

Joint Research Management Office

Research News Bulletin

Issue 105

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Need to know

Barts Health research success

The NIHR has, for the second year running, highlighted Barts Health's research achievements.

We were placed top of the table for research activity in commercial studies, with 158 industry sponsored studies, up from 149 last year, and the NIHR stated in its national press release that "Barts Health NHS Trust has topped the table for supporting the most life sciences studies over the year".

In terms of overall activity, we were 6th for the total number of studies supported and 7th for the number of patients recruited.

[For more information on this please see the NIHR website here.](#)

This consistent performance is a major achievement, and on behalf of the senior management team. Rupert Pearse, Joint Clinical Director of R&D, has expressed his thanks to all the teams and support services here, including staff in the JRMO, who make research happen and directly benefit Barts Health patients.

More information about the record number of patients in research can be found [on the NIHR website here](#) and information about the growth in patients involved in life science related research [here](#).

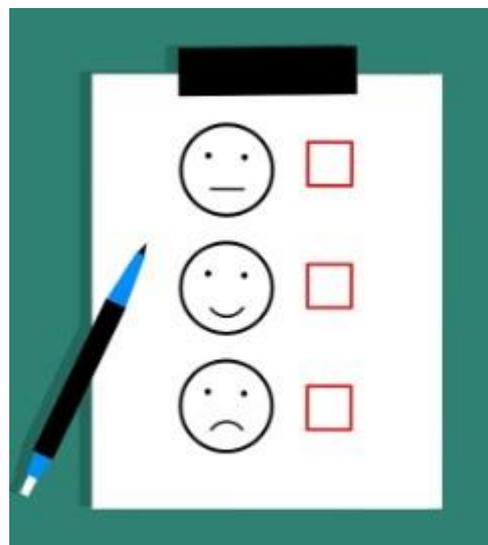
Patient Research Experience Survey 2018 – call to action!

The 2018 NIHR Clinical Research Network: North Thames Patient Research Experience Survey (CRN: NT PRES) launched on 11 September.

The CRN: NT PRES offers Barts Health researchers an opportunity to gain insight into and to evaluate the patient experience of taking part in research. The results will be used to improve the way clinical studies are delivered and to ensure we are providing the very best experience for patients involved in our research.

The anonymised survey will be live across Barts Health until 21 December 2018 and all current and former participants (who have completed a study within the last

year) of NIHR portfolio studies are eligible to take the survey.



The CRN: NT has provided a number of resources to support the delivery of the PRES. For more information, or to request a PRES kit, please contact Neeta or Olivia, Research Engagement and Diffusion. Email patientsinresearch@bartshealth.nhs.uk or call 020 7363 8923.

The results of last year's survey can be found [on the NIHR website here](#).

New Clinical Research Facility at the Royal London Hospital

The project to build a new Clinical Research Facility within the Royal London Hospital has at last kicked off. Work started on 17 September and is set to complete in early 2019.

This will create a unique facility to support commercial and non-commercial clinical trials. The new unit will have a waiting room, four outpatient consulting rooms, a sample processing laboratory and a large open plan area which is currently used as an out-patient assessment area.

The CRC is experienced in handling studies that include multiple sclerosis, epilepsy, motor neurone disease, migraine, dermatology, gastroenterology, immunology, renal medicine, diabetes, surgery, infection and Oncology.

Jo Morgan has taken on an active role in the management of both research facilities at the Royal London and Whipps Cross sites. She will be acting as interim CRC/CRU Manager through this period of change.

Paul Astin will be taking on a Business Development role seeking to promote both the CRC/CRU and the Trust as whole as a site of choice for sponsors and PIs seeking to conduct clinical research.

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

MRC Research Board and Panel Recruitment 2019

The Medical Research Council's annual board and panel recruitment exercise has begun, inviting applications to join MRC boards and panels from 1 April 2019. The application deadline is 4pm, **Monday 1 October 2018**.

The MRC has announced that it values the diverse skills and experience of the members of its boards and panels and is committed to achieving equality of treatment for all. To this end it particularly welcomes applications from currently under-represented groups; female and ethnic minority researchers and from researchers with disabilities.

The website and application form provide further information regarding the level of expertise and experience required; this can be accessed [here](#).

Please email any queries regarding the vacancies to MRC.EventsandCommitteesTeam@mrc.ukri.org.

