|  |  |  |
| --- | --- | --- |
| **WOLFSON INSTITUTE OF POPULATION HEALTH**  **NEWSLETTER**  **ISSUE 26: 16 DECEMBER 2022** | | |
| **In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late November and December.** | | |
| **FROM OUR DIRECTOR** | | |
| Dear Colleagues  Yesterday I attended the Women’s Health Research Showcase Event at the Octagon, where a wide array of work was presented. I was particularly impressed by the research focus on underserved communities, and the co-production research undertaken by Katie’s team, involving women from local communities plus clinical and research students, all working together. Well done everyone, both on a very successful event and on the range of research being undertaken.  As the year draws to an end I’d like to extend my thanks to every member of the Wolfson Institute of Population Health. It has been amazing working with all of you this year; thank you for the support, friendship, collegiality, and shared commitment to working together towards improving the health of our populations. | | |
| Special thanks to our Professional Services staff, without whom we would not have been able to deliver any of our excellent education and research.  I hope you all have a really enjoyable, well-earned break over the festive season, and very best wishes for a fulfilling and productive 2023.  Warm wishes to all  Fiona | |  |
| **FROM OUR LEADERSHIP TEAMS AND REPRESENTATIVES** | | |
| **WIPH Education Scoping Exercise (Mark Freestone, Director of Education)**    We wanted to give some notice that later this month we will send out a short survey to all academic staff to gather ideas about new learning experiences that we can offer from WIPH in the coming years, whether these are QMUL undergraduate /postgraduate programmes, modules, or short CPD courses – or even something more ambitious. We are encouraging people to do a bit of ‘blue skies’ thinking when they respond, without feeling burdened by concerns about workload or lack of experience in programme development or delivery, as the results of the survey and a subsequent consultation will help inform our education strategy for 2023/24 and beyond and how we can support and resource learning development. Please keep an eye out for the survey later in December and we look forward to hearing your education ideas! | | |
| **Theme News: Public Advisory Panel (Megan Clinch, Theme Lead)**  We have just appointed a Postdoctoral Research Associate and two Community Research and Engagement Assistants to work on the Research England Participatory Research project from January 2023. They will continue to map and characterise all civic research, education, and engagement work across the Faculty, and develop an understanding of the challenges and opportunities of this work. Based on this scoping research they will then propose ways in which we can effectively collaborate with various stakeholders so we can tackle health inequalities locally. | | |
| **Research News (Tor Kemp, Research Manager)** | | |
| [Funding opportunity: Daniel Turnberg Travel Fellowship Round 14 | deadline 4pm Tuesday 21 February 2023](https://acmedsci.ac.uk/grants-and-schemes/grant-schemes/daniel-turnberg-travel-fellowship)  Daniel Turnberg Travel Fellowships enable early-career biomedical and medical researchers to meet leaders in their field, further their research experience, and learn new techniques, with options for 1 and 3-month Fellowships. The scheme aims to build research links and develop ideas for longer-term collaborations between the UK and the Middle East. The long deadline allows time for discussion with potential hosts and to formulate applications. The application format enables candidates to articulate any pandemic-related challenges they have experienced, and to highlight research outputs in the broadest sense (including potential patents, software etc) as well as publications.    [Funding opportunity: THIS Fellowship | Strengthening equity and diversity in healthcare improvement | deadline Weds 8th March 2023](https://www.thisinstitute.cam.ac.uk/fellowships/strengthening-equity-and-diversity-in-healthcare-improvement/)  Applications for THIS Institute fellowships in research around equity and diversity in healthcare improvement are now open. A webinar on 17 January will explain more about the programme. THIS Institute invites applications with projects to address issues to strengthen equality, diversity and inclusion to improve healthcare, and applications relating to single or multiple protected characteristics, as defined by the 2010 Equality Act, are welcome. Applicants should have a PhD in a relevant discipline or, exceptionally, equivalent postgraduate research experience. If you are interested in applying please consider reaching out to [John Ford](mailto:j.a.ford@qmul.ac.uk) to discuss, as he was involved in drafting the guidance and has good insight into what THIS are looking for with this scheme.    