

# Joint Research Management Office Research News Bulletin

Issue 130

20 November 2023

The Research News Bulletin is edited by Nick Good ~ [nicholas.good@nhs.net](mailto:nicholas.good@nhs.net)

## MHRA inspection success

Queen Mary's clinical research has been subject to the first Medicines and Healthcare Products Regulatory Agency (MHRA) inspection since 2014.

The team was delighted that there were no critical findings, although there were one, possibly two major findings. The second major finding will be confirmed after an additional site visit in February 2024.

The major findings related to delays in clinical study report submissions and a study publication that did not include an MHRA requested qualifying statement. The potential major finding involves clinical system validation (CSV).

Eight other findings are likely to be included in the MHRA's formal report. These covered issues relating to data integrity, apparently inconsistent contract terms and the documentation of study steps.

Prof Rupert Pearse, Director of Clinical Research, thanked the inspectors for a helpful and positive inspection that has been a learning experience for both the JRMO team, and those researchers involved. He said that patient risk and reputational risk, in that order, were the critical factors and that this review demonstrates that neither have been impacted negatively.

Dr Mays Jawad, JRMO Research Governance Operations Manager said "This is an incredible achievement for us, and we are so proud of all the hard work that the study teams and JRMO staff (specially GCP team) put into this inspection. Thank you for your patience with us whilst we have been gearing up to this inspection. We look forward to implementing

all this learning and working with you to continue with our research whilst keeping our patients safe and producing good quality reliable data for our trials."

This inspection underlies the need for researchers to understand the relevant rules and to follow them!

The MHRA inspects Clinical Trials of Investigational Medicinal Products (CTIMPs) conducted by both commercial and non-commercial organisations. GCP Inspectors assess whether organisations sponsoring and/or conducting CTIMPs have systems in place to meet the requirements of the Clinical Trials Regulations (now amended by The Medicines for Human Use (Clinical Trials) (Amendment) (EU Exit) Regulations 2019).

Details of the types of inspections undertaken and the activities performed during an inspection can be found on the [MHRA website](#). Similar information for inspections relating to

The MHRA operates a risk-based approach to inspections which now takes account of the number and type of trials sponsored by an organisation. For more information on this please see [the MHRA page on risk-based Inspections](#).



# Bulletin contents

## News

Queen Mary MHRA inspection 'good outcome'	1
A new era for R&D at Barts Health	3
HRA launches new FAQ for its standards and principles	3
Changes to NIH policy on foreign sub awardees monitoring	3
JRMO PPIE News webpage update	4
Barts Charity Impact Report	4
HRA launches new clinical trials update online bulletin	4
Improving public involvement guidance for clinical trials	5

## Our research

Not all major trauma patients benefit from blood-clotting factors	5
Many women set to benefit from drug to prevent breast cancer	6
The future of cancer care in the UK: report co-authored by Queen Mary Professor Fiona Walter	7
New injection-based treatment reduces high blood pressure	7
Participant from the Genes & Health study is the tenth person enrolled in a gene-editing clinical trial for heart disease.	8
New drug combination doubles survival for people with bladder cancer	9
Professor Nitzan Rosenfeld appointed as the new BCI Director	10

## Events

Lunchtime Research Talks at the Royal London Hospital	10
NIHR Associate Principal Investigator (PI) Scheme hosts the Research Learning Lectures	11

## Training

JRMO GCP Training	11
NIHR ARC NT Academy - Evidence in Practice: An Introductory Course	12
NIHR Learning for Involvement	12
UCL BRC PPIE Training	12

## Research funding

NIHR grant calls	13
UKRI grant calls	15
JRMO International Team funding bulletin	17
Barts Charity grants	17

## Fellowships and related opportunities

<u>Research Professional</u>	20
------------------------------	----

### **~ 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](mailto:zabed.ahmed@qmul.ac.uk) in the JRMO

## A new era for R&D at Barts Health

Dr Jenny Rivers started as Barts Health's new Director of Research and Development in mid-October.

Jenny joins us from Great Ormond Street Hospital for Children (GOSH) where she led the research and innovation workforce for five years, overseeing operations, governance and finance relating to their extensive research portfolio across GOSH and the University College London Great Ormond Street Institute of Child Health. That included the NIHR GOSH Biomedical Research Centre and Clinical Research Facility. As Acting Director of Research & Innovation there she has also led that Trust's successful 'Research Hospital' strategy.



Jenny has a BSc in Bioveterinary Science and a PhD in Biochemistry and has held post-doctoral academic positions in higher education and industry, including completing a collaborative Knowledge Transfer Partnership applying analytical proteomics to the dairy industry.

She says she looks forward to meeting those people she has yet to meet and to further developing her understanding of our work to support R&D at Barts and Queen Mary.

Jenny takes over from Gerry Leonard who retired in the summer.

## HRA launches new FAQ for its standards and principles

The Health Research Authority (HRA) has launched a new, online FAQ for its evolving quality standards and design and review principles to improve information for people invited to take part in research. These

standards and principles become mandatory from 1 December 2023.

The [online FAQ](#) is designed to help organisations prepare for that change. As of now, the page sets out responses to the following questions:

- What are the Quality Standards and Design and Review Principles
- How will they be checked?
- What happens if we don't meet the new Quality Standards and Design and Review Principles?
- Will the Standards and Principles only apply to new application submissions?
- Will the Standards and Principles apply to applications that have already received a Do I need to do anything ahead of the 1 December 2023?
- favourable opinion?
- Why were the Quality Standards and Design and Review Principles developed?
- How were the Quality Standards and Design and Review Principles developed?
- What are the benefits to research participants?
- What are the benefits to the research community?

From 1 December 2023, applications to the RA that do not adhere to the new requirements will receive a provisional opinion. Using the Standards and Principles when developing participant information will increase the possibility of receiving a favourable opinion.

## Changes to NIH policy on foreign sub-awardees monitoring

The US [National Institute of Health](#) has announced an important change for its grant holders and future applicants.

The NIH has clarified a long-standing policy on foreign sub-awardees monitoring and consortium agreements, the new clarifications will come into effect from January 2024.

