Achieving inclusivity in clinical research

June 2025

Contents

1. Executive summary

Diversity and inclusivity in clinical research, including in clinical trial participation, are essential to ensure that the development of innovative medicines meets the needs of patient populations. However, it is well recognised that participation in clinical research is not equitable and that there are challenges in ensuring the involvement of people across a broad range of socioeconomic and ethnic communities and underserved groups.

The Association of the British Pharmaceutical Industry (ABPI) and the Association of Medical Research Charities (AMRC) convened an event in March 2025, 'Building knowledge and good practice to improve diversity and inclusivity in clinical trials', which brought together those involved across the UK clinical research sector, including representatives from the pharmaceutical industry, health charities, regulatory bodies and the NHS, to explore inclusivity and representativeness in clinical research.

The event was an important opportunity to:

- share and learn from the direct experiences of research participants
- explore the challenges and barriers to greater diversity and inclusivity in clinical research
- showcase diverse approaches to reaching and engaging different communities
- explore enablers to support improved inclusivity together with experts from across the clinical research landscape

The day's discussions brought into focus four areas where there are challenges to achieving diversity and inclusivity in clinical research. These were:

- practical barriers – factors preventing research participation, with a focus on underserved groups and communities
- community engagement and communication – the need to communicate research clearly using culturally sensitive and accessible approaches
- mistrust and fear – concerns around research participation
- imbalanced power dynamics – barriers to research recruitment resulting from differing levels of knowledge and understanding of research processes between those conducting research and research participants

In each of these areas, attendees suggested practical actions that could be undertaken to break down barriers.

Participants shared their insights and priorities for action aimed at making clinical research more inclusive and representative of diverse populations. Priorities centred around collaboration, with a focus on co-production, coherence and community involvement. These themes serve as the foundation for fostering a more equitable and inclusive research environment that benefits all patient populations.

The ABPI and AMRC will continue to work with a range of partners across the research landscape to drive forward the inclusivity agenda. Three specific areas of action have been identified as next steps:

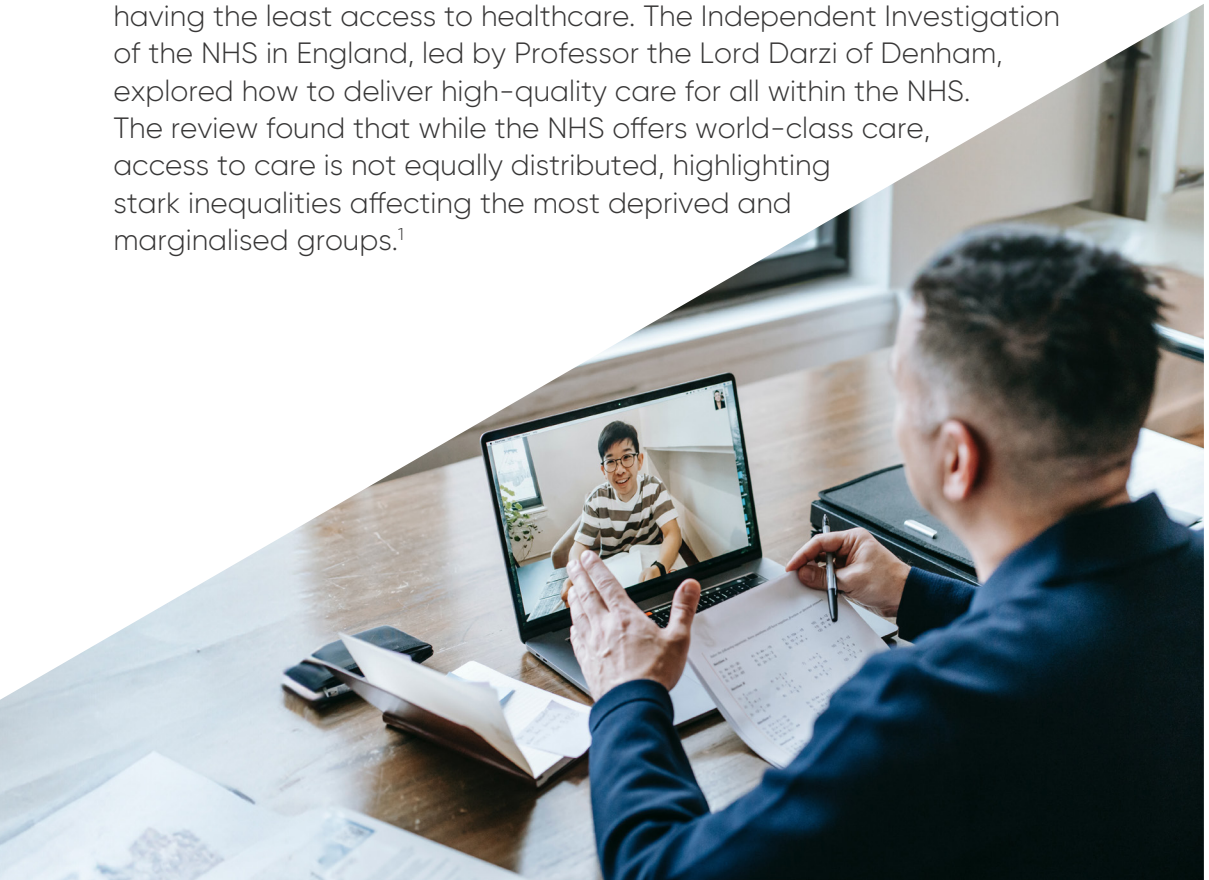
- **Action 1:** a UK-wide strategy and roadmap is needed to drive greater diversity and inclusion in clinical trials. The Health Research Authority (HRA) is well placed to convene a sector-wide group to take this action forward.
- **Action 2:** the ABPI, AMRC, NHS and National Institute for Health and Care Research (NIHR) should commit to sharing and promoting best practice for improving clinical research inclusion, with stakeholders across the UK research community.
- **Action 3:** the Department of Health and Social Care (DHSC) should work with the NIHR and devolved nations to develop an approach by the end of 2025 for measuring, collecting and reporting clinical trial diversity, with an accompanying timeline for implementation.

