

Joint Research Management Office Research News Bulletin

Issue 136

23 January 2025

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

Celebrating twenty years of the JRMO's Research New Bulletin

Twenty years ago, in January 2004, the first of our [Research News Bulletins](#) was published. Its declared aim was to keep NHS and academic researchers up to speed with events, requirements and opportunities. Then as now, readers' input was of utmost importance in making sure that the Bulletin remains relevant and useful.

Somewhere in 2008, I became involved, and by the 50th edition, February 2009, my name was on the header as editor. The content was remarkably close to what it is now, although there was a greater influence then on research governance matters, rather than funding available. There was even a large navy-blue header – although that was the result of Barts and The London NHS Trust branding guidelines, not Queen Mary's.



The editor in his old JRMO office in 2011

What no-one will know is that I based my 2009 format revamp, still largely in place, on the [College of Arms' Newsletter](#), produced to announce the granting of Arms to individuals, and corporations. The College continues to make these announcements, but now uses a webpage; it is no longer designed to look like a printable document. Maybe that would be a good move for us too? It would certainly simplify things!

Visually the early 2010s were a period of freedom for the Bulletin. It was located on the Barts Health website and, thanks to a lack of branding control then, our Christmas editions in particular became a feast of holly and snowmen 'clip-art'.

Photos did not arrive until the 101st edition in November 2017. The new JRMO website, managed by Queen Mary, finally allowed full colour! And we've never looked back.

With this, the 136th edition, I bid farewell as editor and pass the torch onwards. Putting our regular newsletter together has often been fascinating and just occasionally it has been a bit of a nightmare. But discovering, from time to time, often quite unexpectedly, that people not only read it but that they enjoy it, and most importantly find it useful makes the task worthwhile.

So, thank you for your help and support in this enterprise. I wish you all the best for the future!

Nick

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~ Please remember to upload your recruitment data regularly ~

It is the responsibility of research teams to ensure the EDGE record for each project is accurate. If you need training in the use of EDGE please contact

Zabed.ahmed@qmul.ac.uk in the JRMO.

An era ends at the JRMO

Steve Ford, the JRMO's Assistant Director for Research Operations and senior manager, writes:

Dear Colleagues

As we approach the end of January, it is with a heavy heart that we bid farewell to the following valued members of the Joint Research Management Office (JRMO):

- Nick Good – 31 January
- Jackie Fedden – 28 February
- Coleen Colechin – 31 March
- Jan Clarke – 31 March
- Lindsay Warren – 31 March

Each of these individuals has played an integral role in shaping the foundations of the JRMO as we know it today. Their contributions will be greatly missed by both Queen Mary University of London and Barts Health NHS Trust.

On a personal note, I would like to express my heartfelt gratitude for the support each of them has provided me over the last three years. I wish them all the very best as they embark on their well-deserved retirements.

Recruitment for their roles is already underway, and we will provide further updates in due course.

Thank you

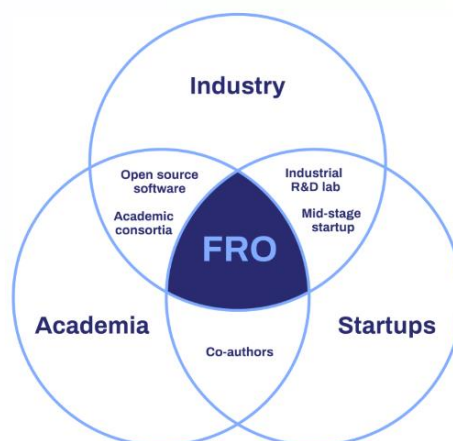
Stephen Ford
Assistant Director for Research Operations –
Joint Research Management Team

Do you have an idea to tackle a critical bottleneck in science and technology that cannot be addressed through current institutional structures?

Convergent Research has partnered with the Advanced Research and Invention Agency (ARIA) to seek proposals for Focused Research Organizations (FROs) that could

unlock transformative progress in ARIA's [opportunity spaces](#).

If we find your FRO idea promising, your founding team will be invited to our 2025 FRO Founder Residency, a 6-month boot camp run by experienced FRO builders and operators to help you develop your idea into a fully-fledged multi-year action plan, train you in the skills you need to turn your idea into reality and allow you to pitch your FRO project to be fully funded in the UK.



The residency is designed to support visionary scientists, engineers, and innovators who are driven to break bottlenecks and build platforms to catalyse advancements across entire scientific fields. That's because we believe focused, fast-moving, coordinated team efforts are essential for solving some of the most significant scientific and technological challenges of today.

To learn more, [please register here](#) for the webinar on January 31. You can find out more on the [Convergent Research website](#).

Interim Statement on AI and Research Integrity at Queen Mary

JRMO has published [new guidance on its position regarding Artificial Intelligence \(AI\) and Research Integrity](#).

AI has partly emerged from research and is now a permanent feature of academic life. It now presents opportunities and challenges. Whilst it will be used increasingly by researchers, we are all still in the process of developing appropriate policies and guidelines.

Because of this, the guidance encourages researchers to exercise due care and critical thinking in their use of AI, particularly *generative* AI, during this transitional period. Whilst it is widely recognised that AI can be beneficial to research and the writing process, generative AI is a tool that can be used to produce new content, such as ChatGPT, chatbots and virtual assistants. Researchers need to be aware that AI cannot itself be an author as it does not constitute a legal entity. Generative AI can blur and even cross that line, giving rise to accuracy and privacy concerns.



It remains vital that researchers can distinguish between their own work and that of AI, taking responsibility for all the interpretations and conclusions produced. Transparency is key and any written work arising from a study should include a statement explaining how AI has been used and for what purpose.

