

BHF Cardiovascular Grand Challenge: FAQs

AI-powered transformation in cardiovascular health: from discovery to clinical practice

February 2026

Eligibility & Team Composition

Q: Does the Principal Investigator (PI) have to be a clinician or cardiovascular researcher? Can an expert in data science or another field lead an application?

A: The PI does not need to be a clinician or cardiovascular scientist. PIs from other relevant disciplines, such as artificial intelligence or data science, are welcome, provided they are based at an eligible UK research institution. What matters is that the team collectively brings the full range of expertise (including from international partners where appropriate) required to deliver the programme.

Q: Will you support joint-PI (co-lead) arrangements?

A: Only one individual can be named as the lead PI and will be accountable as the grant holder. However, applicants may structure leadership to include a senior Co-Investigator who shares project leadership responsibilities. Leadership roles should be clearly defined within the proposal.

Q: Can Co-Investigators come from other UK or international institutions, or from industry or other non-academic sectors?

A: Yes. Co-Investigators may come from multiple sectors and from the UK or overseas. This includes universities, NHS organisations, industry/SMEs, charities, and other research bodies. The only requirement is that the lead PI is based at an eligible UK institution.

Q: Are industry or cross-sector partnerships required? Is matched funding expected?

A: Partnerships with industry or other external organisations from various sectors are encouraged where they strengthen the programme but are not mandatory. Funding for product development and testing that would usually be supported by a commercial product owner is not eligible.

Matched funding is not required, but BHF expects to see meaningful support from host institutions and partners that is proportionate to the scale and ambition of the proposed programme. Any leveraged contributions, including financial or in-kind support, should be described in the application.

Q: How many applications can one institution lead?

A: Each eligible institution may lead up to three applications. Each application must have distinct objectives, a distinct team, and a comparable level of institutional support.

Q: Do consortia need to be UK-wide?

A: No. Teams may be regional, national, or international in composition. The key consideration is assembling partners who are best placed to deliver the aims of the programme. The lead PI must be UK-based.

Funding scope, size and duration

Q: How many awards will be made, and could more than one be funded?

A: At least one award of up to £10 million over up to five years is expected to be made. More than one may be funded if multiple proposals meet the required standard, subject to the availability of resources.

Q: Will you consider smaller proposals or pilot projects?

A: The Cardiovascular Grand Challenge is designed for large, integrated programmes. However, you do not need to request the maximum award value of £10 million if you can deliver transformational impact for less, demonstrating value for money. Pilot studies may be included as components within a larger programme where they form essential early steps, noting that there will be a formal review of progress after completion of the programme's first year.

The successful award will be ambitious in scope and able to justify how the work will lead to significant impact. Smaller standalone projects are unlikely to be competitive and may be better suited to other BHF schemes such as [Programme Grants](#).

Q: Can the grant support regulatory or commercialisation-related activities?

A: Reasonable costs related to regulatory approvals, early manufacturing, clinical validation, or establishing a spin-out may be included where they are necessary to achieve the programme's aims. Any such plans must align with [BHF's IP and commercialisation policies](#).

Q: How much preliminary data is required at outline stage?

A: There is no set requirement for preliminary data. Applicants should provide sufficient evidence to demonstrate credibility and feasibility but may apply with early-stage, high-risk ideas if the potential impact is clear and key risks are well described with

appropriate mitigation strategies. We are open to proposals that aim to develop new AI methodologies or apply existing ones to deliver their desired outcomes.

Q: Can multi-centre pilot studies be included?

A: Yes. Multi-centre pilot studies or feasibility trials may be incorporated where they support the objectives of the wider programme. They should include clear milestones and decision points. Cardiovascular Grand Challenge funding is not intended to support a stand-alone clinical trial as the primary output.

Programme scope and assessment

Q: What is meant by a “step-change” in impact or ambition?

A: A “step-change” refers to a transformative advance rather than incremental progress. Proposals should set out a programme where the scale of ambition justifies the investment and where substantial impact on science or patient care is achievable.

Q: Should proposals focus on a specific cardiovascular condition, or can they be broader?

A: Both focused and broader approaches are acceptable. The key is to justify how the chosen scope will lead to significant impact.

