Minutes of the Council business meeting held at MRC Head Office on 11 July 2013

Present:

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<th>Council</th>
<th>Head Office staff</th>
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<td>Mr Donald Brydon (Chairman)</td>
<td>Ms Sam Bartholomew</td>
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<td>Sir John Savill (CEO)</td>
<td>Mr Sandy Bulger</td>
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<td>Professor Jeffrey Almond</td>
<td>Mr Hugh Dunlop</td>
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<td>Mr Tony Caplin</td>
<td>Dr Wendy Ewart</td>
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<td>Professor Chris Day</td>
<td>Mr Bruce Minty</td>
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<td>Dr Richard Henderson</td>
<td>Dr Declan Mulkeen</td>
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<td>Professor Dame Sally Macintyre</td>
<td>Ms Jacki Paton</td>
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<td>Dr Ruth McKernan</td>
<td>Dr Tony Peatfield</td>
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<td>Professor Paul Morgan</td>
<td>Dr Frances Rawle</td>
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<td>Baroness Onora O’Neill</td>
<td>Mr Ted Smith</td>
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<tr>
<td>Mrs Vivienne Parry</td>
<td>Ms Anne Dixon (item 7 only)</td>
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<tr>
<td>Professor Michael Schneider</td>
<td>Ms Pauline Mullin (item 8 only)</td>
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<td>Mrs Anne-Marie Philp (item 7 only)</td>
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<td>Observer</td>
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<td>Mr Jeremy Clayton (BIS)</td>
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Apologies:
Professor Michael Arthur
Professor Dame Sally Davies
Dr Menelas Pangalos

Council session

The meeting began at 9.15am.

1. Announcements and apologies

Mr Brydon welcomed members to the meeting and congratulated Dr McKernan who had been awarded a CBE for services to Business and Innovation in the Queen’s birthday honours. He also noted that Professor Steve O’Rahilly had been knighted for services to Medical Research and Professor Andy Hall had been knighted for services to Public Health.

Mr Brydon announced that the Minister for Universities and Science, David Willetts had agreed to the appointment of Professor Stephen Holgate as Chair of the NC3Rs Board and Professor Holgate had accepted the appointment. He also noted that Professor Dame
Sally Davies and Mr Caplin had been re-appointed by the Minister for a further four years on Council, to 30\textsuperscript{th} June 2017.

Finally, Mr Brydon noted that apologies had been received from Professor Arthur, Professor Dame Sally Davies, and Dr Pangalos.

2. **Register of declared interests**

The Chairman requested that members inform the secretariat of any updates to their declarations of interest. It was noted that Dr McKernan had joined the board of Cancer Research Technology and the secretariat would update her declaration of interests form accordingly.

3. **Minutes of the Council meeting held on 8 May 2013**

The minutes of the Council meeting held on 8 May were approved as an accurate record.

4. **Matters arising**

4A. **Actions from the Council meeting held on 8 May 2013**

**Revised terms of reference for the Council Audit and Risk Assurance Committee and the Council Finance Committee**

Mr Caplin reminded members that the NAO had recommended at the April Council Audit and Finance Committee meeting that the committee should be formally split into two committees. Council approved the revised terms of reference for the Council Audit and Risk Assurance Committee and the Council Finance Committee.

**Use of the term ‘safe data’**

Sir John confirmed that he had spoken to the other Research Councils about using the term ‘safe data’ rather than ‘open data’. The ESRC was particularly interested in the concept and he noted that Professor Paul Boyle, Chief Executive of ERSC, would be attending the Strategy Board meeting later in the day to discuss a joint initiative in administrative data centres. MRC staff members had also been involved in on-going discussions with the Academy of Medical Sciences about holding a symposium on ‘safe data’ and ‘safe havens’.

