

Joint Research Management Office Research News Bulletin

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

‘QMEthics’ new online application system launches Tuesday 18th July

The QM Research Ethics team is delighted to announce the launch of “QMEthics” - a new application software system that will streamline and make applying for ethics approval quicker and easier.

The Team has listened to users’ feedback about the current lengthy application form and process and that is now being replaced by a new online system which includes a dynamic set of filters which determines the specific requirements of each study and so only generates only relevant fields for each project. Applicants will be prompted to attach supporting documents (reducing incomplete applications) and once the application is finalised, with signatures, it will automatically be submitted to the Research Ethics team, with a confirmation e-mail sent to you.

The system is user-friendly and very interactive and can be used to:

- Track the status of your application in real time;
- Communicate with the QMERC Facilitators with any queries (audit trails);

- Share your application between research team members, collaborators and academic supervisors (ensuring one version is in use at any one time);
- Submit and record your Amendment submissions; and
- Complete your Annual Progress Report templates and End of trial notification.

The system will be launched on Tuesday 18th July and the URL will be available on the [JRMO website](#) and widely advertised around that date. Access to the system will be via your usual QMUL login details username (3 letters 3 numbers) and password.

Online system [drop-in sessions](#) have been arranged and a [face-to-face training course](#) on 2nd August.

If you have any questions about any current applications you are completing, you can contact the QMEthics team at research-ethics@qmul.ac.uk



The QMERC team: Harriet Canty, Dr Melissa Bliss, Dr Nooreen Shaikh and Katherine Ouseley.

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~ Please remember to upload your recruitment data regularly ~

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

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

Barts clinical research recovers from the pandemic

Recent figures prepared by Dr Ginette Hoare in the JRMO, from NIHR CRN source data, reveal that Barts Health NHS Trust was the top recruiting NHS Trust to commercial-sponsored CTIMPS in 2022/23, that recruitment of participants to commercial research portfolio has recovered to pre-pandemic levels, exceeding 2019/20 totals, that good levels of recruitment of participants into both commercial and non-commercial studies are taking place at all Barts Health sites. Barts is also now the top recruiting Trust in neurodegeneration studies.

Last year Barts Health was the top performing NHS Trust for recruitment of participants into commercial CTIMPS (30% more than the next highest recruiting Trust), it was also the top recruiting NHS Trust to the Sanofi RSV Harmonie study recruiting 156 babies across 3 Barts Health Sites, and was in the top 10 of NHS Trust for recruitment to commercial studies in 13 of the 30 NIHR CRN Specialities.

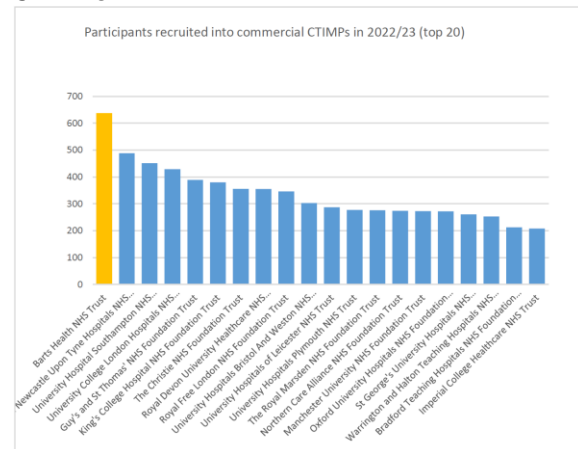
Barts Health was top ten ranked for recruitment into commercial studies in the following areas:

- Anaesthesia, Perioperative Medicine and Pain Management
- Cardiovascular Disease
- Children
- Dermatology
- Gastroenterology
- Hepatology
- Musculoskeletal Disorders
- Oral and Dental Health
- Renal Disorders
- Respiratory Disorders
- Stroke
- Surgery
- Trauma and Emergency Care

Whilst it was top ten ranked for recruitment into the following non-commercial studies in the following areas:

- Anaesthesia, Perioperative Medicine and Pain Management
- Cardiovascular Disease
- Dementias and Neurodegeneration
- Haematology
- Primary Care
- Public Health
- Renal Disorders

Barts Health's activity compares well to other Trusts. It is the eighth-highest overall Trust for recruitment to portfolio studies but leads in the recruitment of participants to commercial CTIMPs.



In England as a whole 22.8% of studies recruited to were commercially sponsored, whereas at Barts that was 32.5%. And whereas in England as a whole 3.3% of participants were recruited into commercial portfolio studies, that was 6.6% at Barts Health. It looks like the future of research, commercial and non-commercial, is secure at Barts.

Further detail can be obtained from Dr Ginette Hoare: ginette.hoare1@nhs.net

CRN Funding allocation for Research Delivery

Barts Health is changing the way research teams and investigators request approval to fill vacant research delivery posts funded through CRN and how we make decisions to submit business cases for new posts to the CRN.

Until April 2021 CRN North Thames determined where this resource was placed within the Trust and whether research recruitment activity was sufficient to warrant the support provided. In April 2021 the operational management of CRN funding was devolved to the Trust with a requirement to have a documented, transparent process for decision making in this regard. The current process is based on historic models and allows for little oversight or flexibility.

From August 2023 a pilot process will operate where decisions can be made by a newly formed CRN Funding Oversight committee. This will aim to ensure a fairer distribution of CRN funds and growth across the trust and

that research recruitment can be flexible to the needs of both our local and national strategies for research.

Applications will need to be made to this committee for approval. Decisions will be made based on several criteria around eligibility, performance, engagement, equality, diversity and inclusion and impact.

Details of the committee, criteria and application process will be available on the JRMO website and WeShare in due course. This pilot process will be kept under constant review and will be refined based on feedback. For further information and questions please contact Bartshealth.CRNsupport@nhs.net

Barts Health Principal Investigator support scheme progress

In March 2023 Barts Health opened an application process for the Principal Investigator (PI) scheme. The intention of the scheme is to provide funding for dedicated research time within the job plans and mentorship to several talented individuals to develop their clinical research careers and support the growth of the research activity across the Trust.

There was an extremely good response to the call for application to the scheme and after an interview selection process awarded dedicated research time to 11 individuals across several different specialities and Trust sites:

Dr Elizabeth Ball - Consultant Gynaecologist, Royal London Hospital/ Cross-site
Dr James Hallimond Brindley - Consultant Hepatologist & Gastroenterologist, Newham Hospital
Dr Bhavesh Gohil - Consultant Anaesthetist, Newham Hospital
Catherine Hilton – Specialist Research Physiotherapist, Cross-site
Dr Mildred Iro, Consultant in paediatric infection and immunity, Royal London Hospital/ Cross-site
Dr Meera Ladwa - Specialist doctor in Diabetes and Metabolism, Clinical Lead for Type 1, Transition and Young Adult Diabetes, Newham Hospital
Dr Juan Martin Lazaro -Consultant in Intensive Care, Newham Hospital
Dr Shaun May - Consultant Anaesthetist, Royal London Hospital
Dr Shameer Mehta - Consultant Gastroenterologist, Royal London Hospital

Dr Craig Stiles - Consultant physician, general medicine, Diabetes & endocrinology, Royal London Hospital

Dr Emma Young – Consultant in Emergency Medicine, Newham Hospital

The Trust is very excited to be able to offer this opportunity to the successful individuals, to be able to support the development of their research careers and the growth of clinical research across Barts Health. More information will be available via WeShare in due course. In the meantime further information can be obtained from Dr Ginette Hoare: ginette.hoare1@nhs.net

Comment on proposed HRA commercial financial appendix

The HRA and devolved administrations launch a two-week call for comments this month from NHS organisations, commercial sponsors and CROs. We'd like your feedback on a draft unmodifiable financial appendix, which will be added to the UK's existing suite of model agreements for Commercial contract research studies.



