

August 2026

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Thank you!

Bringing together over 590 clinical research staff from across the UK and Ireland, this year's conference celebrated collaboration, innovation and excellence across our network and clinical research infrastructure.

In this newsletter, you'll find reflections from speakers, poster award winners, a look back at some of our favourite moments, and links to conference resources.



Celebrating the Success of the UK & Ireland CRF Conference:

**Reflections from Professor Martina Hennessy
Director at Wellcome HRB Clinical Research Facility
at St James's Hospital, Dublin.**

“ The recent UKCRF Conference hosted by the Irish CRFs included the title Two Islands, Many Voices, UK and Ireland Clinical Research Facility Annual Conference 2026. I am confident that over the two days, many voices were heard. The conference covered a wide range of topics from Advanced Therapies, Critical Care, Medical Devices, Smart Wearables, Biomarkers and the future of regulation. The topics knitted very well together to provide a comprehensive overview of the clinical research landscape. Insights from all the sessions were instrumental in integrating critical messages across the two days.

We are also receiving feedback that great fun was had at the same time – always a bonus.

”





Reflections from Paul Brown UKCRF Network Director & Deputy Director of Research & Innovation at Lancashire Teaching Hospitals NHS Foundation Trust

“ I want to express my sincere gratitude to our excellent hosts from across Ireland and Northern Ireland.

Our MC for the two days, Professor Martina Hennessy, led the way, and I am thankful as always to my colleagues on the SMT, Jeremy Towns and Sophie Black, along with a large cast, for their organisation, and to Lucy Sanger as our representative in the Hall.

The event provided a first-rate opportunity to network with colleagues from the CRFs of the UK and Ireland. More importantly, it showcased:

- The tremendous journey of our CRFs over the past 12 months, particularly as part of the NIHR Industry Hub and the speed and efficiency in new trial facilitation (thanks to Tanya Turgoose);
- The remarkable journey of the Irish CRFs collectively and the high quality and impact of the case studies presented;
- The collegiate, collaborative, and enjoyable nature of this Network.

Thank you to everyone for bringing the sunshine and making it a fantastic two days.

”

Highlights from Social Media

It's always rewarding to see the impact of the conference reflected in delegates' own words. This year, we've received many positive comments, reflections, and photos shared across LinkedIn and X, showcasing what our delegates felt were the biggest successes of the UK & Ireland CRF Conference.

Below, we've highlighted just a selection of the wonderful feedback shared by attendees, speakers and organisers.

If you'd like to see more, simply search #CRFConf26 on LinkedIn or X



St James's Hospital Dublin

56,183 followers
6d • Edited •

+ Follow ...

The **UK Clinical Research Facility (UKCRF) Network** Conference 2026 brought together researchers, clinicians and research professionals from across Ireland and the UK to share learning, showcase innovation and explore the future of clinical research.

This year's event took place in Dublin and focused on the theme "Two Islands, Many Voices: Futurescaping Trans-National Clinical Research" and highlighted the value of collaboration in advancing healthcare research.

We were delighted to see the hospital represented throughout the programme, with colleagues sharing their expertise and contributing to discussions on topics ranging from trial delivery and digital transformation to patient involvement and cross-border collaboration.

The conference served as a reminder of the vital role research plays in improving patient care. Research-active healthcare organisations are better equipped to drive innovation, generate evidence and provide patients with access to new treatments and technologies. Clinical Research Facilities are a key part of this ecosystem, providing the infrastructure, expertise and support needed to translate research into real-world health benefits.

A sincere thank you to the organisers, speakers and delegates who made the event such a success. The conversations, connections and ideas shared over the two days will help shape the future of clinical research and, ultimately, improve outcomes for patients.