**Review terms in the Francis Crick Institute (the Crick) Joint Venture Agreement (JVA)**

Mr Bulger informed Council that a summary of the review terms in the Crick JVA had been included in paper 4A. He noted that the JVA was built around a five-year cycle of science strategy development, review and budgeting. There would be opportunities to discuss on a more regular basis the strategy going forward although there were no formal arrangements in the JVA for year-to-year dialogue about scientific progress. If the MRC had concerns about scientific strategy or performance between five year reviews the JVA favoured addressing these in dialogue with the Director or Board. Bringing forward a full review of the Crick would be very difficult.

**Further details on EU funding**

Dr Ewart noted that Council members had requested further information about the performance of Dutch SMEs in the Innovative Medicine Initiative (IMI) calls and data on the broader picture of EU collaboration. Council had questioned why the Netherlands had received roughly 40\% of the funding allocated to SMEs when they had only five of the 106 SMEs engaged in IMI projects for calls one to five. The explanation was that one
project with unusually high SME award levels had skewed the statistics. With regards to EU collaboration, the figures indicated that research collaboration followed fairly predictable lines based on national research strength.

4B. **Report from the Council Audit and Finance Committee**

Council noted the report of the Council Audit and Finance Committee (CAFC) meeting held on 24 April 2013 and the Risk Management Annual Report. Members also noted that the MRC Annual Report and Accounts for 2012/13 had been approved by the auditors.

4C. **Report from the Ethics, Regulation and Public Involvement Committee**

Baroness O’Neill reported that some invitations had been issued to potential new members of the Ethics, Regulation and Public Involvement Committee (ERPIC) and formal membership terms with end dates had been agreed for the existing members. Discussions at the ERPIC meeting on the 10th June had focused on data safety issues and the proposed amendments to the EU Data Protection Regulation. Some of the more than 4000 proposed amendments carried significant threat to scientific research using personal data, and the MRC was working with other scientific research organisations to highlight and address these concerns.

ERPIC had also discussed proposed revisions to the World Medical Association’s ‘Helsinki Declaration’, and members had highlighted that a fundamental issue with the Declaration was that it set incredibly high standards for informed consent, requiring a level of understanding that was not realistic.

Council asked the Office to check whether the risks associated with the EU Data Protection Regulation were adequately covered on the risk register.

**Action:**
- Dr Peatfield to check whether the risks associated with the EU Data Protection Regulation are adequately covered on the risk register.

4D. **Minutes from the 23rd April and 5th June Strategy Board meetings**

Sir John Savill introduced this item and thanked Mr Brydon, Dame Sally Macintyre, Dr Henderson and Professor Schneider for their attendance at the April meeting. No Council member had attended the June Strategy Board meeting.

Sir John highlighted a number of items which had been discussed at the meetings, including: an interesting and valuable discussion with Professors Melanie Welham (BBSRC Science Director) and Douglas Kell (BBSRC CEO) about strategy and the opportunities for partnerships between BBSRC and the MRC in areas such as ‘big data’, nutrition and vaccinology; the MRC-led strategy on alcohol related harms; the establishment of the Farr Health Informatics Research Institute with a £20m capital investment to facilitate collaborations between the e-Health Informatics Research Centres; and the shortlisting of 12 proposals in a call for a £50m investment in medical bioinformatics for which funding decisions would be taken in November.

Strategy Board had also discussed the outcome of the expression of interest stage of the high throughput science call. Sir John reminded members that this targeted short cycle investments which could be peer reviewed in advance and allow the MRC to respond rapidly and flexibly to budget changes. The call had received an enthusiastic response and 20 out of 45 expressions of interest had been shortlisted for the submission of full proposals. A prioritised list of investment would be agreed by the advisory panel on 23 July with the aim of making the first wave of awards in early August for spend by 31 March 2014.
Professor Jim Smith had attended the June Strategy Board meeting to provide an update on the Crick. Broadly speaking, good progress was being made although there were still some issues that needed to be resolved to ensure a smooth transition to the Crick. Sir John noted that the Crick had now published its strategy and copies had been tabled for Council members. Council members commented that the coverage of translation in the strategy was now very good which was reassuring.

