General Induction Pack (OHBA)

For those not working with the MRI scanner

- OHBA Building Guide
- OHBA Building Access Request Form
- OHBA Fire Safety Guidelines
- Magnet Safety Instructions
- OHBA Accident Reporting Procedures
- WIN Computing Guide
- Data Security
- Responsibility of Researchers with Respect to Ethics
- Authorship Guidelines

All these documents are also available on the WIN intranet www.win.ox.ac.uk/support
The Oxford Centre for Human Brain Activity (OHBA) is part of the University Department of Psychiatry based at the Warneford Hospital, comprising (across two floors)

- Reception
- Siemens Prisma 3T MRI scanner and control room
- Elekta MEG scanner and control room
- EEG lab
- Brain stimulation lab
- Clinical rooms, Subject waiting area, Subject changing area and Disabled WC
- IT hub, Seminar room, Staff offices, Kitchen and Staff WCs

**Access**

Access into OHBA and associated buildings is enabled by swiping your University card in the reader located next to the main entry doors. If you do not have a University card then please contact the Department Administrator. Access to the main OHBA building will need to be approved by the director, Professor Kia Nobre, and is largely confined to those based within the OHBA building.

The OHBA MRI magnet is always on, and can represent a hazard. For that reason, it is important that you **do not give access** to anyone to OHBA unless they are your guest and you take full responsibility for them. If you lose or misplace your University Card, you must tell either the OHBA MRI Manager (01865 618215) or Lead Research Radiographer (01865 613194) **as soon as you discover the loss**.

Before access to the Centre is granted you need to attend magnet safety course annually and complete a one-off building induction. Magnet Safety Training is run at either FMRIB or OCMR (advertised on the WIN intranet). Differing categories of building access will be granted to different groups of staff using OHBA:

- OHBA residents: 7 days a week, 6am-10pm
- Regular users (non-resident): Monday-Friday 9am-5pm
- OHBA senior staff: 7 days a week, 24 hours

MRI control room access is restricted to radiographers, Senior MR Physicists, Siemens personnel, and members of staff who have completed advanced safety and scanner training (see SOP OHBA_006 Scan Operator Training).
Leaving the building

OHBA has an intruder alarm which automatically sets at 10pm every evening. Before leaving the main OHBA building you should check whether there are any other users still present.

If prior to 10pm and you are the last to leave the building:
- Ensure all windows and doors are closed and blinds drawn. In particular, check the window in the staff toilet downstairs.
- Switch off all lights.
- Set the alarm and leave swiftly ensuring the door shuts properly behind you.

If you remain in the building after 10pm it is your responsibility to manually deactivate the alarm prior to 10pm and activate it when you leave. You must ensure that you are the last person in the building.

General Safety & Security

Alarms

Fire: When the fire alarm is activated everyone in the building must leave by the nearest fire escape and move away from the building. The fire evacuation point is in front of the Psychiatry Main Building. There can be no delays in leaving the building except to remove a subject from the magnet. Leave all personal belongings behind.

Security: The main OHBA building is fitted with an intruder alarm, with keypads inside the main entrance lobby, next to the middle door (opposite the MEG lab) and by the staff side entrance. The alarm is activated and deactivated with a code that will be given to you during the building induction. The alarm will automatically activate at 10pm. It is your responsibility to ensure that you have vacated the building before this time.

If you mistakenly set off the alarm, or are otherwise aware of a false alarm please ring the University Security Control Room – 01865 272944 – immediately.

Scanner: There are also a number of alarms associated with the MEG/MRI scanner instrumentation. If you hear an alarm gong off in the scanner room then is it usually important that one of the members of senior staff be notified that the alarm is sounding. If you are uncertain whether someone should be notified please err on the side of caution and use the emergency contacts list on the scanner room door.

Disabled access toilet: There is a local alarm fitted in both of the disabled access toilets that is activated by pulling the red cord. Sounders activate in the OHBA reception, MEG lab area and the open plan offices. If you hear this alarm go immediately to the toilet to assess whether help is needed. If required contact the First Aider or emergency services.

Manual Handling

Activities that involve the manual lifting or moving of heavy items may only be carried out by individuals that have been on a manual-handling course. The main risk activity within OHBA is the lifting of subjects into the scanner, but this equally applies to the movement of many
pieces of equipment about the Centre. The University runs courses throughout the year which can be booked via the Safety Office website (www.admin.ox.ac.uk/safety).

