Joint Research Management Office

Research News Bulletin

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JRMO COVID-19 support resources

Since the COVID-19 outbreak began the JRMO has been maintaining an online set of wide-ranging resources concerning the opening of new COVID-19 studies, the suspension of existing research (or not) and now the re-opening of research.

This can all be accessed on the JRMO website.

The guidance splits between clinical and non-clinical, a particularly important distinction when considering what research can continue, and it includes a checklist for reopening patient-facing research and guidance on reopening lab-based research

To this core, we have added more information including getting involved in COVID-19 research (aimed at patients but useful for researchers to know), dealing with COVID-19 related data requests (a process managed by the Barts Life Sciences' COVID-19 Data Group), Queen Mary Doctoral College FAQ (which itself has been growing in complexity), plus various resources for research and technical teams to support the COVID-19 response.

In all our guidance covers the following topics:

- Reopening clinical studies
- Reopening lab-based research
- Travel policy for fieldwork
- Setting up new COVID-19-related research at Barts Health and Queen Mary
- COVID-19 data requests and project proposals: Barts Life Sciences' COVID-19 Data Group
- Getting involved in COVID-19 research
- General clinical research guidance
- General non-clinical research guidance
- Guidance on continuing research at Queen Mary
- Guidance on remote monitoring of Barts Health clinical research
- COVID-19 studies open at Barts Health
- QMERC COVID-19 guidance
- Queen Mary Health & Safety related guidance
- Queen Mary Doctoral College FAQ
- Resources for research and technical teams to support the COVID-19 response

Within the above are links to external guidance and information such as the HRA, NIHR, Government, charities and commercial funders.

This information continues to be updated, so please return to it from time to time as this situation develops. In particular we anticipate updates on reopening Queen Mary labs next week, a move that will enable lab-based research to start up again.

Bulletin contents

Updates and guidance for our researchers on matters relating to research and the COVID-19 virus can be found on the JRMO website.

Setting up new COVID-19-related research studies

A COVID-19 Clinical Research Review Committee has been established, chaired by Prof Rupert Pearse, Clinical Director of R&D. All COVID-19 related research, audit or evaluations must be approved by that committee.

The JRMO has published guidance on the processes for both expedited study approval, and confirmation of capacity and capability, for Barts Health and Queen Mary researchers in relation to the set-up of new COVID-19-related research.

The COVID-19 Clinical Research Review Committee has so far met 14 times reviewed a total of 269 proposals, including:

- 139 research studies
- 106 Clinical Effectiveness Unit (CEU) audit/service evaluations
- 24 Queen Mary Ethics of Research studies

Details of Barts Health and Queen Mary COVID-19 approved research can be found on the JRMO website

New Public Involvement, Participation and Engagement (PIE) videos

Staff at Barts Health and QM, working under the challenging circumstances resulting from lockdown, have produced two new videos to support the enrolment of patients into COVID-19 clinical trials.

Led by Drs Manish Saxena and David Collier of the William Harvey Clinical Research Centre, working with Neeta Patel of Barts Health NHS Trust, Greenacre Productions and a small army of volunteers, including staff, patient advisors and the Trust's health advocacy and interpretation team, the project was completed in just two weeks. The videos talk patients through what to expect when taking part in an interventional or observational clinical trial. The films have been translated into several languages and have been made available by the NIHR on the patient-facing Be Part of Research website and through the patient- led TrialsConnect group. It is hoped the videos will prove to be a useful resource for research staff across the Trust, Medical School and beyond.

Be Part of Research celebrates first birthday

The NIHR's Be Part of Research website recently celebrated its first year in operation. This site plays an important role in explaining to patients and members of the public what research is, why people take part and how to take part. A new section dedicated to COVID-19 was launched in April this year and continues to grow.

The site provides a window for the public to see what research is taking place across the UK and includes information that can help clinicians and the public address key questions:

- Why should I take part in research?
- How do I take part in research?
- What if I don't have a condition?
- What happens when I take part?
- How can I get my study on this site?

Visit the NIHR's Be Part of Research website today

Supporting the restart of paused NIHR research activities

We have now entered a phase of the pandemic, where the number of new cases of COVID-19 is declining and we have a significant portfolio of nationally prioritised urgent public health studies which are actively recruiting participants. The NIHR has therefore signalled that it is now possible to re-start work on a wider range of its funded research.

To support this process, the NIHR has published a 'Framework for restart', which is a guidance document to support local decision-making. The Framework includes:

- The strategic objectives and guiding principles of NIHR restart work;

- The preconditions for restarting paused studies or starting new studies at site level;
- Details on how support from the NIHR's Clinical Research Network and Clinical Research Facilities will be prioritised in localities if that is necessary;
- The overall roles and responsibilities of organisations at local and national level in restarting any paused NIHR activities;
- The establishment of an Implementation Group and an Advisory Group to ensure a coordinated and collaborative approach to recommencement of a diverse portfolio of research; and
- A template Restart Assessment Checklist.

The NIHR will be monitoring restart across England so that it can identify and resolve any cross-cutting issues that arise. To this end, it has established a cross-Centre 'NIHR Restart Implementation Group', chaired by Dr William van't Hoff, CEO of the NIHR Clinical Research Network and Senior Responsible Officer for the NIHR Restart Programme.

This will be aided by an 'NIHR Restart Advisory Group', which will comprise representatives of stakeholder organisations, patients and the public, and the devolved administrations.

