

Research, Innovation and Knowledge

Annual Report 2024-2025



© NHS Fife

Published August 2025

This document is licensed under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International License. This allows for the copy and redistribution of this document if NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed, or built upon in any way. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.nhsfife.org

Contents

1. Executive Summary.....	4
2. Introduction	6
3. Research, Innovation and Knowledge Activity	7
4. Research, Innovation and Knowledge Finance and Income	16
5. Innovation.....	23
6. Clinical Innovator Spotlight.....	28
7. Library and Knowledge Services	31
8. Clinical Research Team.....	36
9. NHS Research Scotland Career Researcher Fellowship Profiles	40
10. Clinical Research Associate Principal Investigator Profile.....	47
11. Clinical Trials Pharmacy Team.....	49
12. Research, Innovation and Knowledge Approvals and Support Team	52
13. Research, Innovation and Knowledge Quality and Performance	56
14. Research, Innovation and Knowledge Education and Training	59
15. Fife Health Charity Research and Innovation Support.....	62
16. Fife Community Advisory Council	63
17. Communications	66
18. Research, Innovation & Knowledge User Experience	68
19. Opportunities and Challenges	69
20. Conclusion	72
21. Publications.....	73
22. Appendix 1 – RIK Structure.....	95

1. Executive Summary



Professor Christopher McKenna
Medical Director and Executive Lead for Research,
Innovation and Knowledge

This year's report marks a significant moment for NHS Fife, as it is the final RIK Annual Report overseen by Professor Frances Quirk, who will be retiring from her role. Professor Quirk has been instrumental in shaping the research and innovation landscape across NHS Fife, championing academic excellence, fostering collaborative partnerships, and inspiring a culture of curiosity and improvement. Her leadership has left a lasting legacy, and we extend our deepest thanks for her dedication, vision, and unwavering commitment to advancing healthcare through research.

We are also proud to share a major success for NHS Fife in the national NHS Career Researcher Fellowship programme. Each year, twelve Fellowships are awarded across Scotland. The East Panel, which reviews applications from five Health Boards, awarded all three of their available Fellowships this year to NHS Fife staff, a remarkable achievement that reflects the strength of our research community:

- Dr Helen Brotherton – leading a programme focused on the dose-response of skin-to-skin contact for preterm babies, including the development of monitoring technology to accurately record dose and duration.
- Dr Raju Raman – conducting research to improve the experience of patients with mental health and substance use issues presenting to Emergency Departments.
- Dr Tim Wilkinson – developing a clinical trials framework for patients with vascular cognitive impairment.

The RIK team is already working closely with all three awardees and will continue to support them over the next three years to help deliver their ambitious, relevant, and timely goals. Each Fellow is also actively connected to the School of Medicine at the University of St Andrews, further strengthening our academic partnerships.

This year has seen NHS Fife continue to build momentum as a centre of research excellence. With 89 studies actively recruiting, including 9 commercial trials, our research portfolio reflects both diversity and clinical relevance. Cancer, stroke, and respiratory medicine remain our most active non-commercial areas, and we've

recruited over 1,000 participants, a clear indicator of public trust and staff commitment.

Our research leadership continues to grow, with 12 Chief Investigators and 75 Principal Investigators contributing to a thriving research culture across the organisation. These individuals are not only advancing clinical knowledge but also mentoring the next generation of clinician-researchers.

Innovation remains central to our strategy. NHS Fife continues to play a leading role in Health Innovation South East Scotland (HISES), working across regional boundaries to accelerate the adoption of transformative technologies. We also remain at the forefront of the Reducing Drug Deaths National Innovation Challenge, managing this high-impact programme and supporting the development of scalable, life-saving interventions for people who use drugs.

These achievements reflect the dedication of our staff, the strength of our partnerships, and the value we place on curiosity, evidence, and improvement. Research and innovation are not just strategic priorities, they are essential to delivering better care, improving outcomes, and ensuring the sustainability of our services.

Thank you to everyone who has contributed to this year's progress. Your work is shaping the future of healthcare in Fife and beyond.

Professor Christopher McKenna

Medical Director and Executive Lead for Research, Innovation and Knowledge

2. Introduction



Professor Frances Quirk
Research, Innovation & Knowledge
Associate Director, NHS Fife

This year has seen continued growth within the Department, greater opportunities for our patients and staff to participate in and support clinical research and innovation and unprecedented success in recognition of the calibre of our researchers.

We have enlivened our communication with an active NHS Fife RIK LinkedIn account showcasing our team members, operational goals and successes and activity with our partners, notably the University of St Andrews School of Medicine, the South East Health Innovation Hub (HISES), the Chief Scientist Office Innovation team and Office for Life Sciences.

Our relationship with other regional partners, such as the Tayside Academic Science Centre (TASC) has also developed positively in relation to the opportunity to work more closely in the roll out of the investment in Commercial Clinical Trials Delivery Centres across the UK. Funding will flow from the Voluntary Scheme for Branded Medicines, Pricing, Access and Growth Agreement (VPAG) and NHS Research Scotland (NRS) will build on the existing strengths across Scotland's clinical research infrastructure to enhance the system and ultimately provide a globally competitive delivery network for commercial clinical trials.

Whilst delivery of this model will be led by regional teams at the four nodal Boards, NHS Tayside being the nodal Board for our region, Phase 2 will involve dedicated funding to further develop connections between major centres of research activity. Regular discussions are already taking place between NHS Tayside/TASC and NHS Fife RIK in relation to these developments.

It is with some sadness that I note that this will be my last Annual Report as I will be retiring at the end of August 2025. It has been a pleasure and a privilege to have held this role for the last 5 years, whilst I will miss the fantastic RIK team, my NHS Fife colleagues and those I have worked with across our partnerships I will have the fondest of memories of this time and will look forward to hearing about RIK's continued successes in the years to come.

Professor Frances Quirk
Associate Director Research, Innovation and Knowledge

3. Research, Innovation and Knowledge Activity

Research

3.1. R&D Studies and Recruitment

3.1.1. Number of Studies

This section summarises Research and Development (R&D) activity within NHS Fife during the 2024–2025 financial year. It includes studies that were open to recruitment at any point during the year, as well as studies in follow-up. Data were extracted from the NHS Fife R&D database (EDGE) and exclude Patient Identification Centre (PIC) and No Local Investigator (NLI) studies. Figures accurate at the time of collation and are subject to ongoing updates.

Research activity is categorised as either commercial or non-commercial. Commercial studies are funded by the pharmaceutical or medical device industry. Non-commercial studies are further classified as eligible or non-eligible funded (NEF), depending on the funding source.

Eligible studies are funded by organisations listed on the Chief Scientist Office (CSO) eligible funders list, which includes certain charitable organisations, research councils, and government bodies. NHS Fife receives funding from CSO via NHS Research Scotland (NRS) to support the delivery of these studies. Non-eligible funded (NEF) studies are either unfunded or funded by organisations not included on the CSO eligible funders list, and no CSO funding is provided to support their delivery.

During the reporting period, a total of 89 studies were actively recruiting participants (Figure 1), with a further 41 studies in follow-up (Figure 2).

For commercial studies open to recruitment, the contributing specialties were Dermatology (4), Musculoskeletal (2), Renal Disorders (1), Diabetes (1), and Metabolic and Endocrine Disorders (1). Commercial studies in follow-up involved Musculoskeletal (2), Neuroprogressive and Dementia (1), and Dermatology (1).

The five most active non-commercial specialties in terms of recruiting studies were Cancer (9), Respiratory Disorders (6), Stroke (6), Trauma and Emergencies (6), and Anaesthesia (4). For non-commercial studies in follow-up, the most active specialties were Cancer (11), Infectious Diseases and Microbiology (4), Ophthalmology (3), and Renal Disorders (3).

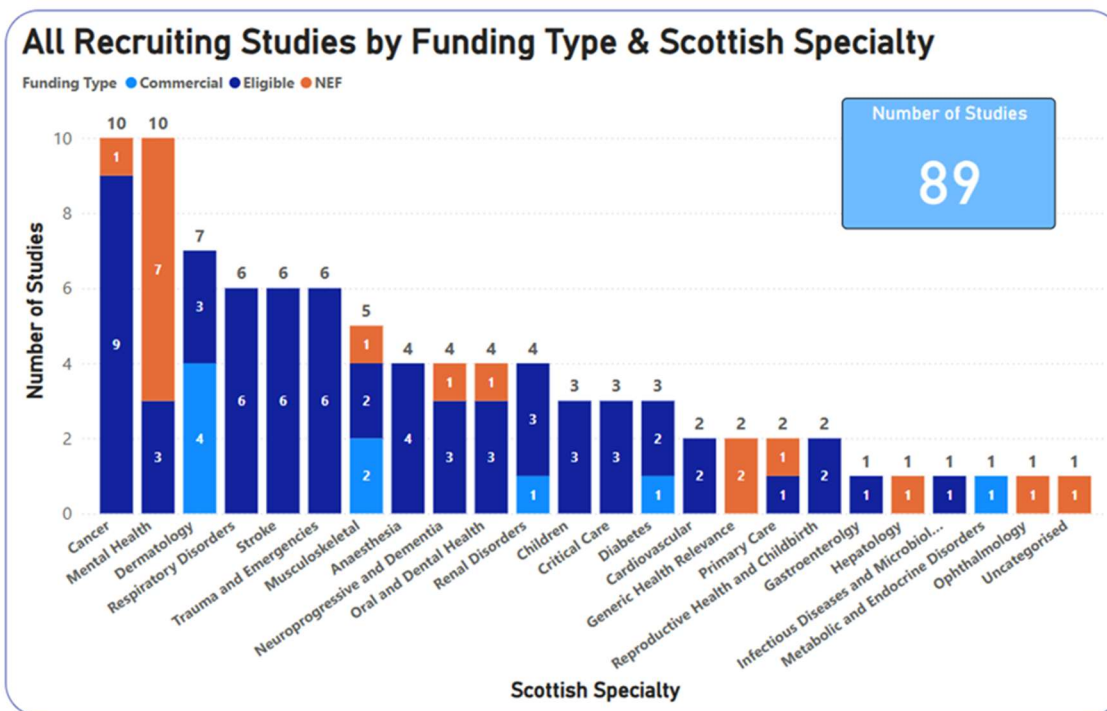


Figure 1

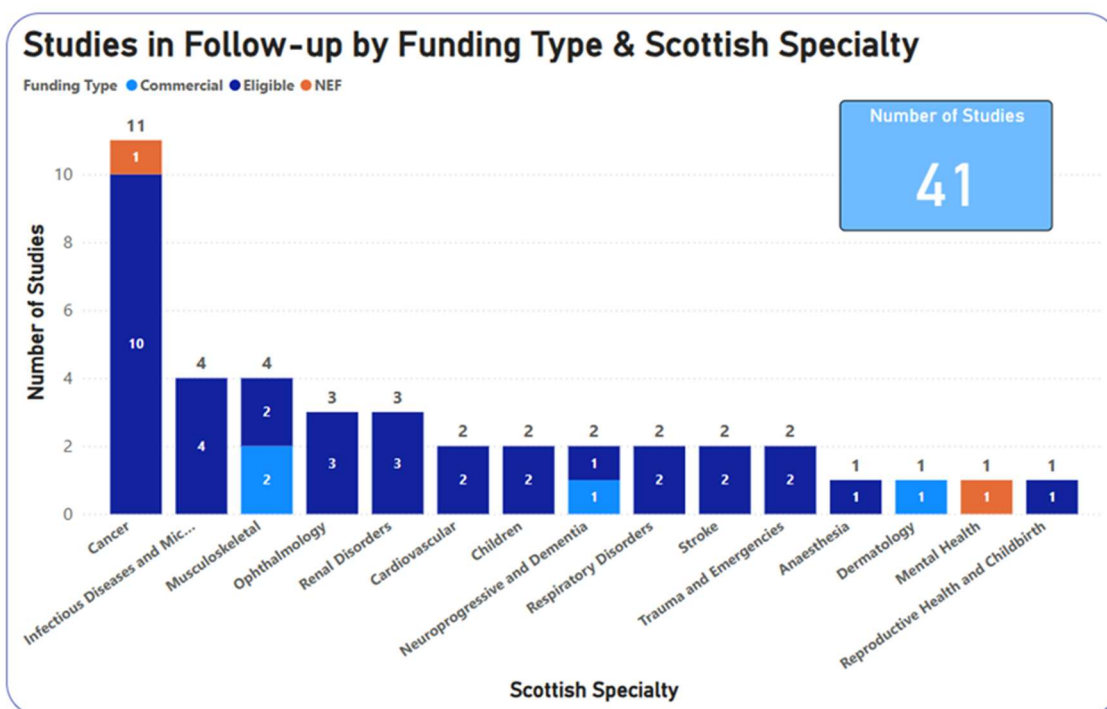


Figure 2

3.1.2 Number of Participants Recruited

There were 1079 new participants recruited from April 2024 – March 2025 (Figure 3) into Commercial and Non-commercial eligible funded studies.

Note: Recruitment to non-eligibly funded studies is not routinely tracked and isn't reflected in the Figures shown.

There were 345 participants recruited into Commercial studies: Diabetes (289), Musculoskeletal (48), Dermatology (6) and Renal Disorders (2).

There were 734 participants recruited into Non-commercial Eligibly funded studies.

The top 6 Scottish Specialties in 2024-2025 in terms of recruited participants for Eligibly funded studies were: Neuroprogressive and Dementia (190), Trauma & Emergencies (175), Cancer (167), Respiratory Disorders (68), Stroke (24), Mental Health (22) and Cardiovascular (18).

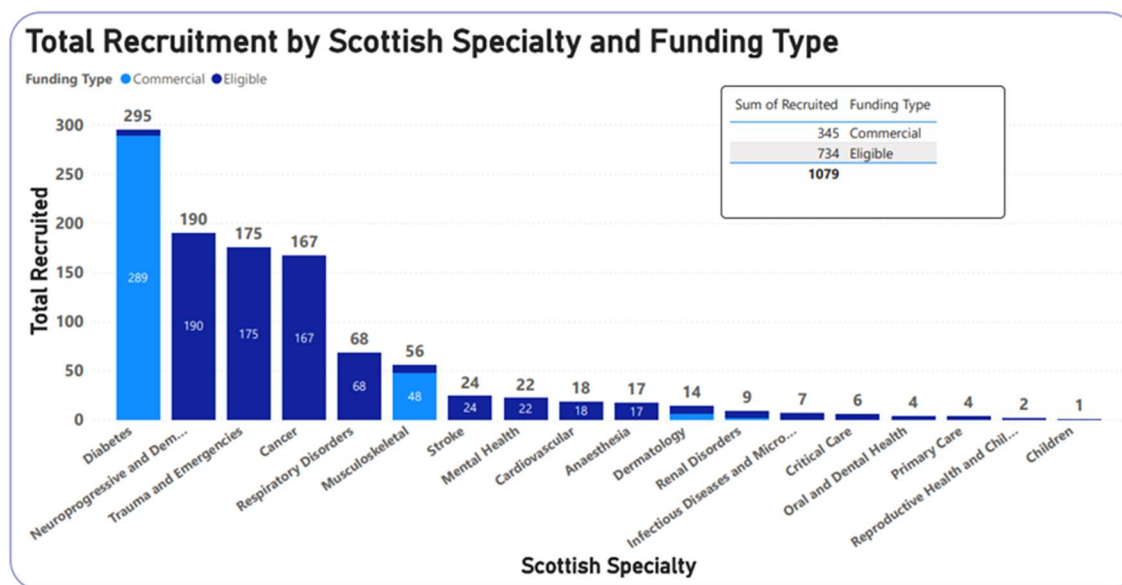


Figure 3

3.1.3 Types of Study

NHS Fife has a balanced portfolio of studies ranging from observational to complex interventional studies, including Clinical Trials of Medicinal Products (CTIMP) across a number of therapeutic areas.

Of the total of 89 recruiting studies, 22 were Clinical Trials of an Intervention, 20 were Clinical Trials of a Medicinal Product, and 5 were Clinical Trials of a Medical Device.

The number of studies according to study type and disease specialty are shown in Figure 4 below:

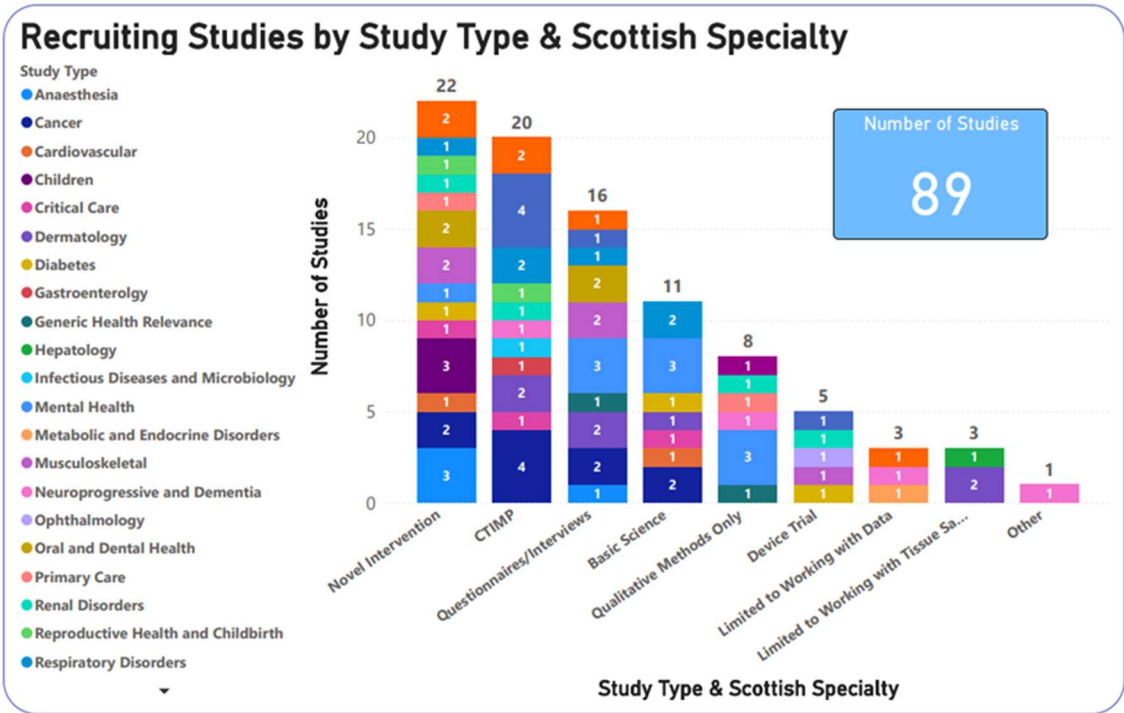


Figure 4

The number of recruits to Commercial and Non-commercial eligibly funded studies according to Study Type & Scottish Specialty are shown in Figure 5 below:

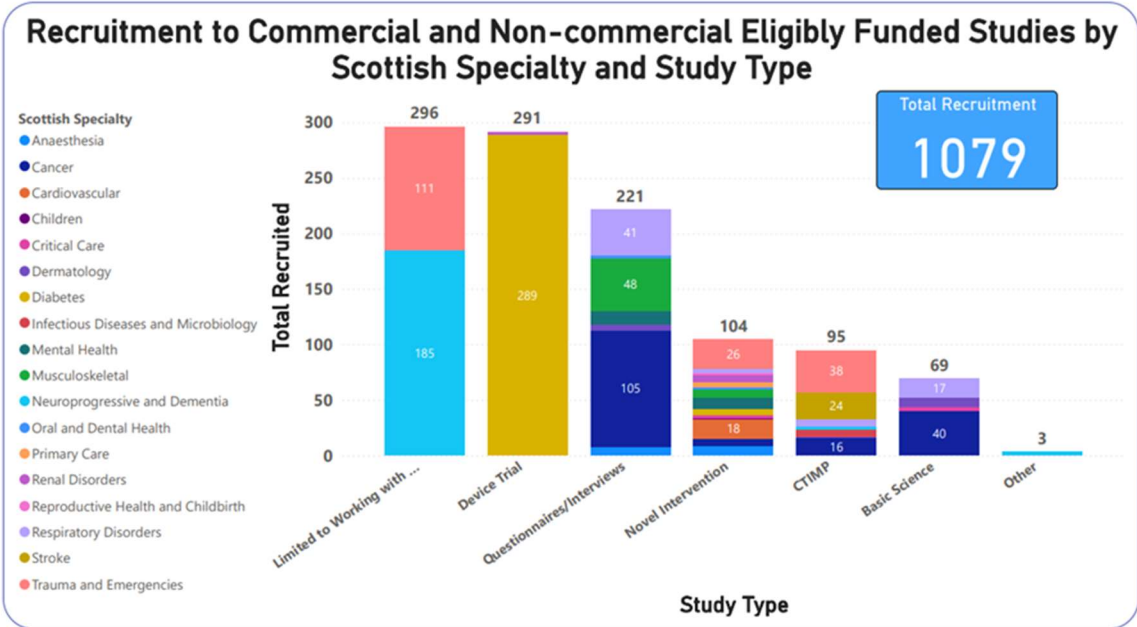


Figure 5

3.2. NHS Fife Sponsored Studies

The UK Policy Framework for Health and Social Care 2017 (UKPF) and The Medicines for Human Use (Clinical Trials) Regulations 2004 require that an organisation taking on the role of ‘Sponsor’ must ensure that there are proper arrangements in place to initiate, manage, monitor and finance a study. Prior to accepting this role, NHS Fife will undertake a review and risk assessment to ensure that the acceptance of sponsorship is desirable and appropriate.

NHS Fife does not currently have the infrastructure in place to Sponsor CTIMPs (Clinical Trials of Medicinal Products) but between 2024 and 2025 NHS Fife sponsored 6 Non-CTIMP studies (Figure 6).

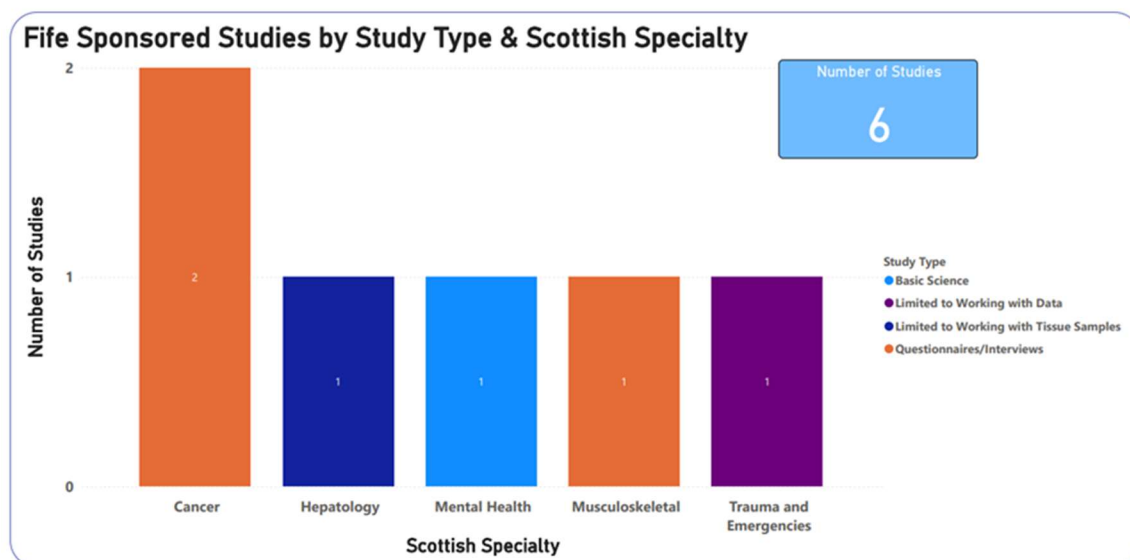


Figure 6

3.3 NHS Fife Research Active Staff

NHS Fife staff can be involved in the delivery of research by becoming the Chief Investigator (CI), or Principal Investigator (PI). The CI is the person designated as having overall responsibility for the design, conduct and reporting of a study, while the PI is the named individual who has responsibility for oversight of the study at a specific site for multisite studies.

3.3.1 NHS Fife Chief Investigators

Twelve NHS Fife staff members acted as Chief Investigator for a research study over this period. A breakdown of CIs by specialty is presented in figure 7 below.

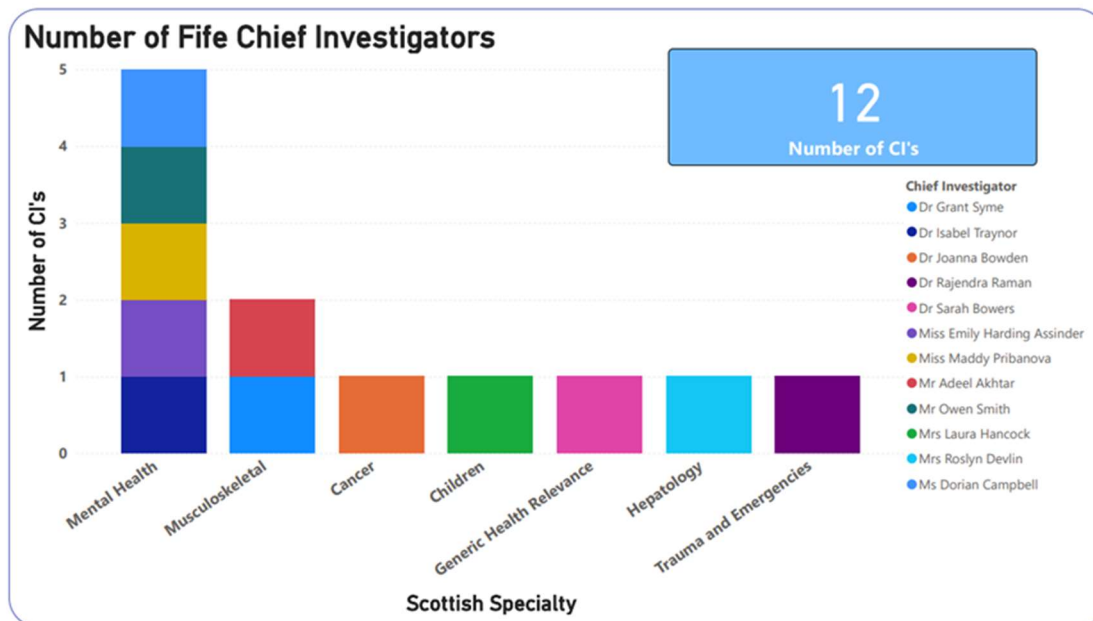


Figure 7

3.3.2 NHS Fife Principal Investigators

Seventy five NHS Fife staff members acted as Principal Investigator (PI) for a research study during the period April 2024 - March 2025.

