

Osteoarthritis Research Consortium 2025 - Call for applications

Summary

Versus Arthritis wants there to be better understanding of the causes and risk factors (biopsychosocial) for arthritis and other musculoskeletal disorders. We want to harness biological data and individuals' lived experience to predict disease development and prognosis, identify the most effective treatments and minimise the risk of side-effects from long-term treatment. We want to take the uncertainty out of clinical practice and improve policy around the diagnosis, prevention and treatment options for people with debilitating musculoskeletal conditions.

To address this, Versus Arthritis seeks to support team science working 'across and together' to join up different areas of thought and research to deliver swifter success in translating new knowledge to reality and benefit for people with musculoskeletal conditions.

Osteoarthritis is no longer thought of as a simple disease of articular cartilage, rather a whole joint disease. Therefore, identification of potential treatments requires better understanding of multiple areas, including inflammatory processes, biomechanics, and cellular and tissue alterations. Different people experience osteoarthritis differently, what was thought to be one disease is now recognised as having different sub-types. In heterogeneous disease, the underpinning premise inherent to development of differential effective treatments, optimisation of disease management and prognosis, and potentially disease prevention is understanding of stratification. A one-size-fits-all approach won't treat everyone effectively.

This first dedicated Osteoarthritis Research Consortium investment aims to push the pace on issues that are proving hard to understand and unlock relating to stratification of osteoarthritis disease.

It is anticipated that a second Osteoarthritis Research Consortium investment will support development of innovative osteoarthritis treatments allied to known disease stratifications. It is therefore expected that there will be an associated connection between the two Osteoarthritis Research Consortia. There will be no requirement to have common applicants between the two Consortia but that will be allowable.

Applications are invited for Research Consortium funding up to the value of £3 million for up to five years.

Applications that have agreement for part-funding from a third party will be accepted but applicants should contact us to discuss their application as early as possible. This Call is a one stage process, and the deadline for the receipt of applications is **16:00 on Wednesday 25th June 2025** through [Grant Tracker](#).

In addition, submission of an **Intent to Apply** is required, primarily to enable reviewer selection. Submissions of **Notice of intention to apply (500 word PDF and anticipated Consortium members)** are sought via email by **16:00 on Wednesday 30th April 2025**.

We expect that Consortium funding will:

Bring different people and groups together to work with integrated thought and ambition toward unlocking a problem area at pace.

Create a community of shared expertise and knowledge to deliver a cohesive programme of research to achieve the aims.

Aim to unlock area(s) of problematic understanding relating to our ability to better stratify osteoarthritis disease.

Consortium funding should seek to gain distinct progress in one or more of these areas **specifically in relation to osteoarthritis subtyping**:

- Early detection and timely diagnosis.
- Managing disease and expectations around prognosis, particularly in relation to progression to poor outcomes.
- Determination of which people may be at risk of rapid progression from mild disease to joint replacement.
- Impacts of life course events on osteoarthritis severity and/or progression, such as trauma/injury, menopause, later life.
- Likelihood of therapy response / sub-population categorisation to facilitate personalised treatment application and development.

We actively encourage applicants to pay due attention to the cross-cutting themes of pain and fatigue, dealing with multiple long-term conditions, living with and managing arthritis during the various stages of the life course, and, of course, health inequalities. Whilst it is unlikely that investment will be dedicated to any single one of these themes, research challenges related to these themes can be included in a Consortium.

Key requirements and information

The lead applicant must be based at an eligible UK institution and at least one applicant must have a permanent position within the lead institute.

International members bringing expertise or facilities that are not available in the UK are welcomed.

Individuals can be involved in more than one Consortium provided the time commitments can be justified and honoured but are not allowed to be a Lead on more than one Consortium. When individuals are involved in more than one awarded Consortium, we will discuss their commitment to each with them.

A Consortium Lead does not have to be a previous Centre of Excellence Director or workstream lead.

People with lived experience may be included as co-applicants, indeed we actively encourage this.