Q: Is there a preferred stage in the research pathway?

A: No. Proposals may address any stage from discovery science through to clinical or implementation research, although proposals focussing only on implementation are not in remit and may be better suited to other funding such as the [Healthcare Implementation Fund](#). Applicants should describe how the proposed work will ultimately lead to patient benefit, even if this is expected beyond the lifetime of the award.

Q: How detailed should translational and commercialisation plans be?

A: The key is that applicants should show awareness of likely translational routes, including any anticipated regulatory considerations or partnerships. The appropriate level of detail for commercialisation plans will be informed by the nature of the proposal and the stages of the research pipeline it addresses.

Q: What impact does BHF expect at the end of a funded programme?

A: Programmes should aim to deliver major advances, such as significant new biological insights, novel therapeutic targets, new tools for prevention or diagnosis, or improvements in patient management. The form of impact may vary but must be clearly articulated.

Q: What assessment criteria will be most important?

A: Applications will be assessed against the following criteria:

- **Ambition & timeliness:** Is the project bold, innovative, and addressing an important challenge or opportunity at the right time? Does its scale of ambition warrant a £10 million investment?
- **Pathway to impact:** Is there a clear, feasible route by which the research could lead to major impact, through a step-change in scientific understanding that can deliver patient or public health benefit?
- **Team quality & partnerships:** Does the team bring together exceptional expertise across the necessary disciplines and sectors? Are the partnerships (academic, clinical, industry, etc.) strong and well-suited to delivering the project's goals?
- **Leveraged support:** Have the host institution and partners committed meaningful complementary support (funding or in-kind resources) appropriate to the project's scale?
- **Patient and public involvement (PPI):** Have patients or people with relevant lived experience been involved in shaping the proposal, and is there a plan for their continued involvement throughout the research?
- **Management & governance:** Are there robust plans for how the programme will be managed and supervised, including governance structures and consideration of factors like ethics and diversity?

Successful applications will be strong across these areas.

Q: Will surgical, device, or other specific research areas be considered?

A: Yes. All cardiovascular research areas are eligible, provided they align with the AI theme and meet expectations for ambition and impact.

Q: Can proposals include work to establish or expand cohort studies?

A: Cohort development may be included where it is essential to the programme but should not be the primary aim. Cohorts should be used as part of a broader AI-driven research strategy.

Governance, data and intellectual property

How will intellectual property be handled?

BHF's standard IP conditions apply, as outlined in the [Standard Conditions of Grant](#). New IP should be identified, protected appropriately, and notified to BHF. The host institution typically owns arising IP, and BHF's consent is required before commercial

exploitation. Commercialisation should serve public benefit and acknowledge BHF support.

Q: What are the expectations on data access, governance, and responsible use of AI?

A: Applicants should set out clear plans for data governance, including data rights, security, and confidentiality, and compliance with relevant regulations. Proposals should also explain how AI will be used responsibly, addressing issues such as bias, transparency and ethical considerations.

Q: Should teams engage with specific data infrastructures such as HDR UK, HDRS, UK Biobank or biological data resources?

A: There is no requirement to partner with any particular resource. Applicants should use the data sources most suited to their aims. If major data resources are involved, the proposal should explain how access will be secured and the associated costs, which may be included in the budget.

Process and timeline

Q: Is this a two-stage competition?

A: Yes. Applicants will submit an outline application first. Shortlisted teams will then be invited to submit a full application.

Q: How many outline proposals will be shortlisted?

A: There is no fixed number. The size of the shortlist will depend on the quality of submissions.

Q: What is the expected timeline for full applications and project start dates?

A: Shortlisted teams are expected to be notified in late 2026, with full applications due in March 2027. Final interviews are planned for June 2027, with funding decisions shortly thereafter. Funded programmes are expected to start within approximately six months of award, likely in late 2027.

Q: Will there be future rounds?

A: Further Cardiovascular Grand Challenges, with different thematic foci, are planned and will be announced in due course.

Q: Will BHF offer networking or matchmaking to support team formation?

A: Applicants are expected to build their own multidisciplinary teams through existing and new professional networks.