Following the publication of Lord O'Shaughnessy's [independent review of commercial clinical trials](#), the government has committed to implementing an unmodifiable financial appendix that will remove local contract and contract-value negotiation from the [National Contract Value Review \(NCVR\)](#) process from 1 October 2023. The new appendix will have standard clauses, incorporated into each of the [UK model agreements](#) and a finance schedule, generated for each study by the interactive Costing Tool (iCT), following the conclusion of the national study resource review.

NCVR [reduced study set-up timelines by 45%](#) since it was brought in in October 2022. When it's implemented, the unmodifiable financial appendix will contribute to setting-up studies faster. This means earlier access for patients to new and innovative treatments via research. It will also maximise opportunities for NHS organisations to recruit participants, enhancing the UK's status as a global destination of choice for pharmaceutical research and unlocking opportunities for innovation and investment in our health service.

The UK Four Nations Contracting Leads Group (CLG) has been tasked with developing this financial appendix and will share a draft with NHS organisations and companies for comment in early July. Comments on the draft must be returned within two weeks so we can deliver this enhanced NCVR process from October. We encourage organisations to focus their comments on 'red-line' issues that would substantively affect their ability to deliver commercial contract research.

The call for comments will not be your only opportunity to give feedback. The CLG will continue to engage with NHS organisations and companies over the summer as it works through your comments to refine the financial appendix.

The call for comments from NHS organisations will be shared in early July, via HRA Now. Please let relevant staff in your organisation know now so that you can meet this tight turnaround time.

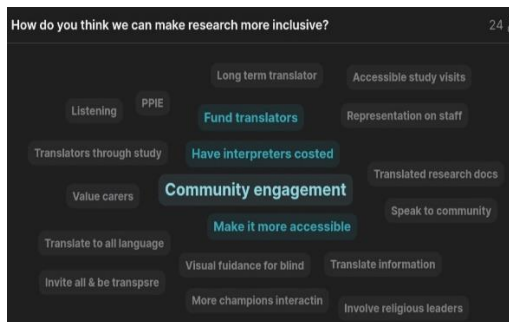
International Clinical Trials Day 2023

“Overall, it was a great initiative and very important for patient centred research”

“I liked the diversity and talks chosen. Really great volunteers and professionals”

“I enjoyed learning about the actions taken by the research community to make research more inclusive... (and the) opportunity to network with other researchers”.

These are some of the comments made by attendees to our ICT Day event on 25th May.



The Research Engagement Team sends a big thank you to everyone who joined them for “Inclusive Healthcare Research: The conversation Continues”, to celebrate ICTD23.

Also thanks to those who volunteered to help on the day.

This year examples of best practice in community and public engagement were shared, with excellent presentations from a variety of projects striving to make research practice more inclusive. This provided insights into the complexities of capturing and monitoring diversity data.

This event was, as always, an opportunity to meet healthcare professionals, researchers, study participants along with members of our local communities to share ideas and views.

If you were unable to attend the event, you can watch the recording on the Trust's [YouTube channel](#).

NIHR Patient Research Experience Survey (PRES) 22/23 Review

Barts Health once again recorded the most survey responses for NIHR PRES in the CRN North Thames region in 2022/23, with a total of 513 against our target of 455.

Overall, patient feedback was positive; we scored similarly to 21/22 for feeling valued for taking part in research, being treated with respect courtesy by research staff, and receiving information about the study before taking part.

However, Barts scored significantly worse in some areas: information received during the study, knowing how patients will receive the results of a study, and who to contact with questions or concerns.

This feedback allows the team to better understand our patient's research experience and formulates our improvement planning objectives.

For the full review of the dataset, please see the slide deck on the [JRM O webpage](#).

Our target for 23/24 has been set at 525 responses. We are looking for new research teams to join us in this year's campaign, alongside existing ones, to achieve this target.

If you are a researcher delivering an NIHR-supported study and would like to get involved in delivering PRES, please contact Neeta and James at patientsinresearch.bartshealth@nhs.net

JRMO news

There are several activities currently being undertaken by the JRMO. The recent internal audit of our Governance Section has been swiftly followed by an announcement of a Medicines and Healthcare Products Regulatory Agency (MHRA) inspection for Queen Mary clinical studies. These periodic inspections use a risk-based approach to examine the systems we use to conduct clinical trial research. Researchers are asked for their understanding while the Governance Team supports this essential inspection. Meanwhile, we will endeavour to keep delays to usual service standards to a minimum.

Following the restructure of JRMO teams, both in Queen Mary and Barts, last year there has been a focus on recruiting key new posts to enable us to improve the services we provide to our researchers and the university. We are pleased to report that a number of these are now filled, and we look forward to our new colleagues joining through the summer. These include a new Research & Innovation Analysis Team who will focus on providing data analysis, planning and external benchmarking to inform how we deliver our strategic goals and prepare for key external exercises (including REF and KEF). A new Pre-Award Manager is being recruited too, to provide enhanced capacity across our pre-award functions. A core part of that role will be enhancing our demand management processes and support.

The Research Governance team has been focussing on some longer-term service improvements. These include:

- **'Department-led capacity and capability' Pilot.** This started in May 2023 aiming to grant experienced study teams more management responsibility in set-up for their own hosted studies. This should speed set up timelines. It was an opt-in pilot where an assessment of eligibility took place. The initially runs for 12 months with a full review after 6.
- **QMERC ethics application system** – see the front cover!
- **QMERC Risk Review Project** - This project aims to formalise the current process of judging risk and detailing mitigations. We have hosted two events with key stakeholders to discuss the challenges of defining risk and the current procedures for assessing risk and routing through the appropriate approval pathway.

This has led to the development of an infographic around risk, ethical principles and mitigations. The next steps are to add further detail and turn it into a useful tool or guidance that can be circulated.

- **Processes Working Group** – aims to review principles of processes and procedures focusing on areas of overlap, duplication and communication.
- **IT Systems Working Group** - aiming to review the Governance IT systems used to support staff and researchers across both organisations.
- **Accessibility and Availability Working Group** - the aim is to review how accessibility and communication with stakeholders can improve. These include the JRMO Website, use of SharePoint, current/future drop-in sessions; researcher access to Governance staff whether on-site or virtual; communications via the R&D news bulletin and general email communication via generic mailboxes.
- **Staff Induction, Training and Empowerment (SiTE) Working Group** – this aims to focus on the competency and empowerment of staff to enable them to thrive in their roles whilst providing a seamless service to our stakeholders.