Well done to all the team from **Wellcome HRB Clinical Research Facility @ St James's Hospital** Martina Hennessy, **Gerry Hughes**, Cormac Kennedy, **Jeremy Towns Derval Reidy** Edel O' Dea, **Keelan McManus Kishor Santhosh** Sarah Meehan **CATHERINE LUDDEN** Louise Conway **Lauren Ellis Caitríona Ryan**

#TeamSJH #HealthcareExcellence #HealthcareInnovation



Check out more posts on social media by searching #CRFConf26



Caroline McMahon • 2nd

Patient and Public Involvement, Inclusion and Comms Lead, NIHR Cambridge Clinical Research Facility (UKCRF) Network Neeta Patel

Behind all the protocols and science, this is why we work in research 🧐 **NIHR (National Institute for Health and Care Research) UK Clinical Research Facility (UKCRF) Network Neeta Patel**



Vicky Hills • 3rd+

Research Recruitment Manager | NIHR BioResource | IBHO & D-CYPHR Program...
1w • Edited •

That might have been my most favourite session of the conference thank you to the PPIE and Governance team **Barts Health NHS Trust** for bringing us Anna's story at **UK Clinical Research Facility (UKCRF) Network** it has left me moved and with my mind buzzing with what is possible!

NIHR BioResource
#CRFconf26



Jason Domingo • 3rd+

Senior Clinical Research Charge Nurse / Advanced Therapy Research Lead Nurse / ...
1w •

What an inspiring few days at the 2026 UKCRF Conference in Dublin, Ireland: Two Islands, Many Voices - Futurescaping Trans-National Clinical Research.

It was a privilege to chair the AT(I)MPs parallel session for the second time. Thank you to everyone who attended, contributed to the discussions, and shared such positive feedback. It was wonderful to connect with colleagues who are passionate about advancing this rapidly evolving field. I especially enjoyed learning from and alongside outstanding experts including **Prof Ben Parker**, **Amelia Te**, Rebekah Taylor, Siobhan Costello, and Eve Watson, as well as sharing insights on the participant journey - from recruitment through to reflection.

One message resonated throughout the session: AT(I)MP delivery is like an orchestra. No single musician performs the whole piece, and no single instrument defines the performance. Every discipline brings unique expertise, but only by working together can we deliver the best possible outcomes for our patients. As the therapeutic landscape continues to evolve, our shared purpose remains the same: providing the highest quality care and the best possible experience for every participant.

As Advanced Therapy Research Lead Nurse at the NIHR Clinical Research Facility: Cambridge and Co-Chair of the UKCRF AT(I)MPs Working Group, I am honoured to play my part in connecting and strengthening the AT(I)MP community. Collaboration, shared learning, and supporting one another are what will continue to drive innovation forward.

I was also delighted to showcase two posters highlighting:

- ◆ Collaborative delivery of a high-risk immunotherapy trial
- ◆ Breaking barriers in experimental medicine vaccine studies

Congratulations to my Cambridge CRF colleagues on winning the Best Poster awards in two categories. I am incredibly proud to be part of the team.

It was also a pleasure to reconnect with my fellow Filipino colleagues from different NHS Trusts, who continue to make valuable contributions to clinical research across the UK. I am incredibly proud to see our community making such a positive impact.

Thank you to everyone I met throughout the conference for the insightful conversations, new connections, and shared commitment to advancing clinical research.



Aisling Geraghty, Ph.D • 3rd+

Clinical Research Centre Operations Manager at Children's Health Ireland (CHI)
1w •

Some of the **Children's Health Ireland (CHI)** clinical trials team at the fantastic **UK Clinical Research Facility (UKCRF) Network 2026 Conference** 🌟

It was fantastic to have the conference in Dublin this year and to have so many of our colleagues involved! We were so proud to share our experience of delivering high quality paediatric clinical research, showcasing the innovative work taking place across CHI, and the unique opportunities and challenges of conducting clinical trials with children and young people.

Looking forward to next year in Liverpool! 🌟





HRB Clinical Research Facility Galway - University of Galway

1,558 followers

1w • Edited •

"Different Perspectives, Shared Learning, Better Outcomes."

This phrase from the [CRDC UK Network](#) slides perfectly captured the spirit of [#CRFconf26](#).

The depth of knowledge, the openness in sharing both successes and challenges, the collegiality among attendees from across both islands, and the shared commitment to keeping patients at the heart of everything we do were evident throughout.

A thought-provoking, inspiring, and genuinely collaborative conference that reinforced the value of learning from one another, challenging our thinking, and working together to drive better outcomes for patients.

Grateful to everyone who shared their expertise, experiences, and insights.



Sittana A. • 3rd+

Alzheimer's Society UK Dementia Trials Network Lead Research Nurse
1w •

A fantastic two days at the [UK Clinical Research Facility \(UKCRF\) Network](#) Conference in Dublin. I had the opportunity to support and present during the End of Study, Not End of Care session and learned so much from my fellow presenters, as well as from the invaluable perspective shared by the study participant and patient representative.