Applications can include lead applicants and/or co-applicants with expertise relevant to this initiative but who do not have a track record of musculoskeletal research.

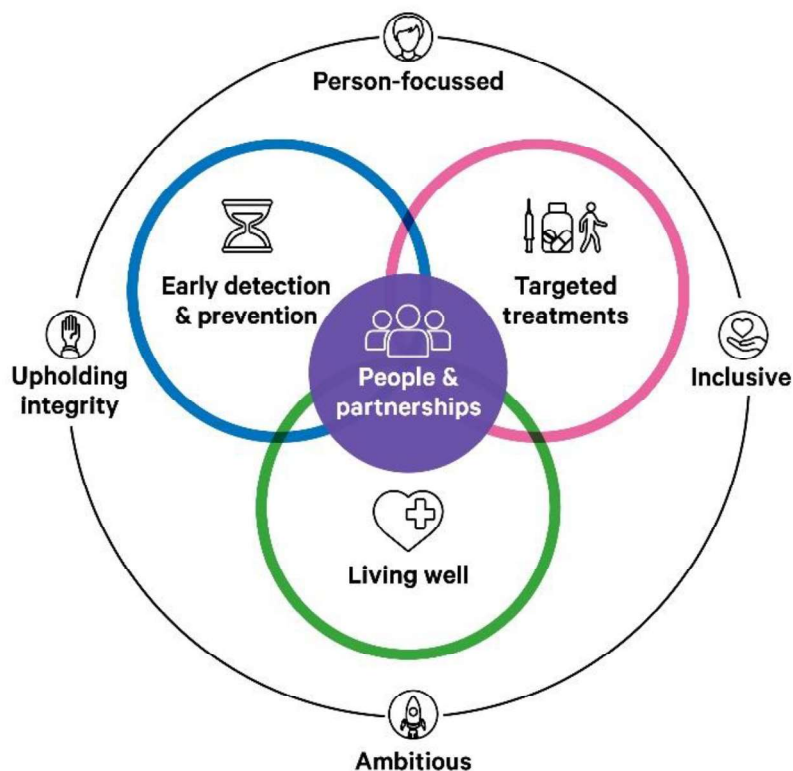
Details on what can be included in an application are here [What you can apply for](#).

Applicants are strongly advised to read the application form and guidance documentation carefully before starting an application. Please ensure that the most appropriate language is being used in each section of the form and that all the required sections are completed.

Applications must involve people with arthritis in the development of the outlined work and include plans for continued collaboration with them in the oversight, delivery and dissemination of the proposed research.

If you would like guidance on the scope of the Call, the relevance or eligibility of your application, the details of the document, or would like to discuss your research proposal generally with the office please email awards@versusarthritis.org

Context and changes we want to see for people with arthritis



Over 10 million people in the UK are living with arthritis. As well as pain, people living with arthritis commonly experience high levels of fatigue, stiffness and loss of mobility and dexterity.

We want all people with arthritis and those at risk to be treated appropriately, reducing the prospect of living with symptoms - including children and young people and older people with multiple long-term conditions.

The likelihood of developing arthritis and the experience of living with arthritis varies considerably across different groups in society, including by ethnicity, gender and level of deprivation index.

We want there to be better understanding of the causes and risk factors (biopsychosocial) for arthritis and other musculoskeletal disorders. We want to take the uncertainty out of clinical practice and improve policy around the diagnosis, prevention and treatment options for these debilitating conditions.

We want to harness biological data and an individual's lived experience to predict disease development and prognosis, identify the most effective treatments and minimise the risk of side-effects from long-term treatment.

We want access to treatment approaches that encompass a holistic approach, including the management of pain, mental health and fatigue. We want clinical and care pathways to adopt treatment approaches that account for individual variability in genes, environment and lifestyle. We want healthcare and public health services to be well informed by relevant, good-quality health data and knowledge to generate, evaluate and implement models of person-centred care.