Data cleaning of the local portfolio management system (EDGE)



The JRMO Research Governance and Information teams continue to identify and address data quality issues in EDGE and Central Portfolio Management System. It would be extremely helpful if EDGE users looked at their project and updated the records to reflect the correct study status as the JRMO do not get notified of study closures/withdrawal for studies. It is a REC condition of favourable opinion to submit annual progress reports (APRs) by the study team for our sponsored studies. As per SOP 19, the draft APR must be

first sent to the JRMO Research governance inbox for review before regulatory body submission. Please also submit any historic APRs that did not follow SOP 19 so we can update our records and upload them to EDGE. For any EDGE support or training issues please contact the team on research.governance@qmul.ac.uk

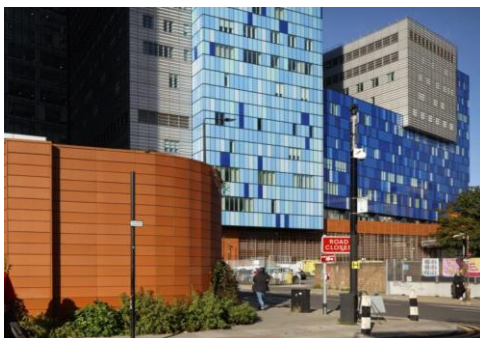
New Director of Research Development for Barts Health

In June Prof Rupert Pearse, Clinical Director for Research & Development, announced the appointment of Dr Jenny Rivers as Director of Research and Development at Barts Health, to succeed Gerry Leonard who has retired.

Dr Rivers will join Barts from Great Ormond Street Hospital for Children (GOSH) where she has led the Research & Innovation workforce for the last five years, overseeing operations, governance and finance relating to the extensive research portfolio across GOSH and the University College London Great Ormond Street Institute of Child Health, including the NIHR GOSH Biomedical Research Centre and Clinical Research Facility. As Acting Director of Research & Innovation, she has also led the Trust's successful 'Research Hospital' strategy. She is due to start work in mid-October. More information to come in due course.

NIHR Barts CRF publishes engagement and inclusion strategies

The new NIHR Barts CRF, currently about to start construction of its innovative new facility with the Royal London Hospital, recently launched its Equality, Diversity and Inclusion Strategy and its Patients and Public Involvement, Engagement and Participation Strategy.



These cover the period up to 2027 and represent a challenging and exciting step forward in building a practical and fully inclusive research strategy for East London. The team is committed to making research relevant and accessible. You can now view and download our current joint NIHR BRC/CRF strategies and implementation plans, including large print versions, on the [JRMO website](#).

The CRF Operations Director, Jo Morgan, is happy to talk through local research needs and how the team in the current CRF can help to deliver them. Please contact Jo at 07534 637 333 or email Jo.morgan7@nhs.net.

Standard Operating Procedure changes

Since the last R&D News Bulletin was published, the following SOPs and associated documents have been updated and released:

SOP 10 - Confirmation of capacity and capability

- ADt 1 - JRMO hosted studies checklist
- AD 2 - Barts Health confirmation of capacity and capability email template

SOP 28 - Monitoring

- AD 1 - Monitoring Plan
- AD 2a -ISF Monitoring Form
- AD 2b -TMF Monitoring Form
- AD 2c -Single Site Monitoring Form
- AD 2d -Pharmacy Monitoring Form
- AD 2e -Laboratory Set-up Monitoring Form
- AD 2f - SDV Monitoring form
- AD 2g - Laboratory Monitoring Form
- AD 3 - Summary Monitoring report
- AD 4 - Site Visit Log
- AD 5 - Monitoring Guidance

SOP 34a - Researcher Training

- Template 1 - SOP reading log

SOP 39 - Personal Access Arrangements for Undertaking Research (including Research Passport Process)

- AD 1 - Research Passport Guidance for Governance Officers
- AD 2 - LoA University Research Template
- AD 3 - LoA NHS Researcher Template
- AD 4 - Barts Health Honorary Research Contract (Not a public document)

These and all JRMO SOPs can be found [on the JRMO website](#).

Our research

Research Centre for Healthy Ageing set to open at Whipps Cross Hospital

Barts Health and Queen Mary have unveiled plans for an Academic Centre for Healthy Ageing in the UK, to be located at Whipps Cross Hospital.



Older people often suffer from multiple health conditions which generate complex healthcare needs. With one of the fastest growing and most deprived populations in the country, residents in East London also experience poor health at a much earlier age than those in more affluent parts of the capital, bringing about unique healthcare challenges.

Despite changes to NHS policy and practice to help improve the way care and support are provided, there are still gaps in the research and knowledge required to make the changes. Putting the health and well-being of older people at centre stage will improve the quality of life for millions of people in London.

The new centre will create a collaborative network of clinicians, researchers, educators, policymakers and the local community to transform how services work for older people, supporting them to live well and independently. It will also work across the region to support and inform better clinical services through healthcare training underpinned by the latest research.

Thanks to £6.6 million awarded by Barts Charity, the centre will be a network across Barts Health, Queen Mary University London, and partner care provider organisations hosted at Whipps Cross Hospital. This generous grant will enable patients in East London to receive

better care and treatment to enable people to live longer, healthier lives.

“Waltham Forest has a vision to become a centre for care excellence focussed on healthy ageing and caring for people living with, or at risk, of clinical frailty. Taken together with the redevelopment of Whipps Cross Hospital – due to begin in 2025 – the Centre marks another step on the road to delivering our vision of improved health outcomes for local people.”

Prof Steph Taylor, Professor of Public Health and Primary Care at the Wolfson Institute of Population Health, Queen Mary University of London, said that the teams involved “look forward to working with the local community to identify what their needs and priorities are around the health of older people. We hope the ACHA will be a step change and help put the health and wellbeing of older people in North East London centre stage.”

This initiative will bring academics and health and social care professionals in the hospital and the community together with public health colleagues to focus on the best ways to support older people and will develop training and dissemination initiatives so that evidence from research is shared and embedded in practice.

More information can be found on the [Barts Health website](#).

Genetic study of British South Asians challenges previous work linking statin use to increased cataract risk

New research, led by Queen Mary has unpicked the threads linking statin use, ethnicity and the risk of developing young-onset cataracts in British people with South Asian ancestry.

The study, recently published in [The Pharmacogenomics Journal](#), addresses a critical knowledge gap by focussing on participants of British South Asian descent, who are typically underrepresented in genetic studies and highly likely to have a cardio-metabolic disease, which is both a statin

indication and a risk factor for young onset cataracts.



Statins are lipid-lowering medicines that are used to lower cholesterol levels in the blood and are widely prescribed. The reported association between statin use and cataract risk is controversial. While some large observational studies and meta-analyses have found statins to have a protective effect on cataracts, others have found an association with an increased risk of cataracts, and many studies have found no significant association in either direction.

South Asian ancestry populations suffer from a particularly high prevalence of cardiometabolic disease, therefore exploring statin-related adverse drug reactions in this population is important.

This study, funded by [NIHR Barts Biomedical Research Centre](#) and [Barts Charity](#), used patient data from [Genes & Health](#) a project launched by Queen Mary which has recruited more than 55,000 South Asian research volunteers from East London, Manchester and Bradford.

The research revealed that a specific genetic variant, which leads to heightened statin exposure, is independently linked to a reduced risk of developing cataracts at a younger age. This genetic variant is present in approximately one in every twelve participants and is known to have a higher prevalence among individuals of European ancestry.