Adding Value in Research: A Framework for Organisations

A summary of the NIHR adding value in research NHS R&D Forum workshop and conference presentations has been published. The workshop aimed to influence the NIHR AViR model and the conference presented a revised framework modelled from an organisational perspective. At the conference we discussed developing as a profession to

enable high value research. Both workshop and conference slides are available here:

- [Summary](#)
- [Morning Slides](#)
- [Afternoon Slides](#)
- [Conference Slides](#)

Further information can be found on the [NIHR website](#)

Data Protection changes - GDPR

In case you have missed it, the General Data Protection Regulation (GDPR) came into force on the 25 May 2018.

All those working with data, including research data, must have in place certain measures to safeguard personal data – such as appropriate protection and using the least data possible – and your research must not be likely to cause substantial damage or substantial distress to data subjects and must not be carried out for the purposes of measures or decisions with respect to a particular data subject, unless the purposes for which the processing is necessary include the purposes of approved 'medical research.' If you have these safeguards in place, then exemptions exist to a number of data subjects' rights and data protection principles.



For more information please see [the JRMO website](#), which has links to the HRA and other relevant websites.

If you have any questions about this please contact the JRMO at research.governance@qmul.ac.uk

Tell the HRA what you think about transparency in research

The Health Research Authority (HRA) is asking those involved in research to complete its short survey on research transparency. This is aimed primarily at researchers, sponsors and funders, but is open to anyone with an interest in the transparency agenda.

The questionnaire is one strand of the HRA's project to make research more transparent, as part of which, it hopes to determine what the current obstacles are, identify future opportunities and drive best practice around publication and dissemination of study findings.

The survey is due to close on 28 September. If you have any queries please email hra.comms@nhs.net. [To read more please click here.](#)

Feedback on the NHS Long Term Plan

As you may be aware the NHS is developing a new Long Term Plan.

During September NHS England is inviting input to shape this plan. The deadline for comments is **30 September**, and they need to be submitted via an online questionnaire. Feedback is invited from all health and care staff, patient groups and local organisations.

The plan aims to ensure that the NHS can continue to innovate and adapt to the needs of all patients. It will address a range of clinical priorities, with three overarching themes focusing on Mothers & children (including improving maternity services, care for ill & disabled children and addressing issues such as obesity & mental health), Staying healthy and helping people live longer and healthier lives and Ageing well – making the right choices and reducing unnecessary hospital stays.

Please let the researchers you work with know about the survey and encourage them to give their feedback. You can visit the [NHS England website](#) to access the questionnaire, or for more background contact england.ltp@nhs.net

Update on Excess Treatment Cost Management in NHS

NHS England, along with the Department of Health and Social Care (DHSC), NIHR, HRA and NHSI, carried out a public consultation last winter on the theme of supporting research in the NHS. The consultation focused on better managing excess treatments costs (ETCs) in non-commercial research, as well as plans to reduce delays and improve commercial clinical research set up and reporting.

There has been continued frustration around the complexity and variation in the current process for CCGs agreeing ETCs. Following the consultation, the way in which ETCs are managed is changing with the CRN taking on the management of ETC process on behalf of CCGs during an initial trial period - October 2018 to April 2019. All research calls after 1 October 2018 will have ETCs managed under this new process. Existing studies that are open to recruitment from 1 October 2018 will also be transitioned into the new arrangements ensuring the continuation of existing ETC payments. A threshold will be set for ETCs which will need to be absorbed by non-primary care providers participating in studies, prior to applying to the CRN for additional ETC funding.

A revised cost attribution tool - known as a Schedule of Events Cost Attribution Tool (SoECAT) - has been developed from the current HRA Schedule of Events.

The consultation also looked to streamline and improve the process for commercial contract research proposed options to eliminating delays in site set up for commercial contract research, through the use of a single value contract. From 1 October it will be mandated that NHS providers use the NIHR Industry Costing template and Model Clinical Trial Agreement. There is ongoing development of an online industry costing tool to support this process. [For more information please see the NHS England website.](#)

Recognising the role of patient data in NIHR press releases

Patient data is vital to both underpin and lead to improvements in research and care. When using patient data,

researchers are asked to acknowledge it by incorporating a data citation, [developed by use MY data](#), in publications and stories that would not have been possible without access to this data.



This expectation also extends to press releases on such research. [Visit the NIHR website](#) for more information about our commitment to valuing the role of patient data.