Finally, Sir John informed members that Professor David Armstrong had provided an overview of the scientific opportunities that had been identified for research relating to extending working lives, through consultation with employers, policy makers and the scientific community. Life expectancy was increasing by three months each year contributing to the economic implications for extended working lives. Most people in their 60s suffered from at least one medical condition and very little was known about the medical needs of those aged 65 to 67-plus who were still working. Two calls for proposals had been launched to address the determinants of working later in life and to address stakeholder challenges and needs within a workplace or policy setting.

5. **CEO report to Council**

Sir John Savill introduced this item and discussed the following matters:

**MRC Centenary**

Sir John thanked all participants in the MRC Centenary celebrations and in particular Mrs Parry who had chaired the panel which discussed the results of the MRC's Centenary Poll at the Cheltenham Science Festival and hosted the dress rehearsal for the Science Museum event: *Life: a Healthy Game of Chance and Choice*.

**The Crick topping-out ceremony**

The topping-out of the building had been undertaken by the Chancellor of the Exchequer and Sir Paul Nurse on 6th June. Sir John noted that the Chancellor had taken the opportunity to state his personal commitment to science and research.

**Laboratory of Molecular Biology (LMB)**

The new LMB building in Cambridge had been officially opened by Her Majesty the Queen, accompanied by His Royal Highness the Duke of Edinburgh, on the 23rd May. Sir John reported that the opening had gone well and clippings of press coverage of the event had been sent to Council members.

**Spending Review 2015/16**

Sir John updated Council on the outcome of the Spending Review which had been announced on the 26th June. Members noted that the Chancellor had confirmed that responsibility for medical research and undergraduate education would not be moved from BIS to the Department of Health (DH). In real terms — adjusting for inflation — the overall departmental allocation for BIS would be reduced by six per cent in 2015/16. Science resource funding would be maintained in cash terms at £4.6 bn in 2015/16 and science capital funding would be increased in real terms from £0.6bn in 2012/13 to £1.1bn in 2015/16.

Mr Brydon thanked Council members for their forbearance in the run-up to the Spending Review announcement as it had been difficult to keep members updated on the rapidly changing situation. Members noted that discussions with BIS would continue over the summer and allocations to the Research Councils were unlikely to be finalised before October.
Mr Dunlop outlined the potential impact on the MRC as a result of the declining Intellectual Property (IP) income, noting that the MRC’s IP income stream had allowed the MRC to contribute to important initiatives such as the £180m Biomedical Catalyst. He highlighted that without recognition of the decline in IP income in the next Spending Reviews and the provision of additional funds to meet this gap, the MRC would be unable to maintain existing investments at current levels and its ability to fund similar new initiatives would be restricted.

Mr Clayton highlighted that a lot of work was underway at BIS to work out what the overall settlement for the department meant and it was too early to speculate on the allocations that would be made to individual Research Councils. Tough decisions would be needed across BIS on how to allocate budgets for 2015/16 given the six per cent reduction, and all options were currently open subject to specific announcements. BIS was committed to maintaining some specific funding such as international subscriptions, and there was the possibility that funding for some other things could be moved into the science resource budget which could mean less funding for the Research Councils. With regards to the science capital budget, it had been agreed that two additional bodies would be funded through this. He added that BIS would look forward to the next Spending Review in allocating this budget.

Sir John highlighted that there was some uncertainty around an additional £150m of capital funding to be made available for MRC capital projects in 2015/16 for spend on genomics, clinical sensing, dementia and imaging.

Council members discussed the reduction in MRC’s IP income and considered whether there were ways this could be increased in the future. It was noted that the MRC’s IP income had been particularly large in recent years as a result of the antibody-based income which was a special case, and unlikely to be repeated on such a scale. It was noted that there were limited opportunities for the MRC to increase IP income given its mission to support discovery science and the shift to university units which meant that IP generated by those units would now be owned by the host university. Additionally, it was highlighted that the future projected IP income was actually more realistic, as a return of one-to-two per cent on basic science was the norm. Council members suggested that the real issue was the eco-system for the UK, pointing out that there were £34bn in sales per year on antibody based products but only a tiny proportion of this income was generated in the UK; this was something that needed to be improved, for example through improved manufacturing capacity.

