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University Hospitals of  
Derby and Burton  
NHS Foundation Trust

# Opportunities for research in clinical training in diabetes

Dr Emma Wilmot

Associate Professor University of  
Nottingham

Honorary Consultant, University  
Hospitals of Derby & Burton NHS FT

Founder, ABCD Diabetes Technology  
Network UK





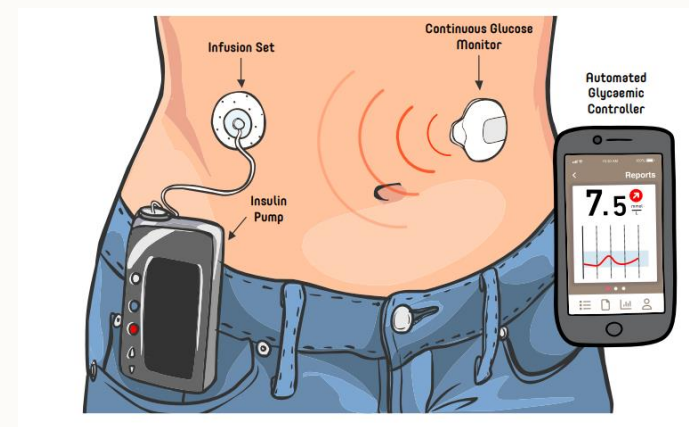
# Disclosures

- **Emma Wilmot** has received personal fees from Abbott, AstraZeneca, Dexcom, Eli Lilly, Embecta, Insulet, Medtronic, Novo Nordisk, Roche, Sanofi, Sinocare, Tandem, Ypsomed and research support from Abbott, Embecta, Insulet, Novo Nordisk, Sanofi.



# Overview

- Share my journey
- Insights from the YDEF/ABCD survey
- Discuss options available to you



# Show of hands..

- How many of you are in the middle of/have completed a PhD/MD?
- How many of you would like to be involved in research in the future?
- How many of you have presented conference abstract(s)?
- How many of you have at least 1 published paper?



# My Story



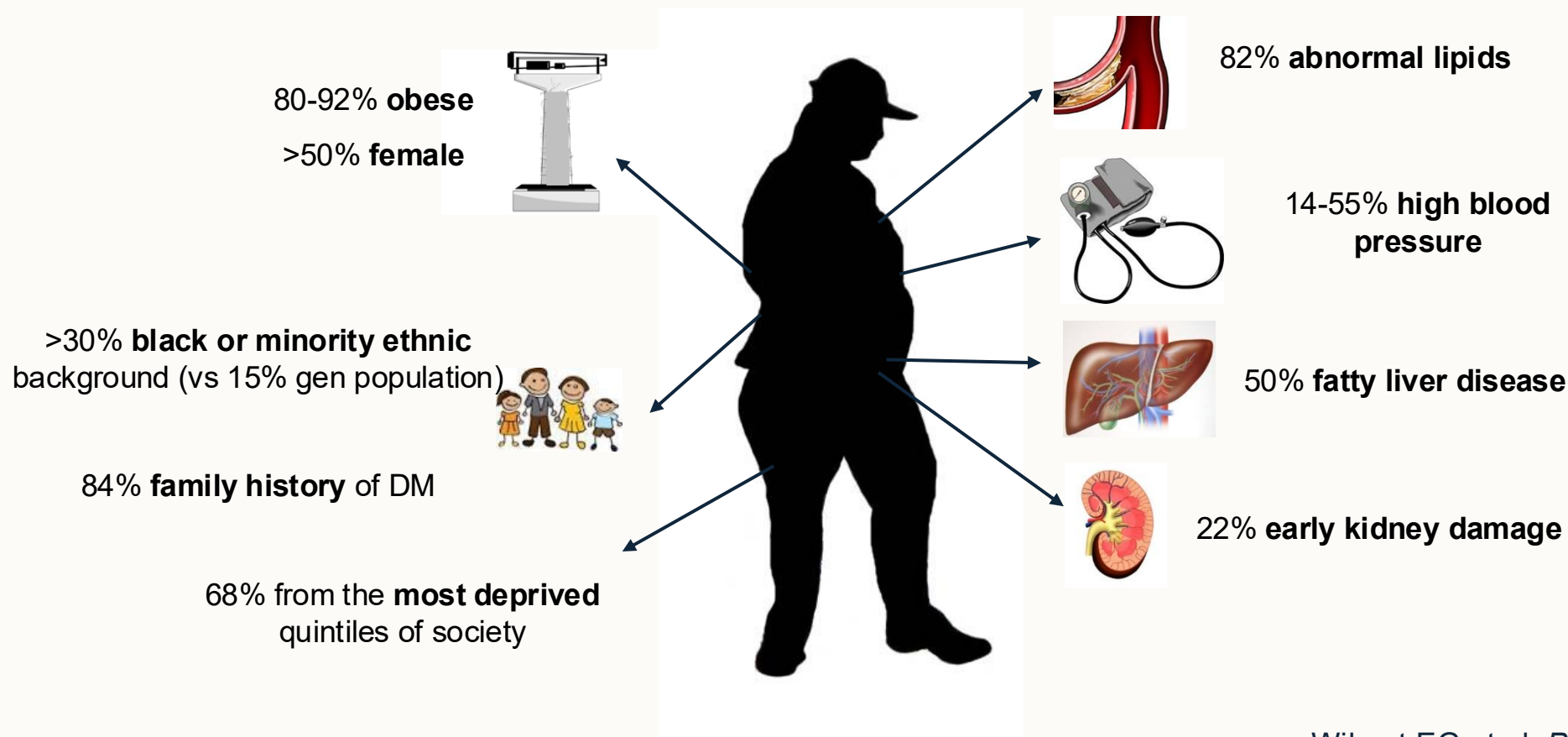
- Started as plans for a MD...
- Turned into a 5 year PhD
- ‘Type 2 diabetes in younger adults’





# Type 2 diabetes in younger adults: the emerging UK epidemic

Emma G Wilmot,<sup>1,2</sup> Melanie J Davies,<sup>1,2</sup> Tom Yates,<sup>1,2</sup> Katrien Benhalima,<sup>1</sup>  
Ian G Lawrence,<sup>1</sup> Kamlesh Khunti<sup>3</sup>



**Up to 25% present with DKA**

Wilmot EG et al. *PMJ* 2010,  
Wilmot E, Idris I. *TherAdvChronicDis*.  
2014 Nov;5(6):234-44.



# Expedition Pilot Study



- 20 T2DM participants (18-40 yrs)
- 10 lean controls
- 10 obese controls

- **Visit 1**

- Interview and measurements
- Exercise VO<sub>2</sub> max test
- Accelerometer



- **Visit 2**

- Fasting blood tests
- Cardiac MRI scan





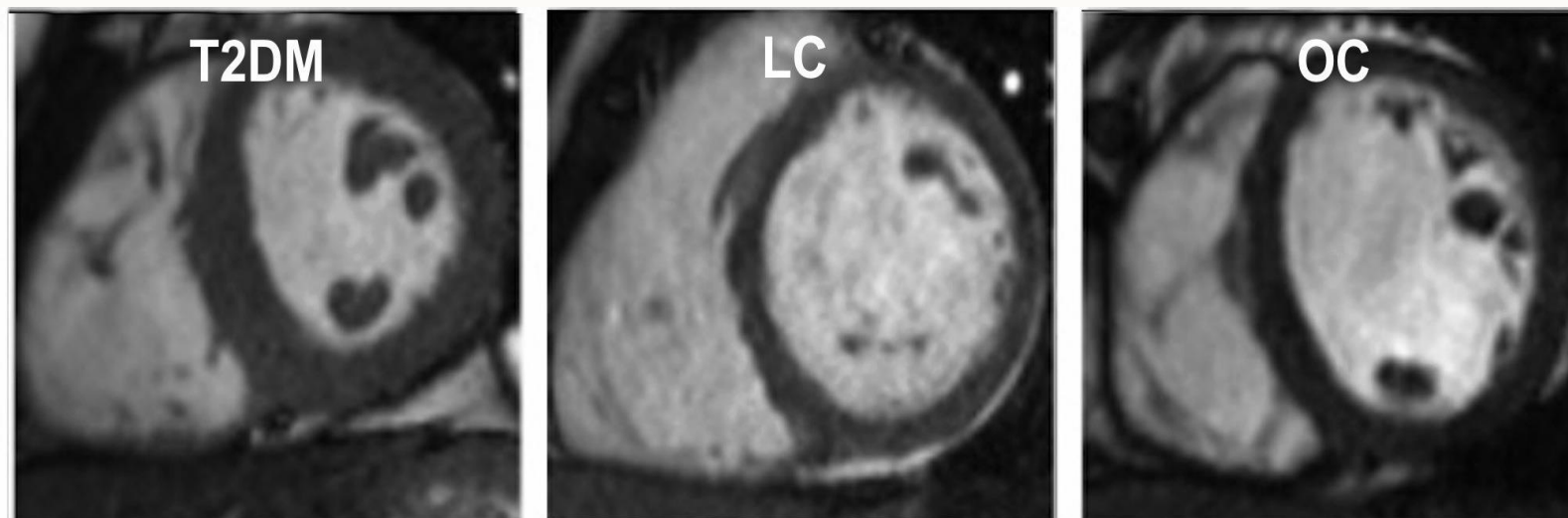
## T2DM patients (n=20)

- T2DM mean duration 4.7 years
- Obese, mean BMI 33.9 kg/m<sup>2</sup>
- 90% had FHx of diabetes

## T2DM vs. lean:

- Harmful lipid profile\*
- Fatty liver\*
- Inflammation\*
- Less fit and less active\*

(\*p<0.05)



End-diastolic images T2DM, lean controls (LC) and obese controls (OC) demonstrating **greater mass and smaller left ventricular volume** in T2DM vs LC.



MRC

Medical  
Research  
Council





# What is sedentary behaviour?

- “sedere” *to sit*
- Muscular inactivity *not just* the absence of exercise
- Behaviour with an energy expenditure similar to resting quietly

## ***Sedentary activities***

- Sitting reading
- Sitting at a computer
- Sitting driving the car
- Sitting watching TV



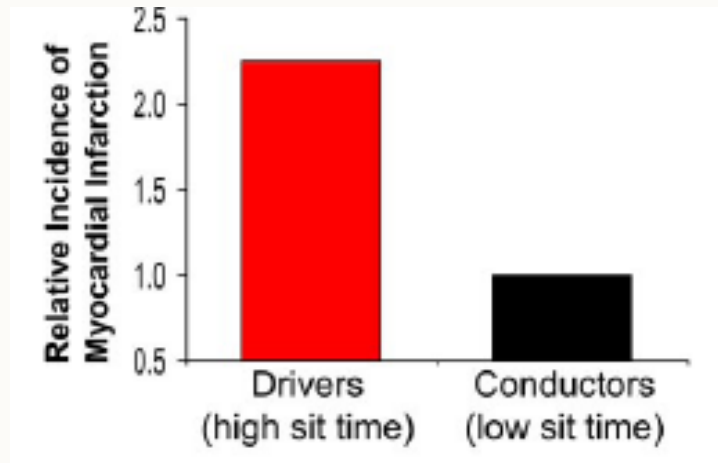
## ***Light physical activities***

- Slow walking
- Cooking food
- Washing dishes
- Ironing
- Housework



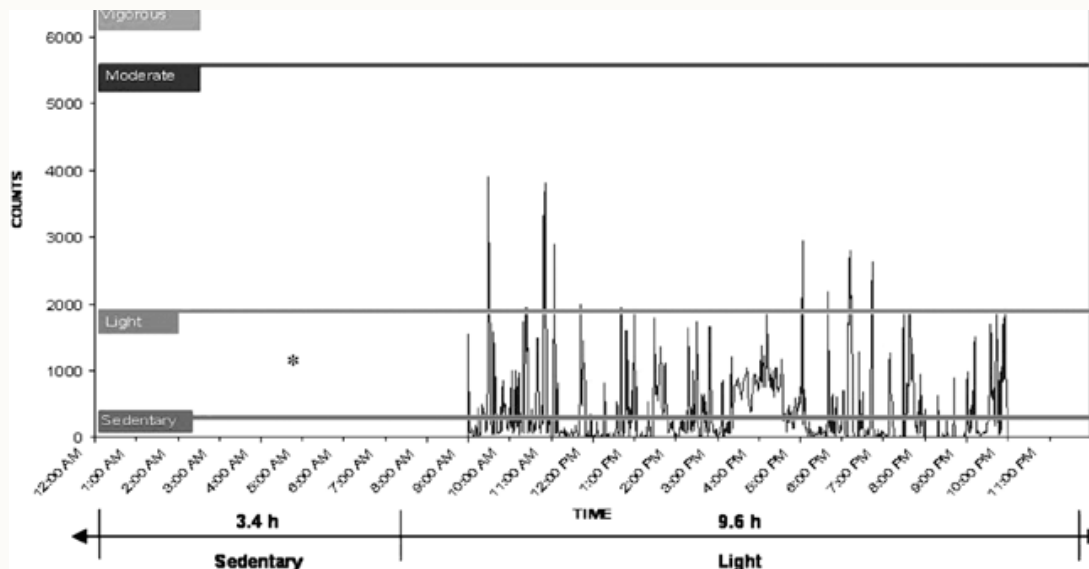


# How it all started...



Morris, Lancet 1953

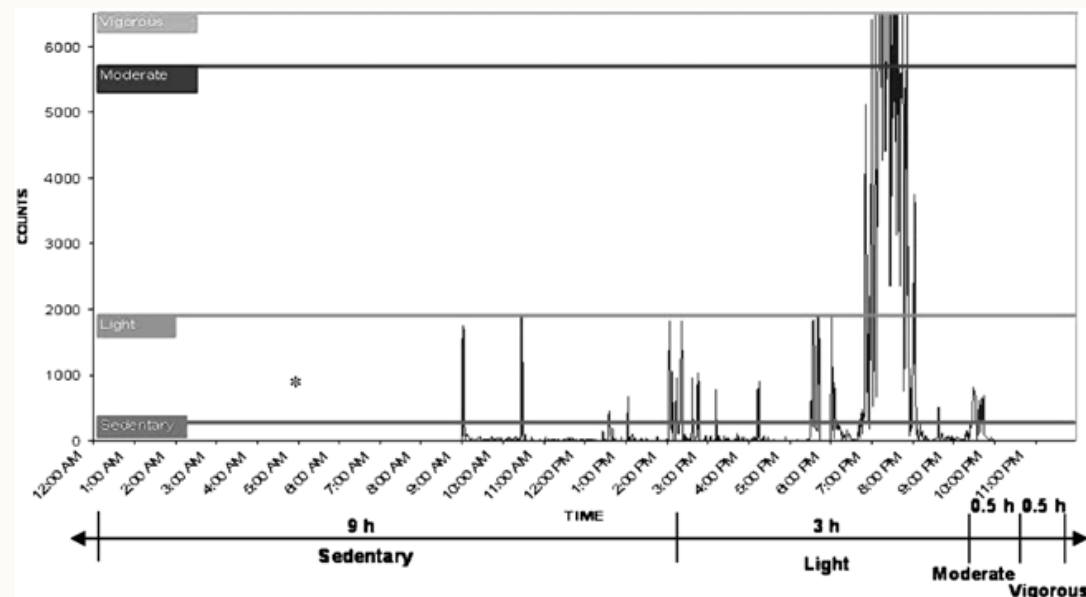


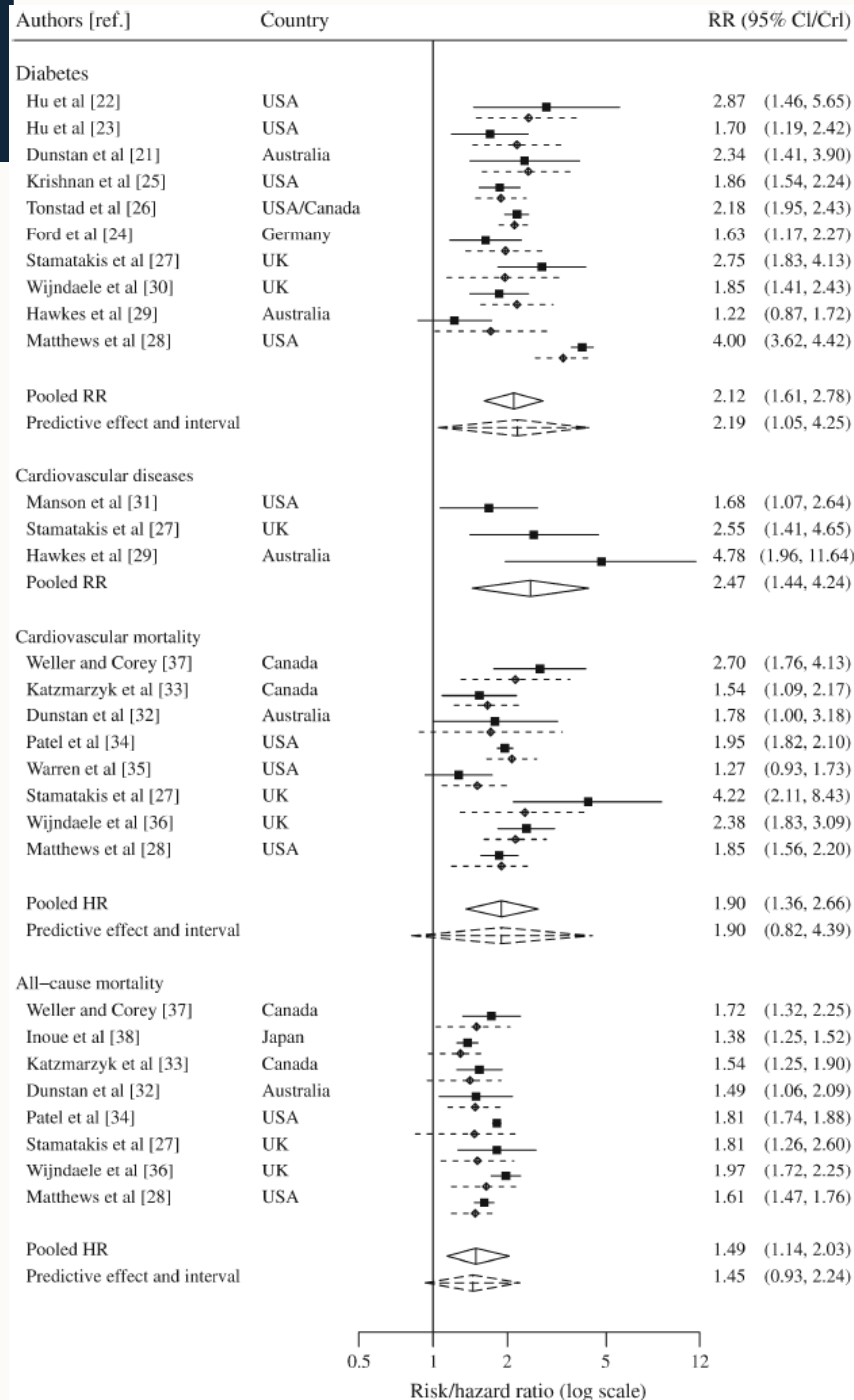


**“Sedentary” house wife**  
Does not meet the physical activity guidelines of 30 mins/day of moderate-vigorous activity but is generally active throughout the day

**“Active” office worker with a gym membership**

Meets physical activity guidelines with a bout of moderate – vigorous activity in the evening but very sedentary throughout the rest of the day





Based on summary estimates, greatest sedentary time vs. lowest associated with:

**112% increase in diabetes** (RR 2.12, 95% CrI 1.61, 2.78) \*\*

**147% increase in CVD events** (RR 2.47, 95% CI 1.44, 4.24)

**90% increase in CVD mortality** (HR 1.90, 95% CrI 1.36, 2.66)\*\*

**49% increase in all-cause mortality** (HR 1.49, 95% CrI 1.14, 2.03)

\*\* remained significant even when adjusted for physical activity



Are you sitting comfortably? Then start to worry

**Mail**Online

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News Home | Arts | Headlines | Pictures | Most read | News Board



## Having a desk job leads to a shorter life as sitting down all days doubles the risk of diabetes and heart attacks

- Scientists found a big difference in health outcomes between the most and least sedentary workers
- Those who spent the most time sitting down had a 112% greater risk of diabetes

 **EXPRESS.co.uk**  
Home of the Daily and Sunday Express

rsday 1st November 2012

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IPRESS

HOME > NEWS / SHOWBIZ > UK NEWS > *Sitting at a desk at work all day could be a health*