Complementary work will be undertaken by the joint Government and industry Clinical Research Working Group to identify lessons from our ways of working across the research community since the beginning of the pandemic which could be sustained to further enhance performance of the UK's research ecosystem. This work will feed into the UK Clinical Research Collaboration and the Life Sciences Council.

For further information those who are part of NIHR's broader research infrastructure or a school or unit should contact ccf@nihr.ac.uk

Widening the scope of research inclusivity

The NIHR Coordinating Centre and CRN East Midlands have announced that it is now working with the Centre for BME Health on a collaborative project. This work began in response to data showing that people from non-white British communities appear to be at greater risk of becoming very unwell with COVID-19. The project is now seeking to support researchers and to raise awareness of research across communities, quite possibly going further and into other clinical areas in due course.

The partnership has now launched a series of videos for researchers, which provide insights and advice about making sure research studies are inclusive and diverse. A series of informative and insightful videos have been put together which can be accessed here.

If you would like any further information about either these videos or the project, please contact bame_researchers@nihr.ac.uk or Beth Moss, Chief Operating Officer, CRN East Midlands: elizabeth.moss@nihr.ac.uk.

£1.3 million national research programme to evaluate coronavirus tests in hospitals, GP surgeries and care homes

Testing for coronavirus infection could become quicker, more convenient and more accurate, following the launch of a multicentre national programme of research that will evaluate how new diagnostic tests perform in hospitals, general practices and care homes. Determining who has been infected with the COVID-19 coronavirus is a key part of the response to the pandemic. Getting quick and accurate test results when people show symptoms ensures that they receive appropriate care and reduces the chance of the disease being passed on.

The main test currently used to detect coronavirus infection (reverse transcription polymerase chain reaction [RT-PCR]) often involves sending samples away to laboratories, which can take up to 72 hours to provide results.

The life sciences industry has rapidly responded to the pandemic by developing brand new diagnostic tests both to detect current coronavirus infection and to find out if someone has previously been infected. These new tests - some of which may be able to provide near immediate results at the bedside in hospitals, in GP surgeries or during home visits - have the potential to increase the speed and convenience of testing. However, many of these new diagnostic tests have yet to be thoroughly evaluated in the settings where they're likely to be used.

The COVID-19 National DiagnOstic Research and Evaluation Platform (CONDOR) - funded by the NIHR, UK Research and Innovation, Asthma UK and the British Lung Foundation - will create a single national route for evaluating new diagnostic tests in hospitals and in community healthcare settings. This programme of research brings together experts who are highly experienced in evaluating diagnostic tests and generating the robust evidence required for a test to be used in the NHS.

The CONDOR platform will put the new tests through their paces. The best ones can then be chosen for deployment in healthcare settings, care homes and the community, boosting our ability to detect and control the virus that causes COVID-19. Further details can be found on the UKRI website.

Update on NIHR BioResource Activity

Dr Nathalie Kingston, NIHR BioResource Director has circulated an update on plans to restart non-COVID-19 related recruitment. The BioResource Team is working towards a restart of all Stage 1 recruitment activity in both Rare Diseases and the Research Tissue Bank (including the common diseases cohorts) in September. This is likely to be a staged approach for various cohorts, depending on sample storage and processing capacity and the team will contact sites ahead of September with further updates.

They are however keen that members of the public expressing an interest in joining the BioResource during this period are able to do so and they are happy for local centres to begin the recruitment process in this situation. This should only be undertaken where it is the member of the public has been in touch with you (i.e. 'reactive' recruitment). The consent process can be done via email, with forms being completed either electronically (e.g. using Word to 'sign' the consent form, returning a photo of the completed form by email) or via the post if you are able to do this. Blood samples can then be collected at a later date when we have the capacity to receive and process them again. The preference is not to collect saliva wherever possible.

If you have any questions about this please email nbr@bioresource.nihr.ac.uk.

What are complex or innovative trials? New podcast series from NIHR, HRA and ECMC

The clinical research landscape is changing and clinical trials are evolving to find new, faster and more efficient ways to bring new treatments to patients. Over the coming months, the NIHR is collaborating with the HRA and the ECMC to develop a series of podcasts focusing on innovation in trial design and delivery.

The podcasts can be accessed on the Soundcloud site.

HRA Amendment Tool and Guidance now available

The online submission of amendments and a new amendment tool went live across the UK in June.

These new processes for handling amendments are part of an ongoing Research Systems programme to improve services for applicants.

The amendment tool is designed to simplify the amendment process for applicants and the ability to submit amendments online means that applicants can track the submission history of amendments.

All applicants making an amendment to project-based research will need to complete the amendment tool and submit their amendment online. The tool replaces the Notification of Substantial Amendment (NoSA) and Non-Substantial Amendment forms. Amendments to Research Tissue Banks and Research Databases will also be submitted online from this date.

To help with these changes the HRA published the following:

- The amendment tool and full guidance about the new process for handling amendments
- Training videos: amendment tool demonstration and how to complete online submission of amendments

If you have any questions about the tool or how to submit your amendment online, please contact:
amendments@hra.nhs.uk

Changes to Barts Health JRMO finance officers and specialisms

The JRMO recently reviewed the portfolio of active cost centres within the Barts Research Finance Team and has taken the opportunity to simplify the basis on which the portfolio of Barts studies is allocated to our Finance Administrators. The aim of this exercise has been to deliver a more consistent financial service to you and your teams.

Studies and accounts are now allocated to Finance Administrators based on the Clinical Board and Speciality that the relevant Principal Investigator is aligned to. Each Speciality and Clinical Research Facility will now have only one named Finance Lead.