**Pregnancy**

If you become pregnant you should advise the Department Safety Officer, in complete confidence, at the earliest opportunity to discuss changes to your working practices during your pregnancy. Please note that there are no known risks to the unborn child from high magnetic fields but we recommend that you do not enter the magnet rooms during your pregnancy. For further information see the pregnant worker risk assessment at http://www.win.ox.ac.uk/support.

**Kitchen Area**

On the ground floor is the OHBA kitchen that is used for light refreshment for all staff. There is a hot water boiler, a coffee machine, a refrigerator and a microwave for your use, as well as a chilled water tap, for which a supply of reusable plastic cups is available. Tea, instant coffee and sugar sachets are provided by the department, and bottles of milk are delivered regularly and can be found in the fridge. If these run out, please replenish using stocks from the main Psychiatry department kitchen. There is also a coffee machine which uses coffee beans. If you would like to use this please see the instructions printed above the coffee machine which explain how to pay.

It is important to try to keep this area neat and reasonably clean please wash your own mugs to reduce the clutter. Also be aware that the kitchen is immediately adjacent to a work area so it is important to keep noise down to a tolerable level and consumption of odorous food should be kept to a minimum.

There is a cafeteria in the main Warneford Hospital, which sells sandwiches and snacks between 8am and 3pm and hot lunch between midday and 2pm. There are also associated vending machines close by.

**Parking and Bikes**

Parking directly outside of OHBA is strictly for research participants and OHBA visitors only. Please do not temporarily block cars that are parked outside. All vehicles parked on the Warneford site car parks will be required to display either a valid parking permit or pay and display ticket. Contact Moira Westwood (Departmental Administrator) for details about staff permits.

Cycle racks are also available outside OHBA in the bicycle shed. Please contact reception for the door code.
OHBA Building Access Request Form

Name (BLOCK CAPS): ......................................................................................................................................................

Group affiliation: .................................................................................................................................................................

Phone number: ........................................................................................................................................................................

Contact email address: ................................................................................................................................................................

University Card number: .............................................. End date of contract/project: ........................................................

Supervisor or line manager: ........................................................................................................................................................

OHBA Building Induction session – Date attended: ............................................................................................................

Magnet Safety Training Part 1 (FMRIB/OCMR) – Date attended: ..........................................................................................

Please tick which staff group category you fall into:

☐ Facility User (non-resident – typically for one study)          ☐ Regular Facility User (non-resident)
☐ OHBA Resident                                              ☐ OHBA Senior Staff

(Access to the MRI control room requires additional training, see SOP OHBA_004_V2 Building Access.)

I confirm that I have received a copy of and read the Fire Safety Guidelines, the OHBA Building Guide and the Magnet Safety Instructions. I fully understand their content and agree to abide by these guidelines and comply with their conditions fully. I will attend magnet safety training on a yearly basis while I am working at OHBA. I understand lending my University Card to another individual to allow access to OHBA is not permissible.

Signature: .............................................................................................................. Date: ................................................

Personal data supplied on this form is treated in accordance with the WIN building access data protection policy, available upon request.

-------------------------------------------------------------------------------------------------- FOR INTERNAL USE ONLY: --

Authorised by (#): .................................................................................................................................................................

Approved access category:

☐ Collect card from reception (non-resident one-study users)        ☐ Monday-Friday, 9am-5pm (non-resident regular users)
☐ 7 days a week, 6am-10pm (OHBA residents)                       ☐ 24/7 (OHBA senior staff only)**

Approved by (**): ..............................................................................................................................................................

# MRI Manager or Lead Research Radiographer
**OHBA Professor of Imaging Neuroscience for 24/7 access including MRI (see www.win.ox.ac.uk/support for contact details and SOP OHBA_004_V2 for criteria for this sign off).
By signing the enclosed signature sheet, I accept the responsibility:

1. to understand fully these guidelines and ask for clarification, if in doubt.

2. to prevent possible causes of fire (no smoking is allowed within OHBA and please switch off all electrical appliances when not in use or when you are the last to leave OHBA).

3. to be familiar with the operating of the Fire Alarm System (see next page)

4. to raise the alarm immediately upon discovering, suspecting, or hearing report of a fire and to call 999 to confirm a real fire stating: Fire at OHBA, Department of Psychiatry, Warneford Hospital, OX3 7JX.