We want to bring about more precise and faster early detection and diagnoses, more effective and targeted treatments, and more holistic care. These are the key priority areas in our [Better Lives Today, Better Lives Tomorrow Research Strategy 2022-2026](#). We are striving to bring ground-breaking scientific discoveries to people with arthritis at pace and with precision.

Osteoarthritis Investment

[Osteoarthritis affects 10 million people across the UK](#), with its symptoms having a severe impact on lives and livelihoods. From the World Health Organisation: “Osteoarthritis can stop people from participating in home, work or social activities. This can lead to mental health impacts, trouble sleeping and problems in relationships.” The US Food and Drug Administration recognises that osteoarthritis can be a serious disease with an unmet medical need for therapies that modify the underlying pathophysiology of the disease and potentially change its natural course to prevent long-term disability.

Over the last decade Versus Arthritis funded research has contributed to great strides being made internationally in understanding osteoarthritis. New knowledge, building a clearer picture of the heterogeneity and complexity of osteoarthritis, has encompassed multiple factors, genetic, environmental, and lifestyle, aging, obesity and joint injury.

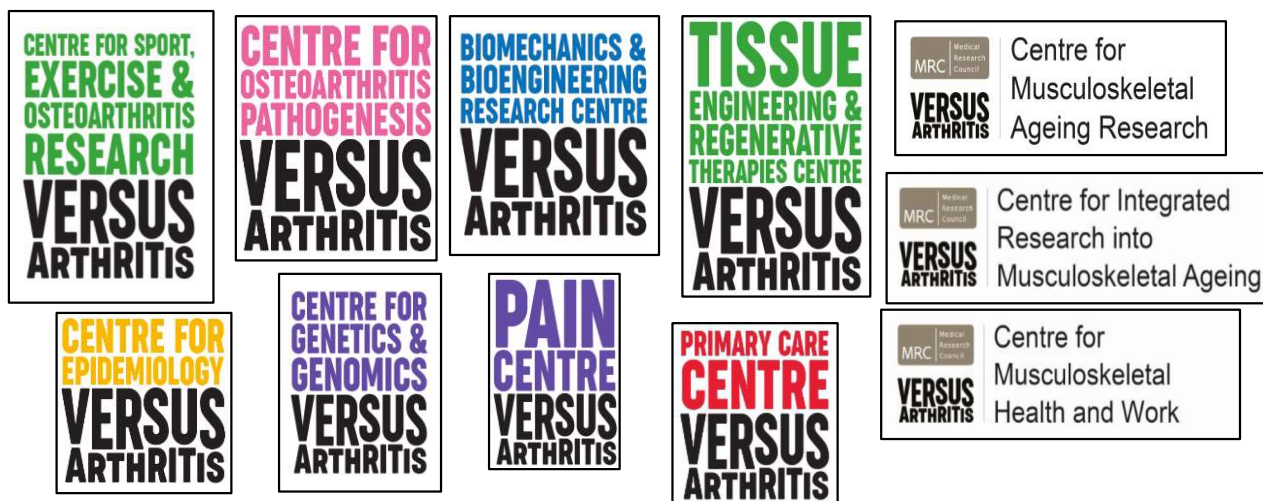
Osteoarthritis is no longer thought of as a simple disease of articular cartilage, rather a whole joint disease. Identification of potential treatments therefore requires better understanding of multiple areas, including inflammatory processes, biomechanics, and cellular and tissue alterations. Different people experience osteoarthritis differently, what was thought to be one disease is now recognised as having different sub-types. In heterogeneous disease, the underpinning premise inherent to development of differential effective treatments, optimisation of disease management and prognosis, and potentially disease prevention is understanding of stratification. A one-size-fits-all approach won't treat everyone effectively.

Osteoarthritis advances differently in different people, and we need to be better able to predict whether somebody may experience increasing pain and/or joint damage over time, who may need surgery sooner, and who may not. Without better understanding of differences in people and progression, and how to identify this, novel disease modifying treatments will remain absent from osteoarthritis management.

