

Building capacity for research in health and social care

Monday 3 June 2024

**Academy of Medical Sciences' FORUM roundtable, held in
partnership with the Association of the British Pharmaceutical
Industry**

The Association of the British Pharmaceutical Industry (ABPI)

The ABPI exists to make the UK the best place in the world to research, develop and access medicines and vaccines to improve patient care. They represent companies of all sizes which invest in making and discovering medicines and vaccines to enhance and save the lives of millions of people around the world.

In England, Scotland, Wales and Northern Ireland, the ABPI works in partnership with governments and the NHS so that patients can get new treatments faster and the NHS can plan how much it spends on medicines. Every day, their members partner with healthcare professionals, academics and patient organisations to find new solutions to unmet health needs. www.abpi.org.uk

The Academy of Medical Sciences

The Academy of Medical Sciences is the independent, expert voice of biomedical and health research in the UK. Our Fellowship comprises the most influential scientists in the UK and worldwide, drawn from the NHS, academia, industry, and the public service. Our mission is to improve the health of people everywhere by creating an open and progressive research sector. We do this by working with patients and the public to influence policy and biomedical practice, strengthening UK biomedical and health research, supporting the next generation of researchers through funding and career development opportunities, and working with partners globally.

The Academy of Medical Sciences' FORUM provides an independent platform for senior leaders from across academia, the commercial sector, government, and the charity, healthcare and regulatory sectors to come together with patients and take forward national discussions on scientific opportunities, technology trends and associated strategic choices for healthcare and other life sciences sectors.

Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Academy of Medical Sciences, or its Fellows.

All web references were accessed in October 2024.

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Foreword

'Embedding research in health and social care in the UK will benefit patients, the health and social care system, and the economy. Building capacity and capability into the workforce, care pathways, and infrastructure is needed to fully realise such benefits of research. Ensuring patients and members of the public are active participants in this work is essential. This cross-sector roundtable was hosted jointly by the Academy of Medical Sciences and the Association of the British Pharmaceutical Industry. We brought together a wide variety of experts to discuss and build on the rich body of work examining the challenges and potential solutions for bolstering life sciences in the UK and embedding research in healthcare.

Whilst the roundtable was hosted prior to the 2024 general election, I believe suggestions from the discussion remain just as relevant to the new Government's mission to build an NHS fit for the future and the Secretary of State for Health and Social Care's ambition to focus the Department of Health and Social Care to boost economic growth.^{1,2} In this report, we explore how to improve job satisfaction and help health and social care institutions become engines for economic growth across the UK. This includes providing training and dedicated time for a wide variety of health and care workers to engage in research as part of their role. Integrating research into the delivery of health and social care and addressing areas where research infrastructure is less well developed will be essential for making the UK a life sciences and medical technology powerhouse that develops new health interventions and grows industries. I was particularly struck by the challenges currently faced by those trying to do research to improve our social care system.

As the Labour Government prepares to deliver its Missions and to develop a new 10-year plan for the NHS, this report provides important perspectives on how building research capacity in the workforce can deliver on their ambitions.'

Professor David Adams FMedSci

Roundtable Chair, Academy of Medical Sciences' Registrar, & Emeritus Professor of Medicine at the University of Birmingham

¹ <https://labour.org.uk/change/mission-driven-government/>

² Department of Health and Social Care & Rt Hon Wes Streeting MP (2024). *Secretary of State makes economic growth a priority.*

Executive summary

Health research leads to better quality of care, improved health outcomes and economic gains.³ The UK has unique strengths in health research and innovation, including strong academic and industry sectors, expertise in patient and public involvement, and integrated, publicly funded national health systems. However, the UK's health and social care system struggles to embed research. Building on progress in delivering the vision for 'The Future of UK Clinical Research Delivery'⁴ and the Academy's report on 'Future-Proofing UK Health Research',⁵ while acknowledging ongoing work, will be important to achieve the new Government's ambition to improve the nation's health and boost the economy through the UK's life sciences sector.⁶

The Academy of Medical Sciences and the Association of the British Pharmaceutical Industry hosted a roundtable in June 2024 to discuss how to strengthen clinical research in health and social care. Participants included representatives from multiple health professions, the commercial sector, and academia, alongside people with lived experience.