Examples of types of patient data used in research include:

- GP records
- Clinical audits, for example the National Diabetes Audit
- Disease registers, such as the National Cancer Registration and Analysis Service
- Hospital Episode Statistics
- Diagnostic imaging datasets
- Prescribing databases
- Patient surveys, for example Patient Reported Outcome Measures (PROMs)

- Information collected during clinical trials and cohort studies
- Data in large patient cohorts, such as the NIHR BioResource and the UK Biobank

[For more information on this please click here](#)

Changes at CRN: North Thames

In July a new Chief Operating Officer has been appointed for our CRN, Dr Paula Aubrey. Paula comes with a clinical background and significant NHS experience in operational business management and leadership, strategic change management, financial management and educational delivery.

In her previous position as General Manager for Renal and Transplant Directorate, Imperial College NHS Trust, she was the Accountable Officer for the delivery of the operational performance of the largest Renal and Transplant Unit in Europe.

Prof Lyn Chitty has also announced that she is stepping down from her position as Clinical Director for the Network, with effect from 30 October 2019. The advert for that position is currently [on the NHS jobs website](#).

JRMO news

New email addresses for JRMO Research Governance & GCP teams

Please note that as of tomorrow all the staff in the JRMO's Research Governance and GCP teams will be using @qmul.ac.uk email addresses.

In addition all of our generic Research Governance email accounts are moving to the @qmul.ac.uk format:

- General queries, including training, monitoring, new study submissions

and study closure:

research.governance@qmul.ac.uk

- Amendments to existing studies: research.amendments@qmul.ac.uk
- Safety or pharmacovigilance reporting: research.safety@qmul.ac.uk

All these new contact details can be [found on the JRMO website](#). Please do not forget to refresh your browser tomorrow or you may continue to see the old pages (with the out-of-date details).

Trust Employee Expenses policy changes – a reminder!

Barts Health revised its expenses policy and associated claim forms earlier this year. Please ensure that you use the correct form when claiming expenses and that you follow the correct procedure. Please note the following key points:

- Employees are not permitted, under any circumstances, to purchase goods, such as laptops, or services on behalf of the Trust and all reimbursement claims will be rejected.
- Where goods and services are required by the Trust, a purchase order must first be raised before the goods and services are provided, and all invoices must be sent to the Trust for payment directly to the supplier.
- Where the supplier only accepts payment by credit card, a purchase order must first be raised before payment is made using a Trust credit card held by the procurement department. Please contact the procurement department for guidance on this process.
- Expenses Claim forms must only be used for travel and subsistence with valid supporting receipts & documents.
- The Trust no longer requires batch headers and all claim forms can only be signed by a Trust authorised signatory.

The new policy can be viewed [on the Barts Health intranet here \(Trust staff only\)](#), and the new [Claim Form can be found here \(also Trust staff only\)](#).

New JRMO SOPs online

Since the last Research News Bulletin the JRMO has released the following new or revised Standard Operating Procedures (SOPs) and associated documents:

- SOP 11a BH/QMUL sponsorship of MHRA-regulated trials: Process for researchers
 - Associated document 1: JRMO document submission checklist
 - Associated document 2: Final governance meeting report
- SOP 11b BH/QMUL sponsorship of MHRA-regulated trials: Process for JRMO
 - Associated document 1: JRMO document submission checklist
 - Associated document 2: Final governance meeting report
 - Associated document 4: Early engagement meeting - clarification tool
 - Associated document 8: GCP Manager set-up checklist
- SOP 26b Pharmacovigilance and safety reporting for sponsored non-CTIMPs
 - Associated document 1: JRMO non-CTIMP SAE reporting form
- SOP 31 Non-compliances
- SOP 34a Researcher training
 - Associated document 1: SOP reading log
- SOP 38a Use of computerised equipment, software and systems in clinical research

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

Local research

New research links low levels of air pollution with serious changes in the heart

People exposed to air pollution levels well within UK guidelines have changes in the structure of the heart, similar to those seen in the early stages of heart failure.

The study, led by Barts Health and QMUL, was part-funded by the [British Heart Foundation](#) (BHF) and published in the

journal [Circulation](#). It looked at data from around 4,000 participants in the [UK Biobank](#) study, where volunteers provided a range of personal information, including their lifestyles, health record and details on where they have lived. Participants also had blood tests and health scans, and heart MRI (magnetic resonance imaging) was used to measure the size, weight and function of the participants' hearts at fixed times.



The team found a clear association between those who lived near loud, busy roads, and were exposed to nitrogen dioxide (NO₂) or PM_{2.5} - small particles of air pollution – and the development of larger right and left ventricles in the heart. The ventricles are important pumping chambers in the heart and, although these participants were healthy and had no symptoms, similar heart remodelling is seen in the early stages of heart failure.

Higher exposures to the pollutants were linked to more significant changes in the structure of the heart.

In the study, average annual exposures to pollutants were well within UK guidelines, although they were approaching or past World Health Organisation (WHO) guidelines.

Air pollution is now the largest environmental risk factor linked to deaths in England. The UK Government's consultation on a draft Clean Air Strategy, which closed in August, talked of halving the number of people in the UK living in areas where particle levels exceed WHO guidelines. Following this research, the BHF are calling for this action to go further to reduce the health impacts of toxic air as quickly as possible.

Dr Nay Aung who led the data analysis from Queen Mary's [William Harvey Research Institute](#) and Barts Health NHS Trust said that although the study was observational and has yet to show a causal link, it saw significant changes in the heart, even at relatively low levels of air pollution exposure. Future studies will include data from those living in inner cities like Central Manchester and London,

using more in-depth measurements of heart function, and we would expect the findings to be even more pronounced and clinically important. Air pollution should be seen as a modifiable risk factor. Doctors and the general public all need to be aware of their exposure when they think about their heart health, just like they think about their blood pressure, their cholesterol and their weight.

Creating a new London cancer research powerhouse

The city of London will be transformed into a world leading hub for cancer biotherapeutics research and treatment, with a new £14 million investment from Cancer Research UK, announced today.

The new [Cancer Research UK](#) City of London Centre brings together world-leading researchers from Queen Mary University of London, UCL, King's College London, and the Francis Crick Institute, and represents the first time that these leading London institutions have partnered to tackle cancer on such a large scale.



Cancer patients over large parts of the capital, including some of the most deprived areas of the city, will have the opportunity to take part in pioneering research as part of their treatment. Around 14m people, in London and other areas of the country, will be set to have access to the very latest innovations in biological cancer therapies.

Prof Nicholas Lemoine, Director of [Barts Cancer Institute](#) said that this is a hugely exciting time for personalised medicine. With a growing understanding of tumour evolution and the combined capability of our partner universities and hospitals, this new CRUK City of London Centre has the potential to become world-leading in the

development of new biological therapies for cancer.

The Centre will focus on a pioneering field of cancer research known as 'biotherapeutics' - defined as any type of treatment that is produced by, involves, or manipulates living cells. These therapies are based on biological processes in cells, which can be engineered to help fight cancer. For example, immunotherapy has transformed our ability to treat some types of cancer, harnessing the body's own powerful immune system to eliminate cancer cells.

The City of London Centre will also gather expertise from each partner institution including specialists in imaging, clinical trials and tumour evolution. Research will span all cancer types, including a focus on childhood cancers. There has been recent progress treating children with immunotherapies and researchers hope to extend this success to even more patients so that everyone, regardless of age or cancer type, can benefit from the latest innovations in treatment.

Goats prefer happy people

Goats can differentiate between human facial expressions and prefer to interact with happy people, according to a new study led by scientists at QMUL.



Dr Alan McElligott and goat

The study, which provides the first evidence of how goats read human emotional expressions, implies that the ability of animals to perceive human facial cues is not limited to those with a long history of domestication as companions, such as dogs and horses. Writing in the journal [Royal Society Open Science](#), the team describe how 20 goats interacted with images of positive (happy)

and negative (angry) human facial expressions and found that they preferred to look and interact with the happy faces.

Dr Alan McElligott who led the study at QMUL, but is now based at the University of Roehampton, said that the study has important implications for how we interact with livestock and other species, because the abilities of animals to perceive human emotions might be widespread and not just limited to pets.

The study, which was carried out at [Buttercups Sanctuary for Goats](#) in Kent, involved the researchers showing goats pairs of unfamiliar grey-scale static human faces of the same individual showing happy and angry facial expressions. The team found that images of happy faces elicited greater interaction in the goats that looked at the images, approached them and explored them with their snouts. This was particularly the case when the happy faces were positioned on the right of the test arena suggesting that goats use the left hemisphere of their brains to process positive emotion.