5. to know where the Fire Alarm Break Glass Units are located, particularly in your work area.

6. to know the location of fire extinguishers, particularly in your work area.

7. to attend a University of Oxford Fire Safety Course.

8. to know where the fire exits are located.

9. to see that these fire exits and all staircases, landing and corridors are kept free from obstructions.

10. to see that all fire exits are immediately and easily accessible from the inside.

11. to see that fire doors are KEPT CLOSED (and NOT PROPPED OPEN) at all times and on hearing the alarm to close all doors to prevent the spread of smoke and fire.

IF YOU ARE WORKING IN THE MRI SCANNER OR MEG PLEASE SEE THE LOCAL RULES FOR THAT AREA FOR FURTHER FIRE POLICIES.
FIRE ALARM ACTIVATION

• By breaking the glass on any fire alarm call point (only requires push action).
• Automatically when heat or smoke from a fire is in contact with the relevant type of automatic detector head, where these are installed.

RAISING THE ALARMS

Any person suspecting/discovering a fire should immediately:

USE NEAREST FIRE ALARM BREAK GLASS UNIT
CALL 999 TO CONFIRM A FIRE WITHIN OHBA
CLOSE THE DOOR ON THE FIRE
EVACUATE BUILDING

ON HEARING THE ALARM

• Stop all work.
• Do not continue telephone calls or collect any belongings.
• Close all doors and windows behind you and leave the building.
• Evacuate the building and report to the Fire Evacuation point outside the Main Entrance to the Department of Psychiatry Building. Take any people out of the work areas en route.
• Do not re-enter OHBA until authorised to do so by the Fire Officer.

MRI

• If scanning, IMMEDIATELY remove subject from magnet then press the emergency power down button (not the quench button) located to the left of the scanner control computer or in the scan room, and evacuate OHBA.
• MRI Authorised members of Personnel have the responsibility of locking the MRI scan room door before leaving the unit.
• If the fire is in the MRI scan room itself, and the Fire Officer or fire brigade require emergency access to the magnet room itself, then a suitably knowledgeable member of staff should be summoned to press the EMERGENCY QUENCH button located in either the MRI scan room or MRI control room and evacuate the area.

MEG

• No specialist precautions need to be followed.
• Evacuate the area and building as per the general OHBA fire guidance listed in Section 5 above.
**MEDICAL GASES IN FIRE CONDITIONS**

- Gas cylinders must be kept in designated areas only. In the event of a fire, all cylinders not involved in the fire should be moved to a safe place, if possible. Make sure that before moving cylinders, valves are turned OFF.

- Cylinders and medical gas installations should be kept as far as possible from all sources of heat and temperatures above 49°C (120°F).

- Oil, grease or other combustible substances should never be used on valves, gauges, regulators or any fitting associated with medical gas cylinders or installations.

- Oxygen presents particular hazards. Use of open flame or soldering equipment should be strictly prohibited if oxygen from a piped supply or cylinder is in use within 6 metres.
Magnet Safety Instructions

For anyone working in buildings housing MRI Magnets

The MRI scanners at WIN are built around high field superconducting magnets. The magnets are at least 50,000 times stronger than earth’s magnetic field and are always on. The following procedures must be followed at all times when working in the magnet areas.

1. The magnets are always on, 24 hours/day, 365 days/year; therefore, these instructions must be followed at all times.

2. The magnets are within ‘Controlled Areas’, which can only be accessed by a trained operator. If you are running an experiment, the operator will give you access to the controlled area for the duration of your scanning session.

3. The biggest safety concern is the strong pull that the magnets exert on some metallic items. This includes keys, coins, scissors, wheelchairs, screwdrivers etc. No ferromagnetic item may be taken into the magnet rooms, and must be left in the lockers outside the controlled area, or in the subject room.

4. Some individuals may have metal in their bodies, either as a result of surgery or an accident. Therefore, it is essential that anyone who enters the controlled area be screened using the Magnet Safety Screening Form.

5. All researchers must fill in a Magnet Safety Screening Form annually. If there are any changes to a researcher’s condition (for example surgery or pregnancy) that could affect their suitability to enter the magnet rooms, they should not enter the controlled area, and seek advice from the radiography staff.