UK Research and Innovation (UKRI) has [its own policy on the use of generative AI in its grant application and review process](#), which places the responsibility for the integrity of AI-generated outputs on the applicant. In addition, the UKRIO has [additional resources about AI in research on its website](#).

Avoiding predatory journals

The JRMO has developed new [guidance on how to avoid predatory journals](#).

Predatory journals are those which might seem plausible and legitimate but they can take money from researchers to publish their work online without due concern for peer review or quality.

They may use titles that are similar to established publications but there are often tell-tale signs such as repeated emails

emphasising rapid publication, contradictory statements on their website, no retraction policy and the absence of a Creative Commons license for Open Access articles. Academic researchers, of all levels of experience and seniority, can be targeted by these predatory journals. There may be fee waivers or even free publication. However, once a manuscript has been published online, perhaps with errors and without peer review, researchers and universities are in a weak legal position to insist on its removal.

What to check for is covered on [the JRMO webpage](#), along with [The Think-Check-Submit checklist](#), a [List of resources compiled by the UK Research Integrity Office \(UKRIO\)](#) and a useful [Blog post the A-to-Zs of predatory publishing](#) by [Cabells](#).

ARIA reports progress in its first year

The Advanced Research and Invention Agency (ARIA) is on a journey to empower scientists to push the boundaries of what's possible.

More than 82% of its research funding supports UK-based teams, spanning the length and breadth of the country – from St Andrews to Southampton, and Leeds to Exeter – across a wide range of institutions, including 23 universities, 17 companies, 2 independent entrepreneurs, and 1 non-profit.









Members of the ARIA team

ARIA funding is driving the creation of new research models, including the UK's first worker-owned cooperative research labs: GLAiVE and Asterisk Labs. Its programmes are leading ambitious international organisations to either establish or expand their UK operations. Companies like Rain UK and Normal Computing are setting up here to reimagine the future of AI hardware and build

out the UK's capabilities in the field. Through our support, our Activation Partners – including Pillar VC, 50 Years and Convergent Research – are launching new UK programmes to spur the translation of breakthroughs in our opportunity spaces into real-world applications

In 2024 ARIA worked with many inspiring researchers and scientists who care deeply about creating new science and technology that will transform our daily lives. Central to this community are our Technical Specialists.

At the end of 2024, Aria reflected on its journey to date and celebrated some important milestones:

-  82 Creator teams funded
-  £110M research funding under contract - support to teams working on a wide range of projects: from exploring how glacial meltwater travels from the Antarctic glacial margins to the open ocean; to engineering miniature vehicles that respond to external stimuli; and developing foundational theories for safe and reliable functioning of AI systems
-  1,714 proposals submitted with 6,856 reviews
-  82% of funding awarded to UK-based teams
-  8 international organisations attracted to launch UK operations
-  47-person ARIA team

For more information on ARIA projects for 2025 [please visit the ARIA website](#).

HRA Draft Inclusion & Diversity Guidance

As you may already be aware, the HRA has launched an informal consultation on their draft inclusion and diversity guidance, which aims to increase the diversity of participants in clinical trials and investigations. You can find more details about the guidance and consultation on the [HRA website](#), where there is also the opportunity to provide feedback via a short survey.

Following the consultation period, the pilot program will run in early 2025 (anticipated to be March-September) in which researchers will be invited to submit an inclusion and diversity plan as part of their IRAS application. The plan will be reviewed by RECs as part of the overall application and researchers will then be asked to provide valuable feedback on their experience, to help refine the process.

The JRMO is therefore currently looking for any upcoming Barts Health or Queen Mary-sponsored studies that are likely to apply for regulatory approvals during this period (March-Sept 2025) to participate in this pilot.

This is an exciting opportunity to contribute directly to shaping a national initiative aimed at improving inclusivity in research, so if you have an eligible study or would like to learn more, please contact us at research.governance@qmul.ac.uk. The team looks forward to hearing from you!

Greener Trials Survey Call

A survey is being undertaken to help reduce the carbon footprint of clinical trials by better understand trialists' views on factors influencing their behaviours that will enable the design, conduct, analysis and reporting of greener trials.

By greener trials, the team means designing and delivering trials without unnecessary and unjustified carbon output.

Please take part in the [Online Survey](#) and share that link with colleagues too!

The survey takes about 15 to 20 minutes to complete and all data collected will be confidentially and securely stored on computer servers maintained by the University of Aberdeen.

Further details of the survey are available in the [online Participant Information Sheet](#). If you have any questions, please contact the survey organiser Frank Sui-keung You, PhD Student, Researcher, at s.you.23@abdn.ac.uk.

Annual Research Ethics Committees Report published

The HRA recently published its [Annual Report for Research Ethics Committees in England covering April 2023 to March 2024](#).

The report gives an overview of the activity of the RECs in England and sheds light on key highlights, whilst identifying areas that can be developed to further enhance the service.

Together the 64 local RECs provide an efficient and robust ethics review service, to make sure that research is ethically reviewed

and approved. During the annual reporting period, they reviewed:

- 2445 research applications, with 96% of studies being reviewed in less than 60 days
- 790 [proportionate review applications](#), taking on average 21 days to reach a final opinion
- 179 [fast-track applications](#), with a median time of 26 days to reach a final opinion

Its [Generic Review Committee](#), a small but vital team made up of two people, reviews materials used in recruitment to research. Between 2023 and 2024, they impressively reviewed almost 200 submissions within an average of five days.

Full details of many achievements in the last year are covered in this report. These include:

- New Quality Standards for Participant Information (QS) and Design and Review Principles (DRP)
- Face-to-face REC development days
- The introduction of a different approach to the Shared Ethical Debate.
- Progress on how REC members are recruited and a new a 'stepping into chairing' course was run.

You can [read the full Annual Report on the HRA website](#).



