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| Host department: QMUL |
| Project Title:  |
| The role of family history and experiences in diabetes prevention behaviours  |
| Proposed supervisory team: Dr Jamie Ross (QMUL) Senior Lecturer in Primary Care Sciences with expertise in development and implementation of complex interventions for the prevention and management of long term health conditions, digital health and qualitative research methods. Dr Shoba Poduval (UCL) GP & National Institute for Health Research (NIHR) Academic Clinical Lecturer with expertise in developing tailored interventions to help underserved communities access effective evidence based interventions.Dr Ratna Sohanpal (QMUL) Health Services Researcher with expertise in use of qualitative methods involved in the development and evaluation of complex interventions and interest in improving stakeholder participation in research and evidence-based health services offered in routine care using mixed-methods.Professor Stephanie Taylor (QMUL) Professor of Public Health and Primary Care with expertise in complex interventions for chronic conditions directed at improving quality of life and reducing morbidity. |
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| Potential for cross consortium networking and educational opportunities: |
| There are excellent opportunities for collaboration and learning:* Leading multidisciplinary centres (QMUL & UCL) conducting world leading primary care research
* NIHR School for Primary Care Research (national links)
* Links with NHS-DPP, Diabetes UK and other organisations
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| Project description:A family history of diabetes and family members’ experiences with diabetes may influence individuals’ beliefs and expectations about their own diabetes or diabetes risk. Recent studies have identified that for individuals diagnosed with prediabetes, a family history of type 2 diabetes (T2DM) may present a barrier to engagement with diabetes prevention advice and interventions related to illness and treatment representations including inevitability of disease progression and lack of control. Studies of participants offered the NHS-Diabetes Prevention Programme (NHS-DPP) have highlighted feelings of inevitability of disease progression as barriers to making behavioural changes and to engaging with face-to-face and digital prevention programmes. This presents important challenges for those in primary care who provide advice about behavioural modifications to those diagnosed with prediabetes, and for those referring to, developing and delivering national diabetes prevention programmes such as the NHS-DPP. Rates of T2DM are higher in populations from certain ethnic backgrounds including South East Asian, who are also less likely to engage with diabetes prevention programmes. Gaining a better understanding of cultural and social norms, especially around perceptions of inevitability may be an important component in increasing engagement with preventative actions for those at risk of T2DM. The proposed PhD will explore the role of family history and experiences on engagement with diabetes prevention health behaviours, particularly cultural and social norms in populations at high risk of T2DM. The overall aim will be to develop an evidence-base in this area and produce outputs to increase engagement with diabetes prevention (behavioural changes and uptake of support such as the NHS-DPP) in this population, for example by producing guidance for primary care on how this group can best be engaged and supported or by optimising the messaging or content of prevention programmes for this population. Methods will include: a systematic review of the role of family history in diabetes prevention (including motivation, behavioural modifications, engagement with support) including the identification of the prohibitive and facilitatory roles family history may have on preventative behaviours; a qualitative interview study with stakeholders (patients, HCPs, community members) to examine in-depth the tools and support that is needed to support diabetes prevention in this group and how family history and community/social networks may be leveraged to support preventive behaviours; iterative development of an intervention to promote engagement with diabetes prevention behaviours (including participation in prevention programmes such as the NHS-DPP) for this population. We will work with the successful candidate to identify in more detail the focus of study, for example in terms of population of interest. |

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| Training and development provision by host: |
| Formal training:A wealth of training opportunities exist for PhD candidates at QMUL. Details of training can be accessed: <https://www.qmul.ac.uk/doctoralcollege/phd-students/training/>Bespoke training specific to the candidate needs and professional development will be identified, this may include for example, training in undertaking systematic reviews and qualitative research methods. |
| Informal training: Successful candidates will be encouraged and supported to take up informal training opportunities such as attendance at workshops and seminars across the University and school.  |
| PPIE: The supervisory team have established PPIE networks which can be drawn upon to provide input into the PhD, and the candidate will also be encouraged and supported to establish new links. There are many PPIE training opportunities at QMUL: https://www.qmul.ac.uk/publicengagement/support/training/ |