6. Any person, whether visitor or scanner subject, that wishes to enter the controlled area must be screened using the Magnet Safety Screening Form. The procedure is outlined in the SOP: Screening Subjects for Safety to Scan, which should be read by all those admitting someone to the controlled area.

7. In the event of an emergency around the magnet areas follow the appropriate emergency procedure (posted on the walls in the control room). Make sure that a physicist or operator has been informed – contact phone numbers are posted near the magnet rooms if the emergency is out of normal hours.
Accident Reporting Procedures
For incidents occurring at OHBA

In the event of an emergency, the appropriate emergency services should be summoned.

- Call **999** for emergency medical assistance
- Call **999** in the event of a fire
- Call **01865 289999** for University Security Services

In the case of a medical emergency or any other form of accident, however small, you should report it. Examples would include cuts, bruises, needle jabs etc. that occur as accidents or incidents within OHBA.

As a first point of call speak to the lead radiographer or MEG physicist (Juliet Semple or Sven Braeutigam).

Other than for very minor incidents, an accident/incident form should be completed, signed by your supervisor or line manager and sent to the Departmental Safety Officer.

The senior radiographer and MEG physicist should also be informed if staff are aware of a near-miss incident, for example where someone could have been injured or put at risk, even if no injury actually occurred.

Department Safety Officer: Phil Burnet – 01865 223621 - phil.burnet@psych.ox.ac.uk
Centre Safety Rep: Sven Braeutigam – 01865 283816 – sven.braeutigam@psych.ox.ac.uk
WIN houses advanced data processing and storage facilities, which are available to researchers working at FMRIB or OHBA.

A flat fee charging model is now in place. The charges are:

- £125 per month (£1500 p.a.) for a **normal account**
- £17.50 per month (£210 p.a.) for a **low usage account**

In addition, there are free accounts for users that only need to download data. If you will be collecting MRI scans at the Centre you will require an account to access the data, even if you plan to analyse this elsewhere.

**Low usage accounts** have no access to the cluster and 10GB of storage space.

**Normal accounts** have full access to the cluster plus 200GB of scratch (temporary) storage space and 20GB of storage space in the home directory.

There are no charges based on compute time.

Additional disk charges will be incurred for space beyond the normal account allocation. Charges start at £15 pa for a 50 GB block, but prices for very large storage requirements will be negotiated on an individual basis, depending on current prices and provisions.

It is a University IT statute that accounts are NOT shared, so every individual who needs access to the Centre’s IT facilities will require their own account.

**To obtain a WIN computing account:**

1. Log-in to [https://register.fmrib.ox.ac.uk/](https://register.fmrib.ox.ac.uk/) using your Oxford username (SSO).
2. Click on update profile and fill in your details. Use the Computer Account(s) box at the top right of the page to request an account. Please make sure to enter your grant code provided by your PI. If the code is new, you will need to contact computing-help@win.ox.ac.uk to add it to the system for the first time.
3. You will be notified when your account has been set up. You will need to visit FMRIB in person to collect your login details.
4. An introduction to the computing facilities and extensive user guides are available at [www.win.ox.ac.uk/support](http://www.win.ox.ac.uk/support).

**Display Screen Equipment Assessment**

Please be aware that the use of computer equipment (Display Screen Equipment) for extended periods can result in upper limb disorders. Users are advised that frequent short breaks from their computers, for example 5-10 minutes after 50-60 minutes of activity should be planned to reduce the risk. Your department can arrange for an online training and assessment procedure and should this reveal problems. If you are experiencing discomfort you can request an assessment by a DSE Assessors, (Duncan Mortimer: duncan.mortimer@ndcn.ox.ac.uk or Dave Flitney: david.flitney@ndcn.ox.ac.uk for those at FMRIB), who can advise or refer you to the University’s Occupational Health Service. Your Department Safety Officer can also give details on how to arrange for an eyesight test, the cost of which, for University employees, will be met by the Department.
Data Security
Guidance for Researchers

All data containing personal details needs to be dealt with in a responsible manner, protecting the individual’s identity and complying with General Data Protection Regulation (GDPR).

The Data Protection Act requires that any personal data held is secure, accurate and relevant.

Personal Data includes any material that contains personal details (name, date of birth, contact details, initials etc). Within WIN, this includes paper and electronic files containing contact information, patient history or un-anonymised image data.