It was noted that it would still be possible to monitor the IP generated by university units through Researchfish returns. Sir John informed Council that Management Board had discussed the need for a model of ‘active partnerships’ with the host universities. The host universities would be required to report what they had invested in the MRC unit on an annual basis and demonstrate that some of the IP income generated by the unit was invested back into it.

Council noted that Mr Brydon and Sir John had visited UKTI the previous week to discuss the idea of promoting ‘proximity to discovery’ to encourage companies to bring their work to the UK. Members noted that Pascal Soriot, Chief Executive of AstraZeneca, had highlighted proximity to LMB and good government commitment to science and research as reasons for AZ to maintain major investment in Britain. Council commended the idea and agreed that Sir John and Mr Brydon should work it up and bring it back to Council for further discussion.

There was some discussion about the importance of communicating the message to scientists that science and research had done relatively well in the Spending Review and, as such, there was an expectation of delivery to help provide growth for the UK economy through attracting or spinning-out new companies to create new jobs. Members noted that data from Researchfish showed that there had been a sea-change in attitudes since the Cooksey report had been published in 2006, and many more universities had started to broaden their translation activities and create spin-out companies. Council highlighted...
that the goal should not be to generate IP income for the university but create value for the nation. Members also discussed the cost of licensing as often the requirements of regulatory authorities could cause long delays in getting new medicines to patients. It was noted that the MHRA were interested in new trial designs to enable them to license new medicines more quickly, as evidenced by Professor Max Parmar’s presentation to Council the previous day about a multi-arm/multi-stage trial design for prostate cancer which had the support of the MHRA.

Finally, members discussed whether it would be possible to emulate modern business models where the bulk of the profits went to the developer and not the manufacturer. Another idea suggested was to agree to forgo royalties for particular drugs if the companies agreed to manufacture them in the UK.

Action:
- Sir John and Mr Brydon to work-up idea of ‘proximity to discovery’ for further discussion at Council.

Triennial Review of the Research Councils

Sir John informed members that the Triennial Review of the Research Councils was nearing the end of phase one. The recommendations of the review team had been passed to the Cabinet Office for consideration and final sign-off was expected by the end of September. The report would be published.

Mr Clayton informed Council that BIS had started work on phase two of the review which was to ensure that the Research Councils were operating in line with the recognised principles of good corporate governance; this would of course be dependent on the outcome of phase one.

6. Finance report (including outturn for the previous financial year)

Mr Dunlop updated Council on progress with capital awards from the Autumn Statement. The MRC had been awarded £83m over two years for new capital investment, the awards had been made and plans were in place to ensure delivery of objectives on time. He also reported that an updated forecast of IP income had been commissioned from Apex Consulting which had indicated no major change from budget. The year-to-date results showed some variance in programme resource expenditure which would be back in line by the end of the quarter.

7. Refreshing the Quinquennial Review (QQR) process

Dr Mulkeen informed Council that the current QQR process had been agreed by Council in 2006 and since then a number of changes had altered the landscape. A large number of QQRs were scheduled to take place in 2014 and 2015 so it was hoped that the refresh of the QQR process would be fairly quick to allow improvements to be agreed and actioned in autumn 2013.

A number of stakeholders were being consulted on the process including Board Chairs, unit directors and universities hosting university units. The office had also been working through the procedures and timelines to see if there was room for improvement there.

