BCS–Heart Research UK Fellowship Report

Dr Ryan McNally | Senior Research Fellow & Pharmacist | King's College London / Guy's and St Thomas' NHS Foundation Trust

From London to Melbourne: What a Pharmacist Found at the Heart of Cardiovascular Care

Hypertension affects 1 in 3 adults in the UK and is the single biggest risk factor for cardiovascular disease worldwide, yet blood pressure control rates remain stubbornly poor. As a pharmacist working in a community-based hypertension clinic through GSTT and developing a research programme in personalised hypertension management, I wanted to explore how cardiovascular care is managed in a completely different healthcare system and the translational bridge between clinical research and practice. The BCS–Heart Research UK Fellowship gave me the chance to find out.

In February 2026 I spent three weeks at the Baker Heart and Diabetes Institute and Alfred Hospital in Melbourne, working alongside two world-leading teams: the cardiovascular clinical group led by Tory Warner, and the implementation science group of Professor Brian Oldenburg at the Baker, who are running a landmark trial of digital health interventions in cardiometabolic disease.

What struck me most immediately at the Alfred was how fully integrated the pharmacist was within the clinical team. Structured patient education formed part of every outpatient appointment, delivered within a formal, non-judgemental adherence protocol and watching it in action was both humbling and inspiring.

Spending time with the Oldenburg group was equally transformative. Connect4Health's approach to behavioural science, its focus on ethnically diverse populations, and its rigorous digital health methodology all spoke directly to the work I am trying to do within my own research programme. I contributed to discussions on grant planning and came away with concrete ideas for how similar approaches could be embedded in NHS practice.

The clinical learnings were immediate: I returned with plans to introduce a more structured patient education model in my clinics, but the impact went further than I had anticipated. The BCS fellowship was never just a placement. It was

the beginning of a bilateral UK–Australia research collaboration: joint publications, shared methodology, and a longer return visit already planned. It also confirmed something I needed to see with my own eyes - that pharmacist-led integrated cardiovascular care is not aspirational.

I am enormously grateful to the BCS and Heart Research UK for this unrivalled opportunity. And to any AHP considering applying: do it. It will change your practice, your research, and your sense of what is possible.