Below is the list of the named JRMO Finance Administrators for each Speciality, effective from 1 June 2020:

- **Mohammed Summan** - Primary Care, Health Service Research, Mental Health
- **Peng Lim/ Halima Master/ Mohammed Summan** – JRMO accounts
- **Peng Lim/ Halima Master** - North Thames CRN
- **Maria Fearon** – Injuries & Emergencies, Hepatology, Infection & Immunity, Metabolic & Endocrine Disorders, Neurological Disorders, Renal Disorders.
- **Adele Sofolabo** - Cardiovascular, Gastroenterology, Wingate
- **Yasmin Uddin (Audrey Mitchell)** - Haematology Anaesthesia, Perioperative & Pain, Ophthalmology, CRC-WX, CRH-RH
- **Samuel Fabo** - Children, Imaging, Pathology, Clinical Physics, Dermatology, Diabetes, General Medicine, Respiratory, Disorders, Stroke, ENT, Oral and Dental Health, Surgery, Reproductive Health and Childbirth
- **Edward Santos** - Cancer

More information about the services the team provides can be found on the JRMO website, along with their individual contact details.
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JRMO SOP changes and new guidance

Since the last Bulletin the JRNO has published new guidance on the following:

- Sponsorship and Confirmation of Capacity and Capability of COVID-19 Studies
- JRMO COVID -19 Committee Guidance and Terms of Reference
- Guidance for site study teams and sponsors for remote monitoring and source data verification within Barts Health NHS Trust

A full list of JRMO SOPs and copies of them, associated and guidance documents can be found here.

Our research

Preliminary results from RECOVERY trial on the use of hydroxychloroquine in hospitalised patients with COVID-19

The RECOVERY trial has released preliminary results showing no effect on mortality from the use of hydroxychloroquine in patients admitted to hospital with COVID-19. The RECOVERY trial ('Randomised Evaluation of COVid-19 thERapY') was funded by UKRI as part of the UKRI/DHSC/NIHR COVID-19 rapid research response.

The RECOVERY trial is a large, randomised controlled trial of possible treatments for patients admitted to hospital with COVID-19. Over 11,000 patients have been randomised to several treatment arms, or no additional treatment – find out more on the RECOVERY website.

The steroid dexamethasone has been identified as the first drug to improve survival

rates in certain coronavirus patients, according to a study carried out by Queen Mary University of London and Barts Health NHS Trust, as part of a nationwide NIHR-funded clinical trial.

The drug had already been recommended by Barts Health as a standard of care for COVID-19 patients requiring oxygen or more intensive treatment.

Teams from Queen Mary and Barts Health, including staff led by Professor Rupert Pearse and Dr Simon Tiberi, enrolled more than 130 patients into the study across Barts Health hospitals, including The Nightingale, The Royal London, Whipps Cross and Newham. Across the UK, a total of 2,104 patients were randomised to dexamethasone once per day for ten days and were compared with 4321 patients randomised to usual care alone.

Professor Chloe Orkin, Clinical Lead for COVID-19 research at Barts Health and Queen Mary said: “We are proud to be delivering a range of COVID-19 trials at Barts Health NHS Trust. It is so important that our very diverse communities are offered the opportunity of taking part in potentially life-saving trials like RECOVERY. Our hospitals serve more than 2.6 million people in East London, many of whom are socially disadvantaged.”

The study, led by the University of Oxford, found that dexamethasone reduced the risk of dying by one-third in ventilated patients and by one-fifth in other patients receiving oxygen only. There was no benefit among those who did not need respiratory intervention.

It was found that overall dexamethasone reduced the risk of 28-day mortality by 17 per cent with a highly significant trend showing greatest benefit among those on ventilators. No evidence of benefit was found for patients who did not receive oxygen.

The RECOVERY Trial is a large, randomised controlled trial of possible treatments for patients admitted to hospital with COVID-19. Over 11,500 patients have been randomised to receive a variety of drug treatments, and in addition to the latest results, the study has already discovered that hydroxychloroquine is not an effective treatment. A range of other potential treatments have been suggested for COVID-19 but nobody knows if any of them will turn out to be more effective in improving survival than the usual standard of hospital care which all patients will receive.

Queen Mary research suggests more people have had COVID-19 than previously estimated

Queen Mary researchers Professor Norman Fenton, Professor Martin Neil and Dr Scott Mclachlan from the School of Electronic Engineering and Computer Science, and Dr Magda Osman, from the School of Biological and Chemical Sciences, co-wrote an opinion piece for The Conversation on over-confidence in the reporting of Covid-19 statistics.

Many people suspect they’ve been infected with COVID-19 by now, despite the fact that only 0.5% of the UK’s population has actually been diagnosed with it. Similar numbers have been reported in other countries. Exactly how many people have actually had it, however, is unclear. There is also uncertainty around what proportion of people who get COVID-19 die as a result, though many models assume it is around 1%.

In a new paper, which has been peer-reviewed and accepted for publication in the Journal of Risk Research, the team developed a computer model that took these uncertainties into account when estimating COVID-19 fatality rates. This model, called a Bayesian Network, allowed multiple data sources to be combined to assess how sensitive the infection prevalence and fatality rates are to two dominating sources of uncertainty.

One is the accuracy of serological (antibody) testing, which is crucially dependant on our ability to measure accurately whether an individual has antibodies. This accounts for

factors such as false positives or negative rates for manufacturer test kits.

The second factor is the reliability of fatality data. This is important because the fatality rate, the probability of death for a Covid-19 infected patient, is defined as the death count divided by the number of infected people in the community.

