Better lives today, better lives tomorrow

Research Strategy 2022-2028

Arthritis UK

(Formerly Versus Arthritis)

Executive Summary

Research at Arthritis UK 2022 to 2028

Our priorities and principles

This strategy is driven by the needs of people with arthritis. That's why it focuses on research with the greatest potential to improve the quality of life – translational research. Research that turns observations in the laboratory, clinic and community into interventions that directly improve the health of individuals and populations.

We want to facilitate the creation and application of scientific knowledge and rigour to improve treatment options, clinical practice, and policy. We want to bring about more precise and faster diagnoses, more effective and targeted treatments, and more holistic care pathways.

We want the lived experience of people with arthritis to inform research and care provision – taking and translating the experience and voice of people with arthritis back to the laboratories and clinics.

This means involving people with arthritis in research design and assessment, as well as making them more aware of and able to participate in ongoing research.

The changes we want to see are longer-term targets beyond the duration of this strategy. Our short-term activity until March 2028 will aim to focus the research agenda in these priority areas to meet some of the current unmet needs:

Early detection and prevention:

Spotting the biological signatures of arthritis early to maximise the opportunities for timely intervention and preventing it from getting worse.

Targeted treatments:

Taking the guesswork out of treatment by increasing effective, reliable and timely drug and non-drug solutions to reduce, manage or cure disease.

Living well:

Addressing musculoskeletal health inequalities for individuals and wider society by striving for better musculoskeletal health and care at home, in leisure, at work and in communities.

People and partnerships:

Making Arthritis UK the partner of choice – for our funding partners, the life-sciences industry and our researchers.