The top 6 research active Scottish Specialties with NHS Fife PIs were Cancer (12), Mental Health (10), Neuroprogressive and Dementia (6), Musculoskeletal (5), Renal Disorders (4) and Reproductive Health & Childbirth (4). Figure 8 provides a breakdown of PIs by Scottish specialty.

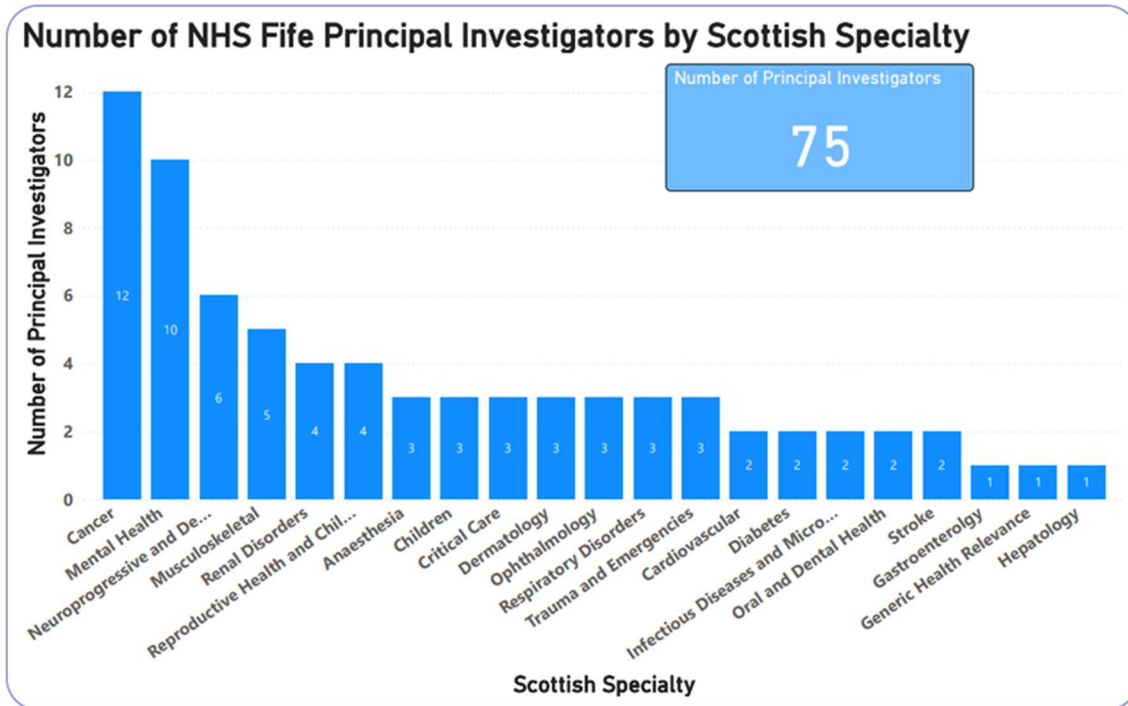


Figure 8

Most staff were PI on a single study while 5 members of staff were PI on 3 or more studies. Figure 9 provides details on the number of studies for each PI.

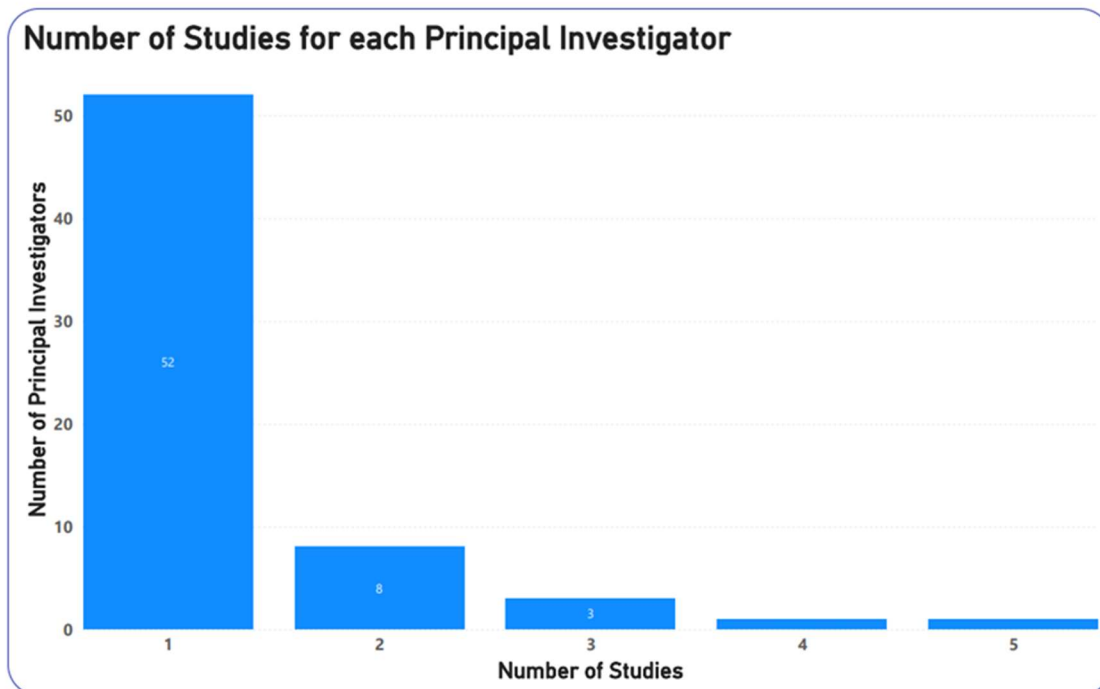


Figure 9

3.4 Trends in Research Activity

The following figures show the total recruitment and total number of studies for 2022-2023, 2023-2024 and 2024-2025.

The overall recruitment (Figure 10) for Eligibly funded studies in 2024-2025 is similar to that for 2023-2024.

The significant decrease in total recruitment of participants for Commercial studies in 2024-2025 was due mainly to one study (Investigative Clinical Study for Diabetes Rev A) which accounted for 380 in 2023-2024 and 289 participants in 2024-2025.

Commercial studies accounted for 9% of the total number of studies that were recruiting in 2024-2025, with non-eligibly funded studies accounting for 17%. These percentages were similar to those in previous years.

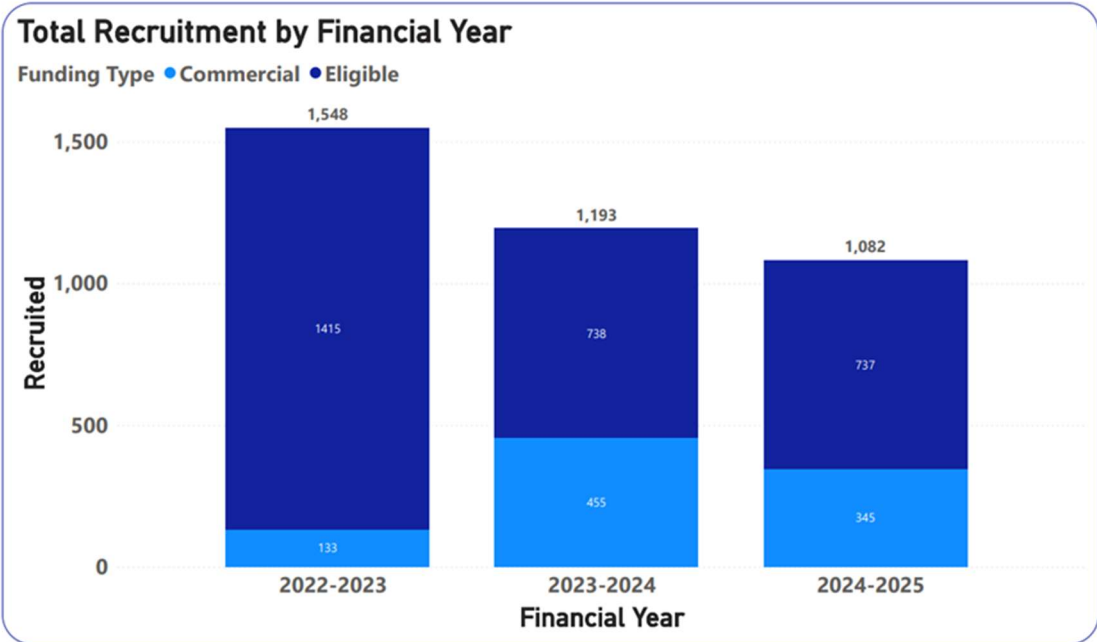


Figure 10

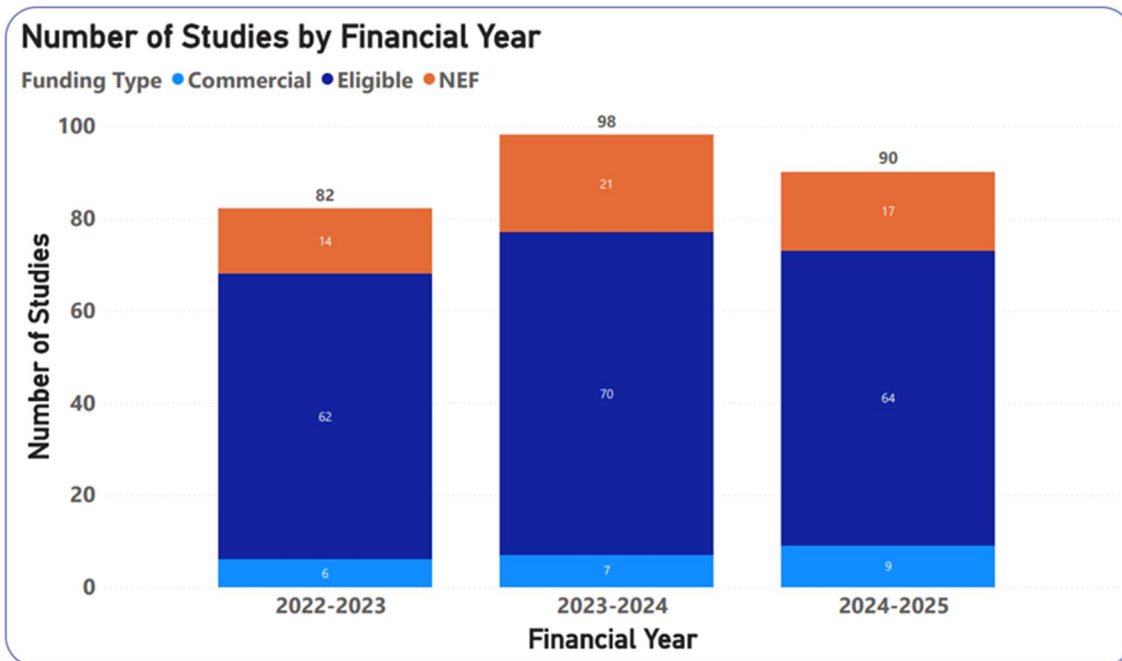


Figure 11

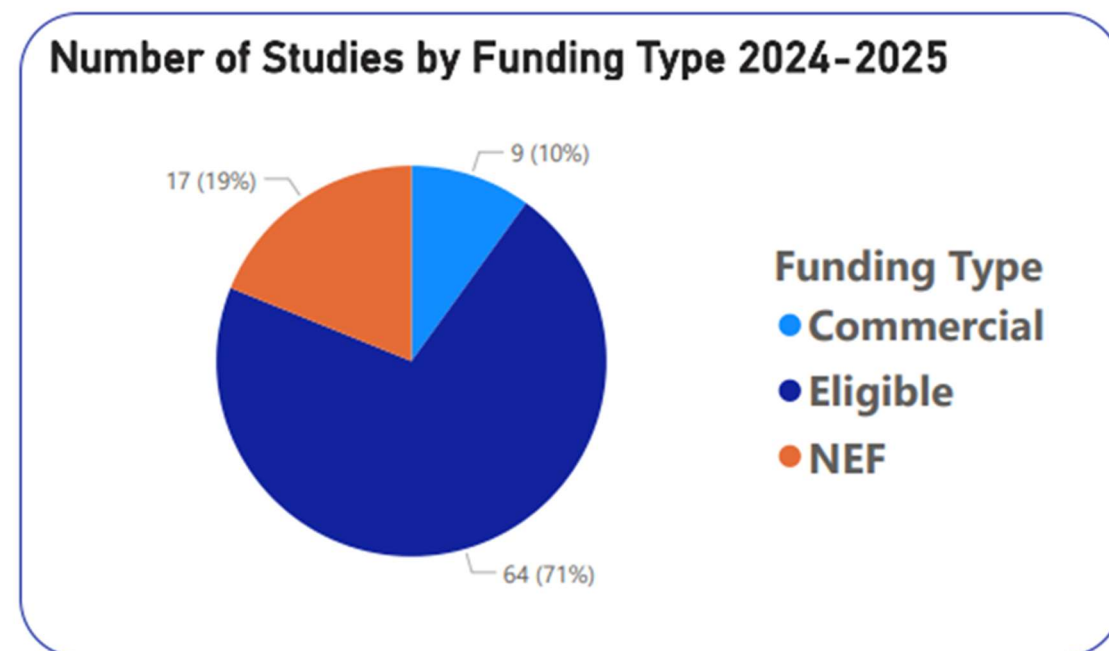


Figure 12

4. Research, Innovation and Knowledge Finance and Income



Heather Kirk
Capital Accountant

4.1 Funding

On an annual basis, NHS Fife Research and Innovation (RIK) receives an allocation from the Chief Scientist Office (CSO) to support clinical research activity and associated infrastructure. During the COVID-19 pandemic, CSO allocations were maintained at levels based on previous years, reflecting the significant impact of the pandemic on research delivery. Since 2023/2024, CSO has reverted to allocating funding based on research activity undertaken within each NHS Board. This activity is primarily measured by involvement as a lead or participating site in eligible funded trials and by participant recruitment to those trials.

In addition to core research funding, CSO provides innovation funding to the Health Innovation South East Scotland (HISES) hub, hosted by NHS Lothian. HISES was established to deliver the Scottish Government's vision of using innovation to support a healthier and wealthier nation. Through this funding stream, HISES supports NHS Fife by contributing to staffing costs within the RIK Innovation Team.

Alongside CSO and HISES funding, NHS Fife is actively involved in clinical research across a range of specialties, including Cancer, Dementia, Diabetes, and Stroke. For these research areas, NHS Fife receives Network funding from partner organisations, including NHS Tayside (as the nodal Health Board for the region), NHS Lothian, and the University of Dundee.

Total income received by RIK is presented below in figure 13.

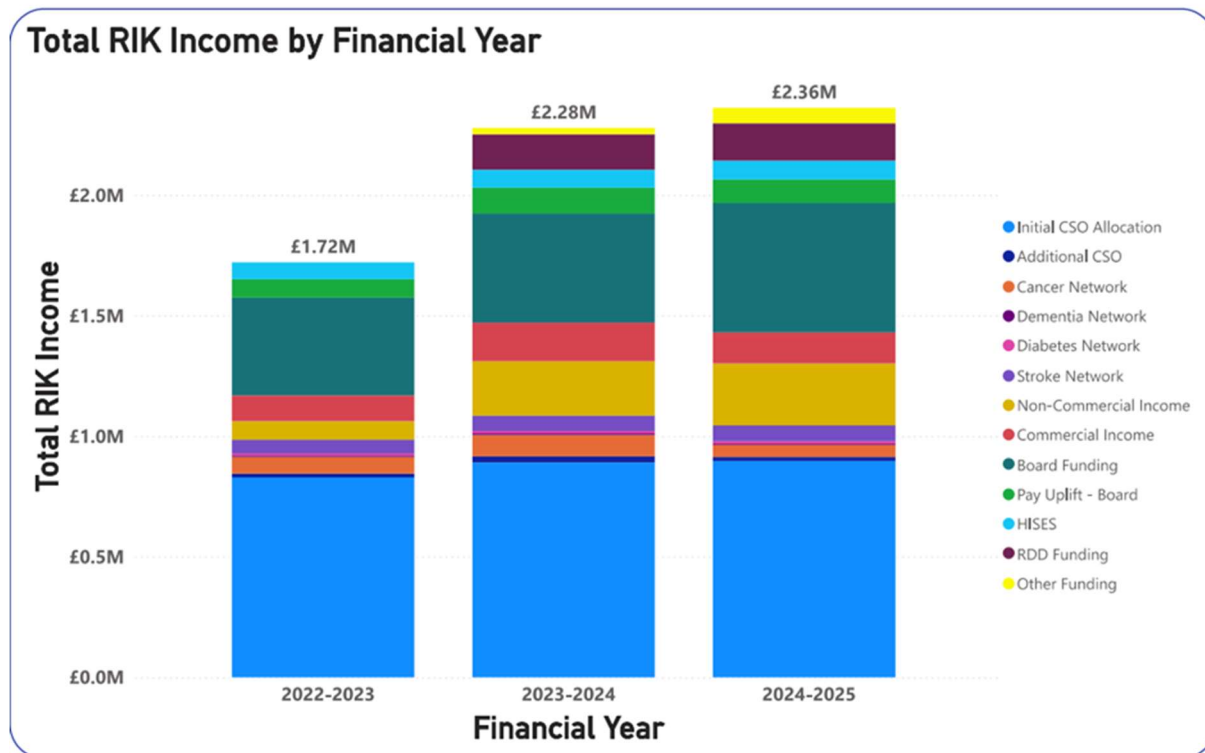


Figure 13

The following graphs, (figures 14, 15, 16 and 17) show the total funding provided by CSO and other contributors over the previous 3 financial years, from 2022-2023 to 2024-2025. Key areas in funding movement are as follows:

- A substantial increase of £61,000 in Chief Scientist Office (CSO) funding was received between 2022–2023 and 2023–2024, reflecting the recovery of research activity following the COVID-19 pandemic. This resulted in a net increase of £68,000 over the previous three years, representing an overall funding increase of 7.57%.
- Additional funding of £17,000 was secured in 2024–2025 to support the employment of an Innovation Project Manager, providing project development and management across the South East region and Scotland-wide. This funding arrangement commenced in 2023–2024 and is anticipated to continue into the 2025–2026 financial year.
- Cancer Network funding was capped at £50,000 from the 2024–2025 financial year, resulting in RIK being required to meet any associated surplus costs. Funding for Stroke and Diabetes research remained stable, with annual uplifts applied to cover agreed pay increases.
- Health Innovation South East Scotland (HISES) funding has shown a steady increase over the past three years, including an additional £4,542 in 2023–2024 and a further £3,776 in 2024–2025.

- Within the Innovation portfolio, 2024–2025 marked the second full year of delivery for the Reducing Drug Deaths (RDD) Programme. Funding totalling £154,850 was received jointly from the Office for Life Sciences and CSO Innovation, via NHS Golden Jubilee, to support staff time in delivering the programme. This funding is expected to continue through to the 2025–2026 financial year.