If either of these variables is uncertain, any policy decisions based on the resulting fatality rate will themselves be unreliable, or potentially dangerous. Both of these factors are much more uncertain than is being reported. When we account for them in our model, we discovered high community infection rates in many regions across the world. For Kobe, Japan, our model suggested that over 800 times more people have had COVID-19 than has been reported. For England and Wales, this figure is 28 times more.

As for the fatality rate, the team from Imperial College in the UK, which is advising the UK government, has stated that this number is 1%. But their model "relies on fixed estimates of some epidemiological parameters such as the infection fatality rate…", while also acknowledging that "amidst the ongoing pandemic, we rely on death data that is incomplete, with systematic biases in reporting, and subject to future consolidation".

When the Queen Mary team adjusted for these uncertainties, they discovered that the fatality rate estimates is more likely to be in the range 0.3%-0.5%. Although not covered in this study, they also applied their model to New York City data. Here the "actual" NYC fatality count is stated as 23,430, with an estimated fatality rate of 1.4%. But, when the data was input into our model, the estimate for the fatality rate can be adjusted down to range between 0.6% and 1.3% – potentially half of the official figure.

These uncertainties result from the fact that each country calculates deaths differently. In addition
"actual" fatality counts are often estimated by adding confirmed deaths, where COVID-19 appears on the death certificate alongside a positive COVID-19 test result, deaths where COVID-19 is on the death certificate but where no test took place, and a statistical estimate of "excess deaths" (how many more deaths it is believed there were than normal).

In addition, excess deaths are often calculated by comparing against the preceding five years, excluding years with "bad" influenza seasons – which is a problem. Also, COVID-19 may be accelerating deaths that were imminent. And if the effects of lockdown are preventing people with serious conditions such as strokes and heart attacks from accessing healthcare and dying as a result, there is a risk that including them as "excess deaths" due to COVID-19 has contributed to serious overestimation.

This type of research is worth considering when debating if we are close to herd immunity, or whether a "second wave" of the virus is likely. Taking Sweden as an example, antibody studies show COVID-19 was much more prevalent than confirmed cases suggested at that time. However, this is still far from the 65% assumed to guarantee herd immunity. If Sweden has not reached herd immunity and not mandated lockdown, why are their death numbers not increasing? One controversial explanation that we didn't account for in our study is the existence of "antibody dark matter" that does not show up in antibody testing but nevertheless offers some protection against the virus. So, while one recent study claimed that about 10% of the population of England and Wales may in fact have been infected, the real number could in fact be even higher.

Clearly, we cannot fully trust statistics on death and infection rates before we get more accurate data and include it into a model such as ours. The full text of this piece was originally published in The Conversation on 25 June 2020.

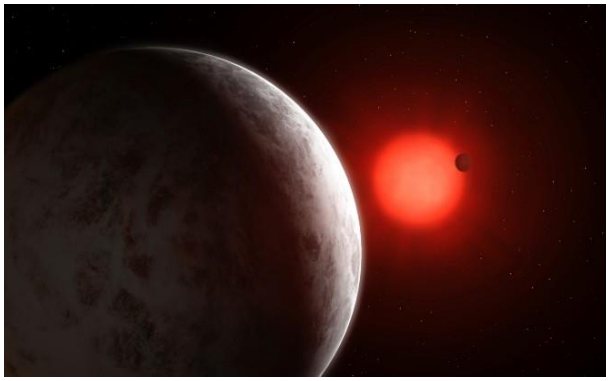
Super-Earths discovered orbiting nearby star

A system of super-Earth planets has been detected orbiting one of closest stars to the Sun, Gliese 887.

An international team of astronomers, including Professor Richard Nelson and Dr Gavin Coleman of Queen Mary University of London, made the discovery as part of Red Dots, a project to detect terrestrial planets orbiting stars close to the Sun.

The research published in Science, suggests the newly discovered planets - which are larger than Earth- exist near to the star's habitable zone and could be rocky worlds,

pointing to the possibility of life outside the Solar System.



The two new planets, Gliese 887 b and Gliese 887 c, were found using the High Accuracy Radial Velocity Planet Searcher (HARPS), a high-precision planet finding spectrograph, on the European Southern Observatory's 3.6m telescope at La Silla in Chile.

The Red Dots research team found the tiny back and forth wobbles of the star caused by the gravitational pull of the planets. The two planets orbit their star every 9.3 days and 21.8 days respectively, much faster than Mercury's orbit around the Sun. If these planets reflect a similar amount of starlight to Earth, Gliese 887 c, with an orbit of 21.8 days, has an estimated temperature of 70^{o}C, slightly hotter than Earth.

Prior to the discovery, the space science community had anticipated that red dwarf stars like Gliese 887 may typically harbour more than one planet based on predicted estimates from astronomers.
Professor Richard Nelson, from the Astronomy Unit in the School of Physics and Astronomy at Queen Mary, said: "Computer simulations of planetary formation, such as those we've been undertaking at Queen Mary in recent years, predict that planets rarely form on their own and that most often they prefer to form in systems of planets. It's fantastic to see these predictions being confirmed through the discovery of a planetary system in our own cosmic back yard."

So far, the Red Dots project has found a total of seven planets orbiting four of the nearest stars to the Sun, including the discovery of another system of three planets orbiting a nearby red dwarf in 2019.

Information can be found online about the Red dots project.

Researchers launch new website for people to test their sensitivity

Studies have shown that some people seem more sensitive than others. Now researchers have developed a free online questionnaire that allows you to test exactly how sensitive you are.