Dr Emma Magavern from Queen Mary, emphasised the significance of the findings, stating: "This is the first study of its kind to use genetic markers of statin exposure to explore the connection between statin use and cataracts. It finds that the genetic variant known to lead to higher statin exposure is independently associated with lower young-onset cataract risk. Prior observational studies have found associations between statin use and increased cataracts, however, this is likely

due to the risk factors shared between statin indications and cataracts."

This study refutes previous claims of statins being a cause of cataracts and instead suggests that individuals with the genetic variant associated with higher statin exposure have a reduced risk of developing cataracts.

Ethnic minority patients yearn for warmth from healthcare professionals

Developing better connections between ethnic minority patients and healthcare professionals could drive more positive healthcare experiences for ethnic minority patients, researchers have found.

Responding to reports of discrimination and treatment lacking in empathy, the researchers, led by the University of Westminster and including scientists from Oxford University, and Queen Mary analysed the social and cultural influences in the experience of ethnic minority psychological and/or cancer patients in 29 studies.



Funded by the NIHR, the research team uncovered a multitude of human feelings at play during the care of ethnic minority patients which has been overlooked until now.

Understanding and reacting to patients with warmth and positivity, just as a family member or friend would, could have a transformative impact on improving care. The researchers found that patients essentially yearned to have their whole selves and the circumstances in which they lived recognised and understood by their practitioners. Or as one participant said, professionals who "who will listen to us, who will allow us to talk".

The study, which has been published by [PLOS ONE](#), concludes that training in developing better connections with patients could be a

way to improve the care for ethnic minority patients. Dr Dipesh Gopal from Queen Mary said: "Health care that fails to appreciate the centrality of creating safety and connectedness in care consultations for all kinds of patients risks inadvertently 'othering' patients."

Skin cancer rewires its energy systems to spread more efficiently

Melanoma skin cancer cells radically rewire their internal power systems to drive their spread to other parts of the body, a new study shows.

The research, led by investigators at Queen Mary, suggests that reversing this change can make tumour cells less invasive. The team also identified a key molecule that orchestrates this process – knowledge that could lay the foundations for new therapeutic strategies to halt the spread of cancer.

The ability of cancer cells to break away from the original tumour and spread to other parts of the body presents one of the greatest challenges to treating the disease. This process, called metastasis, seeds secondary tumours that grow in other organs, ultimately causing most cancer deaths.

"We're still not targeting the secondary disease enough in the clinic, and I think we need to change this," comments Prof Victoria Sanz-Moreno, lead author of the new study based in Queen Mary's Barts Cancer Institute. "In our lab, we want to understand: what are the characteristics of cells that can metastasise? What are their weaknesses? And how do we target them?"



Dr Eva Crosas-Molist

Melanoma skin cancer is among the quickest-spreading cancer types and is a key focus of Prof Sanz-Moreno's research. If melanoma is diagnosed at an early stage before it

spreads, almost all patients in the UK survive their disease for a year or more. But this survival drops to just over half once the disease has spread. The team's work aims not only to equip us with the knowledge to better treat melanoma but also to unlock an improved understanding of how all cancers spread.

In the new study, published in [Nature Communications](#), the team investigated how metastasising cells rewire their energy systems to move quickly and efficiently on their journey to other parts of the body. The researchers examined migrating tumour cells in a special model system allowing movement in three dimensions – a departure from conventional systems that place cells on a flat surface that doesn't accurately replicate how cells move through living tissue. They found that metastasising tumour cells adopt a style of movement known as rounded-amoeboid migration, where cells maintain a loose connection to their surroundings, enabling them to slither through the tissue. This requires far less energy than a common style of cell movement known as mesenchymal migration, where cells grip tightly onto their surroundings and drag themselves through their environment.

They observed that the invasive tumour cells reshape their mitochondria to suit this efficient style of movement, opting to have many, small, fragmented mitochondria that operate in a low-power mode. This contrasts with less-invasive cells, which have large, branching networks of mitochondria that operate in a high-power mode.

"These metastatic cells are rewiring themselves to be very efficient," explains Dr Eva Crosas-Molist, the first author of the new paper. "They only need low levels of energy to move, which helps them to survive in the potentially stressful environments they are migrating to, where there may be a lack of nutrients or oxygen."

Intriguingly, the team found that if they manipulate the shape of the mitochondria in their metastasising tumour cells and force them to become more joined up, the cells lose their invasive behaviour. Likewise, if they make mitochondria more disconnected in non-invasive cells, the cells start to behave like metastasising tumour cells. Surprisingly the researchers discovered that a molecule called AMPK sits at the centre of these processes; it senses the energy requirements of the cell and also controls the cytoskeleton, which

determines how the cell moves and behaves. Prof Sanz-Moreno explains that “by modifying these little mitochondria you create a global change, altering what the cell looks like and its whole behaviour.” This could have a real impact on the future direction of this area of research.

Cause and cure discovered for common type of high blood pressure

Clinicians at Queen Mary University of London and Barts Hospital have identified a gene variant that causes a common type of hypertension (high blood pressure) and a way to cure it, new research published today in [Nature Genetics](#) shows.

The cause is a tiny benign nodule, present in one-in-twenty people with hypertension. The nodule produces a hormone, aldosterone, that controls how much salt is in the body. The discovery is a gene variant in some of these nodules which leads to a vast, but intermittent, over-production of the hormone.



Co-authors Professor Morris Brown and Dr Xilin Wu

The gene variant discovered today causes several problems which makes it hard for doctors to diagnose some patients with hypertension. Firstly, the variant affects a protein called *CADM1* and stops cells in the body from 'talking' to each other and saying that it is time to stop making aldosterone. The fluctuating release of aldosterone throughout the day is also an issue for doctors, which at its peak causes salt overload and hypertension. This fluctuation explains why patients with the gene variant can elude

diagnosis unless they happen to have blood tests at different times of the day.

The researchers also discovered that this form of hypertension could be cured by unilateral adrenalectomy – removing one of the two adrenal glands. Following removal, previously severe hypertension despite treatment with multiple drugs disappeared, with no treatment required through many subsequent years of observation.

Fewer than 1% of people with hypertension caused by aldosterone are identified because aldosterone is not routinely measured as a possible cause. The researchers are recommending that aldosterone is measured through a 24-hour urine test rather than one-off blood measurements, which will discover more people living with hypertension but going undiagnosed.

In most people with hypertension, the cause is unknown, and the condition requires life-long treatment with drugs. Previous research by the group at Queen Mary discovered that in 5-10% of people with hypertension, the cause is a gene mutation in the adrenal glands, which results in excessive amounts of aldosterone being produced. Aldosterone causes salt to be retained in the body, driving up blood pressure. Patients with excessive aldosterone levels in the blood are resistant to treatment with the commonly used drugs for hypertension and remain at increased risk of heart attacks and strokes.

Professor Morris Brown, co-senior author of the study and Professor of Endocrine Hypertension at Queen Mary, said "In the 900th anniversary of Barts Hospital, this story illustrates benefits from the virtuous circle of Science and Medicine. Most patients consent to our undertaking non-routine molecular analyses of their surgical samples, from which we discover how their hypertension was caused, and how to cure it in future patients. Because the aldosterone nodules in this study were so small, we are now investigating whether momentary cauterisation of the nodule is an alternative to surgical removal of the whole adrenal gland."

