Funding Call: UK Type 1 Diabetes Cell Therapy Clinical Trials Network: Frequently Asked Questions

Should you have any queries which are not answered by the below FAQs, please contact the T1DGC Research Funding team (smfgrandchallenge@diabetes.org.uk), and this FAQ page will be updated accordingly.

Eligibility and Leadership

Q1: Can more than one individual act as Clinical Director?
The recommended CTN model suggests that a single Clinical Director should be appointed to lead the CTN-CC. However, applicants are welcome to suggest collaborative models where considered the most effective model for the UK. Applicants are requested to discuss this with the funding team before submission.

Q2. Can a current lead of another national network apply?
Yes. All CTN proposals are expected to demonstrate alignment with existing T1D investments and to promote collaboration across national and international networks. Leads of existing national networks are welcome to apply and may be well placed to strengthen these connections. Applications should clearly describe how the activities will complement one another, how sufficient time and leadership capacity will be maintained across both roles, and how the CTN's strategic objectives will be delivered independently and effectively. Applicants should also demonstrate that the CTN will remain appropriately prioritised and will not be dependent on the performance or success of another network.

Q3. Who is eligible to host an application?
Higher Education Institutions (HEIs) based in the UK are eligible to host the CTN-CC and Clinical Director. Formal partnerships with NHS organisations are encouraged where appropriate, but an NHS Trust cannot host the CTN-CC award. The CTN is a UK-wide delivery infrastructure, and it is therefore important that the lead has expertise in relationships and delivery processes from a UK perspective. While we actively encourage collaboration with researchers internationally where it will add value to your proposed CTN function, CTN funding should not flow outside the UK.

Q4. How much time commitment is expected of the Clinical Director?
Applicants should allocate up to 0.2 FTE for the Clinical Director role and should secure support from their institution before submission.

Q5. What level of institutional commitment is expected in the letter of support?
The letter of support should demonstrate a strong institutional commitment to hosting and supporting the CTN and the Clinical Director throughout the award. This should include confirmation of support for the Clinical Director's time commitment, appropriate governance and delivery arrangements, and a commitment to creating the conditions necessary for the CTN to achieve its strategic objectives. Applicants should note that indirect costs are not eligible under this funding opportunity and are therefore encouraged to describe any relevant in-kind contributions that will be provided in support of the CTN.

Q6. Can I collaborate with industry in any way?
Industry involvement is supported where it will add value to the programme. This includes representatives from small-medium enterprises, biotech and pharmaceutical companies. Diabetes UK has a Commercial Collaborations Policy which sets out conditions when involving Commercial Collaborators, and we ask you to contact the Funding Team to discuss any industry involvement. If industry will be involved, please define the financial or in-kind support that will be provided. We suggest liaising directly with experts in the UK to form collaborations.

Scope of the Award

Q7: Is this a research award?
No. This is an infrastructure award intended to establish and coordinate the CTN. Applications should focus on infrastructure, systems, services, governance, capability and delivery readiness rather than research projects. Biomedical and health research activities are not within scope unless there is a clearly justified and exceptional case directly supporting CTN objectives, or they are modelled as cross-CTN programmes to strengthen the collaborative potential of the network.

Q8. Are applicants required to follow the recommended CTN model?
Applications are encouraged to build upon the recommended model, which was developed in consultation with the expert Task and Finish Group and an extensive programme of stakeholder consultation. Alternative approaches are permitted but should be clearly justified and demonstrate equal or greater benefit. The governance structure provided in the call is illustrative. Applicants are expected to refine and further develop governance arrangements as part of their proposal.

Q9: Will the CTN-CC sponsor or deliver trials directly?
No. The CTN-CC provides coordination, oversight and sponsor support. Delivery of trials will sit primarily with accredited CTN Delivery Sites. Support with study set-up and delivery will be led by existing research and support infrastructure such as the NIHR RDN and NIHR Industry Hub. Costs associated with conducting individual studies will be met by sponsors. The Host of the CTN-CC award may be eligible to become a delivery site in a future competition, but any arrangements would be managed separately from the CTN-CC infrastructure award.

Q10: What level of lived experience involvement is expected and how will this be assessed?
Meaningful involvement of people living with and affected by Type 1 diabetes is a core expectation of the CTN and should be embedded throughout application design, CTN governance and delivery. Applicants should demonstrate how people with lived experience will contribute to decision-making, help shape CTN priorities, and support

equitable access to trials across the UK. While a fully operational lived experience panel is not required at application stage, proposals should outline a credible and well-resourced approach to involving people with T1D as partners in governance and CTN development from the outset. Lived experience involvement will be considered as part of the overall assessment of the CTN-CC proposal. The independent funding Panel will include a representative from the T1D Expert by Experience Advisory Group, who will assess the relevance and importance of the proposed CTN to people living with and affected by T1D.

