



MRC

Medical
Research
Council

Delivery Plan Reporting Framework

2011/12

Delivery Plan Reporting Framework (formerly Scorecard) 2011/2012

MRC will report on the outputs of activities every six months. The following table sets out milestone reports/data and evaluations that will be used to assess progress against delivery plan areas in the first year of the CSR (2011/12). Target dates for delivery of this information are indicated, and results will be summarised at the subsequent six monthly meeting. The expected outcomes, as published in the MRC delivery plan, are included in the table.

The MRC tracks progress with internal projects using information gathered using an online programme and projects management system (PPMS), reporting by exception to MRC's Management Board. Strategy Board and Council receive summary updates on key projects at each meeting.

An indication is given of monitoring and evaluation plans 2012 – 2015, and these plans will be updated each year throughout the CSR.

Delivery Plan Aims 2011/2012 to 2014/2015	Monitoring key outputs in 2011/12	Plans 2012 - 2015	Expected Outcomes by the end of the CSR
2.1.1. New frontiers in biomedical research			
i) Stratified Medicine			
<ul style="list-style-type: none"> • Lead on disease stratification in high priority diseases, building on partnerships with industry and the Health Departments • Work with the TSB and charities to share costs and harmonise plans • Develop and disseminate research methodology – in trials and large data analysis - that will maximise the academic contribution to stratification • Invest in underpinning research skills in clinical pathology and pharmacology and informatics • Continue work with the ABPI on the inflammation and immunology initiative which will commit up to £12m in 2010 stratifying and analysing disease sub-types in lung and joint disease, both priority areas for industry • Develop further joint academic/industry initiatives in disease areas where UK medical research strengths and translational/commercial opportunities align. The choice of areas will be coordinated with TSB's stratified medicine innovation platform and/or OLS clusters. We will assess the potential for initiatives in neurodegeneration and diabetes/obesity in early 2011; our aim is to commit £60m in stratified medicine initiatives over the next four years in alignment with TSB, some of which will be in collaborative funding. • Widen translational links to industry in biomarkers/ diagnostics research; working with other funders to maximise use of clinical sample resources 	<p>Establish approach for estimating commitment and spend in this portfolio area.</p> <p>Decision on the detail of deployment for £60m in this area by December 2011</p>	<p>Evidence of new research in this area, and new partnerships captured and published in 2014/15</p> <p>Outcomes of expert review (e.g. stocktaking) considered by Strategy Board.</p> <p>Annual reporting of harmonisation of plans and strategies with TSB and others.</p> <p>Outcomes from Biomarker research funded in last CSR to be reported (2012)</p>	<ul style="list-style-type: none"> • Co-ordination with industry of approaches to disease-mechanism research • Better models and markers of disease to accelerate therapeutic discovery • Better patient cohorts and improved capability in medical bioinformatics, linking rich biomedical data to clinical/population data sets • Increased innovation in molecular and genetic pathology • Adaptive clinical trial designs with more biological subgroup analyses • Public-private partnerships to fully extract information from treatment trials and long-term follow-up

ii) Regenerative Medicine			
<p>MRC plans to spend in the region of £130m overall in regenerative medicine (a priority area for TSB) during the spending review period. The MRC will:</p> <ul style="list-style-type: none"> • Support research into the mechanisms of stem cell renewal and differentiation; predictive models for tissue integration, healing and repair; scaling up and safety of stem cell therapy for clinical practice; and systems for delivering and monitoring cell therapies in the body • Continue to invest in the UK Stem Cell Bank to ensure availability of cell lines and biomaterials to support translational research in regenerative medicine. • Co-ordinate a cross-RC review of regenerative medicine investments in 2011 and coordinate the next phases of development with other partners. We expect that larger, proactively managed, investments will be needed from 2012 to address preclinical research opportunities with the NHS and with industry • Develop with the MoD and NIHR a pilot initiative in trauma research, to apply regenerative medicine approaches to treatment of traumatic injuries in military and civilian settings • Continue to work closely with the TSB, BBSRC, EPSRC and ESRC on a joint Regenerative Medicine Programme for multidisciplinary research base and fund significant academic-industry collaborations in areas ripe for pre-competitive development. MRC will commit up to £2.5m to the first phase of this programme in 2011. • Partner with TSB's initiative in Technology Innovation Centres and international agencies such as the Californian Institute of Regenerative Medicine and work with the Wellcome Trust to align our stem cell programmes in Cambridge 	<p>Annual monitoring of commitment and spend in this portfolio area. Including a summary of the portfolio detailing the number of studies in clinical development, and the level and stage of user involvement (including private sector interactions).</p> <p>Co-ordinate a forward look in regenerative medicine in partnership with BIS and other Research Councils. Evidence-based stocktaking review to be published in Q4</p>	<p>Evidence will be gathered to further understand the productivity and quality of research supported in this area. Evaluation will include analysis of feedback concerning capacity building and leveraging of inward investment to the UK, the production of new technologies, tools and therapies, and progress in scaling up and delivering new treatments.</p>	<ul style="list-style-type: none"> • UK stem cell research centres of excellence continue to recruit and retain the best scientific staff, and attract international and private sector funding to the UK • Resolution of issues around scaling up and safety of stem cell therapy for clinical practice • Novel regenerative medicine tools, products and therapies in areas where healthcare costs are high (such as diabetes, cardiology, wound healing, neurodegenerative disease, and orthopaedics) • Development of a variety of new business and service models necessary for the delivery of regenerative medicine by the private sector and the NHS