The key message from stakeholders was that while the process was basically sound, the majority felt that it was too cumbersome and the overall volume of information required should be streamlined. Dr Mulkeen then outlined other emerging themes including views on face-to-face discussions between programme leaders and the subcommittee. There were concerns that this could lead to a loss of objectivity compared to grants which were assessed on paper only. It was also possible that poor communication on the day could lead to the wrong decision. It had been suggested that the visiting subcommittee should
be given more time to consider the quality of the science and set out key issues and concerns prior to the face-to-face meeting. Linked to that, wider strategic questions about the unit’s mission and overall strategic direction were difficult to tackle in a compressed time during the visit and earlier discussion of these issues would be beneficial. Board Chairs now held annual appraisal meetings with unit directors and there would be scope to discuss strategic issues in those meetings. There was agreement that the review committee was good at assessing the science but found it harder to assess all aspects of the unit-wide areas (public engagement, training and knowledge transfer) so some issues in those areas should be dealt with separately.

Dr Mulkeen then requested Council’s views on what had emerged so far and any areas requiring further consideration.

Sir John informed Council that as a previous Board member/chair, he had been involved in many QQRs and the view of unit directors was that the process was too time-consuming and a distraction from the work of the unit. On the other hand, a common external view was that unit staff had to do less work preparing for QQRs than the work involved in preparing grant applications. There was also a concern that some directors used QQRs to manage individual underperformance rather than dealing with this directly via the performance and development review (PDR) process. Overall he felt that the QQR process did not need to fundamentally change and the site visit by international experts (the review committee) was immensely valuable; however it did need to be streamlined with regards to the assessment of the unit-wide areas and the amount of paperwork involved.

Council agreed that the QQR process was fit for purpose and fair. Members highlighted that while standards of assessment for intramural and extramural programmes needed to be the same, a key difference between a unit and university programme grants was that for intramural units, the unit staff could be made redundant as a result of the closure of their programme. Members also considered the length of the QQR process to be appropriate given the amount of investment and work involved, and reducing the timing could impact on the quality of reviews.

There was some discussion about the assessment of the unit-wide areas. There was agreement that these areas would be better assessed outwith the QQR process by experts in each of the areas. With regards to knowledge transfer, members agreed that it would be beneficial to get some external input(s) to identify opportunities that the subcommittee may not be able to spot.

Sir John informed members that the annual appraisal with the board chair could also include a formative assessment of translation activity with advice on where to improve. Improvements in public engagement could also be steered through the annual appraisal meetings to ensure this aspect was discussed more frequently. With regard to training, Mr Smith had suggested that meetings could be held with groups of units by discipline every two years to assess their training programmes. Experts in training could perform the assessment and the units would also benefit from hearing how other units were approaching this area.

Members briefly discussed the period for reviews and it was agreed that it made sense, both for the unit and the MRC, to continue to undertake reviews on a five-yearly basis. It was noted that if there were any concerns about a unit, a mid-term review could be undertaken (as has happened in the recent past).

Mr Clayton informed members that there had been an overarching review of public sector research establishments. Research Council establishments had been exempted as they were covered by the Triennial Review of the Research Councils. The recommendation of the BIS Triennial Review team for the Research Councils was that Research Council establishments should fully take into account the principles embedded in the Cabinet Office guidance on reviews. Sir John noted that QQRs already considered the fundamental question of whether the unit model was the best way to fund the
8. Communications and the marketing and advertising freeze

In June 2010 the Coalition Government had introduced a marketing and advertising freeze for all government departments and partner organisations as one of a number of measures set out by the Chancellor to save an estimated £6.2bn in government spending. The impact of the marketing freeze on the MRC had been set out in the paper presented to Council. This included the cancellation of plans to hire a coordinator for the Centenary programme and the shift of focus to research achievements as opposed the organisational achievements. Heavy cuts had also been made to publications.

Council members highlighted that units were unclear which activities were covered by the freeze and would welcome more guidance on areas of flexibility. It was noted that the Cabinet Office had produced a comprehensive guide as to what constituted marketing and communications. The MRC had worked with the other research councils to develop an operating model based on this, which included agreement to remain active in the areas of public engagement, research community engagement, business engagement and internal communications.