Key conclusions included:

Prioritising health and care research in the UK: Strong leadership and accountability are needed to ensure that ambitions to prioritise research are translated into action, with effective monitoring and evaluation systems to track progress.

Embedding health and care research in daily practice: The UK has great strengths in health research and a robust infrastructure for research, supported by system partners such as the National Institute for Health and Care Research (NIHR), UKRI and medical charity sector. Integrating research into the delivery of care could help embed a research culture in the health and social care system while minimising additional burden on staff.

Empowering the health and care workforce: Enabling a wider variety of health and care workers to be involved would improve and increase the capacity for research. This includes those from a broader range of geographies and a wider range of career stages. Different strategies will be needed to support different groups to contribute to research. Key facilitators of health research include provision of training, dedicated time for research, and incentives to contribute to research activities. For example, ensuring that those delivering and participating in research receive feedback and benefit from, and recognition for, their involvement are important incentives for engagement with research.

Mobilising data resources: The importance of access to and the availability of health data was highlighted throughout the discussion. However, increased linkage of datasets, including between primary and secondary care, is needed.

Strengthening cross-sectoral collaboration: Greater cross-sector collaboration could enhance mutual understanding between sectors, encourage collaborations, and increase efficiency.

Promoting research in social care: Research infrastructure in social care is particularly underdeveloped, which presents unique challenges. Enabling research in social care would improve effectiveness and efficiency of services, and benefit the service users, often from populations with limited opportunities to engage in research.

³ Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach*.

⁴ Department of Health and Social Care (2022). *The Future of Clinical Research Delivery: 2022 to 2025 implementation plan*.

⁵ Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach*.

⁶ Department of Health and Social Care and The Rt Hon Wes Streeting MP (2024). *Secretary of State makes economic growth a priority*.

Prioritising health and care research in the UK

The benefits of health research are widely recognised, and research is considered to be a policy priority across the UK.^{7,8} Workshop participants highlighted the research and development (R&D) framework published by Health and Care Research Wales in 2023 as part of a drive to embed research into health and social care in NHS Wales.⁹

- Strategic prioritisation does not necessarily lead to action by political leaders, policymakers, and senior managers within the health and social care systems. Leaders of health institutions should show a strong commitment to research as an important part of improving care; for example, by developing close partnerships with academic partners. Metrics could be established to assess to what extent mandates to promote research are being achieved (for example, by integrated care boards and the CQC).¹⁰
- Health and care research takes place within a complex landscape, with multiple initiatives and networks aiming to host and facilitate research. Established effective models (for example, Manchester Applied Research Collaboration)¹¹ could be built upon and replicated. Communication and integration across different structures should be improved.
- The value of research is often less well understood beyond the research community. Tangible success stories and case studies of different types of research in different health and social care settings could be used to communicate the value of research in a more compelling way.¹² Such messaging should go beyond incentivising individual clinicians, and communicate the wider benefits of research to people's health, health systems, and the economy.
- Charities and patient groups play a key role in raising the profile of research and focusing decision-maker attention. Patients should expect to have the opportunity to be involved in research, as they do in some specialties already.

⁷ Department of Health and Social Care (2021). *Saving and Improving Lives: The Future of UK Clinical Research Delivery*.

⁸ For example, analysis of constituents' attitudes to R&D by Campaign for Science and Engineering showed that 76% would support their MP campaigning for their nearest NHS hospital to host more clinical trials.

<https://www.sciencecampaign.org.uk/what-we-do/public-opinion/building-effective-campaigns/case039s-guide-to-rampd-on-the-doorstep/>. Note that participants did not directly discuss this statistic.

⁹ <https://healthandcareresearchwales.org/about/news/new-framework-embed-integrate-research-nhs>

¹⁰ NHS England (2023). *Maximising the benefits of research: Guidance for integrated care systems*.