Taken together these actions will enhance the UK's reputation in clinical research. Ultimately, they will enable the UK to research and develop treatments that better meet the needs of relevant patient populations across the UK and globally.

2. Understanding the challenges, barriers and inequity in diversity and inclusivity in clinical research

Introduction

Health inequity is a significant challenge, with those in greatest need often having the least access to healthcare. The Independent Investigation of the NHS in England, led by Professor the Lord Darzi of Denham, explored how to deliver high-quality care for all within the NHS. The review found that while the NHS offers world-class care, access to care is not equally distributed, highlighting stark inequalities affecting the most deprived and marginalised groups.[1]



The investigation highlighted that:

- for the most deprived groups, accident and emergency (A&E) attendances are nearly twice as high and emergency admissions are 68 per cent higher than that of the least deprived groups
- minority ethnic groups, particularly Asian people, experience disproportionally longer waits for elective care than those from White backgrounds
- people facing homelessness do not receive the same level of care as those who have a safe place to call home; despite a fixed address not being a legal requirement for GP patients, only 31 per cent of people with no identification or address are registered with a GP
- in mental health, people from minority ethnic groups experience worse outcomes, wait longer for assessment, and are less likely to receive a course of treatment following assessment in the NHS Talking Therapies Programme
- people with a learning disability are twice as likely to die from preventable causes and four times as likely to die from treatable causes

Inequity is also present in various aspects of clinical research. The nationally representative Diversity and Clinical Trials in the UK study run by Ipsos in 2024 uncovered significant differences in how White and ethnic minority adults perceive clinical trials, with factors including fear, mistrust and insufficient knowledge.[2] The survey found that while 58 per cent of UK adults expressed willingness to participate in clinical trials, this figure dropped significantly to 41 per cent among ethnic minority adults. Among those invited to participate in a clinical trial, only 36 per cent of ethnic minority adults had gone on to participate, compared to 44 per cent of White adults.

Additionally, the survey highlighted gender disparities within ethnic minority groups. Black, African or Caribbean women were notably more likely to feel uncomfortable in healthcare environments – 19 per cent in comparison to 15 per cent for the broader ethnic minority group – and reported the highest levels of feeling unheard by trial staff (17 per cent).