All sub-awardee agreements will now state that foreign sub-awardees are required to provide access to copies of all lab notebooks, all data and all documentation which supports outcomes as described in the progress report submitted by the lead to the NIH. It is yet to be determined how this will work in practice, but please be prepared for the lead to ask for

copies at least once a year. It is for the lead to establish a safe way to store the information for up to 3 years after the final FFR has been submitted. If there are lab notebooks containing data or documentation that is information that would fall under the GDPR and you should be able to redact the information in the copy that is to be uploaded.

If you have any questions regarding the change of foreign sub-awardee monitoring please contact [Mira Lindner](#) in the International Post-Award Team, further funder information is available [on the Nexus information site](#).

### JRMO PPIE News webpage update

The Research Engagement team has decided to put the news bulletin that it has been publishing for some while online, [on the JRMO website](#), as an open resource.

This is a bi-monthly roundup of relevant recently published news, guidance, strategies and more, as well as upcoming PPIE training and funding opportunities for researchers. These are designed to keep our researchers informed and up to date with the latest information which might be relevant to their PPIE work.

### Barts Charity Impact Report

Barts Charity's latest impact report shines a light on the people and projects they have supported in 2022-2023.

Explore highlights including a first-of-its-kind test to detect deadly heart inflammation being led by Professor Federica Marelli-Berg, a profile on the outcomes from a study into high blood pressure, led by Professor Morris Brown and team. You can also read about Ricarda Tillman and Vijay Shyam-Sundar who have both been awarded fellowships for healthcare research by Barts Charity.

Barts Charity is proud to support its partners at Barts Health NHS Trust, Queen Mary and City, University of London, and with the generous support of donors and fundraisers that make this impact possible.

You can read the Barts Charity 2022-2023 impact report [on the Barts Charity website](#).



Information about the high-quality, innovative research that Barts Charity funds to benefit the health of East London, from supporting internationally significant research to supporting healthcare professionals (including allied healthcare professionals) to undertake PhD training can be found on the [Barts Charity website](#).

Information on Barts Charity Research Seed Grants can be [found below](#)

### HRA launches new clinical trials update online bulletin

The HRA has launched [HRA Now](#), its new, regular update to keep you up-to-date with the latest operational news and developments from across the organisation. The target audience for HRA Now is those working in and supporting the set-up and delivery of research, from applicants and sponsors through to delivery teams, of the latest news on the work we're doing to help make the UK a great place to do clinical trials.



Each HRA Now is dedicated to a specific topic indicated in the subject header allowing the recipient to read or immediately discard. As



this is an operational bulletin, there is no fixed schedule for publication. HRA Now is distributed when we need to inform our audience of changes or developments.

### [Subscribe to HRA Now](#)

This is in addition to the HRA's [monthly e-newsletter, HRA Latest](#), designed to keep you up-to-date with the latest news and developments from across the organisation.

## Improving public involvement guidance for clinical trials

The HRA wants to be able to better support researchers to involve people with lived experience more often and in meaningful ways. To help it provide the guidance that researchers need, we ran a survey to better understand what guidance is currently being used to involve patients and the public in the planning and delivery of clinical trials.

It asked respondents to share examples of the resources they use, their views on them and if there are areas of clinical trials where new guidance would help, through a survey that closed on 6 October.

The HRA was delighted to hear from people working with a variety of organisations. It received 92 responses, and 85 links to online resources, of which about 60 were unique, plus 16 documents including various public involvement strategies, a range of guidance documents, standards, policies, resource lists, published papers, information leaflets and toolkits.

Respondents said that a wide range of resources are being used to help involve the public in clinical trials, of which six were cited by multiple respondents. 59 of the 92 respondents identified one or more aspects of clinical trials where they would benefit from new resources or were unaware if any existed

The next stage of this work is to review all the information that's been shared with us in more detail, produce a summary of recommended existing guidance and plan for any new resources that are needed.

A new working group will be helping us to do this. This will be made up of people involved in the design and conduct of clinical trials, who either work for organisations that plan and deliver research or are public contributors with previous experience of involvement. If you would be interested in joining this working group, it's not too late to let us know. Express your interest today by contacting Jim Elliott, Public Involvement Specialist at [public.involvement@hra.nhs.uk](mailto:public.involvement@hra.nhs.uk)

## Queen Mary Trusted Research and Compliance Board goes live

Queen Mary's new Trusted Research and Compliance Board serves as the governing body responsible for monitoring Queen Mary's performance in trusted research with international partners and ensuring regulatory compliance relating to research security.

For further information please see [the Trusted Research page on the JRMO website](#).

## Our research

### Not all major trauma patients benefit from receiving additional blood-clotting factors when treating blood loss

Major blood loss is experienced by many severely injured patients, and it contributes to the death of more than half of the 4.4 million people who die from trauma every year across the world. It is the most common preventable cause of death in the trauma population.



The [Centre for Trauma Sciences](#), based at Queen Mary University of London, aims to reduce deaths from severe bleeding after major trauma.

The CRYOSTAT-2 trial, funded by the National Institute of Health and Care Research (NIHR) and Barts Charity, is the largest-ever trial conducted in seriously bleeding trauma patients. The trial, a collaboration between the Centre for Trauma Sciences and the NHS Blood and Transplant Clinical Trials Unit, investigated whether giving bleeding major trauma patients additional blood-clotting factors as soon as they were admitted to the hospital, rather than later in the process (as is current practice), would improve survival rates.

Having originally identified that trauma patients develop a severe clotting disorder, the Centre subsequently found that a central component of this was a loss of fibrinogen - which is the fundamental protein required to form blood clots. When fibrinogen levels are identified as being low, trauma patients are given fibrinogen concentrates to help bring their levels back to normal and support coagulation.

In the earlier [CRYOSTAT](#) study, researchers found that they could quickly give all bleeding trauma patients a large dose of fibrinogen (as the blood component cryoprecipitate) as soon as they arrived in the emergency department. The results were promising in terms of the ability to correct fibrinogen levels, and so the team developed CRYOSTAT-2.

The CRYOSTAT-2 trial involved more than 1,600 patients with life-threatening injuries admitted to all 26 major trauma centres in the UK and one trauma centre in the US. All participants received the standard, best-practice treatments for critical bleeding, and half also received additional doses of cryoprecipitate as soon as possible after arrival.