UK NEWS

## SITTING AT A DESK AT WORK ALL DAY COULD BE A RISK TO HEALTH

The New York Times Health | Science

**Well**



THINK LIKE A DOCTOR  
Think Like a Doctor: A Terrible Leg Wound



PHYS ED | OCTOBER 17, 2012, 12:01 AM | 335 Comments

## Get Up. Get Out. Don't Sit.

By GRETCHEN REYNOLDS



**BBC**

News

Sport

Weather

iPlayer

**NEWS HEALTH**

Home World UK England N. Ireland Scotland Wales Business Politics Health Educa

15 October 2012 Last updated at 01:02

Share f

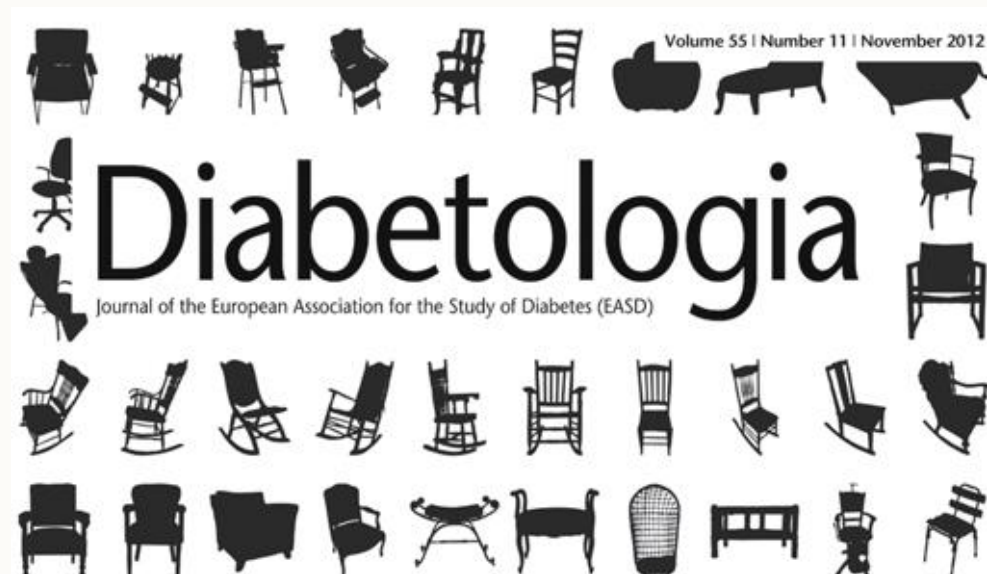
## Sitting for long periods 'is bad for your health'

COMMENTS (156)





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Leicester



## Sedentary time in adults and the association with diabetes, cardiovascular disease and death: systematic review and meta-analysis

E. G. Wilmot • C. L. Edwardson • F. A. Achana •  
M. J. Davies • T. Gorely • L. J. Gray • K. Khunti •  
T. Yates • S. J. H. Biddle



>2500 citations

Wilmot EG, et al.  
Diabetologia. 2012





- MRC funded 3 year programme of work
- First *ever* randomised controlled sedentary behaviour intervention trial in young adults at risk of T2DM
- Group structured education, based on robust psychological theory & facilitated by novel technology , will reduce sedentary behaviour in young people at risk of T2DM



# My Health Profile

## What Am I Going To Do Now?

This worksheet will help you to  
can make to your life

## Preparing for STAND

This booklet aims to answer some basic questions  
about your risk and gives you a better idea of what  
coming to a STAND course is all about





# RCT methods

**Recruitment of 178 participants**

**Inclusion criteria:**

*Age 18-40 years, obese or overweight with additional risk factors for diabetes*

**Baseline data collection and randomisation:**

Accelerometer to measure activity, blood tests, anthropometric data & questionnaires

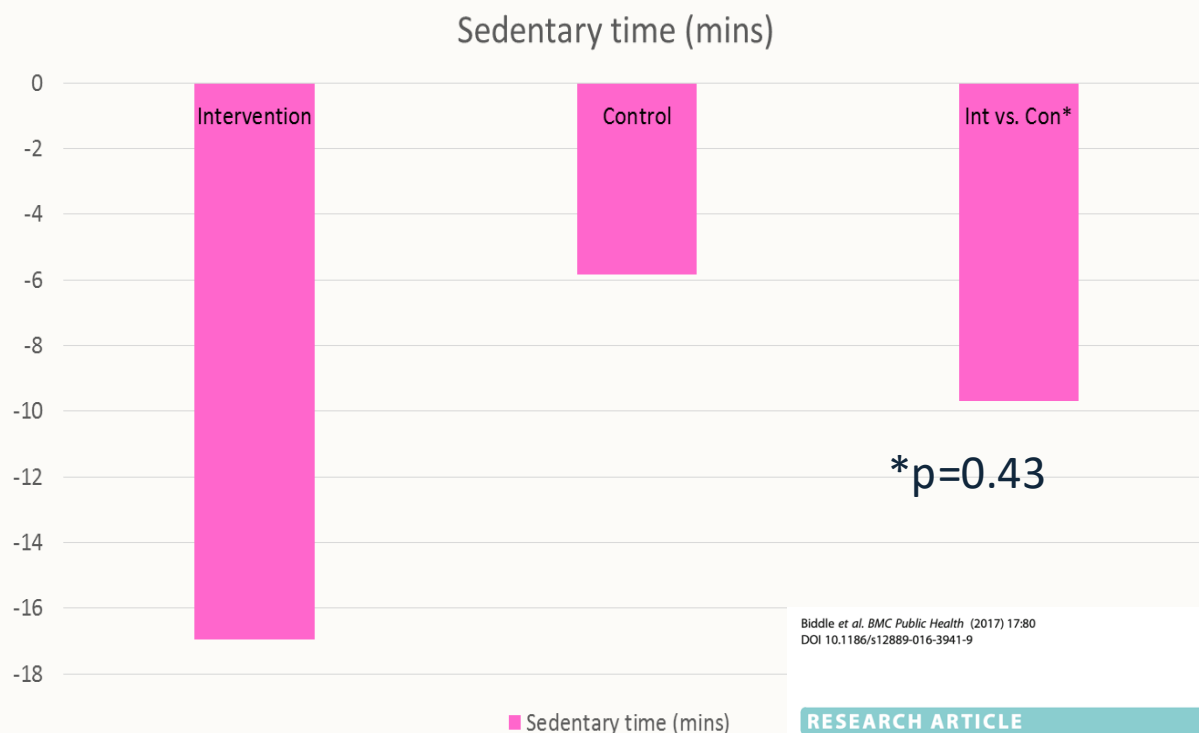
**Intervention arm** Structured education & self monitoring  
**or**  
**Control arm**

**Follow up at 3 & 12 months**

Accelerometer to measure activity, blood tests, anthropometric data & questionnaires



# Primary outcome: accelerometer sedentary time at 12 months



Significant reduction in fasting glucose  $-0.52\text{mmol/l}$  ( $-0.29$  to  $-0.01$ ),  $p=0.031$

No significant changes in any other outcomes (physical activity, weight, lipids etc.) were seen between groups



Biddle et al. *BMC Public Health* (2017) 17:80  
DOI 10.1186/s12889-016-3941-9

BMC Public Health

## RESEARCH ARTICLE

Open Access

### Reducing sedentary time in adults at risk of type 2 diabetes: process evaluation of the STAND (Sedentary Time ANd Diabetes) RCT

Stuart J. H. Biddle<sup>1,4,5\*</sup>, Charlotte L. Edwardson<sup>2,4</sup>, Trish Gorely<sup>3</sup>, Emma G. Wilmot<sup>2,6</sup>, Thomas Yates<sup>2,4</sup>, Myra A. Nimmo<sup>1,4,7</sup>, Kamlesh Khunti<sup>2,4</sup> and Melanie J. Davies<sup>2,4</sup>



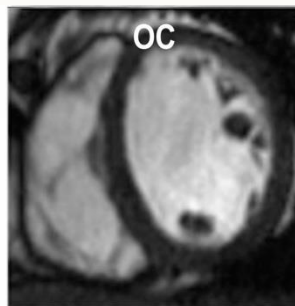
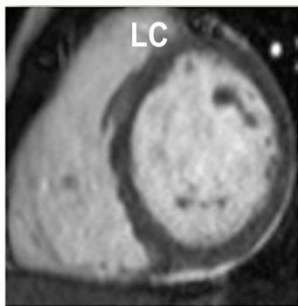
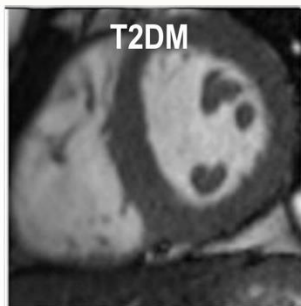
## RESEARCH ARTICLE

### A Randomised Controlled Trial to Reduce Sedentary Time in Young Adults at Risk of Type 2 Diabetes Mellitus: Project STAND (Sedentary Time ANd Diabetes)

Stuart J. H. Biddle<sup>1,4,5\*</sup>, Charlotte L. Edwardson<sup>2,4</sup>, Emma G. Wilmot<sup>2,6</sup>, Thomas Yates<sup>2,4</sup>, Trish Gorely<sup>3</sup>, Danielle H. Bodicoat<sup>2,4</sup>, Nuzhat Ashra<sup>2,4</sup>, Kamlesh Khunti<sup>2,4</sup>, Myra A. Nimmo<sup>1,4,7</sup>, Melanie J. Davies<sup>2,4</sup>

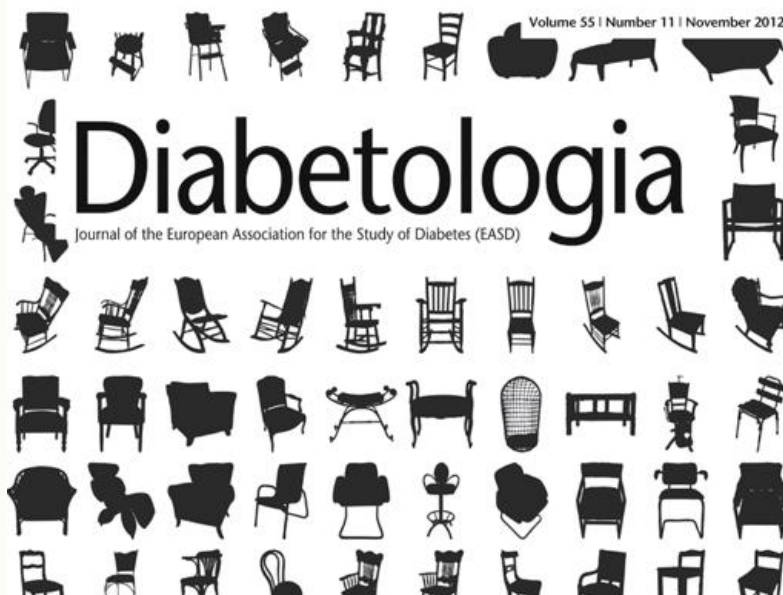


University of  
Leicester



3 studies over 4 years  
50,000 word dissertation

PhD Viva  
2 weeks  
before  
delivery of  
2<sup>nd</sup> child



**Sedentary time in adults and the association with diabetes, cardiovascular disease and death: systematic review and meta-analysis**

E. G. Wilmot • C. L. Edwardson • F. A. Achana •  
M. J. Davies • T. Gorely • L. J. Gray • K. Khunti •  
T. Yates • S. J. H. Biddle



**Award for excellent PhD performance**  
**19 publications**  
**Lots of conference abstracts (national & international)**





