

Joint Research Management Office

Research News Bulletin

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HRA research set-up changes

As part of its ongoing drive to improve the research application and set-up experience the Health Research Authority (HRA) has now switched to a combined review and automatic registration for clinical trials of investigational medicinal products (CTIMPs).

Combined review

Combined review offers a single application process, leading to a single UK decision, and a faster overall timeline. This is now the only way to apply for new clinical trials of investigational medicinal products (CTIMPs) or combined trials of an investigational medicinal product and an investigational medical device (IMP/ Device trials). Combined review is from the Medicine and Healthcare products Regulatory Agency (MHRA) and the HRA, and you can read more [on the HRA website](#).



Automatic registration

From 1 January 2022, the HRA automatically began to register CTIMPs submitted through its combined review in the new part of IRAS with Registry. This is one of the key steps towards ensuring greater research

transparency. It is still a standard condition of a Research Ethics Committee (REC) favourable opinion for clinical trials to be registered on a publicly accessible database, this requirement has not changed. Automatic registration will be rolled out to other types of clinical trials in time. To find out more about registration please visit [the HRA's FAQ page](#).

Seeking advice and support

The [Integrated Research Application System \(IRAS\)](#) contains a wealth of guidance and links to help you complete your applications. Researchers should contact the lead [NHS research and development office](#) for advice on setting up a study and the relevant [clinical research network](#) too as early as possible.

Useful toolkits include:

- [Clinical Trials Toolkit](#): Guides you through the requirements when testing the safety or efficacy of a medicinal product.
- [Experimental Medicine Toolkit](#): For a range of interventional research types.
- [Regulatory Advice Service for Regenerative Medicine](#): single point of access to multi-agency advice service.

Decision tools

- [Is it research?](#) Use this to check whether your project is categorised as research.
- [Do I need NHS REC approval?](#) This tool will help you work out whether your study needs approval from an NHS REC. You can print the answer as evidence.

To receive updates on all HRA changes [sign up here](#).

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~ Remember to upload your recruitment data regularly ~

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

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

Take part in the Festival of Communities 2022

The Festival of Communities will return on the weekend of 11-12 June, with events taking place in Stepney Green Park on the Saturday and on the Queen Mary Mile End Campus on the Sunday.

The Festival is a collaboration between Queen Mary, locally-based organisations, and is usually attended by over 3,500 residents over the weekend. It is an opportunity to explore ideas around living and learning together within Tower Hamlets.

The team running this year's Festival is looking for projects. These can be hands-on activity-based, workshops, demonstrations, stalls, exhibits plus anything else you can think of. They are open to any fun and creative ideas!

To support new or adapt existing activities and workshops to showcase at the festival, collaborative projects between Queen Mary and Barts Health, with a Queen Mary budget code, can [apply for up to £700](#) of funding through the Centre for Public Engagement (CPE). The CPE team is on hand to offer advice on your engagement activity design through festival [information and 1:1 advice sessions](#) and a hands-on engagement [training session](#).

The call for ideas (and the funding opportunity) closes at the end of the day on 31st March.

Visit the [Festival website](#) or email festival@qmul.ac.uk for more details.



Equality, diversity and inclusion in research

The NIHR has published its first Equality, Diversity and Inclusion (EDI) diversity data report. Covering the year 2020-21, the report gives a breakdown of the number of applicants and successful awardees for NIHR research and career development funding, and the profile of people on NIHR selection committees, according to the four protected characteristics of age, disability, ethnicity and sex.

It is the first annual collation of diversity data and represents the benchmark against which the NIHR's work to improve inclusion and diversity across its portfolio will be measured in the future.

The report collates the self-reported data of 3,194 applicants, 1,814 award holders and 1,197 funding committee members. The report identifies several areas of concern across all characteristics and sets out some of the actions that will be taken by the NIHR to tackle them, finding amongst other things that:

- The proportion of women applying for career awards is very strong at the Pre-Doctoral level (77.8%) and although remaining a majority at Doctoral and Post-Doctoral level, decreases along the career path to 46.8% at Research Professorship and 37.0% at Senior Investigator level. A similar pattern is seen with existing career award holders.
- Overall, the representation of ethnic minority groups in applicants (19.4%) is at a similar level to that found in university staff in NIHR-related research areas (17.8% on average). However, researchers from an ethnic minority background were less successful at being awarded funding for research programmes (16.5%, compared with 21.2% for white applicants);
- The percentage of award holders from ethnic minority groups is broadly the same for research and career development programmes, at around 15%, although it declines by career stage, to under 10% for Research Professorships and Senior Investigators.
- The average age of funding applicants ranges between 46.6 and 52.5 years. These figures are mirrored for marginally older award holders (48.8 to 56.5. years).

- The percentages of disabled people applying for funding is similar for career development and research programmes, although representation is higher at the Pre-Doctoral level (5.1%) compared to later career stages. Application outcomes are very similar between those who declared a disability and those who did not declare a disability (19.3%, compared with 20.1% for people with no disability).