Thank you to everyone who made it such an inspiring few days. Looking forward to taking new ideas and connections back into practice.



Lawrence Tallon • 3rd+

Chief Executive Officer at the MHRA (the UK's Medicines and Healthcare products ...
1w •

A day of collaboration in Dublin, beginning with colleagues at the [Health Products Regulatory Authority \(HPRA\)](#) and ending with discussions on the future of regulatory science at the [UK Clinical Research Facility \(UKCRF\) Network](#) Conference.

It was a pleasure to meet with [Finnuala Lonsdale](#) and [Ronan Donelan](#) at the HPRA to discuss our shared priorities and the opportunities to strengthen cooperation even further.

Later, speaking at the [UK Clinical Research Facility \(UKCRF\) Network](#) Conference, I reflected on the past, present and promising future of clinical trials. I discussed the enormous opportunity of increased clinical trial participation to improve patient outcomes, clinicians' morale and driving inward investment.

However, this is a fiercely competitive global landscape, in which we need to work hard to grow market share across the UK and Ireland. We are particularly focusing on therapeutic areas where we can differentiate ourselves in the global system, for example in advanced therapy medicinal products.

This was a call to arms to put patient recruitment in clinical trials at the centre of our efforts to improve our health systems and life sciences.

Thank you to everyone who contributed to today's discussions. Working together is how we'll continue to support research, encourage innovation and improve outcomes for patients.



2026 Poster Winners!

The annual conference poster competition continues to showcase outstanding work taking place across clinical research facilities throughout the UK and Ireland.

Thank you to everyone who submitted a poster for this year's conference.

This year, a panel of judges carefully reviewed all entries and selected winners in five categories: Outstanding Leadership, Collaborative Research, Science, Technology & Data, Breaking Down the Barriers, and Innovation & Impact, before choosing an overall winner from the category champions.

We are delighted to celebrate this year's winners and recognise the exceptional contributions they make to clinical research.

Overall Winner & Winner for Outstanding Leadership

Poster 1.15

Bite-Sized, High Impact: A Microlearning Model for Clinical & Research Workforce Development in Early Phase Trials

Congratulations to Authors:
Dr Fellisha Marwein, Arun Vamadevan, Dr Gregory Schey, Dr Robert Downey, Anwar Mundakundil, Rebecca Lyon, Yathish Balachander, Prof Lauren Walker and Prof Richard Fitzgerald from NIHR CRF: Liverpool



Winner for Collaborative Research

Poster 2.24

CRISTAL-APC: A Multi-institutional Collaboration Targeting Non-Cancer Cell Signalling To Boost Activity in Pancreatic Cancer

Congratulations to Authors:
Erika Muhi, Bristi Basu, Emma Parico from NIHR CRF: Cambridge

NIHR National Institute for Health and Care Research

CRISTAL-APC: A Multi-institutional Collaboration Targeting Non-Cancer Cell Signalling To Boost Activity in Pancreatic Cancer

Authors: Muhi, Erika¹; Basu, Bristi²; Parico, Emma³

Introduction
Pancreatic ductal adenocarcinoma (PDAC) is the 10th most common cancer in the UK, with approximately 11,000 new diagnoses annually. Patients with metastatic disease who are fit enough typically receive chemotherapy; however, median survival remains less than one year. In the UK, Pancreatic Cancer survival has not shown much improvement in the last 50 years. There is an urgent need for more effective and better-tolerated treatment strategies.

HOW THE TRIAL WORKS
The trial aims to evaluate the combination of a novel non-cancer cell signalling inhibitor (CC1) with standard chemotherapy (FOLFIRI) in patients with advanced pancreatic cancer. The trial is a Phase 1/2 study, with the Phase 1 part evaluating the safety and tolerability of the combination, and the Phase 2 part evaluating the efficacy of the combination compared to standard chemotherapy.

Background
In PDAC, presence of tumour cells called macrophages can block the immune response to the tumour, via CC1 signalling. CC1 overexpression is associated with poorer progression-free survival outcomes in patients with pancreatic cancer.

The Science
This trial is investigating a new treatment approach for the most common type of pancreatic cancer, ductal adenocarcinoma. By adding CC1 to standard chemotherapy, the trial aims to improve the immune response to the tumour, leading to better outcomes for patients.