Research paper: 'Goats prefer positive human emotional facial expressions'. Christian Nawroth, Natalia Albuquerque, Carine Savalli, Marie-Sophie Single and Alan G. McElligott. [Royal Society Open Science](#).

Blood pressure medications and statins provide long-term benefits

Death rates from heart disease and stroke could be significantly lowered by prescribing statins alongside blood pressure-lowering drugs, according to the results from a clinical trial led by QMUL and Imperial College London.

The findings, [published in The Lancet](#) and presented at the European Society of Cardiology Congress in Munich, revealed that the benefits of statins lasted more than a decade after the clinical trial closed. Dr Ajay Gupta from Queen Mary's [William Harvey Research Institute](#) said that patients in their mid-60s with high blood pressure were less likely to die from heart disease or stroke by age 75–80 if they had taken both calcium channel blocker-based blood pressure lowering treatment and a statin. The findings provide further support

for the use of an effective blood pressure lowering therapy plus a statin in most patients with high blood pressure.



The Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT) trial was set up to compare two separate treatments for high blood pressure. Between 1998 and 2000, over 19,000 patients in the UK, Ireland and Scandinavia with high blood pressure were randomly allocated to one of two blood pressure lowering treatments – one involving a calcium channel blocker, the other involving a beta-blocker. Half of all those patients were then further randomised to receive a cholesterol-lowering statin or a placebo.

In 2003, the statin arm of the trial was stopped early after just over three years of follow up, because the statin proved to be highly beneficial in preventing heart attacks and strokes. These initial results influenced national and international guidelines for blood pressure treatment and lipid-lowering for people at risk of heart disease and stroke, including those produced by the UK's health watchdog the National Institute for Health and Care Excellence.

This new analysis looked at the number and cause of deaths among the 8,580 participants in the ASCOT trial who were based in the UK and followed up until December 2015.

After 16 years' follow-up, a total of 3,282 patients had died. Of those originally treated with statins, there were 15 per cent fewer cardiovascular deaths compared with those originally assigned to the placebo arm of the trial.

After 10 years' follow-up, the patients who were allocated to the calcium-channel blocker-based treatment were found to

have 29 per cent fewer deaths due to stroke compared to those allocated to the beta blocker-based treatment.

For those at higher cardiovascular risk who weren't given statins, the calcium-channel based treatment was associated with 21 percent fewer cardiovascular related deaths.

Research paper: ['Long-term mortality after the blood pressure and lipid-lowering treatment in hypertensive patients: 16-year follow-up of the Anglo-Scandinavian Cardiovascular Outcomes Trial \(ASCOT\) Legacy study' by Ajay Gupta et al. is published in *The Lancet*.](#)

Study identifies how social norms change

Social conventions, such as shaking hands or dressing formally, allow us to coordinate smoothly and, once established, appear to be natural. Yet they evolve in time, for example today we do not accept a duel as a way to settle a dispute. But what happens when a new convention replaces an old one? This question has remained largely unanswered so far, due to the lack of suitable data.

In a new study, published in the journal [PNAS](#), researchers from QMUL, City University of London and University of Barcelona investigated the process of norm change by looking at 2,541 linguistic norm shifts occurring over the last two centuries in English and Spanish.

They scanned through millions of books digitised by Google and considered such cases as the emergence of the American spelling in the US, as well as the gradual selection of one way to do the subjunctive in Spanish, where two equivalent forms exist. The authors identified three markedly different behaviours in the data depending on whether the behavioural change results from the action of:

- A formal institution, such as the Royal Academy for Spanish in Spain (RAE)
- An informal institution, such as new dictionaries published in the US during the 19th and 20th centuries
- A spontaneous process occurring in absence of any institution and triggered by a small number of

committed users who stubbornly prefer the new convention over the old one



They also proposed a simple mathematical model that reproduces all the empirical observations and confirms the validity of the classification.

Dr Lucas Lacasa, from QMUL's School of Mathematical Sciences, participated in the design of the research, in the data analysis and in writing the paper. He said that the distinctive behaviours observed share interesting similarities with physical processes. When the norm change is enforced by a regulation, it was found that the process is similar to what happens to certain materials when they are subject to an external magnetic field - jiggling atoms

composing the material instantaneously align with the magnetic field and the material gets abruptly magnetised in a top-bottom, orchestrated fashion. Conversely, in the case where the norm adoption is spontaneous and unregulated, the process is bottom-up and self-organized: a purely collective phenomenon.