Diversity and inclusivity are crucial in clinical trials, yet frequently, clinical trial participants do not reflect the breadth of the ultimate patient population. It is important that a diverse representative population participates in clinical trials to ensure that the medicines produced work effectively across the patient group they are intended to treat. Prioritising diversity and inclusivity in clinical research not only strengthens the validity and generalisability of study findings but also guarantees equitable access to the benefits of medical advancements for all patients.

There has been a long-standing call within the life sciences ecosystem in the UK and globally to embed greater inclusivity as a fundamental part of clinical research. However, concrete steps involving collaborative and co-ordinated efforts are required to achieve this goal. There are several challenges that currently limit progress in this area.

"Improving representation in research is not just the right thing to do on a patient or community level, it's absolutely essential for making sure that the evidence generated is fit for purpose and truly improves patient care."

Dr Amit Aggarwal, Executive Director, Medical Affairs and Strategic Partnerships, The Association of the British Pharmaceutical Industry (ABPI)

"Trust itself is a social determinant of health."

Professor Bola Owolabi, NHS England

Practical barriers

Practical barriers can significantly impede the ability of diverse populations to participate in clinical research. Financial burden, such as travel costs, childcare expenses and lost wages, can deter individuals from low-income backgrounds. Also, most scheduled visits for clinical trials tend to be during weekdays, making it difficult for many individuals to participate if they cannot take time off from work.

In addition, the concentration of clinical trials in major teaching hospitals often excludes those living in rural areas. Language barriers can also make it more difficult for some individuals to take part in trials: for example, effectively engaging non-English speakers and individuals with low literacy levels if there is not sufficient support available.

"We see decentralised trials as key. They remove logistical barriers and bring research to the real-world settings."

Ailsa Bosworth, patient representative and National Rheumatoid Arthritis Society (NRAS) founder

Decentralised and inclusive trial models were highlighted as critical tools for reducing logistical, geographic and cultural barriers to participation. By conducting research in community clinics, local hubs or even in participants' homes, trials can be more accessible to people who may otherwise be excluded. Co-designing trial protocols with community input has led to improved recruitment rates, greater trust and better retention of underrepresented groups.

Unnecessary eligibility criteria that could exclude certain groups from trials were also highlighted as an issue. Strict exclusion criteria can prevent participation of patients with multi-morbidity, which is more common in underserved groups. Co-designing trial protocols with community input can help to change this and has also led to improved recruitment rates, greater trust and better retention of under-represented groups.

"We're really keen to see eligibility criteria drop off wherever possible; things like upper age limits, requirements to attend during working hours, or travel burdens. These often seem innocuous but systematically exclude people who are already under-served by research."

Alana Wilde, National Institute for Health and Care Research (NIHR)

Addressing practical barriers

Solutions to addressing these practical barriers can include the following:

- Providing financial support in the form of stipends, reimbursements or other financial assistance to cover transportation, childcare and lost wages to make participation more feasible for diverse populations.
- Conducting trials in community health centres, local clinics and mobile units to enable researchers to engage rural and underserved urban populations.
- Relaxing unnecessarily restrictive eligibility criteria and protocol designs, for example, offering trials in multiple languages and providing translation services to accommodate non-native speakers, ensuring that more patients can participate in clinical research.
- Clear communication about logistics, remuneration and support to encourage higher levels of participation and retention.

Community engagement and communication

"It's about engaging with people, finding the right language to talk about what we do and thinking about ways to enable people to take part."

Dr Naho Yamazaki, Health Research Authority (HRA)

When research communication is not clear, culturally sensitive or accessible, it creates barriers for potential participants, particularly those from underrepresented groups. Language barriers and complex medical jargon can exclude non-native speakers and individuals with low health literacy. In addition, inadequate outreach efforts and reliance on limited communication channels can fail to reach diverse communities, leaving many unaware of research opportunities. This includes digital exclusion, which may be a barrier to both involvement and participation in research.

"We really recognise that we don't want to just drop into communities once and never be seen again. So, we make sure we have follow-on touch points and support groups to build lasting relationships and share research in the way people want to hear it."