Contributions of CRF
The study Phase 1/2 at the NIHR CRF: Cambridge has provided a platform for the trial, providing dedicated clinical facilities and specialist research support throughout the patient pathway. From screening to recruitment, the CRF has provided support for all aspects of the trial, including patient recruitment, data collection, and patient support.

Conclusion
Presented at World Pancreatic Cancer Day in November 2023, CRISTAL-APC reflects a strong commitment to improving outcomes and quality of life for patients with advanced pancreatic cancer.

Activity in NIHR CRF: Cambridge
The trial activity overview in NIHR CRF: Cambridge shows a steady increase in patient recruitment over time, with a peak in activity in the latter half of the trial period.

Winner for Science, Technology & Data

Poster 3.07

Developing 3D-printed tablets for children

Congratulations to Authors:
Andrea Gill, Dan Hawcutt, Bambang Very Enthusias Brilliance Abdillah Akbar, Mohamed A Alhnan, Jonathon Davies, Stephen Tomlin, Kate Houghton, Michael Bowes, Paul Sanderson, Louise Bracken from NIHR CRF: Alder Hey

KINGS LONDON **CMRRC** **Developing 3D-printed tablets for children** **Alder Hey Children's NHS** **PMRU**

Andrea Gill¹, Dan Hawcutt¹, Bambang Very Enthusias Brilliance Abdillah Akbar², Mohamed A Alhnan³, Jonathon Davies¹, Stephen Tomlin¹, Kate Houghton¹, Michael Bowes¹, Paul Sanderson¹, Louise Bracken¹

“The pill splitter crumbles the medication so I snap the medication in half myself. I think look at the tablet to see if it even enough. If it isn't I may scrape some off to make it more even”.
Parent of 12-year-old

“At the minute she is on ... whole tablet, in the past she was on 1/2 dose which was impossible to split equally and fell to crumbs. I worry that if she goes up a dose I will have to split it again for her”.
Parent of 10-year-old

Why 3D printing?

- Flexible and personalised doses
- Accurate methodology
- Can create chewable or conventional tablets
- Flavour, colour and shape can be personalised
- Prepared in hospital pharmacy is possible

Why Nadolol?

- 80mg tablets are the only licensed formulation available in the UK
- Dose: 1mg/kg daily
- Options for paediatrics:
 - Split tablets into segments
 - Extemporaneous liquid prepared in hospital pharmacy

Aims of the study

- Proof of concept: 'Can 3D printed tablets be produced reliably and accurately in a hospital pharmacy?'
- Describe the case of need for 3D printed nadolol by parents, children, young people and health care professionals (HCPs)

Study outline

- Phase 1: Case of need**
Survey - Children, young people, parents, HCPs
- Phase 2: 3D printing in a hospital pharmacy**
Validation, Training, Quality Assurance
- Phase 3: Single-dose substitution study**
Acceptability and palatability 10 participants

3D printing

Semi-solid extrusion technology using food-grade printer.

Validation testing:

- Dissolution
- Uniformity of weight
- Uniformity of content

Case of need

Eight patients (5-17 years), nine parents and ten HCPs have responded to e-surveys (Microsoft Forms) so far. Parents described challenges with obtaining further supplies and practical difficulties related to short expiry dates or dose inaccuracies. HCPs described difficulties with storage, product availability, short expiry dates and large dose-volumes with the current liquid medicine. All supported 3D-printing as an alternative, provided quality and safety is assured. Most (53%) children and young people reported they would like to try a chewable tablet formulation. All parents thought this would be the best type of formulation and almost all (94%) respondents agreed that a pink colour and strawberry flavour would be acceptable.

Acknowledgements...We are very grateful for the input of children, young people and families into the concept and design of this study including University of Liverpool Generation R, Children's Heart Federation and Alder Hey Youth Forum. The study is funded by the Neonatal and Paediatric Pharmacia Group.