To the researchers' surprise, the results (published today in [JAMA](#)) showed that receiving the additional doses of the cryoprecipitate did not improve the overall survival rates of patients. Looking further, some patients appeared to do better, while some may have fared worse.

Karim Brohi, Professor of Trauma Sciences at Queen Mary, CRYOSTAT-2 Co-Chief Investigator and Consultant Surgeon at Barts NHS Trust and the Royal London, said "Even though we were surprised by the results, they

fit with our current thinking that one-size fits all does not work for trauma patients. We need to bring early diagnostic tests close to the patient in the emergency room (or even earlier at the scene of injury) to allow more precision approaches to treating severe bleeding and abnormal clotting. In other words, give fibrinogen emergently to people who need it, but not to those who don't."

## Many women set to benefit from drug to prevent breast cancer

Clinical trials led by researchers at Queen Mary led to the approval of anastrozole as a breast cancer preventative drug.



The [International Breast Cancer Intervention Study II](#) (IBIS-II) recruited over 3800 postmenopausal women who were at increased risk of developing breast cancer. The participants received either anastrozole or a matching placebo daily for 5 years and were followed up annually afterwards to check whether they had been diagnosed with breast or other cancers, or other health issues. This study was led by Jack Cuzick, John Snow Professor of Epidemiology and Head of the Cancer Prevention unit in the Wolfson Institute of Population Health at Queen Mary University of London. The research was funded by Cancer Research UK, the National Health and Medical Research Council Australia, Breast Cancer Research Foundation, Sanofi Aventis and AstraZeneca.

The study found that women receiving anastrozole were almost 50% less likely to be diagnosed with breast cancer, including invasive oestrogen receptor-positive breast cancer and ductal carcinoma in situ. In 2017, the National Institute for Health and Care Excellence recommended anastrozole as a preventive option, however, with the treatment

being unlicensed in this use, uptake has remained low.

The [NHS Medicines and Healthcare products Regulatory Agency](#) (MHRA) has today (7 November) licensed the use of this drug as a preventive option for women at increased risk, either due to genetic reasons or because of a significant family history of the disease. This new approval means that tens of thousands of post-menopausal women in the UK will now be able to receive treatment that will greatly reduce their risk of breast cancer.

Professor Jack Cuzick, who led the research, said "Anastrozole is a very effective, safe and generally well-tolerated drug. It has been shown to prevent about half the breast cancers in high-risk postmenopausal women after an 11-year median follow-up in the large international IBIS-II trial. The screening programme provides an excellent opportunity to offer it to high-risk postmenopausal women more routinely, and this would have a major effect on reducing the number of cases that occur."

### **The future of cancer care in the UK: a report co-authored by Queen Mary University of London's Professor Fiona Walter**

Professor Fiona Walter, Director of the Wolfson Institute of Population Health, is one of 12 of the country's leading cancer experts who have today (Wednesday 15 November) published a 10-point plan for the improvement of the UK's cancer services.



The plan, published in [Lancet Oncology](#), comes at a time of record NHS waiting lists for cancer treatment. It highlights the UK's poor performance in cancer care compared to other countries and sets out a blueprint for a new cancer strategy, to develop a sustainable

national cancer control plan based on improving outcomes for patients.

Professor Walter said: "Cancer survival rates in the UK are disappointingly poor compared with other countries, and there is evidence of widening patient inequalities. There is an urgent need for this dedicated national cancer plan to improve patient care by delivering equitable, affordable, research-informed cancer detection, diagnosis and treatment."

[The 10-point plan can be read in full on the Wolfson Institute of Population Health website.](#)

### **New injection-based treatment reduces high blood pressure**

A new study led by researchers at Barts Health and Queen Mary shows that a novel drug called Zilebesiran, given as an injection under the skin once every three or six months, successfully reduces high blood pressure (hypertension).



The trial, conducted over two years, gave 394 patients one of five treatment options. These were 150mg Zilebesiran (the injection-based medication) every 6 months, 300mg Zilebesiran every 6 months, 300mg Zilebesiran every 3 months, 600mg Zilebesiran every 6 months, or a placebo. All the patients either had untreated hypertension or had been purged of their current blood pressure medication.

The results showed that by the third month, Zilebesiran was successfully reducing hypertension. Mean 24-hour systolic blood pressure was reduced by 14.1 mmHg with the 150 mg dose, 16.7 mmHg with the 300 mg dose, and 15.7 mmHg with the 600 mg dose. There were significant reductions in mean



blood pressure not just during the daytime but also during the night.

Those diagnosed with high blood pressure typically take tablets once or twice a day to control the condition, with ACE inhibitors being the most common medication prescribed.

However, Zilebesiran could ultimately change how high blood pressure is treated for adults, reduce the burden on the NHS, and offer a more convenient solution for patients.

The study drug was well tolerated with very few patients having transient local injection site reactions or transient rise in their serum potassium levels that did not need further intervention.

The results were presented at the *American Heart Association Congress* and will be published in a scientific journal in the coming weeks. The study is funded by [Alynlam](#) Pharmaceuticals, with Queen Mary and Barts Health serving as its lead sites.

Dr Manish Saxena, Hypertension Specialist at Barts Health said: "Sustained blood pressure reduction of this magnitude could translate into a significant reduction in the amount of heart attacks, strokes and heart failure – which are all linked cardiovascular events. This exciting new treatment has the potential to improve blood pressure control and with 6-monthly dosing, could also help reduce the burden on the NHS. Hypertension is the most important modifiable risk factor for cardiovascular diseases with almost 33% of adults in the UK having hypertension, so treating it is incredibly important."

Key risk factors for hypertension include being overweight, a poor diet with excess salt and not enough fruit and vegetables, along with smoking and a lack of exercise. [Further information about this research can be found on the Queen Mary website.](#)

### **Participant from the Genes & Health study is the tenth person enrolled in a gene-editing clinical trial for heart disease.**

This is a major milestone for the [Genes & Health](#) study, which aims to improve health outcomes for people of Pakistani and Bangladeshi descent, who are often underrepresented in genomic studies.