Alex Edwards, Parkinson's UK

"Health literacy isn't a one-off conversation – it's an ongoing dialogue. When people are in crisis or pain, expecting them to retain complex information in a single consultation just doesn't work."

Rebecca West, Ipsos

Improving communication

Bridging communication gaps and building mutually affirmative relationships with diverse populations requires a collaborative, inclusive and multifaceted approach. Potential solutions include the following:

- Understanding the unique challenges and concerns that diverse communities face, as well as where and how they prefer to access health information. This is paramount to creating accessible and relevant communications.
- Working with communities to co-produce culturally sensitive and transparent communication, which can help build trust and foster positive relationships between researchers and potential participants.
- Providing information in clear and simple terms, translated into multiple languages, to ensure information is accessible to all, leading to better engagement.
- Using various communication channels, such as community outreach, social media, and multilingual materials, to make research more accessible to a broader audience.
- Establishing mechanisms for receiving and incorporating feedback from diverse populations, which can help to demonstrate that all voices are valued and respected.

There is a balance to be struck to avoid overburdening specific communities with repeated engagement, but for the most part, there is willingness for groups that may have been historically excluded to take part in research when approached respectfully and meaningfully.

Mistrust and fear

Many barriers to diversity and inclusivity in clinical trials stem from a lack of trust or understanding between clinical researchers and the diverse patient populations they aim to engage.

"Making clinical trials more inclusive means working closely with communities who haven't always been represented in research. Building trust through listening and meaningful involvement at every stage helps ensure research can better serve everyone."

Dr Andrea Manfrin, Medicines and Healthcare products Regulatory Agency

Historical mistrust of medical professionals, fear of outcomes, and lack of knowledge and awareness about clinical trials can lead to hesitancy and reluctance among marginalised and underrepresented communities to participate in clinical trials. Consequently, it impedes the recruitment of diverse populations, resulting in research that lacks generalisability and treatments that do not work for everyone.

"You can't just ask for lived experience when it suits you. If someone has felt excluded for years, you have to prove you're seeking meaningful engagement. That's where trust starts."

Emma Gray, MS Society

Building trust

Building and maintaining trust hinges on culturally competent practices and active community engagement. Solutions to these issues include t
he following:

- Establishing strong, long-term relationships with local healthcare teams, researchers, community leaders and organisations, who can act as trusted intermediaries, can help to foster open dialogue and trust.
- Clear communication about research goals, risks and benefits, as well as training staff on cultural competence, which can help to ensure participants feel their values and beliefs are understood and respected.
- Seamlessly integrating patient input into every stage of a drug's lifecycle – from initial research and development through clinical trials, regulatory approval, and commercialisation – to ensure the development of inclusive healthcare solutions based on actual needs rather than theoretical assumptions.
- Regular, sustained engagement with communities and grassroots organisations to help to establish a solid foundation of trust. As part of this, maintaining relationships beyond an individual study further demonstrates a commitment to ethical practices, transparency and accountability in all research activities.

Imbalanced power dynamic

An imbalanced power dynamic between researchers and patients is a significant challenge in achieving diversity and inclusivity in clinical research. When researchers hold disproportionate authority and influence over the research process, it undermines and erodes patient-centred practices, severely limiting the meaningful involvement of participants from diverse backgrounds. Patients may feel disempowered, undervalued and hesitant to voice their concerns, questions or preferences.

Moreover, an imbalanced power dynamic can result in research protocols and designs that do not adequately address the unique needs and perspectives of diverse populations. It can also hinder open communication, transparency and the development of trust-based relationships between researchers and participants.

"Unless you're visibly sharing power, unless you're visibly both communicating and using trusted vehicles and trusted institutions to talk to the community, you're not really demonstrating power sharing. It's got to be that equal partnership."

Jacob Lant, National Voices

"It has felt that researchers had all the power, and the patients don't, and it's about trying to make sure it's equal."

