AVAILABLE\*  
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.

**[17/103 - Prevention of unintentional injury in the home in children under 5 years](#)** - Closing date: 20 March 2018

\*WEBINAR RECORDING AVAILABLE\*  
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic

**[17/102 - Household or community resources: impact on health and health inequalities](#)** -

**Closing date: 20 March 2018**

\*WEBINAR RECORDING AVAILABLE\*  
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.

**[Research for Patient Benefit Programme - Competition 35](#)** - Closing date: 21 March 2018

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

**[17/149 - Public Health Research Programme researcher-led](#)** - Closing date: 27 March 2018

The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream

**[17/151 - Public Health Research Programme evidence synthesis](#)** - Closing date: 27 March 2018

The Public Health Research Programme are accepting stage 2 evidence synthesis applications to their researcher-led workstream

**[17/110 EME Mental Health Themed Call](#)** - Closing date: 27 March 2018

The EME Programme are participating in the Themed Call: promotion of good mental health and the prevention or treatment of mental ill health across the whole life course

**[17/145 - Efficacy and Mechanism Evaluation Programme researcher-led](#)** - Closing date: 27 March 2018

The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to their researcher-led workstream

**[17/143 - Inherited myopathies and muscular dystrophies](#)** - Closing date: 27 March 2018

The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to their commissioned workstream

**[17/142 - Osteoporosis](#)** - Closing date: 27 March 2018

The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to their commissioned workstream

**[17/144 - Mechanisms of action of behavioural and psychological interventions to improve health](#)** - Closing date: 27 March 2018

The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to their commissioned workstream

**[17/146 - Mechanisms of action of health interventions](#)** - Closing date: 27 March 2018

The Efficacy and Mechanism Evaluation Programme is accepting stage 2 applications to their commissioned workstream

**[17/120 - Hyperosmolar therapy in traumatic brain injury](#)** - Closing date: 28 March 2018

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

**[17/121 - Gastrointestinal side effects in cancer immune checkpoint therapy](#)** - Closing date: 28 March 2018

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

**[17/122 - Joint distraction for knee osteoarthritis without alignment correction](#)** - Closing date: 28 March 2018

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

**[17/123 - Intensive day patient versus inpatient treatment for anorexia nervosa in adult specialised eating disorder services](#)** - Closing date: 28 March 2018

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

**[17/124 - Psychosocial intervention for internalised stigma to improve outcomes for people with schizophrenia](#)** - Closing date: 28 March 2018

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

**[17/125 - Eye movement desensitisation and reprocessing for symptoms of post-traumatic stress disorder in adults with learning disabilities](#)** - Closing date: 28 March 2018

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

**[17/126 - Selective serotonin reuptake inhibitor to prevent depression following traumatic brain injury](#)** - Closing date: 28 March 2018

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

**[17/127 - Partial removal of dental caries in permanent teeth](#)** - Closing date: 28 March 2018

\*WEBINAR AVAILABLE\* The Health Technology Assessment Programme is accepting stage 1 applications to their

commissioned workstream for this primary research topic

**[17/128 - Sputum colour charts to guide antibiotic self-treatment of acute exacerbation of COPD](#)** - Closing date: 28 March 2018

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

**[17/129 - Exercise therapy for people with pulmonary hypertension](#)** - Closing date: 28 March 2018

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

**[17/130 - Pre-pregnancy weight loss for women on long acting reversible contraception \(LARC\)](#)** - Closing date: 28 March 2018

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

**[17/132 - Intervention or expectant management for early onset fetal growth restriction in twin pregnancy](#)** - Closing date: 28 March 2018

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

**[17/133 - Scanning confocal ophthalmoscopy for diabetic eye screening](#)** - Closing date: 28 March 2018

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

**[17/134 - Identification of older patients likely to require enhanced care on discharge from hospital](#)** - Closing date: 28 March 2018

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

**[17/135 - Cytoreductive surgery with hyperthermic intraoperative peritoneal chemotherapy](#)** - Closing date: 28 March 2018

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

**[17/136 - Sepsis](#) - Closing date: 28 March 2018**

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

For further information on these and other grants available from the NIHR 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](#).