¹¹ <https://arc-gm.nihr.ac.uk/about-us>

¹² <https://www.catch.ac.uk/discover-clinical-academia/the-value-of-clinical-academia>

Embedding health and care research in daily practice

Participants noted that 'care' and 'research' are currently seen as distinct activities that compete for capacity, and research is sometimes seen as an 'add-on' conducted by an 'elite' group. Participants thought research should be considered an integral part of care.

- Embedding research in care pathways, rather than seeing research studies as adjunct projects, could help minimise additional capacity required. Participants highlighted that clinical research is increasingly embedded in standard cancer care pathways to improve access to cancer clinical trials,¹³ which could be replicated in other diseases.
- Primary care is the most common point of contact between patients and the healthcare system. There are opportunities for general practices to be more involved in the recruitment of patients into clinical studies, to provide primary care data for research, and to host pragmatic randomised trials.¹⁴
- Greater mobility of professionals between sectors could help to build expertise within health and social care.¹⁵
- It was suggested that the healthcare system could sub-contract research functions to commercial organisations. However, there was significant concern that increased use of external expertise to improve capacity for health research could dilute efforts to embed a research culture in routine care.
- Ensuring that those contributing to research studies receive feedback on study findings and their impact on care could stimulate greater interest in and commitment to research. This includes health and social care workers helping to deliver research, and patients and members of the public who participate in studies.

¹³ NHS Research Scotland NRS Equity of Access to Cancer Clinical Trials - Short-Life Working Group (2023). *Improving equity of access to cancer clinical trials in Scotland*.

¹⁴ <https://www.emishealth.com/news-insights/primary-cares-vital-role-in-transforming-clinical-research>

¹⁵ Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach*.

Empowering the health and care workforce

The COVID-19 pandemic brought additional and different types of health centres into research programmes, empowering a broader range of health and social care workers to contribute to research; participants suggested that this impetus should be built upon. To contribute to research, health and care workers need time, training, and opportunities.

- Participants discussed whether research should be the preserve of 'research-specialist' staff or engage a larger proportion of staff. Some staff are likely to play a major role in the development and leadership of research projects, while others will facilitate research activities such as recruitment or contribute to sample or data collection; different strategies will be required to support each group.
- Research is currently often associated with doctors doing research in specialist tertiary care centres. Engaging other types of health workers (including nurses, allied health professionals, dentists, and pharmacists) presents an opportunity to increase capacity for research. This observation is in line with ambitions in the NHS Long Term Workforce Plan and strategic plans for research from the Chief Nursing Officer and the Chief Midwifery Officer.^{16,17,18} However, these groups often have less experience and fewer opportunities to engage in research (including a lack of career pathways towards research-active roles in some professions), and may therefore struggle to compete in research funding calls. Building research capacity among groups other than those traditionally considered to be clinical academics (those holding joint university and NHS appointments) is therefore a major challenge.
- Some medical schools were felt to provide a good foundation in awareness and training about R&D. A variety of support mechanisms, such as mentoring, research methods training, and mini-project management, may help to facilitate early-career clinicians' involvement in research. Reducing the focus on doctoral research and/or increasing research involvement at earlier stages of professional training could stimulate interest in research, leading to involvement of a wider range of health and care professionals in research. Northern Ireland's Clinical Entrepreneurship Programme provides a mechanism enabling healthcare professionals to develop innovative ideas in the health service.¹⁹
- Dedicated time for research is critical to enable healthcare workers to lead and help deliver research activities, driving best practice and evidence-based care.²⁰ Participants discussed how much dedicated time is appropriate, and for what proportion of the workforce. The call for dedicated time echoed recommendations from the Academy's report on 'Transforming health through innovation: Integrating

¹⁶ NHS England (2023). *NHS long term workforce plan*.

¹⁷ NHS England (2021). *Making research matter: Chief Nursing Officer for England's strategic plan for research*.

¹⁸ NHS England (2023). *Chief Midwifery Officer for England's strategic plan for research*.