The NIHR's [full report can be found online](#).



EDI at Queen Mary

Meanwhile, Queen Mary's Faculty of Medicine and Dentistry and Barts Health Dental Hospital Network have co-signed a Joint Statement on Equality, Diversity and Inclusion. This is aimed at creating a truly inclusive environment, building on our cherished cultural diversity, where students and staff flourish, reach their full potential and are proud to be part of the University and Barts Health Trust.

This joint policy statement applies to all students and staff members working at FMD, Queen Mary and across Barts Health Dental Hospital Network on a paid or honorary basis as well as our patients and visitors who visit the premises. It covers discrimination against people with any of the protected characteristics: age, sex, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and/or belief, or sexual orientation as set out in the 2010 Equality Act.

Research integrity steps forward

The JRMO recently appointed a Research Integrity and Assurance Officer, James Patterson, to support and promote high-quality research conducted according to the highest standards of integrity.

Queen Mary has previously announced that it will operate in accordance with the [UKRIO Code of Practice for Research](#) and it has adopted the commitments of the [Universities UK Concordat for research integrity](#).

Research integrity means:

- Maintaining the highest standards of rigour and integrity in all aspects of research;
- Ensuring that research is conducted according to appropriate ethical, legal, and professional frameworks, obligations, and standards;
- Supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice, and support for the development of researchers;
- Using transparent, robust, and fair processes to deal with allegations of research misconduct should they arise; and
- Working together to strengthen the integrity of research and to review progress regularly and openly.

Further information can be found on the [JRMO website](#) and for advice about research integrity matters, including training or concerns about the conduct of a particular research study, please contact the team via research-integrity@qmul.ac.uk.

JRMO drop-in sessions: update

Owing to staff absences and redeployments to front-line duty, the Research Governance team regret to announce that [JRMO Drop-in sessions](#) have been put on hold for the time being. They hope to restart the plan in March.

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

Research people

New Year Honours List recognition

Congratulations to colleagues on their awards published in the latest New Year Honours List.



Prof Nick Lemoine, Director of Barts Cancer Institute at Queen Mary University of London has received a CBE for services to clinical research. The award particularly recognises work undertaken during Covid-19, including chairing the Urgent Public Health group to deliver a range of Covid-19 studies under the National Institute for Health Research. Describing the announcement as a huge honour, Professor Lemoine hailed the award as a result of a strong collective effort.

Prof Ali Jawad, Professor of Rheumatology at Queen Mary University of London's Faculty of Medicine, has been awarded an OBE for services to Healthcare. In a long and distinguished career, Professor Jawad has held a range of roles within Barts Health and Queen Mary, even coming out of retirement to help with the response to Covid-19. Professor Jawad said he was overwhelmed to receive the honour, adding: "For me, patients are at the heart of everything we do - from medical education to developing new treatments. It's all about them."

New year: new JRMO staff

Steve Ford has joined the JRMO as Associate Director for Research Operations, overseeing the work of the office. He joins us from the London School of Hygiene & Tropical Medicine, where he was the Head of Research Operations for 5 years, overseeing the pre-award, post-award, contracts, and audit and

assurance activity. During his time at LSHTM, he was an active member of the management board, leading on many projects, including the development and installation of a new pre-award costing tool, integration of research services for MRC Units in Gambia and Uganda, and a restructuring of their research operations office. Before that Steve worked in other research delivery areas, including Imperial, UCL and the University of Kent, gaining valuable knowledge and experience.



Steve said that "Working at Queen Mary is a new adventure for me, one that I'm excited about, it will provide me with the opportunity to broaden my skillset further and help support the institution in achieving the goals it has set out in the 2030 strategy. Additionally supporting the Barts Trust will help further develop the experience I gained at Imperial, working in collaboration with the Imperial College Trust". His focus will be to break down walls that often silo teams and change the vision to help colleagues, both internal and external, understand the impacts each of our roles has on the vision for these institutions. He added that "Improving communications and the flow of information is vital to help protect and support our research teams in achieving their goals".

James Patterson has joined us from King's as the Research Integrity and Assurance Officer for QM and will be working on the research misconduct policy and be the lead for QM Research Integrity, including training to establish local research integrity leads. He will also be liaising with the Trust on policies relating to research misconduct as well as education and training. James can be

contacted via email or MS Teams at james.patterson@qmul.ac.uk

Maria Briana has joined the Governance section as the Senior Research Management and Governance Officer. Maria brings a wealth of knowledge with her having previously worked at Guy's and St Thomas's R&D, Imperial College and at Great Ormond Street Hospital. Maria will be working on Sponsored studies alongside Nadia and Sandra and managing the Amendments Team. Maria can be contacted via email or MS teams at m.briana@qmul.ac.uk

Melissa Bliss has joined the Research Ethics Team as the Research Ethics Facilitator, having just completed her PhD in EECS at Queen Mary. She is a member of a Children's Social Care Research Ethics Committee. Melissa can be contacted via email or MS Team at melissa.bliss@qmul.ac.uk

Harriet Canty has also joined the Research Ethics Team as a Research Ethics Facilitator having recently graduated from Queen Mary with a First in History. Harriet can be contacted via email or MS Teams at h.canty@qmul.ac.uk

New global oral health expert Prof Manu Raj Mathur appointed

Prof Manu Raj Mathur has joined Queen Mary's [Centre for Dental Public Health and Primary Care](#) in February as Professor of Dental Public Health.