Poster 4.16

Congratulations to Authors:

Karen Ersche, Areti Bermperi, Carla Ribeiro, Sherly Xavier, Evgenia Kourampa, Andrea Sabbatini, Aksa Joy, Sharon Baker and Anne Elmer from NIHR CRF: Cambridge

Poster 5.39

Congratulations to Author:

James Stephens from NIHR CRF:
Manchester

Using Generative AI to Accelerate Source Data Prompt Document Creation

James Stephens (2026)

Introduction

Source Data Prompt Documents (SDPDs) are used within Clinical Research Facilities (CRFs) to support accurate and complete source data capture during study visits. Producing them is a manual, document-intensive task requiring review of protocols, electronic case report form (eCRF) guidelines and blank eCRFs, followed by repeated restructuring into a local template. This can take 1-4 hrs per study, creating administrative burden and reducing capacity for research delivery. We explored multiple workflows using Copilot, and created a workflow that uses Copilot and Power Automate Desktop (PAD) that reduced average SDPD creation time by approximately 46%, across 3 studies.

Proof of concept

Initial testing showed that Copilot was useful for extracting clearly structured content, such as schedule of activities (SOA), but less reliable when instructions depended on nuanced wording or cross-referencing between protocols, eCRF guidelines and the local template. In these cases, outputs were often plausible but inconsistent, with omissions or incorrect interpretation of what should appear in the final SDPD. A second iteration was technical: when asked to manipulate documents directly, Copilot favoured Python-based methods, which were poorly suited to the rich-text and table-heavy SDPD template, the therefore moved away from full end-to-end LLM generation, which may still be possible in the future. Generative AI was retained for structured extraction of the SOA, while deterministic automation using PAD was introduced for repetitive document changes requiring formatting consistency, and reproducibility.

Experimental workflows:

The diagram illustrates two experimental workflows for SDPD creation. The 'Normal Manual SDPD creation workflow' involves a manual process where a user extracts activities and required data points from a PDF, creates an initial template, saves it, and then manually creates documents for each visit, inserting visit-specific variables. The 'New Optimised workflow' uses Copilot to prompt for manual extraction of SOA, then uses PAD to automate the extraction of SOA content, generate SDPDs, and save them. It also includes a 'Power Automate flow' that prompts for manual extraction of SOA, then uses PAD to automate the extraction of SOA content, generate SDPDs, and save them.

Results

The trial workflow combined Copilot with PAD to generate visit-specific SDPDs from an all-sections master document, to test performance. SDPDs for three different studies of the overall Schedule of Activity (SOA) lengths were created using both the new workflow and the existing manual process, and preparation times were compared. Creation of the all-sections document remained a manual step and took approximately 45 mins to 1 hour 15 mins. Once complete, Copilot was used to extract and structure the schedule into an Excel control file, which required an average of 6 mins 20 seconds, including manual cleaning. PAD then generated each visit-specific SDPD in approximately 1 minute per visit compared to approximately 4-6 mins manually.

Across the three studies, the new workflow took 1 hour 21 mins on average, compared with a manual average of 2 hrs 11 mins, representing a 46% time saving. The efficiency gain came from removal of repeated copy-paste, section deletion and inserting variables such as visit name during visit document creation. Although the automated workflow introduced a small step overhead, this was offset once more unique visit documents were required. Across the three studies tested, the method became advantageous after only 1-2 visits and showed the greatest benefit in studies with larger SOAs. A crucial secondary finding was that Copilot also guided creation of the final PAD workflow, removing need for prior PAD experience.

Conclusion and takehome:

This project shows that generative AI can accelerate SDPD creation when used within a structured workflow. In this setting, the most valuable role for Microsoft Copilot was not unrestricted document generation, but targeted extraction and guided workflow development. By helping the user to create a reproducible PAD-based process, Copilot reduced both manual editing time and the technical barrier to automating a manual administrative task.

Normal Manual SDPD creation workflow:

New Optimised workflow:

Power Automate flow:

SDPD Creation time

Study	Manual Creation (min)	Automated Creation (min)	Total (min)
Study 1	~150	~100	~250
Study 2	~150	~100	~250
Study 3	~150	~100	~250

Chart: Time taken to create SDPDs manually versus new automated workflow. Manual creation time extrapolated. All sections time rounded to nearest 5 mins.

Conference Resources

Follow the arrows below to conference resources on the UKCRF Network Portal



Posters



Presentations



Photos

These folders are open to all delegates and Network members until the 30/09/2026.