# Benefits of a PhD

- **New skills**
  - Research design
  - Governance
  - Experience of working in a large high functioning team
- **Understanding how to design and execute**
  - Observational study
  - Large randomized controlled trial
  - Systematic review
  - Conducting and publishing audits
  - Conducting and publishing literature reviews
- Lots of publications and conference abstracts



# Specific advantages for me

- I needed a consultant job in a narrow geographical location
- Competition for jobs - 14 candidates for 4 jobs in Derby
- Flexibility during my PhD
  - No on calls/nights
  - Ability to work flexibly while my first child was young
- Skills remain relevant
  - Gave me confidence to return to research when ready and able
  - Life-long collaborations

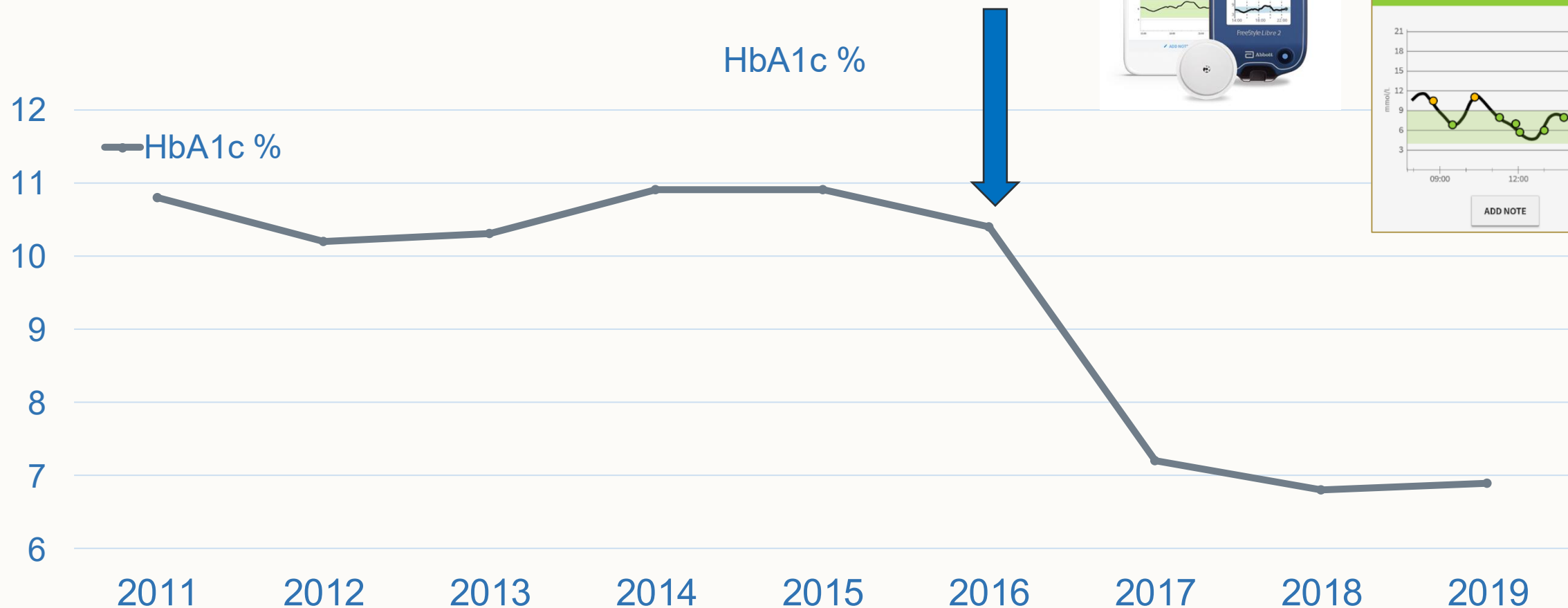


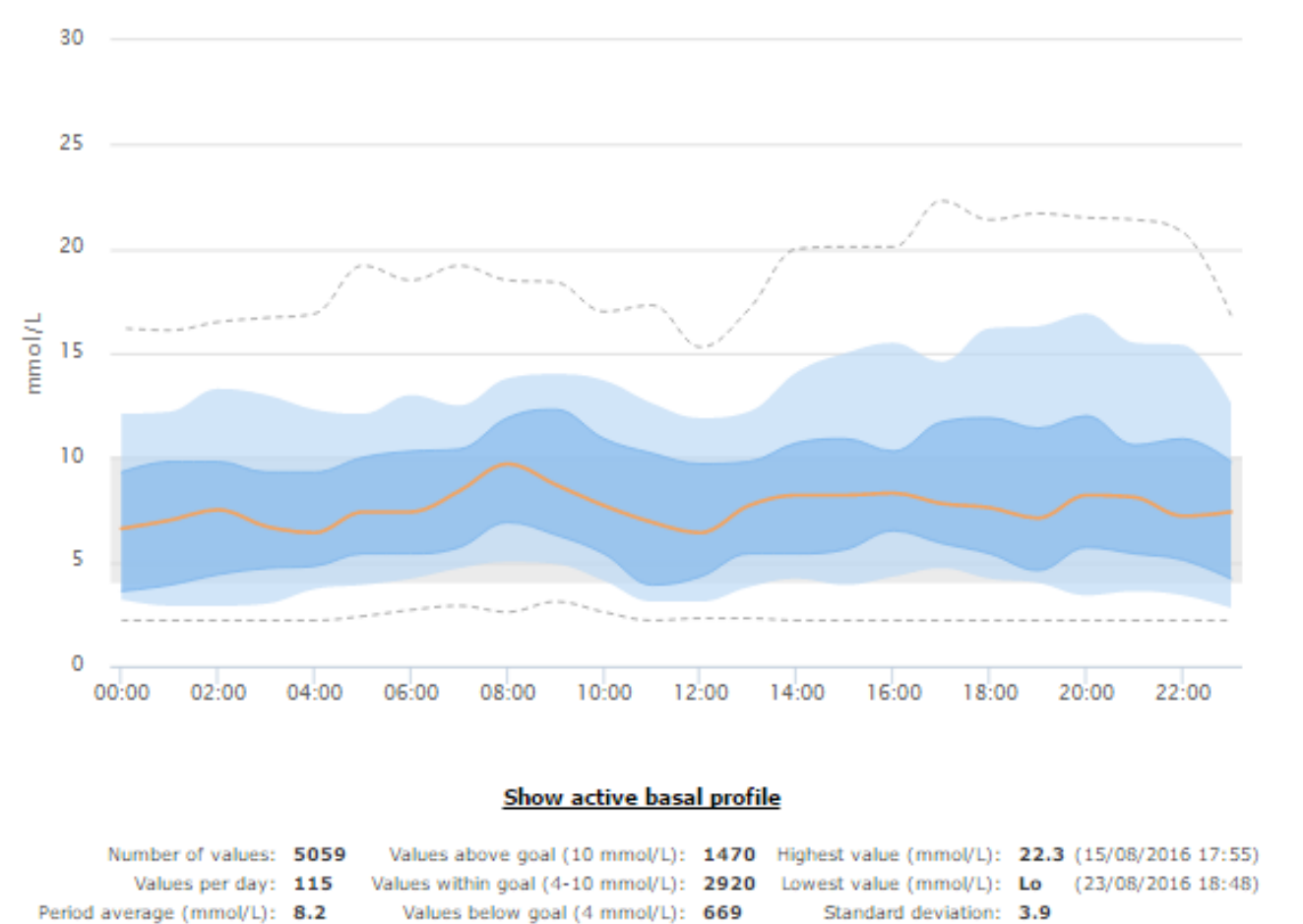
# Life after my PhD

- I returned to clinical training in 2013
- Started as a consultant in diabetes in Derby 2014
- Established DTN-UK in 2015
- Continued an active role in audits
- But I slowly but surely drifted back to research...



# HbA1c improvement

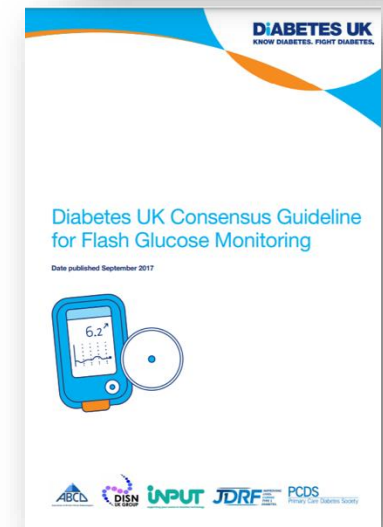
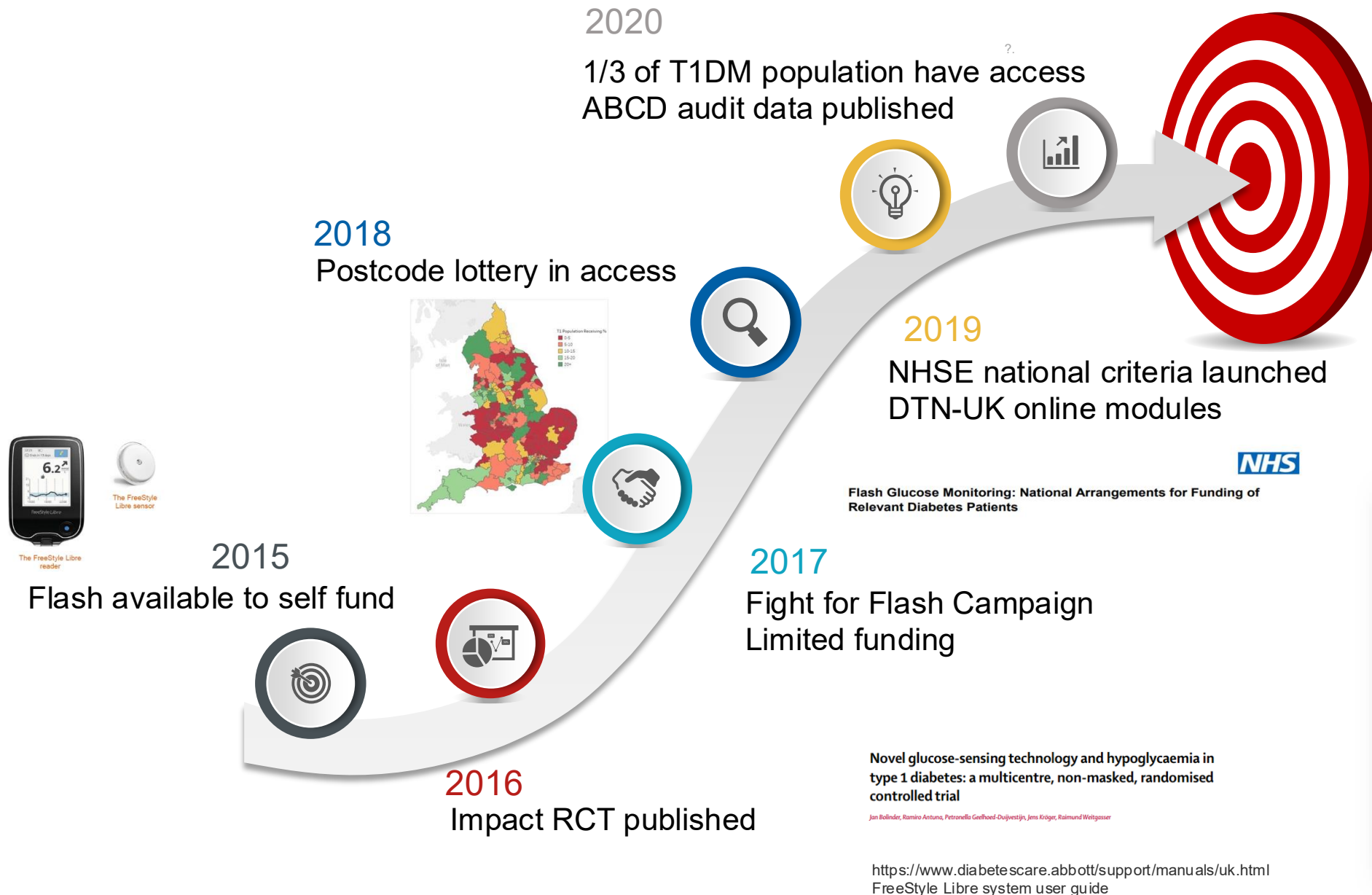




