

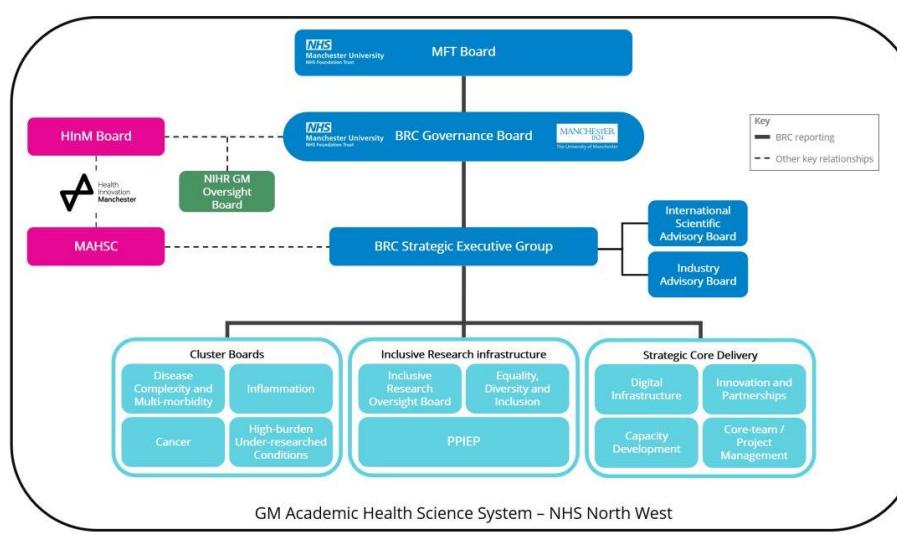
Frequently asked questions: Inclusive Research Oversight Board and the Inclusive Research Methods Team

What is the Inclusive Research Oversight Board (IROB)?

IROB has been established to meet the aims and objectives articulated in the National Institute for Health and Care Research (NIHR), [Manchester Biomedical Research Centre](#) (BRC) and NIHR Manchester [Clinical Research Facility](#) (CRF) applications. The Manchester BRC and CRF are contracted for delivery of inclusive research by the NIHR and subject to regular review via NIHR reporting mechanisms. IROB was formed in response to the BRC Scientific Advisory Board recommendations and considerations arising from the CRF Governance relating to inclusivity in research needs in the region and is an evolution of the NIHR BRC 2017-2022 Health Inequalities Steering Group.

Where does IROB sit in the Greater Manchester NIHR Infrastructure?

[IROB and its associated Equality, Diversity and Inclusion \(EDI\), Inclusive Research \(IR\) and Patient and Public Involvement and Engagement \(PPIE\) teams](#) work to provide oversight and support to the Manchester BRC and CRF, but also the [HealthTech Research Centre](#) (HRC) in Emergency and Acute Care and the [Health Determinants Research Collaborative \(HDRC\)](#) Manchester (in collaboration with Manchester City Council). They will collectively address inclusivity and health equity in the research that Manchester BRC prioritises, designs, undertakes and disseminates, with appropriate levels of support to the CRF, HRC and HDRC.



- The **Inclusive Research Methods Team** aims to make the “invisible, visible” through inclusive methodologies, evaluation and the creating the evidence base.

- The **EDI team** will bring expertise across the workforce and students.

- The **PPIE team** will bring in the lived experience.

Frequently asked questions: Inclusive Research (IR)

What is inclusive research?

Our definition of Inclusive Research was co-created with researchers, the [Black Asian & Minority Ethnic Research Advisory Group \(BRAG\)](#) and [Vocal](#) (our not-for-profit Patient Involvement, Engagement and Participation (PPIEP) group hosted by Manchester Foundation Trust in partnership with the University of Manchester) during the first BRC funding period 2017-2022:

“Inclusive translational research takes deliberate action to meet the health research needs of different people, to address barriers to inclusion and to promote environments where everyone feels included, respected and valued.”

Inclusive Research means including all types of people who might be impacted by or benefit from our research. Some groups of people are subject to biases which can mean they are excluded from, or do not have equitable experience of participating in medical research. People who participate in research studies generally have better health outcomes. Inclusive research seeks to make the invisible visible and build methodologies throughout the research process, ensuring good science and that research outcomes are relevant and meaningful and able to represent the effects or impacts on all members of society, and ultimately reducing inequalities.



What does the IR Methods Team do?

- Aim to make the “invisible, visible” through inclusive methodologies, evaluation, & creating and collating evidence;
- Develop evidence for where research is most needed to allow targeting inequalities related to particular places and/or patient/population needs and health outcomes – unmet need;
- Develop ways to capture and understand the diversity of people informed, attracted, engaged and recruited to BRC, CRF, HDRC and HRC research;
- Rigorously assess what works and what does not help us improve inclusion in study recruitment, study design and methods (e.g. rapid cycle evaluation) including analysis and dissemination.

How is inclusivity addressed?

- Embedding methodologists to enable research to take full advantage of partnering with the academic disciplines that can support research to address issues of inclusivity through appropriate design. For example, people with expertise in quantitative / qualitative research, health economics, public health, statistics, behavioural psychology and other social sciences;
- Embedding [Equality, Diversity and Inclusion \(EDI\)](#) in research, for example, by providing guidance on how researchers can ensure good EDI research principles are embedded in the research;
- Working with [PPIE \(Vocal\)](#), we empower participants to co-produce and engage throughout the research cycle and encourage use of methodologies that ensure research outcomes are relevant, meaningful, and can represent the impacts / effects on all members of society / disease group;
- Retaining oversight (IROB) and supporting research practice related to inclusivity in participation in research. For example, working with PPIE and researchers to advise on the design of recruitment strategies.

What is the focus of Inclusive Research?

Key Principles:

We have focused our IR Strategy around 5 key strategic principles as shown below:



What kind of (specific) tasks does the IR Team carry out?

Specific objectives / tasks include:

- Promoting a people-in-place approach to experimental medicine to ensure research is as inclusive and responsive as is possible and feasible, with agility to respond to changing needs;
- Monitoring key characteristics of the people who participate in research, analysing and comparing to relevant condition-specific and population data;

Main indicators of inclusivity for research methods	
age	disability
national identity or nationality	ethnicity
religion or belief	sex
gender	sexual orientation
marriage or civil partnership	parental leave
employment or income	language
geographic location	household
education level	general health
carer status	

Table of Indicators recommended for research.

- Producing heat maps of inequalities to demonstrate areas of highest needs;
- Receiving updates from Vocal (the team that brings people and health researchers together) regarding key characteristics of people who are engaged and involved in research;
- Providing support and resources to research teams to increase inclusivity in their research portfolio from the earliest stages of design, recruitment, retention, and analyses of results. We will evaluate this using rapid cycle evaluation, which will be in real time to ensure inclusive research is improved year on year;

- Rapid Cycle Evaluation allows for timely evaluation results within the life of the project.
- Rapid Cycle Evaluation is conducted concurrently with the implementation of an intervention/activity.
- Innovative and effective interventions can be identified early and rolled out, while ineffective interventions can be quickly curtailed.



Quality improvement Scrupulous process
 Reduces unnecessary bureaucracy Multiple uses
 Cost efficiency

- Summarising if, and how, published examples of equity-informative cost-effectiveness analysis has been applied to the Manchester BRC themes;
- Applying equity-informative cost-effectiveness, using aggregate distributional cost-effectiveness analysis, to an example intervention (biologic medicines) relevant to a MBRC theme (rheumatic and musculoskeletal diseases);
- Using a preference-based survey method (discrete choice experiment) to understand which factors influence decisions to recruit to an example of a observational cohort (BSR Biologics register);
- Sharing learning across our Greater Manchester and wider communities of practice, and disseminating our results in peer-review journals, reports, conferences, digital stories, celebration events, and social media;
- Producing impact and best practice case stories based on the work of the IR Methods Team.

Who are the Inclusive Research Methods Team?

Led by Prof Arpana Verma and Prof Katherine Payne



Prof. Arpana Verma is a Clinical Professor of Public Health and Epidemiology and honorary Consultant in Public Health. She is the academic lead for NIHR Health Determinants Research Collaborative Manchester and part of the NIHR Health Research Centre. She is Programme Director for the Masters in Public Health and MRes in Public Health/Primary Care, PhD programmes and BSc in Public Health. Her research interests include health inequalities through the lens of urban health, indicators, non-communicable and communicable diseases. She has led international, national and local research projects in public health.

Contact: Arpana.verma@manchester.ac.uk



Prof. Katherine Payne is a health economist and registered pharmacist whose work focuses mainly on the economics of precision medicine and cancer screening but encompasses many types of healthcare interventions and services. She was awarded NIHR Senior Investigator in 2023. She uses methods of economic evaluation and preference-based survey methods with an interest in inclusive research methods such as equity-informative cost-effectiveness analysis. She is an advocate for involving the public in the design and conduct of her research and has experience of working with policymakers such as the UK National Screening Committee and the National Institute for Health and Care Excellence.

Contact: Katherine.payne@manchester.ac.uk



Sheela Medahunsi (Programme Manager 40%) Sheela Medahunsi is a Programme Manager and serves as the IROB's Inclusive Research Strategic Lead, providing operational and strategic support for the IROB, embedding the principles of inclusive research in the experimental studies of the MBRC and MCRF. She brings extensive experience and knowledge in setting up and facilitating healthcare research across national infrastructures and with industry. Motivated to apply inclusive research, she has a particular interest in developing interventions to mitigate health inequalities in the disease lupus. She is also the Programme Manager for the UK MSK TRC.

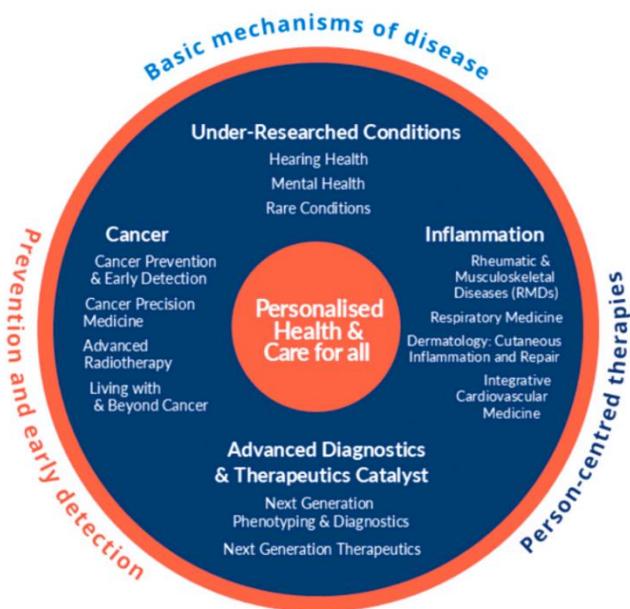
Contact: Sheela.medahunsi@manchester.ac.uk



Mike Benson serves as the Research Administrator for the IROB. His responsibilities include coordinating meetings, preparing minutes, and managing agendas for monthly meetings. Additionally, he collaborates closely with the IRM Team and EDI Team to support their work. With a background in education, Mike has gained valuable experience during his two-year tenure at the University of Manchester's Department of Public Health.

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Specific members of the IR Team are linked to support BRC Clusters and their Themes (see below)



Dr. Anna Coleman (Under Researched Conditions Cluster Link 60%) has experience and breadth of knowledge that spans the public sector, working for and researching /evaluating local authorities, the NHS, housing, transport, workplaces, public health etc. focused on partnership working, implementation, policy and practice. She is experienced in mixed methods (qualitative specialist) and has experience of consulting with service users, the public and others users of research (e.g. policy makers, clinicians, employers etc.).

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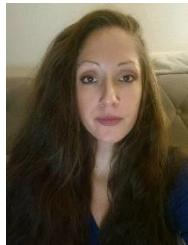
Dr. Abin Thomas (Advanced Diagnostics and Therapeutics Catalyst Cluster Link 100%) is a qualitative health researcher whose work focuses on health inequalities, ethnography, interdisciplinary methods, and global health. Trained in anthropology, Abin has worked with communities, patients, and health professionals to address health challenges. He obtained his Ph.D. at the King's College London.

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Dr. Jedidah Mould (Inflammation Cluster Link 100%) is a Public Health Nutritionist with a demonstrated history of working in research, industry and higher education. She is a mixed methods researcher skilled in Global Health, Health Services Research and Maternal and Child Nutrition with a Doctor of Philosophy in Public Health Nutrition from Loughborough University.

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Eliza Varga is a public health researcher at the University of Manchester with a strong focus on health inequalities, inclusivity, community engagement, and co-production. With a background in zoology (BSc) and a Masters in Public Health, she is currently pursuing a PhD exploring the role of transdisciplinarity in addressing housing-related mental health inequalities. Eliza works as part of the Manchester Health Determinants Research Collaboration (HDRC) with Manchester City Council, and collaborates closely with the Inclusive Research Methods Team. She has been instrumental in the development of training materials on inequality measurements and has led evaluations on a range of public health initiatives.

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Dr Joanne Elliott (Health Determinants Research Collaboration (HDRC) link) is a Public Health Practitioner with the NIHR HDRC Manchester. In her role, she collaborates with Manchester City Council to strengthen research capacity within local government and promote an evidence-informed approach to decision-making, aimed at addressing health inequalities. HDRCs focus on the broader social, economic, and environmental factors that influence health. Before joining this role, Joanne specialised in systematic reviews, working as a managing editor for the Cochrane Bone, Joint, and Muscle Trauma Group. She started her career as a neuroscientist with a particular interest in appetite control.