Revised Declaration of Helsinki adopted by the World Medical Association

The World Medical Association (WMA) has announced the adoption of the 2024 Revision of the Declaration of Helsinki (DoH).

[The Declaration of Helsinki](#) is a statement of ethical principles for medical research involving humans, including research on identifiable human material and data. It was developed in 1964 by the WMA and is

regarded as the most important document in the history of research ethics.

The Declaration's principles inform our work every day and help guide us in our strategy to make it easy to do research that people can trust. The latest revised DoH is the result of a global consultation. The HRA responded to both the first and second phases of the consultation, with input from members of the HRA's public involvement network and members of NHS Research Ethics Committees, developed in consultation with the UK's Four Nations Policy Leads Group. You can [read a summary of our feedback here](#).

The revision process was designed to be collaborative, transparent, and inclusive. The changes to the DoH were informed by regional and topical meetings spread over two and a half years, where issues were discussed by local and international experts and engaged audiences with diverse opinions.

Key changes include:

- Terminology updates: References to "subjects" have been replaced by "participants" along with gender-neutral language.
- Inclusive applicability: The Declaration now addresses all individuals, teams, and organisations involved in medical research, not just physicians. This change acknowledges the interdisciplinary nature of modern research and holds all researchers to the same ethical standards.
- Participant engagement: new provisions emphasise meaningful engagement with research participants and their communities before, during, and after studies.
- Distributive and global justice: researchers are now called upon to consider how the benefits, risks, and burdens of research are distributed, addressing issues of equity and justice on a global scale.
- Vulnerability; inclusion and protection
- Data and biobanking: informed consent for the collection, processing, storage, and secondary use of biological materials and data.
- Public health emergencies
- Environmental sustainability and research integrity

[For more information, please visit the HRA website](#)

Our research

£4.75m boost for local commercial research awarded to Barts Health

Barts Health is to host a new clinical research centre that will give patients across northeast London quicker access to cutting-edge treatments and clinical trials.

It will become one of 14 hubs in England designated as a Commercial Research Delivery Centre (CRDC), along with two other sites in London.



The new Centres will enhance the speed and efficiency of commercial clinical research delivery, contributing to the health and wealth of the nation. They will work with industry and other research delivery infrastructure to support the UK's status as one of the best places in the world for innovative companies to bring their portfolio of research.

The announcement by the [National Institute for Health and Care Research](#) (NIHR), will bring £4.75m to invest in staff over seven years from April 2025, in collaboration with local academic and health partners. Overall, this NIHR programme will bring a £72m boost for commercial research across the country.

The new network is designed to enhance the speed and efficiency of commercial clinical trials. Hubs will work with industry to support the UK's status as one of the best places for innovative companies to do research.

Barts Health consistently recruits more participants to commercial clinical trials of new drugs than any other NHS Trust and is already hosting the NIHR's North London Research Delivery Network. For this latest initiative, the Trust is linking with [Queen Mary University of](#)

[London](#) to help increase commercial research activity and reduce commercial trial set-up times.

A central study set-up team of three based at Barts Health will work with eight others based in our partner trusts at [Homerton Healthcare](#) and [Barking, Havering and Redbridge University Hospitals NHS Trust](#) (BHRUT).

The expansion comes as the existing [Clinical Research Facility \(CRF\)](#) on the 11th floor of The Royal London is poised to move next year into new state-of-the-art premises on the 15th floor, funded by [Barts Charity](#).

With five times more space and embedded pharmacy and governance teams, this will create an unrivalled research centre of excellence for our local community.

Dr Kieran McCafferty, director of the CRF and health and care director of the NIHR North London delivery network, said: "We are ambitious to grow our commercial trial activity to place research at the heart of patient care and address health inequalities across our communities.

"Ethnically diverse people are generally poorly represented in clinical trials, but with over half our population of Black, Asian or mixed ethnicity we are well-placed to increase the diversity of people recruited into commercial research and improve equity in access."

Barts and Queen Mary lead £1.8M study looking at AI in emergency care

Queen Mary in collaboration with Barts Health, London's Air Ambulance and the University of Aberdeen, has secured a £1.8 million (\$2.27 million) contract to support a clinical trial using the Artificial Intelligence in Trauma Risk Prediction System (AI-TRiPS). AI-TRiPS is an innovative, AI-powered decision-support tool designed to assist in time-critical medical decision-making for severely injured patients.

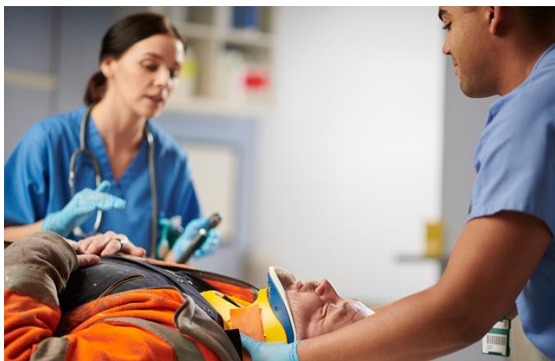
The study, one of the first randomised controlled trials to evaluate the use of AI-powered decision-support tools in trauma care,

will see AI-TRiPS deployed across The London Trauma System, the largest integrated trauma network in the world which serves over 10 million people. It will involve trauma specialists from London's four major trauma centres as well as doctors and paramedics from London's Air Ambulance and the London Ambulance Service.

Funded by the Congressionally Directed Medical Research Programs, researchers will evaluate and determine the effectiveness of AI-TRiPS in supporting doctors to assess the risks of life-threatening complications, such as severe blood loss, and support them in taking action to improve outcomes. If successful, this initiative could revolutionise trauma care worldwide and help save thousands of lives.