In his new role, Prof Mathur will contribute to the research and implementation activities of the [Barts Centre for Squamous Cancer](#) (BCSC), a new centre of excellence dedicated to improving detection, treatment,

and quality of life for patients with squamous cancer funded by Bart's Charity. Professor Mathur will support the research, policy and programmatic work associated with the strengthening of health systems and health promotion, which are areas of focus for BCSC.

Prof Mathur is a Dental Surgeon with more than 15 years of global experience working in different health systems. He has a PhD in Epidemiology and Population Health from University College London and a Masters in Public Health from the University of Glasgow. His research focuses on risk factors for Non-Communicable Diseases (NCDs), especially tobacco cessation. Throughout his career, he has been an advocate for the Universal Health Coverage philosophy and played an active role in ensuring that appropriate quality oral health care is available, affordable, and accessible for all, across different health systems. Prof Mathur has recently been recognised in the [top two per cent of impact-making researchers worldwide](#) in the field of Medicine and Public Health. He is also appointed as the Head: Health Policy at Public Health Foundation of India (PHFI), New Delhi and currently a Senior Policy Fellow at [Queen Mary's Global Policy Institute](#).

Professor Sir Mark Caulfield made Vice-Principal (Health)

In January Professor Sir Mark Caulfield, Professor of Clinical Pharmacology at Queen Mary and the CEO of [Barts Life Sciences](#), was appointed as the new Vice-Principal (Health) in Queen Mary's Faculty of Medicine and Dentistry.

Prof Caulfield has made substantial contributions to the discovery of genes related to blood pressure, cardiovascular health, cancer and rare diseases. His research has changed national and international guidance for high blood pressure. He was Director of the William Harvey Research Institute between 2002 and 2020 and was elected to the Academy of Medical Sciences in 2008. He was appointed Chief Scientist for Genomics England in 2013, where he was instrumental in delivering the 100,000 Genomes Project which has delivered life-changing results for many patients. Prof Caulfield was awarded a knighthood in 2019 for his leadership of the 100,000 Genomes Project. He is a member of the Barts Health NHS Trust Board and is the President-Elect of the British Pharmacological Society.

Allergic conditions like hay fever linked to lower risk of Covid

Good news for allergy sufferers at last, as a new study led by Queen Mary has found that people with allergic conditions such as hay fever have a lower risk of being infected with Covid-19.



A large, population-based study of UK adults, [published online in the respiratory journal *Thorax*](#), has found that people with allergic conditions such as hay fever, rhinitis, and atopic eczema, may have a lower risk of Covid-19 infection, especially if they also have asthma. In addition, contrary to the findings of other recent studies, older age, male sex, and other underlying conditions are not linked to a heightened risk of infection.

Conversely however, Asian ethnicity, obesity, household overcrowding, socialising indoors with other households, and holding down a people-facing role other than in health and social care are all independently associated with a heightened risk of developing Covid-19, the findings show.

A growing body of evidence suggests that at least some risk factors for developing Covid-19 differ from those which predispose people to severe disease and the need for intensive care. To explore this further and glean what contribution demographic, socioeconomic, lifestyle, diet, medical treatment and underlying conditions might make to the risk of developing Covid-19, the researchers captured detailed information on potential risk factors for the infection among UK adults between May 2020 and February 2021.

All participants were asked to provide information on their age, household circumstances, job, lifestyle, weight, height,

long-standing medical conditions, medication use, vaccination status, diet and supplement intake when they joined the study and then again in subsequent months.

Out of 16,081 eligible people, 15,227 completed at least one subsequent follow-up questionnaires, 30 days or more after joining the study, and 14,348 completed the final questionnaire on or before 5 February 2021. In all, 446 participants (almost 3%) had at least one confirmed Covid-19 infection during the study period, and 32 were admitted to hospital.

Certain factors consequently emerged as being independently associated with increased odds of developing Covid-19. The findings include:

- People of Asian/Asian British ethnicity were more than twice as likely to become infected as their white counterparts.
- Household overcrowding; socialising with other households in the preceding week; number of visits to indoor public places; a people-facing role other than in health and social care; and overweight/obesity were all associated with a heightened risk.
- The greater the number of people sharing a household and the higher the number of visits made to indoor public places, the higher were the odds of becoming infected, the findings showed.
- Atopic (triggered by allergens) disease, which includes eczema/dermatitis and hay fever/allergic rhinitis, was independently associated with a 23% lower risk of developing the infection than it was in those without atopic disease or asthma. Among those who had atopic disease and asthma, the risk was even lower: 38%. This association held true even after factoring in the use of steroid inhalers.
- Taking drugs to dampen down the immune system response (immunosuppressants) was also associated with 53% lower risk of Covid-19 infection, although this may reflect greater shielding from infection by these patients, say the researchers.
- Age, sex, other medical conditions, diet and supplement use weren't associated with infection risk.

The researchers concluded that this large, population-based prospective study shows that there is limited overlap between risk factors for developing Covid-19 versus those for intensive care unit admission and death, as

reported in hospitalised cohorts. The study was funded by Barts Charity and BREATHE, the data research hub for respiratory health in partnership with SAIL Databank.

Covid-19 testing lab-in-a-backpack developed

Researchers have created a simple Covid-19 testing lab that fits into a backpack providing a cheap and effective solution for low income and remote areas.

In a new study, [published in PLOS ONE](#), scientists from Queen Mary have demonstrated that their lab-in-a-backpack approach is as effective as commercially available Covid-19 tests at detecting SARS-CoV-2.



The compact kit is relatively inexpensive to make, costing around \$50, and it could offer an alternative testing solution for resource-poor countries or remote areas with little access to well-equipped testing labs or trained personnel to process samples. The kit is based on a simple, non-invasive test and uses low-cost hardware to process samples.

Stoyan Smoukov, Professor of Chemical Engineering at Queen Mary, said: "We are excited for the potential of this mobile lab to do Covid-19 tests and the possibility to democratise access to inexpensive testing technology. It is made possible by our philosophy of creating low-cost instruments whenever possible from advances in electronics, or existing instruments.

According to the researchers, the next steps will include making the kit instructions even more understandable so that people can use them regardless of their experience or language, as well as validating the kit with real

patient samples. So, whilst this approach holds promise, further work is needed before the system can be implemented in real-world environments. Low-cost innovation creates affordable products and solutions by adopting innovative ways of using existing technologies. Queen Mary researchers and students are working on several low-cost innovation projects and in 2020 researchers from our School of Engineering and Materials Science [launched a competition in collaboration with the AFSIN network in Africa around low-cost technologies](#), which aimed to identify and develop the next generation of young scientists, leaders, and entrepreneurs from the continent.

Clinical Effectiveness Group receives funding to tackle falling pre-school immunisation rates

The [Clinical Effectiveness Group](#) at Queen Mary is leading key research work to address falling rates of routine childhood immunisations. Vaccines protect children from serious infections. However not all London children are fully or equally protected: those living in poorer areas or from Black, Asian and minority ethnic backgrounds are more likely to miss or be late in, getting vaccinated.



The CHIME (**CH**ildhood immunisation system to **IM**prove timeliness and **E**quity) study will use data to enable a quality improvement system that can be scaled across London to improve vaccine uptake and reduce delays and inequalities. The project will be delivered as a partnership between general practice (GP) teams, health data teams, patients and immunisation leads across three London regions – North East, South East and North

West London - covering 77% of the capital's preschool children.

CHIME will provide frontline GP teams with in-practice digital tools to help identify all preschool children registered with their practice whose vaccinations are due or overdue, review each child's vaccination record at a glance, and access information to support conversations with parents. Shared dashboards and maps will monitor regional performance, providing near real-time intelligence for public health teams and healthcare commissioners.

Carol Dezateux, Professor of Clinical Epidemiology and Health Data Science at Queen Mary, said: "London faces an urgent threat from preventable diseases like measles, with many children unprotected or receiving vaccinations late. This has worsened during the pandemic. The London Data Strategy is a fantastic opportunity to expand our long-standing work using data in North East London in partnership with other London regions. I am immensely excited to lead this project, which will ensure that children from all backgrounds are equally protected without delay and no child is left behind."

The project will raise public awareness of the importance of timely childhood vaccinations by developing and sharing materials in collaboration with parents, local organisations and primary care staff. As a Pathfinder Project, CHIME will also develop shared learning on approaches to health improvement using data and will be an exemplar for assuring data quality and organisation at source. This project is part of the [London Health Data Strategy](#) presents a coordinated, partnership approach to safely join-up health and care data across the capital, and drive collaboration between existing initiatives to make London a world-leader in the use of data to improve health outcomes, provide insights and intelligence, and connect research and clinical care to create a genuinely learning health system.

The strategy was commissioned by [NHS England \(London Region\)](#) and London's leading research universities and convened by [Health Data Research UK](#). Implementation of the London Health Data Strategy Programme follows extensive public engagement as part of a [London-wide Citizens' Summit](#), where participants [mandated for health and care data to be consistently joined-up](#) as part of a population dataset to support proactive care, planning and research. The public continues to

be involved in every aspect of the programme, with Citizen Representatives appointed to the Stakeholder Board, and plans for further deliberative engagement with Londoners to shape on-going policy and governance. This approach aligns with [public expectations around continued involvement and oversight](#) in the join-up and use of health and care data as a condition for building trust and confidence.

Diversity improves genetic research into cardiovascular disease

A new study, co-led by Queen Mary has made the case for more diversity in genetic research.



Researchers examined genes behind blood cholesterol levels for more than 1.6 million people to learn more about who might be likely to develop this important risk factor for cardiovascular disease. But unlike previous research that has typically focused on people with European ancestry, the new study included data of 350,000 participants with African, Hispanic, East Asian or South Asian ancestry.

The study, [published in the journal Nature](#), found that genetic variants related to LDL cholesterol, the so-called "bad" cholesterol that can lead to blocked vessels, were mostly similar for all participants. However, a few unique variants came to light when comparing results across population groups. Researchers said studying samples from a wide variety of ancestry groups helped find the causal genes more quickly. They found that when identifying the specific genetic variants that control cholesterol levels in our blood, or predicting high cholesterol levels, diversity was critically important. And since this type of genetic study can help to predict who will develop high cholesterol and heart disease later in life, including individuals of different ancestries helps ensure

that everyone can benefit from prevention strategies.

Studying people of diverse ancestries could also improve genetic research studies into many other diseases, the researchers suggest.

The researchers performed a meta-analysis using huge amounts of data assembled by the [Global Lipids Genetics Consortium](#) (GLGC). The consortium brings together genome-wide association data from 200 cohort studies across the globe allowing research teams to investigate key genetic variations related to blood cholesterol levels in a lot of people at once in detail. They also used data from the [Genes and Health](#) study to validate their findings in British South Asian individuals from the local East London community.

“Gathering all known genetic changes associated with a risk factor or disease, known as a ‘polygenic risk score’, is a powerful tool that allows people to learn about their risk of developing different conditions including heart disease,” said [Panos Deloukas](#), Professor of Cardiovascular Genomics at Queen Mary. “In multi-ancestry societies like the UK, such tools need to perform equally well across all individuals to be suitable for screening programmes to prevent disease. Large studies of non-European descent individuals are paramount to this endeavour.”

[Dr Stavroula Kanoni](#), Lecturer in Nutrigenetics and Cardiovascular Health at Queen Mary, added: “It was a herculean effort to combine 209 studies and 1.65 million participants from around the world in the largest genetic study of cholesterol levels to date. Our findings highlight many DNA variants which determine blood lipid levels similarly across all populations as well as other variants observed only in one population. “Including diverse populations in genetic studies is vital in our battle against health inequities and to increase the prediction of disease risk among ancestry groups. As a next step, we plan to further investigate the biological and clinical implication of our findings and look to prioritise new therapeutic targets or re-purpose existing lipid-lowering therapies with clinical potential.”

New research to advance early cancer diagnosis in Africa



The AWACAN-ED (Advancing Early Diagnosis of Cancer in Southern Africa) project, funded by an NIHR Global Health Research Award, aims to support early diagnosis of cancer in Southern Africa by developing and evaluating electronic tools (e-Tools) to encourage patients to seek care and reduce healthcare delays in Zimbabwe and South Africa.

By 2030, about 24 million people worldwide will develop cancer each year. Increasingly cases will occur in those developing countries, but services to diagnose and treat cancer are often not widely available there, plus huge differences in care-seeking and quality of care exist.

The new project, delivered in partnership with the Universities of Cape Town and Zimbabwe, and Kings College London, will map current primary care and hospital services for these cancers and understand the factors influencing patient pathways, from symptom awareness through to referral and diagnosis.

Using this information, the researchers will develop symptom assessment tools, aimed at the public and primary care providers, which will encourage more timely presentation and referral. The researchers plan to involve and engage the local community throughout the duration of the project to ensure interventions are both affordable and culturally acceptable to African women and men, as well as to local healthcare providers.

Professor Fiona Walter, Director of [Queen Mary's Wolfson Institute of Population Health](#) and Co-PI for the project, said “This vital funding will allow us to answer important questions about how to encourage appropriate help-seeking among people in these settings with possible cancer symptoms and how to deliver high-quality, accessible and equitable cancer referral and diagnosis services in lower-level facilities.”

More information can be found [on the Queen Mary website](#).

Events

AI for Healthcare sandpit

February 16th 2:00-4:00pm

Barts Life Sciences and the Digital Environment Research Institute invite all QMUL researchers to the second edition of the “AI for Healthcare” sandpit. This event will feature pitches from Queen Mary academics developing healthcare-related projects using data-driven approaches and are looking for advice and collaborators.

The sandpit will also feature talks from special guests, including representatives from the National Institute for Health Research (NIHR) who will talk about industry collaboration and funding opportunities.

For more information and registration visit [the Eventbrite site](#).

ERC Advanced Grants Webinar

The British Academy will be holding its sixth webinar on Thursday 17 February, 2 - 3.30 pm

for UK-based researchers in the humanities and social sciences interested in applying for European Research Council (ERC) grants.

The webinar will focus on the ERC Advanced Grants 2022 call, [with its deadline on 28 April 2022](#).

The webinar will be led by [Professor Simon Goldhill FBA](#) and British Academy Fellows who have experience with ERC Grants and panels. The aim is to provide participants with a deeper understanding of the proposal and evaluation format and the key issues they are required to address in planning, writing and costing a proposal.

For the webinar to be structured as effectively as possible, participants are asked to submit in advance a draft of the extended synopsis (B1). Please contact Emily Zerling (e.zerling@thebritishacademy.ac.uk) by Wednesday 9 February 2022, midday to register and submit the required document. [More information can be found online](#).

Training

JRMO research governance training

The JRMO runs various good research practice training sessions. These include:

- Good Clinical Practice (GCP) full course;
- GCP refresher;
- Good Practice for non-CTIMPs; and
- GCP for Labs.

A full list of our research courses can be found [on the JRMO website](#).

Barts Health staff and Queen Mary staff and students should book this training through the [Queen Mary CPD online booking system](#). Please note you will need a Queen Mary email address to do this. NHS users, without a Queen Mary ID, please contact Rhona Atkin, Clinical Trials Facilitator on Rhona.atkin@qmul.ac.uk to book your place.

JRMO courses are also open to staff working on NIHR portfolio studies across North Thames free of charge and to external

participants for a fee. Individuals in either group should contact research.governance@qmul.ac.uk for course details and fee information.

Please note the following:

- New users need to register before booking (select the register button on the site and follow the instructions) with a Queen Mary email address
- All users will be asked to select an appropriate course
- Please ensure that you read the details of each course and meet the description of the target audience;
- Select a date and course to meet your needs
- Once you have made your booking, you will receive an automated email to confirm your place
- We can only accept booking through the above route

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

NIHR ARC North Thames: Economic Evaluation Online introductory course

Applications for the NIHR ARC North Thames Academy's 'Economic Evaluation Online' course are now open.

This introductory course provides a unique opportunity for staff in health, social care and local government organisations to develop the skills they need to carry out an economic evaluation of a service or intervention, irrespective of previous experience. The

course is fully flexible and self-paced, and will run from **25 April - 24 June 2022**. There are a limited number of free places available to staff working in partner organisations of [ARC North Thames](#), which included Barts Health and Queen Mary, and the cost of the course for staff in non-partner organisations is £150.

Demand is expected to be high so applicants are encouraged to apply as soon as possible.

The final deadline is **20 March 2022**. [You can find out more and apply on the ARC website](#).

Research funding

NIHR funding highlights

- [Patient Safety Research Collaborations](#)

Closes: 13:00 on 9 February 2022

The NIHR has launched a new, open competition to designate and fund NIHR Patient Safety Research Collaborations (PSRCs) in England.

- [21/612 Health and Social Care Delivery Research Programme \(Evidence Synthesis Researcher-led\)](#)

Closes: 13:00 on 8 March 2022

The Health and Social Care Delivery Research (HSDR) Programme is accepting stage 2 evidence synthesis applications to their researcher-led workstream.

- [Research for Patient Benefit - Competition 47](#)

Closes: 13:00 on 9 March 2022

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

- [21/611 NIHR NICE Rolling Call \(HSDR Programme\)](#)

Closes: 13:00 on 22 March 2022

The Health Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.

- [21/610 Health and Social Care Delivery Research Programme \(standard researcher-led\)](#)

Closes: 13:00 on 22 March 2022

The Health and Social Care Delivery Research (HSDR) Programme are accepting stage 1 applications to their researcher-led workstream.

- [21/586 Management of Perthes' disease in children](#)

Closes: 13:00 on 30 March 2022

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

- [21/587 Should we prescribe postoperative antibiotics to patients with facial fractures?](#)

Closes: 13:00 on 30 March 2022

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

- [21/588 Timing of pharmacological thromboprophylaxis in traumatic brain injury](#)

Closes: 13:00 on 30 March 2022

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

- [21/589 Coenzyme Q10 in chronic heart failure](#)

Closes: 13:00 on 30 March 2022

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

- [21/582 Point of care ultrasound for breech presentation at term](#)