The sensitivity test forms part of a new website - www.sensitivityresearch.com - which aims to provide reliable and evidence-based information on sensitivity.

The website offers an opportunity for individuals to measure their own, or their child's, sensitivity via a short questionnaire that assesses how they are affected by various psychological and sensory experiences. For example, how much they notice when small things around them have changed, whether loud noises make them feel uncomfortable, and whether they dislike watching violent TV programmes.

On completion of the questionnaire respondents receive automatic feedback on their results, detailing where they sit on the sensitivity spectrum and what this means.

Professor Michael Pluess, Professor of Psychology at Queen Mary University of London, and one of the researchers involved in the development and management of this website, said: "Our website responds to the growing interest of the general public in understanding their sensitivity. Whilst there is a considerable amount of information already available online, the issue is that many of the tests provided aren't reliable. The questionnaire we provide is based on extensive research and has been developed and refined over time, so people can trust the results they receive."

Sensitive people are defined by researchers as those who are more strongly affected by what they experience. Although everyone is sensitive to an extent, research has shown that people tend to fall into three different groups along a spectrum of sensitivity with about 30 per cent classed as low, 40 per cent as medium and 30 per cent as high in sensitivity. These groups are often described using flower metaphors with highly sensitive people known as "Orchids", since they require optimal care but are particularly beautiful when they flourish, individuals in the low sensitivity group are "Dandelions", as they tend to be robust and grow anywhere, and those who fall

in the middle group are referred to as “Tulips” being less delicate than “Orchids” but not as robust as “Dandelions”.

By providing accessible blogs on recent sensitivity research and opportunities to take part in research studies, the website also aims to educate the public on the topic and in turn, help them to better understand their own sensitivity.

“Understanding how sensitive you are can be important for helping you to cope in different situations. For example, whilst highly sensitive people are more likely to struggle under stressful circumstances, they are also especially receptive to positive and supportive experiences. Whereas those who are low in sensitivity tend to be more resilient when facing adversity but may also benefit less from positive experiences,” added Professor Pluess.

The initial development of the website has been funded by Jacobs Foundation, a private foundation based in Switzerland that supports research and projects worldwide in order to foster positive development in young people.

Queen Mary researcher recognised in WES Top 50 Women in Engineering

Dr Petra Ágota Szilágyi, a lecturer in Functional Materials at Queen Mary University of London has been announced as a winner of the Women’s Engineering Society (WES) Top 50 Women in Engineering: Sustainability awards.

Now in its fifth year, the 2020 WE50 celebrates women who have made a significant contribution within sustainability. Winning nominees were required to provide evidence of their successful support of UNESCO’s Sustainable Development Goals or the Net Zero Carbon Programme, and their responses were judged by a panel of industry experts.

Dr Szilágyi, said: “I’m absolutely thrilled to have received this award and the recognition of many years of hard work. I am extremely proud to be in the illustrious company of previous and current WES Top 50 awardees. I hope that my story will add to theirs and help inspire and motivate girls to embark on STEM careers.”

Dr Szilágyi obtained PhD degrees in Chemistry from the University Eötvös Loránd, Budapest, Hungary and in Physics from the University Paul Sabatier, Toulouse, France before continuing her research in postdoctoral academic positions across Europe and Australia. She was appointed as a Lecturer in Functional Materials at the School of Engineering and Materials Science at Queen Mary in 2018.

Her research aims to address global challenges in a multidisciplinary way. Her focus on energy and sustainability has led Dr Szilágyi to carry out research in topics ranging from green methods to remove dyes from wastewaters to hydrogen storage. Currently, she leads the Advanced Functional Hybrid Materials research group at Queen Mary who are conducting research into making porous functional materials for energy and environmental applications in a sustainable way, for example by using waste.

Dr Szilágyi, said: “Throughout my career most of my research has revolved around energy and sustainability and I’m passionate about using interdisciplinary approaches to target these universal issues. In my opinion these issues can only be tackled in an international and multidisciplinary manner.”

A full list of the 2020 WE50 winners is available here.

Events

Newham Hospital Research Forum

Thursday 10 September 2020, 4.30 – 6 pm

COVID-19 research at Barts Health: a look back and lessons learnt, plus research development opportunities for staff

Speakers include:
- Professor Sir Mark Caulfield
- Professor Rupert Pearse
- Dr Simon Tiberi
- Dr David Collier

Plus research nurses, managers and others.

Whipps Cross Hospital Research Forum

Thursday 17 September 2020, 4.30 - 6 pm

COVID-19 research at Barts Health: a look back and lessons learnt, plus research development opportunities for staff

Speakers include:
- Professor Sir Mark Caulfield
- Professor Rupert Pearse
- Professor Patrick Kennedy

Plus research nurses, senior research managers and others.

RDS London drop-in sessions

Our drop-in sessions are an opportunity for you to have an informal chat with one of our advisers to get advice on your research idea or grant application and find out more about the support we provide.

The next session on 31 July and 25 September, 12-2 pm will take place on a call-back basis. Please submit your request on this call-back form in advance and they will phone back between 12:00 – 14:00.

To make the most of your time with their advisers they recommend that applicants have to hand a brief overview of their research, outlining the areas in which they are having difficulties and where they would like support and feedback.

If you cannot make a drop-in session, please don't wait to get advice: fill out our more detailed request support form and an adviser will provide you with initial feedback within two weeks.

Training

JRMO research governance training returns

As a result of the COVID-19 pandemic, JRMO GCP training is currently being delivered online, using a mix of MS Teams tutorial, pre-reading and undertaking the NIHR Introduction to GCP. This approach helps keep the online element shorter and more focussed on Barts Health and Queen Mary requirements, CI responsibilities and JRMO SOPs. Please note that places on these courses are limited to 25 people per session.