The research at Queen Mary was funded by Barts Charity and undertaken by research fellows funded by the British Heart Foundation, National Institute of Health Research, Medical Research Council and Royal Society. The team collaborated with laboratories in Munich, Paris and Michigan to find further people with

the new variant, and in Osakasayama, Japan, KL, Malaysia, and Pittsburgh, USA, to better understand its effect on the body.

Scientists discover air quality monitoring stations are collecting urgently needed biodiversity data

An international team of researchers has discovered that thousands of ambient air quality monitoring stations around the world are unwittingly recording more than just atmospheric pollutants and dust: they are also likely collecting biodiversity data in the form of environmental DNA (eDNA).

Until recently it was thought that the infrastructure for monitoring biodiversity at national and global scales does not exist. No one had considered that air quality monitoring stations could be collecting and storing eDNA data on birds, bees, ticks, fungi, insects, plants and mammals across the globe as a by-product of their regular function. But now it has been realised that these sites are exactly what is needed to monitor biodiversity at a scale that's never been possible before.



According to the World Wildlife Fund's Living Planet Report, there has been a 69 per cent decline in wildlife populations since 1970. These air quality stations could be exactly what is needed to not only track biodiversity across the planet but also to potentially tap into the decades of historic eDNA biodiversity data on filters squirrelled away for years. By analysing filters from just two monitoring stations the teams found eDNA evidence for more than 180 different plants and animals.

"The potential of this cannot be overstated. It could be an absolute game-changer for tracking and monitoring biodiversity," says Dr Joanne Littlefair of Queen Mary, first author of the paper. "Almost every country has some

kind of air pollution monitoring system or network, either government-owned or private, and in many cases both. This could solve a global problem of how to measure biodiversity at a massive scale."

Dr Littlefair and York University Assistant Professor Elizabeth Clare of Toronto, an expert in airborne eDNA and corresponding author, published the paper, [Air-quality networks collect environmental DNA with the potential to measure biodiversity at continental scales](#), on 5th June 2023 in *Current Biology*.

Governments, scientists and environmental agencies around the world have called for large-scale, standard methods of tracking biodiversity in real time – but it has been an impossible task – with no standardized approach and no deployed infrastructure proposed, until now. The discovery that these air monitoring stations could be collecting eDNA is even more surprising because they may have been quietly doing this all along.

"The beauty of the idea is we are making use of something that already exists," says Dr Andrew Brown of the UK's [National Physical Laboratory \(NPL\)](#), which operates the national air quality sampling grid. "If networks of air samplers around the world are all collecting similar material – just as a part of their regular functioning – it's an incredible resource."

The team is now trying to preserve as many samples as possible with eDNA in mind. "We do not yet know the true value of these samples, but as they are collected, they could provide an unprecedented view of our natural world. The scale of repeated samples could give us the elusive biodiversity time series data and the ability to measure terrestrial species dynamics in a high-resolution form never considered for biodiversity monitoring before," says Prof Clare.

Queen Mary Research and Innovation Awards

The inaugural Queen Mary Research and Innovation Awards took place at the Law Society on Thursday 25 May. The event celebrated the excellent research and innovation at Queen Mary and the many people in different roles that support it.

We congratulate all the winners and runners-up:

Award 1: Excellent Research Support

Highly commended: Amerisida Dibra, Research Manager, SPIR; Jonathon Hills, Research Manager, SEMS
 Winner: Faiza Durrani, East London Genes and Health, the Blizzard Institute

Award 2: Research Impact – culture civic and community

Highly commended: The Verbatim Project, Maggie Inchley and Sylvan Baker, SED; Research Action on Obesity and Salt Unit, WIPH

Winner: Angela Gurnell and Geraldene Wharton, Morph Rivers, Geography; The SHARE Collaborative, Blizzard

Award 3: Research Impact – enterprise and commercial innovation

Highly commended: David Ronan, EECS; Robert Hill, Dentistry

Winner: Rosalind Hannen, Blizzard; Karin Hing, SEMS

Award 4: Outstanding early career researcher

Highly commended: Gemma Tidman, SLLF; Kiki Tianqui Yu, SLLF; Mona Jaber, EECS

Winner: Samantha Quaife, WIPH; Ozgen Deniz, BCI

Award 5: Excellent interdisciplinary research project

Highly commended: Preventing Gambling Harm, Law, SBBS, DERI and WIPH; The SHARE Collaborative, Blizzard

Winner: Preventing Plastic Pollution, SBBS, Geography and SPCS

Award 6: Outstanding research supervisor

Faculty winners: HSS Faculty Winner – Miri Rubin, History; S&E Faculty Winner – Juan Valiente Kroon, SPCS; FMD Faculty Winner – Richard Grose, BCI

Overall winner: Julia Hornle, CCLS – nominated to represent Queen Mary in the Times Higher Education Awards

Award 7: Outstanding technician

Highly commended: Martin Dodel, BCI; The Film and Drama Technical Teams

Winner: Kate Thornton, S&E

Award 8: Vice Principal's Award for Research Excellence

Winners: Chema Martin Duran (SBBS); Paul Heritage (SED)



Nominations for the Research and Innovation Awards for 2024 will open in January. More information can be found on [Queen Mary's SharePoint site](#) and the [Queen Mary website](#).

Events

New "QMEthics" online system drop-in sessions

Following the launch of the new QMEthics system (see our cover article), the QMREC team will host weekly hybrid drop-in sessions

On Tuesdays between 11.30 am and 12.30 pm for any questions about the [new system](#).

[Click here to join the meeting virtually](#) or come and meet the team face-to-face in Dept W, first-floor sofa room. Sessions start on **Tuesday 18th July** and will run for a month after the system goes live.

JRMO drop-in sessions

JRMO drop-in sessions take place on the **second Wednesday of every month, from 10 am to noon**. To attend a session during that time please [follow this MS Teams link](#)

You can of course continue to 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. If you have a question about any of the following, come along and the team will be available on a first-come-first-served basis:

- Study set-up
- Research governance and sponsorship
- Research ethics
- GCP advice
- Research passports and staff access
- Finance and funding
- Costing and contracts

- Patient and public involvement

To 'drop in', please log on [via MS Teams](#) on the second Wednesday of each month between 10 am and noon. The team looks forward to seeing you!

Training

Research ethics training course

The QM Research Ethics Facilitator will hold a training course on Wednesday 2nd August between 2-4 pm at Dept W. This is an in-person course only.

The training is suitable for PhD students and staff, the course covers the principles of research ethics, planning your research with human participants, and an introduction to our new [online application system QMEthics](#).

Please sign up for this training [on the QMUL CPD Booking system](#). This is not an online or drop-in event (see [above for that](#)).

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](#)

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 (see below). Your place will be confirmed by email.

JRMO Good Clinical Practice (GCP) training is currently being delivered online, via Zoom.

The following courses are available to book for this academic year:

- Data Management and Databases – 12-13 July
- GCP Refresher – 19 July
- GCP for Clinical Investigations (ISO14155) – 10 July

Dates for the next academic year will be published shortly.

More information is [on the JRMO website](#).

NIHR | National Institute
for Health Research

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 to 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.