¹⁹ <https://www.investni.com/support-for-business/nhs-clinical-entrepreneur-programme-cep>

²⁰ NHS England (2023). *NHS long term workforce plan*.

the NHS and academia', which called for a pilot scheme offering a proportion of consultants' dedicated time for research in their contracts, to evaluate research activity, staff recruitment and retention, and patient outcomes.²¹

- Participants suggested that, to date, research has received limited attention in strategic workforce planning, despite ambitions to unlock the potential of science, research and technology in delivery of care for the future.²² Participants highlighted several groups and organisations with recommendations and initiatives to ensure that the UK has a 'research-enabled' health and care workforce, including:
 - The Academy's report on 'Future-proofing UK Health Research'²³
 - Cancer Research UK's report on 'Creating time for research'.²⁴
 - The Clinical Research Recovery, Resilience and Growth (RRG) Programme²⁵
 - The Clinical Academic Roles and Career Pathways Implementation Network²⁶
 - A Task and Finish Group, commissioned by the Office for Strategic Coordination of Health Research (OSCHR) and Chaired by Professor Patrick Chinnery FMedSci, is developing a report on support for medically qualified clinical academic careers. A parallel working group, led by Professor Dame Jessica Corner FMedSci, will undertake similar work to support clinical academic research careers for nursing, midwifery and allied health professionals, and will also report to OSCHR.

²¹ Academy of Medical Sciences (2020). *Transforming health through innovation: Integrating the NHS and academia*.

²² NHS England (2023). *NHS long term workforce plan*.

²³ Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach*.

²⁴ Cancer Research UK (2021). *Creating time for research*.

²⁵ <https://www.nihr.ac.uk/researchers/managing-research-recovery.htm>

²⁶ <https://www.councilofdeans.org.uk/category/policy/research/clinical-academic-roles-implementation-network/>

Mobilising data resources

The importance of access to and the availability of health data was highlighted throughout the discussion. The recommendations by the Academy and others to facilitate the use of patient data in health and social care as a research resource for the good of all were echoed.²⁷ Participants felt that in many cases interpretation of General Data Protection Regulation (GDPR) requirements is still an obstacle to research. The usefulness of access to health data from general practice for research was highlighted. However, increased linkage of datasets, including between primary and secondary care, is needed. Participants highlighted examples of linked health datasets for use in health research such as the SHARE database in Scotland.²⁸ Growing public engagement with self-management of health and use of health apps is providing new opportunities for data-driven research, and for convenient reporting of data by trial participants. Throughout, participants emphasised the importance of maintaining the trust and support of the public by responsible and effective stewardship of patient data.

²⁷ Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach*; FORUM roundtable report on bolstering UK health and life sciences through cross-sector collaboration ([acmedsci.ac.uk](https://www.acmedsci.ac.uk))

²⁸ <https://www.registerforshare.org>

Strengthening cross-sectoral collaboration

The global clinical trial marketplace is highly competitive, with multiple countries promoting themselves as sites for industry-led trials. The UK therefore must demonstrate that it offers a favourable environment for research studies.

- Experience in and promotion of patient and public involvement, including study co-design and increasingly co-production,²⁹ is a particular strength of the UK system. This strength could be better leveraged to make the UK more globally competitive.
- Participants noted recent improvement in the speed of approvals and set-up times for clinical trials in the UK.³⁰ They called for a continuation of progress on this and with other recommendations of the Lord O'Shaughnessy review of 'Commercial clinical trials in the UK'.³¹ A greater understanding of where trial site capacity exists within the NHS would be helpful to industry partners.
- Participants highlighted practical barriers to running research studies in healthcare settings, such as NHS contracting, costing, and invoicing challenges. These require further dialogue between funders, NHS bodies, universities and industry to resolve.
- Adoption and implementation of innovations for delivery of health and care was also highlighted as a continuing problem across the four nations of the UK.³²
- Cross-sector, disease area-specific networks (for example, the Experimental Cancer Medicine Centres network)³³ were thought to be an effective way to streamline processes and facilitate studies with particular patient groups. Collaboration between clinical and research networks was felt to be important.
- Participants reflected on the value of 'team science' – conducting interdisciplinary research studies that bring together complementary skills from different sectors to solve problems in unique ways. Ringfenced-style funding was felt to be a barrier to a 'team science' approach, but events, funding calls and initiatives (such as UKRI sandpit events)³⁴ are increasingly helping to incentivise a team science approach.

²⁹ Co-producing a research project is an approach in which researchers, practitioners and members of the public work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge. [See NIHR website for guidance about co-production.](#)

³⁰ ABPI (2023). [Getting back on track: Restoring the UK's global position in industry clinical trials.](#)

³¹ O'Shaughnessy (2023). [Commercial clinical trials in the UK: the Lord O'Shaughnessy review.](#)

³² Academy of Medical Sciences (2024). [2023 FORUM Sir Colin Dollery Lecture report: How to innovate in health – applying implementation sciences.](#)

³³ <https://www.ecmcnetwork.org.uk/>

³⁴ <https://www.ukri.org/councils/epsrc/guidance-for-applicants/types-of-funding-we-offer/transformative-research/sandpits/>

Promoting research in social care

Research in social care has the potential to improve effectiveness and efficiency of services, and to benefit the service users, who are often from populations with limited opportunities to engage in research. For example, the Vivaldi Social Care project aims to use routine data collected in social care to improve quality of life, reduce infections and avoid hospital admissions, building on work done during the COVID-19 pandemic to reduce infections and investigate the effectiveness of vaccines in care homes.³⁵ The medical devices/assistive technology field was also highlighted as a potential growth area for research in social care. However, limited research is carried out in social care settings. Multiple barriers will need to be addressed to realise the potential benefits of embedding research in social care.

Participants suggested that:

- The remit of the NIHR covers social care, and it has begun to build infrastructure to support research in social care. Initiatives established to facilitate research in care home settings include Enabling Research in Care Homes (ENRICH) and the Research Ready Care Home Network.³⁶ However, participants felt engagement with these initiatives is lacking.
- Significant capacity building in the workforce is needed to promote research in social care. Most of the social care workforce currently has limited or no engagement with research activities. Participants noted that, unlike the clinical domain, involvement in research contributes little to career progression within social care.
- Most social care in the UK is provided by the private sector with a large number of providers. Participants noted that demand for innovations in social care often comes from residents' families rather than social care providers. A lack of incentives for social care providers to prioritise research, including a lack of economic incentives, was seen as a major barrier by participants. Demonstrating the positive impacts of research (on health and wellbeing outcomes for residents and to service efficiency) could incentivise greater interest in research in the social care domain.
- There are limited funding streams and schemes for research in social care. Participants reflected that there is limited pharmaceutical industry interest in funding research in social care; studies usually depend on public funding. However, participants noted that social care research proposals may struggle when in competition with clinical research proposals, suggesting that social care-specific funding committees may be needed.
- The explicit inclusion of social care in the scope of the meeting was welcome. A workshop focusing on how to address the challenges of prioritising research in social care would be useful to build on these initial discussions. Such a workshop should bring together social care workers, providers, service users and their families, and researchers with funders, regulators, and other key stakeholders.

³⁵ <https://www.careengland.org.uk/vivaldi/>

³⁶ <https://enrich.nihr.ac.uk>

Annex 1: Agenda

Time	Item
12.30 - 12.35	Opening remarks Professor David Adams FMedSci, Emeritus Professor of Hepatology, University of Birmingham & Academy of Medical Sciences' Registrar (Chair)
Discussion topic: How to build capacity for clinical research in the health and social care workforce?	
12.35 - 13.05	What initiatives are currently working well to encourage involvement of the health and social care workforce in clinical research? How could these be built upon? <i>10-minute brainstorm on tables and then a 10-minute whole-group discussion</i>
13.05 - 13.30	What are the barriers that prevent the health and social care workforce from engaging with clinical research? How can these be overcome? <i>10-minute brainstorm on tables and then a 15-minute whole-group discussion</i>
13.30 - 13.35	Break
13.35 - 13.55	What are the key features of a health and social care system that encourages and enables its workforce to engage in clinical research? <i>10-minute brainstorm on tables and then a 10-minute whole-group discussion</i>
13.55 - 14.00	Closing remarks Professor David Adams FMedSci, Emeritus Professor of Hepatology, University of Birmingham & Academy of Medical Sciences' Registrar (Chair)