Natasha Gordon-Douglas, patient representative, Sickle Cell Society

Addressing power imbalances

Addressing the imbalance in power between researchers and research participants requires a shift towards more collaborative and participatory research models that include the following approaches:

- Actively listening to and involving patients and community representatives in the research process, from co-design of studies to dissemination of results, enables researchers to ensure relevance and authenticity.
- Talking openly to patients and communities about clinical research helps to dispel myths associated with clinical trials and highlight the importance of diverse communities' participation in research.
- Ensuring research teams undergo cultural competence and sensitivity training will catalyse a culture of inclusivity and respect for diverse populations, ensuring participants' well-being, preferences and autonomy is valued.
- Research should focus on endpoints that matter to patients. Including patient-reported outcome measures (PROMs) as primary endpoints can enhance the relevance of trials to patients, subsequently demonstrating a genuine commitment to understanding and addressing the unique needs and concerns of underrepresented groups.

The actions outlined above can help shift the dial on diversity and inclusivity of clinical research. There are already pockets of the ecosystem that are taking positive steps to make research participation more inclusive.

A 2024 AMRC survey, for example, found that 55 per cent of medical research charities require researchers to consider diversity and inclusion in study design, and 35 per cent require applications to include strategies to ensure inclusion of underserved groups.

3. Working together for change: actionable steps and shared solutions

There is a clear drive to make meaningful improvements in diversity and inclusivity at all levels of clinical research. The cooperation of the public, research community, research funders, industry, academia, healthcare providers, policy makers, charities including health and medical research charities and regulators is vital to engender change.

Following on from the event, three specific areas of action have been identified as next steps:

Action 1

Develop a cross-sector, UK-wide strategy and roadmap for greater access to and inclusion in clinical trials. The roadmap should, at a minimum, prioritise the following areas:

1. **Actions to address documented practical barriers to research participation, in particular for underserved groups.**
2. **Actions to build and improve trust in research among participants, with a particular focus on underserved groups.**
3. **Regulatory changes and guidance that may be required to support clinical trial inclusion.**

Sector-wide buy-in will be essential. The group developing the roadmap should therefore include the UK Clinical Research Delivery Programme partners: the HRA, the Medicines and Healthcare products Regulatory Agency (MHRA), the NHS, devolved administrations and research funders, including government and medical research charities and industry.

The HRA is well-placed to convene this group given their UK-wide remit and the opportunity to build on HRA diversity and inclusion in clinical research guidance.

The roadmap, which should include timelines and milestones, will need clear lines of accountability, including identification of a senior responsible officer to champion its implementation.

Action 2

The ABPI, the AMRC, the NHS and the NIHR commit to sharing and promoting best practice for improving clinical research inclusion, with stakeholders across the UK research community.

Action 3

The Department of Health and Social Care (DHSC) should work with the NIHR and devolved nations to develop an approach by the end of 2025, for measuring, collecting and reporting clinical trial diversity, with an accompanying timeline for implementation.

Nicola Perrin, Chief Executive of the AMRC, expressed her hope that in the future we will **"point to this conference as being one of those game-changer moments."**

She emphasised the need to collectively turn our words in action, stating

"Let's stop talking and move to the next stage of action."

This sentiment perfectly encapsulates the spirit of our collective effort and steadfast commitment to driving change.

4. Acknowledgements

The ABPI and AMRC sincerely thank all contributors whose invaluable insights were instrumental in shaping this report. The collective input has been critical in formulating the actionable solutions that will guide our path forward.

The ABPI and AMRC are grateful for the support of Intent Health in preparing an initial report of the event.

5. Annex 1: Emerging themes

During the event, participants suggested a range of possible actions to promote a collaborative effort and drive progress in diversity and inclusivity in clinical research. These are grouped by audience here:

For researchers

- Protocol design – consider adaptive trial designs and decentralised methodologies to increase accessibility for underrepresented populations. Where data are available, incorporate stratification factors in statistical models to account for demographic diversity.
- Eligibility criteria – conduct bias reviews to ensure inclusion criteria do not inadvertently exclude marginalised groups (e.g. criteria around language proficiency).
- Patient engagement – implement co-design practices by integrating patient advisory boards into the trial development process, ensuring Patient Report Outcome Measures (PROMs) are included as endpoints.

For healthcare professionals

- Educational interventions – deploy clinical decision support systems in electronic health records to identify and refer eligible patients for diverse populations in clinical trials.
- Cultural competency training – mandate training for all clinical staff on communication strategies to build trust with diverse populations and reduce systemic bias.
- Recruitment practices – leverage insights from community advisors to build strong partnerships with diverse communities and enhance recruitment strategies.

For policymakers

- Regulatory frameworks – consider how to encourage the inclusion of diversity metrics into clinical trial submissions to the MHRA.
- Incentives for inclusion – support trial sites in underserved areas by offering financial assistance for infrastructure development and operational costs.
- Data collection and transparency – require standardised demographic reporting for all clinical trials submitted to the MHRA, including detailed information on age, gender, ethnicity and socioeconomic status. Establish a publicly accessible databased of clinical trial demographics to promote accountability and transparency.
- Collaboration with the NHS – explore how we can work with the NHS to integrate clinical trial participation into routine care pathways, ensuring diverse patient populations are informed and encouraged to participate.
- Public awareness campaign – consider funding a national campaign to educate the general public about the importance of clinical trials, targeting communities with a historically low participation rate. Sharing real-life patient experiences in clinical research would be instrumental in demystifying clinical trial participation, addressing fears, mistrust and knowledge gaps.

For industry leaders

- Diversity targets – establish explicit and measurable diversity key performance indicators at both a trial and portfolio level. These should include metrics like percentage representation of diverse populations in trials, completion rates and community engagement outcomes.
- Participant support services – review the logistical and financial support being offered to trial participants, such as transport stipends, childcare services and remote trial options, to ensure it allows equitable access to trials.
- Community-based workforce – consider partnering with local coordinators and community health workers to act as trusted intermediaries, supporting liaison between trial teams and local populations, building trust and improving recruitment effectiveness.

For charities and patient advocates

- Tailored communications – co-create campaigns tailored to diverse populations, with input from community advisors and past trial participants to ensure authenticity.
- Wide distribution – use a variety of channels, including social media, local newspapers, radio and health centres, to disseminate educational content. Consider providing materials in various formats, such as videos, infographics and brochures to cater to different audiences.
- Community information sessions – host in-person and virtual workshops to answer questions, provide transparent information and dispel myths associated with clinical trials.

6. Annex 2: Agenda and participants

The event was held on Wednesday 5 March 2025.

Building knowledge and good practice to improve diversity and inclusivity in clinical trials	
Welcome and ambition for the day and beyond	Amit Aggarwal, Executive Director Medical Affairs & Strategic Partnerships, The Association of the British Pharmaceutical Industry (ABPI) Nicola Perrin, Chief Executive, The Association of the Medical Research Charities (AMRC) Kylie Bromley, Vice President and Managing Director, Biogen UK and Ireland
What do we know – exploring the insight from a patient perspective	Chair: Jacob Lant, Chief Executive, National Voices Rebecca West, Associate Director, Ipsos Ailsa Bosworth, National Patient Champion, National Rheumatoid Arthritis Society (NRAS) Natasha Gordon-Douglas, Lead Mentor, Sickle Cell Society
What can we do – exploring the work of patient charities and pharma	Chair: Amit Aggarwal, ABPI Liz Perraudin, Clinical Policy Manager, AMRC Emma Gray, Director of Research, MS Society Alex Edwards, Research Participation and Engagement Manager, Parkinson's UK Ian Jarrold, Deputy Head Research, Asthma + Lung UK Ed Merivale, Senior Clinical Operations Lead, Roche Products Ltd Liz Bristow, Director Trial Diversity, Patient Recruitment and Retention, AstraZeneca Catherine Clair, Associate Director of Site Engagement, GSK

Building knowledge and good practice to improve diversity and inclusivity in clinical trials	
What can we do – exploring the work of the NIHR, HRA, MHRA and NHS-E **Panel discussion – sharing the work and resources to support good practice**	Facilitator: Nicola Perrin, AMRC Bola Owolabi, Director of the National Healthcare, Inequalities Improvement Programme, NHS England Andrea Manfrin, Deputy Director of Clinical Investigations and Trials, Medicines and Healthcare products Regulatory Agency (MHRA) Alana Wilde, Equality, Diversity and Inclusion Manager, National Institute for Health and Care Research (NIHR) Naho Yamazaki, Deputy Director of Policy and Partnerships, Health Research Authority (HRA)
Working together – where do we want to go next?	Facilitator: Tom Nutt, Chief Executive, Meningitis Now Facilitator: Brian Duggan, Strategic Partnership Policy Director, ABPI
Close	Amit Aggarwal, ABPI Nicola Perrin, AMRC Vani Manja, Country Managing Director and Head of Human Pharma, Boehringer Ingelheim UK & Ireland

Event participants

Name	Role	Organisation
Amit Aggarwal	Executive Director, Medical Affairs	ABPI
Vesela Aleksandrova	Strategy and Clinical Operations Director	Shionogi
Ali Allen	Senior Scientific Knowledge and Communications Officer	Myeloma UK
Lucy Allen	Director of Research & Healthcare Data	Cystic Fibrosis Trust
Caroline Aylott	Head of Research Delivery	Versus Arthritis
Nikul Bakshi	Research Involvement Lead	Parkinson's UK
Samantha Barber	Chief Executive Officer	Gene People
Victoria Bates	Patient Engagement Lead	ABPI
Tehilloh Belovski	Events Officer	AMRC
Peter Bloomfield	Director of Research	Macular Society
Laura Boothman	Senior Innovation and Research Policy Manager	ABPI
Alisa Bosworth	National Patient Champion	National Rheumatoid Arthritis Society
Thomas Brayford	Policy and Public Affairs Manager	Brain Tumour Research
Liz Bristow	Director, Patient Recruitment & Retention	AstraZeneca
Kylie Bromley	Managing Director	Biogen
Chris Cannaby	Clinical Operations Manager Lead	MSD UK Ltd.
Jennifer Carpenter	Public Affairs lead	Roche
Rhanya Chaabane	UK Site Engagement Lead - Oncology	AstraZeneca UK Ltd.
Catherine Clair	Associate Director of Site Engagement	GSK
Louisa Cram	Senior Manager Clinical Operations	Bristol Myers Squibb
Maurice Darding	Head of Research Funding	Barts Charity
Sarah Deeley	Director, UK & Ireland Country & Site Operations	Biogen

Name	Role	Organisation
Mital Desai	North EU & UK Cluster Head	Sanofi
Kim Donnison	Executive Assistant, Medical Affairs & Strategic Partnerships	ABPI
Diane Driver	Head Program Delivery	UCB
Brian Duggan	Strategic Partnership Policy Director	ABPI
Bieneosa Ebite	Head of Communications and Government Affairs, Inclusion and Diversity	GSK
Alex Edwards	Research Participation & Engagement Manager	Parkinson's UK
Emma Eusebi	Senior Policy Officer	Pancreatic Cancer UK
Zamira Figuereo	Research Manager	Wellbeing of Women
Elinor Fowler	Research Information Officer	Heart Research UK
Poonam Gardner Sood	Clinical Program Manager	Gilead Sciences
Kirsty Gelsthorpe	Senior Media and Communications Manager	ABPI
Natasha Gordon-Douglas	Lead Mentor	Sickle Cell Society
Emma Gray	Director of Research	MS Society
Amanda Hensby	Clinical Quality Associate Director	AstraZeneca
Karen Hobbs	Director of Membership and Operations	AMRC
Marilia Ioannou	Senior Research Grants and Evaluation Manager	Breast Cancer Now
Neerja Jain	Health Equalities Programme Manager	Kidney Research UK
John James	Chief Executive Officer	Sickle Cell Society
Ian Jarrold	Deputy Head Research	Asthma + Lung UK
Katherine Jeays-Ward	Research Lead	NHS England