A South Asian participant in the Genes & Health study, run by Barts Health and Queen Mary, was one of ten people globally to be enrolled in a phase 1 clinical trial, to evaluate VERVE-101, a single dose, once-and-done, gene-editing treatment designed to reduce high-cholesterol caused by familial hypercholesterolaemia (FH).

The participants enrolled in the heart-1 phase 1b trial have a heterozygous form of familial hypercholesterolaemia (FH), a genetic condition that leads to very high low-density lipoprotein (LDL) cholesterol levels and, in turn, increases the risk of coronary artery heart disease. The participant involved in the trial was diagnosed with FH by Queen Mary's Genes & Health, one of the world's largest community-based genetics studies that aims to improve health outcomes of British South Asians and diversify genetic data. Through a collaborative effort, the patient was referred to Barts Health NHS Trust, who in conjunction with [Richmond Pharmacology Ltd](#) (the site where the patient was dosed and clinically managed), provided the opportunity for this patient to enrol in this ground-breaking trial.

FH is one of the most common genetic conditions, affecting around 1 in 300 people globally. However, fewer than 10% of those affected worldwide will ever receive a diagnosis and most remain untreated. Without treatment, 50% of men will have a heart attack before they're 50 and 30% of women by the age of 60.

The Genes & Health participant who received VERVE-101 said "Heart attacks run in my family, which is why I decided to participate in the heart-1 clinical trial...I was afraid that I would be next. That was my motivation for being one of the first in the world to try VERVE-101. While I was only treated a few weeks ago, I'm very optimistic that the



medicine will work, and I won't have to worry about having a heart attack."

Most studies that report on the prevalence of FH in the general population are from Europe, North America, East Asia and Australia; it is unclear how common this condition is in different parts of the world and minority ethnic communities. Bangladeshi and Pakistani people are underrepresented in genetic research despite having some of the highest rates of heart disease, diabetes, and poor health in the UK. Genes & Health aims to change that.

Professor David van Heel, Chief Investigator and Joint Lead of Genes & Health said "We are very proud to have had a Genes & Health participant involved in this important clinical trial. These results also happen to coincide with the milestone of diagnosing and initiating treatment, for our 50th Genes & Health volunteer with familial hypercholesterolemia. From the beginning of Genes & Health, we wanted to do something about the very high rates of heart disease in our volunteer communities, and it is amazing to be able to do so."

Genomic testing for FH is one of the priorities of the NHS Genomic Medicine Service. Genes & Health, together with Barts Heart Centre, have developed a pathway for research participants to receive an FH diagnosis and get the right treatment, early. So far, 50 participants have been diagnosed with FH through Genes & Health, a significant achievement for the project.

FH is caused by a single gene mutation that impairs the body's ability to mediate LDL cholesterol, leading to higher disease-causing LDL cholesterol in the bloodstream. Since the mutation only affects a single gene, it makes it a prime candidate for genome editing treatments. [Verve Therapeutics](#) has developed a single-dose gene editing medication which targets the affected gene PCSK9 in the liver to reduce LDL cholesterol. [The initial data from the heart-1 study is available online.](#)

## **New drug combination doubles survival for people with bladder cancer**

Results from a clinical trial carried out by researchers at Barts Health and Queen Mary show that a new combination of drugs doubles

overall survival for patients with bladder cancer that has spread (metastatic bladder cancer).



The findings show that giving people with metastatic bladder cancer enfortumab vedotin (an antibody-drug conjugate) and pembrolizumab (an immunotherapy drug) can stop their disease from getting worse and help them live twice as long compared to those given just chemotherapy.

Life expectancy for people with metastatic bladder cancer is just one year, and the treatment they are given, chemotherapy, hasn't changed in 40 years. This new trial, called EV302, involved nearly 900 people and aimed to change this and to develop the first new treatment for bladder cancer that has spread in nearly four decades.

The team found that the 442 people given this new combination of drugs (enfortumab vedotin and pembrolizumab) lived nearly twice as long compared to the 444 people given chemotherapy (31.5 vs 16 months). In addition, the researchers showed that the risk of death was 53% lower in those given the combination, which was also associated with better disease control rates. And encouraging, side effects from the drug combination were very similar to those experienced by people given chemotherapy.

Professor Tom Powles, Director of Barts Cancer Centre, led the trial. Speaking on the results, he said: "We've long known that we need to improve people's chances of surviving bladder. This study has achieved that in a dramatic manner. We've shown that combining these two drugs helped people live twice as long compared to those given standard chemotherapy, with unprecedented responses. There is new hope in bladder cancer, and I can't thank those who took part in the trial enough for doing so."

These findings were presented at a plenary session at the [European Society of Medical Oncology \(ESMO\) conference](#).

## **Professor Nitzan Rosenfeld appointed as the new Barts Cancer Institute Director**

Queen Mary is delighted to announce the appointment of Prof Nitzan Rosenfeld as the new Director of the Barts Cancer Institute from 1 February 2024.



Prof Rosenfeld graduated in physics before undertaking a PhD in Systems Biology at the Weizmann Institute of Science in Israel. He then switched fields to translational cancer research while working at Rosetta Genomics.

He held different roles at the organisation, including Head of Computational Biology, in which he designed diagnostic algorithms and clinical assays for cancer classification. After moving to the UK in 2009, Professor Rosenfeld set up the Molecular and Computational Diagnostics Lab at the Cancer Research UK (CRUK) Cambridge Institute and led ground-breaking research on circulating tumour DNA (ctDNA), driving the rapidly growing field of liquid biopsies for cancer.

He is a co-inventor of multiple patents on the use of microRNA and cell-free DNA in cancer diagnostics that have been deployed as clinical diagnostic tests. In 2014 he co-founded Inivata, a clinical cancer genomics company which quickly grew to 150 employees, raised over \$150m and was eventually acquired by NeoGenomics for a total of \$415m.

His achievements have been recognised by numerous awards including election as a Fellow of the British Academy of Medical Sciences in 2020.

Prof Rosenfeld will work alongside Prof Nick Lemoine before taking up the post of Director. Prof Lemoine helped establish the BCI in 2005 and has led it since then. It is now one of the foremost translational cancer research institutes worldwide.

## **Events**

### **Lunchtime Research Talks at the Royal London Hospital**

Monthly research talks have been running at the Royal London for almost a year now. These events started small and are now running as hybrid meetings, live and via MS Teams.