Numerous multidisciplinary, national and international osteoarthritis stratification endeavours exploring distinct mechanistic pathways (endotypes) and clinical presentations (phenotypes) have been undertaken and continue. Unlocking further understanding of osteoarthritis endotype (across imaging, biomechanics, genetics, molecular, cellular and tissue systems) and phenotype (across metabolic pathways, maladaptive cartilage repair, inflammatory pathways, bone remodelling, hormonal regulation, patient reported outcomes and function) categorisation is key to onward development of personalised treatments.

There are still many unmet needs in our understanding and management of osteoarthritis. Versus Arthritis is not alone in recognising the importance and breadth of this research agenda.

Versus Arthritis has invested strongly in a breadth of areas of osteoarthritis research through many of our Centres of Excellence. Versus Arthritis aims to build on this through investment in two Osteoarthritis Research Consortia over the next two years, to support and enhance UK osteoarthritis research still further.



With reference to current research recommendations, recent meetings, published literature, the charity's research strategy, advisory group priorities and organisational goals, this first dedicated Osteoarthritis Research Consortium investment aims to push the pace on issues that are proving hard to understand and unlock relating to stratification of osteoarthritis disease.

It is anticipated that the second Osteoarthritis Research Consortium investment will aim to support development of innovative osteoarthritis treatments allied to known disease stratifications. It is expected that there should be an associated connection between the two Osteoarthritis Research Consortiums.

Scope and Requirements of this Call

Osteoarthritis Research Consortium and funding model

Consortium funding will:

Bring different people and groups together to work with integrated thought and ambition toward unlocking a problem area at pace.

Create a community of shared expertise and knowledge to deliver a cohesive programme of research to achieve the aims.

Aim to unlock area(s) of problematic understanding relating to our ability to better stratify osteoarthritis disease.

Consortium funding should seek to gain distinct progress in one or more of these areas **in relation to osteoarthritis subtyping**:

- Early detection and timely diagnosis.
- Managing disease and expectations around prognosis, particularly in relation to progression to poor outcomes.
- Determination of which people may be at risk of rapid progression from mild disease to joint replacement.

- Impacts of life course events on osteoarthritis severity and/or progression, such as trauma/injury, menopause, later life events.
- Likelihood of therapy response / sub-population categorisation to facilitate personalised treatment application and development.

Testing of particular interventions in defined populations is unlikely to be considered within the aims of this investment.

This Consortium funding investment aims to generate tangible benefits for people with osteoarthritis. This can also include how osteoarthritis co-exists with other long term (musculoskeletal) conditions (i.e. condition 'X' resultant of / associated with osteoarthritis, osteoarthritis resultant of / associated with condition 'X') and how this relates to osteoarthritis subtyping and disease stratification. However, the Consortium cannot be **purely** focussed on diseases that associate with osteoarthritis.

Applicants should also pay due attention to consideration of the cross-cutting themes of pain and fatigue, living with and managing arthritis during the various stages of the life course, dealing with multiple long-term conditions and health inequalities. Whilst it is unlikely that investment will be dedicated to any single one of these themes, research challenges related to these themes can be included in a Consortium.

If required, please contact the research team for guidance (awards@versusarthritis.org) on the scope of the Call and the relevance of your application.

Versus Arthritis Consortium funding is £3 million for five years. **It is not expected to be renewed.**

Team Science

The Versus Arthritis Centre of Excellence 'infrastructure' model funded the establishment of thirteen Centres of different types, between 2008-2014. These were substantial investments for the charity allowing the building of capacity and programmes of research across a range of areas of strategic need. This model delivered change in all of the defined impact areas, progressing the knowledge base and leveraging investment in the given areas and providing capacity building environments.

We recognise that over ten to fifteen years, around each of the Centres, individuals have moved, new connections have been made, the major questions have changed, technologies have changed and innovations in research have progressed. As a result, no single research group is equipped with the necessary collective expertise to address the whole of a research challenge.