Upcoming courses:
GCP for Lab staff - 23 July, 10 am to 4pm
GCP full course Split over two half days - 29-30 July, 1.30 to 3pm
GCP Refresher - 3 August, 10am to noon

Barts Health staff and Queen Mary staff and students should book research governance training using the Queen Mary CPD online booking system.

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 prior to booking (select the register button on the site and follow the instructions) with a Barts Health or 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.

WFC Training

Due to current restrictions on travel and group meetings it is not be possible to deliver face-to-face training at the moment, but WFC is able to arrange online training sessions or take face-to-face bookings for later in the year if preferred.

WFC recognises that your needs are unique and an off-the-shelf solution is rarely sufficient. As such, we offer our selection of training, education and workforce development courses on a hosted basis only.

Hosted courses are capped at 15 delegates (face-to-face) to ensure that an entire team can attend. Hosted courses are delivered upon the request of a client; the client provides the training venue and the course is scheduled in accordance with their needs. The content of the course is developed to be fully bespoke to the client.

Contact WFC to discuss your bespoke needs for 2020.

Recent courses have included:

- Understanding and applying AcoRD principles (Including a module covering the use of the SoECAT and NHS England ETC process)
- Informed consent for research
- Clinical protocol development
- Principles of clinical research involving human subjects
- Regulatory compliance in clinical research
- Effective sponsorship of research

Clinfield Training

Clinfield Training courses currently running include:

- Clinical Research: Getting Started! Course designed to educate and support research staff at the forefront of patient care. The course is aimed primarily at clinical research nurses and practitioners who are starting a career in clinical research, but would be suitable and open to all clinical research staff looking for a refresher course. The course has been developed by senior clinical research staff who have experienced the 'highs and lows' of working in clinical research.
- Informed Consent: The aim of this one-day workshop is to provide delegates with a practical overview of the process and requirements for seeking informed consent to undertake research in the NHS.
- Applying for Ethical Opinion in the NHS This practical one-day workshop will improve your knowledge and understanding of what you need to do to prepare an application and then progress successfully through the NHS ethical review process to gain a favourable ethical opinion. If you wish to undertake research involving human participants within the NHS you must receive a favourable ethical opinion from a National Research Ethics Service (NRES) Research Ethics Committee (REC). This involves an application submitted using the Integrated Research Application System (IRAS) which can be a complex and time-consuming process.
- Meeting the Challenges of Recruitment and Retention in Clinical Research. Meeting the challenges of recruitment and retention in research can be a major pressure for those working in front line clinical research posts. These pressures are often driven by recruitment targets linked to ongoing funding to maintain research posts i.e. jobs!
- Developing Yourself in Clinical Research Developing Yourself in Clinical Research is an opportunity for you if you have gained experience in clinical research and are now ready to build on your knowledge base and expand your role. This course will also allow you to explore extended roles for both research nurses and clinical trial practitioners. The course is suitable if you have, or would like, more responsibility for:

Free Courses in England

The Free Courses in England website is the home of flexible learning. It works to support the professional development of individuals and businesses across England with free online courses. The following are just some of the courses you can link onto from its website:

- Digital Skills Level 1
- Technology-based Solutions Within a Health and Social Care Setting
- Understanding Personal Care Needs
- Awareness of Bullying in Children and Young People
- Event Planning
- Understanding Stewarding at Spectator Events
- Improving Service User Experience in Health and Social Care
- Digital Skills for Work
- Understanding Workplace Violence and Harassment
- Awareness of Mental Health Problems
- Counselling Skills
- Understanding Autism
- Principles of Team Leading
- Principles of Business Administration

Click on the links above to learn more. All of these courses are fully accredited by NCFE and successful completers will be awarded a formal qualification. They are also all funded, meaning there is no cost to you whatsoever. They are an excellent way of providing valuable professional development. If you need to discuss how the team can support you in developing your skill sets, please call 0800 001 5910.

Research funding

NIHR funding

Research for Patient Benefit Programme - Competition 42
Closes: 13:00 on 15 July 2020
Applications are invited for research proposals that are concerned with the day-to-day practice of health service staff, and which have the potential to have an impact on the health or wellbeing of patients and users of the NHS.

PRP Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 in the health and social care systems
Closes: 1pm on 16 July 2020
Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 in the health and social care systems

Global mental health seed funding
Closes: 20:00 BST (15:00 EST) on 17 July 2020
The NIHR and Grand Challenges Canada have launched seed funding for proof-of-concept global health research into innovations that focus on the mental wellbeing of young people in low- and middle-income countries.

Global Health Research Presentation and Training Travel Award Pilot
Closes: 24 July 2020
This award allows eligible applicants to enhance presentation, networking and communication skills and to maximise cross NIHR opportunities.

20/32 Public Health Research Programme Researcher-Led
Closes: 13:00 on 28 July 2020
The Public Health Research Programme is accepting stage 1 applications to their researcher-led workstream.

20/31 Continuing priority research topics of interest to the PHR Programme
Closes: 13:00 on 28 July 2020
The Public Health Research Programme is accepting stage 1 applications to their commissioned workstream for this topic.

20/06 Reducing health inequalities in coastal towns and communities
Closes: 13:00 on 28 July 2020
The Public Health Research Programme (PHR) accepting stage 1 applications to their commissioned workstream for this topic.