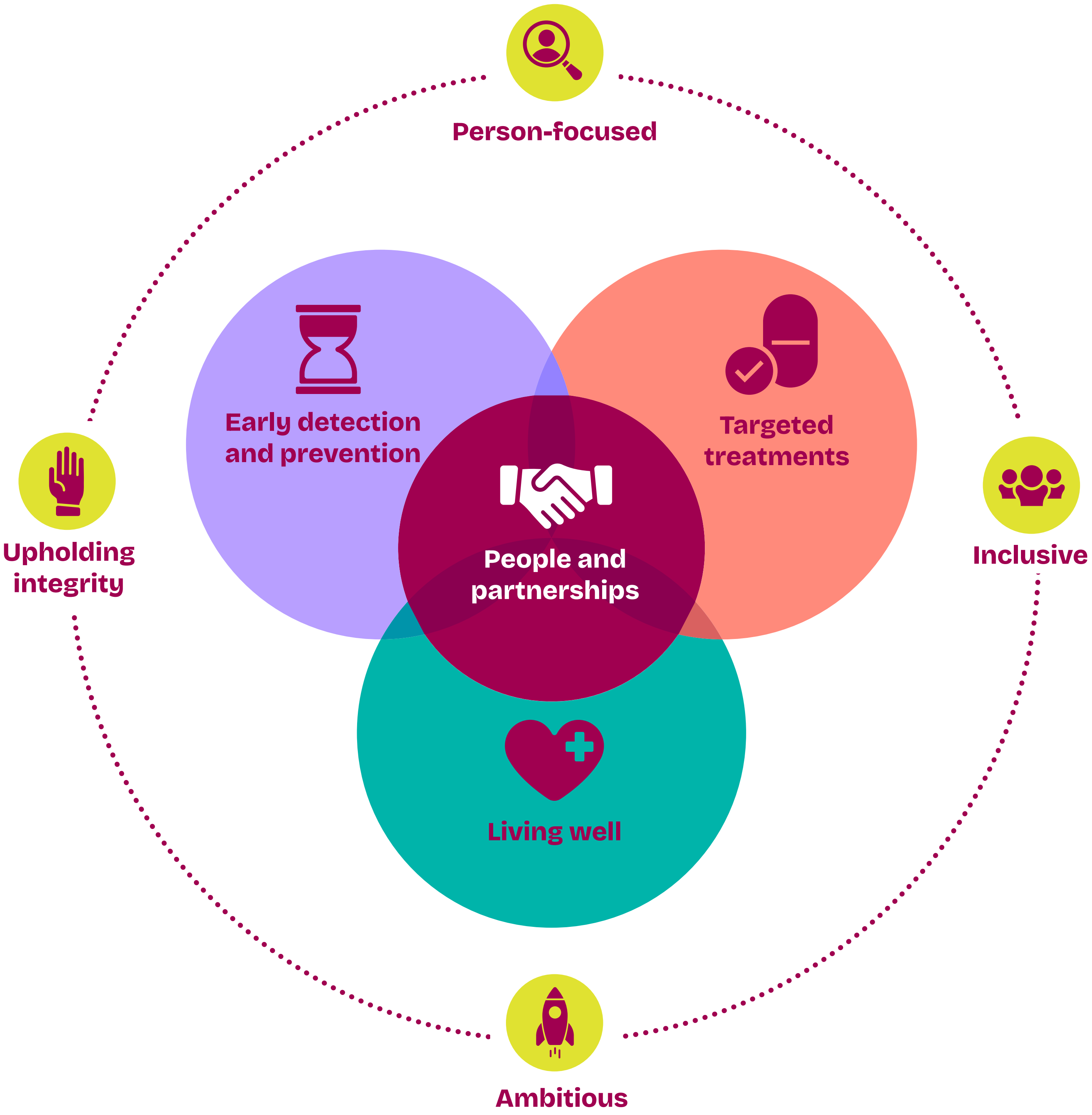
Professor Lucy Donaldson

Director of Research, Arthritis UK

> Our strategy guides our research investment to help adults, young people and children with arthritis live well today, while charting a path towards the cures of tomorrow. Since 2022 we have been proud to invest in our four priority areas: **early detection and prevention**, **targeted treatments**, **living well**, and **people and partnerships**, addressing key unmet needs for people with arthritis.
>
> Whilst we refreshed our look and name in 2025, our vision and mission are still the same. That means we remain committed to funding life-changing research that benefits people with arthritis. We are delighted to extend the life of our research strategy until March 2028. This means our investment and activities will continue to focus on our four priority areas.
>
> Our ambition over the next two years is to continue to work with the research community in these areas and accelerate the real-world benefits of research for over 10 million people living with arthritis in the UK.

Our priority areas for 2022-2028

where we seek improvements for people with arthritis



Our research principles

Person-focused

We ensure people with arthritis are active partners across our whole research cycle and consistently feel valued, through a culture of co-design. We invest in solutions tailored to individuals, not a disease.

Inclusive

We ensure people with arthritis from a diverse range of backgrounds, cultures and experiences are partners and participants in our research activities and those of our collaborators. We represent the full life-course of the population through our research. We promote diversity, equity and inclusivity across our researcher community.

Ambitious

We are committed to finding effective treatments and cures through need-inspired, excellence-driven, innovative and impactful research delivered at an increased pace.

Upholding integrity

We provide honesty, rigour, transparency, as well as care and respect for those involved in our research – both researchers and the people benefitting from it – and accountability for our role in creating a positive research environment.

Priority area:

Early detection and prevention

Spotting the biological signatures of arthritis early to maximise opportunities for intervention and prevent it getting worse

The unmet needs

There are many types of arthritis, and they develop differently. Diagnosis is often not swift or straightforward.

Patterns of early symptoms (pain, stiffness, swelling, fatigue) can be similar across diseases and these diseases can co-occur with other (inflammatory) and chronic conditions. Blood tests and imaging may not definitively aid quick and confident diagnosis. At present, there is no routine clinical management that incorporates technological advancements such as genetic risk scores or ongoing symptom tracking.

People report that sharing early symptoms with healthcare professionals can feel worthless. At the same time, incorrect and delayed diagnoses can lead to years of needless disease progression and irreversible joint damage, reduced function, and mobility. There is an urgent need for better tools and biomarkers to diagnose arthritis accurately and as rapidly as possible after symptoms begin, particularly in children and young people.

Preventative, lifestyle factors including physical activity, healthy eating, and sleep and stress management and other types of effective healthy living are not targeted towards musculoskeletal health. Neither is there support for people coping with a diagnosis of a long-term musculoskeletal condition.

Research does not routinely inform health information and care; implementing research solutions as quickly as possible to maximise benefits for people with arthritis is essential.

The changes we want to see

We want to ensure people sustain good musculoskeletal health through the effective prevention and early detection of MSK diseases. We want to take the uncertainty out of diagnosis and treatment, reducing anxiety for those waiting for a diagnosis and reducing the inevitability of living with long-term disability.

We want to ensure people with arthritis across the UK benefit from the successful delivery of the government's strategy for genomic healthcare, including genomic prevention and a seamless interface between genomic research and healthcare delivery. We want multidisciplinary services across community, primary and secondary care to provide effective support around the point of diagnosis.

We want emerging research evidence and research-driven solutions to be rapidly implemented into healthcare policy and practice for screening, early detection and prevention.

Our actions until 2028

- We will invest in research to understand the pre-disease pathophysiological mechanisms underlying symptom development and risk. This includes research using digital biomarkers and digital health tools/technology to enable early diagnosis and reduction of the impact of disease, including through prevention.
- We will invest in the development of reliable pre-symptomatic markers and diagnostic disease indicators and biomarkers to predict and detect arthritis at the earliest possible stage.
- We will advocate for the use of genetic risk scores as part of routine clinical management for arthritis conditions known to be genetically linked.
- We will invest in understanding the social and psychological factors and health inequalities that influence and/or predict disease development.
- We will promote accurate and consistent collection and use of diagnostic data across all healthcare settings. Where relevant, we will promote and invest in better linkage and harmonisation of existing datasets.
- We will work in partnership to support health service research, to learn how best to implement knowledge about early detection and diagnosis. We will actively engage with decision-makers to optimise their selection of evidence-based services.

> “If we can understand the pre-disposition can we be better at prevention and quicker at diagnosis?”
>
> “Diagnosis has to be much earlier”
>
> “I want everybody who does not have an MSK condition to know what their musculoskeletal health is and how to look after it in order to prevent future musculoskeletal diseases”
>
> “Prevention is vital”
>
> **Listening activity participants***

Predicting osteoarthritis after knee injury – the KICK study

Joint injury is a significant risk factor for osteoarthritis. However, it’s not currently possible to predict those who will go on to develop joint problems after injury. The KICK study, led by Dr Fiona Watt of our Centre for Osteoarthritis Pathogenesis, followed a group of patients for five years following a knee injury. Within two years, 15-20% of participants were showing signs of knee osteoarthritis. The study identified biological markers with potential to help predict the future risk of arthritis. The long-term aim is to develop a tool that calculates people’s future risk of osteoarthritis at the time of injury.

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*Listening activities informed the development of the strategy and involved a range of participants, including people with lived experience, researchers and healthcare professionals.

Priority area:

Targeted treatments

Taking the guesswork out of treatment by increasing effective, reliable and timely drug and non-drug solutions to reduce, manage or cure disease

The unmet needs

Finding effective and tolerated treatments for some types of arthritis can be a trial and error process.

For some types of arthritis there is variation in the individual effectiveness of treatment. People are left not knowing if a treatment will work or for how long, and when or why their symptoms get worse.

For some types of arthritis there are few treatment options. Where individuals are experiencing arthritis alongside other long-term conditions, treatment options are complicated.

People with arthritis feel a holistic approach – looking at a person with multiple conditions, symptoms and experiences, rather than individual conditions – is lacking.

The pain, fatigue and mental health issues associated with arthritis are not routinely captured or treated alongside the symptoms of the muscles and joints. Innovative tools that enable and encourage people to digitally track their own health outcomes and share them with the professionals who provide support are needed.

Research-driven symptom and disease treatment is often not swiftly or routinely adopted into health information and care guidelines.

The changes we want to see

We want everyone with arthritis - including children and young people and those, particularly older people, with multiple long-term conditions - to be treated appropriately, reducing the prospect of living with symptoms. Treatment approaches applying a holistic approach, including the management of pain, mental health and fatigue, will ensure that people get the treatment that's right for them at the right time.

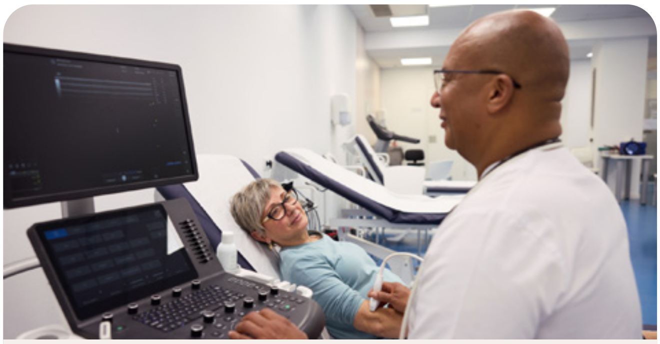
We want both clinical and care pathways to adopt an approach to disease treatment that takes into account individual variability in genes, environment and lifestyle – a precision-medicine approach. It would harness biological data combined with an individual's lived experience (including multiple long-term conditions) to predict their disease prognosis, identify the most effective treatments and minimise the risk of side-effects from long-term treatment.

And we want to see emerging research evidence rapidly incorporated into treatment guidelines, and health and social care policy and practice.

Our actions until 2028

- We will invest in ambitious precision medicine approaches, targeted treatments and personalised interventions that develop reliable ways to halt or reverse disease progression. This includes research that identifies specific groups of people with distinct mechanisms of disease, lived experience or particular response to treatments to understand when and in whom a treatment may or may not be effective.
- We will invest in research seeking to understand how diseases are linked, and where what is learned about one disease can be used to tackle other diseases.
- We will support research into disease-agnostic pathways to understand common mechanisms of disease, particularly chronic inflammation, autoimmunity and immune-mediated inflammation.
- We will invest in the development of reliable, cost-effective psychotherapeutic and social intervention alternatives to drugs or surgery alone. This includes research on the impact of arthritis on mental health.
- We will invest in research that harnesses and utilises data tracked and gathered in digital health and tools from healthcare settings and patient reported outcome measures to better inform treatment development.
- We will work in partnership to support health service research, to learn how to create and implement large-scale holistic treatment, including for pain, fatigue, mental health and comorbidities.

> “I want a cure for arthritis as well as live treatment improvements and improved quality of life”
>
> “Monitoring needs to go beyond just squeezing joints. There has to be a better way to establish levels of degeneration in a more timely manner and ways to defer further decline to the point of surgery”
>
> “There should be more alternatives to drugs”
>
> **Listening activity participants**



Predicting a patient’s response to anti-TNF treatment

Anti-TNF therapies have revolutionised the treatment of inflammatory arthritis. However, not all patients respond to treatment, and finding the right drug for each individual is a process of trial and error. Research involving both the Centre for Genetics and Genomics and the Centre for Epidemiology identified changes to gene activity in patients who responded well to treatment with the anti-TNF adalimumab. These findings could make it possible to identify people who are not responding well to treatment so they can be given an alternative – improving their chances of effective treatment and saving the NHS money.

Priority area:

Living well

Addressing musculoskeletal health inequalities for individuals and wider society by striving for better musculoskeletal health and care at home, in leisure, at work and in communities

The unmet needs

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

Support for people with arthritis does not always take into account people's social, economic and environmental circumstances. There is a low level of ability to find, understand, and use information and services to inform decisions and actions (health literacy). Easy access to information, treatments and support is very difficult for people with arthritis to manage across multiple conditions.

Self-management is crucial and there is a need for better information, tools, services and opportunities to support self-management.

Better approaches to managing chronic pain and fatigue are needed, allowing for more and better alternatives to medical treatment alone.

There is not enough routine support for people in and returning to work, or sufficient guidance for employers on how to change working practices to support people with arthritis.

The multidisciplinary support people need from health, care and public health services can be lacking and inconsistent.

The changes we want to see

We want people with arthritis to feel in control of their health and well equipped to manage their physical and emotional wellbeing; supported by knowledgeable health and care professionals, employers, educational institutions, and their families and communities.

We want individual and community support to be understood and valued as a vital part of helping people with arthritis to manage their self-care and live well. And for people with arthritis to be able to make informed choices about evidence-based interventions. to support their health and wellbeing.

We want healthcare and public health services to be well informed by relevant, good-quality health data and knowledge to generate, evaluate and implement definitive models of person-centred care. This includes supporting individuals moving from paediatric to adult services. So that people experience clear, consistent and integrated care across clinical and community settings.