<p>iii) Systems Medicine</p> <ul style="list-style-type: none"> • Support highly collaborative programmes focused on clinical problems • Invest in quantitative skills and supporting informatics, complementing BBSRC investment and building on investment linked to the MRC supported High Throughput Sequencing hubs around the UK • Increase pull-through from new imaging and analytical technologies into cellular and sub-cellular research 	<p>Major milestone in 2011 will be completing development work for this area. This will include establishing a good definition of spend, and ensuring that processes to monitor numbers of informaticians, and other staff working in the area are in place (Q4).</p> <p>Decision on major systems medicine research investment in large multi-disciplinary centres (Q1)</p>	<p>Annual monitoring of spend and commitment in this portfolio area (starting Q2 2012), broken down into the main strands of work (partnership working, training etc.)</p> <p>By 2014/15 publish examples of new research established as a result of MRC investment and partnerships.</p>	<ul style="list-style-type: none"> • Increased numbers of informaticians and biologists trained in systems medicine • New insights into complex disease mechanisms, underpinning work on stratification • Projects in the synthetic biology area enter first into human and developmental clinical studies • Faster and more accurate drug target identification and evaluation, increased industry collaboration. • New cross disciplinary collaborations – e.g. in mathematics
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2.1.2. Living a long and healthy life

<p>i) Mental Health and Wellbeing</p>			
<ul style="list-style-type: none"> • Promote a ‘cross-symptom’ approach to human studies recognising that the same psycho-pathological processes may be involved in several different conditions • Expand our programmes of exploratory and Phase 1/2 clinical studies and build opportunities for collaboration between academia and industry • Support research to develop biomarkers to support drug development and to identify people at risk of mental illness in order to target preventative or early therapeutic interventions <p>In parallel, the MRC will support population-based science to accelerate development of early intervention strategies for preventing chronic mental ill health and promoting wellbeing. We will:</p> <ul style="list-style-type: none"> • Work with ESRC to identify means of evaluating ‘wellbeing’ in the medical and social contexts • Identify mechanisms that confer resilience and vulnerability to inform early interventions to relieve the burden of chronic and relapsing mental illness 	<p>Annual monitoring of spend and translational activity in mental health</p> <p>Recruitment of facilitator with an industry background to work with major centres in mental health experimental medicine. (Q2)</p>	<p>By 2012/13 MRC will publish examples of early stage clinical studies, with information regarding the programme of research in this area (Q2 2012).</p> <p>Highlight progress against the priorities set out in the 2010 review of mental health research by 2013/14.</p> <p>Link to LLHW programme (mental health is one of 4 priority areas).</p>	<ul style="list-style-type: none"> • New validated biomarkers leading to effective novel differential diagnostics for brain diseases such as dementia and depression • Strengthening of translational clinical neurosciences driving development of new therapeutics and interventions • Early interventions to promote wellbeing over the life course • New treatments for mental health problems and dementia entering clinical trials • Evidence to inform social and public health policy related to support for vulnerable individuals and families and reducing the economic burden of mental ill health