The team concluded that the implications of the study are broad. Language is a wonderful playground to test theories of norm change thanks to the availability of digitised texts but the mechanisms we identified apply to other domains as well. Multiple parties, from Governments to private organisations, are trying to influence conventional behaviours and beliefs, and we know that online social networks are speeding up the process of collective behavioural change. Understanding how social norms change, and what signatures this change leaves in the data, will lead to a better understanding of our society and help shape interventions aimed at contrasting undesired effects.

Research paper: [‘The dynamics of norm change in the cultural evolution of language’](#). [Roberta Amatoa, Lucas Lacasa, Albert Díaz-Guilera, and Andrea Baronchelli](#). PNAS.

Events

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 clinic will be held on Fridays 26 October and 30 November, 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.](#)

PCTU: Current Developments in Cluster Randomised Trials and Stepped Wedge Designs

21 November, 10:30am – 22 November, 4pm

The Pragmatic Clinical Trial Unit (PCTU), based in Whitechapel, is holding a two-day meeting on Current Developments in Cluster Randomised and Stepped Wedge Designs. This annual meeting will consist of a series of short talks, poster presentations and discussions and workshops about new perspectives for the design, the analysis, and the reporting of cluster and stepped wedge designs. [For more information please click here.](#)

JRMO drop-in sessions – changes!

The JRMO runs monthly research advice drop-in sessions on the second Wednesday of every month. There is no need to book - please just turn up.

We will be happy to assist with any research support topics including:

- Project Set-up
- Research Governance
- Finance
- Costing and contracts
- Patient and public involvement

All sessions take place from 10am to 12 noon and planned dates are:

10 October 2018
14 November 2018
12 December 2018
9 January 2019
13 February 2019
13 March 2019



If none of the published dates work for you, or your question cannot wait, [please get in touch](#).

[Venue: JRMO meeting room, Lower Ground Floor, QM Innovation Centre, 5 Walden Street, Whitechapel](#)

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:

- GCP full course
- GCP refresher
- 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.governance@qmul.ac.uk

NHS Forum training

- **Embedding Research strategy & Culture in a Health and Care Setting - How to be a well-led research active organisation**

October 10, Birmingham

Are you responsible for leading research in your organisation? Do you report to the Board and build partnerships for research? Are you interested in how to create a thriving high value research strategy and culture?

This small symposium is designed to bring research management teams together with a breadth of speakers to explore what success and being well led looks like from a health research perspective. It is for all types of organisation.

Keynote speakers will discuss perspectives in leadership, and members will hear case studies and strategies for research with colleagues from across the community.

This is an opportunity for Forum members to link in with others and find space to discuss challenges as well as successes alike. [Click here for Agenda and booking information.](#)

- **Non-Commercial Research Sponsors' Symposium for Health & Care - How to be a good, competent Sponsor**

November 8, London

Being a research Sponsor is a broad and evolving role, bringing responsibility and accountability with very little formal training or opportunity to share practice. This meeting, we hope, is the beginning of a Sponsors community that will meet on annual basis to share expertise, challenges and develop learning.

This first symposium we will focus on relationships and what it looks like to be a good Sponsor from various perspectives. We will bring you together with policy makers, regulators, sites, researchers and patients to work through what good might look like, and to address current hot topics. [Click here for details, including how to book.](#)

- **Improved, new look 'Essentials of NHS Research'**

15-16 October, London:

For all levels of role new to a health care R&D department, as well as colleagues in industry, academia and third sector that would like to better understand managing NHS Research.

This course, previously the basics, always gets fabulous feedback but consistently members would let us know it really wasn't basic!

Our Forum course leader has now updated the material to be a whole new look package of essentials for anyone looking for a complete overview. Content covers, understanding the landscape, policy, regulation, patient & public involvement, roles of R&D, capacity & capability, costing, AcoRD, contracts, safety, data, oversight, impact and strategy. [Click here for more information, including how to book.](#)

Dementia Research launches online training for researchers

Join Dementia Research has launched a new e-learning training system for all researchers who use Join Dementia Research to recruit to their studies.