Took on a 2<sup>nd</sup> job delivering papers to be able to fund access to sensors

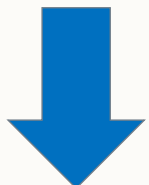


# The Flash Glucose Monitoring Journey





# Real World Data



5.2 mmol/mol (0.5%) HbA1c ( $P < 0.001$ )  
N=3182

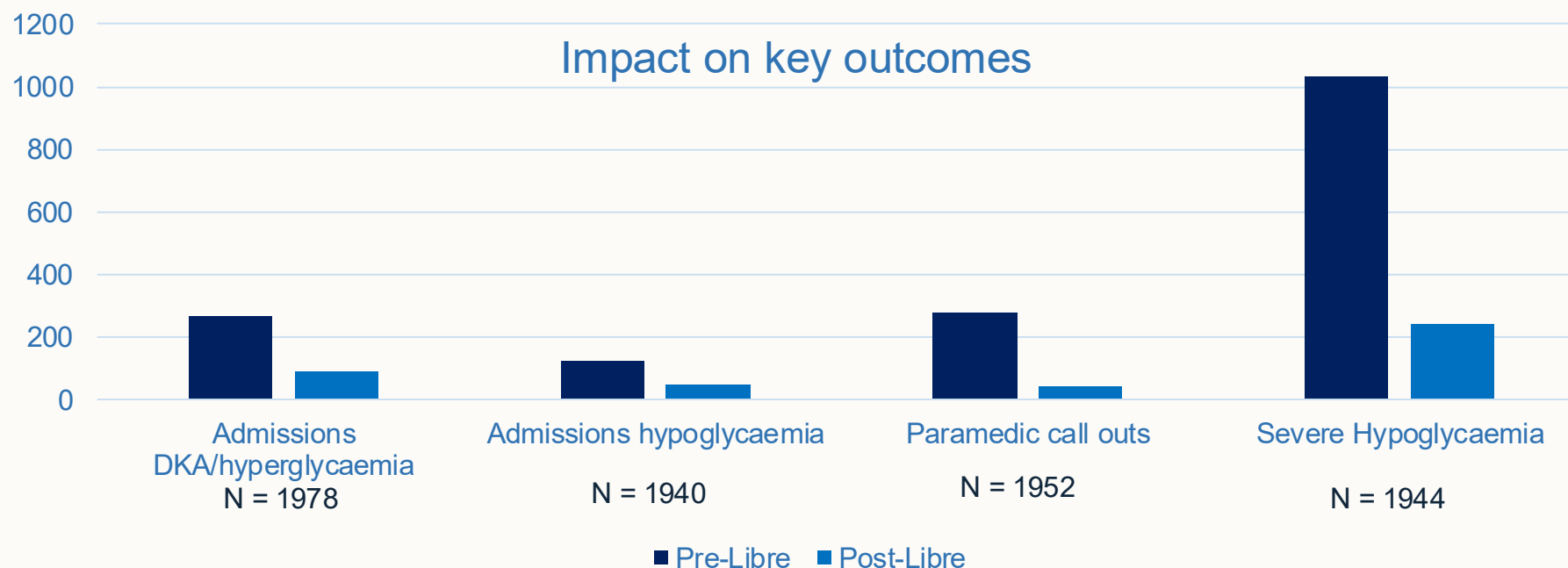


## Effect of Flash Glucose Monitoring on Glycemic Control, Hypoglycemia, Diabetes-Related Distress, and Resource Utilization in the Association of British Clinical Diabetologists (ABCD) Nationwide Audit

Diabetes Care 2020;43:2153–2160 | <https://doi.org/10.2337/dc20-0738>



Harshal Deshmukh,<sup>1</sup> Emma G. Wilmot,<sup>2</sup> Robert Gregory,<sup>3</sup> Dennis Barnes,<sup>4</sup> Parth Narendran,<sup>5</sup> Simon Saunders,<sup>6</sup> Niall Furlong,<sup>7</sup> Shafie Kamaruddin,<sup>8</sup> Rumaisa Banatwalla,<sup>9</sup> Roselle Herring,<sup>10</sup> Anne Kilvert,<sup>11</sup> Jane Patmore,<sup>1</sup> Chris Walton,<sup>1</sup> Robert E.J. Ryder,<sup>12</sup> and Thozhukat Sathyapalan<sup>1</sup>





# NICE Medtech Innovation Briefing

**NICE** National Institute for  
Health and Care Excellence



## FreeStyle Libre for glucose monitoring

Medtech innovation briefing

Published: 3 July 2017

[www.nice.org.uk/guidance/mib110](https://www.nice.org.uk/guidance/mib110)

***“There are currently no high quality, peer-reviewed randomised studies on the use of FreeStyle Libre”***



Dr Lala Leelarathna & team

# Flash UK Randomised Controlled Trial



*The NEW ENGLAND JOURNAL of MEDICINE*

ORIGINAL ARTICLE

## Intermittently Scanned Continuous Glucose Monitoring for Type 1 Diabetes

L. Leelarathna, M.L. Evans, S. Neupane, G. Rayman, S. Lumley, I. Cranston,  
P. Narendran, K. Barnard-Kelly, C.J. Sutton, R.A. Elliott, V.P. Taxiarchi,  
G. Gkountouras, M. Burns, W. Mubita, N. Kanumilli, M. Camm, H. Thabit,  
and E.G. Wilmot, for the FLASH-UK Trial Study Group\*



# Flash UK Summary

In this 8 site multi-centre randomised controlled trial FreeStyle Libre 2 led to:

- Significant improvement in HbA1c
- Less hypoglycaemia
- Improved treatment satisfaction

## Cost Effectiveness

- Incremental cost-per-QALY of £4477
- For people with HbA1c >75 mmol/mol (9.0%), cost-saving
- >95% of people living with diabetes now have access to NHS funded continuous glucose monitoring

The NEW ENGLAND JOURNAL of MEDICINE

### ORIGINAL ARTICLE

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L. Leelarathna, M.L. Evans, S. Neupane, G. Rayman, S. Lumley, I. Cranston, P. Narendran, K. Barnard-Kelly, C.J. Sutton, R.A. Elliott, V.P. Taxiarchi, G. Gkountouras, M. Burns, W. Mubita, N. Kanumilli, M. Camm, H. Thabit, and E.G. Wilmot, for the FLASH-UK Trial Study Group\*

Received: 23 July 2023 | Accepted: 18 September 2023

DOI: 10.1111/dme.15232

RESEARCH: HEALTH ECONOMICS

DIABETIC  
Medicine

## Estimating the cost-effectiveness of intermittently scanned continuous glucose monitoring in adults with type 1 diabetes in England

Rachel A. Elliott<sup>1</sup> | Gabriel Rogers<sup>1</sup> | Mark L. Evans<sup>2</sup> | Sankalpa Neupane<sup>3,4</sup> | Gerry Rayman<sup>5</sup> | Sarah Lumley<sup>6</sup> | Iain Cranston<sup>7</sup> | Parth Narendran<sup>8,9</sup> | Christopher J. Sutton<sup>10</sup> | Vicky P. Taxiarchi<sup>11</sup> | Matthew Burns<sup>12</sup> | Hood Thabit<sup>13,14</sup> | Emma G. Wilmot<sup>15,16</sup> | Lalantha Leelarathna<sup>13,14</sup> | FLASH-UK Trial Study Group

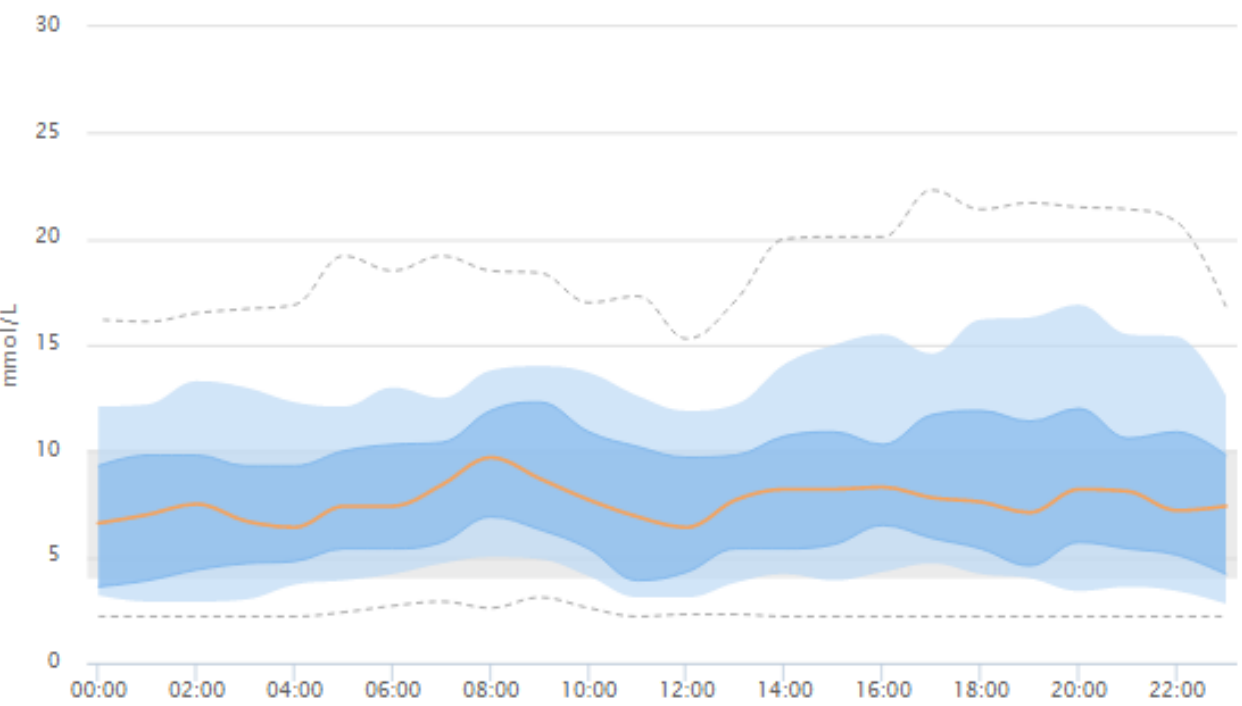


## Type 1 diabetes in adults: diagnosis and management

NICE guideline [NG17] Published: 26 August 2015 Last updated: 31 March 2022

Offer adults with T1DM a choice of CGM  
based on **their individual  
preferences, needs, characteristics,  
& the functionality  
of the devices available.**  
**[2022]**