Aligning efforts and outputs strengthens research capabilities and enhances impacts. Cross discipline research draws together multiple groups to look at an area from different disciplinary perspectives with shared goals. Enabling idea exchange and connection, and facilitating mobility leads to greater scientific impact and innovation than single investigator approaches. Such team science approaches, coordinating collaborative, Consortium ways of working, are now well established in the landscape and known to be effective.

Versus Arthritis seeks to support working 'across and together' to join up different areas of thought and research to deliver swifter success in translating new knowledge to reality and patient benefit.

Purpose and Nature of a Versus Arthritis Research Consortium

Consortium funding:

- is primarily to perform research.

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- is about **bringing different people and groups together** to work with integrated thought and ambition toward **unlocking a problem area at pace** - creating a community of shared expertise and knowledge to deliver a cohesive planned series of defined packages of research to achieve the aims.
- seeks to **build on and evolve existing collaboration**, to address a major challenge.
- is not expected to bring together wholly new networks but rather to build on existing networks and expertise, bringing in appropriate new partners and collaborations to address the challenges that have arisen from progress in the area.
- is not for network development to bring people together to then seek funding to do research.
- is not 'enabling' or 'infrastructure' funding e.g. to deliver a series of pump-priming projects or a PhD training network, nor to deliver a large clinical trial or be particularly supplemental to other awards.

A Consortium may be small or larger in relation to the numbers of partners, depending on, and justified by, the design of the research programme. There is no defined minimum or maximum number of Consortium members, it's about bringing the best people together. We are not expecting single site applications.

We expect to see the bringing together of expertise, knowledge and studies in different areas, beyond one stream of expertise and across geographies and institutions, addressing an overall problem.

We welcome research involving appropriate individuals from any specialism or profession, including those without a background in arthritis research. Research can employ any techniques as appropriate to address the research challenge.

Connections should be ambitious and broader than researcher teams, to include representation as appropriate from industry, local communities, education, employment, local authorities, healthcare structures.

We encourage representation of health and social care service delivery, local authorities, policy expertise and technology transfer capabilities as appropriate in consideration of the next dissemination/ implementation steps around the Consortium outputs.

Research Impact

The Versus Arthritis Research Impact framework focuses on the seven areas of research impact listed below. We anticipate that the Consortium funding model will achieve impacts relevant to one or more of the four areas highlighted in bold. More detail around these impact areas can be found in our guidance documents including examples of outcomes relating to each area. The impact areas 'leveraged funding' and 'partnerships' are secondary impact areas for this funding model. The impact area 'capacity building' is not a target for this funding model.

- **Patient and Public Involvement** – the benefit that patients bring to the research itself.
- **New knowledge** – our research has changed what we know about arthritis.
- **Intellectual property, products, and services** – new innovations, treatments or tools which improve patients' lives.

- **Policy and Practice** – our research is influencing how arthritis is treated or managed.
- Partnerships – new networks, partners and collaborations which extend research.
- Leveraged funding – new funding that has been awarded to continue the research we funded.
- Capacity Building – our investments are increasing the human or technical capacity to conduct research.

Key Features

- Versus Arthritis Consortium funding **does not require contributions from host/member organisations** in terms of capacity building resources or posts such as PhDs or salary contributions, though such contributions are very welcome. It is expected that host/member organisations will support Consortium members in terms of laboratory and desk space and access to infrastructure facilities, services and equipment.
- The Consortium funding model is **open to formal collaborations and partnership with other funders, industry and international stakeholders**. For applicants who have a potential interest in seeking co-funding, it is essential that contact is made as early as possible with the Versus Arthritis team through awards@versusarthritis.org. This will allow the funders to determine whether the proposal would be suitable for co-funding consideration and provide further information if appropriate.
- It is expected that there will be **ambition and intent for Consortium members to seek to leverage funding** to deliver additional components of work, supplementing the primary elements of research via further funding from others as well as from Versus Arthritis. Although the Consortium model is not primarily a model to leverage further funding, some attention will be paid to this in evaluating progress.