Annex 2: Attendee list

- **Professor David Adams FMedSci (Chair)**, Academy of Medical Sciences' Registrar & Emeritus Professor of Hepatology, University of Birmingham
- **Dr Amit Aggarwal**, Executive Director (Medical Affairs and Strategic Partnerships), ABPI
- **Emily Ahmed**, Peer Research Manager, Newham Public Health; Freelance Co-Production Consultant; PhD Researcher, University of Warwick
- **Dr Adrian Baker**, Research Lead, Accelerated Access Collaborative, NHS England
- **Steve Bates OBE FMedSci**, CEO, BioIndustry Association
- **Oliver Buckley-Mellor**, UK Competitiveness Policy Manager, The Association of the British Pharmaceutical Industry (ABPI)
- **Professor Monica Busse-Morris**, Director of Health and Care Research Wales Faculty
- **Dr Julia Chackathayil**, Research Policy Senior Manager, Department of Health and Social Care (DHSC)
- **Robyn Chappell**, Lived Experience Partner, National Voices
- **Dr Ruhe Chowdry**, Oncology Medical Director, Pfizer
- **Professor Jan Clarkson FMedSci**, University of Dundee
- **Professor Jane Coad**, Chair, Clinical Academic Roles Implementation Network; Professor in Children and Family Nursing, Nottingham University
- **Professor Joan Condell**, Professor of Intelligent Technologies, Ulster University
- **Professor Lucy Donaldson**, Director of Research & Health Intelligence, Versus Arthritis
- **Dr Felicity Gabbay**, President, Faculty of Pharmaceutical Medicine
- **Ed Hughes**, Chief Executive, Council of Deans of Health
- **Dr Phil Jennings**, Vice Chair, Health Innovations Network
- **Ian Jones**, Owner, Jinja Publishing Ltd
- **Dr Kate Jones**, Director of Research Delivery, NIHR Clinical Research Network
- **Professor Martin Knapp CBE**, Director, NIHR School for Social Care Research
- **Molly McDonald**, Senior Policy Advisor, Department of Health and Social Care (DHSC)
- **Joann Rhodes**, Chief Executive, Health Innovation Research Alliance Northern Ireland (HIRANI)
- **Dr Simon Royal**, Primary Care Specialty Lead, NIHR Research Delivery Network (East Midlands); Chair of the Research Strategy Group, NHS Nottingham and Nottinghamshire Integrated Care Board
- **Emlyn Samuel**, Head of R&D Policy, GlaxoSmithKline (GSK)
- **Professor Laura Shallcross MBE**, Professor of Public Health & Translational Data Science, University College London
- **Professor Sir Aziz Sheikh OBE FMedSci**, University of Edinburgh
- **Michelle Szabo**, Head of Clinical Operations, Bristol-Myers Squibb
- **Naser Turabi**, Director of Evidence and Insights, Cancer Research UK
- **Dr Janet Valentine**, Executive Director (Innovation and Research Policy), ABPI
- **Dr Natalie Vassilouthis**, Global Medical Lead (RSV), Sanofi

Staff and Secretariat from the Academy of Medical Sciences

- **Dr Rachel Quinn**, Director of Policy, Academy of Medical Sciences
- **Dr Tom Livermore**, Head of Science Base & Careers Policy, Academy of Medical Sciences
- **Holly Rogers**, Head of Engagement, Academy of Medical Sciences
- **Dr Anna Hands**, FORUM Policy Manager, Academy of Medical Sciences
- **Monica Dahiya**, Science Base Policy Manager, Academy of Medical Sciences
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