<ul style="list-style-type: none"> • Support research into the effects of events in childhood and adolescence to understand the emergence of conduct and emotional problems and the development of 'adult' disorders • Support studies in large population cohorts to elucidate how genes interact with environment and social factors in determining risk of mental illness, and identify the causal links between poor mental health and physical disease • Exploit European links and work with ESRC to study environmental and social determinants (including migration) which influence the prevalence of psychiatric disorders such as schizophrenia in different European regions 			
<p>ii) Addressing the impact of lifestyle and behaviours on the health of the nation</p>			
<p>Obesity</p> <p>MRC will pursue research in the areas in the 2010 MRC obesity research priorities statement:</p> <ul style="list-style-type: none"> • Understanding the processes leading to obesity, those linking obesity to disease, and the lifestyle, physiological and genetic factors causing differences in susceptibility between individuals. • Investigating the neuroscience of obesity, including appetite regulation, energy homeostasis and reward pathways • Identification of testable interventions to prevent and treat obesity, particularly at population level as a basis for developing effective public health policies. 	<p>Annual reporting of spend and commitment in this portfolio area.</p> <p>Highlight progress against the 2010 obesity review (Q3).</p> <p>Decision on strategic investment in an institute for metabolic sciences (Q3)</p>	<p>Publish examples of/progress with new therapeutic interventions, industry/academia interactions, and lifestyle policy impact arising from MRC research in 2013/14.</p>	<ul style="list-style-type: none"> • New therapeutic interventions (pharmacological and behavioural) for prevention and amelioration of obesity • Increased interaction between industry and UK science base to translate discoveries into new therapeutic approaches and economic and societal gain • Evidence to inform policy in relation to preventing & treating drug misuse, excessive drinking and obesity

<p>Addiction</p> <p>Building on the National Addiction Research strategy MRC will support research to:</p> <ul style="list-style-type: none"> • Develop new approaches to reduce alcohol abuse • Understand the causes, risk factors and natural history of addiction, focusing on adolescence • Monitor the incidence and prevalence of problem drug use and understanding biological and social harms • Develop and implement new treatments and preventive strategies for addiction and relapse <p>We will spend over £10m in this area in support of strategic activities and ongoing baseline activities.</p>	<p>Annual reporting of spend and commitment in this portfolio area.</p>	<p>Progress with the addiction strategy, including information about changes in the spend in this area, progress in developing new interventions, interactions with industry and evidence of influencing policy, captured in a programme stocktake to be conducted in 2013/14.</p>	<ul style="list-style-type: none"> • Increased UK research capacity in addiction • New therapeutic interventions (pharmacological and behavioural) for prevention and amelioration of addiction • Increased interaction between industry and UK science base to translate discoveries into new therapeutic approaches and economic and societal gain • Evidence to inform policy in relation to preventing & treating drug misuse, excessive drinking and obesity
<p>iii) Healthy ageing</p>			
<p>MRC will continue to lead the cross-Council Lifelong Health and Wellbeing (LLHW) challenge. We will develop initiatives in neurodegeneration, musculoskeletal ageing and extended working lives. We will:</p> <ul style="list-style-type: none"> • Promote links between national centres of excellence in neurodegeneration research to develop research into predictive animal models, common platforms for brain imaging, and frameworks for multi-centre clinical studies (in partnership with German and Canadian funding agencies) • Lead UK participation in a new EU-wide Joint Programming initiative in neurodegeneration, aiming for jointly funded activities from 2011 • Promote research to translate research into age-related deterioration in bone and muscles into novel diagnostic, prognostic and therapeutic measures 	<p>Annual reporting on spend and commitment toward strategic ageing research</p> <p>Decision on major ARUK/MRC investment in a Centre for musculoskeletal ageing) Q1</p> <p>LLHW programme will produce a summary of progress with a focus on achievements in co-ordinating cross council investments. The report will include a summary of inputs from all participating Research Councils and information from MRC e-Val concerning how the initiative is already establishing productive networks (Q4)</p> <p>MRC is leading on drafting a report on the funding landscape for Neurodegenerative disease research across Europe. (Q4)</p>	<p>The MRC will examine with other stakeholders the impact of ageing initiatives across the Research Councils so examples of return on investment are identified and this learning is applied sooner.</p>	<ul style="list-style-type: none"> • New preventive interventions to maintain musculoskeletal health & reducing frailty • Evidence to underpin policy on extended working lives • Increased research towards new treatments for dementia