Data that does not contain personal details are not subject to the same restrictions, but should be handled in a careful, sensitive and responsible manner, with care taken to avoid loss of the data.

For full and up-to-date guidance on data security visit
- www.infosec.ox.ac.uk
- researchsupport.admin.ox.ac.uk/gdpr

Area of greatest risk

The areas of greatest risk are portable media (portable hard drive, memory stick etc) and laptops, which can easily be removed from the Centre and be lost or stolen, or data that is stored on cloud services (Google Drive, Dropbox etc.). Particular attention should be paid to these. Your attention is also drawn to image data within presentations (see below), which are often given outside the Centre.

Action points

- Personal Data must be kept in a secure manner that minimises the risk of loss or inappropriate access.
- Paper (including lab books, image printouts) or removable media (CDs, memory sticks) containing Personal Data must be appropriately filed, preferably in locked cabinets/drawers. They must not be left lying around the Centre.
- Personal Data stored in computer files (e.g. excel files, databases, contact details, test scores) must be either stored on the WIN central file server or encrypted to an appropriate standard (see below). Efforts should be taken to avoid other users viewing such data, such as changing the access permissions using the chmod command (https://sharepoint.nexus.ox.ac.uk/ZGZNPW)
- All image data should be anonymised, and the key held either in a secure database (such as the WIN scan database), on the WIN central file server, or encrypted (see below). Image files that contain subject details (e.g. un-anonymised DICOM) must be securely stored (CDs/memory sticks locked away, directories encrypted).
- Anonymised data must not be stored in directories that would identify the subject (e.g. by initials or name).
- All Personal Data should remain within WIN as a general principle. If data needs to be removed from the centre (e.g. for analysis at home/another site), the personal details must be removed from the data, or the data encrypted to an appropriate standard (see below).
Deletion of data and disposal of media
Data that are no longer needed must be disposed of in an appropriate way to ensure destruction of the personal data.

- Personal data must be deleted from hard drives when no longer used. Merely deleting the file on the disk is not enough, but it needs to be **securely erased**.
- Paper records should be shredded.
- CDs should be shredded or given to WIN IT staff for destruction.
- Hard drives should be securely erased (see above website for details) or given to WIN IT staff for destruction.

Presentations
It is important that any presentations you give do not contain personal data. This particularly applies to image data that can contain personal information, either on the image itself or embedded within the DICOM header (if DICOM-based formats are used). For still and movie images of subjects/patients, a non-DICOM based file should be used (e.g. JPEG, GIF, TIF, AVI, MPEG), and created without personal data incorporated into the image.

Subject names or initials should not be used on any slides.

Encryption
Encryption involves the use of a unique code to disguise data, and without the code, the data are nearly impossible to decipher. The process can be straightforward but involves installing encryption software, of which there are several versions available freely. Full instructions on this can be found at [https://internal.fmrib.ox.ac.uk/i-wiki/Computing/Data](https://internal.fmrib.ox.ac.uk/i-wiki/Computing/Data).
Responsibility of Researchers
with respect to research ethics

1. WIN seeks to promote best practice in research ethics in all studies carried out at the Centre.

2. All scans done at WIN must be carried out with due attention to the appropriate ethical practices, whether that be CUREC or NRES ethics, or the technical development SOP.

3. The Principal Investigator who is named on the ethics application is primarily responsible for ensuring that all procedures carried out are in line with their protocol and ethical approval, and that all researchers with delegated responsibilities are appropriately trained and competent to carry out their tasks. WIN does not take on responsibility to check every detail.

4. The primarily responsibility of the radiographer or scanner operator during scanning is to ensure the safe scanning of the participant. If the radiographer or scanner operator is not confident that the participant can be scanned safely they will decline to scan the participant.

5. In line with the guidance given in the HCPC Standard of Conduct, Performance and Ethics, radiographers or scanner operators, should only scan when they have seen a signed consent form for that participant and that study. In the case of scans done under the technical development SOP this would be the signature on the participant’s scanning log. This is their check that some form of ethics approval and consent process has been undertaken, however it remains the researchers, and ultimately the PI’s responsibility to ensure that consent was appropriately given.

6. Recommended procedures and practices relating to MRI research can change over time, and radiographers and other centre staff are there to help with this. If current best practice changes then researchers should ensure that these new procedures are followed and, when necessary, ethics amendments made in a timely way.