Name	Role	Organisation
Chloe Kearney	Senior Manager, Patient Centricity & Engagement	Biogen
Nicola Keehn	Membership and Events Executive	ABPI
Kate Keightley	Deputy Director of Support and Clinical Services	Blood Cancer UK
Debbie Kinsey	Health Information Manager	Lupus UK
Phoebe Kitscha	Research Advisor	British Health Foundation
Anisha Lad	Senior Medical Affairs Advisor	Pfizer
Zeph Landers	Head of Events	ABPI
Jacob Lant	Chief Executive	National Voices
Grazia Larosa	New Business Manager – Respiratory Insights	Asthma + Lung UK
Katie Le Blond	Research and Involvement Manager	Cardiomyopathy UK
Jenny Lee	Senior Research Collaborations Manager	NIHR
Andrea Manfrin	Deputy Director, Clinical Investigations and Trials	MHRA
Vani Manja	Country Managing Director	Boehringer Ingelheim Ltd
Amrit Mann	Grant Manager	Prostate Cancer UK
Catriona Manville	Director of Research Policy	AMRC
Alex Matheson	Clinical Operations Manager	Bayer
Ed Merivale	Senior Clinical Operations Lead	Roche Products Limited
David Montgomery	UK and Ireland Medical Director	Ipsen
Leah Mursaleen	Head of Clinical Research	Alzheimer's Research UK
Tom Nutt	Chief Executive Officer	Meningitis Now
Bola Owolabi	Director, Healthcare Inequalities Improvement Programme	NHS England
Catherine Payne	Team Lead	Sanofi UK
Silvia Pedroni	Director of Operations (Medical)/ Chief of Staff	British Heart Foundation

Name	Role	Organisation
Liz Perraudin	Clinical Policy Manager	AMRC
Nicola Perrin	Chief Executive Officer	AMRC
Kieran Prior	Engagement Lead	Cancer Research UK
Nabil Rastani	Strategic Partnership Policy Manager	ABPI
Emma Reeves	Oncology Senior Medical Affairs Advisor	Pfizer
Charlotte Roy	Research Communications Manager	Muscular Dystrophy UK
Kamini Shah	Head of Research Funding	Diabetes UK
Ellie Shingler	Strategic Feasibility Manager	Boehringer Ingelheim Ltd
Sanchez Simpson	Clinical Project Manager	Novartis
Tom Simpson	Research Manager	Leukaemia UK
Bob Stevens	Group CEO	MPS Society/Rare Disease Research Partners
Sanjay Thakrar	Head of Research	The Dunhill Medical Trust
Tajinder Tiwana	Patient Advocacy Lead	Novartis
Simon Turpin	Policy Officer	AMRC
Harveen Ubhi	Policy and Public Affairs Manager	Anthony Nolan
Janet Valentine	Executive Director Innovation and Research Policy	ABPI
Chris Walden	Chief Executive Officer	Cancer52
Clare Walton	Executive Director of Research and Impact	Epilepsy Research Institute UK
David West	Associate Director	Intent Health
Rebecca West	Associate Director	Ipsos
Alana Wilde	Equality, Diversity and Inclusion Manager	NIHR
Naho Yamazaki	Deputy Director, Policy and Partnerships	HRA

7. Resources

Publications and resources cited at the event included:

ABPI – People-centred research hub

National Voices – Addressing inequalities in clinical trials, 2024

Ipsos – Bridging the ethnicity gap in clinical trial participation: Education and tailored communications needed

AMRC – Equity, diversity and inclusion

NHS England – Increasing diversity in research participation: A good practice guide for engaging with underrepresented groups

NHS Health Research Authority – Increasing the diversity of people taking part in research

The MESSAGE Project – MESSAGE policy framework

8. References

1 Department of Health and Social Care, 'Independent investigation of the NHS in England', 15 November 2024, available at: www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

2 Ipsos, 'Diversity and clinical trials in the UK', February 2024, available at: www.ipsos.com/sites/default/files/ct/publication/documents/2024-02/Health%20Equity_Clinical%20Trial%20Research_Feb2024.pdf

About the 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.

We 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, we work 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, our members partner with healthcare professionals, academics and patient organisations to find new solutions to unmet health needs.

www.abpi.org.uk

About the AMRC

The Association of Medical Research Charities (AMRC) is the national membership organisation of leading health and medical research charities. The company is limited by guarantee and is governed by its Articles of Association.

The AMRC brings together and supports health and medical charities to produce high-quality research. We do this by influencing policy and research and highlighting the sector's contribution to patient and public health.

We are a membership-driven organisation with over 90% of our income coming from membership subscriptions this financial year. Through supporting those in the charity sector with responsibility for allocating funds to medical and health research, we can help all charities maximise the use of their resources and make a greater impact for all their beneficiaries.

www.amrc.org.uk

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