UCL BRC PPIE Training

University College London's BRC provides regular PPIE training sessions for researchers.

The award-winning sessions build up researchers' skills and confidence in involving laypeople in activities, including setting research priorities and designing protocols. Evaluation in BMJOpen (Yu et al. 2021)

showed marked increases in researchers' PPIE confidence after our training.

There are five modules available, including an introduction to PPIE and sessions on running focus groups, finding people and filling in grant applications. You can attend all 5 modules to build up knowledge progressively or you can pick the one that best suits you.

The training is available to all researchers, although non-UCL/ UCLH/UCLP-related staff do have to pay a small fee for each workshop attended.

For more information, please visit [the UCLH BRC website](#).

Research funding

NIHR | National Institute
for Health Research

NIHR grant calls

- [23/34 Screening for COPD during the targeted lung health check](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.
Closes: 13:00 on 26 July 2023
- [22/171 Acceleration Award – adaptation and assessment of digital technologies for social care](#)
The Health Technology Assessment Programme is accepting straight-to-stage 2 applications to their commissioned workstream, for this primary research topic.
Closes: 13:00 on 26 July 2023
- [Programme Grants for Applied Research - Competition 42](#)
Applications are invited for Stage 1 proposals to develop programmes of applied health research. We are delighted to announce that PGfAR is now offering the opportunity to develop and advance health and care research careers. Applicants to Competition 42 onwards can now include funding for research capacity development, across all stages of the academic career pathway (i.e., from internships to Masters to PhD, to post-doctoral).
Closes: 13:00 on 02 August 2023
- [23/21 Continuing priority research topics of interest to the PHR Programme](#)
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their commissioned workstream for these topics.
Closes: 13:00 on 15 August 2023
- [23/20 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(PHR Programme\)](#)
The Public Health Research (PHR) Programme are accepting Stage 1 applications to their researcher-led workstream.
Closes: 13:00 on 15 August 2023
- [23/19 NIHR NICE rolling call \(PHR Programme\)](#)
The Public Health Research (PHR) Programme is accepting Stage 1 applications to this funding opportunity.
Closes: 13:00 on 15 August 2023
- [23/22 Public Health Research Programme researcher-led](#)
The Public Health Research (PHR) Programme are accepting Stage 1 applications to their researcher-led workstream.
Closes: 13:00 on 15 August 2023
- [23/23 Health and health inequality impacts of place-based interventions](#)
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their commissioned workstream for this topic.
Closes: 13:00 on 15 August 2023

- [23/27 Interventions to improve health outcomes for sex workers](#)
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
Closes: 13:00 on 15 August 2023
- [23/28 Health impacts of having 'No Recourse to Public Funds'](#)
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
Closes: 13:00 on 15 August 2023
- [23/24 Application Development Award \(ADA\): The health impacts of dark kitchens and rapid grocery delivery services](#)
The Public Health Research (PHR) Programme is accepting direct-to-Stage 2 applications to this funding opportunity.
Closes: 13:00 on 15 August 2023
- [23/29 Reducing compound pressures on the NHS and social care \(PHR Programme\)](#)
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.
Closes: 13:00 on 15 August 2023
- [22/141 Interventions that impact loneliness](#)
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their commissioned workstream for this topic.
Closes: 13:00 on 15 August 2023
- [23/79 Evaluation of technologies and interventions in primary care settings](#)
The Efficacy and Mechanism Evaluation (EME) Programme is accepting Stage 1 applications to their commissioned workstream.
Closes: 13:00 on 22 August 2023
- [23/72 Reducing compound pressures on the NHS and social care \(EME Programme\)](#)
The Efficacy and Mechanism Evaluation (EME) Programme is accepting Stage 1 applications to their commissioned workstream.
Closes: 13:00 on 22 August 2023
- [23/59 NIHR NICE Rolling Call \(EME Programme\)](#)
The Efficacy and Mechanism Evaluation Programme is accepting Stage 1 applications to this funding opportunity. The programme is interested in receiving applications to meet recommendations in research identified in NICE guidance that has been published or updated since 2015.
Closes: 13:00 on 22 August 2023
- [23/58 NIHR James Lind Alliance Priority Setting Partnerships Rolling Call \(EME Programme\)](#)
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to this funding opportunity. The programme recognises the importance of the research priorities identified by the James Lind Alliance (JLA) Priority Setting Partnerships (PSP) and are interested in receiving high-quality applications which address them.
Closes: 13:00 on 22 August 2023
- [23/57 Efficacy and Mechanism Evaluation \(EME\) Programme Researcher-led](#)
The Efficacy and Mechanism Evaluation (EME) Programme is accepting stage 1 applications to their researcher-led workstream.
Closes: 13:00 on 22 August 2023
- [23/56 Palliative and End of Life Care \(EME Programme\)](#)
The EME Programme invites applications for Palliative and End of Life Care research.
Closes: 13:00 on 22 August 2023
- [23/52 Body fluid-based biomarkers in traumatic brain injury](#)
The Efficacy and Mechanism Evaluation (EME) Programme and Health Technology Assessment (HTA) Programme are accepting Stage 1 applications to this cross-programme call.
Closes: 13:00 on 22 August 2023
- [23/63 Health Technology Assessment Programme researcher-led \(primary research\)](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their researcher-led workstream.
Closes: 30 August 2023
- [23/64 Health Technology Assessment Programme researcher-led \(evidence synthesis\)](#)
The Health Technology Assessment Programme is accepting stage 1 evidence synthesis applications to their researcher-led workstream.
Closes: 30 August 2023
- [23/65 NIHR NICE Rolling Call \(HTA Programme\)](#)
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to this funding opportunity.
Closes: 13:00 on 30 August 2023

- [**23/66 NIHR James Lind Alliance Priority Setting Partnerships Rolling Call \(HTA Programme\)**](#)
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to this funding opportunity.
Closes: 13:00 on 30 August 2023
- [**23/69 Reducing compound pressures on the NHS and social care \(HTA Programme\)**](#)
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.
Closes: 13:00 on 30 August 2023
- [**23/70 Management of bone metastasis and skeletal related events \(SREs\) in patients with advanced cancer**](#)
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research or evidence synthesis topic.
Closes: 13:00 on 30 August 2023
- [**23/71 Palliative and End of Life Care \(HTA Programme\)**](#)
The Health Technology Assessment (HTA) Programme invites applications for palliative and end of life care research which supports health and care services to help people at the end of their lives to live as well as possible and to die with dignity, compassion and comfort.
Closes: 13:00 on 30 August 2023
- [**23/41 Management of chronic plaque psoriasis**](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic
Closes: 13:00 on 30 August 2023
- [**Reducing compound pressures on the NHS and social care**](#)
We want to generate high-quality research evidence into the evaluation of health and care interventions and services to reduce compound pressures on the NHS and social care.
Closes: 30 August 2023
- [**RfPB Under-represented disciplines and specialisms highlight notice: Methodologists**](#)
The Research for Patient Benefit (RfPB) programme will launch the second of a series of highlight notices in support of the NIHR strategy to strengthen the careers of under-represented disciplines and specialisms.
Closes: 13:00 on 13 September 2023
- [**23/55 Advanced Fellowship: Building clinical trials experience**](#)
The Efficacy and Mechanism Evaluation (EME) Programme is accepting Stage 2 applications to their commissioned workstream.
Closes: 13:00 on 14 September 2023
- [**23/42 Endoscopic modalities for detection of Barrett's oesophagus related neoplasia**](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic
Closes: 13:00 on 20 September 2023
- [**23/43 Management of severe acute asthma in children**](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic
Closes: 13:00 on 20 September 2023
- [**23/44 Effectiveness of oral nutritional supplements in older adults with malnutrition**](#)
The Health Technology Assessment Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.
Closes: 13:00 on 20 September 2023
- [**23/61 PHIRST Local Authority Evaluation of Interventions Eol**](#)
The Public Health Research (PHR) Programme is accepting Expressions of Interest from local government for evaluations of interventions by the NIHR's Public Health Intervention Responsive Studies Teams (PHIRST)
Closes: 13:00 on 26 September 2023