### **2018 BMA Foundation for Medical Research Grants**

Please see listed below research grants that will be awarded by the BMA Foundation this year. Online applications are now open and **close on 2 March 2018**:

- Doris Hillier - £50,000 – Rheumatism and arthritis
- T P Gunton - £50,000 – Public Health
- H C Roscoe - £50,000 – Viral diseases
- Helen H Lawson - £50,000 – Novel Technologies
- Dawkins and Strutt- £60,000 – Multimorbidity in an ageing population
- Josephine Lansdell - £50,000 – Heart disease
- Margaret Temple - £50,000 – Schizophrenia
- Kathleen Harper - £50,000 – Work pressures on the medical profession
- J Moulton - £65,000 – Asthma
- Vera Down - £50,000 – Neurological disorders
- The Scholarship Grant - £50,000 – Research into evaluation of reasonable adjustments for patients with learning disabilities

Further information:

[www.bmafoundationmr.org.uk](http://www.bmafoundationmr.org.uk)

### **Collaborative funding available**

- **Innovate UK** Biomedical Catalyst Round 4: primer award - deadline 7 February 2018
- **Innovate UK** Biomedical Catalyst Round 4: late stage awards - deadline 7 February 2018.
- **Innovate UK**: Open sector competition round 4 – deadline 28 February 2018
- **Bayer Grants4Targets** – novel targets for drug development - deadline 31 March 2018

[For more information please visit the 'Apply For Innovation Funding' website here.](#)

### **Grand Challenges Grant Opportunities and Updates**

The **Misk Foundation**, the non-profit philanthropic foundation established by Saudi Arabia's Crown Prince Mohammed bin Salman, and the Bill & Melinda Gates Foundation have partnered to launch Misk Grand Challenges. This initiative seeks to empower youth both with the skills that they need to succeed in the knowledge economy and with the passion required to tackle the world's most challenging problems. Ultimately, the initiative hopes to nurture a new generation of leaders who will transform both local and global communities. Learn about the initiative and the associated grant opportunities [here](#).

**Grand Challenges Explorations (GCE) grants awarded** - Please see the [announcement](#) with links to descriptions of the latest set of awards and to Steve Buchsbaum's [blog](#). These awards include a set under a challenge launched through collaboration between the U.S. Agency for International Development (USAID) and the Gates Foundation. This challenge - *Health Systems Strengthening: Ensuring Effective Health Supply Chains* - resulted in over 500 submissions, with 14 awards made by the Foundation and 3 potential award nominees for USAID. The next application round of Grand Challenges Exploration is in **March 2018**.

## LARIA Research Impact Awards 2018

The LARIA Research Impact Awards are the only awards specifically designed to showcase the work of those researching local areas. Entries are welcome from across the public and private sector that show the value of this work in helping public sector bodies to make better evidence based decisions. All entries must include at least one LARIA corporate member and a public sector body.

### Categories:

- (i) Best use of local area research - Sponsored by Local Government Association (LGA)
- (ii) Best use of social care or health research
- (iii) Best use of data
- (iv) Most engaging communication of local area research
- (v) New researcher of the year

Closing date: 2pm, **12 February 2018**.

For full details and to enter the awards, please visit the [conference website](#).

## IC Postdoctoral Research Fellowship programme

The 2018 call for the IC Postdoctoral Research Fellowship programme is now open. The Government Office for Science offers UK Intelligence Community (IC) Postdoctoral Research Fellowships to outstanding early-career science or engineering researchers. These Fellowships are designed to promote unclassified basic research in areas of interest to the intelligence, security and defence community. Members of the IC identify research topics and postdocs work locally with University Research Advisors to develop and submit research proposals that align with the topics. The [topic list](#) for 2018 is now available online.

Application deadline: **4pm on Monday 26 March 2018**.

[For more information please click the link to Royal Academy of Engineering website here.](#)

## Rosetrees' Trust Interdisciplinary Prize 2018

Each year Rosetrees runs an Interdisciplinary Prize of up to £250,000 over 3 years to stimulate collaborative research between Medicine and another discipline. Details of past awards and collaborations, along with how to apply, can be found [on the Trust's website](#).

The round is currently open and has an application deadline by midnight **on 28 February 2018**.

## Life Science Digital Fellowships

Our Life Sciences team along with our delivery partners, Capital Enterprise and the Digital Catapult, has been awarded funding from the European Regional Development Fund (ERDF) via the Greater London Authority (GLA) European Programmes Management Unit (EPMU) to deliver the CAP-AI project. The overall aim of the [CAP-AI project](#) is to help AI and Machine Learning SMEs to access the technical expertise, data and computation power, knowledge and innovation they need to survive and grow. There are 2 interlinked areas of activity: knowledge exchange brokerage and innovation brokerage.

If you are interested please contact [Gretchen Ladish](#). Completed application forms have to be with her by 21 February 2018.

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