The talks aim to foster and sustain Barts Health clinical research environment. They are delivered by guest speakers or members of clinical research teams on a wide range of topics. They provide an open forum in an informal setting to share best practices and engage with topics relating to embedding research, clinical research delivery and workforce development.

They usually last an hour, including a presentation followed by a discussion.

Everyone is welcome, topics will likely be of particular interest to the research delivery workforce and clinical staff looking to learn about research. Sessions are hybrid, no need to register for online attendance.

Room size is limited so please contact the team if you are planning to attend in person.

#### **Upcoming talks:**

#### **Costings and contracts - what you need to know!**

Thursday 23 November 1400-1500  
Presenters are Simon Hindley, the costings and contracts (non-commercial lead) and Anam Hoque (head of costings and contracts, commercial lead) to talk through research costings and contracts: what you need to know!

#### **Sharon Barrett – my research journey**

Thursday 14 Dec 1415-1515

Sharon Barrett, chief operating officer for CRN North Thames, to talk to us about her path in research & her role at CRN North Thames.

For more details and to book a place please contact Imogen Skene at [i.skene@nhs.net](mailto:i.skene@nhs.net)

## NIHR Associate Principal Investigator (PI) Scheme hosts the Research Learning Lectures



The [NIHR Associate Principal Investigator \(PI\) Scheme](#) hosts the Research Learning Lectures; a series of lectures for anyone in Health and Social Care interested in learning more about research.

The lectures will cover a variety of topics relating to basic science, clinical trial methodology and statistics. Providing career advice for anyone who wishes to know more about research or work towards a career in research or academia. Attendees will have the opportunity to hear from and put questions to research experts from across the world. For more information, please visit the [NIHR website](#).

Upcoming lectures are:

### What happens next when you need to stop a drug or trial enrolment?

7 December 2023, 1:00-2:00 pm

Panel of speakers: Prof Sheena McCormack, Dr Annabelle South, Dr Claire Amos (MRC CTU at University College London)

Chaired by: Hannah Rush (MRC CTU at University College London)

### Pathways to principal investigator as an academic ICU pharmacist

12 December 2023, 1:00-2:00 pm

Speaker: Dr Cathy McKenzie / Ms Reena Mehta (King's College London)

Chair: Dr Kiran Reddy / Dr Bronwen Connolly (Queen's University Belfast)

Suitable audience: Critical care / general

### Pathways to PI/CI as an academic physiotherapist

9 January 2024, 2:00-3:00 pm

Speaker: Dr Bronwen Connolly (Queen's University Belfast)

Chair: Dr Kiran Reddy (Queen's University Belfast)

Suitable audience: General

### Recruitment challenges and how to overcome them

25 January 2024, 12:00-1:00 pm

Speaker panel: Prof Ruth Langley and Prof Jane Blazeby, with others to be confirmed  
Chair: Matt Nankivell and Prof Ruth Langley (MRC Clinical Trials Unit at UCL)

Suitable audience: General

To register please visit our [Eventbrite page here](#). You can also browse the future lectures in the series and register for those in advance. If you have any questions, please contact the Associate PI Scheme team at [associatepischeme@nihr.ac.uk](mailto:associatepischeme@nihr.ac.uk)

## Training

### JRMO GCP Training

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

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

Dates for future training can be [viewed on the JRMO website](#). Most courses are now delivered by Zoom.

To book a course please email [research.governance@qmul.ac.uk](mailto: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.

## NIHR ARC NT Academy - Evidence in Practice: An Introductory Course

NIHRC ARC NT has announced that applications are now open for the NIHR ARC North Thames Academy short course [Evidence in Practice: An Introductory Course](#). This cohort will run from 9 January to 8 March 2024.

- Are you a nurse, allied health professional, social care professional, public health or local government member of staff who is interested in improving your current practice/setting?
- Do you want to gain skills in planning for making change, but are not sure where to start with your action plan?

This course was designed in response to the needs of health and care professionals working across our region and beyond. It's a unique opportunity to develop the skills to plan for change in your organisation with leading trainers, irrespective of previous experience.

There is a limit for the cohort of 40 places. To best support our partners in the health and social care professional communities, we will be offering 20 free places to members of [any organisation partnered](#) with NIHR ARC North Thames.

The cost to members of non-partner organisations is **£150 (£180 inc. VAT)**. This fee is also applicable to members of partner organisations if the free places have already been filled. As demand is expected to be high, we encourage you to apply as soon as possible if you would like to participate.

[Please visit The ARC webpage](#) for more information including course learning objectives and participant criteria. Please note applications close at midnight on Monday 26 November 2023. Successful applicants will be notified by 18 December.

If you have any questions about this course or our organisation, please email: [arc.academy@ucl.ac.uk](mailto:arc.academy@ucl.ac.uk)

## NIHR Learning for Involvement

**Centre for BME Health BAME Toolkit:** The Centre for BME Health has produced a checklist to help researchers when designing and recruiting for studies, as well as when conducting PPIE activities. The toolkit aims to capture best practices and provide researchers with a framework on how to improve the participation of people from ethnic minorities in research. Available on their [website](#).

**Improving Inclusivity within Research:** BAME groups are more likely to suffer from poorer health outcomes and health and social care inequalities and are less likely to be represented in health and social care research studies. This [training module and toolkit](#) from CRN East Midlands and the Centre for BME Health will help your research become more inclusive of ethnic minority groups.

**Patient and Public Involvement Toolkit:** Involving People's Public and Patient Involvement [Toolkit](#) is a very useful resource which will take you through each stage of the engagement process. This will help you understand what you are trying to achieve, plan how you will achieve it, produce a report based on your findings, and inform how your services can meet the needs of local people better.