Contact: joanne.elliott@manchester.ac.uk



Dr. Donna Shrestha graduated in Medicine from the University of Sheffield in 2012 and is a senior general surgical trainee in the Northwest. She is currently taking a break from surgical training to undertake an NIHR NWC ARC funded PhD at Lancaster University researching health inequalities in surgical patients. She is keen to learn transferrable skills to embed addressing health inequalities into her surgical career.

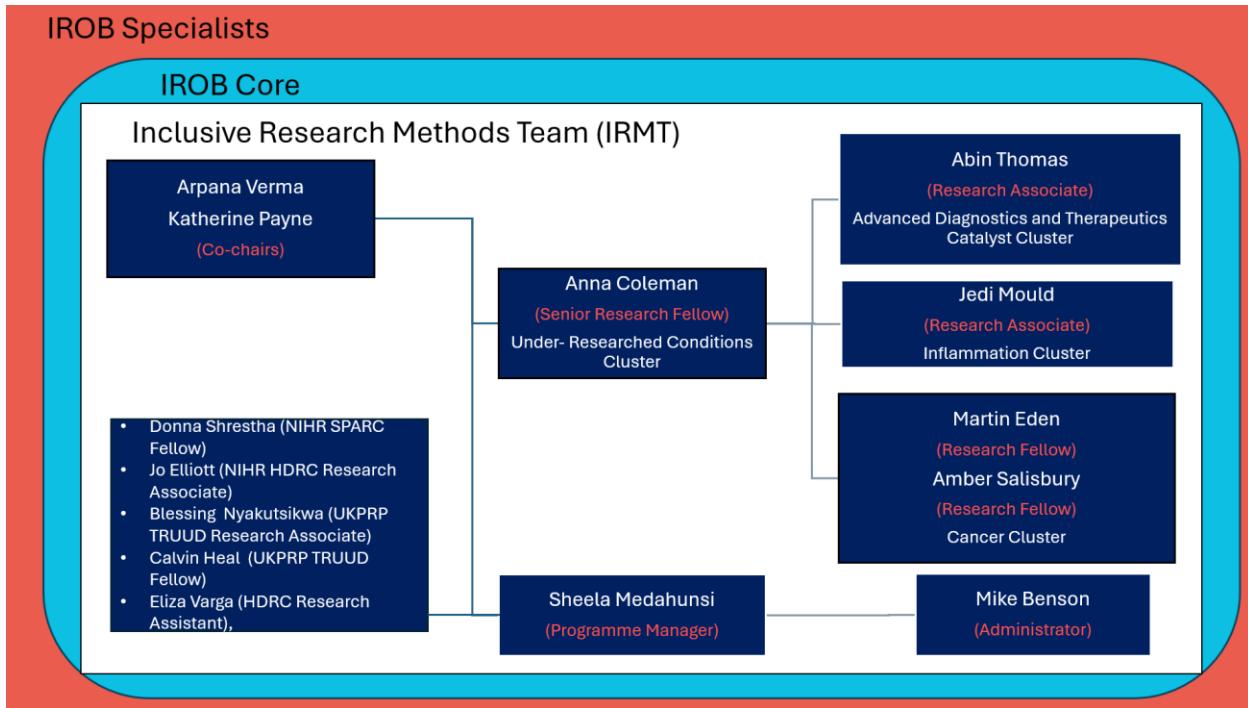


Martin Eden is a health economist and mixed methods researcher at The University of Manchester. He is a NIHR Research Support Service Adviser and contributes to the NIHR HealthTech Research Centre. He has a particular interest in the development and evaluation of complex interventions. His PhD, completed as an NIHR Doctoral Research Fellow, looked at how people might trade between health and non-health outcomes of genomic testing. He is part of a multidisciplinary team which, in 2024, was recognised by the Faculty of Biology, Medicine and Health for its *Outstanding Contribution to Patient and Public Involvement & Engagement*. Contact: martin.eden@manchester.ac.uk



Amber Salisbury is a Research Fellow in Health Economics at the University of Manchester Centre for Health Economics. She completed her PhD in Health Economics at the University of Sydney, where she applied economic methods to evaluate the value of genetic and genomic testing, focusing on the inclusion of broad outcomes and the integration of preference-based research into economic models. Her research interests centre on stated preference methods, particularly discrete choice experiments, and the development of economic models. Contact: amber.salisbury@manchester.ac.uk

Organogram of IRM Team



How can I contact IROB?

- You can contact the people named above directly where researchers are attached to specific clusters, or use the generic IROB@manchester.ac.uk email and one of the IROB team will get back to you.
- To request input from the IRM Team, you can also use the following [Inclusive Research Methods Contact Form](#).
- To help us to continually improve our service and guidance, you can use the following [IRM Feedback form](#) after receiving help / advice from the team.