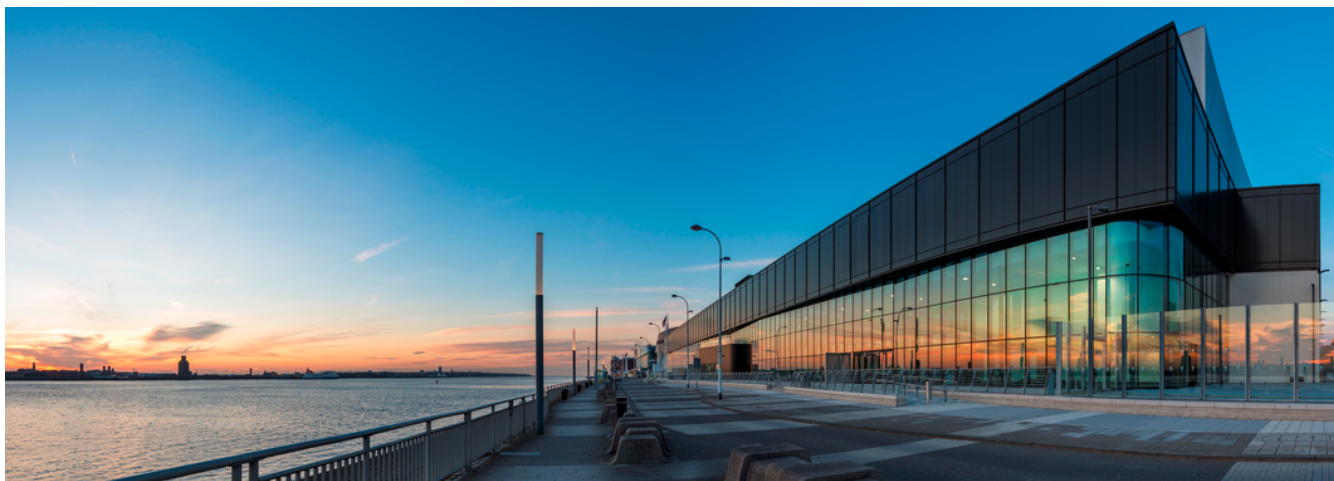
After this date, to gain access to all of our Conference resources, you will need to request access to the UKCRF Network Portal.

NHS/HSE research staff across the infrastructure can request access.

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UKCRF Network Conference 2027

Theme: The Life Cycle

Date: 8-9 July 2027

Venue: LEX Liverpool

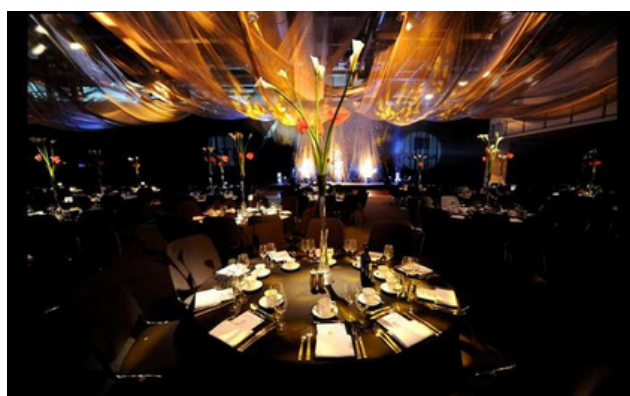
Co-hosts: The North-West CRF Alliance - Alder Hey, Lancashire, Liverpool and Manchester.

Registration prices and information on advance payment are now available on the [conference website](#).

Get involved in Conference 2027

Interested in leading a parallel session or presenting at Conference 2027?

Expressions of interest will open in late autumn 2026, with colleagues invited to propose topics and share their expertise.



Acknowledgements

A huge thank you to our colleagues across Ireland and Northern Ireland who helped plan and host this year's conference.

- Wellcome HRB CRF at St James's Hospital, Dublin
- Northern Ireland CRF
- RCSI CRC, RCSI University of Medicine and Health Sciences
- UCD CRC, Dublin
- HRB CRF at University Hospital Galway/UoG
- HRB CRF at Cork University Hospital
- HRB CRC at Children's Health Ireland
- University of Limerick Clinical Research Support Unit.



Thank you to all our plenary and parallel session speakers, our venue Trinity Business School at Trinity College Dublin, our photographer Renata Guimarães, and the event management company Conference Partners International (pictured right).

Thank you also to our sponsors:

- National Institute for Health and Care Research
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- The Institute for Clinical Trials, University of Galway