**The Centre for Ethnic Health Research**

national centre for tackling health inequalities

## 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 grant calls

**NIHR** | National Institute  
for Health Research

- [Invention for Innovation - Funding At the Speed of Translation Call 3](#)  
The NIHR Invention for Innovation (i4i) Programme is launching Call 3 of the FAST (Funding At the Speed of Translation) funding scheme.  
Closes: 13:00 on 24 November 2023
- [23/93 Pseudomonas aeruginosa eradication treatment in Bronchiectasis](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.  
Closes: 13:00 on 29 November 2023
- [23/94 Interventions to reduce hospital-based medication administration errors](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.  
Closes: 13:00 on 29 November 2023
- [Programme Grants for Applied Research - Competition 43](#)  
Applications are invited for Stage 1 proposals to develop programmes of applied health research.  
Closes: 13:00 on 29 November 2023
- [NIHR Health Protection Research Units - Stage 1](#)  
The NIHR is launching a new, two-stage, open competition to designate and fund NIHR Health Protection Research Units (HPRUs) in England. NIHR HPRUs are partnerships between Universities and the UK Health Security Agency (UKHSA) and will act as centres of excellence in multi-disciplinary health protection research in key priority areas.  
Closes: 13:00 on 5 December 2023
- [Invention for Innovation - Product Development Awards Call 27](#)  
i4i Product Development Awards support collaborative research and development of medical devices, in vitro diagnostics, and high-impact patient-focused digital health technologies for use in health or social care systems.  
Closes: 13:00 on 6 December 2023
- [NIHR & OLS Cancer Mission: Early Cancer Diagnosis Clinical Validation and Evaluation Call](#)  
NIHR & OLS Cancer Mission: Early Cancer Diagnosis Clinical Validation and Evaluation Call  
Closes: 12 December 2023
- [23/119 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 12 December 2023
- [23/117 NIHR NICE rolling call \(EME Programme\)](#)  
The Efficacy and Mechanism Evaluation Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 12 December 2023
- [23/116 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(EME Programme\)](#)  
The Efficacy and Mechanism Evaluation (EME) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 12 December 2023
- [23/115 Efficacy and Mechanism Evaluation Programme researcher-led](#)  
The Efficacy and Mechanism Evaluation (EME) Programme is accepting Stage 1 applications to their researcher-led workstream.  
Closes: 13:00 on 12 December 2023
- [23/125 Public Health Research Programme researcher-led](#)  
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their researcher-led workstream.

- Closes: 13:00 on 12 December 2023

  - [23/124 Continuing areas of research interest to the PHR Programme](#)  
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their commissioned workstream.  
Closes: 13:00 on 12 December 2023
  - [23/123 NIHR James Lind Alliance Priority Setting Partnerships rolling call \(PHR Programme\)](#)  
The Public Health Research (PHR) Programme is accepting Stage 1 applications to their researcher-led workstream.  
Closes: 13:00 on 12 December 2023
  - [23/122 NIHR NICE rolling call \(PHR Programme\)](#)  
The Public Health Research (PHR) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 12 December 2023
  - [23/81 Application Development Award \(ADA\): School food in special schools and alternative provision settings](#)  
The Public Health Research (PHR) Programme is accepting direct-to-Stage 2 applications for this funding opportunity.  
Closes: 13:00 on 12 December 2023
  - [23/86 Reducing health inequalities related to ethnicity by influencing the wider determinants of health](#)  
The Public Health Research Programme (PHR) is accepting Stage 1 applications to their commissioned workstream for this topic.  
Closes: 13:00 on 12 December 2023
  - [Public Health Research Programme Rapid Funding Scheme](#)  
The RFS has been set up to provide the public health research community with an accelerated route to funding for small-scale, short and time-sensitive proposals that demonstrate a need for a rapid commissioning process to be followed.  
Closes: 29 December 2023
  - [23/110 Health Technology Assessment Programme researcher-led \(primary research\)](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 3 January 2024
  - [23/111 Health Technology Assessment Programme researcher-led \(evidence synthesis\)](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 3 January 2024
- [23/112 NIHR NICE Rolling Call \(HTA Programme\)](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 3 January 2024
- [23/113 NIHR James Lind Alliance Priority Setting Partnerships Rolling Call \(HTA Programme\)](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 3 January 2024
- [23/100 Management of gastro-oesophageal reflux in infants](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.  
Closes: 13:00 on 3 January 2024
- [23/140 New research on skills, training, development and support for the health and social care workforce](#)  
The Health and Social Care Delivery Research (HSDR) Programme is accepting Stage 1 applications for this funding opportunity.  
Closes: 13:00 on 18 January 2024
- [23/141 HSDR Researcher-led call](#)  
The Health and Social Care Delivery Research (HSDR) Programme are accepting stage 1 applications to their researcher-led workstream.  
Closes: 13:00 on 18 January 2024
- [23/105 Management of toddler's fractures](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.  
Closes: 13:00 on 17 January 2024
- [23/106 The use of HPV self-sampling within the cervical screening 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 17 January 2024
- [23/107 Nerve blocks for reducing pain after knee replacement](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic.  
Closes: 13:00 on 17 January 2024
- [23/101 Early detection of liver disease](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1

applications to their commissioned workstream for this primary research topic. Closes: 13:00 on 24 January 2024

- [\*\*23/102 DOAC thromboprophylaxis during treatment for lung cancer\*\*](#)  
The Health Technology Assessment (HTA) Programme is accepting Stage 1 applications to their commissioned workstream for this primary research topic. Closes: 13:00 on 24 January 2024

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

## UKRI grant calls



### UK Research and Innovation

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

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

Currently open UKRI funding includes:

- [\*\*Expression of interest: Adolescent Health Study call for study sites\*\*](#)  
Submit an expression of interest for funding to lead an Adolescent Health Study (AHS) study site. We intend to fund approximately four to seven study sites across the UK. You must be based at a UK research organisation eligible for UK Research and Innovation (UKRI) funding. Closing date: 4 December 2023 4:00 pm UK time
- [\*\*Tackling infections novel technologies mini sandpit\*\*](#)  
Apply for funding to lead a mini sandpit in the area of novel technologies for tackling infections. This funding opportunity is open to existing UKRI strategic institutes, networks or investments with funding until at least 30 September 2025. Maximum award: £1,500,000 Closing date: 5 December 2023 4:00 pm UK time
- [\*\*Accelerating the Green Economy Centres\*\*](#)  
Apply for funding to establish an accelerating the green economy centre to support the growth of emerging green industries, in economic geographies across the UK. Collaboration with stakeholders is essential. You must be based at a UK research organisation eligible for UK Research and Innovation (UKRI) funding. Maximum award: £5,000,000 Closing date: 12 December 2023 4:00 pm UK time
- [\*\*MRC Biomedical Data Science Leadership Awards: outline\*\*](#)  
Apply for funding to support those improving the inclusion, quality, and recognition of high-quality data science within biomedical research. You must be based at a UK research organisation eligible for Medical Research Council (MRC) funding. Award range: £200,000 - £400,000 Closing date: 12 December 2023 4:00 pm UK time
- [\*\*Transdisciplinary networks to tackle antimicrobial resistance \(AMR\)\*\*](#)  
Funding to support transdisciplinary networks to tackle antimicrobial resistance (AMR). You must be based at a UK research organisation eligible for UK Research and Innovation (UKRI) funding. Maximum award: £650,000 Closing date: 13 December 2023 4:00 pm UK time
- [\*\*Public Engagement Legacy Awards: 2024A\*\*](#)  
Apply for Legacy Award funding to continue your programme to improve public engagement in science and technology. You must have previously received funding through STFC public engagement awards which have finished within the past 36 months. Your proposal must focus on an area from the STFC remit. Maximum award: £62,500 Closing date: 19 December 2023 4:00 pm UK time
- [\*\*Neurosciences and mental health: responsive mode: new investigator\*\*](#)  
Apply for funding to research neurosciences and mental health; take the next step towards becoming an independent researcher. You must have the skills and experience to 'transition to independence' and the support of a host research organisation eligible for MRC funding.

Closing date: 10 January 2024 4:00 pm UK time

- **[Population and systems medicine: responsive mode new investigator](#)**  
Apply for funding to research population and systems medicine and take the next step towards becoming an independent researcher. You must have the skills and experience to 'transition to independence' and the support of a host research organisation eligible for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Infections and immunity: responsive mode: new investigator](#)**  
Apply for funding to research Infections and immunity and take the next step towards becoming an independent researcher. You must have the skills and experience to 'transition to independence' and the support of a host research organisation eligible for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Molecular and cellular medicine: responsive mode new investigator](#)**  
Apply for funding to research molecular and cellular medicine and take the next step towards becoming an independent researcher. You must have the skills and experience to 'transition to independence' and the support of a host research organisation eligible for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Population and systems medicine: responsive mode: programme](#)**  
Apply for funding to support a programme of research focused on population and systems medicine. You must be a researcher employed at an eligible research organisation eligible to apply for MRC funding and have a record of securing funding and delivering research.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Infections and immunity: responsive mode: programme](#)**  
Apply for funding to support a programme of research focused on infections and immunity. You must be a researcher employed at an eligible research organisation eligible to apply for MRC funding and have a record of securing funding and delivering research.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Molecular and cellular medicine: responsive mode: programme](#)**

Apply for funding to support a programme of research focused on molecular and cellular medicine. You must be a researcher employed at an eligible research organisation eligible to apply for MRC funding and have a record of securing funding and delivering research.  
Closing date: 10 January 2024 4:00 pm UK time

- **[Molecular and cellular medicine: responsive mode partnership](#)**  
Apply for funding to support new partnerships between diverse groups of researchers in molecular and cellular medicine. You must be a researcher employed by a research organisation eligible to apply for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Population and systems medicine: responsive mode partnership](#)**  
Apply for funding to support new partnerships between diverse groups of researchers in population and systems medicine. You must be a researcher employed by a research organisation eligible to apply for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Infections and immunity: responsive mode partnership](#)**  
Apply for funding to support new partnerships between diverse groups of researchers in Infections and immunity. You must be a researcher employed by a research organisation eligible to apply for MRC funding.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Molecular and cellular medicine: responsive mode research grant](#)**  
Apply for funding to support research projects focused on molecular and cellular medicine. You must be a researcher employed at a research organisation eligible to apply for MRC funding. You can involve more than one research group or organisation in the project.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Infections and immunity: responsive mode: research grant](#)**  
Apply for funding to support research projects focused on infections and immunity. You must be a researcher employed at a research organisation eligible to apply for MRC funding. You can involve more than one research group or organisation in the project.



Closing date: 10 January 2024 4:00 pm UK time

- **[Population and systems medicine: responsive mode research grant](#)**  
Apply for funding to support research projects focused on population and systems medicine. You must be a researcher employed at a research organisation eligible to apply for MRC funding. You can involve more than one research group or organisation in the project.  
Closing date: 10 January 2024 4:00 pm UK time
- **[Purchase mid-range equipment for biomedical research: MRC Equip](#)**  
Apply for funding for mid-range equipment for research across MRC's scientific areas. You must be based at a UK research organisation and eligible for MRC funding. Award range: £100,000 - £800,000.  
Closing date: 16 January 2024 4:00 pm UK time
- **[Director of Human Functional Genomics initiative](#)**  
Apply for four years of funding to direct the UK Research & Innovation (UKRI) human functional genomics initiative and assemble a coordination team. You will coordinate and shape the initiative, working with clusters and other stakeholders. You must be based at a UK research organisation and eligible for MRC funding. Maximum award: £2,000,000  
Closing date: 18 January 2024 4:00 pm UK time
- **[MRC Centre of Research Excellence: round two: outline application](#)**  
Apply for MRC Centre of Research Excellence (MRC CoRE) funding to tackle complex and interdisciplinary health challenges. You must be based at a UK research organisation and eligible for MRC funding. Maximum award: £26,500,000  
Closing date: 7 February 2024 4:00 pm UK time
- **[Applied global health research: stage one](#)**  
Apply for funding to support applied research that will address global health challenges and inequities. We will accept applications of all sizes, including large research projects and small to medium-scale applications. Award range: £150,000 - £2,000,000  
Closing date: 13 February 2024 4:00 pm UK time
- **[Develop interdisciplinary research proposals to tackle epidemic threats](#)**

Apply for seed funding to build interdisciplinary teams and develop research ideas to tackle epidemic diseases of animals, humans and plants. You must be based at a UK research organisation eligible for UK Research and Innovation (UKRI) funding. Maximum award: £100,000

Closing date: 27 February 2024 4:00 pm UK time

- **[Pre-announcement: Public Health Intervention Development \(PHIND\)](#)**  
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: 19 March 2024 4:00 pm UK time

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

### International and EU Research and Innovation Funding Opportunities

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

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

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

### Barts Charity 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 career or those who want to develop ideas that are outside their discipline or area of expertise.

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

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

**The next deadline for applications is 25 January 2024**



### **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.*

## **Fellowships and related opportunities**

### **UKRI fellowships**



### **UK Research and Innovation**

- [\*\*Clinician scientist fellowship\*\*](#)

Apply for support to become an independent researcher in a medical research field. Your research can focus on any area of the Medical Research Council's remit to improve human health. You must be a registered healthcare professional, have a PhD or equivalent and show evidence of career development.

Closing date: 11 January 2024 4:00 pm UK time

- [\*\*Postdoctoral clinical research training fellowship\*\*](#)

Apply for funding to reacquire research skills. Your research can focus on any area of the Medical Research Council (MRC)'s remit to improve human health.

You must be a registered healthcare professional, be a PhD graduate working outside of research, usually five or more years ago and show plans to pursue a research career

Closing date: 11 January 2024 4:00 pm UK time

- [\*\*Predocloral clinical research training fellowship\*\*](#)

Apply for funding to undertake a PhD. Your research can focus on any area of the Medical Research Council (MRC)'s remit to improve human health. You must be a registered healthcare professional, be at an appropriate point in your training to undertake a PhD and show plans to pursue a research career.

Closing date: 11 January 2024 4:00 pm 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 equivalents, although some UKRI funders may award longer.

Closing date: Open - no closing date

- [Researching ME/CFS: highlight notice](#)  
Apply for funding to research myalgic encephalomyelitis/chronic fatigue syndrome, also known as ME/CFS.  
Closing date: Open - no closing date
- [Researching motor neurone disease: highlight notice](#)  
Apply for funding to research motor neurone disease (MND). You can get funding through any grants from MRC research boards or panels or MRC fellowships. You should apply through the existing funding opportunity that is most relevant to your science area and career stage.  
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

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

### NIHR fellowship highlight

**NIHR** | National Institute  
for Health Research

- [NIHR Pre-Application Support Fund Round 1](#)  
Funding post for the launch of the Pre-Application Support Fund Round 1  
Closes: 13:00 on 30 November 2023
- [Cancer Research Transatlantic Development and Skills Enhancement \(DSE\) Award](#)  
The new Cancer Research Transatlantic Development and Skills Enhancement (DSE) Award is a post-doctoral bridging award for cancer researchers  
Closes: 13:00 on 1 December 2023
- [NIHR Research Professorships Round 14](#)

The scheme aims to fund research leaders of the future to promote effective translation of research.

Closes: 13:00 on 6 December 2023

- [NIHR Doctoral Local Authority Fellowship \(DLAF\) Round 3](#)  
NIHR Doctoral Local Authority Fellowship (DLAF) award scheme funding opportunity for Round 3  
Closes: 13:00 on 7 December 2023
- [NIHR Advanced Fellowship Round 11](#)  
The NIHR Advanced Fellowship is a postdoctoral Fellowship aimed at anyone with a PhD who hasn't yet been appointed to a professorial post.  
Closes: 13:00 on 18 January 2024
- [NIHR Undergraduate Internship Programme](#)  
This scheme allows early/mid-career researchers to apply for funding to host up to 3 fully funded research interns, to attract undergraduates from underrepresented professions into research careers.  
Closes: 18 January 2024
- [NIHR Senior Clinical and Practitioner Research Award \(SCPRA\) - Round 1](#)  
The Senior Clinical and Practitioner Research Award provides up to 5 years of funding for individuals at the post-doctoral level to engage in research activities.  
Closes: 23 January 2024
- [NIHR Doctoral Fellowship Round 11](#)  
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 1 February 2024
- [2024 NIHR Academic Clinical Fellowships in Medicine](#)  
This award supports doctors to gain research experience as part of their clinical training.  
Closes: 31 March 2025
- [2024 NIHR Academic Clinical Fellowships in Dentistry](#)  
The NIHR Academic Clinical Fellowship (ACF) is a clinical specialty training post in dentistry that incorporates academic training.  
Closes: 31 March 2025
- [2024 NIHR Clinical Lectureships in Dentistry](#)  
The NIHR Clinical Lectureship (CL) is a postdoctoral award that provides a clinical and academic training environment for dentists to establish themselves as independent researchers and leaders.  
Closes: 31 March 2025

- [2023 NIHR Academic Clinical Fellowships in Medicine](#)  
This award supports doctors to gain research experience as part of their clinical training.  
Closes: 31 March 2024
- [2023 NIHR Academic Clinical Fellowships in Dentistry](#)  
The NIHR Academic Clinical Fellowship (ACF) is a clinical specialty training post in dentistry that incorporates academic training.  
Closes: 31 March 2024
- [2023 NIHR Clinical Lectureships in Dentistry](#)  
The NIHR Clinical Lectureship (CL) is a postdoctoral award that provides a clinical and academic training environment for dentists to establish themselves as independent researchers and leaders.  
Closes: 31 March 2024

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



### Japan Society for the Promotion of Science (JSPS) Postdoctoral Fellowship Programme for Overseas Researchers 2024

The British Academy is currently inviting applications from UK-based early career scholars for the Japan Society for the Promotion of Science (JSPS) Postdoctoral Fellowships for Overseas Researchers. The Academy is an overseas nominating authority for this fellowship scheme.

This scheme is for scholars in the UK who are at an early stage of their career and wish to conduct research in Japan for 12-24 months. It is wholly funded by the JSPS and provides the opportunity for highly qualified young researchers based in the UK to engage and collaborate with leading research groups in universities and other research institutions in Japan. In its capacity as an overseas nominating authority for this scheme, the British Academy can nominate a quota of candidates each year.

Applications must be submitted online using the British Academy's Grant Management System (GMS), Flexi-Grant®. Application and referee/head of department statements deadline and current UK host institution approval deadline: **Wednesday 13 December 2023, 17:00 (GMT)**.

For more details about this opportunity, please see the scheme notes and frequently asked questions.

Please contact [international@thebritishacademy.ac.uk](mailto:international@thebritishacademy.ac.uk) or see further information [on the British Academy website](#).

### 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](#).

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