Development opportunity: QMUL Policy Secondment Scheme | open call for early 2023  The [Queen Mary Impact Team](https://www.qmul.ac.uk/research/research-impact/contact-us/) is running a policy impact secondment scheme, and encourages eligible academics and external organisations to apply. Maximum funding available is £30k per secondment, secondments can be part- or full-time, and are for a maximum of 6 months. Spend needs to be completed by 31 July 2023. [Find out more and apply here](https://www.qmul.ac.uk/research/research-impact/policy-secondment-scheme/).    Launch: “How I got my Industry funding” WIPH Seminar series | Thurs 26 Jan 12:15 -13:00  All WIPH colleagues are invited to attend the first seminar in this new WIPH “How I got my industry funding” series. The QMUL Business Development Team and Queen Mary Innovation will talk about the types of industry partnerships available, opportunities they see for WIPH based on our research strengths, and the type of support they offer. Please email [Tor](mailto:v.kemp@qmul.ac.uk) if you have queries or issues finding the MS Teams invite. | | |
| **STAFF NEWS** | | |
| A warm welcome from us all to Laura White, our new Barts CTU Head of Clinical Trial Management in the Centre for Evaluation and Methods, who joined us on 28 November. Laura’s experience includes working as Trials Group Lead at UCL's Cancer Trials Centre. She also worked previously with us on international cancer prevention trials, and helped establish the now thriving rheumatology branch of Barts CTU. Laura is currently based in room 006 at Charterhouse Square. | cid:c70fe7a8-8d10-4484-b041-671d205769f9@eurprd07.prod.outlook.com | |
| **GENERAL INSTITUTE NEWS** | | |
| **GQ’s best books to look forward to in 2023: Pathogenesis**  28 November (Jon Kennedy. Centre for Public Health and Policy) | | |
|  | [GQ Magazine](https://www.gq-magazine.co.uk/culture/article/best-books-2023) has listed Jon Kennedy’s forthcoming *Pathogenesis* as one of the best books to look forward to in 2023. They write: *After recent years you don't need us to tell you that infectious diseases have the power to change history, but in Jon Kennedy's forthcoming book he makes the case for how they have in fact shaped humanity at every stage of history. Kennedy makes a compelling case for this thesis in his book,*Pathogenesis.*From the first success of Homo sapiens to the fall of Rome and the rise of Islam, Kennedy takes us on a long and winding tour of humankind's health record.* Jon’s book will be released on 13 April. | |
| **New RCGP e-learning modules: Multimorbidity and Polypharmacy**  28 November (Deborah Swinglehurst, Nina Fudge. Centre for Primary Care) | | |
| *Multimorbidity and Polypharmacy*, a new RCGP course consisting of three 30-minute modules and two 5-minute screencasts, invites learners to think differently about multimorbidity and polypharmacy. The course is an [output](https://www.apollosocialscience.org/2022/12/01/learning-to-think-differently-about-polypharmacy/) from the APOLLO-MM project, funded through the NIHR Clinician Scientist Award (Addressing the Polypharmacy Challenge in Older People with Multimorbidity) held by Deborah Swinglehurst. The three modules are entitled i) Polypharmacy, multimorbidity and the treatment burden, ii) Polypharmacy, multimorbidity and the medication review and iii) Polypharmacy, multimorbidity and the medication review. The course is primarily aimed at GPs, but the resources are available to all through a free RCGP e-learning [account](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Felearning.rcgp.org.uk%2Fcourse%2Fview.php%3Fid%3D604&data=05%7C01%7CJahangir.Ahmed%40rcgp.org.uk%7C94676a65d95e42b5b8b908dac714ce1a%7C4a6109ded3b040168edd163493377df6%7C0%7C0%7C638041189498657813%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=uIYa30lvFAUrHQHfDpuztQZufXC53g43aFE73C4YBYY%3D&reserved=0) and the course can be accessed [here](https://elearning.rcgp.org.uk/multimorbidity). | apollosocialscience | |
| **HEAL Study team host visitors from Tower Hamlets youth centres**  29 November (Heather McMullen, Hannah Cottrell, Jennifer Randall. Centre for Public Health and Policy) | | |
| **C:\Users\mackie02\Downloads\IMG-20221129-WA0013_2.jpg**  **C:\Users\mackie02\Downloads\PXL_20221129_170622332.jpg** | The HEAL study team has hosted an event for visitors from Tower Hamlets youth centres, to support young people to consider career and education options, and to participate in a youth safety workshop. The event included a visit to the helipad on top of the Royal London Hospital (thanks to Michael Carver, Barts Centre for Trauma Sciences) and the incredible Air Ambulance team, and the opportunity to hear from inspirational emergency department doctors and nurses, air ambulance doctors, RLH police, and social prescribing staff, about their careers and experiences working for the NHS. The evening continued in the Blizard’s Neuron Pod teaching space, where QMUL students, alumni, and lecturers shared their experiences studying and teaching and discussing barriers to accessing higher education. The young visitors engaged fantastically with a workshop exploring their perspectives on their own safety in the community, creating insightful poster presentations and providing recommendations for shaping a safer Tower Hamlets. HEAL (Health Engagement to Avoid interpersonal violent injury in young Londoners) is a public health study led by Heather McMullen, using ethnographic methods to build a picture of violent knife injury and serious youth violence in East London in order to support future interventions. | |
| **“In conversation with…”**  30 November (Belinda Nedjai. Centre for Prevention, Detection and Diagnosis) | | |
| The first in a series of video interviews entitled “*In conversation with...”*, produced by the Queen Mary Global Policy Institute, features [Professor Rodrigo Correa-Oliveira](https://www.iddo.org/chagas-steering-committee/rodrigo-correa-oliveira), VP for Research and Biological Collections at Fundação Oswaldo Cruz (Fiocruz), in conversation with Belinda Nedjai. In the [video](https://www.qmul.ac.uk/gpi/news-and-events/news/in-conversation-with-professor-rodrigo-correa-oliveira-and-dr-belinda-nedjai.html), Belinda explores Professor Correa-Oliveira's career history, his views on universal health coverage, international collaboration, and his engagement with Queen Mary, including the ongoing Brazil Accelerator Fund II funding [call](https://www.qmul.ac.uk/wiph/our-research/news-stories/brazil-accelerator-fund-ii/). |  | |
| **Case study research and causal inference**  1 December (Sara Paparini. Centre for Primary Care) | | |
|  | Because it is often assumed that case studies offer little for making causal inferences, case study methodology has had a marginal role in evaluative studies. A [review](https://doi.org/10.1186/s12874-022-01790-8) of case study research from public health and health services evaluations focusing on interventions addressing health inequalities identifies the types of contribution these case studies made to evidence for causal relationships. The authors contend that case studies can and do contribute to understanding causal relationships, but that more transparency in reporting of case studies would enhance their discoverability, and aid the development of a robust and pluralistic evidence base for public health and health services interventions. To strengthen the contribution that case studies make to that evidence base, they suggest that researchers could draw on wider methods from the political and social sciences (particularly on methods for robust analysis), carefully consider what population their case is a case 'of', and explicate the rationale used for making causal inferences. | |
| **Diversity and the MRCGP Recorded Consultation Assessment**  1 December (Eleanor Southgate, Sarah Pocknell. Centre for Primary Care) | | |
| An opinion [piece](https://bjgp.org/content/72/725/584) originally published on the *BJGP Life and Times* online platform has been selected for publication in the December print issue of the BJGP. Describing a snapshot of their experience of the recorded consultation assessment (RCA) for Membership of the Royal College of General Practitioners (MRCGP), three inner city GP trainees highlight key issues for consideration in future versions of the assessment. Noting that most simulated patients in the RCA revision package are white, male, and able to clearly articulate their problems and expectations, they point out that exam candidates working in areas of deprivation and diversity encounter high proportions of patients who need interpreters and many with low health literacy and multiple health issues, requiring more time than the permitted 12 minute window. The authors suggest action points including acknowledgement of diversity in approaches to consulting, and ensuring that the RCA is representative of the range of clinical encounters, and rewards inclusion of complexity, continuity, and cultural competence. They conclude that GPs need to be ‘fit for the future’ of UK general practice, and that the MRCGP exam must be designed to reflect this. |  | |
| **Pandemic impact on timeliness and equity of MMR vaccinations in NE London**  2 December (Nicola Firman, Milena Marszalek, Ana Gutierrez, Kate Homer, Crystal Williams, Gill Harper, Isabel Dostal, Zaheer Ahmed, John Robson, Carol Dezateux. Centre for Primary Care) | | |