<ul style="list-style-type: none"> • Work with Arthritis Research UK to understand the mechanisms that modify age related changes, including physical activity and diet, to identify preventive interventions to sustain musculoskeletal health and mitigate disease risk • Work with partners through the LLHW programme to understand the changing capabilities of an ageing workforce and investigate the health and socioeconomic impact of working in later life. • Aim to spend at least £150m in neurodegeneration across the full range of activities, including increased funding for dementia research 			
<p>2.1.3. Health research is a global issue</p>			
<p>i) International leadership</p>			
<ul style="list-style-type: none"> • Develop and sustain strategic partnerships with key international players, particularly in South East and Southern Asia, exploring opportunities for technology transfer and innovation • Play a leading role in influencing the European scientific agenda, leading the development of EU Joint Programming on Neurodegeneration, and contributing to joint programming in ageing, antibiotic resistance and food for health • Engage with negotiations relating to the Framework Programme and the development of the European Science Foundation, and contribute to negotiations on European Directives affecting research 	<p>Report on MRC supported researcher involvement in EC funded programmes (Q4).</p> <p>Annual update on UK involvement in joint programming and joint cross-European infrastructure projects (Q2).</p> <p>Publication of EMRC special policy briefing on the analysis of research portfolios (MRC chair) (Q3), and reports from the ESF members forum for evaluation (MRC lead). Will help set agenda for international joint evaluation of health research portfolios.</p>	<p>Report progress on discussions with international partners</p>	<ul style="list-style-type: none"> • Increased funding leveraged from international partners to support UK scientists • Alignment of international biomedical science policies and funding strategies with UK priorities • Increased inward investment from strategic partnerships in Europe and globally • Access to international research consortia and infrastructure

ii) Global Health			
<ul style="list-style-type: none"> • Continue our joint scheme for global health clinical trials with DfID and the Wellcome Trust, focussing on trials addressing health inequalities likely to make the biggest impact delivering both practical interventions and improved policy advice • Work through our Units in The Gambia and Uganda to harness the value-added from our population-based and laboratory programmes addressing global health issues such as tuberculosis, HIV and chronic noncommunicable disease. • Provide support for research leadership in Africa to help reverse the brain drain of qualified biomedical researchers • Run a joint call to study chronic noncommunicable disease with the Indian Council for Medical Research • As a founding member of the new Global Alliance for Chronic Diseases, MRC will support a global approach to research on chronic diseases including hypertension and mental health. 	<p>Annual reporting of spend and commitment in Global Health research.</p> <p>GHG to agree key metrics for measuring progress of Gambia Unit under new model (Q4)</p> <p>Decision on funding of new proposals for Uganda Unit (Q4)</p>	<p>Reporting of spend and commitment to specific global health schemes</p>	<ul style="list-style-type: none"> • New strategies for tackling global health threats impacting on UK • Strengthened and progressive science leadership in MRC African Units working in the local research environment for a sustainable future • Improved evidence base for targeting overseas aid budgets for health and for provision of healthcare in the UK setting (e.g. for HIV and TB) • New evidenced based treatment for the major global health threats moved into policy and practice in low and middle income countries
2.1.4. Harnessing the value of population health sciences for the public health agenda			
i) Maximising the impact of large scale population-based cohorts			
<p>Over the next CSR period the MRC will exploit the rich data resource of large cohorts, such as the UK Biobank, by supporting both initial cross-sectional analyses of the baseline data to assess associations between the environment and disease prevalence (e.g. asthma or obesity) and genetic and biochemical analyses, linked to environmental data, of new disease cases within the cohort to provide unique insights into mechanisms and causes of diseases that are a major public health burden.</p> <p>We will support the development of a new 2012 birth cohort and its linkage to existing birth cohorts to ensure maximum impact on both health and social policy is realised.</p>	<p>Annual monitoring of spend in population health sciences.</p> <p>Update on Biobank progress and utilisation in Q2 2012 and Q2 2014.</p> <p>Progress in strengthening policies and data directory for patient and population health research approach. (Q4)</p>		<ul style="list-style-type: none"> • Greater understanding of environmental and genetic determinants of disease, leading to novel approaches for prevention and therapy • Increased national capability in quantitative skills in population data management and analysis • Increased ability to respond to new and re-emerging infections • Ability to target infectious disease interventions to vulnerable groups

ii) Increasing economic and societal gain through E-health research			
<p>The MRC, in partnership with Government and charity funders, will invest in:</p> <ul style="list-style-type: none"> • Support for methodological development and the integration of medical informatics • