MRC Council Open meeting

Polaris House, Swindon on 5 July 2010, 16.00 – 17.10.

Questions & Answers (Summary)

[This session was preceded by a welcome from the MRC Chairman, Sir John Chisholm, and a presentation from the MRC Chief Executive, Sir Leszek Borysiewicz. The presentation is available on the MRC website: www.mrc.ac.uk].

Answers include detail additional to that presented on the day. (Further details are also available on the MRC website).

Respondents are listed at the end of this note.

Q1: When NICE\(^1\) guidelines are published, they often refer to evidence gaps and areas where more research is needed. This should be a motivation for researchers. Has the MRC considered ring-fencing some funds specifically for research needs identified in NICE guidelines?

A: (LB): Given the nature of NICE guidelines and the types of research that form the evidence base, most will fall more within the remit of the National Institute for Health Research than in that of the MRC. This is particularly the case now for late stage (Phase III) clinical trials. Furthermore, such research is often very expensive and so such proposals need to be judged in competition with others which may be better value for money and, if submitted to the MRC, with respect to the MRC’s overall strategy. Expensive proposals of course always receive detailed scrutiny, but in times when the MRC’s budget may well be cut, supporting very expensive applications with such focussed remits is unlikely to be high priority. The answer to the question is thus no. Nevertheless, the MRC encourages researchers to address national priorities, and applications will be given a strategic lift when considered in competition with others of equal quality that do not address strategic priorities.

VP added that the MRC supports the James Lind Alliance\(^2\). The Alliance “aims to identify the most important gaps in knowledge about the effects of treatments, and has been established to bring patients and clinicians together in ‘Priority Setting Partnerships’ to identify and prioritise the unanswered questions that they

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\(^1\) National Institute for Health and Clinical Excellence (www.nice.org.uk)
\(^2\) See: www.lindalliance.org
agree are most important. This information helps ensure that those who fund health research are aware of what matters to patients and clinicians. In addition, the MRC involved the public when preparing its Strategic Plan, thereby taking into account the views of the public when setting priorities. The MRC would like to improve the way in which it engages with the public.

MA added that often large studies of the type needed to address NICE evidence gaps require an international effort, including sometimes collaboration with industry. This adds a layer of complexity to the research (and research funding) process.

Q2: How does the MRC bring in funding from the private (including charity) sector?

A: (LB): The MRC has some specific schemes to foster collaboration with the private sector, in particular industry. The main industries of relevance to the MRC are: pharmaceutical, devices and biotechnology, not just the companies themselves but also their trade associations. Continued discussion with these industries is important as we need to know their major drivers.

We involved industry closely in developing our Strategic Plan. Their main expectations of the MRC were:

- To maintain the quality of basic science
- To train younger scientists
- To respond to the needs of industry, especially small and medium-sized enterprises (SMEs) – this was not easy
- Maintenance of good relations between the MRC and industry, including personal visits etc

AD added that the MRC has set up a ‘Pharma Forum’ as one mechanism by which to engage the large pharmaceutical companies. The Forum has identified some difficult scientific areas on which to focus, including Chronic Obstructive Pulmonary Disease (COPD) and Immunology & Inflammation. The latter includes the need to identify better targets in osteoarthritis. Discussions with the ABPI have covered how to select patients better for therapies in specific disease areas. Another development has been collaboration with the Technology Strategy Board and industry in ‘stratified medicine’. In general in collaborating with industry, it was important to address the big scientific challenges. Funding at present was difficult, both from the industry side and from the Research Councils, making it ever more important to focus.

JC/VP pointed out that it was not the role of the MRC to raise money from industry, but rather to collaborate in areas of mutual interest, as described above. JA said that from the industry perspective, it was important to lever money from other sources, including the public sector. The pharmaceutical industry was

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3 See: [www.mrc.ac.uk/Newspublications/Publications/Strategicplan/index.htm](www.mrc.ac.uk/Newspublications/Publications/Strategicplan/index.htm)
4 See eg: [www.mrc.ac.uk/Ourresearch/Industry/index.htm](www.mrc.ac.uk/Ourresearch/Industry/index.htm)
5 See: [www.mrc.ac.uk/Fundingopportunities/Calls/MRC-ABPI-Initiative/index.htm](www.mrc.ac.uk/Fundingopportunities/Calls/MRC-ABPI-Initiative/index.htm)
multinational, and so could invest anywhere; it was thus important to the UK that in all ways it was a desirable place for the industry to invest and collaborate.

Finally, VP explained that the MRC worked with charities along similar lines as with industry – ie in partnership and collaboration, with joint funding in areas of mutual interest. An important example at present was the UK Centre for Research and Innovation (UKCMRI)\(^6\), a partnership between the MRC, the Wellcome Trust, CRUK and University College London.

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LB - Sir Leszek Borysiewicz (MRC Chief Executive)  
VP - Mrs Vivienne Parry  
MA - Professor Michael Arthur  
AD - Dr Annette Doherty  
JA - Professor Jeff Almond  
JC - Sir John Chisholm

\(^6\) See: [www.ukcmri.ac.uk](http://www.ukcmri.ac.uk)