In the digital health landscape, we want to see people with arthritis encouraged to help improve how health outcomes are captured, so that they better reflect the real-life perspectives of patients and caregivers. And the transfer of data between platforms improved to allow easy analysis, to better understand and address health inequalities.

Our actions until 2028

- We will invest in understanding the social and psychological factors influencing and predicting disease progression and outcomes. That understanding will inform how the different needs of different groups, including older people, people living with multiple long-term conditions, and children and young people, are met.
- We will invest in understanding how health services, local communities, and employers best work together to improve the lives of people with arthritis.
- We will invest in understanding the most effective ways to engage people with arthritis and local communities in different types of supported self-management, covering areas such as physical activity, mental health and social isolation. We'll support research into how to increase the uptake of proven self-management interventions, particularly using digital health tools.
- We will advocate for the most effective ways to create meaningful and sustainable improvements in health services using health surveillance data. We will support initiatives learning how best to harness and bring together (existing) diverse sources of data, including health, social care and other national sources and data from people tracking their own health outcomes.
- We will share research-driven solutions with people with arthritis, and relevant services and professionals, in ways that help people with arthritis to manage their condition.

New technologies to monitor arthritis flare-ups remotely

Arthritis flare-ups occur more frequently when treatments are not working well. Doctors need to be able to identify flare-ups to reduce joint damage and disability, and improve condition management.

There are few user-friendly methods to allow patients to safely and reliably collect blood samples at home so their clinical team can monitor flare-ups between appointments.

That's why we've awarded funding to Dr David Gibson from Ulster University in Northern Ireland to develop and evaluate a blood-collection device and associated mobile phone app to allow patients to safely and reliably monitor their condition at home.

> "I want everyone who has an MSK condition to be well-informed to self-manage their condition and seek help when they need it"
>
> "Chronic diseases need chronic monitoring"
>
> "I want to ensure that future generations do not have the struggle as we have"
>
> **Listening activity participants**

Priority area:

People and partnerships

Making Arthritis UK the partner of choice – for our funding partners, the life-science industry and researchers

People

The skills, expertise and resources needed in the research landscape to make a step change for people with arthritis are diverse. This strategy puts having the right skills and the right partners at our core:

People – our researchers, clinicians and healthcare professionals who find the solutions that transform lives.

Partnerships – the funders, pharmaceutical, biotechnological and other industry partners with a shared vision and purpose who seek to do things bigger or better.

The unmet needs

The scale of the challenge in arthritis research demands a concerted effort from our community. Researchers and healthcare professionals are a fundamental part of our community. However, the visibility of musculoskeletal research in the UK is lacking. This has resulted in a dwindling pool of talented, established researchers – the innovators and leaders of tomorrow. There is a need to not just train but also retain the best minds in arthritis research. There is also a need to build diversity and equity in research and healthcare across the UK, focusing on the gaps in capacity and skills, as well as increasing multidisciplinarity.

There is a role for funders in bringing the two communities – the people who find solutions and those who benefit from them – even closer. Researchers need to be empowered to incorporate the views of people with lived experience into their research, and people with arthritis need to be confident that research they co-produce will benefit them, future generations and society.

The changes we want to see

We want a career in arthritis research to become the destination of choice for the best minds from across all scientific disciplines. With an established cohort of highly skilled and established experts leading talented, multidisciplinary teams who attract, train, and help nurture the next generation of researchers in the UK. And for arthritis researchers at all career stages to have access to sustainable career paths.

We want to see an increase in the numbers of skilled arthritis researchers and health professionals working across all four UK nations.

We want research into arthritis to lead the way in genuine co-produced, holistic and honest patient and public involvement and engagement in the research studies undertaken. With the lived experience of people with arthritis informing and complementing the skills and expertise of researchers to generate efficient, effective and accessible real-world solutions.

Our actions until 2028

- We will focus our investment on building the capacity and numbers of researchers in mid-career stages, providing fellowship support for excellent intermediate researchers who are committed to working in the field of arthritis research and are seeking to establish themselves as independent researchers.
- We will explore how to help our current and future researchers enhance their careers, by looking at where to build on our existing mentoring networks and relationships.
- With the help of our research advisory/clinical study groups, we will continuously review the skills gaps in arthritis research to better address the distinct needs across the UK nations. Where necessary, we will create opportunities for skills-sharing and collaboration in a targeted manner.
- We will examine the needs of researchers and industry, and enhance our patient and public involvement and engagement support to researchers. We will incentivise co-production right from the outset of any research project, as appropriate for the area of research.