AI-TRiPS represents a true collaboration between medical and engineering experts at Queen Mary University and across the globe. The AI algorithms, developed by trauma surgeons, military experts, and computer scientists, integrate cutting-edge trauma research, registry data, and clinical expertise.

The system is designed to be user-friendly, providing clear and accessible insights to doctors making decisions about seriously injured patients. It offers evidence-based predictions about the risks faced by critically injured patients and guidance on how best to manage these on arrival in hospitals.



Prof Karim Brohi, Director of the London Trauma System and Professor of Trauma Sciences at Queen Mary, said "London has always been at the forefront of trauma innovation. This study could push the boundaries further, potentially transforming how we deliver care and save lives globally." The trial is part of a broader ambition to introduce AI-powered decision-support tools in diverse settings, from civilian emergency care to military operations. The algorithms have been designed with adaptability in mind,

aiming for application in complex environments such as battlefield medicine.

The clinical trial, supported by the University of Aberdeen's Clinical Trials Unit, will begin with a year of development and regulatory approvals in January 2025. Patient recruitment will follow in early 2026, with results expected in 2027.

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

Doctors warn against fluid therapy approach in surgery after global trial

A major study



The results from the large international trial (OPTIMISE II) have been [published in the BMJ](#). The trial aimed to improve outcomes from higher-risk operations and has ruled out a fluid therapy approach during surgery.

Researchers found using a type of fluid therapy during major planned gut surgery did not reduce infections afterwards. It did, however, increase the risk of arrhythmias (abnormal heart rhythms).

From these results, they recommend avoiding routine use of this technique for these patients. The trial involved almost 2,500 patients from 11 countries. It was led by Prof Rupert Pearse, and Prof Mark Edwards from University Hospital Southampton (UHS) helped lead the trial and co-ordinated the BMJ publication.

More than 300 million major surgeries are performed around the globe each year. High-risk surgeries can lead to short or long-term medical problems. In the UK, more than 50,000 patients aged over 50 are reported to undergo major gut surgery every year. After surgery, around one-third of these patients develop a hospital-acquired infection. Many of

these patients will die within a few months of surgery.

Previous smaller studies had suggested that a fluid therapy approach using advanced cardiac monitoring might reduce complications after major surgery. This global clinical trial aimed to either recommend the treatment if it was beneficial or withdraw it from routine use if ineffective or harmful.

Patients undergoing major planned operations on their gut took part at 55 hospitals worldwide. They were all over 65 years of age, with long-term conditions that can increase the risks from surgery. Half were randomly assigned to receive the treatment, during and four hours after surgery. The other half received usual care, without cardiac output monitoring, for comparison.

This trial found the more advanced treatment approach made no difference to the risk of infection following major planned gut surgery. However, it did find that more patients in the treatment group had abnormal heart rhythms just after surgery, presumably due to the inotrope treatment. The researchers therefore concluded that the routine use of this technique should be avoided.

Prof Rupert Pearse, Consultant in Intensive Care Medicine at Queen Mary, said: "We are delighted to complete this international trial which brings to a close a decades-long and controversial debate among doctors about how to care for patients having major surgery. Our findings will guide treatment for tens of thousands of patients each year."

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

Surprising 'two-faced' cancer gene role supports paradigm shift in predicting disease

A genetic fault long believed to drive the development of oesophageal cancer may in fact play a protective role early in the disease.

The unexpected discovery of this genetic mechanism, funded by Cancer Research UK and [published today in Nature Cancer](#), could help doctors identify which individuals are at greater risk of developing cancer, potentially leading to more personalised and effective preventive strategies.

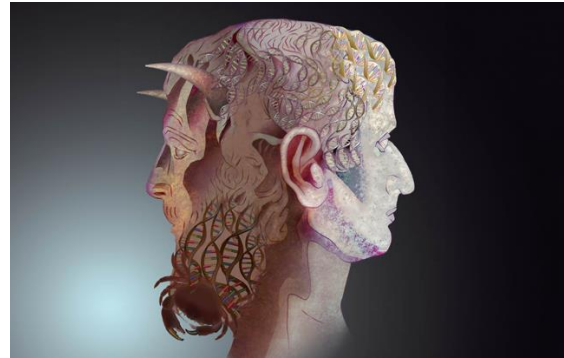


Image of Janus' heads by Joe Brock

Only 12% of patients with oesophageal cancer in England survive their disease for 10 years or more. The UK has one of the world's highest incidences of a subtype called oesophageal adenocarcinoma, and cases continue to increase. This cancer type develops from a condition called Barrett's oesophagus, in which the cells lining the oesophagus become abnormal. However, only around 1% of people with Barrett's go on to develop cancer each year. In the new study, the research team sought to better understand why some cases of Barrett's lead to cancer, while others do not, to support better prediction and treatment of oesophageal adenocarcinoma.

The team analysed a large gene sequencing dataset from more than 1,000 people with oesophageal adenocarcinoma and more than 350 people with Barrett's oesophagus. They found that defects in a gene called *CDKN2A* were more common in people with Barrett's oesophagus who never progressed to cancer. This finding was unexpected, as *CDKN2A* is commonly lost in various cancers and is well-known as a tumour suppressor gene – a molecular safeguard that stops cancer from forming.

The research showed that if normal cells in our oesophagus lose *CDKN2A*, it helps promote the development of Barrett's oesophagus. However, it also protects cells against the loss of another key gene encoding p53 – a critical tumour suppressor often dubbed the 'guardian of the genome'. Loss of p53 strongly drives the progression of disease from Barrett's to cancer. The team found that potentially cancerous cells that lost both *CDKN2A* and p53 were weakened and unable to compete with other cells around them, preventing cancer from taking root. In contrast, if cancer cells lose *CDKN2A* after the disease has had time to develop, it promotes a more aggressive disease and worse outcomes for patients.

Lead researcher, Francesca Ciccarelli, Professor of Cancer Genomics at Queen Mary University of London's Barts Cancer Institute and Principal Group Leader at the Francis Crick Institute, where the experimental work in this study took place, said: "We often assume that mutations in cancer genes are bad news, but that's not the whole story," says the lead researcher. "The context is crucial. These results support a paradigm shift in how we think about the effect of mutations in cancer."

"It can be tempting to look at cancer mutations as good or bad, black or white. But like the Roman god, Janus, they can have multiple faces – a dual nature," she explained. "We're increasingly learning that we all accumulate mutations as an inevitable part of ageing. Our findings challenge the simplistic perception

that these mutations are ticking time bombs and show that, in some cases, they can even be protective."

The findings could have significant implications for how we assess cancer risk. They suggest that if a person with Barrett's oesophagus has an early *CDKN2A* mutation but no mutations in p53, it could indicate that their condition is less likely to progress to cancer. On the other hand, later in the disease, *CDKN2A* mutations may signal a poor prognosis. Further research is needed to determine how to best apply this new knowledge to benefit patients in the clinic.

This paper was funded by [Cancer Research UK](#) and the experimental work in this study took place at [The Francis Crick Institute](#).

Events

JRMO drop-in sessions

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

To attend please log on [via MS Teams](#) at that time.

You may have questions about could include study set-up, research governance and sponsorship, research ethics, Good Clinical Practice (GCP) advice, research passports and staff access, research finance and funding, costing and contracts, as well as patient and public involvement. Whatever it is, come along and the team will be available on a first-come-first-served basis:



You can of course contact the team at any time - research.governance@qmul.ac.uk - if you have a query regarding research governance, amendments or other GCP-related matters.

MRC CoRE Call - New initiative launched to support researchers

Prof Amrita Ahluwalia, Dean for Research (FMD) has announced a new cross-Queen Mary initiative to support colleagues in developing applications for funding from the Medical Research Council Centres of Research Excellence programme. This new initiative will offer support throughout all stages of the application process: initial expression of interest, proposal development and submission and will be led by the FMD Research Strategy Board.

To launch this new departure a launch event will take place on [4 February](#),

Training

JRMO GCP Training

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

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

Dates for training this term can now be found [on the JRMO website](#). Courses are now being delivered by MS Teams.

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

Healthcare Leadership Foundations Course

A short online course, [Healthcare Leadership Foundations](#), designed for aspiring leaders and professionals in the public and private healthcare sectors, has been created by [Queen Mary's Institute of Dentistry](#) and [Digital Education Studio](#).

This tailored, four-week online course is designed specifically for aspiring leaders and professionals in both the public and private healthcare sectors. It provides a unique opportunity to enhance leadership skills, with up to 16 CPD hours awarded by the Royal College of Surgeons England and the General Dental Council. Participants can also choose an optional extension to nine weeks with personalised coaching.

You can join the Healthcare Leadership Foundations and complete it in just 4 weeks, with an optional extension to 9 weeks through personalised coaching. Up to 16 CPD hours awarded by the Royal College of Surgeons England & General Dental Council. Training starts on 27 January 2025.

To learn more visit the [Healthcare Leadership Foundation site](#) and/ or watch the [YouTube introduction](#).

For any enquiries about this course please contact IODLC2024@qmul.ac.uk

Queen Mary Information Storage Matrix training

To help implement good practice in research data storage, researchers are encouraged to undertake [Queen Mary's Information Storage Matrix Training](#).

The training has been implemented by the FMD's Research Information Governance Group (RIGG). It takes just under 60 minutes to do.

Further information on the storage of research data at Queen Mary, including a link to Queen Mary's Data Governance Policy, can be found [Queen Mary IT webpage](#).



Human Tissue Act (HTA) training

All research staff and students who need to be trained to take consent for research studies, and to understand the rules governing the use of human tissue, set out in the Human Tissue Act, before working with human tissue and/ or data, need to undertake this training every three years. After three years you will need to undertake a refresher course.

- **HTA and the implications for research - Introduction course**

The course provides an overview of the human tissue legislation in the UK and the role and importance of the Human Tissue Authority (HTA). 2025 dates are:

28 January 2025 2-3 pm via Teams

25 March 2025 2-3 pm via Teams

20 May 2025 2-3 pm via Teams

23 September 2025 2-3 pm via Teams
18 November 2025 2-3 pm via Teams

- **HTA and the implications for research - Refresher course**

This course is a short follow-on course from the introduction course to top up knowledge of the Human Tissue Act and Human Tissue Authority every 3 years. 2025 dates are:
13 February 2025 2-3 pm via Teams
15 April 2025 2-3 pm via Teams
24 June 2025 2-3 pm via Teams
9 October 2025 2-3 pm via Teams
4 December 2025 2-3 pm via Teams

Bookings can be made by contacting Katie Ersapah (k.ersapah@nhs.net)



NIHR Learning for Involvement

- **Centre for BME Health BAME Toolkit:**
The Centre for BME Health has produced a checklist to help researchers when designing and recruiting for studies, as well as when conducting PPIE activities. The toolkit aims to capture best practices and provide researchers with a framework on how to improve the participation of people from ethnic minorities in research. Available on their [website](#).
- **Improving Inclusivity within Research:**
BAME groups are more likely to suffer from poorer health outcomes and health and social care inequalities and are less likely to be represented in health and social care research studies. This [training module and toolkit](#) from CRN East Midlands and the Centre for BME Health will help your research become more inclusive of ethnic minority groups.
- **Patient and Public Involvement Toolkit:**
Involving People's Public and Patient Involvement [Toolkit](#) is a very useful resource which will take you through each stage of the engagement process. This will help you understand what you are trying to achieve, plan how you will achieve it, produce a report based on your findings, and inform how your services can meet the needs of local people better.

HARP developmental training

- **Developing your career in clinical research:** Attend our research careers

engagement session, in collaboration with HARP, to hear from current Barts Health staff who are developing clinical academic careers and speak directly to the HARP programme lead, to learn more about opportunities available.

- **Health Advances in Underrepresented Populations and Diseases (HARP)** is an exciting new PhD Programme for all health professionals based in London's vibrant East End. The programme is open to any health professional, regardless of personal background, who is enthusiastic and can show their ability to conduct world-class research that tackles health inequality.

For more information and to book a place in person, Barts Health staff and students should follow this [link to book Barts Health training](#).

If you wish to attend online, please do not book as above but instead email Imogen Skene i.skene@nhs.net, for an MS Teams link to join.

SBK leading events in healthcare SBK Healthcare Events & Training

[SBK Healthcare](#) provides training for clinical research that covers topics from quality assurance, skills development, preparing for inspections, and information governance, to support research in specific clinical areas.

In addition, they run several interactive forums and free webinars and have various video training resources. More information about all that can be found on their website: <https://www.sbk-healthcare.co.uk/>

If you are interested in attending any of the courses you can contact Nichola Cadwallader - nichola.cadwallader@sbk-healthcare.co.uk - quote 'JRMO' in the subject line of your email and she may be able to offer a reduced rate.

Online Healthcare Leadership course launches

Queen Mary FMD has launched its new online course, [Healthcare Leadership Foundations](#) created with the Institute of Dentistry and [Digital Education Studio](#). The four-week [Healthcare Leadership Foundations course](#) is designed for aspiring

leaders and professionals in the public and private healthcare sectors. This course provides an opportunity to learn from the experts in the field; and collaborate with like-minded healthcare professionals from across the globe through live peer learning sessions and online discussions. Participants will develop practical skills in self-leadership, network mapping, action planning and peer coaching, which will enable them to effectively navigate complex leadership challenges in healthcare systems. The **course starts on 27 January** and certifies up to 16 CPD hours, accredited by the Royal College of Surgeons of England & General Dental Council.

You can [Register Here](#) and [watch the course promotion video here](#).

For any enquiries about this course, please get in touch: IODLC2024@qmul.ac.uk



Research funding

NIHR grant calls

NIHR | National Institute
for Health Research

All current and future funding information on NIHR funding can be found on the [NIHR Funding website](#). That includes the following:

- Health Technology Assessment
- Public Health Research
- Health and Social Care Delivery Research
- Efficacy and Mechanism Evaluation
- Policy Research Programme
- Research for Patient Benefit
- Evidence Synthesis
- Invention for Innovation
- Programme Development Grants
- Research Programme for Social Care
- Better Methods Better Research
- Department of Health and Social Care
- Global Health Research
- Global Health Research Professorship
- Health and Care Professional Internship
- Infrastructure
- Mental Health Research Groups
- Postdoctoral fellowships
- Pre-application Support Fund
- Programme Grants for Applied Research
- Senior Clinical and Practitioner Research Award
- Senior Investigators
- Team Science

UKRI grant calls

UKRI UK Research
and Innovation

UKRI is developing funding along strategic themes with a variety of co-funders including the MRC. Look out for information on its website relating to its themes:

- Building a green future
- Securing better health, ageing and wellbeing
- Tackling infections
- Building a Secure and Resilient World
- Creating opportunities, improving outcomes

Currently open UKRI funding includes:

- [Small molecule High Throughput Screen using AstraZeneca facilities](#)
Apply for funding to run a High Throughput Screen (HTS) using AstraZeneca's compound library and screening robots. Two funding opportunities per year with changing highlights. This funding opportunity highlights new targets related to autoimmunity or motor neurone disease. Maximum award £270,000. Closing date: 16 January 2025 4:00 pm UK time
- [Applied global health partnership: invited stage two](#)
Apply for funding to support a new research partnership to enable the development and delivery of novel

research that will address global health challenges and inequities. You must be invited to apply for stage two of this funding. Award range £150,000 - £1,000,000.

Closing date: 16 January 2025 4:00 pm UK time

- **[Applied global health research: invited stage two](#)**

Apply for funding to support applied research that will address global health challenges and inequities. You must be invited to apply for stage two of this funding opportunity. **Award range** £150,000 - £2,000,000.

Closing date: 16 January 2025 4:00 pm UK time

- **[MRC Centre of Research Excellence: round three: outline application](#)**

Apply for MRC Centre of Research Excellence (MRC CoRE) funding to tackle complex and interdisciplinary health challenges. You must be based at a UK research organisation and eligible for MRC funding. Maximum award £26,250,000.

Closing date: 13 February 2025 4:00 pm UK time

For more information please [visit the UKRI website](#).



ARIA funding

Created by an Act of Parliament, and sponsored by the Department for Science, Innovation, and Technology, the Advanced Research and Invention Agency (ARIA) funds projects across the full spectrum of R&D disciplines, approaches, and institutions.

ARIA's programmes and projects are directed by our Programme Directors, scientific and technical leaders with deep expertise and a focused, creative vision for how technology can enable a better future.

ARIA's current open funding programme is 'Technical Area 4: Testing and Evaluation'.

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



Barts Charity Research Seed Grants provide seed funding up to £75,000 to support the generation of research data and information that:

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

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

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

The next deadline is 10 April 2025. Barts Charity welcomes applications for this scheme four times a year.

Queen Mary public engagement grants

[Queen Mary's Centre for Public Engagement \(CPE\)](#) runs a number of funding streams for Queen Mary staff and students, supporting applications to external public engagement funds and helping with how to include public engagement in grant applications.