Find out more at www.joindementiaresearch.nihr.ac.uk

This [interactive e-learning](#) makes it easier for researchers to get to grips with all aspects of Join Dementia Research quickly, so that they can use the service as efficiently and effectively as possible. It also frees up additional study admin time in Local Clinical Research Networks and helps ensure that all researchers receive the same consistent training.

The e-learning is divided into several modules, with a quick knowledge check at the end to aid with understanding. Once training is complete, researchers will be issued with a username and password from the Clinical Research Network Coordinating Centre so that they can begin adding and recruiting to their studies.

The e-learning is also available for researchers to revisit at any time if they wish to refresh their knowledge, and modules can be completed individually as needed. [To read more please click here.](#)

Horizon 2020 training

Would you like some clarity on Horizon 2020, the EU funding programme for research and innovation; often described as "bureaucratic and complex"?

Singleimage in-house workshops would be of great value and benefit to you and your colleagues within your organisation. They hold in-house workshops designed to present clear, useful information, and avoid the myths and complexity that too often surround the Programme, provide a real learning experience through exercises and feedback sessions, not just a day full of lectures, and built on a solid foundation of experience and expertise, allowing in-depth discussion as necessary

The main topics covered in workshops are:

- Horizon 2020: Developing Winning Proposals - newcomers (1 day)
- Horizon 2020: Developing Winning Proposals - intermediate (1 day)
- Finance in Horizon 2020 (1 day)
- Finance in Horizon 2020 (2 day: more detailed and in depth)
- Consortium Agreements for Horizon 2020 (1 day)
- Coordinating Horizon 2020 Projects (1 day)

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

Research funding

NIHR funding deadlines

[18/51 - Extended duration haemodialysis](#)

Closing date: 26 September 2018

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

[18/46 - Pharmacological management of post-traumatic seizures](#)

Closing date: 26 September 2018

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

[18/47 - Outpatient cervical ripening for induction of labour](#)

Closing date: 26 September 2018

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

[18/45 - Proton pump inhibitor therapy for refractory gastro-oesophageal reflux symptoms](#)

Closing date: 26 September 2018

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

[18/42 - Cystic fibrosis](#)

Closing date: 26 September 2018

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

[18/50 - Frail older people in primary care](#)

Closing date: 26 September 2018

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

[18/49 - Radiofrequency denervation for low back pain](#)

Closing date: 26 September 2018

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

[18/48 - Radiotherapy in first-line treatment of diffuse large B-cell lymphoma](#)

Closing date: 26 September 2018

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

[Cochrane Incentive Awards](#)

Closing date: 28 September 2018

The Cochrane Incentive Awards accepts applications on an annual basis from all Cochrane Review Groups (CRGs).

[Infectious Disease Dynamic Modelling in Health Protection](#)

Closing date: 2 October 2018

The National Institute for Health Research Policy Research Programme (NIHR PRP) invites applications for the call: Infectious Disease Dynamic Modelling in Health Protection. This programme will provide a responsive dynamic resource to augment the analytical support currently provided within DHSC and PHE, which contributes towards the development of infectious disease and immunisation.

[Health Inequalities Research Initiative](#)

Closing date: 2 October 2018

The Department of Health and Social Care invites applications exploring Health Inequalities. There is an overarching interest in understanding how to maximise the effectiveness of existing policies so that they can improve the health of the poorest fastest, as well as understanding the reasons why some local areas do well, and some less well, on health inequality measures.

[18/82 End of life care \(HS&DR Programme\)](#)

Closing date: 6 November 2018

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

[18/83 Precision Medicine \(HS&DR Programme\)](#)

Closing date: 6 November 2018

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

[18/69 Benefits of the provision of health and wellbeing education during Initial Teacher Training and Continual Professional Development of qualified teachers](#)

Closing date: 6 November 2018

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

[18/70 Fire and rescue visits to improve health outcomes](#)

Closing date: 6 November 2018

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

[18/71 Sex and relationship interventions for young people with learning disabilities](#)

Closing date: 6 November 2018

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

[18/72 Gang violence and gang related harms to health](#)

Closing date: 6 November 2018

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

[18/89 Digital technologies to improve health and care](#)

Closing date: 6 November 2018

Stage 1 applications are being accepted for this primary research topic.

[18/86 Precision medicine \(EME Programme\)](#)

Closing date: 6 November 2018

The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications for this primary research topic.