|  | The effect of the COVID-19 pandemic on the timeliness and geographic and sociodemographic inequalities in receipt of first Measles Mumps and Rubella (MMR) has been quantified by a longitudinal [study](https://bmjopen.bmj.com/content/12/12/e066288) conducted in NE London. Using primary care electronic health records from 285 GP practices, researchers compared a pre-pandemic cohort (children born August 2017-Sept 2018) with a pandemic cohort (born March 2019-May 2020), and found that timely MMR receipt fell from 79.2% to 75.2%. Timely vaccination was less likely not only in the pandemic cohort, but also in children from Black, Mixed/Other or with missing ethnic backgrounds. Conversely, it was more likely in girls than boys, and in children from South Asian backgrounds. The proportion of neighbourhoods where less than 60% of children received timely vaccination increased from 7.5% to 12.7% in the pandemic. Authors conclude that delayed receipt of MMR is geographically clustered in more deprived neighbourhoods, and this worsened during the pandemic. Immediate action is needed to avert measles outbreaks and support primary care to deliver timely and equitable vaccinations. | |
| **Association of frailty with outcomes for ambulance services**  5 December (Daniel Stow. Centre for Primary Care) | | |
| A cross-sectional observational [study](https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-022-03633-z) conducted in the North East England Ambulance Service shows that among people aged ≥ 50 attended by an ambulance, frailty is common, and an important influence on workload. Paramedics measured patient frailty using the Clinical Frailty Scale (CFS), with additional information extracted from ambulance care records, and weighted regression models determined associations between frailty, hospital conveyance, and duration at scene. From 2056 callouts, frailty prevalence was 58.7%, with median duration at the scene of 47 minutes. Ambulances spent a median 8.2 minutes longer with frail patients, and frail patients were less likely to be conveyed to hospital. Authors conclude that as the population ages, ambulance services will need to be trained and resourced to assess and manage frail patients, but access to appropriate community health and social care services is essential to reduce demand on ambulance and hospital services. | File:Yorkshire Ambulance Service 1171 - YX71 KSK.jpg | |
| Short stature and language development 5 December (Joseph Freer. Centre for Primary Care) | | |
| Image of child being measured. Credit: iStock.com. | Findings from a new [study](https://doi.org/10.1186/s12916-022-02680-y) show that short stature at age 3 is associated with lower language development scores at ages 3-11 in UK children. Few studies have investigated the relationship between impaired growth and cognitive development potential in high income settings. Of 12,536 children born in 2000-2002, 4.1% were classified as having short stature at age 3, and these children had consistently lower language development scores from ages 3-11. Children with short stature at age 3 who had caught up in height by age 5 did not have significantly different scores from children with persistent short stature, but had a higher probability of being in the high language development group than children without catch-up growth. The associations found remained significant after adjustment for socioeconomic, child and parental factors. | |
| **Ethnic differences in hypertension management**  5 December (Rohini Mathur. Centre for Primary Care) | | |
| Results from a cohort [study](https://www.sciencedirect.com/science/article/pii/S2666776222002538?via%3Dihub) of patients of European, South Asian, and African/African Caribbean ethnicity with a new raised blood pressure (BP) reading show that antihypertensive initiation does not vary by ethnicity, but subsequent BP control is notably lower among people of African/African Caribbean ethnicity. The cohort consisted of almost 800,000 antihypertensive-naïve individuals (93.5% European, 3.9% South Asian, 2.6% African/African Caribbean ethnicity) in UK primary care. Guideline-indicated antihypertensive initiation was more likely in people of South Asian or African/African Caribbean than European ethnicity, but BP monitoring and antihypertensive intensification rates were lower in African/African Caribbean than European groups. People of South Asian or African/African Caribbean ethnicity were less likely to remain on treatment over the next year. BP control one year after antihypertensive initiation was less likely for African/African Caribbean than European groups (a difference attenuated after accounting for treatment persistence and/or adherence), and similar for people of South Asian ethnicity. Authors suggest that a nationwide strategy to understand and address differences in ongoing management of people on antihypertensives is imperative. | https://www.qmul.ac.uk/media/qmul/media/2018/Statins-iStock-497256898-640.jpg | |