Fundamental Elements

- Consortium funding can support a short (under 6 months) **establishment phase**, this should be included in the Consortium plan/Gantt. The Consortium should not spend more than 6 months setting up the core research components, and not more than 1 year in starting research in all workstreams.
- The change(s) the Consortium is seeking to make against the Consortium's defined goals, aims and overall themes is important. However, the Consortium should **be sufficiently flexible** to respond to changing knowledge and perceptions whilst directed towards a coherent programme of deliverable research. Funding is thus available with some flexibility and 'space to create and shape' on an ongoing basis.
- A **theory of change delivery framework** and Gantt chart should be defined with an indicative yearly budget envelope necessary to achieve the planned change. Annual reviews and conversations will shape the following years plans and can allow for changes in direction, enabling adaptation and ability to respond in response to circumstances, as well as de-prioritisation. This funding will be openly receptive to variations of allocated funding.
- A proportion of the Consortium **funding can be allocated to support the core facilitatory resources and assets** required for the research delivery, i.e. the directly allocated core operational costs sometimes referred to as infrastructure **but not** larger research

infrastructures (such as buildings, major data collections / sample resources / equipment / services / training programmes).

- The Consortium leadership should adopt a team science approach. However, financial and administrative system limitations and contractual and governance arrangements require there to be **a defined Consortium Lead and administrative point of reference**. A Consortium Lead should be someone with appropriate experience, demonstrating the relevant attributes, skills and experience – they do not have to be a person at Professorial or Head of Department level nor a previous Centre of Excellence Director or workstream lead. Individuals are not allowed to Lead more than one Consortium. Individuals are allowed to be members of multiple Consortia.

General Requirements and Inclusions

Pace and Precision - a translational approach (Research Strategy Principle - Ambitious)

We want emerging research evidence and research-driven solutions to rapidly enhance health and social care practice and policy guidance for prevention, early detection and treatment of arthritis.

Proposed research must advance the translational pathway towards new or improved approaches to prevention, diagnosis or treatment. Applicants should take care to ensure that future benefit for people with arthritis is clearly and reasonably discussed within the application.

It should be clear from the application what the next step will be beyond the proposed programme. Studies clearly emphasising the route to translation from laboratories to people with arthritis will be prioritised.

Research Involvement (Research Strategy Principle - Person focussed)

Applications must involve people with arthritis in the development of the application as well as in the oversight, delivery and dissemination of the proposed research. More information and guidance can be found here: <https://www.versusarthritis.org/research/for-researchers/ppiehub/>.

Diversity and Inclusion (Research Strategy Principle - Inclusive)

Applications must demonstrate careful consideration of appropriate representation and diversity (ethnicity, socioeconomic, gender, age, geography) as relevant to the content and aims of the proposal.

Four Nations (Research Strategy Principle - Inclusive)

We encourage applicants to consider the breadth of the Consortium reach and articulate how they will ensure that the challenge they aim to address can benefit all four UK nations, given the differences between them, for example in health care delivery. This could be through inclusion of Consortium members from different nations or through explicit plans on how outcomes and impacts will lead to benefits across the UK.

As relevant to the scope of the work, a Consortium should consider differences in local environments, and particularly, that specific needs of devolved healthcare and research funding contexts can require tailored solutions.

Clinical Research Delivery

With the current clinical research challenges in the NHS, investigators and sponsors are required to make transparent and realistic assessments of capacity and capability to deliver.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is a certainty that they can meet recruitment targets and timelines indicated. It will be taken that host institution signatories are wholly satisfied and supportive of the assurances provided upon submission of the application.

Data and Sample resources

We encourage researchers proposing to make use of human tissue to consider whether existing resources would meet their needs and to justify why any new collection is necessary.

We encourage researchers to make use of established, pre-existent cohorts, collections, bioresources and registries.