Closes: 13:00 on 30 March 2022

The Health Technology Assessment Programme is accepting stage 1

- applications to their commissioned workstream for this primary research topic.
- [21/583 Patient-reported outcome measures \(PROMs\) for pelvic floor disorders](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/587 Should we prescribe postoperative antibiotics to patients with facial fractures?](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/588 Timing of pharmacological thromboprophylaxis in traumatic brain injury](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/589 Coenzyme Q10 in chronic heart failure](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/590 Thromboprophylaxis following endovenous treatment for people with varicose veins](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/591 Surgical treatment of proximal ACL ruptures with ACL repair or ACL reconstruction](#)
Closes: 13:00 on 30 March 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [Development and Skills Enhancement Award Round 9](#)
Closes: 13:00 on 31 March 2022
The Development and Skills Enhancement Award (DSE) provides a maximum of 1 year of funding for post-doctoral NIHR Academy Members.
 - [NIHR Academic Clinical Fellowships in Dentistry 2022](#)
Closes: 31 March 2023
The NIHR Academic Clinical Fellowship (ACF) is a clinical specialty training post in dentistry that incorporates academic training.
 - [NIHR Clinical Lectureships in Dentistry 2022](#)
Closes: 31 March 2023
The NIHR Clinical Lectureship (CL) is a postdoctoral award that provides a clinical and academic training environment for dentists to establish themselves as independent researchers and leaders.
 - [NIHR Academic Clinical Fellowships in Medicine 2022](#)
Closes: 31 March 2023
This award supports doctors to gain research experience as part of their clinical training.
 - [NIHR Academic Clinical Fellowships in Dentistry 2021](#)
Closes: 31 March 2022
This award supports dentists to gain research experience as part of their clinical training.
 - [NIHR Clinical Lectureships in Dentistry 2021](#)
Closes: 31 March 2022
This award provides opportunities for postdoctoral research and facilitates applications for further research funding.
 - [NIHR Academic Clinical Fellowships in Medicine 2021](#)
Closes: 31 March 2022
This award supports doctors to gain research experience as part of their clinical training.
 - [22/6 Delivering a Sustainable Health and Care System \(PHR Programme\)](#)
Closes: 13:00 on 5 April 2022
The Public Health Research (PHR) Programme is accepting stage 1 applications to this NIHR Themed Call
 - [22/8 Delivering a Sustainable Health and Care System \(EME Programme\)](#)
Closes: 13:00 on 5 April 2022
Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to this NIHR Themed Call
 - [21/604 NIHR NICE rolling call \(EME Programme\)](#)
Closes: 13:00 on 5 April 2022
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity.
 - [21/602 Pain management for children and young people \(0-19 years\)](#)

- Closes:** 13:00 on 5 April 2022
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity.
- [21/603 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(EME Programme\)](#)
Closes: 13:00 on 5 April 2022
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to this funding opportunity and 2 applications to their commissioned workstream for this primary research topic.
 - [21/607 Mechanisms of action of health interventions in patients with multiple long-term conditions \(MLTC\)](#)
Closes: 13:00 on 5 April 2022
The Efficacy and Mechanism Evaluation Programme is accepting stage 1 applications to this funding opportunity.
 - [21/609 Efficacy and Mechanism Evaluation Programme researcher-led](#)
Closes: 13:00 on 5 April 2022
The Efficacy and Evaluation Programme is accepting stage 1 applications to their researcher-led workstream
 - [21/597 Public Health Research Programme researcher-led](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream.
 - [21/599 Continuing priority research topics of interest to the PHR Programme](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme are accepting stage 1 applications to their commissioned workstream for this topic.
 - [21/596 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(PHR Programme\)](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme are accepting stage 1 applications to their researcher-led workstream.
 - [21/595 NIHR NICE Rolling Call \(PHR Programme\)](#)
Closes: 13:00 on 5 April 2022
The Public Health Research (PHR) Programme is accepting stage one applications to this funding opportunity.
 - [21/600 Dementia research call - Public Health Research \(PHR\) Programme](#)
Closes: 13:00 on 5 April 2022
- The Public Health Research Programme is accepting stage 1 applications to this funding opportunity
- [21/572 Increasing uptake of vaccinations in populations where there is low uptake](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
 - [21/568 Suicide prevention in high-risk groups](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
 - [21/569 Effectiveness of interventions aimed at preventing domestic abuse](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
 - [21/570 What are the health and health inequality impacts of being outdoors for children and young people?](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
 - [21/571 Digital health inclusion and inequalities](#)
Closes: 13:00 on 5 April 2022
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
 - [22/7 Delivering a Sustainable Health and Care System \(HTA Programme\)](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment (HTA) Programme is accepting stage 1 applications to this NIHR Themed Call
 - [21/592 Hypertension in pregnancy](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/593 Pain management for children and young people \(0-19 years\)](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1

