



## **UKCRC Registered Clinical Trials Unit Network**

### **Chief Investigator Network Group (CING)**

#### **Terms of Reference**

#### **1. Purpose**

The role of the Chief Investigator Network Group (hereafter referred to as “Group”) is to use their collective expertise to develop and share best practice in building stronger relationships and collaborations between clinical trials units (CTUs) and the Chief Investigator (CI) community in the conduct of clinical trials.

#### **2. Scope of activities**

- a) To identify current and upcoming challenges, and issues that may drive or contribute to them and approaches needed to address them.
- b) To develop resources to support the collaboration between CTUs and CIs, and support the development of future CIs, including:
  - a. Educational resources
  - b. Training
  - c. Coaching and peer support
  - d. Expected cultures and behaviours
  - e. Collaborative teamworking and leadership
- c) To be aware of the national (and international) clinical trials environment, identifying approaches within other UK organisations and international CTU networks that could support change in the UKCRC Network.
- d) To work with the CTU Network Executive Group and Director, in addition to the Clinical Director, where needed.

#### **3. Meetings and Communication**

- a) The Group will meet on alternate months starting in autumn 2024. Meetings will be held electronically via MS Teams and last an hour. Communications will be undertaken within meetings and by email at other times. The frequency of meetings will be reviewed continuously, reducing or increasing if required to ensure the correct balance between discussion and efficiency.

## **b) Composition and Membership**

- i. The Network seeks to include CIs of clinical trials from all four nations of the UK, reflecting the diversity of professional backgrounds eligible to be CIs so that this group is inclusive and representative of the whole clinical trial CI community. Value is placed on CIs' previous expertise/experience as a CI of clinical trials, collaborative working with CTUs, and a history of serving on relevant committees.
- ii. The term of office will be for up to three years in the first instance, renewable once, subject to adequate attendance and contribution. The intention is that group membership will turnover gradually, and not renew *en masse*, to retain institutional memory, so some discretion may be required to achieve this.
- iii. The current membership of CING (first agreed by the UKCRC CTU Network Executive Committee on 16 July 2024) is provided in the Appendix.
- iv. CING is chaired by the UKCRC CTU Network clinical director. The chair shall seek a deputy chair from the members of the group.

## **c) Responsibilities**

Members will commit to attending (or commenting on the materials of) at least two-thirds of the meetings. If attendance falls below these levels, the clinical director will have a conversation with the member about whether they are able to meet this expectation and continue, or whether they should be replaced.

Electronic working between meetings is likely and may involve a couple of hours between meetings dedicated to leading, or contributing to discrete pieces of work on behalf of the Network.

## **d) Confidentiality**

Members of CING cannot share confidential information they may have received as part of carrying out this role.

## **e) Register of Interests**

A register of interests will be centrally held by the Secretariat for all members. Members are required to disclose any personal or professional interests which may cause potential conflict with their role and remit on the Group. The register will be updated on an ad hoc basis.



**f) Voting and Quoracy**

Decisions will be made on the basis of consensus wherever possible. When required votes and decisions can be taken via teleconference, in person, by phone poll, or by email. Each member will have an equal vote.

A quorum of the Group shall be when a proportionate cohort of at least 60% of its membership is present, including the Chair. This is regardless of the method of decision-making (e.g. by teleconference, in person, phone poll, or email vote). It is the responsibility of the Chair to ensure that the Group is quorate and able to perform the business with appropriate representation.

**g) Reporting Structure**

The Group reports via the Network Clinical Director to the Executive Group of the UKCRC Registered CTU Network and onwards to the UKCRC Board.

**h) Approval and review**

These terms of reference were reviewed and approved by CING on 10 September 2024, and will be reviewed annually thereafter.

## Appendix: Membership of the UKCRC CTU Network Chief Investigator Network Group (CING) 28 August 2025

Membership (in alphabetical order by surname)			
Role	Name	Affiliation (CTU)	Expertise
CI representative	<a href="#">Amy Ahern</a>	Cambridge Epidemiology & Trials Unit	Psychologist. Prevention of diabetes and related metabolic disorders in high-risk groups. Behavioural interventions. Pragmatic RCTs. Community settings. Some industry collaboration.
CI representative	<a href="#">Ceri Battle</a>	Swansea Trials Unit	Physiotherapist. Trauma and emergency care. Blunt chest injury. CAPR lead in Wales to promote AHP research.
CI representative	<a href="#">Ashwin Dhanda</a>	Peninsula CTU	Hepatologist. Alcohol use disorder and liver disease. Underserved populations. Recent first-time CI.
CI representative	<a href="#">Tom Hellyer</a>	Newcastle CTU	Critical care. Antibiotic stewardship. Pragmatic CRT and mechanistic study. Diagnostics, experimental medicine. Clinical Deputy Director at CTU. Recent first-time CI.
CI representative	<a href="#">Anna Kirby</a>	ICR-CTSU	Radiation oncologist. Radiotherapy for breast cancer. Diversity. Reducing waste (including greener trials). UK leadership of RCTs. RCTs led by NHS staff. Recent first-time CI.
CI representative	<a href="#">Katie Morris</a>	Birmingham CTU	Obstetrics, maternal and fetal medicine. Director of CTU. Complex interventions. DTA studies. Clinical academic director for RSS national collaborative centre.

CI representative	<a href="#">David Russell</a>	Leeds CTRU	Vascular surgery. Diabetic foot disease, infection, diagnostics. Platform trials. Recent first-time CI. AHP involvement in RCTs. CTU clinical director.
Chair	<a href="#">Rustam Al-Shahi Salman</a>	Edinburgh CTU	Neurology. Stroke, intracerebral haemorrhage. Pragmatic RCTs. Clinical director of ECTU and UKCRC CTU Network.
CI representative	<a href="#">Rona Smith</a>	Cambridge CTU	Nephrology. Vasculitis, lupus. Inter-disciplinary research. International RCTs. Healthcare systems data. Platform RCT. Diversity (paediatric). Rare diseases. Co-production.
<b>Secretariat (as required)</b>			
Network Programme Manager	Helen Evans	N/A	N/A
Senior Administrative Assistant	Louise Williams	N/A	N/A
Administrative Assistant	Ben Hall-Thomas	N/A	N/A