Application of substantive epidemiological methods to key problem areas requires access to large, high quality, well phenotyped cohorts. Although there may be a case for primary data collection, it is considered that the focus should be on using available data sets and the potential to link between them. The prospective establishment of such cohorts within a Consortium will only be considered for support if the impacts are to be available in relation to the five-year timeframe. This equally applies to support for enriching established datasets. Consortium funding is not available to distinctly maintain population and patient cohorts and sample collections unless distinctly required to deliver the hypothesis led research being conducted to meet the aims of the challenge.

For clarity, given there is no expected Consortium renewal, intent to sustain a cohort beyond the five-year period requires independent support (a clear, feasible, sustainability plan).

We require those receiving funding to create a tissue collection provide access to this and register the collection in a publicly accessible directory.

Who can apply

The lead applicant must be based at an eligible UK institution, for further information see the guidance document. At least one applicant must have a permanent position within the lead institute.

There is no defined minimum or maximum number of Consortium members, it's about bringing the best people together. We are not expecting single site applications.

International members bringing expertise or facilities that are not available in the UK are welcomed. Versus Arthritis conditions of award allow for funds to flow from the lead administrative organisation to non-UK organisations.

Individuals can be involved in more than one Consortium provided the time commitments can be justified and honoured. For individuals involved in more than one awarded Consortium we will want to discuss with them their commitment to each individually. We will require assurance that they have sufficient support and ability to contribute in the manner wished for and reassurance that such involvement is not having a negative effect on them individually or on the Consortium. Individuals are allowed to be members of different Consortia but are not allowed to be a Lead on more than one.

People with lived experience may be included as co-applicants.

Applications can include lead applicants and/or co-applicants with expertise relevant to this initiative but who do not have a track record of musculoskeletal research.

Applicants with proposals that include part-funding from a third party are allowable, but **applicants should contact us to discuss their application as early as possible** and will be subject to appropriate multi-party contracting arrangements around award.

What you can apply for

We plan to invest up to £3 million in a single award. **It is not expected to be renewed.**

Costs for salaries, consumables, expenses and small items of essential equipment can be requested.

If necessary, a proportion of Consortia funds (around 10%, ~£300,000) can be marked to support the associated costs of core activities. These must be clearly linked to the research delivery and include Consortium administration/management and patient and public involvement. If costs such as these are not included as direct costs, then an explanation of where such support will come from should be included.

The purpose of this funding is to fund hypothesis led research that fully realises the benefits of team science and accelerate change in areas of unmet need. It is not to fund training, however, training of key personnel, including small numbers of post graduate researchers, can be included where it is key to the success of the Consortium.

For more details on what you can apply for, please also see the application form and guidance document.

How to apply

There is a one-stage application process, with a 'gathering of interest' step for alignment with the Call scope and reviewer selection only.

Notice of intention to apply

Please email a PDF document to awards@versusarthritis.org that outlines:

- summary of the proposed Consortium in plain English (500 words)
- a list of anticipated Consortium members (name, institution and role)

The deadline for receipt is **16:00 on 30th April 2025**. This information will be used to (i) check the alignment with the scope of the Call before you submit your application (ii) enable us to bring together an appropriate panel of experts to assess your application, this will likely include international expertise.

This is not a triage step seeking to sift out applications, there will be no expert review at this stage. No feedback will be provided unless the early scoping appears to be positioning the Consortium away from the aims of the Call. You should not wait for an invitation to submit an application in Grant Tracker.

Additional Consortium members can be added after the notification of interest submission, they should be noted to the office by email, in contribution to our establishment of the assessment panel.

Application submission through Grant Tracker

Applicants should submit applications through [Grant Tracker](#), where the form will be available.

Applicants should not wait to be invited to submit following submission of their notice of intent to apply.

Applicants must carefully read the application form and guidance document before starting an application.

Please ensure that the most appropriate language is being used in each section of the form and that the correct sections are completed.