- applications to their commissioned workstream for this primary research topic.
- [21/598 Health and social care outcomes and cost-effectiveness of assistive technologies](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [22/2 HTA Researcher-led call Evidence Synthesis](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1 evidence synthesis applications to their researcher-led workstream.
 - [22/3 NIHR NICE Rolling Call \(HTA Programme\)](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity.
 - [22/4 NIHR James Lind Alliance Priority Setting Partnerships Rolling Call \(HTA Programme\)](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment (HTA) Programme is accepting stage one applications to this funding opportunity.
 - [22/1 HTA Researcher-led call Primary Research](#)
Closes: 13:00 on 4 May 2022
- The Health Technology Assessment Programme is accepting stage 1 applications to their researcher-led workstream.
- [21/592 Hypertension in pregnancy](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/593 Pain management for children and young people \(0-19 years\)](#)
Closes: 13:00 on 4 May 2022
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.
 - [21/577 Supporting the delivery of net zero health and social care system](#)
Closes: 13:00 on 24 May 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage one applications to this funding opportunity.
 - [22/9 Delivering a Sustainable Health and Care System \(HSDR Programme\)](#)
Closes: 13:00 on 25 May 2022
The Health and Social Care Delivery Research (HSDR) Programme is accepting stage 1 applications to this NIHR Themed Call
- Information on all NIHR funding can be found on the [NIHR Funding website](#).

Fellowships and related opportunities

Hospital of St Bartholomew Trustees awards

The Voluntary Hospital of St Bartholomew Trustees is awarding two prizes for clinical postgraduate research carried out within SMD:

- **The George Cholmeley Cattlin prize (£1,000):** An annual prize awarded competitively to a qualified medical practitioner for a postgraduate clinical or laboratory research in the subjects of medicine, surgery, or the allied sciences, carried out at Barts and The London School of Medicine and Dentistry or Barts NHS Trust.
- **The Alfred Thomas Corrie prize (£1,000):** An annual prize awarded competitively to a qualified medical practitioner for a postgraduate clinical research project in anatomy or surgery, carried out at Barts and The London School of Medicine and Dentistry or Barts NHS Trust.

Awardees will be selected from clinical postgraduate research (PGR) students who are nominated by their PhD/MD supervisor or another member of academic staff. Students will also be permitted to self-nominate.

Nominees must be registered with QueenMary for a PhD or MD or have been awarded a

PhD/MD by QMUL within the previous academic year. Nominations must be accompanied by the students' CV (2-page maximum) and a statement of support from the supervisor or another member of QMUL academic staff. Statements of support should include detail for outcomes and impacts from the research and an explanation of how the student has demonstrated excellence in their research project (1-page maximum).

Please submit all nomination documentation (specifying prize) as a single PDF to Adam Wilkinson a.wilkinson@qmul.ac.uk

Newton International Fellowships Scheme 2022

The British Academy is inviting applications to the Newton International Fellowship scheme, which is run jointly with the Royal Society and funded by BEIS. The application form is available online on the Flexi-Grant application system. The deadline for applications is **Wednesday 16 March 2022, 17:00 (GMT)**.

The Newton International Fellowships aim to attract the most promising early-career post-doctoral researchers from overseas in the fields of the natural sciences, social sciences, and humanities from around the world. The Fellowships enable researchers to work for two years at a UK research institution to foster long-term international collaborations. Applicants must have a PhD or be in the final stages of their PhD and should have no more than seven years of active full-time postdoctoral experience at the time of application. Additionally, applicants must be working outside the UK and not hold UK citizenship. For further information and a full list of eligibility criteria, please consult the [scheme notes](#).

Applicants may also be eligible to receive alumni funding following the tenure of their Fellowship to support networking activities with UK-based researchers. [Full information is on the British Academy website](#).

UK-Germany Knowledge Frontiers Symposium: Mobilities

The British Academy is inviting applications for early-career researchers in virtual research activities on the broad theme of "mobilities", in partnership with The Alexander von Humboldt Foundation. The deadline for submissions is Wednesday **16 February 2022 at 17:00 (UK time)**.

The symposium aims to bring together around 40 early-career researchers (understood as up to 10 years after obtaining a PhD) based in the UK and Germany from across the humanities and social sciences to discuss key questions around the theme of "mobilities". The virtual activities will be designed to encourage collaboration and exchange between early-career researchers and enable participants to share their research plans and collaboration ideas through a series of sessions that facilitate discussion, feedback and collaborative thinking. The virtual activities will take place on 9-10 May 2022.

Participants will also be eligible to apply for CONNECT, a follow-up programme for participants of Frontiers of Research Symposia offered by the Alexander von Humboldt Foundation. It provides allowances for short workings visits in Germany or in the United Kingdom that can be taken up at any time following the symposium.

In addition to the ability to apply for this funding, the symposium will aim to provide opportunities for a range of other outputs. Participants, for example, could contribute to a publication focused on the symposium theme, either through individual papers or in partnership with other symposium participants such as in the *Journal of the British Academy* or a more policy-oriented briefing.

Further information is available from Christina Moorhouse - c.moorhouse@thebritishacademy.ac.uk - or [on the British Academy website](#).

Research professional

Research Professional (formerly Research Research) has an easy-to-use sign-up process: <http://www.researchprofessional.com/>

Funding information: [Up-to-the minute information about all types of research funding can be found on the Research Professional website – to access this click here \(account and password required\)](#).