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



UKRI grant calls

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:

- [**UKRI cross research council responsive mode pilot scheme: round 1**](#)
Apply for funding for breakthrough interdisciplinary ideas that transcend, combine or significantly span disciplines. This pilot scheme will support ideas not routinely funded through existing UK Research and Innovation (UKRI) responsive mode schemes. Principal investigators must be based at an organisation eligible for UKRI research council funding.
Award range: £200,000 - £1,200,000
Closing date: 20 July 2023 4:00pm UK time
- [**Design foundations round two: net zero environments**](#)
UK registered organisations can apply for a share of up to £4 million for people-centred and planet-centred design projects. This is to support research and development activity developing new products and services that transform where we live and work into net zero places.
Closing date: 26 July 2023 11:00am UK time
- [**Population health improvement network of clusters**](#)
Apply for funding to establish an interdisciplinary research cluster to address an important challenge for population health. You must be based at a UK research organisation eligible for UKRI funding. You can request £4.5 million to £7 million (80% full economic cost) per cluster, over four years.
Closing date: 26 July 2023 4:00pm UK time
- [**UK-Switzerland bilateral: collaborative research and development**](#)
UK registered organisations, in collaboration with at least one Swiss registered business can apply for a share of up to £2 million for research projects resulting in innovative solutions. Swiss partners must apply for equivalent funding from Innosuisse.
Closing date: 26 July 2023 12:00pm UK time
- [**Building a Secure and Resilient World: Research and Coordination Hub**](#)
Apply for funding for UKRI's Building a Secure and Resilient World Research and Coordination Hub. This investment will convene interdisciplinary research and innovation across the UKRI remit to strengthen societal and economic resilience and enhance security across virtual and physical environments.
Closing date: 27 July 2023 4:00pm UK time
- [**Human Functional Genomics Initiative clusters**](#)
Apply for funding to lead a cluster as part of a coordinated Human Functional Genomics Initiative. You must be based at an organisation eligible for MRC funding and meet individual eligibility requirements.
Award range: £2,000,000 - £4,000,000
Closing date: 27 July 2023 4:00pm UK time
- [**Applied global health partnership**](#)
Apply for funding to support partnerships to enable research that will address global health challenges and inequities. We will accept proposals of all sizes, including large projects and small to medium-scale applications.
Maximum award: £1,000,000
Closing date: 1 August 2023 4:00pm UK time
- [**UK-South Korea digital health CRD**](#)
£3 million is available for UK registered small or medium-sized enterprises (SMEs) and eligible partners from Innovate UK and MRC for business led collaborative research and development (CRD) projects, delivering industrial innovation through academic collaboration in digital health, for the UK and South Korea.
Closing date: 2 August 2023 11:00am UK time
- [**Innovative technologies: nucleic acid medicines manufacture round two**](#)
UK registered organisations can apply for a share of up to £5 million for manufacturing innovation for nucleic acid medicines. This funding is from Innovate UK. Your project's total grant funding request must be between £100,000 and £2 million.
Closing date: 19 July 2023 11:00am UK time
- [**Applied global health research**](#)
Apply for funding to support research that will address global health challenges and inequities. We will accept proposals of all sizes, including large research projects and small to medium-scale applications.
Maximum award: £2,000,000
Closing date: 1 August 2023 4:00pm UK time
- [**Professional and financial services data access innovation lab: ESG**](#)
Individuals employed by a UK registered business or organisation can apply to be

part of a three day innovation lab. During this they will develop consortia and innovation projects. After the lab, consortia will have the chance to apply for project funding.

Closing date: 30 August 2023 11:00am UK time

- [**MRC Centre of Research Excellence: round one invited full application**](#)
Apply for MRC CoRE funding to tackle complex and interdisciplinary health challenges. You must have submitted an MRC CoRE outline application and been invited to apply to the second stage of this opportunity.
Maximum award: £26,500,000
Closing date: 7 September 2023 4:00pm UK time
- [**EPSRC Centres for Doctoral Training**](#)
This funding opportunity is only open to applications assessed in the outline stage of the EPSRC Centres for Doctoral Training (CDTs) funding exercise and invited to submit to the second stage. EPSRC expects to commit up to £325 million to support approximately 40 CDTs across the engineering and physical science landscape.
Closing date: 12 September 2023 4:00pm UK time
- [**UK-Israeli Eureka bilateral collaborative R&D: round two**](#)
UK registered organisations can apply for a share of up to £2 million to develop collaborative research and development (R&D) projects focused on industrial research and development with Israel.
Closing date: 13 September 2023 11:00am UK time
- [**MRC: Public Health Intervention Development \(PHIND\): Sep 2023**](#)
Apply for funding for the early-stage development of an intervention that seeks to address a UK or global public health challenge. You must be a researcher employed by an eligible research organisation
Maximum award: £150,000
Closing date: 14 September 2023 4:00pm UK time
- [**Innovate UK smart grants: June 2023**](#)
UK registered organisations can apply for a share of up to £25 million for game changing and commercially viable research and development innovations that can significantly impact the UK economy. This funding is from Innovate UK, part of UK Research and Innovation.
Closing date: 27 September 2023 11:00am UK time

- [**Behavioural Science for Security and Defence Network Plus**](#)
Apply for funding to develop a Network Plus to enable new understanding of how individual and population level risks evolve and how security threats can be identified and mitigated. One Network will be funded under UKRI's 'Building a Secure and Resilient World' strategic theme.
Award range: £3,000,000 - £3,560,000
Closing date: 12 October 2023 4:00pm UK time
- [**UKRI Creating Opportunities Trial Accelerator Fund**](#)
Apply for funding to test and rigorously evaluate the effectiveness of interventions aimed at spreading opportunities and reducing disparities in economic, health and social outcomes for people and places across the UK. You must be based at a UK research organisation eligible for UK Research and Innovation (UKRI) funding. The full economic cost of your project can be between £1,000,000 and £2,500,000. UKRI will fund 80% of the full economic cost. Projects should last between 13 and 48 months and must start by 1 July 2024.
Award range: £1,000,000 - £2,500,000
Closing date: 31 October 2023 4:00pm UK time

Pre-Announcement 'heads-ups':

- [**Pre-announcement: Creating Opportunities Evaluation Development Fund**](#)
Apply for up to 12 months of funding to undertake evaluation activities that improve our understanding of interventions that increase opportunities and reduce disparities in economic, health and social outcomes for people and places across the UK. You must be based at a UK research organisation eligible for UK Research and Innovation funding.
Award range: £100,000 - £250,000
- [**Pre-announcement: Creating Opportunities Trial Accelerator Fund**](#)
Apply for funding to test and rigorously evaluate the effectiveness of interventions aimed at spreading opportunities and reducing disparities in economic, health and social outcomes for people and places across the UK. You must be based at a UK research organisation eligible for UK Research and Innovation funding.
Award range: £1,000,000 - £2,500,000

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



British Academy – additional needs funding pot

The British Academy is introducing a new initiative to support researchers with additional needs. We are inviting current and new award holders who would like to apply for additional funding to support their awards or applications. Funding has been set aside to support any additional needs that applicants and award holders may require. This funding would be in addition to the amount already requested for research expenses. The British Academy is keen to be as inclusive as possible in supporting applicants and award holders with any special needs to facilitate the best possible research.