> I was lucky enough to secure a Career Development Fellowship, which really allowed me to establish my group and a research niche. The support I received during my CDF and the success of the work during it inspired me to apply for the senior fellowship.
>
> **Dr Chrissy Hammond, University of Bristol**

Dr Chrissy Hammond uses zebrafish to research the genetics of osteoarthritis. Based at the University of Bristol, Chrissy received an Arthritis UK Career Development Fellowship (CDF), and has gone on to be awarded an Arthritis UK Senior Research Fellowship.

Partnerships

The unmet needs

The cost of the impact of arthritis far outstrips the level of research investment, with fewer funding avenues for arthritis research and competition with many other conditions for profile and funds. Funders, pharmaceutical, technological and digital industry and policy stakeholders are pivotal in supporting the development and scaling up of solutions for arthritis.

There is a need for more proactive and greater collaboration between funders, with additional investment to truly drive the translational agenda in arthritis research. And to work together to maximise the benefits for people with arthritis.

The UK has a richness of valuable patient cohorts (health and research) available for research purposes, though many function independently, are not harmonised with other resources and are underused. There is an unmet need to facilitate ease of data linkage and analysis.

The changes we want to see

We want arthritis research, researchers, and the experiences and voices of people with arthritis to get attention and investment proportionate to the scale of the impact.

We want arthritis research to become attractive for public, private and industry investors. Collectively driving the research agenda towards the clinic, the people living with the condition and society.

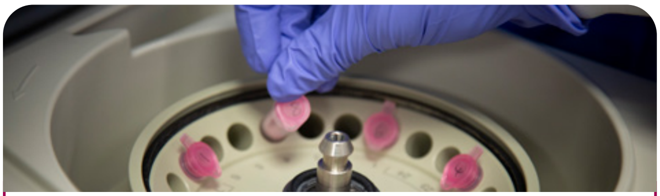
We want Arthritis UK to be the partner of choice to make groundbreaking discoveries happen.

Our actions until 2028

- We will engage in increased and more efficient partnership management, with greater emphasis on building and participating in (funding) consortia to increase the scale of investment and impact for people with arthritis.
- To deploy our resources efficiently in areas where we cannot achieve the desired scale or profile alone – such as multiple long-term conditions, rare diseases, health service capacity and collective immune-mediated inflammatory conditions – we will work in partnership.
- Where possible, we will prioritise data-harmonisation and linkage, ideally in partnership with other funders, instead of investing in competing long-term projects and infrastructure initiatives.
- We will aim to increase the likelihood of clinical and commercial success of our funded and future portfolio with more innovative models of collaboration and involvement of commercial partners.

Working in partnership to create the UK JIA Biologics Register

Working together in partnership allows us to do more for people with arthritis. Arthritis UK and the British Society for Rheumatology were already carrying out independent studies at hospitals across the UK to look at the safety and effectiveness of biologic and biosimilar therapies for treating juvenile idiopathic arthritis (JIA). We partnered to bring these separate strands of work together as the UK JIA Biologics Register, which is the world's largest group of children and young people involved in JIA research.



The CLUSTER consortium brings together patient and parent networks, leaders in childhood arthritis, juvenile idiopathic arthritis-associated uveitis, bioinformatics and industry to create biomarker tests to personalise treatment, find and test new treatments and predict disease outcomes for childhood arthritis.

> We are proud to leverage the power of partnership with Versus Arthritis [now Arthritis UK] and deliver on our common goal to address the ongoing huge unmet needs of people living with arthritis.
>
> **Dr John Ioannou, Global Head of Medical Affairs, Rheumatology, UCB Pharma – Global biopharmaceutical CLUSTER partner**

Preventing sight loss in JIA

The SYCAMORE study, funded jointly by Arthritis UK and the National Institute of Health Research (NIHR), showed that adalimumab in combination with methotrexate is effective at controlling uveitis in children with juvenile idiopathic arthritis (JIA). The trial's results provided a new treatment option for uveitis and had a major impact on how young people with JIA receive care around the world, reducing the risk of sight loss and improving their quality of life.