20/07 Mobile data for public health
Closes: 13:00 on 28 July 2020
The Public Health Research Programme (PHR) accepting stage 1 applications to their commissioned workstream for this topic.

19/164 PHR Injuries, accidents and urgent and emergency care themed call
Closes: 13:00 on 28 July 2020

The Public Health Research Programme (PHR) is accepting stage 1 applications for this Themed Call.

19/135 Interactive electronic devices and children and young people's wellbeing
Closes: 13:00 on 28 July 2020
The Public Health Research Programme (PHR) accepting stage 1 applications to their commissioned workstream for this topic.

20/41 PHR oral and dental health
Closes: 13:00 on 28 July 2020
We are particularly interested in research of interventions that operate at a population level and of relevance to local government. It is not calling for research of individual-level interventions.

Programme Grants for Applied Research - Competition 33
Closes: 13:00 on 29 July 2020
Applications are invited for Stage 1 proposals to develop programmes of applied health research. Research funded through a Programme Grant typically consists of an interrelated group of high quality projects focused on a coherent theme and hence require multidisciplinary approaches, including clinical, health economics, statistics, qualitative and behavioural sciences, to ensure that research objectives can be met.

20/19 Nasal decolonisation of MRSA
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/18 Minimally invasive operative interventions for bladder outlet obstruction due to benign prostatic hyperplasia
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/20 Imaging in paediatric osteomyelitis
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/21 Subcutaneous vs oral methotrexate for rheumatoid arthritis
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/23 Diagnostic tools to establish the presence and severity of peripheral arterial disease in people with diabetes
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/24 Psychological intervention for complex post-traumatic stress disorder
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/25 Guided self-help for depression in adults with autism spectrum disorder
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

20/27 Management of ankle fractures in children
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

Advanced Fellowship Round 4
Closes: 13.00 on 29 July 2020
The NIHR Advanced Fellowship funds post-doctoral individuals from a range of health and social care professions.

19/120 Relapsing polymyalgia rheumatica
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

19/122 A cross-sectional study and modelled evaluation of the performance of bowel cancer screening in England
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

19/124 Effectiveness of meniscal allograft transplantation
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

19/128 Administration routes of steroids in the first-line treatment of idiopathic sensorineural hearing loss
Closes: 13:00 on 29 July 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their commissioned workstream for this primary research topic.

Global Alliance for Chronic Diseases: Primary and/or Secondary Prevention of Cancer
Closes: 16:00 on 30 July 2020
The NIHR and the MRC, in partnership with the Global Alliance for Chronic Diseases (GACD), is seeking to generate new knowledge on interventions and their implementation for the primary and/or secondary prevention of cancer in Low- and Middle-Income Countries (LMICs).

20/54 NIHR Local Authority Research System call
Closes: 13:00 on 6 August 2020
The Public Health Research Programme is accepting Stage 2 applications to this funding opportunity.

Doctoral Fellowship Round 4
Closes: 13.00 on 13 August 2020
For individuals from a range of health and social care professions to undertake a PhD in an area of NIHR research.

20/37 Health Technology Assessment Programme Researcher-led (evidence synthesis
Closes: 1pm on 2 September 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their researcher-led workstream.

20/38 Health Technology Assessment Programme Researcher-led (primary research)
Closes: 1pm on 2 September 2020
The Health Technology Assessment Programme is accepting stage 1 applications to their researcher-led workstream.

20/40 HTA oral and dental health
Closes: 13:00 on 2 September 2020
The EME, HS&DR, HTA and PHR Programmes are all accepting applications for this funding opportunity.

20/42 HSDR oral and dental health
Closes: 13:00 on 10 September 2020
The HS&DR Programme is accepting stage 1 applications for this funding opportunity.

20/56 Community pharmacies
Closes: 13:00 on 25 September 2020
The Health Services and Delivery Research (HS&DR) Programme is accepting stage 1 applications to their commissioned workstream.

Global Effort on COVID-19 (GECO) Health Research
Closes: 12:00 BST on 28 September 2020
Global Effort on COVID-19 Health Research is a new cross UK government funding call aiming to support applied health research that will address COVID-19 knowledge gaps.

MRC funding

Biomedical Catalyst: Developmental Pathway Funding Scheme (DPFS) outline: Jul 2020
Closing date: 22 Jul 2020 16:00 GMT+1
DPFS is an ongoing scheme, with outline deadlines every 4 months.
Further details of open and future DPFS deadlines can be found on the submission deadlines page for the scheme. The DPFS scheme is a key part of our Translational Research Strategy and supports the translation of fundamental discoveries toward benefits to human health. It funds the pre-clinical development and early clinical testing of novel therapeutics, devices and diagnostics, including “repurposing” of existing therapies.

Strategic Priorities Fund: Centre for Doctoral Training (CDT) in Food Systems
Closing date: 28 Jul 2020 16:00 GMT+1
UK Research and Innovation (UKRI) in partnership with government are pleased to announce a £5 million call to support one Centre for Doctoral Training (CDT) focused on developing the next generation of interdisciplinary food systems thinkers.

GACD: Primary and Secondary Prevention of Cancer Funding Call
Closing date: 30 Jul 2020 16:00 GMT+1
The Medical Research Council and the National Institute for Health Research, in partnership with the Global Alliance for

Chronic Diseases (GACD), are seeking to generate new knowledge on interventions and their implementation for the prevention of cancer in low and middle income countries (LMIC).