7. If any researcher or centre member has concerns that best practice in research ethics is not being followed then they would take this up, in the first instance, with the PI. If concerns remain then the issue should be raised with the Centre Director and if necessary CTRG.

8. As well as any auditing or checks that may be carried out by CTRG, the centre will periodically carry out random checks on the site file of one study to ensure that proper procedures are being carried out. This includes correct forms being used, dates being appropriate, delegate logs being up-to-date and subject paperwork being in order.
Authorship Guidelines
For WIN Researchers

WIN, and its predecessor centres, has always aimed to have a constructive and appropriately inclusive approach to paper authorships. To ensure that credit is given not only to researchers who have contributed intellectual material and effort, but also those that contribute “behind the scenes”, WIN has guidelines on “early-use” tool and data co-authorships and identifying co-authorships and acknowledgements in practice.

Guideline for “early-use” tool/data co-authorships

If a tool/data creator has significant direct involvement in a study, then in general they can expect to be included as an author in a resulting paper (regardless of how long the tool has been in existence). This “early-use” guideline is not related to these cases, but rather to the case where a researcher has created a valuable new tool/dataset, and this is then used by other researchers without direct involvement of the creator. It is reasonable for the very first studies that take advantage of the tool/dataset creation to include the creator as a co-author, but the number of “early-use” studies doing this needs to be limited in a reasonable way.

The guideline is that the number of “early-use” studies (that should include the tool/dataset creator as a co-author without their significant direct involvement in the study) should be the square root of the number of full-time-equivalent months of work that went into the tool/dataset. For example, a researcher spending a solid year to develop a new MRI pulse sequence could expect to be included on the first 4 papers utilizing that sequence (in addition to their own papers that they should be generating from the research).

It will be the responsibility of group leaders to keep a list of the relevant tools, MRI pulse sequences and datasets, created by their group members, along with the estimated effective number of months' work that went into creating these. This list will be kept up to date on the WIN intranet, at http://www.win.ox.ac.uk/support. The group leaders will also email around the centre when a new tool/sequence/dataset becomes available, primarily to let people know about its availability, but also to let them know who the creator is; this should help minimize surprise at later authorship requests.

Support from Core Centre Staff

WIN is fortunate to have some extremely experienced support physicists, radiographers, experimental, IT and other support staff to facilitate the research of the Centre. Many Centre members benefit in some way from their specific support in a study and acknowledging this help is always appropriate. We do not prescribe a form of words to put in acknowledgements, but we encourage authors to acknowledge teams, and in some cases individuals, without whom the research would not be possible. For example, scanning projects acknowledging the radiography team, and high-performance computing projects acknowledging the computing team.

Some projects benefit from significant direct involvement of a radiographer, physicist, computing expert, or other member of the core support staff who invests specific time, expertise and intellectual input into a project. In these cases, it is generally appropriate to include that individual as an author. If you are unsure as to whether it is appropriate to include a member of core staff as an author, then seek advice from your group leader or member of the WIN management board.
Guideline for identifying co-authorships and acknowledgements in practice

To ensure that the above guidelines are implemented in as fair and simple a way as possible we want to give people the opportunity to request co-authorships when appropriate. Such requests need to be reasonable, and final decisions on authorships will of course continue to rest with any given study’s senior researcher (typically the senior author on the paper).

We request that a paper’s first author will notify all WIN members the paper title; author-list; abstract; acknowledgements, shortly before submission (minimum 2 weeks is recommended), in order to allow for any additional co-authorships to be requested. This should be done by emailing these details to admin@win.ox.ac.uk and we will ensure that the notification is circulated to all WIN members, within a week.

If someone has contributed to the study and feels they have been overlooked, this is their chance to discuss this with their supervisor/line-manager. Where a group leader is keeping a list of “early-use” authorships, this is their chance to request an “early-use” co-authorship on behalf of the tool/dataset creator. We would try to limit the number of “early-use” authorships to just one for any given paper, which may require a little co-ordination between group leaders.

Following these guidelines will require almost no extra work on the part of the paper authors, will not delay their submission, and will be very little work for centre members and group leaders who would briefly read upcoming paper titles & abstracts. This might even help raise awareness of what research is going on across the centre and increase collaboration! Ultimately, the most important aim is to be fair and support the work of all centre members.

Heidi Johansen-Berg
Director, Wellcome Centre for Integrative Neuroimaging