Members stressed the importance of public engagement to the MRC’s mission and in particular the need to engage with key stakeholders and highlight the value of the MRC. In addition, there was a clear need to engage with the public about the importance of working with industry and the MRC needed to mobilise and coordinate clinicians and patients to do the messaging. It was agreed that this constituted public engagement and not marketing.

Sir John informed Council that Mr Minty, Dr Peatfield and Ms Mullin would be undertaking a review of the MRC’s communications and public engagement to ensure it was focused in the right direction and took account of any new opportunities including those presented as a result of the university unit transfers. Members noted that this would include a consideration of what the key messages were that needed to be delivered and who the key stakeholders were.

There was some discussion about the resource impact of the freeze. The communications section was required to submit, via RCUK, monthly reports on marketing and advertising spend to BIS. A business case was needed for every item of expenditure and an explanation of what cost-saving measures were considered and implemented before the decision had been taken to spend, which represented an additional administrative burden. Mr Clayton confirmed that these reports were a government requirement.

Finally members congratulated the communications team on the success of the Centenary programme in engaging with the public despite concerns about the impact of the marketing freeze.

9A. University Units – update on progress

Dr Ewart reported that the Social and Public Health Sciences Unit had transferred to the University of Glasgow on the 1st June and the Anatomical Neuropharmacology Unit and the Functional Genomics Unit had both transferred to the University of Oxford on the 1st July 2013. Three further units (all UCL) were working towards a transfer to UCL by 1st August: the Lifelong Health and Ageing Unit; the Cell Biology Unit; and the Clinical Trials Unit. One gateway two paper was on the agenda for approval at this meeting.
Members noted that following the successful transfers of these units, the university units transfer process would be reviewed and lessons learned would be considered for incorporation into the process and the university unit toolkit. Additionally, consideration would be given as to which units might be included in a second wave of transfers and this would be brought to Council for approval in December.

9B. **MRC Cancer Cell Unit (CCU)**

**Gateway 2: Business and financial case for transfer of the unit to the University of Cambridge**

Council approved the transfer to pass through gateway two and delegated formal approval of gateway three to Management Board to allow the transfer to take place by 1st October.

10. **Any other business and close**

The draft agenda for the October Council meeting had been included in the Council papers for information. Council noted that Sir John O'Reilly, Director General of Knowledge and Innovation, BIS, planned to attend the meeting.

The Council business meeting ended at 11.10am

**Summary of actions**

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<tr>
<td>Check whether the risks associated with the EU Data Protection Regulation are adequately covered on the risk register.</td>
<td>Dr Peatfield</td>
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<tr>
<td>Work-up idea of ‘proximity to discovery’ for further discussion at Council.</td>
<td>Sir John/Mr Brydon</td>
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**Annexes**

**Annex 1:** Understanding industry (blog post on *MRC Insight* about the discussion at the Open Council meeting on 10 July)

**Annex 2:** Summary of feedback from the Open Council meeting on 10 July
Understanding industry
by Katherine Nightingale on July 17, 2013

How can we develop new drugs and get them to people more quickly? At the MRC's Open Council meeting last week, a lot of the discussion focused on how the changing environment for the pharmaceutical industry means we need new models for drug discovery, and much closer working between academic and industry researchers. Katherine Nightingale rounds up the discussion.

There was a time when pharmaceutical companies produced new drugs at a steady rate. They invested in the research and development (R&D) of drugs, occasionally producing ‘blockbusters’ which could treat many people, and making enough profit to inject back into R&D. It took around 10–15 years to develop a drug and, while potential drugs often failed to jump the hurdles of clinical trials, there were enough in the pipeline to keep things going.

But, as we heard at the Open Council meeting last week, now that’s simply not the case: fewer and fewer new drugs are being developed, and it’s taking longer and getting more expensive to produce them. The patents have run out on many blockbuster drugs, meaning that pharma companies generate less revenue to plough back into R&D. And as we learn more about disease, the treatments that are produced are more specific to particular groups of patients, meaning that the markets for individual drugs are smaller.