MRC/ESRC/BBSRC-Versus Arthritis Advanced Pain Discovery Platform – Expression of Interest for Multidisciplinary Consortia for Data Generation
Closing date: 31 Aug 2020 16:00 GMT+1
The Medical Research Council (MRC), Economic and Social Research Council (ESRC), Biotechnology and Biological Sciences Research Council (BBSRC) and Versus Arthritis are pleased to announce a £14m call for large and ambitious multidisciplinary consortia.

Innovation Hubs for Gene Therapies
Closing date: 3 Sep 2020 16:00 GMT+1
Amongst other aims this call will potentially accelerate the translation of new therapies including those for rare disease patients in desperate need of new treatment options.

MRC/DFID African Research Leader scheme 2020
Closing date: 8 Sep 2020 16:00 GMT+1
The UK Medical Research Council and the UK Department for International Development announce a further call for proposals for the prestigious African Research Leader awards.

MRC/AHRC/ESRC Adolescence, Mental Health and the Developing Mind: Call for Research Programmes
Closing date: 15 Sep 2020 16:00 GMT+1
The MRC, the AHRC and the ESRC invite outline proposals for innovative and ambitious interdisciplinary programmes of original empirical research in adolescence, mental health and the developing mind.

UKRI funding

Innovate UK is part of UK Research and Innovation (UKRI), these bodies support innovative ideas and business growth through grant funding, loans or procurements. Organisations can apply for a funding opportunity. Each opportunity has its own eligibility criteria and scope. Opportunities are available through the Innovation Funding Service, where you can find out more about funding opportunities and which ones may be right for you.

Browse and apply for a funding opportunity through the Innovation Funding Service. Sign up to our newsletter or register for email alerts to get page updates from Innovate UK.

Current funding calls include:

ATI Programme strategic batch: expression of interest July 2020 - The ATI Programme funds industrial research and investment aid for research infrastructures to make the UK civil aerospace sector more competitive. Call closes: 22 July 2020

The Sustainable Innovation Fund: round 1 (temporary framework) - UK registered businesses can apply for a share of up to £55 million for new projects focusing on sustainable economic recovery from COVID-19.Call closes: 29 July 2020.

Catalysing Green Innovation: strand 2: Securing the future of ZEV - UK registered businesses can apply for a share of up to £10 million to research and develop technologies to help secure future zero emission vehicles innovation. Call closes: 29 July 2020.

Catalysing Green Innovation: strand 1, advancing PEMD supply chain - UK registered businesses can apply for a share of up to £5 million to develop supply chain capability for power electronics, machines and drives (PEMD). Cal closes: 29 July 2020

The Sustainable Innovation Fund: SBRI phase 1 - Organisations can apply for a share of up to £10 million, including VAT, to help UK businesses and the public sector recover from COVID-19 in a sustainable manner. Call closes: 5 August 2020.

Energy Catalyst round 8: clean energy access, feasibility projects - Organisations can apply for a share of up to £20 million to develop and demonstrate innovative solutions for clean, affordable and secure energy access in sub-Saharan Africa, South Asia or South East Asia. Call closes: 16 September 2020.

Energy Catalyst round 8: clean energy access - industrial research - Organisations can apply for a share of up to £20 million to develop and demonstrate innovative solutions for clean, affordable and secure energy access in sub-Saharan Africa, South Asia or South East Asia. Call closes: 16 September 2020.

Energy Catalyst round 8: clean energy - experimental development - Organisations

can apply for a share of up to £20 million to develop and demonstrate innovative solutions for clean, affordable and secure energy access in Sub-Saharan Africa, South Asia or South East Asia. Call closes: 16 September 2020.

Using digital technology to support psychological therapies (SBRI competition) - Organisations can apply for a share of up to £345,000 (including VAT) to develop new solutions using digital technology to provide psychological support. Call closes: 16 September 2020.

Great Ormond Street Hospital Charity funding

Great Ormond Street Hospital Charity and Sparks National Funding call for child health research – you will find the official funding call document attached. £2m is available to support project grant applications on complex or rare diseases from researchers across the UK. Applications are invited from independent researchers at any stage in their careers but are particularly interested in supporting projects from promising early career researchers. Further information can be found on the GOSH website.

If you have any questions about the call please email the GOSH Charity Grants team at grants@gosh.org.

Knowledge Frontiers: International Interdisciplinary Research 2021

The British Academy is inviting proposals from UK-based researchers in the humanities and social sciences wishing to develop international interdisciplinary projects in collaboration with colleagues from the natural, engineering and / or medical sciences, with a focus on technology, nature and humanity.

The aim of each project will be to develop new international research ideas. The Academy is looking to fund applications that break new ground in the collaborations – international and interdisciplinary – they support and the research they aim to undertake. The Academy is aiming to support projects that build understanding internationally across different forms of knowledge and expertise – academic, professional and lay – on the relationships between technology, nature and humanity. The Academy particularly encourages applications led by scholars in the humanities.

The lead applicant must be a researcher from the humanities and social sciences and be based at an eligible UK university or research institute. The lead applicant must be of postdoctoral or above status (or have equivalent research experience). Projects must involve at least one co-applicant from the natural, engineering and / or medical sciences. Collaboration between researchers in different institutions is encouraged, where appropriate, given the nature and aims of the programme, and applications may include co-applicants and other participants from overseas.

The Academy offers awards of up to £200,000 for 24 months in duration with Full Economic Costing at 100%. Projects must begin in March / April 2021 and finish in March / April 2023. Applications must be submitted online using the British Academy's Grant Management System (GMS), Flexi-Grant®.

The deadline for submissions and UK institutional approval is 21 October 2020 (17.00 UK time).

For further information contact internationalchallenges@thebritishacademy.ac.uk

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).