The grants are designed to support staff undertaking public engagement, community engagement and Patient and Public Involvement (PPI) activity.

The small grant is a monthly funding scheme (excluding December, June to August) that provides grants of up to £1,000 to enable Queen Mary staff and students the opportunity to deliver small-scale projects that engage the public with University research, teaching, or core business. Large Grants is an annual funding scheme that provides grants of up to £10,000 to enable Queen Mary staff and students the opportunity to undertake projects of a larger scope, scale, or legacy to engage

the public with University research, teaching, or core business. To find out more information, including how to apply for both schemes, please [visit the CPE website](#).



British Academy Evidence-informed Policymaking grants

The British Academy is inviting proposals related to evidence-informed policymaking in Brazil, Egypt, Indonesia, Jordan, Kenya, Malaysia, Philippines, South Africa, Turkey, Thailand, Vietnam and/or [Least Developed Countries](#).

This programme is supported under the UK government's [International Science Partnerships Fund](#). The £337m International Science Partnerships Fund is designed to enable potential and foster prosperity. It puts research and innovation at the heart of the UK's international relationships, supporting UK researchers and innovators to work with peers around the world on the major themes of our time. It is managed by the [Department for Science, Innovation Technology](#). Delivered by a consortium of the UK's leading research and innovation bodies. In the context of this call, funding from the International Science Partnerships Fund is funded by Official Development Assistance (ODA), therefore applications for this funding must be ODA-eligible.

This programme will support grants in the following areas to develop this evidence base further and applications can consider interventions across one or more of a variety of mechanisms of change, including awareness and attitudes, mutual understanding and agreement, communication of and access to, interaction between policymakers and researchers, skills development, and/or structure and processes related to evidence-informed policymaking:

- Research related to how evidence uses theory and research has been implemented in practice.
- Research or research-based activities related to knowledge systems strengthening and/or organisational change to support evidence use in practice.

- Knowledge systems strengthening and/or organisational change to support evidence use in practice.

The value of the award is set at a maximum of £150,000. Projects must be 12 months in duration. The call is expected to be able to support at least 20 awards. Expressions of Interest must be submitted online using the British Academy's Grant Management System (GMS), Flexi-Grant® and applications must be submitted by **19 February 2025, 17:00 (GMT)**.

You can find out more [on the British Academy website](#).

Horizon Europe Pump Priming Collaboration between UK and EU Partners

The British Academy with the support of the Royal Society, the Academy of Medical Sciences, and the Royal Academy of Engineering are inviting proposals from UK researchers and proposals from UK-led consortiums containing EU/Associated Countries based to pump prime collaborations to support the effective uptake of the opportunities provided by the UK's association to Horizon Europe.

Proposals are welcome in all disciplines – engineering, natural sciences, medical and health sciences, humanities, and social sciences.

Assessment will be undertaken over multiple rounds, the last for which is **Wednesday 12 February 2025, 17:00 (GMT)**, plus an additional deadline of **Wednesday 5 March 2025, 17:00 (GMT)**, if funding remains available.

Innovate UK is leading a separate scheme focused on supporting Small and Medium Enterprises (SMEs) to develop and join proposals. This is open to both Pillar 2 and Pillar 3 of Horizon Europe. The lead applicant of the Innovate UK scheme must be a UK-based business that meets the criteria of a SME and similarly, research organisations can be included in bids as consortia members. For more information, please visit the [website](#).

This programme is providing pump-priming funding to seed collaborations for applications to specific Horizon Europe topics in Pillar 2. The aim is to build collaborative activity between UK and EU/Associated Countries' entities in Pillar 2 where the major consortia

building type of applications in Horizon Europe are centred. This will help UK-based entities overcome the barriers to collaborative engagement with EU/Associated Countries' partners to maximise the opportunities Horizon Europe presents. For the purpose of this call, Associated Countries include those countries in the process of associating, as listed on the ['List of Participating Countries in Horizon Europe'](#).

The call is focused solely on Pillar 2 of Horizon Europe – Global Challenges and European Industrial Competitiveness.

To find out more please visit [the British Academy website](#).

Glaucoma UK 2025 grants programme

Glaucoma UK's research programme for 2025 has just launched. They are welcoming applications regarding relevant research proposals into all aspects of glaucoma care and treatment.

The key details are:

- Amalgamated fundings rounds for project grants: one round of applications, opening in January. A total of £250,000 is

available, for projects worth up to £100,000.

- Funding for a PhD studentship, worth up to £120,000 over three years.
- Greater consideration than in previous years of the impact on and involvement of people with glaucoma, and the aims of Glaucoma UK, within our award process.

Applications are now open and close on 1 April. You can find more information about the programmes [on the Glaucoma UK website](#).

International and EU Research and Innovation Funding Opportunities

A bi-monthly bulletin of various non-EU international funding opportunities is available on the JRMO International Team's [SharePoint site](#). In addition, EU Horizon funding opportunities are also set out on [SharePoint](#).

Together these contain a huge number of research funding schemes from the EU and other international sources many of which are of relevance to clinical researchers.

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

Masters, fellowships and related opportunities



**CITY UNIVERSITY
LONDON**

Funded masters or research internship opportunities - NIHR INSIGHTS Programme

Fully funded Masters opportunities open to early career AHPs, nurses, midwives, pharmacists and healthcare scientists.

Funded Masters Courses on offer:

- MRes Clinical Research, City St George's
- Masters in Public Health (MPH), City St. George's
- MSc Global Public Health, QMUL
- MSc Public Mental Health, QMUL

- MSc Healthcare Research Methods, QMUL

Deadline studentship application: 23/04/2025

Interviews: 06/05/2025 & 07/05/2025

Course Start: October 2025

INSIGHT research internships are also available

- INSIGHTS Internship – City University
- INSIGHTS Externship – QMUL

Deadline internship application: 17 February 2025

Placement commences: May 2025

Further information [see the City University website](#).