| **Pilot Programme for BRCA testing in the Jewish population in England**  7 December (Ranjit Manchanda. Centre for Prevention, Detection and Diagnosis) | | |
|  | In a webinar for the UK Jewish Medical Association Ranjit Manchanda has detailed plans to pilot population based BRCA testing in the Jewish population. The pilot is being developed by The Early Diagnosis Team in the National Cancer Programme at NHS England. It is hoped that through this new programme, NHS funded BRCA testing will be made available to all Jewish adults in England. Currently the NHS service provides testing only to those eligible through family-history based criteria. | |
| **Barts/ELFT Academic Afternoon**  7 December (Ania Korszun, Helen Bruce, Michaela Hinson-Raven, Anne Marie Bonnici Mallia. Centre for Psychiatry and Mental Health) | | |
| Ania Korszun and Helen Bruce organised an inspiring series of talks on advancing inclusivity in education and maintaining excellence in the post-covid era as part of the Barts/East London NHS Foundation Trust academic afternoon on 7 December. Distinguished speakers from the Royal College of Psychiatry included Lade Smith (Presidential Lead for Equality and Diversity) and Subodh Dave (Dean). Stefan Van Geelan (University of Utrecht) provided a European perspective, and Aileen O’Brien and SGUL medical students David Hutchinson and Jonathan De Oliveira presented their work on trying to unravel the way education is funded at NHS Trusts, which led to some lively debate. There followed a summary of the activities of our Student Psych Soc President Lucy Wright, and of our Fellows in Medical Education, Michaela Hinson-Raven and Anne Marie Bonnici Mallia. A big thanks to all who contribute to our education programmes. |  | |
| **2022 San Antonio Breast Cancer Symposium**  8 December (Emma Atakpa, Jack Cuzick, Stephen Duffy, Adam Brentnall. Centres for Evaluation and Methods/Prevention, Detection and Diagnosis) | | |
| C:\Users\mackie02\Downloads\_20221212_162530.JPG | Post-Doc Data Scientist Emma Atakpa presented a spotlight poster, "A model to assess the utility of risk-based breast cancer screening algorithms” at the 2022 San Antonio Breast Cancer Symposium. Risk-based screening aims to personalise screening to an individual’s risk of breast cancer based on a more comprehensive risk assessment than just age, family history, or high-risk genes. The deterministic model described estimated the incidence of advanced breast cancer for two risk-based screening scenarios, comparing their effects with usual screening: i) changing the screening interval based on risk (high-risk annually, low-risk 5-yearly) between age 50-70, and ii) changing screening starting age based on risk (high-risk annual screening from age 45, then triennially from 50; low-risk start triennial screening at 55). Results suggest that to reduce the rate of advanced breast cancer, changing screening starting age based on risk is likely to be more effective (per screen required) than changing the screening interval based on risk. The poster was co-authored by Jack Cuzick, Stephen Duffy and Adam Brentnall. | |
| **Collecting high quality data on race and ethnicity**  8 December (Rohini Mathur. Centre for Primary Care) | | |
| A [Commentary](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2902490-4) in the *Lancet* poses the question of how we collect high quality data on race and ethnicity, essential for identifying inequalities and uncovering patterns of disadvantage and racism. Noting that in many European countries ethnicity data capture is illegal, and that COVID-19 prevention efforts were hampered by an inability to target resources towards groups at highest risk, the authors acknowledge that most disease management approaches are not tailored for the needs of diverse racial and ethnic populations, particularly in low- and middle-income countries. They contend that addressing the trust gap is an essential first step in collecting high quality race and ethnicity data with adequate population coverage and completeness. Such data are pivotal in redressing the historical under-representation of diverse populations in clinical research, and ensuring that algorithms underpinning patient care do not perpetuate bias and inequalities. The article concludes that realising the true potential of high quality race and ethnicity data will require close collaboration between health-care providers, researchers, social scientists, policy makers, and community leaders to ensure that findings are relevant to communities of interest and are interpreted respectfully and responsibly to improve care for all. |  | |