This funding pot is available for both current award holders and applicants who would like to apply for an award, but need support with submitting their application. In all cases, the Academy will need a case to be set out requesting this support, including a brief explanation as to why these needs cannot be met by the applicant's employing or host university or research organisation.

Applications must be submitted online using the British Academy's Grant Management System (GMS), Flexi-Grant®. [For more information visit the British Academy website.](#)

This is a rolling funding call with no deadline, but you are recommended to apply as soon as you are able.

International Research and Innovation Funding Opportunities

A bi-monthly bulletin of various international funding opportunities is available on the JRMO International Team's [Sharepoint site](#). It contains a huge number of research funding schemes from the EU and other international sources.

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

Barts Charity Funding



Research Seed Grants

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, and 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 careers 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](#).

Barts Charity welcomes applications for this scheme four times a year.

The next deadline for applications is: 19 October 2023

Research Project Grants

Barts Charity Research Project Grants provide funding up to £600,000 to support innovative research that enhances our understanding of health and illness and could lead to improved lives in East London; and will generate research outputs of local and international significance that could form the basis of substantial ongoing support from other funders

You can find out more about the Research Project Grants scheme on the [Barts Charity website](#).

Barts Charity welcomes applications for this scheme twice a year.

The next deadline for applications is: 12 October 2023.

Fellowships and related opportunities

NIHR | National Institute
for Health Research

NIHR fellowship highlights

- [NIHR Doctoral Fellowship Round 10](#)
The NIHR Doctoral Fellowship is a three year full-time award that supports individuals to undertake a PhD in an area of NIHR research.
Closes: 13:00 on 20 July 2023
- [NIHR Development and Skills Enhancement Award \(DSE\)](#)
The NIHR Development and Skills Enhancement Award submission window opens on 9th May and applications are now welcome from non-NIHR Academy members as well as Members. Applications can be submitted all year round.
Closes: 13:00 on 28 July 2023
- [IAT Clinical Lectureships in Medicine 2023](#)
NIHR CLs provide opportunities for postdoctoral research and facilitate applications for further research funding for doctors.
Closes: 1 September 2024

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

Healthcare Professional Clinical Research Training Fellowships 2nd round of funding opens for applications summer 2023

Barts Charity's PhD Fellowship scheme provides opportunities for local healthcare professionals to undertake health-related research that could improve the lives of people in East London. The three-year PhD Fellowship scheme is open to all healthcare professionals including [Allied Healthcare Professionals](#), Clinicians (including General Practitioners and Dentists), [Healthcare Scientists](#), Midwives, Nurses, Pharmacists, and Psychologists.

Further details about the scheme can be found [on the Barts Charity website](#).

Barts Charity welcomes new applications annually. This year's applications will open on 20 July 2023, and the deadline for submission

of applications is **2 November 2023** and interviews will take place in March 2024.

If you have any specific questions about the scheme, please contact ellie.estchild@bartscharity.org.uk.



Researchers at Risk Fellowships

The British Academy with [Cara \(the Council for At-Risk Academics\)](#) has established the *Researchers at Risk Fellowships Programme* with the support of the Academy of Medical Sciences, the Royal Academy of Engineering and the Royal Society. The Programme is receiving £3 million of government funding from the Department for Business, Energy and Industrial Strategy. The Nuffield Foundation, an independent charitable trust, is contributing £0.5 million towards the scheme. This is an ongoing fund. For more information, please visit [the British Academy website](#).

British Academy/Leverhulme Senior Research Fellowships

The British Academy/Leverhulme Senior Research Fellowships are intended to enable established scholars to bring to completion a significant piece of research through a period of leave from their usual teaching and administrative duties. The only cost payable on this scheme will be the salary of a replacement lecturer, and the Fellowship is tenable for one year. Call closes 15 November 2023, results by March 2024. For further information please read the [further guidance and scheme notes](#).

Innovation Fellowships – Route A: Researcher-Led

The researcher-led route of a dual-route Innovation Fellowships scheme which provides funding and support for early-career and mid-career researchers in the humanities and social sciences to partner with UK-based organisations and business in the creative and cultural, public, private and policy sectors, to address challenges that require innovative approaches and solutions. Researchers will be supported to develop new and deeper links beyond academia, so enabling knowledge exchange and individual skills development. Awards are up to £120,000 on a Full Economic

Costing basis and tenable for six to 12 months. Researchers are expected to apply with a partner organisation that they have self-identified and commit between 0.4 and 0.8 FTE time to the Fellowship. Call closes 11 October 2023. Results by January 2024 For further information please read the [further guidance and scheme notes](#).

If you have any questions about British Academy competitions please contact grants@thebritishacademy.ac.uk



UK Research and Innovation

- **[Pre-announcement: MRC fellowships](#)**
From July 2023, you must apply for MRC fellowships via the UK Research and Innovation (UKRI) Funding Service. MRC fellowships are available to UK and international researchers to be held at eligible research organisations. The value of the fellowship will depend on the type you are applying for.
Closing date: To be confirmed
- **[STFC Ernest Rutherford Fellowship](#)**
STFC is offering up to 10 Ernest Rutherford Fellowships to outstanding researchers at an early stage of their career. The aim is to support future scientific leaders to establish a strong, independent research programme.
Closing date: 21 September 2023 4:00pm UK time
- **[EPSRC postdoctoral fellowship, May 2023](#)**
You must have either a PhD or at least four years' experience in a relevant field by the start of your fellowship. Candidates with more research experience may prefer to apply for the open fellowship or open plus fellowship. Your fellowship can be up to three years long and may be held part-time.
Closing date: 28 September 2023 4:00pm UK time
- **[Transition support for MRC intermediate fellows](#)**
Apply for funding for up to two years. This includes half of your salary. The scheme is for current fellows whose research has been affected by several issues. You can apply if you currently hold an MRC career development award or clinician scientist fellowship or are in the final 18 months of your fellowship.
Closing date: 19 October 2023 4:00pm UK time
- **[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.
Closing date: Open - no closing date
- **[Renewal scheme for current Future Leaders Fellows](#)**
Successful applicants to the Future Leaders Fellowships (FLF) scheme have the opportunity to extend their four-year fellowship by up to a further three years. This funding opportunity is available to current FLF award holders only and should be a continuation of the original FLF fellowship.
Maximum award: £567,000
Closing date: Open - no closing date

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