Recruitment to trials for JIA is often a challenge as the number of patients is small. Aware of the importance of this work, we supported the research team to adapt the recruitment process and improve communication between ophthalmology and rheumatology departments, ensuring that the study could continue.

> "The Sycamore study funded by NIHR and Versus Arthritis [now Arthritis UK] is the first trial of biologics in children with JIA-associated uveitis. This study has led to approval and access to adalimumab for children with JIA-uveitis across more than 70 countries globally benefitting thousands of children."
>
> **Professor A. V. Ramanan,**
> **Professor of Paediatric Rheumatology,**
> **University of Bristol / University Hospitals**
> **Bristol NHS Foundation Trust**

What we will do, what we will not

To begin to realise the long-term changes we want to see, we will need to refocus our efforts in line with the priorities identified by and with our community. This will require increased investment in some areas and reduction in others. Our four priorities lay out what we will invest in or advocate for and what we will not. Guided by our research principles, we aim to be honest and transparent in our approach to be able to deliver against our vision and this strategy.

Person-focused

We ensure people with arthritis are active partners across our whole research cycle and consistently feel valued through a culture of co-design. We invest in solutions tailored to individuals, not a disease.

- We will not fund research – alone or in partnership – which is not informed by the needs of people with arthritis and/or does not involve them meaningfully across all stages of research.
- We will not penalise but incentivise co-production and support our researchers, funding partners and people with arthritis to enable more, better and holistic involvement and engagement.
- We will deliver our new research involvement offer, which will extend and deepen our partnerships with people with arthritis, allowing their voice and perspectives to influence our work further.
- We will restructure our committees and funding panels to ensure there is representation and co-leadership from experts across science and lived experience.

Inclusive

We ensure people with arthritis from a diverse range of backgrounds, cultures and experiences are partners and participants in our research activities and those of our collaborators. We represent the full life-course of the population through our research. We promote diversity, equity and inclusivity across our researcher community.

- With a biopsychosocial approach – recognising the interconnection between biology, psychology and socio economic factors – we will not exclude any musculoskeletal condition, area of research, stage of life, or ages from applications to any of our initiatives.
- Where a research proposal involves the participation of people with arthritis ((for example epidemiological studies, experimental medicine approaches, early phase clinical studies), we will not fund research that is not able to demonstrate appropriate representation and diversity (ethnic, socioeconomic, gender) as relevant to the aims of the proposal.

- We will not fund research that does not conform to the principles of the national centre for the replacement, refinement and reduction of animals in research (NC3Rs), or that does not account for genetic, sexual, immune and microbiome diversity in animal models.
- We will fund health service research that accounts for differences in local environments, noting that specific needs of the four UK nations' devolved healthcare and research funding contexts require tailored solutions.

Ambitious

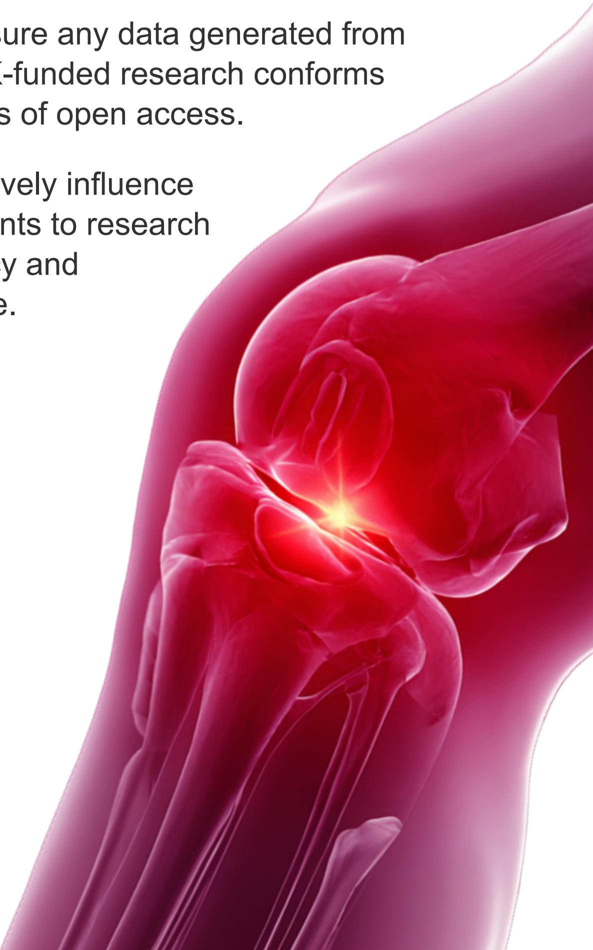
We defy arthritis through need-inspired, excellence-driven, innovative and impactful research delivered at an increased pace.