So what are we to do? The general consensus at the meeting was to throw out the old model and introduce a new one based on ‘open innovation’, in which pharmaceutical companies work more with external partners to share both the risks and rewards of drug development. An example of this, which MRC Chief Executive Sir John Savill mentioned in his presentation, is the MRC's collaboration with AstraZeneca to provide UK academic researchers access to 22 AstraZeneca compounds.

Speed is another important factor. No longer can we wait 10 years to see a drug fail. As George Freeman MP, Government Adviser on Life Sciences, said “We want the UK to be the place to come to find out if your drug is going to succeed or fail.”

Part of this is ensuring that, rather than there just being a ‘push’ from companies and researchers to produce drugs, there is also a ‘pull’ from the NHS to take them up. New drugs or diagnostic tests are no use to people if they don’t become part of what’s on offer to the patient. A huge part of this is creating an environment within the NHS where doctors who are also researchers can thrive, so that innovation becomes a part of NHS culture. The MRC’s role in this, as John Savill said, is to fund training fellowships for clinician researchers.

Getting researchers from academic and industry environments to work together is also vital. Jeff Kipling, Director of R&D Policy at GlaxoSmithKline, said the company is keen for young academics to come in and see what industry is all about.

Jim Smith, Director of the MRC National Institute for Medical Research — which will move to the Crick Institute in 2015 — said there are plans to promote entrepreneurship at the institute.
Crick researchers will also be encouraged to work with people from industry to get across the idea that people from pharmaceutical companies are “are clever, bright, interesting, normal people, something that academic researchers don’t always understand. And also to get across the idea that Crick scientists are normal people too!”

Katherine Nightingale

The MRC’s Council holds an open meeting each year to give some of our local and regional stakeholders the opportunity to meet and put questions to panelists and members of our Council and Management Board.
Feedback from MRC Open Council meeting 10 July 2013

Introduction

Attendees were emailed a week after the meeting with a link to a feedback survey. Completed questionnaires have been received from 25 attendees (approximately a 30% response rate). The majority of respondents were from academia (72%), followed by charity (20%), industry (4%) and other – venture capital investor (4%). Most attendees were notified of the event by receiving an email from MRC Head Office (92%).

Feedback was, largely, very positive. 91.7% of respondents said that the Open Session met (66.7%), or in part met (25%), their expectations (a decrease on last year’s Open Session in Belfast from 100%). 100% of respondents also said that they gained, wholly (92%) or in part (8%), useful information from the Open Session (figures remaining the same as the previous year).

Respondents commented that the Open session provided a good contextual overview of the MRC’s work in translation and industry. Some felt it was beneficial to see the organisational make-up of the MRC. Many found it useful to hear about possible funding and partnership approaches.

The presentations were found to be interesting and the questions asked were excellent and drew out more information that was not touched upon in the talks. Dame Janet Thornton’s presentation was praised several times.

Many were unsure what to expect from Open Council and one respondent felt that the purpose of the exercise was unclear. It was also observed that there was a lack of gender balance on the panel.

It was suggested that break-out groups could have been useful to allow participants to ask more direct questions.

‘Ask the MRC’ clinic

One respondent had a very positive experience and a useful conversation. On the other hand another commented that there was nobody there, but did not make it clear whether they meant MRC Programme Managers or people in general. The Programme Managers were there for an hour and were inundated with queries.
Presentations and question and answer session

Respondents gave the presentations an average score of 3.04 out of 4 (four being very valuable; one being of no value).

Recommendations

- Presentations should have Q+A after each individual talk to focus everyone’s attention – this was scheduled into the agenda but did not materialise.
- Longer Q+A session – there were people who were not able to ask questions as we were rapidly running out of time
- More networking
- Coffee break in the middle/drinks on arrival – many were surprised that there were no drinks on arrival, especially as it was a hot day
- The rest of the panel who weren’t giving talks should be introduced better