The deadline for the receipt of applications is **16:00 on Wednesday 25 June 2025**. Submissions after 16:00 will not be accepted. Applications seeking co-funding that have not contacted the awards team prior to submission will not be accepted.

Please allow time for management of appropriate reviewers and signatories to access the Grant Tracker system and provide their approvals.

Application content

Theory of change

The application requires presentation of the approach proposed to making progress in tackling the defined area of unmet need. We want to see a definition of the problem and its causes (the research gaps and implementation challenges). We want to see your definition of the progress and changes (outcomes) and resulting benefits (impact) you are seeking to make. This needs to be a realistic scale of change with the time and resources available. We need to see the extent to which the Consortium has considered the range of factors needed to bring about this change and understand the logic by which you believe change will happen, including the assumptions which need to be made at this stage. This theory of change will be an ongoing tool used to help understand the progress of the Consortium throughout its funding.

We will **hold a presentation on 8th April 2025** to provide supportive information about developing and managing a theory of change delivery framework; there will also be additional opportunities for one to one 'surgery' time before the submission of your full application. Please email researchliaison@versusarthritis.org for further details.

Consortium membership and management model

Consortium membership, management structures, leadership and approach to decision making and ways of working and communicating should be clearly articulated, demonstrating how the Consortium will operate as a single entity providing additive value. As appropriate, applications should show, in some capacity, that people/teams have worked together before and had impact together before.

How will applications be assessed

Assessment panel members will review applications and make a funding recommendation.

Assessment by people with arthritis forms a key part of the review process. Further information and guidance can be found on our [website](#) and in the guidance document.

All eligible applications will be reviewed by the assessment panel members. If the volume of applications makes it necessary, the panel may triage applications ahead of the rebuttal stage and invitation to attend a formal assessment panel interview online.

Applications will be reviewed by an assembled panel of scientific, clinical, and other relevant experts and people with arthritis and will be assessed on:

- Importance, novelty and whether it meets an unmet need
- Scientific quality and scope
- Novelty and Innovation
- Involvement of people with arthritis
- Value for money
- Leadership, make-up of the research team, approach to collaboration and management
- Commitment to team science and the recognition of contributions of all involved.
- Quality and appropriateness of the research design and methodology
- Feasibility and facilities to conduct the proposed research and the potential to deliver the stated outcomes within the timescales and budget
- Applicants' track record and ability to deliver the proposed research
- Strengths and weaknesses

There will be a panel interview, which will be held online, this will be in November or early December. It is expected that between five and eight applicants may join the interview. Limited written feedback will be provided to applicants prior to the interview to rebut prior to the interview stage to support more in depth discussion at interview.

Award management

There will be an annual review of finances, achievements and progress – you should plan to review your theory of change and encompass independent scientific review also.

It is expected that all awards will report annually via Grant Tracker.

All original peer-reviewed articles published as a result of this research must comply with our open access policies. You should tell us directly about all articles in peer-reviewed literature or disseminated publicly (for example, press releases) as soon as the article has been accepted for publication or dissemination.

Versus Arthritis must be notified of any information relating to intellectual property and commercial activity arising from this award.

Versus Arthritis is dependent on funds raised from public donations and receives no funding from the Government, therefore it is important that you join us in raising the awareness of our charity. Our logo should be used on all documents/presentations relating to this award and we should be referenced when referring to the Consortium.

Award holders may be invited to meetings with Versus Arthritis to discuss their research and/or asked to contribute written summaries.

Timelines

Deadline for notice of intent to apply	16:00 Wednesday 30 th April 2025
Support for theory of change development	Through April, May, June 2025
Deadline for applications	16:00 Wednesday 25th June 2025
Invitation to provide a rebuttal to the panel review	Mid-October 2025
Deadline for rebuttal of panel review	Early November 2025
Online panel interview	November/ Early December 2025
Notification of award	January 2026
Project start	From March 2026 at earliest

Contact details

For all enquiries, please contact awards@versusarthritis.org