Sensors are now standard of care for people living with Type 1 diabetes in England, UK



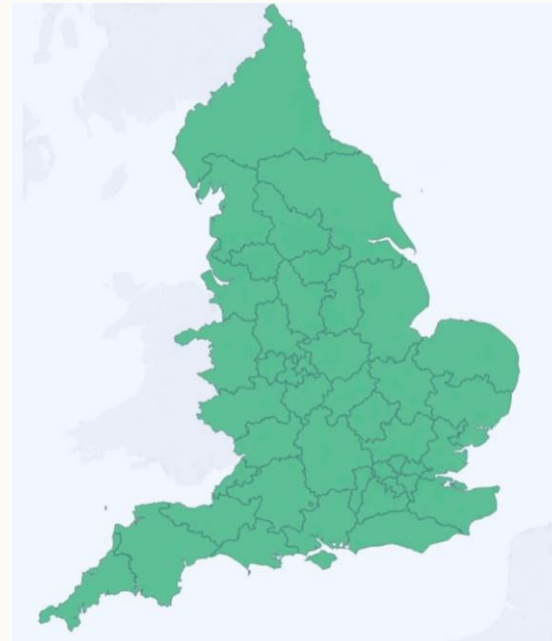
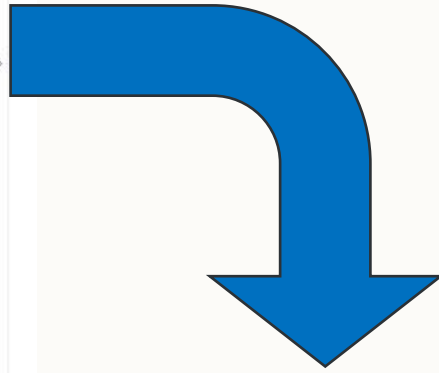
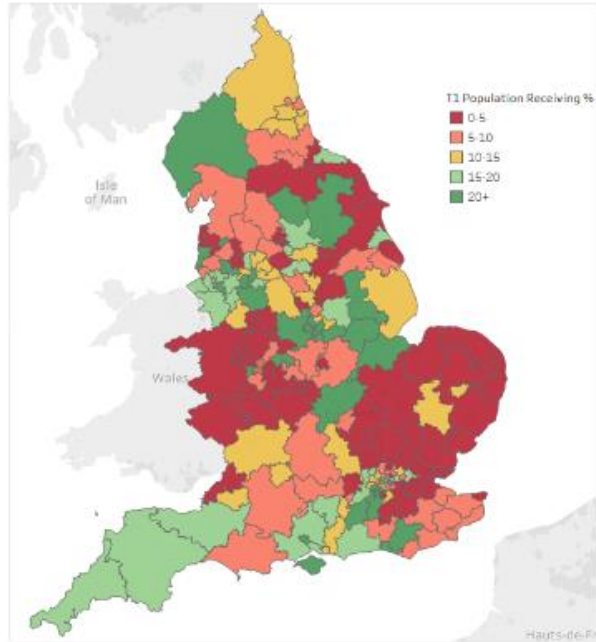
Show active basal profile

Number of values: <b>5059</b>	Values above goal (10 mmol/L): <b>1470</b>	Highest value (mmol/L): <b>22.3</b> (15/08/2016 17:55)
Values per day: <b>115</b>	Values within goal (4-10 mmol/L): <b>2920</b>	Lowest value (mmol/L): <b>Lo</b> (23/08/2016 18:48)
Period average (mmol/L): <b>8.2</b>	Values below goal (4 mmol/L): <b>669</b>	Standard deviation: <b>3.9</b>

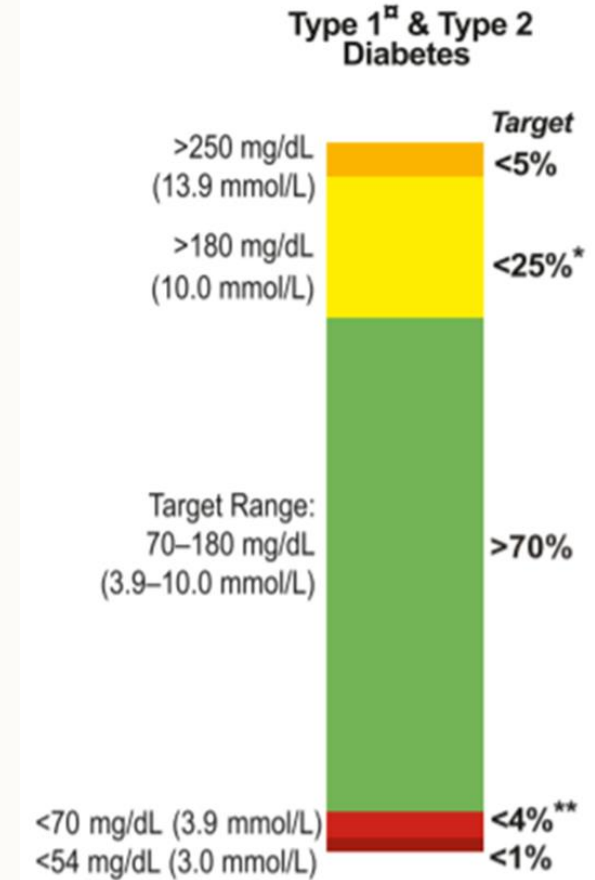




# Impact of CGM in T1DM in England



*>95% of people living with T1DM in the UK now have access to NHS funded CGM*





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# 2022

Appointed as

Associate Professor,

University of Nottingham





# My working week

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Research	Research	Antenatal Clinic	Pump Clinic	Research
PM	Research	Research	SPA	Young Adult Clinic	Research

Research time includes:

- Delivery of 9 clinical studies

- Writing papers

- Writing and planning grants

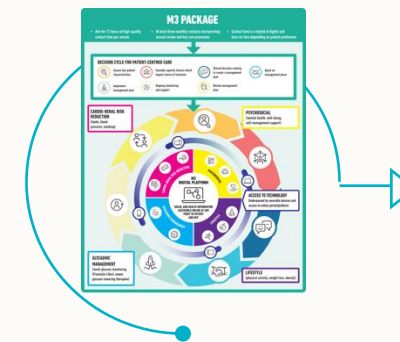
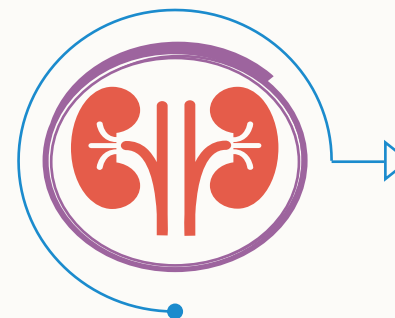
- PhD supervision

- Preparing for and attending conferences

- Personal Tutor

- Medical school interviews

- National roles: DUK DRSG, DAFNE, ABCD



## Tech and Dialysis

- › £2.4M NIHR multi-centre RCT
- › Multi-factorial intervention in young people (<45 years) living with T2DM led by Prof Davies
- › In follow up
- › Due to report 2026

- › Multi-centre RCT of FreeStyle Libre 3 in people with Type 2 diabetes on basal insulin
- › UHDB top recruiter
- › Results will be presented ATTD Barcelona March 25 and DUK April 26

- › NIHR RfPB funded £0.5M multi-centre RCT of closed loop therapy in people with diabetes on haemodialysis
- › Alex Liarakos: Observational study of CGM outcomes in people on dialysis



# Your options



# Why do research?

- Potential to make a difference on a larger scale
- Variety of skills involved
- Collaborating across the country/globally is fun
- Makes your working week very varied



# YDEF ABCD trainee survey

Dr Alex Liarakos, ABCD fellow

# YDEF ABCD survey

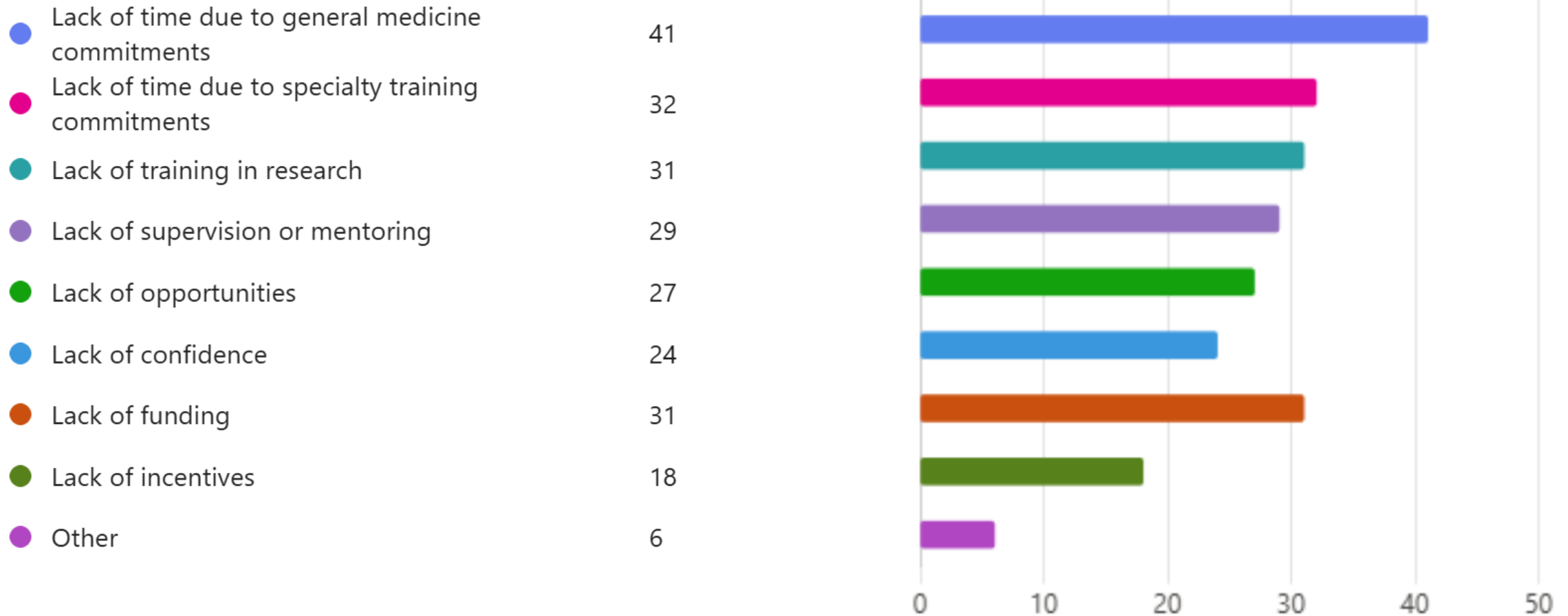


- Led by Alex Liarakos, 53 responses D&E trainees
- 81% (n=42) were in training (SpRs)
- 12% (n=6) were OOPR
- Grade:
  - ST3/IMT3 (4%)
  - ST4 (22%)
  - ST5 (26%)
  - ST6 (30%)
  - ST7 (16%)
- 73% were non-academic trainees
- 15% were clinical research fellows/PhD students
- 8% had ACF or ACL post

# Research experience

- Qualifications in research
  - **63% (n=33) had no qualifications**
  - 13% (n=7) had Master's degree
  - 12% (n=6) had PhD
  - 6% (n=3) had intercalated degree
- **64% (n=34) had taken part in research as trainees/medical students**
- 76% (n=40) of respondents stated that it is **difficult or extremely difficult to take part** in research
- 83% (n=44) current speciality **training curriculum on 'research experience' is not adequate**

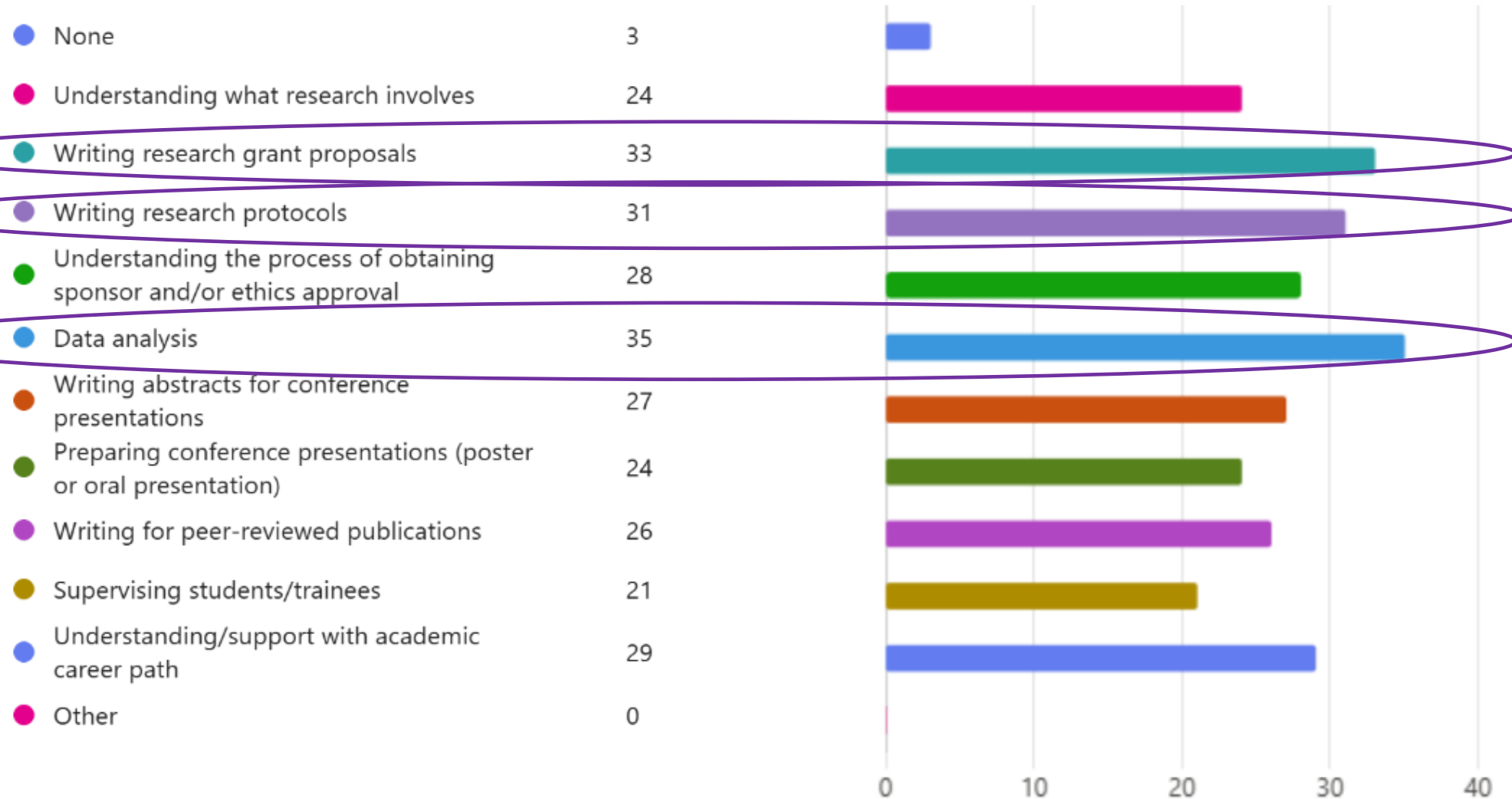
# Trainee barriers to research



# Interest in research

- 89% stated research is **important or extremely important** to them
- 94% would like **to get involved** in research at any stage of their career
- 89% (n=47) would **be interested in attending a research workshop**

# Academic Training needs





The BMJ

Cite this as: *BMJ* 2026;392:s98

<http://doi.org/10.1136/bmj.s98>

Published: 26 January 2026

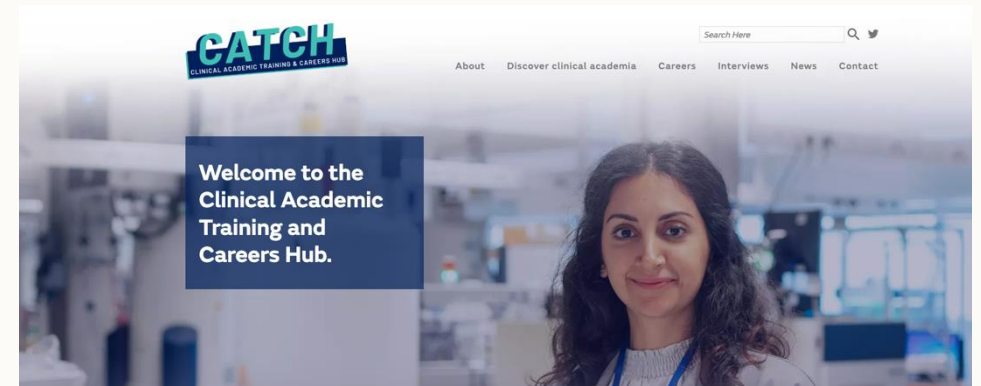
## How can I get involved in research as a doctor?

There are many ways doctors can get involved in research, from assisting with small projects to becoming a clinical academic. **Elisabeth Mahase** asks the experts where doctors should start

Elisabeth Mahase

# Early in training - how do I get involved?

- Explore what's available
  - Unstructured approach
  - Structured schemes: National Institute for Health and Care Research (NIHR) integrated academic training programme
- **There isn't one single path**
- Funding options for fellowships at different stages:
  - NIHR
  - Wellcome
  - Medical Research Council (MRC)
- Academy of Medical Sciences' clinical academics in training annual conference: 29 April.
- Clinical Academic Training and Careers Hub. <https://www.catch.ac.uk/>





# Academic Clinical Fellowship

- The Academic Clinical Fellowship (ACF) is a clinical specialty training post in medicine that incorporates academic training.
- Provides access to Masters-level research training to develop your academic skills alongside your clinical career.
- On an Academic Clinical Fellowship, you will spend:
  - 75% of your time in specialist clinical training
  - 25% of your time in research or educationalist training
- 3 years duration
- Next round closes March 27

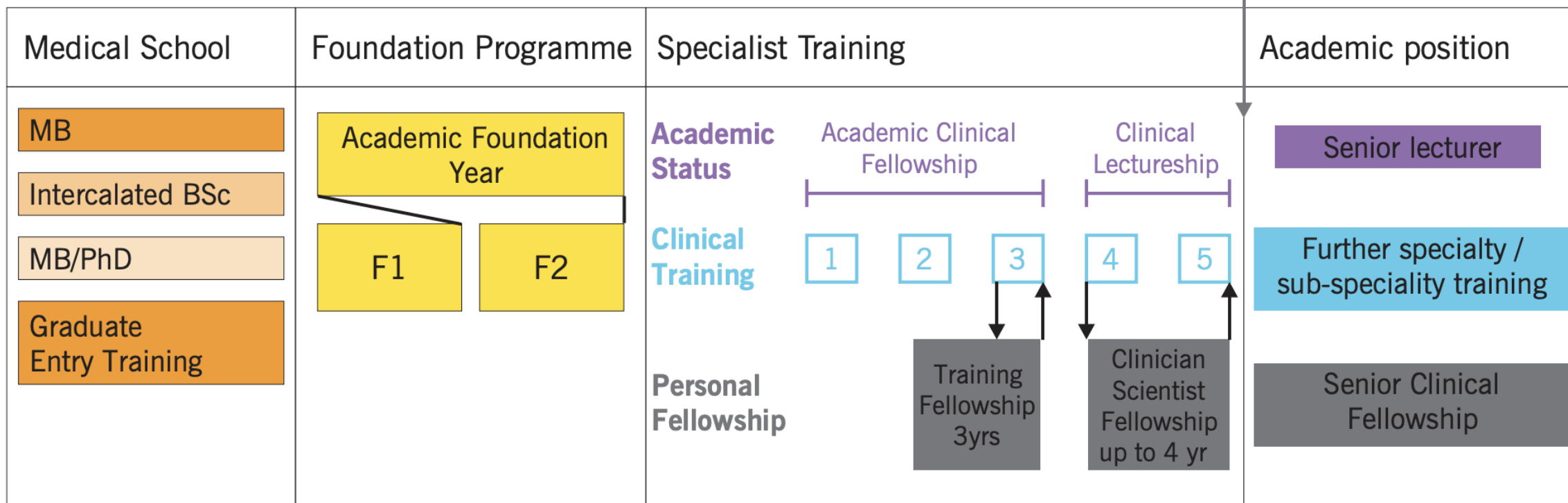


# Academic Clinical Fellowship

- Appoint through national competition
- The NIHR has allocated funding for **278 ACFs for recruitment in 2026/27**, through the Integrated Academic Training (IAT) Programme.
- Applicants may start at ST1, 2 and **3 and also ST4**
- Offer 3 year ACF and 4 year CL appointments with 25% and 50% protected academic training, respectively
- Offer a £1k per annum travel bursary to attend conferences



## INTEGRATED ACADEMIC TRAINING PATH → CCT



The timings of personal fellowships are indicative - there should be flexibility according to individual career progression



Click to go back, hold to see history

**NIHR**

National Institute for  
Health and Care Research

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# Starting out as a researcher

Are you interested in a research career, but not sure where to start? Find out how we can support your career journey.



[Homepage](#) > [Career development](#) > [Research career funding programmes](#) > Starting out as a researcher



# Am I too late to get involved in research?

- No! Your experience will benefit you!

***“Sustainable research careers are those that align with what you enjoy”***

- Research does not need to be a formal degree - it can include contributing to existing projects, supervising trainees in their research, or getting involved in clinical trials
- Gradual upskilling skill building while remaining clinically active is very possible

# How do I protect time for research?

- Common obstacle
- **Structured option:**
  - NIHR supported integrated academic training
- **Less structured:**
  - Negotiating time - ? go less than full time in training and get a research grant to make up the salary difference - research time supported by a research grant.



# How can I find opportunities and funding?

- Major bodies: NIHR, MRC, or Wellcome, and charities, such as DUK
- Have insight into the expertise you offer:

***You have a patient centred care lens, as well as being at the cutting edge of research***

- You bring **entirely new perspective** and to ask those **key research questions** that drive big changes in outcomes
- **Don't be discouraged** if your first application is unsuccessful
- Perseverance is key—will likely obtain some useful feedback, so it's not time wasted

# Do I need a doctorate to do research?

- No:
  - Speak to clinical academics in your specialty – ask what projects you can help with?
  - Supporting **local studies as sub-PI** – commercial and on commercial
    - Data collection/recruitment/inclusion/analysis, present abstracts, publish research
  - Involved in **clinical audits or quality improvement** projects
  - **Health services research**, implementation science are closely tied to care delivery in the real-world setting. This includes evaluating models of care, access, equity, workforce matters, digital health, and guideline implementation

# Associate PI scheme

- 6 month in-work training opportunity
- Experience delivering NIHR trial with mentorship of Principal Investigator (PI)
- Certification of Associate PI status

## Associate Principal Investigator Scheme

[Homepage](#) > [Career development](#) > [Clinical research courses and support](#) > Associate Principal Investigator Scheme

The Associate Principal Investigator Scheme aims to develop health and care professionals to become the Principal Investigators (PIs) of the future.



**Apply to be an Associate Principal Investigator**



**Register your study for the Associate PI Scheme**

<https://www.nihr.ac.uk/career-development/clinical-research-courses-and-support/associate-principal-investigator-scheme#list>

Analytics app

Sheet

Public Associate Principal Investigator Scheme Dashboard

Assets
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Bookmarks

Study Managing Spe...  
Diabetes, Metabolic and...

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All Open Studies

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Staff, Study Teams & Cha...

Apply for the scheme

- Use this page to identify all studies currently open to applications for the Associate PI Scheme
- Please note: there may be studies sites listed here that are not currently taking part in the scheme

Studies open to applications
14

Registered Studies Open to Applications

Study Applica... Regist...	Study Com... Type	Study Recr... Status	CPMS Study ID	Study Short Name	Study Title	Study Manag... Specia...	Study Primary Sub-Specialty	Study Recrui... Start	Study Recruit... End Date
1	Non-Commercial	Open	71403	The STRIDE-T1DM Study	Study of Type 1 Diabetes Risk factors and Incidence of Diabetes Nerve Damage	Diabetes, Metabolic and Endocrine	Diabetes - Type 1	30/12/2025	31/12/2026
1	Non-Commercial	Open	65714	Psychiatric side effects of cabergoline in	Prospective study of the psychiatric side effects of cabergoline in the	Diabetes, Metabolic and Endocrine	Metabolic and Endocrine Disorders	25/09/2024	03/12/2029
1	Commercial	Open	64906	MARITIME-HF	A Phase 3 Randomized, Double-blind, Placebo-controlled Study to	Diabetes, Metabolic and Endocrine	Metabolic and Endocrine - Obesity	21/10/2025	28/10/2026
1	Non-Commercial	Open	64697	RABBIT	Radiofrequency Ablation of Benign Intrathyroidal Tumours	Diabetes, Metabolic and Endocrine	Metabolic and Endocrine Disorders	28/05/2025	30/06/2026
1	Non-Commercial	Open	64281	National Study of Adrenal Tumours	National Study of Adrenal Tumours	Diabetes, Metabolic and Endocrine	Metabolic and Endocrine Disorders	06/01/2025	17/01/2027
1	Non-Commercial	Open	61046	SOPHIST	Sotagliflozin in Patients with Heart Failure Symptoms and Type 1	Diabetes, Metabolic and Endocrine	Diabetes - Type 1	28/01/2025	31/10/2027
1	Non-Commercial	Open	58193	LightCARE	Intensive weight loss intervention versus usual care for adults with	Diabetes, Metabolic and Endocrine	Metabolic and Endocrine - Obesity	06/02/2025	31/03/2026
1	Non-Commercial	Open	58189	LightWAY	Intensive weight loss intervention versus usual	Diabetes, Metabolic and	Metabolic and Endocrine - Obesity	30/05/2025	31/03/2026

Clear Filters



# ABCD opportunities

- ABCD academic Mentorship
- Funding opportunities:
  - Dragons Den
  - Research Fellowship
- Audit programme

The screenshot shows the top navigation bar of the Association of British Clinical Diabetologists (ABCD) website. The main heading is 'ABCD Audit of young people living with type 2 diabetes'. Below this, it lists the 'Audit Lead' as Dr Shivani Misra, Clinical Associate Professor, Imperial College London. It also lists 'Audit Co-Leads' including Dr Emma Wilmott, University of Nottingham; Professor Kamlesh Khunti, University of Leicester; Professor Sarah Wild, University of Edinburgh; Dr Rustam Rea, OCDEM, Oxford; Professor Ketan Dhatariya, Norfolk and Norwich University Hospitals; Dr Ben Field, University of Surrey; and Dr Sheba Jarvis, Imperial College Healthcare NHS Trust. A 'Register for the audit' button with a link to the 'Online registration form' is visible. A small bar chart shows 'Current total' with data points for 2019, 2020, 2021, and 2022. A note at the bottom states: 'Above: an estimated 164,000 people live with early-onset type 2 diabetes under the age of 40-years in England. At younger ages, more females are affected than males.'

The screenshot shows the top navigation bar of the Association of British Clinical Diabetologists (ABCD) website. The main heading is 'Research Fellowship'. Below this, it states: 'On behalf of The Association of British Clinical Diabetologists (Diabetes Care) Ltd (The Diabetes Care Trust (ABCD) Ltd) and The Novo Nordisk UK Research Foundation (NNUKRF) we are delighted to invite applications for grant funding to support your diabetes research. We are particularly keen to encourage new and aspiring diabetes researchers.' It then states: 'This Fellowship is jointly funded by the Diabetes Care Trust through its subsidiary The Association of British Clinical Diabetologists (ABCD)\* and the Novo Nordisk UK Research Foundation (NNUKRF)\*\*.' It also states: 'Applicants can apply for funding up to £300,000 over 3 years, which will be funded jointly by ABCD and NNUKRF (£50,000 per year per organisation).' It then states: 'This grant funding is now closed.' It then states: 'Please note:' followed by a list of conditions: 'Fellowship award includes salary, consumables, PhD fees, travel<sup>1</sup>, publication fees<sup>2</sup>. Applications must be supported by the head of department and host academic institution and funding must be approved by host academic institution. Applicants must register for a higher degree hosted by a UK institution. Reviews will be conducted for the winning application on an annual basis which will include updates on progress against the GANTT chart submitted with the application and financial reporting. Applications must be received no later than 7th January 2026.'

## Pros

- Skills for life
- Completely new experience
- More competitive for future jobs
- Diabetes is really research friendly!
- Lots of organisations ready to support:
  - ABCD / DTN-UK
  - DAFNE
  - Diabetes UK research networks

## Cons

- Financial
- Time
- Effort



# Dr Alex Liarakos, YDEF chair



## Pros:

- You are at the **forefront of change**, being part of that journey is both exciting and rewarding.
- You become a more holistic clinician—research is not just about publishing, but about developing the **skills to critically appraise evidence** and apply it appropriately to your patients.
- There is something **deeply motivating about seeing research findings translate** into small but meaningful changes in patient outcomes.
- You get to meet new people & develop strong professional networks that are invaluable for your career.

## Cons:

- **Balancing research demands with clinical responsibilities** can be emotionally and physically exhausting at times, which is why supportive colleagues and mentors make such a difference.
- Research may **prolong training** slightly, but becoming a good and holistic clinician is not a sprint—it is a marathon!

## Key reasons to consider undertaking research:

*I pursue research because I want to improve care not only for the patient in front of me, but also for those I may never meet. Conducting clinical research helps me practice medicine more holistically, and with greater humility. For me, **clinical diabetes research is not separate from care—it is an extension of it.***

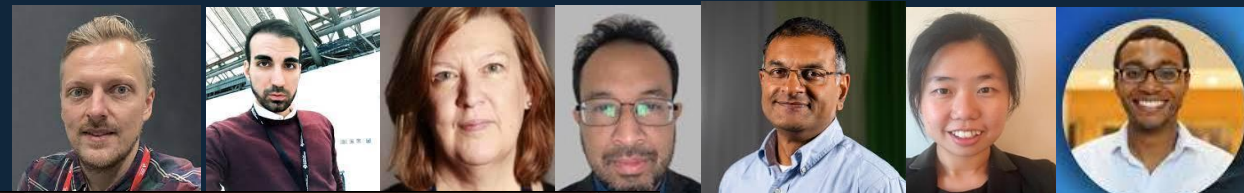
Alex is happy to be contacted....

[alexandros.liarakos1@nhs.net](mailto:alexandros.liarakos1@nhs.net)



# Conclusion

- Really exciting time to work in the field of diabetes and diabetes research
- It is a fun team sport!
- A great opportunity for a varied career and to make a difference at scale
- If even a little interested? Have a discussion with any of us





# Thank you

Any questions?