Queries to: insight@city.ac.uk

UKRI fellowships



UK Research
and Innovation

Closing date: 15 January 2025 4:00 pm
UK time

For more information [visit the UKRI website](#).

- [Daphne Jackson fellowship](#)
These fellowships are for those looking to return to a research career after a break. Fellowships combine a personalised retraining programme with a challenging research project. They are flexible, usually lasting two years at 0.5 full-time equivalent, although some UKRI funders may award longer.
Open - no closing date
- [Researching ME/CFS: highlight notice](#)
Apply for funding to research myalgic encephalomyelitis/chronic fatigue syndrome, also known as ME/CFS.
Open - no closing date
- [Researching motor neurone disease: highlight notice](#)
Apply for funding to research motor neurone disease (MND). You can get funding through any grants from MRC research boards or panels or MRC fellowships. You should apply through the existing funding opportunity that is most relevant to your science area and career stage.
Open - no closing date
- [Clinician scientist fellowship](#)
Apply for support to become an independent researcher in a medical research field. Your research can focus on any area of the Medical Research Council's (MRC) remit to improve human health.
Closing date: 15 January 2025 4:00 pm
UK time
- [Postdoctoral clinical research training fellowship](#)
Apply for funding to reacquire research skills. Your research can focus on any area of the Medical Research Council (MRC)'s remit to improve human health.
Closing date: 15 January 2025 4:00 pm
UK time
- [Predoctoral clinical research training fellowship](#)
Apply for funding to undertake a PhD. Your research can focus on any area of the Medical Research Council (MRC)'s remit to improve human health.

NIHR fellowships

NIHR | National Institute
for Health Research

- [Postdoctoral fellowships: Advanced Fellowship Round 13](#)
The NIHR Advanced Fellowship is a Postdoctoral Fellowship aimed at anyone with a PhD who hasn't yet been appointed to a professorial post. The Advanced Fellowship supports individuals undertaking research in any scientific discipline or sector that can demonstrate a contribution to improving health and/or care. Read the [application guidance](#) before applying.
Closing date: 23 January 2025 at 1:00 pm

All current and future funding information on NIHR funding can be found on the [NIHR Funding website](#). That includes the following:

- Academic Clinical Fellowship
- Better Methods Better Research
- Clinical Lectureship
- Doctoral Fellowships
- Fellowship Programme
- Global Advanced Fellowship
- Global Health Research Professorship
- Health and Care Professional Internship
- Integrated Academic Training Programme
- Integrated Clinical Academic Programme
- Leaders Support and Development Programme
- Local Authority Academic Fellowship Programme
- NIHR Academy
- Postdoctoral fellowships
- Pre-application Support Fund
- Predoctoral fellowships
- Research Professorships
- Senior Clinical and Practitioner Research Award
- Senior Investigators
- Training within Infrastructure and Schools
- Undergraduate Internship Programme

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

Soulsby Fellowships

Soulsby One Health Fellowships are intended to support and develop early career researchers working in a field related to "One Health". Through these fellowships, the Trustees of the Soulsby Foundation for One Health aim to identify potential future leaders in One Health and to encourage their personal growth through the opportunity of a Soulsby Fellowship. Applicants should be seeking to conduct the Project in a field related to "One Health" and be able to describe in detail the potential outcomes and impact. It may be a discrete project or associated with a larger project, e.g. a PhD or MSc. However, the Project must be clearly defined and stand-alone.

Successful applicants will demonstrate how their Project will build their "One Health" Core Competencies and promote new collaborations and knowledge sharing between disciplines and between cultures. In-country travel may be sufficient if the Project demonstrably meets these cross-cultural and transdisciplinary objectives. Nevertheless, projects will normally involve at least two countries e.g. the Primary Affiliated Institution and the Collaborating Centre will normally be in different countries.

Max value: £12,000. Application deadline: 31 January 2025.

For more information [visit the Soulsby Foundation website](#).

HARP PhD opens applications

Applications for HARP Pre-Doctoral Training Programme for Health Professionals [are now open](#).

HARP is a doctoral training programme for health professionals, offering full-time salary and consumables for three years. It is a partnership of QMUL and City supported by Social Action for Health and funded by the Wellcome Trust, Barts Charity, the Trustees of the Medical College of St Bartholomew's Hospital, Barts Health NHS Trust and East London Foundation Trust. It runs a 3-year clinical PhD Programme dedicated to redressing health inequality through representative research in an inclusive environment. We are looking for enthusiastic fellows who would be interested in projects

addressing research topics related to underrepresented populations and diseases due to social inequalities, marginalisation or health status.

Applicants can be of any clinical health profession including medical graduates, dentists, nurses, physiotherapists, clinical psychologists, and many others. Potential applicants can still apply for the Pre-doctoral training programme **deadline: 5 February**.

Further information, including on how to apply can be found [on the programme's website](#).

Lasker Awards

The Lasker Awards program was created in 1945 by Albert and Mary Lasker to shine a spotlight on fundamental biological discoveries and clinical advances that improve human health, and to draw attention to the importance of public support of science.

Lasker Awards are given in the categories of Basic Research, Clinical Research, Special Achievement, and Public Service. The Lasker Foundation is now accepting nominations for the 2025 Lasker Awards. Visit their [nomination page](#) for more information.

Awards are available for researchers around the world to recognise fundamental biological discoveries and clinical advances that improve human health and to draw attention to the importance of public support of science.

Max value: \$250,000 US, application deadline 3 February 2025.

For more information visit the [Lasker Foundation 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 \(account and password required\)](#).