[18/85 End of life care \(EME Programme\)](#)

Closing date: 6 November 2018

The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications for this primary research topic.

[18/81 End of life care \(HTA Programme\)](#)

Closing date: 6 November 2018

The Health Technology Assessment Programme is accepting stage 1 applications for this primary research topic

[18/80 Precision medicine \(HTA Programme\)](#)

Closing date: 6 November 2018

The Health Technology Assessment Programme is accepting stage 1 applications for his primary research topic

[18/84 End of life care \(PHR Programme\)](#)

Closing date: 6 November 2018

The Public Health Research Programme are accepting stage 1 applications for this primary research topic

[18/124 - Public Health Research Programme: Researcher-led](#)

Closing date: 13 November 2018

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

[18/125 Efficacy and Mechanism Evaluation Programme - Researcher Led](#)

Closing date: 20 November 2018

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

[18/128 Mechanisms of action of health interventions](#)

Closing date: 20 November 2018

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

[18/126 Functional imaging](#)

Closing date: 20 November 2018

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

[18/127 Transplantation](#)

Closing date: 20 November 2018

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

[18/131 Urothelial cancers](#)

Closing date: 20 November 2018

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

[Research for Patient Benefit Programme - Competition 37](#)

Closing date: 21 November 2018

Applications are invited for Competition 37 of the Research for Patient Benefit programme.

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](#).

EU funding opportunities: European Research Council 'frontier' research Grant

The European Commission RTD Programme 'Horizon 2020' includes the European Research Council (ERC) schemes. Funding is on a 'bottom-up' basis (no predetermined priorities) for innovative, ambitious and ground-breaking 'frontier' research by excellent researchers, as future leaders in their field. As it is investigator-driven there is no requirement for partners. Awards are based on 100% reimbursement of eligible costs and 25% overheads for up to 5 years. Further details: <https://erc.europa.eu>

- ERC Starting Grant (StG) scheme is for researchers 2-7 years post PhD*, grants up to €1.5m up to 5 years. ****CALL OPEN** StG deadline is 4pm UK time, 17 October 2018**
- ERC Consolidator Grant (CoG) scheme is for researchers 7-12 years post PhD*, grants up to €2m up to 5 years. CoG call expected to open 24 October 2018 and CoG call deadline 7 February 2019

These are very competitive grants, with restriction on resubmission. Calls are annual only.

If you have yet to discuss application/plans to apply with your EU Unit pre award officer, please do asap:

- **Cate Cowton** c.cowton@qmul.ac.uk (SBCS, EECS, Maths, Economics, History, SLLF, Law/CCLS, BCI, Wolfson)
- **Paul Giuliani** p.giuliani@qmul.ac.uk (SEMS, Physics and Astronomy, School of Business, English and Drama, Geography, Politics, Blizard, Dentistry, WHRI)

Please note that until the UK leaves the EU it remains a Member State. UK entities are therefore still eligible to participate in Horizon 2020. The Government's priority remains ensuring the draft Withdrawal Agreement is finalised. This would mean that UK Horizon 2020 participants and projects would be unaffected by EU exit. The Government's Underwrite Guarantee and the Post EU Exit Guarantee Extension remain in place in the event that

commitments made in the Joint Report are not met. [For more information click here.](#)

Barts Charity Clinical Research Training Fellowships

Barts Charity has launched 2 schemes:

Scheme A

- This pump priming scheme is open to medically qualified trainees 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.

The closing date for both is **1 October 2018** at 1700

[Please click here for more information and links to the application forms:](#)

Knowledge Frontiers: International Interdisciplinary Research Projects

The British Academy is inviting proposals from UK-based researchers across all disciplines within the social sciences and humanities to develop international interdisciplinary research projects with development impact, in collaboration with colleagues from the natural, engineering and/or medical sciences. Each project will develop new ideas and methods to bear on existing international challenges and to deliver policy-relevant outputs. Projects will need to demonstrate an innovative and interdisciplinary partnership internationally (between researchers in the social sciences or the humanities on the one hand and counterparts in the natural, engineering and/or 2 medical sciences on the other), yielding new conceptual understanding and policy-relevant evidence on questions of international significance.

Applications must be submitted online using the British Academy's Grant Management System (GMS), Flexi-Grant®. For the assessment criteria please see the detailed scheme notes. Deadline: **3 October 2018**. Funding for the projects will begin on **31 January 2019**.

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

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