| **Cost Effectiveness of surgery to prevent breast/ovarian/endometrial cancer**  12 December (Wei X, Sam Oxley, Michail Sideris, Ashwin Kalra, Li Sun, Ranjit Manchanda. Centre for Prevention, Detection and Diagnosis) | | |
|  | Resource allocation for breast, ovarian, and endometrial cancer prevention requires robust cost effectiveness evidence. A systematic [review](https://www.mdpi.com/2072-6694/14/24/6117) of 22 studies examines cost effectiveness of surgical prevention for these three cancers in high/intermediate/low-risk populations. Results show that risk-reducing mastectomy and/or risk-reducing salpingo-oophorectomy were cost-effective for BRCA1/2 pathogenic variant carriers, and salpingo-oophorectomy was also cost-effective at a lower lifetime ovarian cancer risk-threshold of 4-5%. Hysterectomy with bilateral salpingo-oophorectomy was cost-effective in women with Lynch syndrome. Opportunistic bilateral salpingectomy was cost-effective when conducted with hysterectomy for benign gynaecology surgery or in lieu of tubal sterilisation. The review concludes that surgical prevention is cost-effective for women in high-income countries who are at a high risk of breast cancer, intermediate/high risk of ovarian cancer and high risk of endometrial cancer. | |
| **Health Data Research UK Scientific Conference 2022**  14 December (Marta Wilk. Centre for Primary Care) | | |
| Marta Wilk was one of six researchers (and the only PhD student) selected to deliver a 4-minute “Lightning Talk from Early Career Researchers” at the Health Data Research UK Scientific Conference 2022: Data for global health and society. Marta presented her research “*Does living in an overcrowded household increase the chance of COVID-19 infection: analysis using linked electronic health and housing records*”, produced in collaboration with colleagues in the [Real Child Health](https://www.qmul.ac.uk/blizard/ceg/realhealth/childhealth/) Team. Using patient data from nearly 900,000 adults registered with GPs in North East London, the research showed that people living in overcrowded households were more likely to catch COVID-19. Marta says it was a challenge to present the *why, how and what* of her study in only four minutes, and she is grateful to the Real Child Health Team for helping her to prepare. | A screenshot of a computer  Description automatically generated with medium confidence  A screenshot of a computer  Description automatically generated with medium confidence A screenshot of a computer  Description automatically generated with medium confidence | |
| **FORTHCOMING EVENTS** | | |
| **Festival of Genomics and Biodata** 25-26 January | | |
| The UK's largest Genomics event, The Festival of Genomics and Biodata, with over 150 speakers across 8 theatres, will take place at the Business Design Centre in London on 25-26 January. The conference is free to attend for everyone working exclusively for QMUL. Ranjit Manchanda will be speaking on *Population Genetic Testing - Moving Forward to Change the Paradigm* at 11:30am on 25 January. Click here for details and your free [ticket](https://hubs.la/Q01tyTNm0). | **C:\Users\mackie02\Downloads\General Banner (4).png** | |
| **South-East Annual Scientific Meeting of the SAPC 26 January** | | |
| **Five Centre for Primary Care speakers have been chosen to present abstracts at the South-East Annual Scientific** [Meeting](https://www.imperial.ac.uk/school-public-health/primary-care-and-public-health/teaching/sapc/) **of the Society of Academic Primary Care 2023, which will take place online on Thursday 26 January, 09:30-15:30. The theme this year is Health Equity for People and Planet. The conference will be preceded by an in-person evening networking event on 25 January in Charing Cross. CPC speakers will be Sarah Pocknell: Making visible the hidden work of medicines talk in primary care medication reviews, Jamie Ross: Influences on patient uptake and engagement with the NHS Digital Diabetes Prevention Programme: a qualitative interview study; Stuart Rison: Hypertension in the time of COVID-19: Blood pressure control was maintained during the pandemic and so were pre-existing health inequities; Dipesh Gopal: Primary care practitioners’ experiences of cancer care reviews; and Ratna Sohanpal: Patient, Carer and Professional perspectives on the opportunities and challenges for REMOte CARE in chronic obstructive pulmonary disease. Register for the** [main](https://www.eventbrite.co.uk/e/society-for-academic-primary-care-south-east-regional-meet-2023-tickets-414061768897) **online conference or the** [networking](https://www.eventbrite.co.uk/e/networking-event-society-for-academic-primary-care-se-regional-meet-2023-tickets-414158969627?aff=erelpanelorg) **event.** |  | |
| **Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to** [**j.a.mackie@qmul.ac.uk**](mailto:j.a.mackie@qmul.ac.uk) | | |