CTN Delivery Architecture

Q11: Can an organisation applying to host the CTN-CC also become a CTN Delivery Site in the future call?
Yes. Hosting the CTN-CC does not preclude participation as a CTN Delivery Site, although applicants will need to demonstrate appropriate governance and conflict-of-interest management processes.

Q12: Do Lead Delivery Sites need to be identified before application, and when will they be selected?
Applicants should propose an approach for set-up and expansion of the CTN delivery architecture. They should also outline accreditation criteria (e.g. a minimal viable capability for the first phase of delivery sites) to support a commissioning process and site selection, administered by the T1DGC. It is anticipated that this will take place in Summer 2027.
In the event of a collaborative application with delivery sites named upfront, all sites should give permission to be included in the application. The application should also explain why naming delivery partners at application stage offers clear advantages over selecting sites later through a separate, competitive accreditation process.

Q13: Is a CTN Prime Fund mandatory?
No. However, Diabetes UK strongly encourages applicants to include a flexible funding mechanism capable of addressing bottlenecks and capability gaps. This has been supported by stakeholders and the expert CTN Task and Finish Group.

Funding and Budget

Q14: How should applicants allocate the £2 million funding envelope?
While no fixed split is mandated between the central CTN-CC function and the delivery infrastructure, applicants should demonstrate that sufficient resource is directed towards establishing sustainable delivery capability across the network.

Applicants are expected to develop and justify an appropriate funding model within the overall £2 million envelope, which should clearly explain:

- The funding required for CTN-CC leadership, coordination and sponsor-facing activities.
- The proposed level of core funding for accredited CTN Delivery Sites.
- The role, size and management of any flexible CTN Prime Fund.
- Any investment in cross-network programmes such as workforce development, capability building and lived experience involvement.

Q15: Is the host institution expected to administer all the CTN funding?
Applicants are applying for the full £2 million award, and applications should set out plans and a budget accordingly. However, to reduce administrative burden on the CTN-CC host organisation and streamline funding distribution, Diabetes UK may retain and directly administer a proportion of the funding for certain operational activities, such as supporting delivery sites. The exact funding administration model will be determined following assessment of the successful proposal, and in conversation between the funder and the Host, with the intention of simplifying and accelerating distribution of the funding envelope across the CTN.

Q16: How much should my institution contribute to the costs of hosting the CTN-CC?
The Grand Challenge will cover direct costs as listed in the detailed funding guidance. Indirect costs incurred by Higher Education Institutions (HEI) and overheads are not eligible for funding. We would therefore strongly encourage other in-kind contributions to enable us to do more together.

Q17: Can I apply for my own salary?
No, all Lead Applicants must be in receipt of a salary throughout the proposed duration of the grant. Staff salaries for the core CTN-CC function (e.g. project manager) are eligible. Please see Diabetes UK's General guidelines for research grant applicants.

Relationship with NIHR

Q18: Is the CTN intended to replace existing NIHR infrastructure?
No. The CTN is designed to deliver capabilities that are not provided by standard NIHR infrastructure, acting as a disease-specific expert enabling layer for complex beta cell therapy trials. While NIHR infrastructure provides the national platform for trial delivery, contracting and performance management, the CTN provides the specialist scientific, clinical and patient recruitment capabilities required to make T1D cell therapy trials feasible and successful at scale.

Q19: What level of engagement with NIHR is expected?
The CTN is being developed in partnership with the NIHR. Proposals are expected to demonstrate credible plans for alignment with the NIHR BRCs, RDN, CRFs and CRDCs. With support from Diabetes UK, the CTN-CC is expected to inter-operate with existing networks, and establish a referral mechanism with the NIHR Industry Hub. There is no requirement for applicants to secure formal approval or partnership agreements from NIHR before applying. However, proposals are expected to demonstrate a strong understanding of relevant NIHR infrastructure and a credible plan for integration and collaboration. Applicants are welcome to discuss this with the T1DGC Funding team.

Q20: Will NIHR provide funding through this award?
Initial funding for this award is provided through the Type 1 Diabetes Grand Challenge (T1DGC). The CTN is expected to work closely with NIHR infrastructure.

Assessment

Q21: Will the interview assess both the lead applicant and the proposal?
Yes. The assessment will consider both the quality of the written CTN-CC proposal and the suitability of the proposed Clinical Director. The interview is intended to assess the Clinical Director's vision, leadership, credibility, collaborative approach and ability to lead the development and delivery of the CTN. Applicants should therefore regard both elements as important. A strong application will require both a high-quality proposal

for the CTN-CC and a convincing demonstration of leadership capability, strategic vision and national influence.

Q22: How long do I have to complete my application?
The call will be open for 8 weeks, with all applications expected by 27 October 2026. Applicants will then be contacted directly by Diabetes UK and invited to a presentation and interview on 18 December 2026.

Q23: How many funding awards will be made?
There will be a single award for a CTN-CC and Clinical Director.