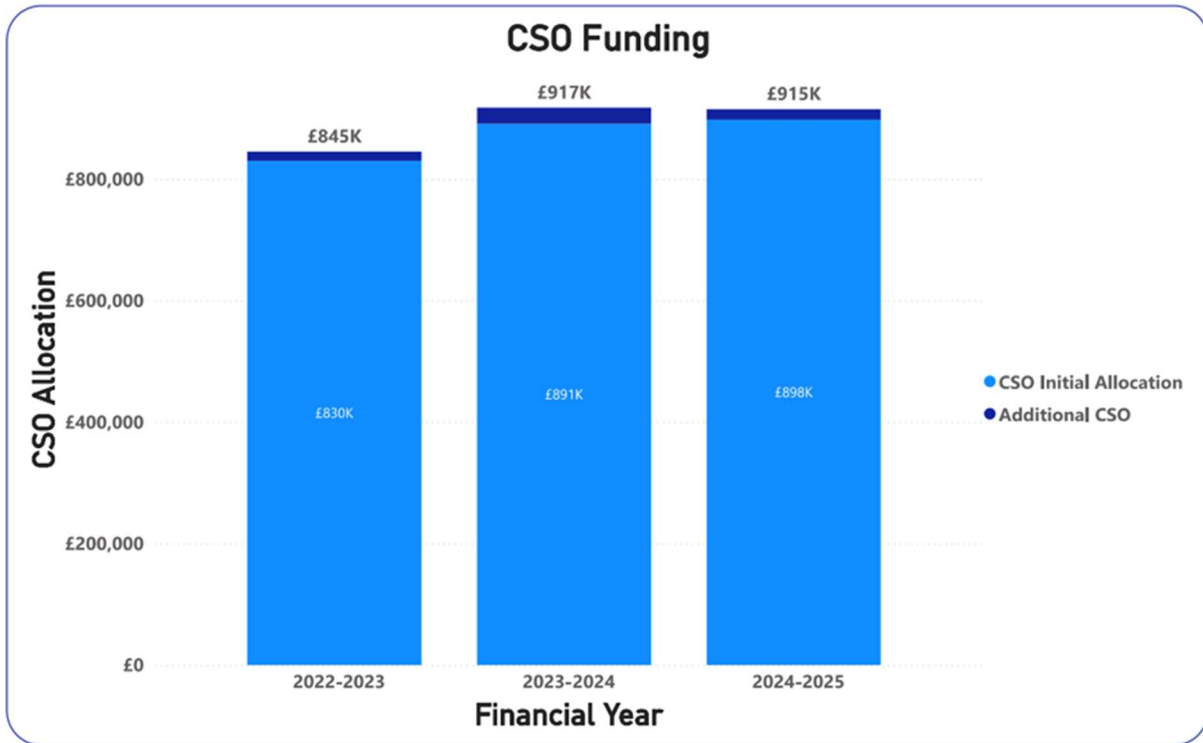


Figure 14

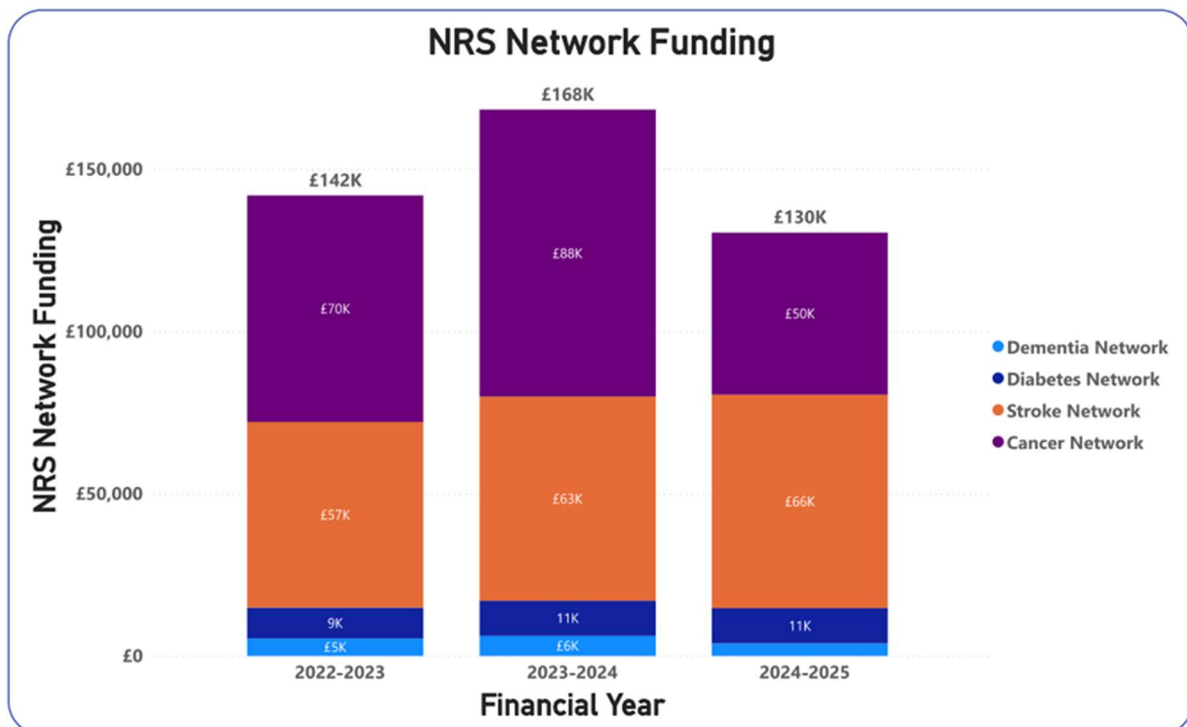


Figure 15

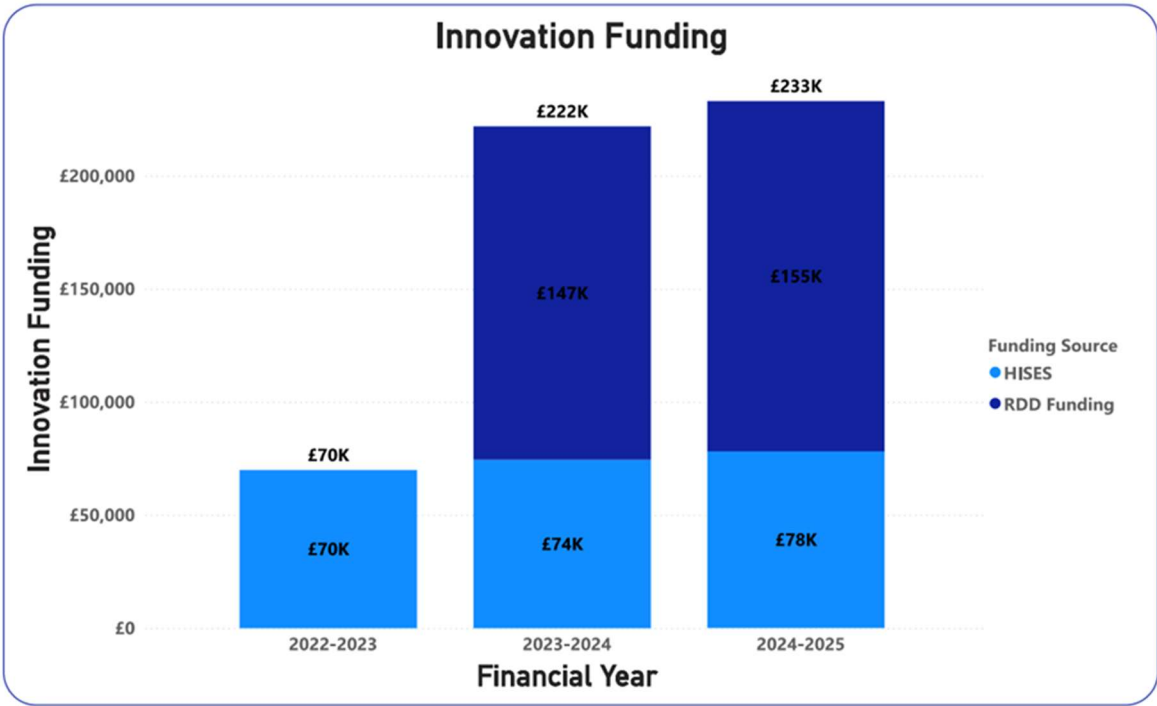


Figure 16

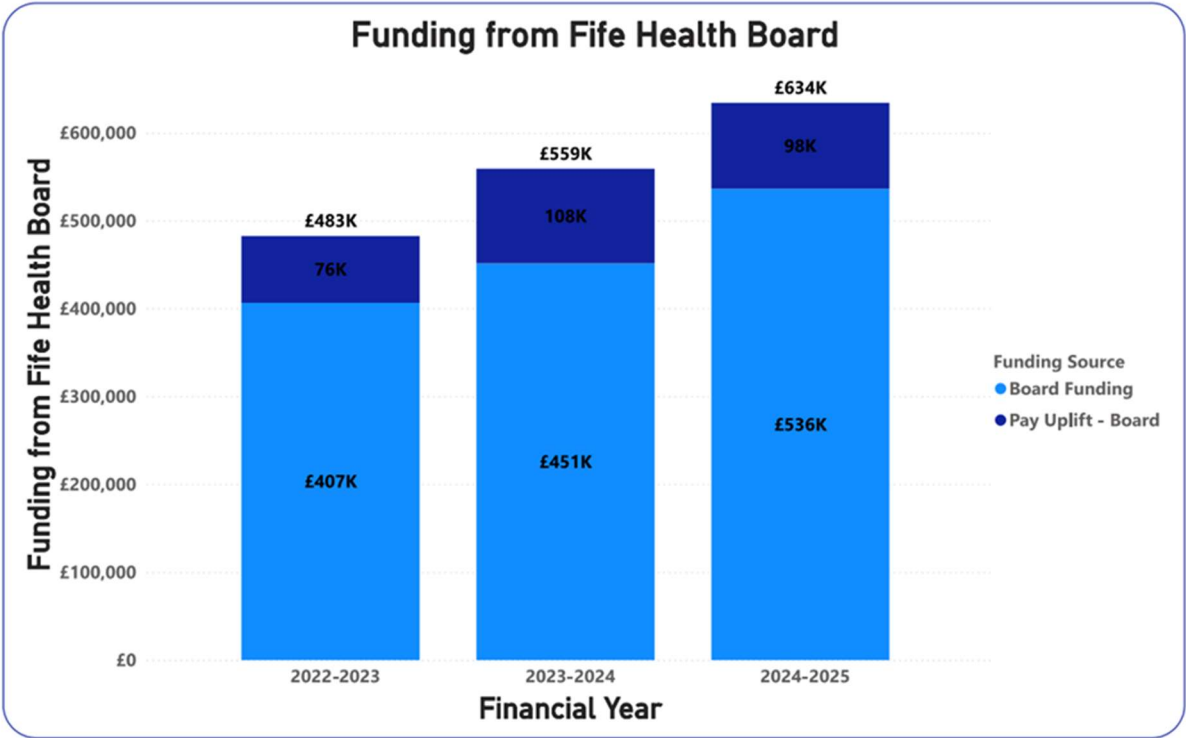


Figure 17

4.2 Income

4.2.1 Commercial Income

Commercial income for the 2024–2025 financial year totalled £129,662, representing a decrease of £31,000 compared with 2023–2024. However, with a balance of £60,000 still due to NHS Fife, Research and Innovation (RIK) continues to demonstrate post-COVID growth and is expected to surpass pre-COVID income levels in the near future.

The primary contributors to commercial income were trials within the Musculoskeletal, Diabetes, and Dermatology specialties. Key studies included HP15-Mobile Link, which generated £35,000, Lumira, which generated £24,000, and the Alopecia study, which generated £27,000 in income.

Figure 18 below illustrates the breakdown of commercial income generated over the past three years. This demonstrates a sustained upward trend, reflecting recovery from the COVID-19 and post-COVID period and the increasing contribution of commercial studies to NHS Fife’s overall research portfolio.

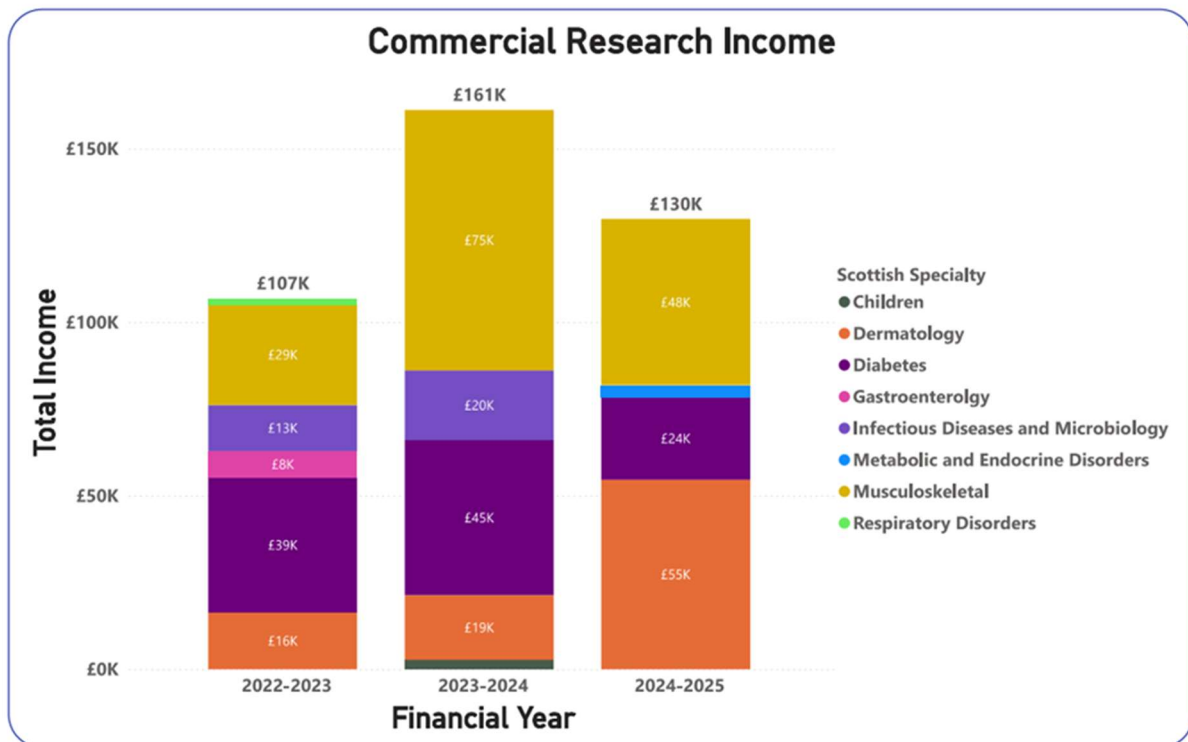


Figure 18

4.2.2 Non-Commercial Income

Going into 2024-2025, for non-commercial research, the overall research portfolio continues to become much more diverse, with 5 Specialties generating a noticeable amount of income which contributed to the £256k total income earned

this financial year. Figure 19 below provides a breakdown of the non commercial income.

Of the £256k income generated, £94k of that was generated between 3 studies, Orion-4 with £71k, Pneumo with £13k, & Enrich with £10k.

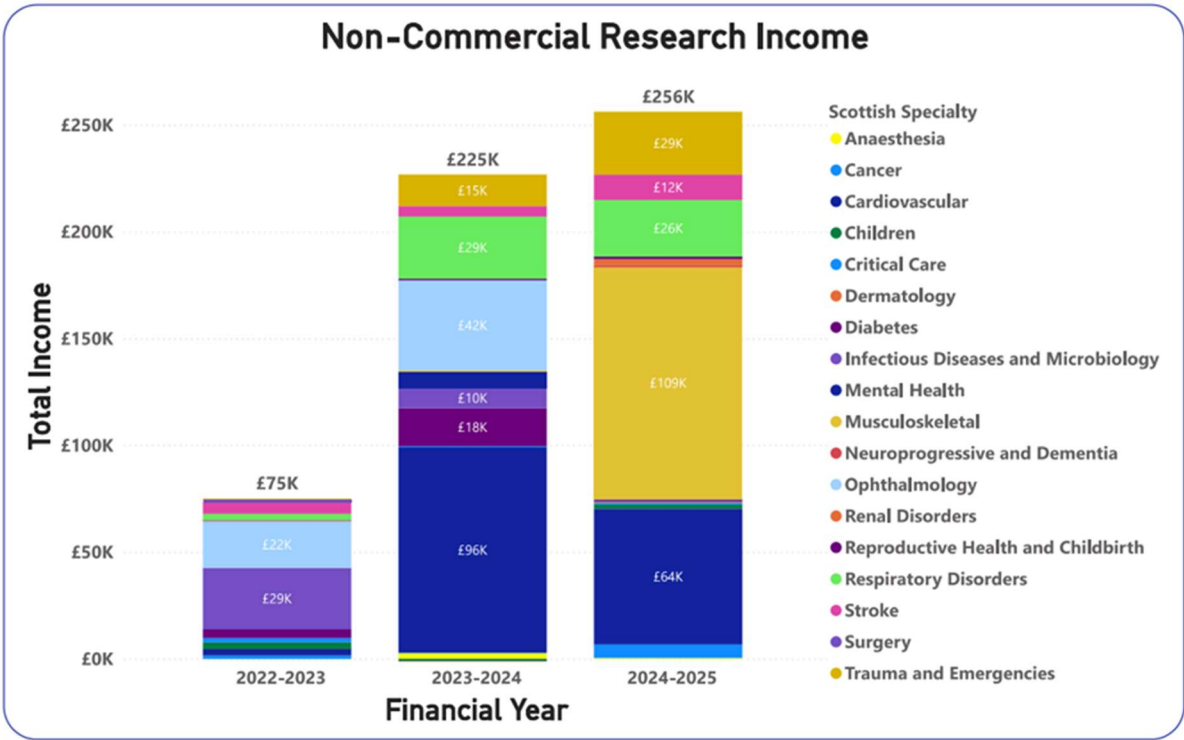


Figure 19

4.2.3 Research Portfolio

Unlike most NHS departments, which operate within a fixed annual budget, Research and Innovation (RIK) has a distinctive funding model in which income is generated through participation in clinical research studies and trials. As a result, maintaining the long-term financial sustainability of the Department depends on achieving a balanced and strategic portfolio of research activity.

RIK’s research portfolio comprises three core categories: eligible funded non-commercial studies, non-eligible funded non-commercial studies, and commercial studies. Each category delivers different benefits to the organisation.

Commercial studies provide an immediate, short-term financial benefit through income generation. In contrast, eligible funded non-commercial studies deliver longer-term strategic value by contributing to future Chief Scientist Office (CSO) allocations, while also offering potential short-term financial support where applicable. A balanced mix across these study types is therefore essential to support both short-term operational requirements and long-term sustainability.

4.2.4 Other Grants

NHS Fife has also been successful in several funding applications as the lead applicant and received funding for several projects. These projects are being run within the Services and supported by RIK and are detailed in table 1 below:

Table 1

Funding Body	Funding Amount	Specialty
RCEM	£9,988	ED
UKRI	£242,292	Paediatrics – Baby Hip
Fife Health Charity	£94,570	Palliative Care
University of Stirling/Cancer Research UK	£104,758	Nurse-led Prostate Cancer

5. Innovation



Innovation Team

Neil Mitchell, Innovation Manager (pictured)

Serena Venegoni, Senior Innovation Project Manager

Dr Angus Aitken, Innovation Project Manager

Dr Penny Trotter, Innovation Admin Support Officer

5.1 Introduction

NHS Fife is a member of Health Innovation South East Scotland (HISES), one of the three Regional Innovation Hubs, set up by the Chief Scientist Office. HISES is a collaboration of three NHS Boards - NHS Fife, Lothian and Borders, with NHS Lothian taking the role of lead host board. HISES forms part of a national network created to deliver the Government's vision to utilise Innovation to deliver a healthier and wealthier nation for the future. The majority of the Innovation activity that RIK has supported has been focused on HISES hosted Small Business Research Initiatives (SBRI). NHS Fife has contributed to the review, discussion, and approval of projects to be hosted by HISES.

NHS Fife Innovation team has changed over 2024-2025 and the team now consists of Neil Mitchell, Innovation Manager, Serena Venegoni, Senior Project Manager, Dr Angus Aitken, Innovation Project Manager, and Dr Penny Trotter, Innovation Support Officer. The Innovation team has further support from Clinical Innovation Champion, Dr Susanna Galea-Singer and supports the Southeast Clinical Innovation Fellow and NHS Fife Lead Advanced Physiotherapist Practitioner, Joyce Henderson, an associate member of the Innovation team. The Innovation team is led by Professor Frances Quirk, Innovation Champion, and Associate Director of RIK.

NHS Fife Innovation is governed by the Innovation Governance Framework. This Framework has enabled NHS Fife to initiate the Innovation Project Review Group. This group has the scope to review new projects for adoption onto the innovation portfolio, as well as review progress, end reports and projects brought to NHS Fife through the Accelerated National Innovation Adoption (ANIA) Pathway.

5.2 Reducing Drug Deaths National Innovation Challenge

NHS Fife leads the administration and management of the Office for Life Sciences (OLS), and Chief Scientist Office (CSO) funded SBRI aimed at Reducing Drug Deaths, on behalf of HISES. Launching in January 2023, applications were open to companies to apply for a one or two-phase SBRI Innovation Challenge. Phase 1 of this SBRI had 11 companies awarded up to

£100,000 to conduct a 4 month feasibility project from the start of September 2023 to the end of December 2023. Those involved in Phase 1 are detailed here.

[£5 million fund to tackle fatal drug deaths across the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

Successful phase 1 participants were invited to apply for Phase 2, a competitive process for funding up to £500,000 for a 12 month project. Phase 2 commenced in September 2024. Two participants commenced in August 2024, with the 5 other participants commencing in September 2024.

The Reducing Drug Deaths Challenge is supported by 4 National Clinical Advisors. The NCA positions were selected through a competitive process and the role is to support the participants throughout their projects providing clinical and sector expertise to the participants. Of the four NCAs, 2 are psychiatrists and 2 from a pharmacy background, giving a wide spectrum of knowledge and expertise to the Challenge participants. Of the four NCAs involved in the Challenge, one includes NHS Fife Addiction Service Clinical Lead and Clinical Innovation Champion, Dr Susanna Galea-Singer.

Of the 11 successful applicants in Phase 1, HISES supported 3 Phase 1 projects through NHS Fife Addictions Service. NHS Fife Addictions Service were vital in enabling the companies to access clinical expertise, lived and living experience members, as well as connection to third sector parties involved in the field. The 3 companies working with NHS Fife were eMoodie, MESOX Ltd and ZioHealth. Following the competitive process to proceed to Phase 2, the two companies continuing to work with NHS Fife, on behalf of HISES, are:

- MESOX Ltd: RescuePatch: a controlled-release combination patch for naloxone and flumazenil delivery - MESOX LTD in partnership with Health Innovation Southeast Scotland (HISES), Aston University, the National Physical Laboratory and On Target Pharma. This project will investigate a novel transdermal patch combination therapy called RescuePatch. The patch will contain a reservoir of antidotes to both opioid and benzodiazepine overdoses and is designed to be applied by a non-professional, which is expected to improve responder pathways and increase the chance of patient survival.
- eMoodie: Saving SAM: System for Alert and Monitoring of Potential Overdoses - eMoodie in partnership with the University of Edinburgh and NHS Scotland Health Innovation South East Scotland (HISES). This project will design and develop Saving SAM: an AI-enabled drug overdose monitoring system to enable both self and responder digital alerts.

In December 2024, NHS Fife, on behalf of HISES, hosted a webinar for the participants of the Reducing Drug Deaths Open Innovation Challenge to allow the participants to connect and socialise their innovations. All 7 of the participants attended and presented their innovative ideas to combat drug deaths. This was a great showcase of the work so far and allowed for the participants to gain further awareness of each other's work and where potential connections and collaborations could be made.

5.3 Health Innovation South East Scotland (HISES) Projects

NHS Fife took part in the innovation challenge aimed at innovating mental health services in Scotland which launched in June 2022. This was a two-phase competition to develop disruptive innovative solutions that deliver sustainable, accessible, and equitable mental health services.

NHS Fife participated in both phases of this Challenge with Phase 2 starting in October 2023 for 12-months and will come to an end in Summer 2025. NHS Fife, as a member Board of HISES worked with the company Wysa who have developed a clinically validated app which uses AI to support emotional health and wellbeing. Phase 2 user testing and evaluation is currently underway with the app being rolled out across 6 secondary schools in Edinburgh and 5 secondary schools in Fife, with over 700 downloads across these sites. Data collected so far suggests that around 95% of users return to the app after their first session.

The national drones project, CAELUS, a national innovation project aiming to test the use of drones as a way of delivering vital medical supplies, including essential medicines, blood, samples, and other crucial healthcare items throughout Scotland. CAELUS is funded by Innovate UK and involved all Health Boards in Scotland. NHS Fife contributed valuable data to this project to feed into the Digital Twin, allowing demonstration of how drones could be used by Boards for the transport of bloods, specimens, and medicines. HISES member Boards, NHS Borders and NHS Lothian conducted the first live flight trials. In August 2024, NHS laboratory specimens were delivered by drone for the first time during live flight trials between the Edinburgh BioQuarter next to the Royal Infirmary of Edinburgh and Borders General Hospital in Melrose.

Currently, laboratory samples which inform urgent clinical decision-making are transported by road and can take up to five hours between NHS Borders and NHS Lothian. Innovation activity being conducted by Project CAELUS could see this delivery take 35 minutes, enhancing the transport provision, particularly for rural areas.



5.4 Engagement

NHS Fife Innovation team have participated in several engagement events during 24-25. The year started with a joint Innovation Event between NHS Fife and St Andrews Innovation in May 2024. The event focused on building our collaboration as well as examining the challenges faced by NHS Fife and the work of the Reform, Transform, Perform initiative. During the event the WorldCafe method was used to explore 10 themes: resulting in 9 of the themes with broad project ideas and initial plans to take forward.

NHS Fife Innovation participated in the Innovation Hub, HISES, Intrapreneurship Event in late May. The theme of the day was to explore ways of working within a Health Board to create a group of Innovators and Entrepreneurial minded colleagues. There was an opportunity for colleagues across the region to learn about Innovation and Entrepreneurship, as well as learn techniques such as the use of the Value Proposition Framework and Business Case Proposition and how these are used and executed in the development of new, innovation projects.

Following the successful live flights between Borders General Hospital and the Royal Infirmary of Edinburgh the project team developing the Digital Twin, a way of demonstrating example flight routes, gave a workshop for NHS Fife and NHS Tayside potential flights, hosted at Ninewells hospital in June. The day involved demonstrations of different routes between hospitals within each Board as well as potential flight routes to other neighbouring Boards. The demonstration flights highlighted the effect the use of drones could have in the movement of specialist loads, such as medicines and samples.

In September 2024, NHS Fife Innovation participated in a Grand Round presentation to highlight the work of the Innovation team. This presentation included examples of the work taking place in NHS Fife and the Southeast

Innovation Hub. The presentation also included information on our governance structure; the local, regional and national Innovation landscape; and where the Innovation team can help the NHS Fife workforce develop their ideas.

In October 2024, NHS Fife and the University of St Andrews hosted the 3rd Annual Research and Innovation Symposium at the School of Medicine. The annual symposium brings together the research and innovation community from across both institutions to showcase their work as well as make connections and seek partnerships for future working. At this year's Symposium, the Innovation section focused on the work developing projects in AI and constraint-based modelling, projects developed following the Innovation Event in May.

In March 2025, NHS Fife Innovation attended the Scotland's Future Series Symposium, hosted by the University of St Andrews School of Medicine. The theme of the Symposium was 'Delivering a better health future for Scotland' and included presentations from NHS Fife Medical Director Professor Chris McKenna, Chief Medical Officer Professor Sir Gregor Smith and Professor Alexander Baldacchino. International guest speakers included Dr Linda DeCherrie (Medically Home, USA) discussing the Home Based Ecosystem Centred on Hospital at Home: A US Experience; as well as representatives from West Side United, Chicago, discussing the benefits of Anchor Institution partnerships.

Digital Lifelines Scotland (DLS) hosted a Scottish Parliamentary Reception, sponsored by MSP Clare Haughey, in March 2025. DLS is a Scottish Government funded initiative that seeks to improve digital inclusion and to design digital solutions that better meet people's needs, to improve healthy outcomes for people who use drugs and reduce the risk of harm and death. As a complementary initiative to the Reducing Drug Deaths Innovation Challenge, NHS Fife Innovation attended the reception to represent the 7 companies participating in the Innovation Challenge. Two of the companies, Pneumowave and Scienap, attended to showcase their devices and how the work of the challenge interacts with that of the DLS work. Speakers at the event included Clare Haughey MSP, Dr Margaret Whoriskey MBE and Digital Health and Care Innovation Centre Deputy Chief Executive, Moira McKenzie.

6. Clinical Innovator Spotlight



Dr Joshua Muggleton, Clinical Psychologist, NHS Fife

1. When did you first become interested in Innovation?

It's funny, I've never really thought of myself as an innovator. It just kind of happened.

Back in 2017, I and others were advocating for NHS Fife to be one of the first areas in Scotland to introduce a combined neurodevelopmental assessment pathway for children. At the time, families were often being asked the same questions by multiple professionals in separate assessments for autism, ADHD, learning disability, etc. Families found it really frustrating and repetitive, it was wasting a lot of clinical time, and it meant the information we needed was spread between lots of reports. We had an opportunity to design a more efficient, person-centered, and joined-up approach. But if we were going to make that work, we needed a better way to take developmental histories: one tool, used by all clinicians, that brought together the key questions from across disciplines.

I looked around for something that already existed. When I couldn't find anything, I asked if I could try building it. In my first job as an assistant psychologist, my supervisor told me: "There are two kinds of people in the world—people who talk about doing things, and people who do things." I've always tried to be the latter. I didn't set out to innovate. I just saw a problem I thought I could help solve, with support from the brilliant people around me.

2. What drives you to innovate or be involved in Innovation?

I love understanding how things work, and helping others understand and benefit from them too. Richard Feynman said, "if you can't explain something in simple terms, you don't understand it." I think he was spot on, and that's the metric I judge myself by. I think it is because of this that I hate needless complexity - and the hours it cost me getting my head around jargon, waffle, and systems which don't make sense!

I want people to be able to take care of their own health. In my clinical work, empowering people to do that means making Clinical Psychology and

Developmental Neuroscience more accessible, practical, and cutting out the technobabble. It also means working with colleagues to design resources, tools and systems which are easy to use and navigate. It means making things simple.

That's what drove the F-NDQ, and it is also the idea behind the Neurodevelopmental Hub Website. We're trying to translate healthcare science and information into something practical and useful that people can use to make their lives better. Neither are perfect, I believe there is always a better way to do things - but they are steps along the way to empowering the people we work for.

3. What's your ambition?

I want to make people's lives better and help build services that deliver that.

Right now, I'm focused on two things: first, working with colleagues in Fife, the National Autism Implementation Team (NAIT), and the University of Edinburgh, we are creating an adult version of the F-NDQ. Importantly, we are going to be involving neurodivergent people and their families in this process - it is something I was able to do somewhat with the child version, but with support from NAIT and the University of Edinburgh, we are going to do much more.

My big ambition, however, is to create an online version of the F-NDQ. This would be a secure web portal where patients, families and clinicians can fill in, access, update, and review the F-NDQ. This would save thousands of pounds on printing, and be more secure, more accessible, faster, and make it easier to review changes to development over time. This is a massive project and would require investment to create this. However, long term, I believe it would save time, money, and be easier for clinicians and patients.

What really excites me about this is that an online version would create an incredibly large, rich, and longitudinal dataset - the F-NDQ is used all over Scotland (not to mention the rest of the UK and abroad). With proper governance, and input from neurodivergent people and their families, this could help us better understand, predict, and meet the needs of neurodivergent people at a public health level, and address some of the massive health inequalities neurodivergent people face. My hope is that we can make the case to build this system, which would not only help improve individual patient healthcare experiences but allow us to positively impact a whole (and very large) community.

4. What is your career highlight?

I'm hoping I've not had it yet - there is still a lot to do!

That said, developing the F-NDQ has definitely been a highlight. It's been a slow burn - eight years of little wins (and frustrations!) not one big moment. I wanted the F-NDQ to be free to use, and that's not always an easy sell. A lot of clinical resources are locked behind paywalls, or charge per copy. I've always found that frustrating, especially when working in not-for-profit organisations like the NHS. I

work in the NHS because I believe healthcare should be about helping people live well, not making money.

It was a long time coming, but with the support from Neil Mitchell from the innovations team, we made the F-NDQ fully open-access last year. Anybody, anywhere in the world can now download it and use it, and it is completely free. I often forget how big that is. It's not until someone from another part of Scotland or the UK (or sometimes even Europe or Australia!) gets in touch about it. That is when it hits home: we built something which is not just useful locally but is helping people across the UK and beyond.

5. What does the future look like for you?

Who knows! I do have a few projects I'm slowly working on though. One big one is getting the Adult F-NDQ out. The next is securing funding to build the F-NDQ online (if you know anyone with some money to spare, do get in touch...). That is a big, complex project, but the potential impact is huge - clinically, economically, and in terms of data that could shape public health, research, and policy.

Outside of that, I'm continuing to develop our Neurodevelopmental Hub website. This is something my colleagues and I started several years ago and is exactly the kind of 'let's make psychology simple and accessible' approach to things I love. While it is a good start, as ever "there is always a better way." Right now, it is very text heavy and aimed at adults reading it about children. I'd love this to be a more multimedia, expand the kinds of things we cover, have more input from service users, and make it more lifespan. I also want to have different 'levels' of information, so that people can get the depth of information they want, without being overwhelmed by the detail they don't.

6. What advice would you give to future Innovators?

As I said at the start, I've never thought of myself as an innovator, and I've not tried to be one. But I do think that if *you* see a problem, *you* fix it - for all you know, nobody else will. The nice thing about working in an organisation like the NHS is 'you fix it' involves accessing a team to help you do it - often just raising it with a manager is enough, but if you don't speak up about it and suggest how it could be better, nothing will change. I don't think you have to try to be an innovator. I think you just have to want to make things better.

7. Library and Knowledge Services



Marilou Poliquin, Librarian

Hannah Colston, Librarian

Alan Mill, Library Assistant

7.1 Introduction

During the year, the Library and Knowledge Services (LKS) team continued to support NHS Fife staff and students by providing access to both online and physical resources, responding to enquiries, undertaking literature reviews, and delivering user education sessions. The primary staffed site is based at Victoria Hospital, with additional service locations at Queen Margaret Hospital and Stratheden Hospital.

During the reporting period, the team welcomed a new part-time librarian. This addition enabled the service to operate at increased capacity, resulting in a more responsive and efficient library service. The expanded skill set within the team has also supported the development of new marketing materials, contributions to the RIK newsletter and LinkedIn presence, staff training resources, and the development of the new RIK website, which is currently in the development phase.

The Library Manager post, which has been vacant, has now been redesigned and formally approved. The LKS team is looking ahead positively to the coming year and to working with a newly appointed manager, whose experience and ideas are expected to support further service development. Once this post is filled, the LKS team will return to full staffing capacity.

The service looks forward to continuing its contribution to the wider RIK team and to further developing the library service in line with strategic priorities in the year ahead.

7.2 Literature searches

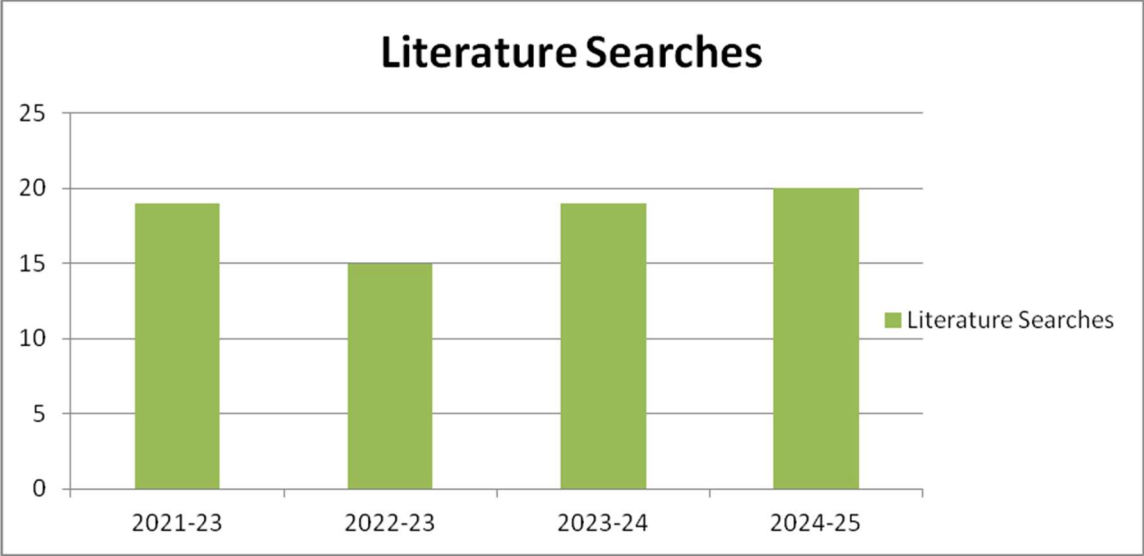


Figure 20

In line with the previous year’s trend, demand for literature searches continued to increase during the reporting period (Figure 20). A total of 20 literature searches were completed, compared with 19 in 2023–2024 and 15 in 2022–2023.

Literature searches are requested by users of the Library and Knowledge Services (LKS) for a wide range of purposes, including direct patient care, the review of clinical guidelines and care pathways, service improvement initiatives, and general research activity. These searches also support academic research.

During the year, examples of literature search topics included skin-to-skin contact for preterm infants, the benefits of simulation training in collaboration with medical education colleagues, and communication approaches related to Parkinson’s disease. More extensive pieces of work included literature searches on cancer care pathways and influenza prophylaxis in the elderly, undertaken in collaboration with public health colleagues. In addition, the LKS team supported a systematic review search with emergency department colleagues examining the use of adrenaline versus noradrenaline following cardiac arrest.

Feedback is routinely gathered from colleagues who request literature searches. Responses indicate the positive impact of this service and demonstrate how the outputs are used to inform clinical decision-making and support other aspects of professional practice.

7.3 Library resource use

Table 2 below provides a breakdown of the library resource use.

Table 2: Library Resource Use (2024–2025)

Activity	Numbers/data/quantity
Library Bookstock:	
Total number of books in stock	3674
Books added to stock	26
Book Loans:	
Book loans from own stock to NHS Fife staff	95
Book loans from own stock to external Boards' patrons	79
Book loans to NHS Fife staff supplied by external NHSS libraries	49
Resource Sharing Requests:	
Journal articles requested from the British Library or CLA Licence Plus	4
Books borrowed from the British Library	0

7.4 Other core activities

Table 3 below provides a breakdown of the other core activities undertaken by the team

Table 3: Other Core Library Activities (2024–2025)

Activity	Numbers/data/quantity
Current Awareness Bulletin – Public Health	Produced Monthly
Local Authors Bulletin	Produced Monthly

Information Skills Training	5 individual sessions
Library Outreach	2 Events with display

7.5 Strategic Priorities

The Library and Knowledge Services (LKS) strategic priorities support the continued development of the service beyond core activities, enabling further enhancement of access, engagement, and service delivery.

7.5.1 Victoria Hospital Library

The Victoria Hospital Library remains the main staffed site and houses the largest collection, covering a wide range of medical texts. Stock is regularly reviewed, purchased, and updated to ensure resources remain current and relevant. The library also provides PCs and study space for staff and students.

7.5.2 Stratheden Hospital Library

The library at Stratheden Hospital holds a specialist collection primarily focused on psychology, psychiatry, and mental health. While the library is unstaffed, regular visits are undertaken to collect requested items for loan and to check the physical environment. The facility includes desks and a PC for study. Books held at Stratheden continue to be available for loan via the Knowledge Network catalogue, allowing requests from other Health Boards. Previously, loans were limited to Stratheden staff. The current arrangement is reviewed annually due to the distance from Victoria Hospital, and a return to a closed loan system may be considered if regular visits become challenging.

7.5.3 Queen Margaret Hospital Library

During the reporting year, new stock was purchased for the Queen Margaret Hospital Library. The library is staffed one day per week, enabling routine monitoring of the space, management of loans, and maintenance of the computer suite.

7.5.4 Public Health

Haig House closed within the past year, and the associated library stock has been relocated to the main library site at Victoria Hospital. This has allowed the collection to be reviewed, with outdated materials withdrawn. Plans are in place to purchase new resources and update the Public Health collection. The librarian continues to compile the monthly Public Health current awareness bulletin and was also involved in working with the Public Health team to collate a witness statement for one of the modules of the UK COVID Inquiry.

7.5.5 Increased Student Numbers

Over the past year, LKS has continued to support increasing student engagement. As part of the Foundation Year doctor programme, which includes a research project, the team delivered an introduction to the library service and literature search training in collaboration with Foundation Year pharmacists at the start of the academic year. This training is planned to continue in the coming year. Requests for similar training were also received from other departments hosting

Foundation Year doctors, demonstrating the value of the service. This training supports trainees by increasing awareness of library services and literature search techniques and by providing access to online resources available through the Knowledge Network, including journals, point-of-care tools, and medical databases.

7.5.6 Right Decision Service (RDS)

During the year, LKS staff undertook editor training delivered by the Right Decision Service (RDS) team at Healthcare Improvement Scotland. Engagement also took place with colleagues across NHS Fife and the central RDS team regarding potential pathways for upload. Further involvement in uploading content is planned for the coming year.

7.5.7 LKS Promotion

The LKS team continued to promote the library service through regular posts on StaffLink. In October 2024, LKS staff hosted a pop-up stall at the NHS Fife and University of St Andrews Joint Research and Innovation Symposium. This provided valuable opportunities for face-to-face engagement with staff and for demonstrating how library services support information and research needs. As a result of networking at the symposium, LKS staff supported the University of St Andrews by providing guidance to Patient and Public Involvement and Engagement (PPIE) group members on accessing NHS Scotland's online library resources.

In addition, the library played a key role in coordinating the new RIK LinkedIn account, contributing posts across the Research, Innovation, and Knowledge departments.

8. Clinical Research Team



8.1 Clinical Research

The Research and Innovation (RIK) / Research and Development (R&D) Department's clinical team continues to play a pivotal role in improving public health outcomes and addressing health inequalities across the Fife area. By enabling local communities to participate in innovative clinical research and trials, the Department brings research opportunities directly to patients and communities.

During 2024–2025, NHS Fife supported more than 130 active clinical research studies, engaging over 1,000 participants. Clinical research nurses conducted almost 2,500 patient visits during this period. This level of activity reflects a strong commitment to excellence in clinical trial delivery and reinforces NHS Fife's growing reputation as a leader in life sciences research.

This success is underpinned by a collaborative operating model that integrates clinical, commercial, and academic expertise. Close partnership with frontline clinical staff has enabled the development of a resilient research infrastructure that supports the generation of new knowledge, treatments, and technologies, delivering benefits for patients, research participants, and the wider healthcare system.

A dedicated clinical trials facility, supported by a highly skilled workforce, has enabled progress in the understanding and treatment of a wide range of conditions. These activities are closely aligned with both local and national priorities in health and life sciences, supporting equitable access to innovative therapies for patients across Fife and beyond.

Strategic investment in clinical trials teams has expanded access to research opportunities, particularly within underserved specialties. This investment has strengthened NHS Fife's role in shaping the future direction of clinical research at both regional and national levels.

The clinical research portfolio spans a broad range of specialties, including:

- Emergency and Critical Care
- Respiratory Disease
- Oncology
- Cardiology
- Dermatology
- Stroke and Neurology
- Women's Health and Gynaecology
- Urology and Men's Health
- Orthopaedics
- Diabetes
- Anaesthetics and Surgery

This work is supported by a multidisciplinary team of more than 30 staff members, comprising clinical and non-clinical research professionals, principal investigators, and specialty clinicians. The team works in close partnership with the Approvals and Quality and Performance (Q&P) team to ensure studies are delivered efficiently, ethically, and to the highest quality standards. This collaborative approach supports timely study activation and robust governance, contributing to continued success in clinical research delivery.

NHS Fife RIK works closely with partners across the East Node, particularly NHS Tayside and NHS Lothian, contributing to a shared culture of research excellence. NHS Fife remains committed to delivering high-quality care while ensuring that patients and staff benefit from the latest advances in medical science.



8.2 Focus on Men's Health Research

Men's Health & Urology Team



(Urology Consultant Mr. Feras Al Jaafari, Senior Research Nurse Keith Boath, Research Nurse Danny Keenan and Senior Clinical Research Assistant Christina Coventry)

Summary of activity

For many years, Urology and Men's Health have been underrepresented in research initiatives within NHS Fife. This began to change in 2023 with the launch of the PREMISE trial, a significant study funded by the National Institute for Health and Care Research (NIHR). The trial aims to identify best practices for treating patients with benign prostatic hyperplasia (BPH), a

common condition affecting the prostate.

Traditionally, the gold standard for managing Lower Urinary Tract Symptoms (LUTS) has been Transurethral Resection of the Prostate (TURP). However, recent advancements have introduced Minimally Invasive Surgical Techniques (MISTs) as promising alternatives. The PREMISE trial compares the outcomes of three MISTs - Water Steam Ablation (REZUM), Prostatic Uplift (UROLIFT), and the Temporary Implantable Nitinol Device (iTind) - against TURP, using randomised allocation to ensure robust results.

In addition to PREMISE, NHS Fife is participating in the MT-08 Olympus study, which evaluates the safety and efficacy of UROLIFT and iTind. NHS Fife holds a unique position nationally, being the only centre in Scotland to offer all available MISTs. Furthermore, it is the sole site in the UK providing these procedures under local anaesthetic in an outpatient setting. This approach significantly enhances hospital efficiency by reducing reliance on day surgery beds and theatre space, while also improving patient experience through shorter attendance times.

8.3 Highlights

NHS Fife has recently been selected as the location for the new National Treatment Centre for Prostate Care, to be based at Queen Margaret Hospital. This exciting development includes the recruitment of two new consultant urologists and will expand capacity for treating prostate conditions. It also enables the research team to offer trials to patients from outside the NHS Fife area, further broadening the scope and impact of ongoing studies.

The expansion into urology has also led the research team to support studies in related areas, including surgical treatment options for kidney cancer and the evaluation of a novel diagnostic device for bladder cancer. This device analyses DNA from urine samples, potentially replacing the need for cystoscopy, urine pathology, and radiological assessments. Described by the urology team as a “game changer,” it offers a faster, less invasive diagnostic pathway. If implemented, it could dramatically reduce waiting times for cancer referrals by enabling general practitioners to send urine samples for genetic testing at the point of presentation with haematuria. Patients with positive results could be fast-tracked into specialist care, while those with negative results would follow standard investigative pathways.

Urology within NHS Fife is a rapidly evolving field, driven by technological innovation and a commitment to improving patient outcomes. The research team is proud to contribute to this dynamic landscape and looks forward to further advancing care through continued collaboration and study.

9. NHS Research Scotland Career Researcher Fellowship Profiles

This section highlights NHS Fife clinicians who have been awarded highly competitive NHS Research Scotland (NRS) Career Researcher Fellowships and outlines the impact of their work on patient care, service development, and research capacity



**Dr Raju Raman, Consultant in
Emergency Medicine**

1. Congratulations on being awarded an NRS Career Researcher Fellowship, what will this mean for your career and plans going forward?

Thank you! It's a great honour to have been awarded this fellowship. I came to clinical research relatively late in my career, and I work in a department that has never had the resources to support a high volume of research. We've started to change this in the last few years thanks to our small team of highly committed specialty doctors and our one and only dual clinical/research nurse, Jacqui James. Having recruited well to several trials, we were encouraged by our RIK colleagues (particularly Keith Boath and Tina Coventry) to start planning our own studies. With a great deal of guidance from Prof. Frances Quirk, Karen Gray and Fleur Davey, in 2025 I found myself being Chief Investigator on a prospective observational study of mental health related attendances at UK Emergency Departments (EDs). This study showed that mental health issues account for a much higher proportion of ED attendances than suggested by official statistics, a finding which has attracted a fair amount of government attention. We now need to turn this into action to improve the care provided to this vulnerable group of patients. This requires a programme of work across Scotland to understand people's experiences of ED care, seek their ideas of how we can improve things, and turn these ideas into new models of care that can be implemented and evaluated. Thanks to the NRS Career Research Fellowship, I am now able to take on this programme of work alongside my clinical role.

2. The Fellowship funds your time for a day a week for the next 3 years to develop and implement a programme of work, can you describe your programme of work and what impact that you think it will make for patients, staff and the health service?

We have known for a long time that people attending EDs with mental health issues have worse experiences than other patient groups. They wait longer to be treated, have to navigate complex referral and follow-up systems, and continue to suffer negative stigmatisation. We also know that ED staff face difficulties in providing high-quality care to this patient group, particularly out of hours, because our departments and systems are simply not set up to respond to mental health needs with the same urgency as physical health needs. Yet we know that compassionate, holistic and person-centred models of care have been implemented successfully in other health systems, and that pockets of excellent practice already exist in some Scottish Emergency Departments. The first phase of this research programme is therefore a detailed geo-spatial mapping of current mental health provision across all 30 Scottish Emergency Departments. This will be followed by qualitative work with service users and ED staff to describe current barriers and enablers of high-quality care. Finally, we will bring service users, family representatives, clinicians, third sector agencies and Scottish Government together in a series of engagement days to design a new model of ED mental healthcare. We then propose to test this out at one or more Scottish EDs - beginning, I hope, with NHS Fife.

3. What makes NHS Fife an ideal environment to support staff in delivering a successful programme of work for a Fellowship?

NHS Fife is large enough to support a broad range of research-active teams, yet small enough that you can get to know people across the organisation well. Collaboration is everything in research, so this is a perfect combination. The RIK department is highly experienced, very responsive to new proposals, and above all incredibly friendly and approachable. The developing relationship with St Andrews University is exciting and will bring many new opportunities. But most important, for me, are the people of Fife. Clinical research is not likely to be successful unless co-designed with the people it is meant to benefit. My experience of conducting Patient and Public Involvement (PPI) activities in Fife has been that people are very keen to participate, very open to new ideas, incredibly insightful in their comments and suggestions, and an absolute pleasure to work with.

4. These Fellowships are very competitive, what advice would you give to someone considering making an application in the future, to maximize their chances of success?

Firstly, ensure that you have strong Patient and Public Involvement (PPI) in your project. This must never be a "token" contribution - your PPI partners should be closely involved with every stage of your research programme and ideally co-designing your research with you. Secondly, ensure that your proposed research programme has the support and collaboration of experienced academics. Ask them to review and comment on your application. Finally, you will need to give a

five minute presentation summarising your research. This is very short! Rehearse your presentation well before giving it and present it to one or more of your collaborators for comment before the interview.



Dr Tim Wilkinson, Consultant Neurologist

1. Congratulations on being awarded an NRS Career Researcher Fellowship, what will this mean for your career and plans going forward?

Thank you, I'm delighted! I have always wanted a career that combines clinical work with research, and this fellowship provides the protected time within my NHS role that makes that possible. My research background is in epidemiology, but over recent years I have become increasingly passionate about clinical trials because of their potential to directly improve patient care. The fellowship will allow me to develop my skills in trial design and delivery, build new collaborations and, I hope, create opportunities for patients in Fife to take part in innovative studies.

2. The Fellowship funds your time for a day a week for the next 3 years to develop and implement a programme of work, can you describe your programme of work and what impact that you think it will make for patients, staff and the health service?

My research will focus on vascular cognitive impairment, one of the commonest causes of dementia but still under-researched compared to other dementias such as Alzheimer's disease. At present, we have no effective treatments for vascular cognitive impairment, but two existing drugs have recently shown promise in slowing cognitive decline after stroke. As part of a wider research team, I will help deliver a pilot trial to test these drugs in people with vascular cognitive impairment. Some participants will also undergo advanced brain imaging to give us new insights into how these drugs may improve the health of the brains' small blood vessels.

For patients, the impact will be greater opportunities to take part in studies that test potential new treatments. For NHS staff, it means building trial infrastructure, skills and confidence in running dementia studies. For the health service as a whole, it will help ensure Scotland is at the forefront of developing treatments in vascular cognitive impairment.

3. What makes NHS Fife an ideal environment to support staff in delivering a successful programme of work for a Fellowship?

NHS Fife is large enough to serve a wide and varied patient population, yet small enough for research and clinical teams to work closely together. I only joined NHS Fife in December, and right from the beginning I have felt supported and encouraged by colleagues on both the research and the clinical side to pursue my research. I already have established links with the University of Edinburgh, and NHS Fife's newly strengthened relationship with the University of St Andrews opens up exciting new opportunities for collaboration with researchers there.

4. These Fellowships are very competitive, what advice would you give to someone considering making an application in the future, to maximize their chances of success?

The best advice I can give is to speak to colleagues who have already been through the process – learning from their experiences was invaluable for me. Start planning early, write down your ideas, give yourself time to refine your proposal, and seek as much feedback as possible along the way. And don't be discouraged if you're not successful at first. I have a long list of rejected research grant and fellowship applications!



Dr Helen Brotherton
Consultant Neonatologist/Paediatrician

1. Congratulations on being awarded an NRS Career Researcher Fellowship, what will this mean for your career and plans going forward?

I am delighted to have been awarded this fellowship as it provides a structure to link my NHS Fife clinical Neonatology work with my research interests in improving outcomes for babies born early or small – both in Scotland but also globally where the majority of small babies are born and, unfortunately, don't survive. My PhD and post-doctoral research into newborn health were based at MRC Unit The Gambia at LSHTM, West Africa and the NRS fellowship is my first UK-based research award. I anticipate establishing new collaborations with Scottish academics and policy makers and learning how to navigate UK research processes, all essential for progressing as a mid-career clinical academic.

2. The Fellowship funds your time for a day a week for the next 3 years to develop and implement a programme of work, can you describe your programme of work and what impact that you think it will make for patients, staff and the health service?

PreMiSS project aims to optimise the duration and monitoring of skin-to-skin (STS) for preterm babies by understanding the landscape of evidence and practice in Scotland, with learning from the global south. Skin-to-skin (or kangaroo care) improves the survival, health and growth of preterm infants and mental health of parents, but delivery is limited by a lack of understanding about the minimum STS "dose" for different outcomes and inaccurate measurement methods. We will address these gaps by comprehensively reviewing the evidence for STS dose responses, assessing monitoring practices and available data in Scotland, eliciting the views of families and health workers, and exploring health technology solutions to improve monitoring. This will ultimately benefit preterm babies and families in Fife, and elsewhere in Scotland and globally, by providing evidence based guidelines for STS dose and resulting in a paradigm shift towards using STS as a "prescribed intervention" to support preterm babies' health, growth, feeding, earlier transition from hospital to home, alongside promoting maternal mental health and parental attachment.

3. What makes NHS Fife an ideal environment to support staff in delivering a successful programme of work for a Fellowship?

I have been incredibly impressed by NHS Fife Department of RIK in supporting my fellowship work so far. The RIK team are highly experienced, professional and well connected with interdisciplinary researchers through the South East Scotland innovation hub. The strong links between NHS Fife and St Andrews University are also very helpful to identify collaborators from different fields such as social sciences, health economics and behavioural science.

4. These Fellowships are very competitive, what advice would you give to someone considering making an application in the future, to maximize their chances of success?

My top tip is to give yourself enough time (at least 3 months) to prepare the application and ask trusted colleagues and mentors to read it and give honest, constructive feedback. It was also useful to get input from patients and public about the application. The Fife Community Advisory Council were really helpful in arranging this and we held some initial PreMiSS PPIE panel meetings which helped to shape the application. My final tip is to arrange a mock interview with senior academic colleagues to help refine your presentation and interview skills.

10. Clinical Research Associate Principal Investigator Profile



Sachindra Kapadi
Principal Investigator

1. What motivates you to fit research into your busy clinical life?

I am a firm believer that practising evidence-based medicine is the way to ensure we provide patients with the best possible care. By getting involved in high quality research, we as individuals, can contribute towards generating this evidence pool. The opportunity to make a meaningful impact on patient outcomes is a key motivator for me.

2. Why did you apply for the Associate PI scheme?

I've always enjoyed reading pragmatic, multicentre randomised controlled trials in the orthopaedic journals. When I found out that our centre was recruiting for the AFTER randomised control trial, I saw it as a great opportunity to get involved. The Associate PI Scheme offered a structured way to contribute meaningfully to research while developing my own skills.

3. What will be the benefits of your role as an associate PI for you going forward in your career?

This role serves as a valuable stepping stone for me to become more involved in clinical research. While I've primarily been involved in screening during this trial, I'm hoping to take on more responsibility in the future — including recruitment and study coordination. It's also helping me build a strong foundation for a future academic or research-informed clinical career.

4. Did you feel the Associate PI scheme gave you the experience and skills you were looking for?

Yes, the Associate PI Scheme provided me with both the experience and skills I was looking for. It gave me an "insider's" view of how large-scale clinical trials are organised and run on the ground. From a skills perspective, I gained hands-on experience in applying inclusion and exclusion criteria and developed confidence in screening patients appropriately. It's been a valuable introduction to the operational side of clinical research.

5. What advice would you give clinicians / health professionals thinking about getting involved in research within their area of service?

Do it! Start small and don't be afraid to get involved in quality research. Even supporting research through screening or patient identification can offer valuable insight into the research process. The Associate PI programme opens opportunities and also is a great way to gain structures experience in research.

11. Clinical Trials Pharmacy Team



Pharmacy Team: Sandee Beattie, Senior Pharmacist, Clinical Trials and Janine Ramsay Senior Pharmacy Technician Clinical Trials.

11.1 Activity & Highlights:

The Clinical Trials Pharmacy Team experienced several personnel changes during the reporting period. After 11 years in post, Maria Simpson retired from her role as Senior Pharmacy Technician (Clinical Trials). During her tenure, Maria made a substantial contribution to facilitating clinical research within NHS Fife. Her knowledge, experience, and commitment to research activity were highly valued, and her contribution will be greatly missed.

Janine Ramsay successfully progressed into the role of Senior Pharmacy Technician (Clinical Trials). Janine previously held the post of Pharmacy Technician (Clinical Trials) after qualifying as a registered pharmacy technician in April 2024. She is keen to further develop the role and support the increasing number of new and prospective clinical trials being delivered within NHS Fife.

During 2025, NHS Fife implemented a new drug supply system (CMM) alongside the electronic Immediate Discharge and Medicines Reconciliation system (IDL). The Clinical Trials Pharmacy Team, working in collaboration with colleagues from Research and Innovation and the Pharmacy Digital and Information Team, developed a standardised pathway for the documentation and prescribing of clinical trial medications. Clinical trial participants admitted to hospital are recognised as being at increased risk of medication errors or medication mismanagement. The introduction of a standardised prescribing process, supported by clear guidance documents, aims to reduce these risks and improve communication with primary care services.

Planning is also underway for the implementation of the Hospital Electronic Prescribing and Administration system (HEPMA). This in-patient electronic prescribing system will bring NHS Fife into alignment with other Scottish Health Boards already using HEPMA. To manage the risks associated with in-patient prescribing of investigational medicinal products (IMPs), the Clinical Trials Pharmacy Team is working closely with the Pharmacy Digital and Information Team to develop a standardised prescribing process for in-patients requiring IMP administration.

The team continues to coordinate and oversee Clinical Trials of Investigational Medicinal Products (CTIMPs) across NHS Fife, working collaboratively with the

wider Research, Innovation and Knowledge (RIK) Department to support study delivery. During the year, the team supported the opening of several new CTIMP studies, including RUFUS, LACI-3, and INTREPID, and processed amendments for ongoing CTIMP studies in a timely manner. The team has also undertaken significant work to streamline in-house e-training for the wider pharmacy workforce. As studies are conducted across multiple NHS Fife sites, the wider pharmacy team plays a vital role in processing clinical trial prescriptions at both Queen Margaret Hospital and Victoria Hospital, Kirkcaldy.

In addition to supporting the safe delivery of CTIMPs, the Clinical Trials Pharmacy Team contributes to cost avoidance by reducing expenditure that would otherwise be incurred through routine clinical care. This largely reflects sponsor-supplied investigational medicinal products provided at no direct cost to NHS Fife. This demonstrates the financial value of research activity in reducing pressure on medicines budgets.

The cost avoidance figures presented below in table 4 represents estimated savings associated with sponsor-supplied trial medications and related pharmacy support during the 2024–2025 financial year. Figure 21 demonstrates the cost avoidance figures over the past 3 years.

Study Name	Scottish Specialty	Cost Avoidance Figure
TEMPESTAS	Respiratory Disorders	£195
IMPACTFUL (M24-451)	Dermatology	£3,456
REFINE	Cancer	£26,984
FLAIR	Cancer	£114,975
Total		£145,610

Table 4

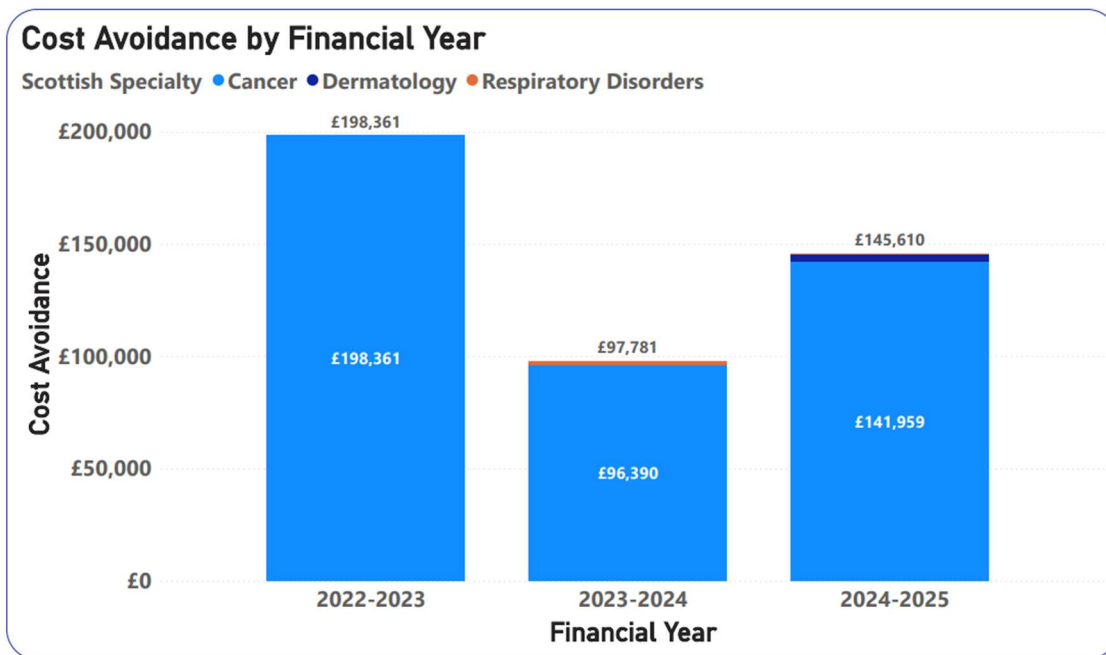


Figure 21

Research is recognised as a key driver of quality improvement within healthcare systems, and the Clinical Trials Pharmacy Team takes pride in contributing to this agenda through its ongoing support of high-quality clinical research within NHS Fife.

12. Research, Innovation and Knowledge Approvals and Support Team

RIK Approvals Team and Support



Catherine Kennedy
R&D Approvals Coordinator



Penny Trotter
R&D Approvals Coordinator

12.1 R&D Approvals Team

The R&D Approvals Team consists of Catherine Kennedy (Lead Approvals Coordinator), Penny Trotter (Approvals Coordinator) and Aileen Yell, (R&D Research Coordinator). Whilst Aileen retired in June 2022, she is currently continuing to provide support, via the Bank, to Catherine Kennedy. Penny Trotter moved from Approvals to the Innovation team part way through the year. Administrative support is provided by Roy Halliday (R&D Support Officer). Research amendment support is provided by the Quality and Performance Administrative Officers Rachel Kuijpers and Isla McBain.

12.2 Research Approvals

All research conducted within the NHS must have R&D Management Approval in order to ensure that the legal obligations of the Board are met. The Approvals Team ensures that such research studies are reviewed and approved within national timelines. This can include working with researchers and staff to provide advice and assistance for types of approval that are required, reviewing documentation, checking any implications around resource and costing, information governance, risk assessment, arranging contractual reviews, processing Research Passport applications, checking insurance/indemnity for

research studies under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and dealing with any queries which arise during the process.

Between April 2024 and March 2025, the number of local management approvals was 38 studies as shown in Figure 22. Figure 23 shows the NHS Fife Local Management Approvals by Financial Year 2022-2023, 2023-2024 and 2024-2025.

Figure 22 NHS Fife Local Management of Approvals by Month: April 2024 - March 2025

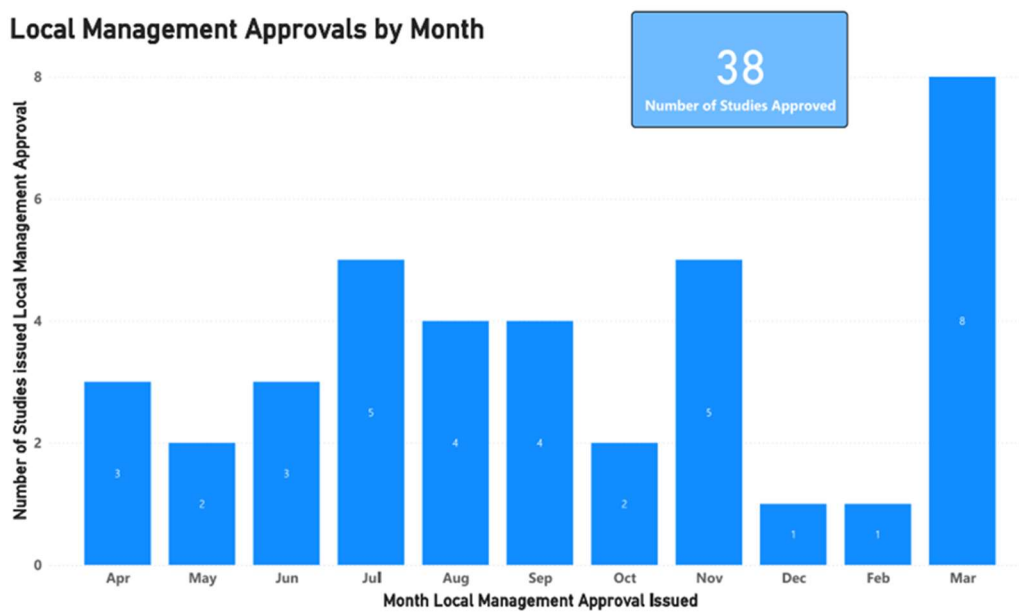
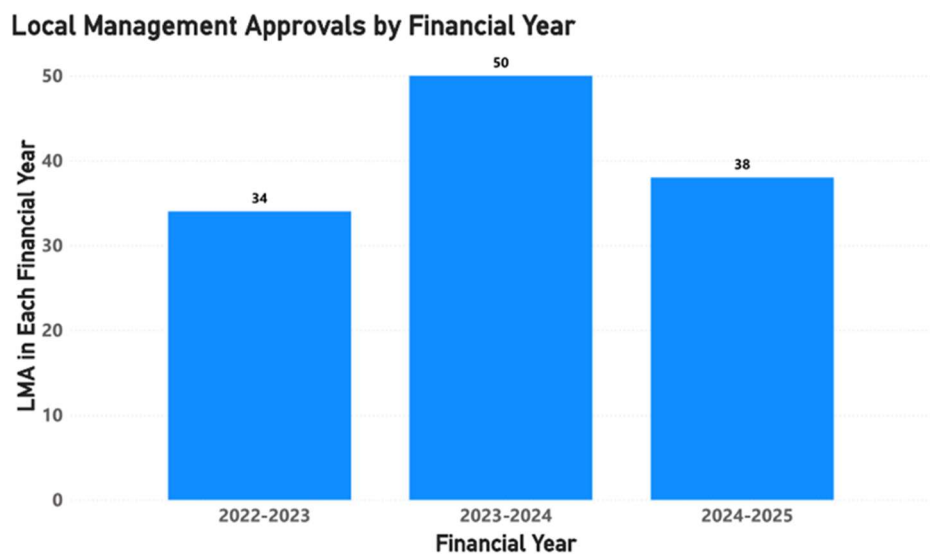


Figure 23 NHS Fife Local Management Approvals by Financial Year



12.3 Research Amendments

The majority of research projects which are approved will be subject to amendments during the period the studies are active or in follow up. The Approvals Team liaises with local study teams to ensure there are no issues around capacity or resources/costings and review and process the amendments timeously.

Between April 2024 and March 2025, the number of local management approvals was 217 study amendments approved as shown in Figure 24. Figure 25 shows the NHS Fife approval of amendments by Financial Year 2022-2023, 2023-2024 and 2024-2025

Figure 24 NHS Fife Approval of Amendments by Month: April 2024 to March 2025

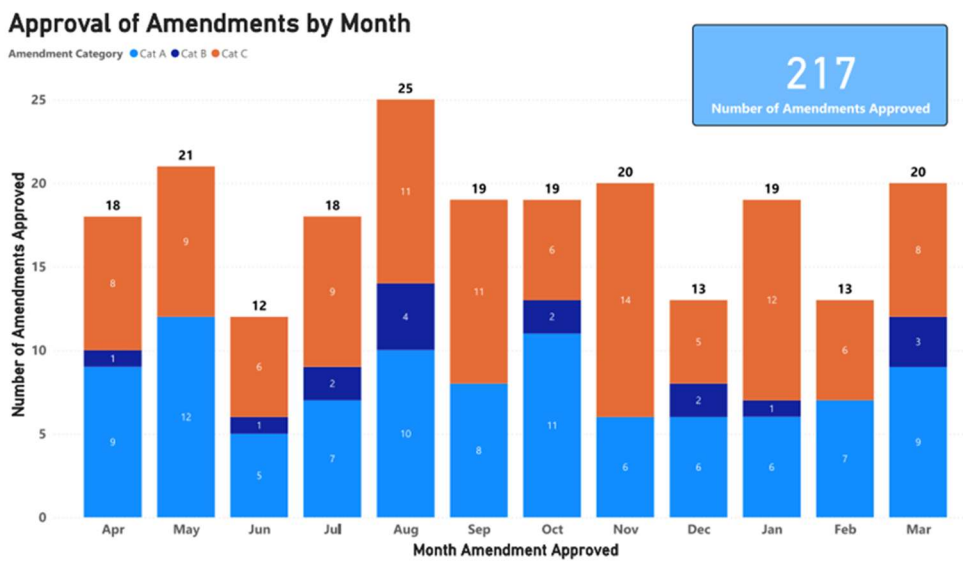
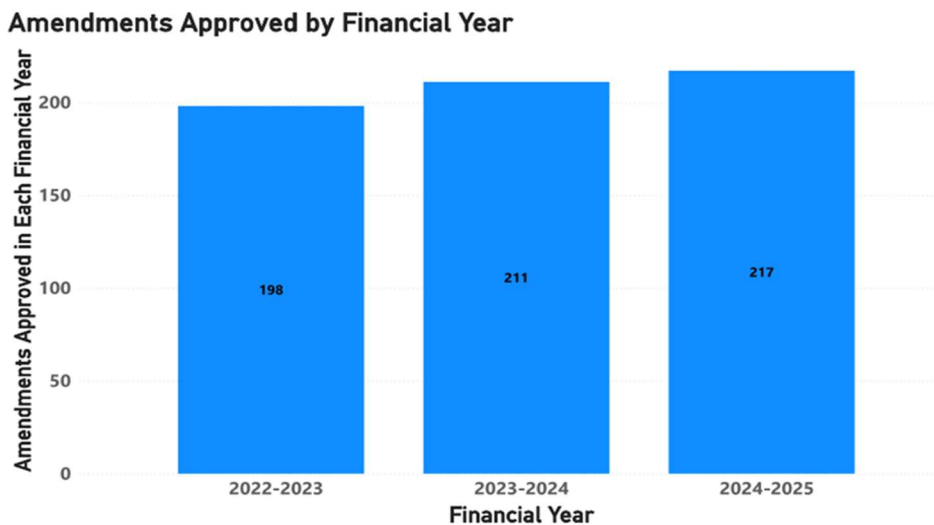
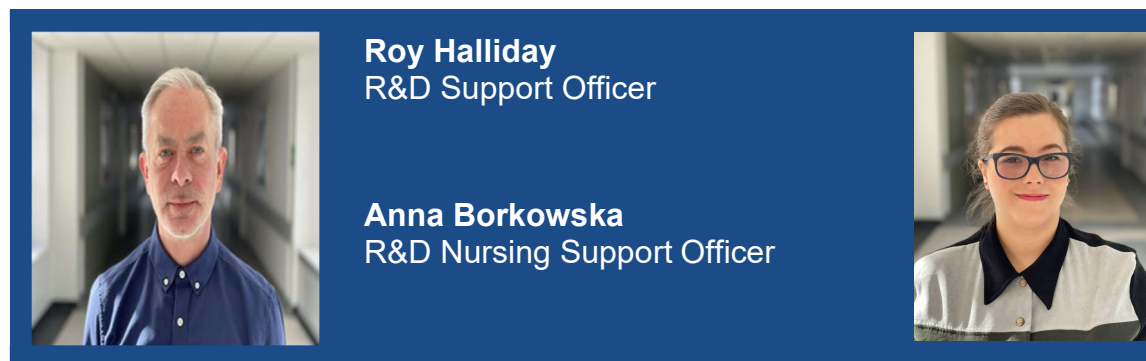


Figure 25 NHS Fife Amendments Approved by Financial Year



12.4 R&D Support



The R&D Support Officer, Roy Halliday, provides comprehensive administrative support to the RIK Department, acting as a primary point of contact and responding to a wide range of enquiries. Responsibilities include organising and minuting meetings, producing the RIK Bulletin, supporting the Associate Director of RIK and wider team, processing feasibility requests, managing ordering through e-procurement Scotland system (PECOS) and Scottish Standard Time System (SSTS), and assisting with delivery of the RIK Education Programme.

The Nursing Support Officer, Anna Borkowska, provides essential administrative and operational support across both the clinical and Innovation functions. Key responsibilities include coordinating student placements, supporting recruitment and induction processes, and providing administrative support to the Lead Nurse, Innovation Manager, and wider clinical team.

Together, the administrative team's proactive and collaborative approach ensures a high standard of support across the department.

13. Research, Innovation and Knowledge Quality and Performance



Julie Aitken - R&D Quality and Performance Lead.

Between April 2024 and March 2025, the RIK Quality & Performance Team consisted of Julie Aitken (RIK Quality and Performance Lead), Rachel Kuijpers and Isla McBain (RIK Quality and Performance Assistants).

Between April 2024 and March 2025, the RIK Quality & Performance Team consisted of Julie Aitken (RIK Quality and Performance Lead), Rachel Kuijpers (RIK Quality and Performance Assistant) and Isla McBain (RIK Quality and Performance Assistant).

The RIK Quality & Performance Team are responsible for several activities including:

13.1 Management of SOPs and Work Instructions

Standard Operating Procedures (SOPs) and Work Instructions (WIs) are vital to ensure efficient, controlled, and uniform conduct across all studies.

The RIK Quality and Performance Team ensures all SOPs and Work Instructions are constructed in accordance with the standard format, regularly reviewed, distributed, and made available to staff as appropriate. They work with the RIK Department admin and research staff to review the content of these documents and suggest improvements, as well as identifying gaps in the existing suite of documents where new procedures are required. This is an ongoing cycle and feeds into the continuous development of the department.

Between April 2024 and March 2025 3 Work Instructions and their associated forms and templates were reviewed, updated, and re-issued (Table 5).

Table 5. Standard Operating Procedures and Work Instructions.

Standard Operating Procedures & Work Instructions Issued/Revised		
Document Title	Version	Active Date
WI04 - R&D Finance Processes for Commercial Studies	1	17 April 2024
WI09 - R&D Trial Patient Alert Procedure	4	14 June 2024
WI38 - Implementing Study Amendments	3	14 June 2024

13.2 Audit

The team are responsible for performing audits across all the clinical research conducted in NHS Fife. This covers a wide range of activities, looking at studies and their activities as well as procedures within the RIK Department itself. The audits are intended not only to ensure compliance to SOPs, WIs and study protocols but to assist those being audited by identifying and addressing issues and helping to improve and streamline study processes.

An Annual Governance Audit is conducted on all studies on the anniversary of them receiving Local Management Approval. Depending on the type of study, these audits cover a range of activities including a review of the study timelines, recruitment figures, safety reporting, implementation of study amendments and reporting of any deviations from the study protocol.

The team conducted 111 Annual Governance Audits between April 2024 and March 2025. A monthly breakdown is shown in Figure 26.

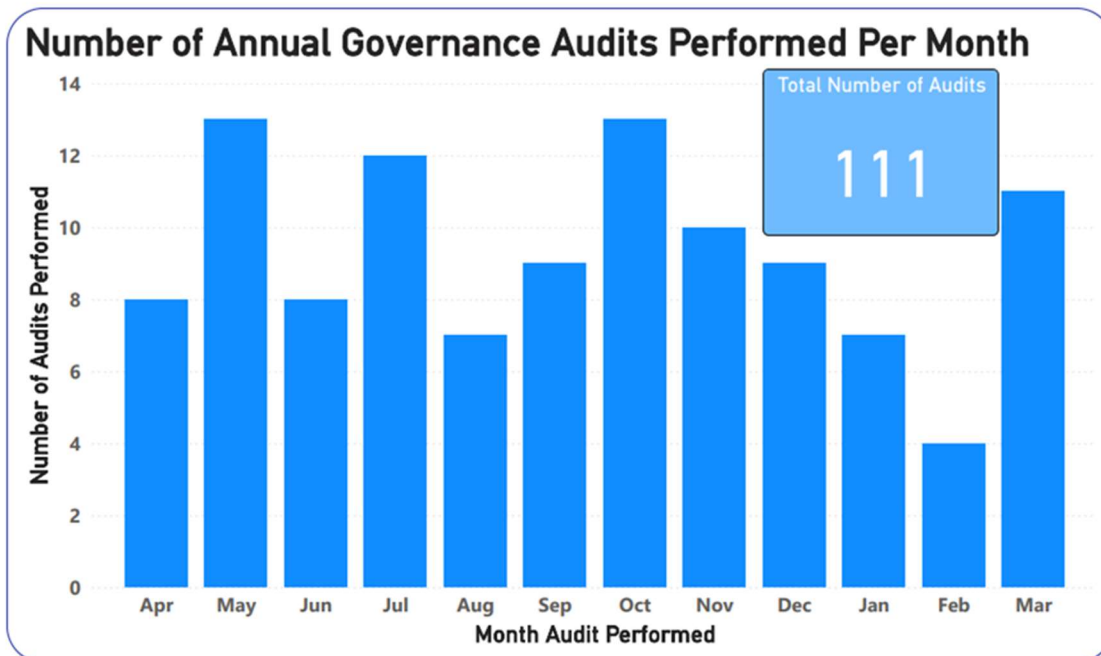


Figure 26

The Quality & Performance Team routinely audits the consent process for all studies, with the number of consent forms audited being determined by the complexity of each individual study. This audit ensures that the consent process complies with the study protocol, the correct documentation is being used, and all activities are documented appropriately.

The team conducted consent audits on 13 studies with 44 individual consent forms reviewed. A monthly breakdown is shown in Figure 27.

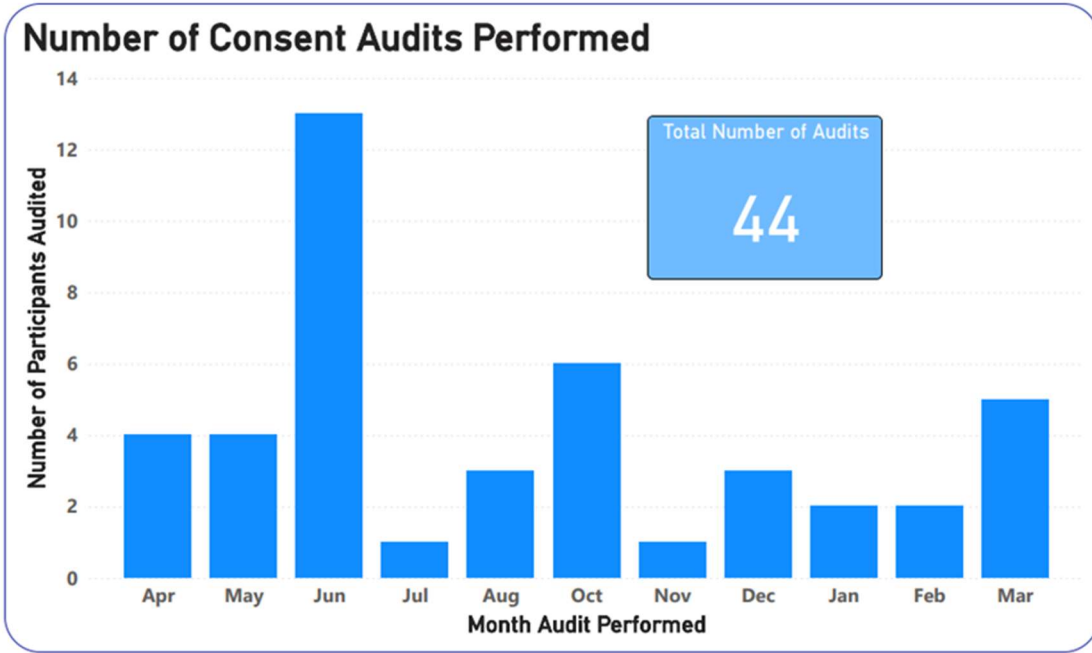


Figure 27

13.3 Tracking Research Activity and Performance

The team liaises with research teams to review study progress and timelines, collate recruitment Figures and update local and national databases to track all research activity in NHS Fife.

13.4 Highlights

The team has continued to work with the RIK Approvals Team, Clinical Trials Pharmacy Team, and RIK Clinical Research Teams to further develop our use of EDGE for managing all aspects of the life cycle of a research project. We have continued to develop reports using the data collected in EDGE to track study approval and set-up processes, and track the administrative tasks associated with participant recruitment and safety monitoring.

14. Research, Innovation and Knowledge Education and Training

Senior Research Advisors Activity 2024/25 -
Dr Fleur Davey and Dr David Chinn

14.1 Education and Training

During the period April 2024 and March 2025, there have been regular requests from NHS Fife Staff to the Fife R&D Senior Research Advisors (SRAs), covering a large range of queries related to aspects of clinical research.

Forty-nine individuals made a first contact with one of the SRAs, there were also a number of brief contacts which were not formally recorded. On the whole, the initial queries to the SRAs were initiated by the clinical/academic member of staff, rather than the SRA, and the majority of these went first to the R&D generic e-mail illustrating that these queries were from individuals initially unsure who to approach in RIK, and what RIK could offer them.

Just under a third of the recorded contacts in this period (16) were from people who ultimately did not require the services of the R&D department but were signposted to other departments such as Innovation, Library services or the Quality Effectiveness team. The remainder of the people who contacted the SRA had clinical research related queries. At least 5 individuals sought information around involving Patient and Public Involvement in their study design and were signposted to the Fife Community Advisory Council - School of Medicine - University of St Andrews. Considering the importance placed on involving PPI during study design by ethics committees and research funders, when staff came to the research advisor to discuss their research projects, this topic was part of the discussion.

Most people who contacted the SRAs were NHS Fife staff wishing to incorporate research into their clinical work, additionally there were 9 contacts from people who wanted to complete a higher educational project within NHS Fife, and a small number of clinical academics who wanted to complete clinical research projects. Requests from NHS Fife staff came from a range of clinical professions including doctors, nurses, and allied health professionals.

Individuals looking for advice regarding clinical research were generally asking for help regarding; the varied aspects of study design, how to negotiate the approvals process, how to incorporate PPI into their study design and the process of applying for NHS Fife sponsorship. To progress these queries each individual had ongoing discussions with the SRAs over a period of time either by e-mail or face-to-face.

The SRAs attended regular meetings of the Scottish Health and Social Care Providers Research Leads Network, a group which promotes the building of research capacity and capability in nurses, midwives, allied health professionals, psychologists, and pharmacists by contributing to strategies for creating future clinical academic research opportunities. Additionally, to promote the RIK

department and the role of the research advisor, the SRAs delivered information sessions to interested departments/students throughout the year.

Senior Research Advisor David Chinn delivered a 2-hour stats course for 17 trainee psychologists at Lyne bank.

Statistical advice was provided to a biochemist who was doing her MSc at Ulster University. Dr Chinn also provided advice regarding the use of SPSS, assisted a member of staff with their protocol and planning their statistical analysis. Dr Chinn assisted in the review of a paper submitted to an Ophthalmology journal; the paper was published, and Dr Chinn was named co-author.

Table 6. GCP (Good Clinical Practice) Training- number of sessions, attendees

Date	Training	Trainers	Number of attendees
16/04/2024	Introduction to GCP	Zunera Ali and Dr Penny Trotter	4
09/05/2024	GCP Update	Karen Gray and Dr Fleur Davey	8
20/06/2024	Introduction to GCP	Keith Boath and Dr Fleur Davey	6
14/08/2024	GCP Update	Karen Gray and Dr Fleur Davey	4
21/08/2024	Introduction to GCP	Keith Boath and Dr Penny Trotter	9
29/10/2024	Introduction to GCP	Zunera Ali and Dr Penny Trotter	6
14/11/2024	GCP Update	Karen Gray and Dr Fleur Davey	4
05/12/2024	Introduction to GCP	Keith Boath and Zunera Ali	6
06/02/2025	Introduction to GCP	Karen Gray and Dr Penny Trotter	4

Table 7. Principal Investigator training numbers of sessions, attendees

Date	Training	Trainers	Number of Attendees
17/05/2024	PI	Karen Gray and Dr Fleur Davey	1
10/06/2024	PI	Karen Gray and Dr Fleur Davey	3
30/10/2024	PI	Karen Gray and Dr Fleur Davey	1

Table 8. Consent Training

Date	Training	Trainers	Number of Attendees
28/08/2024	Consent	Karen Gray and Dr Fleur Davey	1
04/02/2025	Consent	Karen Gray and Dr Fleur Davey	2

15. Fife Health Charity Research and Innovation Support

One application for Fife Health Charity Support and funding for clinical research or innovation was reviewed by RIK over the 2024-25 period.

The lead applicant was Dr Rajendra Raman for a project related to improving the experience of patients presenting with emotional distress in the Emergency Department.

This application was successful in receipt of funding.

16. Fife Community Advisory Council

16.1 Patient and Public Involvement and Engagement in Research

NHS Fife Research, Innovation and Knowledge is committed to embedding Patient and Public Involvement and Engagement (PPIE) in research and research related activities. Whilst public and patient participants are recruited to clinical research studies and clinical trials, we also aim to involve the public and patients more broadly in our programme of work, providing input to the design of studies, supporting funding applications and working with clinical staff and researchers to develop clinical research studies and areas of priority. In partnership with the University of St Andrews we also support a generalised Patient and Public Involvement group called Fife Community Advisory Council (FCAC).



About Fife Community Council

Fife Community Advisory Council (FCAC) was established in 2018 jointly by the University of St Andrews and NHS Fife Research, Innovation and Knowledge (RIK) to support health and social care research in Fife.

FCAC is made up of members of the public who through their knowledge and lived experiences can provide the essential “lay” perspective in research studies. They support Researchers, Clinicians and Scientists, contributing to the design, aims, delivery, and final recommendations of research studies. Working collaboratively, they share perspectives, skills, respecting and valuing knowledge and experience, reciprocity, and building and maintaining relationships.

FCAC governance is outlined in its Terms of Reference. It works within a published Scottish framework and follows guidance issued by the National Institute for Health & Care Research and NHS Fife. It is co-ordinated by the Public and Patient Involvement (PPI) Co-ordinator in the School of Medicine, University of St Andrews. Contact medfifecac@st-andrews.ac.uk

FCAC provides a bespoke approach to PPI as no two projects are ever the same. Examples of responsibilities, though not limited to are:

- Suggesting what health problems to study and how best to study these, looking at what resources are available or needed to improve on these.
- Reviewing and contributing to grant applications, and in some cases acting as a grant Co-applicant
- Reading and commenting on materials for research studies, such as participant information sheets and protocols.
- Joining PPI panels who contribute to the full lifecycle of a research project, often a 3 or 5 year project.

Membership

There are currently 28 members of FCAC who have collectively contributed to 25 research studies between March 2024 and May 2025. FCAC aims to have an inclusive, diverse, and as representative as possible group. Current membership statistics are detailed in table 9 below.

Table 9. Demographic details of FCAC members.

<i>18% fall into the 18–39 year age bracket</i>	
<i>10% are aged 40–59</i>	
<i>64% are aged 60–79</i>	
<i>4% are aged 80 or over</i>	
<i>4% preferred not to say</i>	
<i>Last year, 85% of our volunteers identified as female. This has shifted to 75% in 2025, reflecting an encouraging increase in male participation — more than doubling since January 2025.</i>	
<i>90% are of white ethnicity</i>	
Asian, Asian British	1
Black, Black British, Caribbean, or African	1
White, White British	27
Mixed or Multiple	0
Other Ethnic Group	1
Prefer not to say	0
<i>53% do not consider themselves to have a disability</i>	

One of the FCAC members, Anne Haddow, sits on the Research, Innovation and Knowledge Oversight Group. Further options to increase representation are currently being explored and developed.

16.2 Projects

NHS Fife features prominently across years 2023-2024 and 2024-2025, especially in collaborative and clinically led work.

10 new projects began this year, including long-term work such as Colin McCowan's and Joyce Henderson's PPI panels on unscheduled care and Artificial Intelligence (AI) screening for hip dysplasia (both starting Sep 2024), alongside NHS Fife-led initiatives like Helen Brotherton's neonatal monitoring study (Dec 2024), Karin Diaconu's decarbonising women's healthcare project (Feb 2025), and Joanna Hadoke's inpatient falls grant (Mar 2025). Newer projects also span digital health, public engagement, early diagnosis, and health inequalities.

The remaining projects were either completed or are ongoing from 2023-2024, with many focused on advisory roles or proposal reviews in areas such as multimorbidity, antimicrobial resistance, and conflict of interest in healthcare. Several contributors - such as Josie Murray, Sarah Bowers, and Margaret McCartney - are involved in multi-year or recurring activities.

17. Communications

The team utilise various platforms to advertise/promote our services and that of our collaborators.

17.1 Research, Innovation and Knowledge Bulletin

The bulletin is issued every two months and distributed via Stafflink and a mailing list, since August 2023 we have used Microsoft SWAY to produce this, which is easier for the viewer to read and includes live links, using SWAY also has the benefit of producing analytics for each issue.

April 2024 had 203 views [Research, Innovation and Knowledge Bulletin April 2024](#)

June 2024 had 173 views [Research, Innovation and Knowledge Bulletin June 2024](#)

August 2024 had 148 views [Research, Innovation and Knowledge Bulletin August 2024](#)

October 2024 had 122 views [Research, Innovation & Knowledge Bulletin October 2024](#)

December 2024 had 181 views [Research, Innovation & Knowledge Bulletin December 2024](#)

February 2025 had 128 views [Research, Innovation & Knowledge Bulletin February 2025](#)

17.2 Research, Innovation and Knowledge Newsletter

May 2024 had 587 views [Research, Innovation and Knowledge Newsletter May 2024](#)

January 2025 had 461 views [Research, Innovation and Knowledge Newsletter - January 2025](#)

17.3 Promotion and Advertising

The department also promotes Research and Innovation events, training and publications from internal and external collaborators again using Stafflink and a mailing list, during the period from 01st April 2024 – 31st March 2025, this was done 46 times.

17.4 Social Media


X (formerly Twitter) is a social media platform used by NHS Fife Research, Innovation and Knowledge to share updates, promote events, and disseminate research and innovation activity to a wider audience.

<https://twitter.com/NHSFifeResearch>


LinkedIn is a professional networking platform used by NHS Fife Research, Innovation and Knowledge to share updates, promote events and training, and highlight research and innovation activity. The table below provides a breakdown of LinkedIn activity across the year.

RIK Department LinkedIn Account: Created June 2024.	June 2024 - March 2025
Impressions	9452
Reactions	247
New Followers	113
Re-posts	6
Comments	2

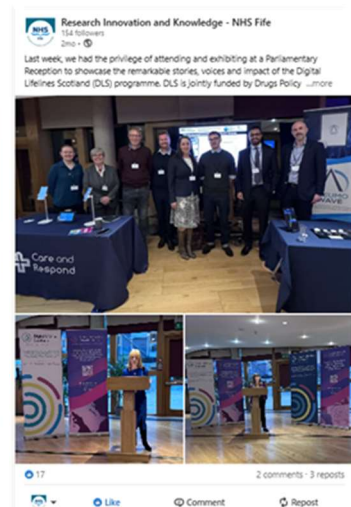
Top three posts



911 impressions



875 impressions



738 impressions

18. Research, Innovation & Knowledge User Experience

18.1 R&D Participant Experience and Testimonies

Study participants and colleagues are placed at the centre of care delivery, and their feedback is highly valued as a means of driving continuous improvement and ensuring the highest possible standards of care.

The comments below reflect feedback from recent study participants and document their experiences of participation in a range of clinical studies.

“My whole experience throughout this trial was one of respect and guidance by the medical team! It made, for me, the whole experience extremely enjoyable, and EXTREMELY worthwhile in pretty much every respect!” - Roy G O Greig, TEMPESTAS study participant

“Gained significant benefits from participating in the trial and found the trial staff extremely supportive.” - Jim, SBIVA study participant

18.2 Library and Knowledge Services User Feedback

“Thank you, all staff are very supportive”

“Excellent service, thank you”

19. Opportunities and Challenges

To support the effective implementation of the NHS Fife Research, Innovation and Knowledge (RIK) Strategy, a series of annual priorities were identified for progression. An update on the priorities and challenges taken forward within RIK during 2024–2025 is outlined below.

19.1 Progress against identified priorities

a. Participation in the development of medical and nursing clinical academic career pathways in Fife continued, supported by ongoing discussions, actions, and appointments to the Associate Principal Investigator (PI) Scheme and Clinical Research Practitioner roles.

b. Readiness for a potential inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) was maintained throughout the reporting period.

c. Information relating to research- and innovation-focused academic degree programmes, short courses, and bursary opportunities was circulated to staff to encourage engagement and applications.

d. Close liaison continued with universities across South East Scotland through the Health Innovation South East Scotland (HISES) Academic Liaison Group and other academic institutions, particularly the University of St Andrews, to establish Research and Innovation projects, programmes, and opportunities.

e. Active support for and participation in NHS Research Scotland (NRS) East Node activity continued, including the development of joint documentation and participation in relevant groups and committees. In addition, involvement was maintained in the NHS Tayside–led Commercial Clinical Trial Delivery Centre, funded through the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG).

f. Collaboration with the Health Informatics Centre (HIC) continued, with further consolidation and expansion of the joint Tayside and Fife HIC database to facilitate service-based evaluation and research. Representation was maintained on the HIC Governance Committee, alongside continued engagement with the South East regional data repository and asset, DataLoch.

g. The infrastructure and processes required for NHS Fife to act as sponsor for increasingly complex studies continued to be developed, with successful delivery evidenced through NHS Fife–sponsored studies.

h. Increased activity and collaboration with established and emerging clinical researchers, academic partners, and pharmaceutical and medical device companies resulted in increased utilisation of the Clinical Research Facility.

19.2 Challenges for RIK in 2024–2025

During the 2024–2025 period, the Research, Innovation and Knowledge teams within NHS Fife continued to drive growth and service improvement. This included maintaining a diverse research profile, pipeline, and priorities; ensuring compliance with the research governance framework; monitoring 100% of NHS Fife–sponsored studies; revising the RIK Education Programme to place greater emphasis on clinical research support, including the introduction of a new Foundation Year 2 academic specialist cohort; adapting Library Services in response to staffing changes; and planning for increased medical student numbers.

All teams continued to perform strongly despite these challenges and periods of change. However, external pressures and a more challenging financial environment across the wider system had an impact on productivity, staff turnover, staff wellbeing, and the pace at which some initiatives could be progressed.

Increased clinical research activity and forward planning associated with the VPAG initiative have placed additional pressure on space and space utilisation within the Clinical Research Facility at Victoria Hospital, Kirkcaldy. Ongoing discussions with the Estates, Transformation and Planning, and Acute Services Directorates have not yet identified a viable solution to expand the Clinical Research Facility footprint.

19.3 Opportunities for RIK in 2024-25

NHS Fife has continued to identify and implement approaches to support protected time for staff who are active or interested in research. A significant development during the reporting period was the funding and implementation of the third cohort of Clinical Research and Innovation Champion roles.

The legacy of the first and second cohorts of Clinical Research and Innovation Champions—Dr Susanna Galea-Singer, Dr Devesh Dhasmana, Mr Phil Walmsley, Dr Rajendra Raman, Dr Joanna Bowden, and Dr Samuel Pattle—has established a strong foundation. This has provided the platform and momentum for the third cohort—Dr Rishma Maini, Dr Alexander Coupland, and Mr Adeel Akhtar—to both build upon and consolidate previous achievements. It is anticipated that all cohorts will work collaboratively to support the continued growth of research and innovation capacity and culture across NHS Fife, as well as the developing partnership with the University of St Andrews during 2025–2026.

The NHS Fife Innovation Team has also demonstrated strong leadership through the successful delivery of Phase 1 of the Reducing Drug Deaths Catalyst Challenge programme, alongside the initiation and ongoing progress of Phase 2. This work has resulted in NHS Fife being increasingly recognised within the wider innovation landscape and has led to enhanced engagement at a national level.

19.4 RIK Strategy priorities (2024-25)

All activities detailed in the prioritised plan of the RIK Strategy for 2024-2025 have been achieved.

The RIK Strategy has reached the end of its current lifecycle and a new 5 year RIK Strategy will be developed over 25/26 aligned with the NHS Fife Population Health and Wellbeing Strategy and integrated ambitions and with close involvement in the development of the new University of St Andrews School of Medicine Strategy to ensure shared intentions are integrated.

20. Conclusion

Each team within Research, Innovation and Knowledge demonstrated resilience and adaptability in responding to the challenges and opportunities of 2024–2025. Staffing changes and recruitment pressures across the Department resulted in several teams operating without a full complement of staff for extended periods. This was particularly evident within the Innovation Team, which experienced multiple staff changes during the financial year. Despite this, the team is to be commended for maintaining high-quality support for the Reducing Drug Deaths national programme of work throughout a period of significant transition.

Throughout the year, RIK continued to promote the research and innovation agenda, further strengthening research and innovation culture and raising the profile of the Department within NHS Fife. Strong partnerships were maintained and developed with Health Innovation South East Scotland (HISES), the University of St Andrews, and the wider research, innovation, and knowledge community.

Innovation activity within NHS Fife continued to strengthen during 2024–2025, supported by new appointments, increased engagement, and a growing portfolio of NHS Fife-led innovation projects aligned with the wider Transformation agenda.

The Clinical Research Team, alongside the Approvals and Quality and Performance support services, provided consistently high-quality support to clinicians and research staff. In addition to supporting local research delivery, these teams contributed to national initiatives and demonstrated leadership in study management, governance processes, and the effective use of data management systems.

The NHS Fife Executive Lead for RIK and the Associate Director of RIK worked collaboratively to ensure the visibility of NHS Fife’s research and innovation activity, promoting NHS Fife as an increasingly influential contributor within the Scottish research and innovation landscape.

This collective progress is expected to culminate in 2025–2026 with NHS Fife being recognised by the Scottish Government as a University Health Board.

21. Publications

Research and related activity: publications by NHS Fife staff

Produced by NHS Fife Library and Knowledge Service
Fife.libraries2@nhs.scot; 01592 643355 ext 28790
NHS Fife Library and Knowledge Service

Core databases were searched to retrieve articles where at least one author is an NHS Fife staff member. Research activity may have been carried out solely by NHS Fife staff or in collaboration with colleagues from external institutions. The Figures include additional information supplied by the Pure team at St Andrew’s University.

We searched for records added to the databases Medline, Embase, Psych Info and Cinahl between April 2024-March 2025. There were 155 publications, as presented below in figure 28, by NHS Fife affiliated staff found. There may be other publications which are not included as they have not been published on the main databases. We included: articles, conference abstracts and letters.

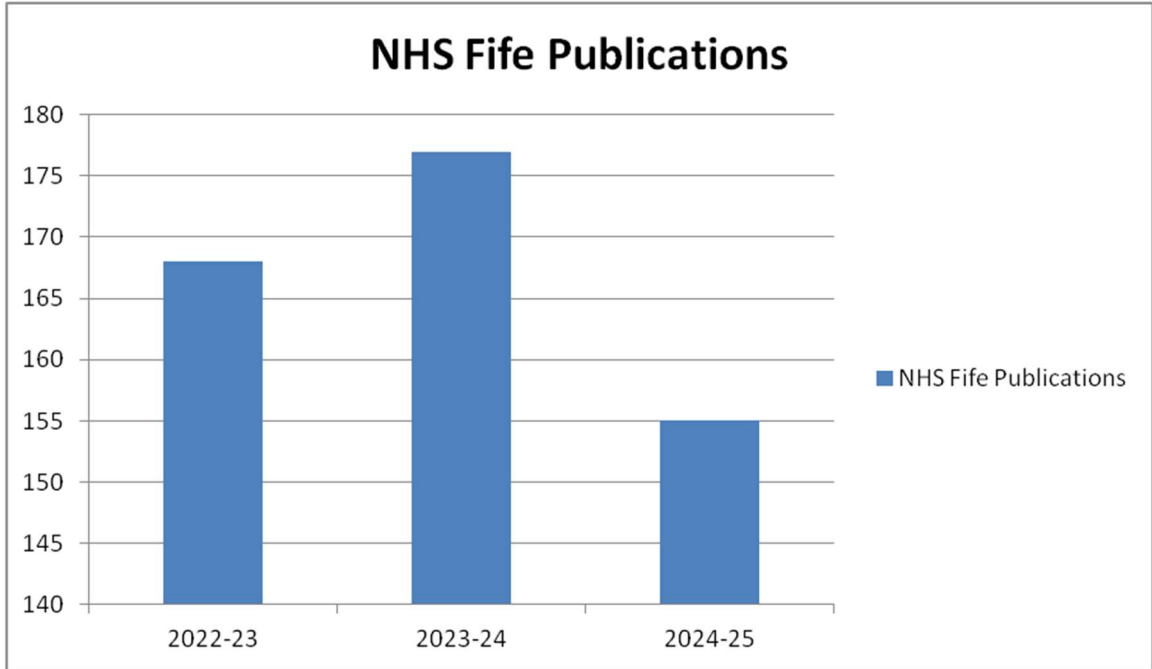


Figure 28

Abed Al Ahad, M., Demsar, U., [Sullivan, F.](#), & Kulu, H. (2024). [Long term exposure to ambient air pollution and hospital admission burden in Scotland: 16 year prospective population cohort study](#). *BMJ Open*, 14(12), Article e084032.

Adams, N. N., Maclver, E., Douglas, F., Kennedy, C., Skåtun, D., [Hernandez Santiago, V.](#), Torrance, N., & Grant, A. (2024). [Disrupted candidacy: a longitudinal examination of the constrained healthcare-access journeys of National Health Service workers in Scotland seeking supports for Long COVID illness](#). *Health Expectations*, 27(5), Article e70050.

[Akhtar M.A.](#), Low C., [Tiemessen C.](#), Hoellwarth J.S., Al Muderis M., & Tetsworth, K. (2024). [Current challenges and future prospects of osseointegration limb reconstruction for amputees](#). *SN Comprehensive Clinical Medicine*, 6(1) (pagination), Article Number: 4.

Alexander, C.E., Light, A., Chan, V., Asif, A., Clement, K., Warren, H., Zimmermann, E., [Khadouri, S.](#), Eyskens, P., Takwoingi, Y., Sidhu, P., Shah, T. and Kasivisvanathan, V. (2024) ['Ultrasound for the diagnosis of testicular torsion: A systematic review and metaanalysis of diagnostic accuracy'](#)

[Alkaissy R.](#) and [Manimaran, N.](#) (2024) ['The role of abdominal X-rays in the acute abdomen: A retrospective audit'](#), . *British Journal of Surgery*, Volume 111, Issue Supplement_8

[Alkaissy R.](#), [Manimaran N.](#), & [Priest, C.](#) (2024). **Colorectal cancers in patients under 50: Should we start screening earlier?** *European Journal of Surgical Oncology, Conference: 43rd Congress of the European Society of Surgical Oncology (ESSO 2024)*, Article Number: 109013. **[Abstract Only]**

Anderson C., Malik G., McIntyre K., Kelly I., [Cruikshank A.](#), & Davidson, J. (2019). [Rituximab use within the Scottish paediatric and adolescent rheumatology network: A review of five years' experience](#). *Rheumatology, Conference, Pediatric*.

Beijert, I. J., Hagberg, O., Gardmark, T., Holmberg, L., Haggstrom, C., Johnston, Dreyer, B. A., et al. (2024). [The importance of being grade 3: A plea for a three-tier hybrid classification system for grade in primary non-muscle-invasive bladder cancer](#). *European Urology*.

Blaikie, A. (2025). [Clinical examination of the macula](#). *Community Eye Health Journal*, 37(125), 4–6.

Bowers S.P., Black P., [McCheyne L.](#), [Mills S.E.E.](#), Wilson D., Penfold R.S., Stapleton L., [Quirk, F.](#), [Bowden, J.](#) (2015). [Defining advanced multimorbidity: A scoping review of research, policy, and practice](#). *Age and Ageing. Conference: British Geriatrics Society Spring Meeting. Nottingham United Kingdom*, 44(Supplement 2) (pp i32)

Bowers, S. P., Black, P., [McCheyne, L.](#), Wilson, D., Penfold, R. S., Stapleton, L., [Mills, S.E.E.](#), [Quirk, F.](#), [Bowden, J.](#) (2025). [Descriptions of advanced multimorbidity: A scoping review with content analysis](#). *Journal of Multimorbidity and Comorbidity*, 15

Buhr, C. R., Bahr-Hamm, K., Seifen, C., Pordzik, J., Eckrich, J., Murray, T., Matthias, C., & [Blaikie, A.](#) (2025). [Evaluation of Arclight frugal smartphone video otoscopy. Laryngoscope, Early View](#). *Advance online publication*.

Buhr, C. R., Ernst, B. P., [Blaikie, A.](#), Smith, H., Kelsey, T., Matthias, C., Fleischmann, M., Jungmann, F., Alt, J., Brandts, C., Kämmerer, P. W., Foersch, S., Kuhn, S., & Eckrich, J. (2025). [Assessment of decision-making with locally run and web-based large language models versus human board recommendations in otorhinolaryngology, head, and neck surgery](#). *European Archives of Oto-Rhino-Laryngology*, 282(3), 1593-1607.

Buhr, C. R., Smith, H., Huppertz, T., Bahr-Hamm, K., Matthias, C., Cuny, C., Snijders, J. P., Ernst, B., [Blaikie, A.](#), Kelsey, T., Kuhn, S., & Eckrich, J. (2024). **Large language models in ORL -- Danger or opportunity?** *Laryngo-Rhino-Otologie*, 103(S 02). **[Abstract Only]**

Buhr, C. R., Smith, H., Huppertz, T., Bahr-Hamm, K., Matthias, C., Cuny, C., Snijders, J. P., Ernst, B. P., [Blaikie, A.](#), Kelsey, T., Kuhn, S., & Eckrich, J. (2024). [Assessing unknown potential—quality and limitations of different large](#)

[language models in the field of otorhinolaryngology](#). *Acta Oto-Laryngologica*, Latest Articles, 1-6.

Burt, J., Brunt, A., [Hall, A.J.](#), Clarke, J.V. and [Walmsley, P.](#) (2024) '[The scottish arthroplasty project: Scotland's approach to a national joint registry.](#)', *Orthopaedics and Trauma*

Byrnes, K.G., Alexander, C., Lami, M., Edison, M., Asif, A., Ng, A., Mak, Q., Chow, B.J., Smith, M., Keane, K., Gallagher, K., Nathan, A.S., [Khadhour, S.](#), Bhatt, N.R. and Kasivisvanathan, V. (2024) '[The LANDMARK project: Providing summaries of key papers that have shaped urological practice.](#)', *BJU International*, .

Cabreira V., Alty J., Antic S., Araujo R., Aybek S., Ball H.A., [Zeidler, M...](#) Carson, A. (2025). [Development of a diagnostic checklist to identify functional cognitive disorder versus other neurocognitive](#) disorders. *BMJ Neurology Open*, 7(1), Article Number: e000918.

Cassidy, C. A., Oliver, I., Oles, K., Tracy, H. S. C., [Blaikie, A.](#), & Miller, A. (2025). **Immersive learning of cerebral visual impairment: understanding vision through dynamic immersive simulations.** In J. M. Krüger, D. Pedrosa, D. Beck, M.-L. Bourguet, A. Dengel, R. Ghannam, A. Miller, A. Peña-Rios, & J. Richter (Eds.), *Immersive Learning Research Network: 10th international conference on immersive learning, iLRN 2024, Glasgow, UK, June 10–13, 2024, revised selected papers, part II* (pp. 81–95). *Communications in computer and information science* (Vol. 2272). Springer. **[Abstract Only]**

Cevik, M., Beumont, M., Sun, E., [Sloan, D. J.](#), & Gillespie, S. H. (2024). **Predictable excess hepatotoxicity in the SimpliciTB trial - Authors' reply.** *Lancet Infectious Diseases*. Advance online publication. **[No full text]**

Cevik, M., Thompson, L. C., Upton, C., Rolla, V. C., Malahleha, M., Mmbaga, B., Ngubane, N., Abu Bakar, Z., Rassool, M., Variava, E., Dawson, R., Staples, S., Lalloo, U., Louw, C., Conradie, F., Eristavi, M., Samoilova, A., Skornyakov, S. N., Ntinginya, N. E., [Sloan, D. J.](#), ... Borisov, S. (2024). [Bedaquiline-pretomanid-moxifloxacin-pyrazinamide for drug-sensitive and drug-resistant pulmonary tuberculosis treatment: a phase 2c, open-label,](#)

[multicentre, partially randomised controlled trial.](#) *The Lancet Infectious Diseases*, In Press. Advance online publication.

Chien, S., Glen, P., Bryce, G., [Cruickshank, N.](#), Penman, I., Robertson, K., Fullarton, G. (2024). [Clinical application of capsule sponge testing in symptomatic reflux disease: A national prospective cohort study.](#) *BMC Gastroenterology*, 24(1), 431.

Chien, S., Glen, P., Penman, I., [Cruickshank, N.](#), Bryce, G., Crumley, A., Phull, P., Miller, M., Fletcher, J., Gunjaca, I., Apollos, J., Robertson, K. and Fullarton, G. (2024) ['Oesophageal cell collection device and biomarker testing to identify high-risk barrett's patients requiring endoscopic investigation.'](#), *British Journal of Surgery*, 111(5).

Chow B.J., Light A., Nathan A., Baekelandt L., Marcq G., Croghan S., [Khadhour, S.](#), Byrnes, K. (2025). [Global comparison of research ethical review protocols: Insights from an international research collaborative.](#) *BJU International*.

Chow B.J., Varma R., Bhatt N., Byrnes K., Ippoliti S., Kerdegari N., Mak Q., Asif A., Ng A., Nathan A., Gallagher K., [Khadhour, S.](#) and Kasivisvinathan, V. (2024) ['Recent advancements in the ward AdmSsion of haematuria: An observational mUlticentre sTudy \(WASHOUT\)-a large-scale observational multicentre study of inpatient haematuria.'](#), *BJU International*. Date of Publication: 2024.

Chow, B. J., Light, A., Nathan, A., Baekelandt, L., Marcq, G., Croghan, S., [Sinan, H.](#), Byrnes, K. (2025). [Global comparison of research ethical review protocols: Insights from an international research collaborative.](#) *BJU International*.

Cindolo, L., [Al Jaafari, F.](#) and De Nunzio, C. (2024) ['The times have changed. let the urologists change!'](#), *Prostate Cancer and Prostatic Diseases*.

Clark C., Fenning S., [Haynes W.](#), [Clay S.](#), Maddicks J., & [Bowden, J.](#) (2024). [Lived experiences of end-of-life care at home in the UK: A scoping review of qualitative research.](#) *British Journal of General Practice*, 74(749), e839–e844

Clark, C., Fenning, S., Haynes, W., Clay, S., Maddicks, J. and Bowden, J. (2024) '[Lived experiences of end-of-life care at home in the UK: A scoping review of qualitative research.](#)', *The British Journal of General Practice: The Journal of the Royal College of General Practitioners*.

Conti, A. A., Tolomeo, S., Baldacchino, A. M., & Steele, D. (2024). [Blunted midbrain reward activation during smoking withdrawal: a preliminary study.](#) *Frontiers in Pharmacology*, 15, Article 1426506.

Curnow E., Maciver D., Johnston L., Murray M., Johnstone Cooke V., Utley I., Muggleton, J., Rutherford, M. (2025). **Learning from the experiences of autistic professionals working in health and education.** *Autism in Adulthood*.

ABSTRACT ONLY

[Dhasmana D.J., Whitaker P., van der Laan R., & Frost, F. \(2025\). Correction to: A practical guide to the diagnosis and management of suspected non-tuberculous mycobacterial pulmonary disease \(NTM-PD\) in the United Kingdom \(npj primary care respiratory medicine, \(2024\), 34, 1, \(45\), 10.1038/s41533-024-00403-9\).](#) *Npj Primary Care Respiratory Medicine*, 35(1), Article Number: 19.

[Dhasmana, D. J., Whitaker, P., van der Laan, R., & Frost, F. \(2024\). A practical guide to the diagnosis and management of suspected non-tuberculous mycobacterial pulmonary disease \(NTM-PD\) in the United Kingdom.](#) *NPJ Primary Care Respiratory Medicine*, 34(1), 45.

[Dhasmana, D.J., Horby P.W., Peto L., Staplin N., Campbell M., Pessoa, Amorim G., Mafham M., Landray, M. J. \(2024\). Dimethyl fumarate in patients admitted to hospital with COVID-19 \(RECOVERY\): A randomised, controlled, open-label, platform trial.](#) *Nature Communications*, 15(1) (pagination), Article Number: 924

Docherty C., Shaw M., Chim C.Y., MacTavish P., Devine H., O'Brien P., Lucie P., [Hogg L.](#), Strachan L., Quasim T. and McPeake, J. (2024) '[The association between caregiver strain and emergency healthcare resource utilisation in survivors of critical illness.](#)', *Chest, Publication*: 03 Oct 2024.

Docherty C., Shaw M., Chim C.Y., MacTavish P., Devine H., O'Brien P., [Hogg, L.](#), McPeake, J. (2025). [Association between caregiver strain and emergency](#)

[health care resource utilization in survivors of critical illness](#). *Chest*, 167(3), 768–771. Grant R.K., Brindle W.M., Plevris J.N., & Kalla, R. (2025). Response to: Do patients with severe oesophagitis need follow-up? (cotton et al). *Frontline Gastroenterology*.

Docherty, C., Quasim, T., MacTavish, P., Devine, H., O'Brien, P., Strachan, L., Lucie, P., [Hogg, L.](#), Shaw, M. and McPeake, J. (2024) '[Anxiety and depression following critical illness: A comparison of the recovery trajectories of patients and caregivers.](#)', *Australian Critical Care : Official Journal of the Confederation of Australian Critical Care Nurses*, 37(6), pp.896–902.

Douglas, J. D., Furrie, E., & [Jones, S.](#) (2025). [Alpha-gal syndrome in general practice: Red meat food allergy caused by UK ticks](#). *British Journal of General Practice*, 75(753), 186–188.

Eckerdal, D., Lyren, P., [McEachan, J.](#), Lauritzson, A., Nordenskjold, J., & Atroshi, I. (2024). [Development of a new patient-reported outcome measure for Dupuytren disease: A study protocol](#). *Health Informatics Journal*, 30(4), 14604582241301642.

Eckrich, J., Ellinger, J., Cox, A., Stein, J., Ritter, M., [Blaikie, A.](#), Kuhn, S., & Buhr, C. R. (2024). [Urology consultants versus large language models: potentials and hazards for medical advice in urology](#). *BJUI Compass*, Early View. Advance online publication.

Eckrich, J., Smith, H., Kelsey, T., [Blaikie, A.](#), Matthias, C., Kuhn, S., & Buhr, C. R. (2024). [Chasing sleep physicians: ChatGPT-4o on the interpretation of polysomnographic results](#). *European Archives of Oto-Rhino-Laryngology*.

Elatfy, A., Vrahimis, S., Conti, A. A., & [Baldacchino, A. M.](#) (2024). [Chronic tobacco smoking and neurocognitive impairments in adolescents and young adults: a systematic review and meta-analysis](#). *Frontiers in Psychiatry*, 15, Article 1384408.

Farhan Alanie M.M., Dixon J., Irvine S., [Ballantyne A.](#), [Blacklock C.](#), [O'Connell C.](#), [Toland G.](#), [McIntyre J.](#), [Ross L.](#), et al. (2024) [Dedicated anticoagulation management protocols in fragility femoral fracture care - a source of significant variance and limited effectiveness in improving time to surgery:](#)

[The hip and femoral fracture anticoagulation surgical timing evaluation \(HASTE\) study.](#) *Injury*, 55(8), Article 111686

Ferguson, M.L. (2024) '**Developing a dietetic advanced practice role within a neuro-rehabilitation service**', [Abstract Only]

Ferguson, M.L. (2024) '**Digital solutions to health care: Patient-centered gastrostomy community care plans with digital content**', *Clinical Nutrition ESPEN*. Volume 61. Page 488 [Abstract Only]

Fouda, S., Hammond, R., [Donnelly, P. D.](#), Coates, A. R. M., & Liu, A. (2024). [COVID-19 pathophysiology: inflammation to cardiac injury.](#) *Hearts*, 5(4), 628-644.

Galletta G, Foong LH, Judkins S, [Robertson, A.](#) et al. (2024). [IFEM executive summary white paper of climate and ecological crisis.](#) *CJEM Canadian Journal of Emergency Medical Care*.

Gill, M.L. and Begg, M.C. (2024) '**Successful implementation of an 'off-script model' for oral nutritional supplements (ONS) in NHS five**', *Clinical Nutrition ESPEN*, Volume 61, Page 249. [Abstract Only]

Gore, R., Wang, J. N., Yang, C. D., An, M., Hunter, S. C., Shahraki, K., Blaikie A., & Suh, D. W. (2024). [Effective low-cost pediatric vision screening by naive nonophthalmic examiners using the 'Arclight' device.](#) *Indian Journal of Ophthalmology*. Advance online publication.

Grant R., Robertson A., Lennon K., Gupta E., Walton U., Porter R., Burke N., Ong S., Douglas S., Corbett A., [Brindle W.](#), Kalla R. and Plevris, J. (2024) '[Clinical outcomes in frail elderly patients undergoing small bowel capsule endoscopy](#)', *BMJ Gut*.

Grant R.K., [Brindle W.M.](#), Watson E.F., Penman I.D., Church N.I., Plevris J.N., . . . Kalla, R. (2025). [The Edinburgh gastric ulcer score \(EGUS\): Evaluation of a risk tool for gastric ulcer follow-up.](#) *Frontline Gastroenterology*, 16(2), 130–136.

Grant R.K., Chopra C., [Gandhi P.](#), [Manimaran N.](#), [Serhan J.T.](#), [Struthers K.L.](#), & [Brindle, W. M.](#) (2024). [Unusual cause of rectal bleeding in a patient with schizophrenia](#). *Gut*, 74(1), 25–88.

Grant, R.K., Chopra, C., Gandhi, P., [Manimaran, N.](#), [Serhan, J.T.](#), [Struthers, K.L.](#) and [Brindle, W.M.](#) (2024) ['Unusual cause of rectal bleeding in a patient with schizophrenia.'](#), *Gut*.

Gregory W.J., Adshead R., Cox Z., Deeney E.E., [Dowie P.A.](#), Fish S.J., . . . [McCrum, C.](#) (2024). [Scoping the role of the physiotherapist in the axial spondyloarthritis new patient clinic](#). *Rheumatology, Conference*, British.

[Hall, A. J.](#), [Cullinan R](#), [Alozie G](#), [Walmsley, P.](#), et al. (2024). **Total knee arthroplasty using a cemented single-radius, condylar-stabilized design performed without posterior cruciate ligament sacrifice: EXCELLENT SURVIVAL AND FUNCTIONAL OUTCOMES DEMONSTRATED AT TEN-YEAR FOLLOW-UP OF 536 CASES**. *The Bone and Joint Journal*, 106-B (8):808-816. **[Abstract Only]**

[Hall, L. A.](#), [McKay, S. C.](#), [Halle Smith, J.](#), [Soane, J.](#), [OseiBordom, D. C.](#), [Magill, L.](#), [Clyde, D.](#), [Mclellan, M.](#), [Naqvi, S.](#), et al. (2023). [The impact of the COVID-19 pandemic upon pancreatic cancer treatment \(CONTACT study\): A UK national observational cohort study](#). *British Journal of Cancer*, 128(10), 1922–1932.

[Harrison, J. I.](#), [Sullivan, F.](#), [Keenan, K. L.](#), & [Kulu, H.](#) (2024). [All-cancer incidence and mortality in Pakistanis, Bangladeshis, and their descendants in England and Wales](#). *BMC Public Health*, 24, Article 3352.

[Harvey, M. R.](#), [Rodrigues, J.](#), [McEachan, J.](#), [Shiu Chung Tam, S.](#), & [Harrison, C.](#) (2025). [Computerized adaptive testing for PRWHE measurements using domains of pain and motor function](#). *Journal of Hand Surgery: European Volume*, 17531934241306287

Henderson P, Hammond P, Casey J, [Morrice J](#), [Clemison P](#), et al. (2024). [Total pancreatectomy and islet cell autotransplantation](#). *BMJ Journals* [Abstract Only]

Hughes, L.D. (2024) ['Commentary on: Are multimorbidity patterns associated with fear of falling in community-dwelling older adults?.'](#), *Journal of Frailty Sarcopenia & Falls*, 9(2), pp.161-165.

Humphries, C., Clarke, E., Eddleston, M., Gillings, M., Irvine, S., Keating, L., Raman, R., ... Dear, J. W. (2025). [HiSNAP trial-a multicentre, randomised, open-label, blinded end point, safety, and efficacy trial of conventional \(300 mg/kg\) versus higher doses of acetylcysteine \(450 mg/kg and 600 mg/kg\) in patients with paracetamol overdose in the UK: Study protocol](#). *BMJ Open*, 15(3), e097432.

Hussein I., Cleland J., Walker K., Vella M., [Yalamarthy S.](#) and Fergusson, S. (2024) ['Retrospective comparison of core surgical trainee procedural experience gained in scottish rural, general and tertiary hospitals'](#), *BJS Volume 11, Issue supplement 8*.

Jabbal M., [Cherry J.](#), Eastwood D., Scott C.E.H., [Walmsley P.](#), & Baird, E. (2025). [STEP 1: The Scottish trauma & orthopaedics equality project demographics and working patterns of a national workforce](#). *Bone and Joint Research*, 6(1), 103–108.

Jaimes Albornoz, W., Wu, P., de Mendaza Martinez de Icaya, L.G., [Rozali, F.](#), Martinez Querol, M., Smith, R., Isetta, M., de Pellon Santamaria, A.R. and SerraMestres, J. (2024) ['Catatonia associated with pediatric postoperative cerebellar mutism syndrome.'](#), *Child's Nervous System*, 40(7), pp.2019-2032.

Karabayas M., Brock J., Rutherford M., Fordyce G., Fluck N., Kardash S., McLaren, J., Duncan, S., Basu, N. (2021). [Variation in immunosuppressant impact on severe covid-19 outcome: Preliminary results from the covid-19 Scottish registry of autoimmune rheumatic diseases \(scar-19\)](#). *Rheumatology, Conference*, British.

Ke, X., Smith, V. A., Mshana, S. E., Asimwe, B., Neema, S., Kiiru, J., Mushi, M. F., Mmbaga, B. T., Mwanga, J. R., Kibiki, G., Stelling, J., Gillespie, S. H., Green,

D. L., Benvari, S., Sabiiti, W., Kesby, M., Lynch, A. G., Sandeman, A., [Sloan, D. J.](#), ... Consortium, H. (2025). [Modelling Interventions to Combat Antibacterial Resistance in East Africa Using Causal Bayesian Networks](#). *Research square*.

Keating O, Brown RH, [Kuenssberg R](#), Driscoll S, McDougall S, O'Rourke S. (2024). [The international prevalence of prenatal alcohol use obtained via meconium biomarkers: A systematic literature review](#). *Alcohol, Clinical and Experimental Research*.

Keenan, K. L., Papatomas, M., Mshana, S., Asiimwe, B., Kiiru, J., Lynch, A., Kesby, M., Neema, S., Mwanga, J. R., Mushi, M. F., Jing, W., Green, D. L., Olamijuwon, E. O., Zhang, Q., Sippy, R., Fredricks, K. J., Gillespie, S. H., Sabiiti, W., Bazira, J., [Sloan, D. J.](#), Holden, M... (2024). [Intersecting social and environmental determinants of multidrug-resistant urinary tract infections in East Africa beyond antibiotic use](#). *Nature Communications*, 15, Article 9418.

Kelly, C., Anderson, M., Smith, H., Kousha, O., Hitchcott, N., Reddy, M. A., & Blaikie, A. (2024). [Decolonising the 'red' reflex test: transitioning from terminology based on colour to anatomy](#). *Eye*. Advance online publication.

[Khadhour, S.](#), [Guillaumier, S.](#), [Drummond, L.](#), [Dreyer, B.](#), [Clelland, C.](#) and [Jaafari, F.A.](#) (2024) '[Feasibility of outpatient daycase local anaesthetic rezum TM without sedation.](#)', *BMC Urology*, 24(1), pp.80.

Kingsbury SR, Tharmanathan P, Keding A, [Walmsley P. J.](#), et al. (2024). Pain reduction with oral methotrexate in knee osteoarthritis: A randomized, placebo-controlled clinical trial. *Annals of Internal Medicine*. [Abstract Only]

Kirstine Hansen, L., Shennan, A. H., Louise Eisland-Schmidt Christiansen, E., [Tydeman, G.](#), et al. (2024). [Transvaginal cervical cerclage - how well do surgeons assess their own procedures?](#). *European Journal of Obstetrics, Gynecology, & Reproductive Biology*, 302, 268–272.

Kousha A., Clark G., Thornton M., Mowat C., Winter J., Noble C., Fletcher J., McKinley A., [Cruickshank N.](#), Collins P., Hendry P., Rae C. and Walker, M.

(2024) ['A national audit: Clinical validation and root cause analysis of true scottish pcc-3 rate from 2012 to 2015'](#), *BMJ Gut*. Volume 73, Issue supplement 1.

Krishnan J.V., Lucocq J., Hamid S., Drummond L., Kata S.G., Chapman R.A., . . . Al Jaafari, F. (2024). [Primary ureterorenoscopic treatment of ureteric stones for renal colic. A snapshot from practice at a District General Hospital](#). *Journal of Endoluminal Endourology*, 7(2), 6–10.

Lacey, H., Khoong, Y. M., & Dheansa, B. (2025). [Augmented reality for perforator mapping: A systematic review and meta-analysis](#). *Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS*, 104, 170–180.

Lee M.M.Y., Petrie M.C., Cleland J.G.F., Francis M., et al. (2024) [Administration of ferric derisomaltose for iron deficiency and heart failure during hospital admission or at the clinic - insights from the IRONMAN trial](#). *European Journal of Heart Failure*.

Lee, M., Petrie, M., Lang, N., Cleland, J., Hannah, A., Japp, A., Donnelly, P., Francis, M., Piper, S., Petrie, C., Williams, S., Manisty, C., Labinjoh, C., Ford, I. and Kalra, P. (2024) ['Efficacy of intravenous ferric derisomaltose in hospitalised and outpatient settings: insights from ironman trial'](#), *BMJ Journals, Heart* .

Liew, F., Efstathiou, C., Fontanella, S., Swieboda, D., Basude, S., Baxter, D., Bulteel, N., Burden, T., (2024) ['Large-scale phenotyping of patients with long COVID post-hospitalization reveals mechanistic subtypes of disease.'](#), *Nature Immunology*, 25(4), pp.607-621.

Lister T., Batchelor S., Regan M., Britton J., Ratan H., AlJaafari F., & Patterson, J. (2025). [Recommendation on the use of protective eyewear in endourological laser procedures](#). *BJU International*.

Livesey, J.A., Lone, N., Black, E., Broome, R., Syme, A., Keating, S., Elliott, L., McCahill, C., Simpson, G., Grant, H., Auld, F., Garrioch, S., Hay, A. and Craven, T.H. (2024) ['Neurological outcome following out of hospital cardiac arrest: Evaluation of performance of existing risk prediction models in a UK cohort.'](#), *The Journal of the Intensive Care Society*, 25(2), pp.131-139.

Low, S.S.P., ElShakankery, K., Brown, E., Christie, A., McCormack, S. and Stares, M. (2024) '[Case report: A rare case of immunotherapy induced isolated left CN VI palsy in a patient with unresectable melanoma.](#)', *Frontiers in Oncology*, 14.

Lucocq J, Barron E, Holmes H, Donnelly PD, Cruickshank N. (2024). [Optimising the use of colonoscopy to improve risk stratification for colorectal cancer in symptomatic patients: A decision-curve analysis.](#) *Scottish Medical Journal*.

Lucocq J., Trinder T., Symeonidou E., Homyer K., Baig H., Patil P., & Muthukumarasamy, G. (2024). [Long-term outcomes following the resection of screen-detected right-sided colon cancer.](#) *World Journal of Surgery*.

Lucocq, J., Barron, E., Holmes, H., Donnelly, P. D., & Cruickshank, N. (2025). **Diagnostic accuracy of quantitative faecal immunochemical test in symptomatic patients for the investigation of colorectal cancer once accounting for anaemia severity and iron deficiency.** *Colorectal Disease*, 27(2), e70024. **[Abstract Only]**

Lucocq, J., Morgan, L., Rathod, K., SzewczykBieda, M. and Nabi, G. (2024) '[Validation of the updated bosniak classification \(2019\) in pathologically confirmed CT-categorised cysts.](#)', *Scottish Medical Journal*, 69(1), pp.18-23.

Macgregor C, Blane DN, Tulle E, Campbell CL, Barber RJ, et al. (2024). [An ecosystem of accepting life with chronic pain: A meta-ethnography.](#) *British Pain Society*. 18(4):365–381.

Maclver, E., Adams, N. N., Torrance, N., Douglas, F., Kennedy, C., Skatun, D., Hernandez Santiago, V., & Grant, A. (2024). [Unforeseen emotional labour: a collaborative autoethnography exploring researcher experiences of studying Long COVID in health workers during the COVID-19 pandemic.](#) *SSM - Qualitative Research in Health*, 5, Article 100390.

Mak, Q., Byrnes, K.G., Nathan, A., Kerdegari, N., Khadhour, S., Bhatt, N. and Kasivisvanathan, V. (2024) '[A short history of the british urology researchers in surgical training \(BURST\): The power of collaborative research.](#)', *Journal of Clinical Urology*.

Mangwani, J., Houchen-Wolloff, L., Malhotra, K., Booth, S., Smith, A., Teece, L., Mason, [UK FATE Collaborative](#) (2024) '**UK foot and ankle thromboembolism (UK-FATE).**', *Bone & Joint Journal*, 106-B (11), pp.1249–1256. **[Abstract Only]**

Mariappan P., Johnston A., Trail M., Hamid S., Hollins G., [Dreyer B.A.](#), Hendry, D., [Simpson, H.](#) (2024). [Achieving benchmarks for national quality indicators reduces recurrence and progression in non-muscle-invasive bladder cancer](#). *European Urology Oncology*, 7(6), 1327–1337

Mariappan, P., Johnston, A., Trail, M., Hamid, S., Hollins, G., [Dreyer, B.A.](#), Ramsey, S., Padovani, L., Garau, R., Guerrero Enriquez, J., Simpson, H., Hasan, R., Sharpe, C., Thomas, B.G., Maresca, G., Boden, A., Bhatt, J., Ahmad, I., Nandwani, G.M., Chaudhry, A.H., Khan, R.S., Dimitropoulos, K., Graham, C. and Hendry, D. (2024) '[Pragmatic clinico-pathological sub-classification of intermediate risk non-muscle invasive bladder cancer \(IR-NMIBC\) with multicentre validation](#)', . *European Urology*. Volume 85, Supplement 1

McCartney, M., Connolly, K., [Sullivan, F.](#), Heneghan, C., Ho, E. Y. H., Hendry, B., Salisbury, C., Offer, S., & Nunan, D. (2024). [Where do UK clinicians find information at the point of care? A pragmatic, exploratory study](#). *BMC Primary Care*, 25, Article 376.

Mccartney, M., Liu, P.J., Fearfull, A., Macdonald, H., & [Donnelly, P.](#) (2024). [Early diagnosis is not always an unmitigated good, we need to make it useful for patients and clinicians We need to define the concept of early diagnosis](#). *British Medical Journal*, 385, Article q973.

McDowell, N., St Clair Tracy, H., [Blaikie, A.](#), Ravenscroft, J., & Dutton, G. N. (2024). [Hiding in plain sight: children with visual perceptual difficulties in schools](#). *Frontiers in Human Neuroscience*, 18, 1496730.

[McGough, M.K.](#) and [Russell, M.K.](#) (2024) '**Nutrition pathway redesign for oesophagogastric (OG) cancer: Success from effective collaboration and digital innovation**', *Clinical Nutrition ESPEN*. Volume 61, page 490. [Abstract Only]

Mcintyre J. L., Stirling P. H. C., Mceachan J. (2024) **Outcomes of surgical treatment of vaughan-jackson syndrome.** *Journal of Wrist Surgery*, 13(4), pp.328–332 **[Abstract Only]**

McLean KA, Knight SR, Clark N, Jones C, Lim SJ, O'Neill S, Tan C et al. (2024). **Development and external validation of the 'global surgical-site infection' (GloSSI) predictive model in adult patients undergoing gastrointestinal surgery.** *British Journal of Surgery*. 111(6).

Metsis, K., Inchley, J., Williams, A. J., Vrahimis, S., Brown, L., & Sullivan, F. (2024). **Conceptualisation of health among young people: a protocol for systematic review and thematic synthesis of qualitative studies.** *Systematic Reviews*, 13, Article 200.

Milligan, F., Whittingham, C., Granitsitotis, V., Simpson, H., Woodfield, J., Carson, A., Stone, J. and Hoeritzauer, I. (2024) **'Chronic idiopathic urinary retention: Comorbidity and outcome in 102 individuals.'**, *Journal of Psychosomatic Research*, 181.

Mills, S., Akbar, S. B., & Hernandez Santiago, V. (2024). **Barriers, enablers, benefits, and drawbacks to Point of Care Testing (POCT): a survey of the General Practice Out-of-Hours (GPOOH) Service in Scotland.** *BJGP Open*, Latest Articles, Article BJGPO.2023.0094. Advance online publication.

Morton, L., Cogan, N., Kolacz, J., Calderwood, C., Nikolic, M., Bacon, T., Pathe, E., Williams, D. and Porges, S.W. (2024) **'A new measure of feeling safe: Developing psychometric properties of the neuroception of psychological safety scale (NPSS).'**, *Psychological Trauma: Theory, Research, Practice and Policy*, 16(4), pp.701-708. **[Abstract Only]**

Muderis, M.A., Tan, Y.C., Lu, W., Tetsworth, K., Axelrod, D., Haque, R., Akhtar, M.A., Roberts, C., Doshi, K., Al-Jawazneh, S. and Hoellwarth, J.S. (2024) **'Transtibial osseointegration following unilateral traumatic amputation: An observational study of patients with at least two years follow-up.'**, *Injury*, 55(6).

Mutch, J., [Golden, S.](#), Purdy, E., Chang, C.H.X., Oliver, N., and Tallentire, V.R. (2024) ['Equity, diversity and inclusion in simulation-based education: Constructing a developmental framework for medical educators'](#), *Advances in Simulation*, 9(1), pp.1-12.

Naidoo, K., Naidoo, A., Abimiku, A. G., Tiemersma, E. W., Gebhard, A., Hermans, S. M., Sloan, D. J., Ruhwald, M., Georghiou, S. B., Okpokoro, E., Agbaje, A., Yae, K., Tollera, G., Moga, S., Feyt, H., Kachoka, T., Letsoalo, M. P., Cabibbe, A. M., Perumal, R., ... TRiAD Study Consortium (2024). [Triage test for all-oral drug-resistant tuberculosis \(DR-TB\) regimen: a phase IV study to assess effectiveness, feasibility, acceptability, and cost-effectiveness of the Xpert MTB/XDR assay for rapid triage and treatment of DR-TB](#). *BMJ Open*, 14(11), Article e084722.

Nakiboneka, R., Margaritella, N., Nyirenda, T., Chaima, D., Walbaum, N., Musisi, E., Tionge, S., Msosa, T., Nliwasa, M., Msefula, C. L., Sloan, D., & Sabiiti, W. (2024). [Suppression of host gene expression is associated with latent TB infection: a possible diagnostic biomarker](#). *Scientific Reports*, 14, Article 15621.

Nakiboneka, R., Walbaum, N., Musisi, E., Nevels, M., Nyirenda, T., Nliwasa, M., Msefula, C. L., Sloan, D., & Sabiiti, W. (2024). [Specific human gene expression in response to infection is an effective marker for diagnosis of latent and active tuberculosis](#). *Scientific Reports*, 14, Article 26884.

[Nalagatla N.](#), [Parveen S.](#), [Cheng K.K.](#), [Styles C.](#), [Blaikie A.](#), [Wilson P.](#), [Khari B.](#), [Chinn D.J.](#), [Sanders R.](#), [Wong L.](#), [Ramsay A.](#), [Halstead S.](#), [Boulton M.](#), [Cummins D.](#), [Ferrier C.](#), [Galloway G.](#), [Embrey E.](#), [Preston, D.](#) (2025). [Post COVID glaucoma service redesign utilising electronic patient triage and community optometry clinics \(Fife, Scotland 2020-2022\)](#). *BMC Ophthalmology*, 25(1), 50.

Neufeld, K.M., Moaf, P., [Quilter, M.](#), Danguedan, A.N., Couture, J., Dominguez, D., Hendriks, O., Ng, L., Schachter, R., Korczak, D.D., Levy, D.M., Hiraki, L. and Knight, A.M. (2024) ['Evaluation of depressive and anxiety symptoms in](#)

[childhood-onset systemic lupus erythematosus: Frequency, course, and associated risk factors.](#), *Lupus*, 33(8), pp.874-885.

Nur Cinar E., Rhodes R., & Brotherton, H. (2025). [Together for tomorrow: Advancing global child health through equitable collaboration and action.](#) *Turkish Archives of Pediatrics*, 60(1), 1–4.

Nurek M., Musbahi O., Baldacchino M.V., Hamm R., Hing C.B., Cobb J., Akhtar, M. A., . . . Bishnoi, A. (2025). [Factors influencing UK arthroplasty surgeons' decision-making between total and medial unicompartamental knee surgery: A vignette-based behavioural experiment.](#) *Journal of Experimental Orthopaedics*, 12(1) (pagination), Article Number: e70178

O'Brien, M. A., Lofters, A., Wall, B., Elliott, R., Makuwaza, T., Pietrusiak, M.-A., Grunfeld, E., Riordan, B., Snider, C., Pinto, A. D., Manca, D., Sopcak, N., Cornacchi, S. D., Huizinga, J., Sivayoganathan, K., Donnelly, P. D., Selby, P., Kyle, R., Rabeneck, L., ... Paszat, L. (2024). [Adaptation and qualitative evaluation of the BETTER intervention for chronic disease prevention and screening by public health nurses in low income neighbourhoods: views of community residents.](#) *BMC Health Services Research*, 24.

Pagnotta, V. F., Donnelly, P. D., Gobina, I., Elgar, F., Ng, K., & Pickett, W. (2025). [Sleep difficulties as a consistent risk factor for medically treated injuries among adolescents in 46 countries.](#) *European Journal of Public Health, Advance article*, Article ckaf032.

Panzures, A., Clement, N. D., Jenkins, P., & Akhtar, M. A. (2025). [A survey of Scottish Committee for Orthopaedics and Trauma members on lower limb joint replacement practices in morbidly obese patients - ClinicalKey.](#) *Journal of Clinical Orthopaedics & Trauma*, 61, 102855.

Patel, S., Walters, B., Kim, V. and Walijee, H. (2024) ['Immediate facial nerve palsy secondary to otological surgery: A systematic review and narrative synthesis.'](#) *Otology & Neurotology*, 45(6), pp.619-626.

Philbeck, T. E., McDonald, J. G., Carew, M., & Ross, C. (2024). [Retrospective observational study of safety, performance, and duration of use of battery-](#)

[powered intraosseous access device in pediatric patients](#). *SAGE Open Medicine*, 12, 20503121241306959.

Phillip M., Achenbach P., Addala A., Albanese O'Neill A., Battelino T., Bell K.J., Colhoun H.M., . . . DiMeglio, L. A. (2025). [Considerations for more actionable consensus guidance for monitoring individuals with islet autoantibody-positive pre-stage 3 type 1 diabetes. reply to Mallone R \[letter\]](#). *Diabetologia*.

Phillip, M., Achenbach, P., Addala, A., Albanese-O'Neill, A., Battelino, T., Bell, K.J., Besser, R.E.J., Bonifacio, E., [Colhoun, H.M.](#) et al. (2024) '[Consensus guidance for monitoring individuals with islet autoantibody-positive pre-stage 3 type 1 diabetes.](#)', *Diabetologia*, 67(9), 1731–1759.

Preston H., [Spencer E.](#), Ker R., Guckian J. and Giannoudi, M. (2024) '**Less than full-time training, barriers, and future needs.**' A UK-wide online survey of doctors in training, *Journal of the Royal College of Physicians of Edinburgh*, 54(3), pp.204–211. [**Abstract Only**]

Radley A, Beer L, Rushdi D, [Close H](#), et al. (2024). [Implementation of point-of-care HbA1C instruments into community pharmacies: Initial development of a pathway for robust community testing](#). *Annals of Clinical Biochemistry*. 61(4):273–283.

Radu V.D., Costache R.C., Onofrei P., Banov P., [Al Jaafari F.](#), Vasilache I.A., Radu, R. (2024). [Double-J ureteral stenting in obstetrics and gynecology: Pivotal or problematic?](#). *Journal of Clinical Medicine*, 13(24) (pagination), Article Number: 7649.

[Raman R](#), [Beddis T](#), [Bonhomme P](#), [Curren M](#), [Day D](#), [Haigh C](#), [Pitt E](#), [Robertson A](#), [Robertson H](#), [Roy B](#), [Wood](#). (2024). [Nettle-induced urticaria treatment study \(NUTS\): Demonstrating the joy of research through a randomised, blinded, placebo-controlled trial](#). *Emergency Medicine Journal*.

[Raman R](#), [James J](#), [Robertson H](#), [Onyekachi U](#), [Muzaffer H](#). (2024). [Safety of peripheral noradrenaline: A local service evaluation](#). *Emergency Medicine*.

[Raman R.](#), [Haggart J.](#) and [Wood, J.](#) (2024) '[Risks of naloxone: A local service evaluation.](#)', *Emergency Medicine Journal*, 41(8), pp.509–510.

- Robles-Zurita, J. A., McMeekin, N., Sullivan, F., Mair, F. S., & Briggs, A. (2024). [Health economic evaluation of lung cancer screening using a 2 diagnostic blood test: the Early detection of Cancer of the Lung 3 Scotland \(ECLS\)](#). *Current Oncology*, 31(6), 3546-3562.
- Romeikat, N. L., [Sullivan, F.](#), Daly, F., & Kong, W. (2025). [The importance of comorbidities at baseline and 5-Year follow-up in a lung cancer biomarker screening trial](#). *Journal of Clinical Medicine*, 14(6), Article 2116.
- Russell C.E., Chin M., Bollig G., Cait C.A., Carnevale F.A., Chrastek J., [Macpherson, C.](#), Shalev, R. (2024). [Re-imagining childhood grief: Children as active agents in a transactional process](#). *Omega*, 302228241310264
- Ryan, C.G., Karran, E.L., Wallwork, S.B., Pate, J.W., O'Keeffe, M., Fullen, B.M., Livadas, N., Jones, N., Toumbourou, J.W., [Gilchrist, P.](#), [Cameron, P.A.](#), Fatoye, F., Ravindran, D. and Lorimer Moseley, G. (2024) ['We are all in this together- whole of community pain science education campaigns to promote better management of persistent pain.'](#), *Journal of Pain*, 25(4). pp. 902-917.
- Ryan, P.J., Duckworth, A.D., [McEachan, J.E.](#) and Jenkins, P.J. (2024) ['The incidence of surgical intervention following a suspected scaphoid fracture.'](#), *Bone & Joint Open*, 5(4), pp.312-316.
- Schofield, J., Galea-Singer, S., & [Baldacchino, A. M.](#) (2025). [Co-production in substance use treatment services: a scoping literature review](#).
- Seifen, C., Huppertz, T., Gouveris, H., Bahr-Hamm, K., Pordzik, J., Sharma S, Bryden A, Clayton N, [Mowbray M](#), et al. (2024). [The British hair and nail society present a review of our national grand round of challenging hair disorders and the benefits to the wider British association of dermatologists' membership](#). *British Journal of Dermatology*. 191 (1): i56.
- Sherman N, Younus M, Wolter K, [Brotherton H](#), et al. (2024). [Retrospective study evaluating safety, clinical effect, and dosing of dalteparin for the treatment of venous thromboembolism in term neonates](#). *Pediatric Blood and Cancer*. 71(10).
- Shrestha A, Bashir T, Achison M, [Cvoro, V](#), et al. (2024). [Association of bradykinin receptor 2 \(BDKRB2\) variants with physical performance and muscle mass: Findings from the LACE sarcopenia trial](#). *PLoS ONE*.

Smith M.B., Stirling P.H.C., & McEachan, J. E. (2024). [Long-term outcomes after terminalization for acute fingertip injuries](#). *The Journal of Hand Surgery, European Volume* 49(10), 1267–1268.

Smith, M.B., Stirling, P.H.C. and McEachan, J.E. (2024) '[Long-term outcomes after terminalization for acute fingertip injuries.](#)', *The Journal of Hand Surgery, European Volume*, pp.17531934241247276.

Spence, N.F. (2024) '[Food and health toolkit-moving into digital era](#)', *Clinical Nutrition ESPEN*, volume 61, page 487. [Abstract Only]

Staniszewski B., Atukunda I., Kousha O., Kitema G.F. and Blaikie, A. (2024) '[A new technique for teaching the fundal reflex test and fundoscopy: 'Screen casting' with the arlight direct ophthalmoscope attached to the camera of a mobile phone.](#)', *Eye (Basingstoke)*, 38(Suppl 2) (pp 74-75).

Stewart, G. D., Godoy, A., Farquhar, F., Kitt, J., Cartledge, J., Kimuli, M., Masson, G., et al (2024). [Abdominal noncontrast computed tomography scanning to screen for kidney cancer and other abdominal pathology within community-based computed tomography screening for lung cancer: Results of the Yorkshire kidney screening trial](#). *European Urology*.

Stirling P.H.C., Ring D., & McEachan, J. E. (2025). [Virtual clinics in hand surgery](#). *The Journal of Hand Surgery, European Volume*, 17531934251325134.

Stirling P.H.C., Molyneux S.G., & Duckworth, A. D. (2024). Re: Essa A, Paul R, Khan S, Avisar E, Chan A, Persitz J. [A meta-analysis comparing complications of anterior versus dorsal osteotomy and plating for distal radius malunions](#). *J hand surgery*. 2023, 49: 956-64. *The Journal of Hand Surgery, European Volume*, 17531934241291801

Stirling, P. H. C., Duckworth, A. D., Adams, J. E., & Kakar, S. (2025). [What is the role of arthroscopy in hand and wrist trauma?](#) *Bone & Joint Journal*, 107-B B (3), 291–295.

Stirling, P. H. C., Yapp, L. Z., & McEachan, J. E. (2024). [Responsiveness and validity of the normal hand score in patients undergoing carpal tunnel](#)

[decompression](#). *The Journal of Hand Surgery, European Volume*, 49(8), 965–969.

Stirling, P.H.C., Yapp, L.Z. and McEachan, J.E. (2024) '[Should 6- or 12-month outcomes be used after carpal tunnel decompression?.](#)', *The Journal of Hand Surgery, European Volume*, 49(4), pp.504-506.

Sze S., Kalra P.R., Cleland J.G., Petrie M.C., Kalra P.A., Boos C.J., Francis, M., ..., Nightingale, A. (2025). [Age-stratified effects of intravenous ferric derisomaltose in heart failure with iron deficiency: Insights from the IRONMAN trial.](#) *Heart*.

Thomas, J. (2024) '[Rehabilitation works! Evaluating outcomes in older people attending a rehabilitation centre](#)', *Physiotherapy*, Volume 123, supplement 1, June 2024 pp e17-e18

Trail, M. and Aslam, M.Z. (2024) '[Urological surgery training in low- and low-middle-resource settings: A model for success!.](#)', *Current Bladder Dysfunction Reports*.

Turnbull, G., Blacklock, C., Akhtar, A., Dunstan, E. and Ballantyne, J.A. (2024) '[Experience of an anatomic femoral stem in a UK orthopaedic centre beyond 20 years of follow-up.](#)', *European Journal of Orthopaedic Surgery & Traumatologie*,.

Turnbull, G.S., Soete, S., Akhtar, M.A. and Ballantyne, J.A. (2024) '[Risk factors for femoral stem fracture following total hip arthroplasty: A systematic review and meta analysis](#)', *Archives of Orthopaedic & Trauma Surgery*,

Usher-Smith J.A., Masson G., Godoy A., et al. (2024) '[Acceptability of adding a non-contrast abdominal CT scan to screen for kidney cancer and other abdominal pathology within a community-based CT screening programme for lung cancer: A qualitative study.](#)' *PLoS ONE*, p.19, Article e0300313

Verity, T., Hughes, L., Gompertz, D., & Lawn, L. (2025). '[Proactive care to support people with frailty to live well at home: reflections from general practice](#)'. *British Journal of Healthcare Management*, 31(3), 1-6.

Warren, A., McCall, P., Proudfoot, A., Gillon, S., Abu-Arafeh, A., McKnight, A.J., Mudie, R., Armstrong, D., Tzolos, E., Livesey, J.A., Sinclair, A., Baston, V., Dalzell, J., Owen, D., Fleming, L., Scott, I., Puxty, A., Lee, M.M., Walker, F., Hobson, S., Campbell, E., Kinsella, M., McGinnigle, E., Docking, R., Price, G., Ramsay, A., Bauld, R., Herron, S., Lone, N.I., Mills, N.L. and Hartley, L. (2024) **'EPidemiology of cardiogenic sHock in scotland (EPOCHS): A multicentre, prospective observational study of the prevalence, management and outcomes of cardiogenic shock in scotland.'** *The Journal of the Intensive Care Society*, 25(2), pp.147-155.

Webb, S., Ward, C., Crichton-Iannone, C., Taylor, A., & Jafar, A. J. N. (2025). **Global health experience of staff working in UK emergency care: A reflexive thematic analysis.** *Emergency Medicine Journal*.

Webster, C. (2025). **The myth of Pandora: Shame, ambivalence, and hope in the early stages of the therapeutic encounter with traumatised young people.** *Journal of Child Psychotherapy*.

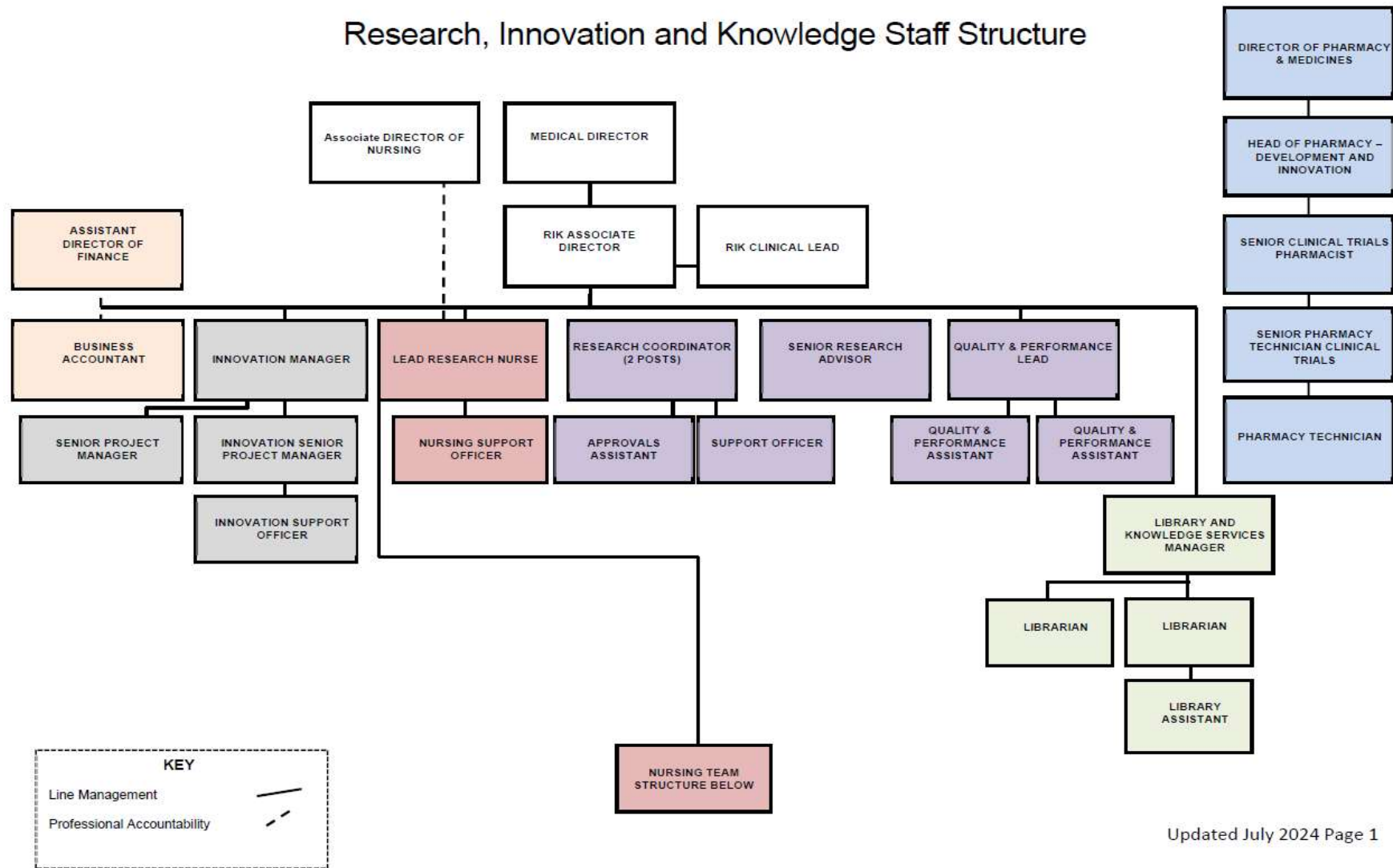
Wilson K.J., Kousha O., Nkume H., Liomba A.M., Beare N.A.V., & Blaikie, A. (2025). **Structured simulation-based training with frugal ophthalmic instruments rapidly equips non-ophthalmologists to identify malarial retinopathy.** *medRxiv*

Womersley K, Alderson H. (2024). **Perinatal mental health.** *Medicine (United Kingdom)*.

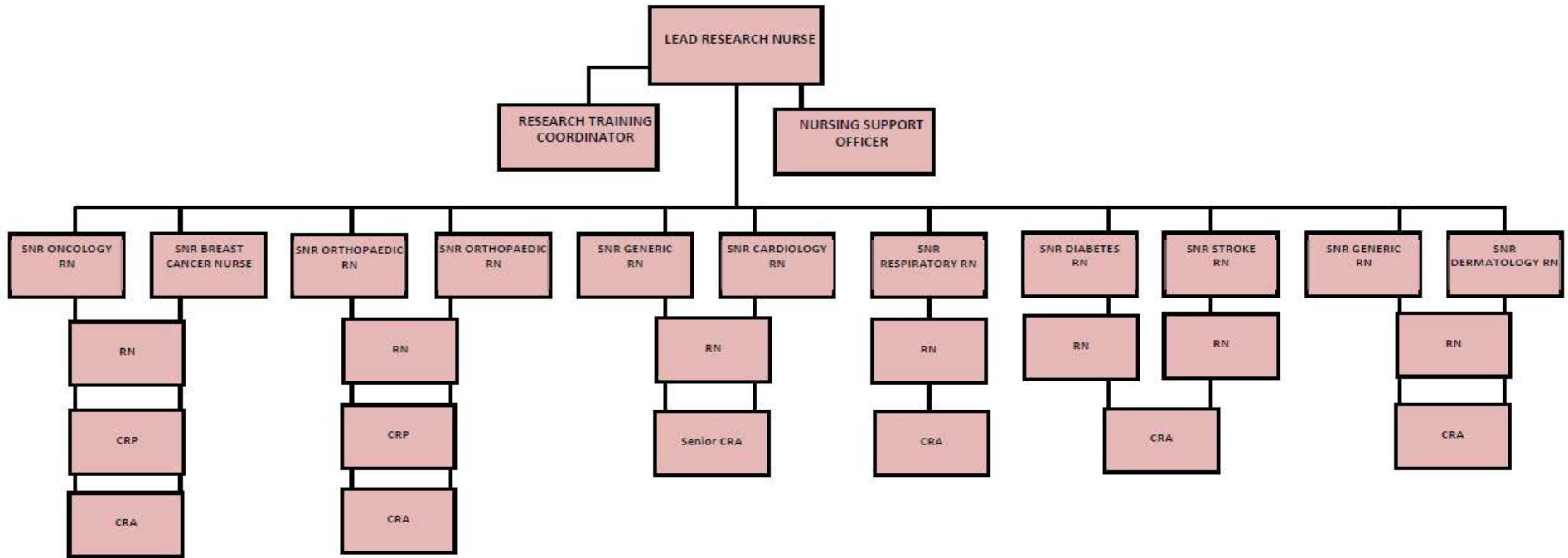
Young R.N., Grigorescu R., & Gupta, S. (2025). **Mucinous cystadenocarcinoma of the breast: A case report of a rare entity and how to recognize it.** *Diagnostic Histopathology*, 31(3), 191–194

22. Appendix 1 – RIK Structure

Research, Innovation and Knowledge Staff Structure



Updated July 2024 Page 1



KEY
 RN: Research Nurse
 CRP: Clinical Research Practitioner
 CRA: Clinical Research Assistant

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-.EqualityandHumanRights@nhs.scot or phone 01592 729130

NHS Fife
NHS Fife, Queen Margaret Hospital,
Whitefield Road,
Dunfermline, KY12 0SU

www.nhsfife.org