- We will be bold, innovative and ambitious in our approach and not be restricted to traditional funding mechanisms – we will develop, test and tailor novel funding and peer-review models with a specific ambition to be agile and reduce the time taken from grant submission to award without compromising on scientific excellence.
- We will not limit our funding offer, providing a mix of response-mode schemes, strategic initiatives and long-term investment in networks of excellence (as guided by our research priorities), but restrict pump-priming initiatives to targeted areas only.
- While open to all partnership opportunities, we will encourage and prioritise consortia-building, and will take on a convening role to bring non-traditional and niche funders on board. Some priority areas will only be delivered in partnership (as indicated within our Partnership priorities).
- We will not exclude discovery science proposals but will emphasise that the route to translation from laboratories to people with arthritis should be clear and will be prioritised.

Upholding integrity

We provide honesty, rigour, transparency, as well as care and respect for those involved in our research – both researchers and people benefitting from it – and accountability for our role in creating a positive research environment.

- While we will not be running any dedicated PhD fellowship schemes until 2028, we will continue to provide hands-on career support and activities to all career-stages and all our existing fellows, including PhD fellows.
- We will ensure our framework of expectations for the people we fund reflects our developing organisational equity, diversity and inclusion agenda and commitment.
- We will ensure any data generated from Arthritis UK-funded research conforms to principles of open access.
- We will actively influence improvements to research bureaucracy and governance.



Evaluating our impact

We want groundbreaking solutions to spot and stop arthritis in its tracks. We want to offer people with arthritis choice and control, so they can live fulfilling lives. The long-term changes we want to see stretch beyond the duration of this research strategy, but they have informed our short-term activities until 2028. Continuously monitoring and evaluating the impact of these activities will ensure we continue to demonstrate the difference that our investment is making and are accountable to our supporters.

We will establish priority area-specific success metrics that our organisational committees and groups will check on an annual cycle, ensuring we are achieving our targets in line with our research principles. This will guide adjustments in our operational planning and strategic decision-making.

We know that research has longer-term impact, far beyond the 'end date' of the funded research award. We also know that those impacts can be diverse and we will ensure we innovate and adjust our monitoring to capture the true impact and diversity of our investment. We will further invest in disseminating and showcasing the wider impact, reach and potential of our research.

We play an active role in monitoring the performance of our research and supporting its delivery. We will align with the San Francisco Declaration on Research Assessment, assessing research outputs through a range of impact measures. These will go beyond academic impact alone (academic publications, journal metrics) to include the qualitative contribution to science and society, influencing policy and practice.

These measures include:

1. Increased innovation, agility and pace in our funding models and decision making.
2. Greater involvement and participation of people with arthritis in research.
3. Increased number and/or value of our strategic collaborations and partnerships.
4. Greater visibility and engagement within the arthritis research community at national and international level.
5. Concerted communication and increased dissemination of research to diverse audiences, including outside of the research community.
6. Increased contribution to and influence on musculoskeletal health policy, practice or product development in all four nations.
7. Greater support for current MSK researchers to build a healthy and sustainable research community.

Any and all of the above measures will complement our overarching measure of success – improving the lives and choices for people living with musculoskeletal conditions, now and in the future.

Our research impact areas

New knowledge

Influence on policy and practice

New networks

Leveraged funding

Increased capacity to conduct research

Patient and public involvement

New intellectual property, products and services

This strategy has been shaped by the insight and experience of our community, including people with arthritis, volunteers, researchers, advisory and engagement groups, staff and partners across our organisation. We would like to thank everyone who has contributed their time, knowledge and passion to help bring it to life.

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