

**Adrian Maxwell Grant**  
**BA, BM, BCh, MA, DM (Oxon), MSc Med Dem, MSc Epid (Lond)**  
**FRCOG, MFPH, FRCPE, FMedSci**

**9 April 1948 - 16 August 2015**

Adrian Grant began his career as an epidemiologist in the National Perinatal Epidemiology Unit in Oxford where he established the most productive perinatal trials research group in the world, the Perinatal Trials Service, and was awarded a Doctorate.

During the 1980s, Adrian was a pioneer of randomised trials and he was a principal contributor to a 1500-page book compiling reviews – Effective Care in Pregnancy and Childbirth. He created an electronic publication – The Oxford Database of Perinatal Trials – so that reviews could be updated as new evidence became available or mistakes identified and it was this pilot that led on to the international Cochrane Collaboration.

In 1996 Adrian moved to Scotland to become Director of the Health Services Research Unit (HSRU) at the University of Aberdeen. Whilst addressing the particular challenges in evaluating surgical treatments, for which the Unit subsequently gained widespread recognition, he was also the main driver behind the Urinary Incontinence Priority Setting Partnership when it was established in 2006, in his capacity as Co-Chair of the Cochrane Collaboration Steering Group and Editor of the Cochrane Incontinence Review Group. He introduced the concept of systematic reviews in this field, which led to many trials to identify the safe and effective treatments that should (and should not) be available to patients. Significant trials include treatment of men with post-prostatectomy urinary incontinence, and women with pelvic organ prolapse.

For his major contribution to improving patient care through rigorous research which he proselytised throughout the clinical research world, he was elected a Fellow of the Royal Society of Edinburgh in 2006.

From HSRU he personally led or supported trials, evidence synthesis and modelling studies, and methodology research such as the influential STEPS work about recruitment to trials and DAMOCLES on data monitoring. He was lead grant holder for 4 and contributor for 22 of the publications in the prestigious HTA Monograph Series published by the National Institute for Health Technology (NIHR). He was directly responsible for HSRU, with its sister unit HERU, being top of British health research in the Research Reference Framework in 2008.

When the NIHR Programme Grants for Applied Research funding scheme was launched in 2006, Adrian was a natural choice as its first Programme Director. As well as his own research prowess and leadership in research, he was a member of the HTA commissioning board between 2001 and 2006 and of the commissioning strategy group, where his wisdom about all aspects of health research was invaluable. Adrian had a long and distinguished association with NHS R&D and made a very significant contribution to the development of NIHR. In his six years in the role, he worked tirelessly to establish the programme as a prestigious funding source for leading health services research teams focused on delivering research findings that will have practical application for the benefit of patients in the relatively near future. Adrian was able to employ his impressive knowledge of health services research and his personal charm to shape the direction of the programme, working closely and productively with the NIHR Central Commissioning Facility team; by the time that Adrian stepped down as Director in late 2012, more than 150 Programme Grant awards had been made, many of which are now generating real benefits for patients. Some of the most influential studies that he has directed have led to clinical change in (in obstetrics) neonatal ECMO, eclampsia management (with low-dose aspirin) and the use of surfactant in neonates; and (in surgical specialties) hernia repair, and treatment of dysfunctional uterine bleeding.

Adrian's enthusiasm and challenge really helped the James Lind Alliance (JLA), named after the 18<sup>th</sup> C pioneer of clinical trials, to develop and move the process forward. It reflected his commitment to involving patients and clinicians in the development and process of health-related

research. In semi-retirement, Adrian became a JLA adviser in 2013, although his health did not allow him to do this work for very long. All those involved with the JLA loved working with him. He was very kind, thoughtful and fiercely intelligent. His measured and thoughtful input to the management of the JLA was much appreciated by all his colleagues and left a lasting legacy.

Adrian's terminal illness lasted for nearly two years, during which he and his beloved wife Frances (Frinny), supported by their children, Tom and Zanna, showed all his friends how to deal with terminal illness in a deeply positive and moving way. It was characteristic that they gave more support to their friends in dealing with it than their friends were able to give them. It was an unforgettable journey for everyone around them. He loved Scotland, Scottish dancing – especially ceilidhs - and curling. Scotland has benefitted from his life's work.

**Elizabeth Russell**

(Drawn greatly from the NIHR obituary)

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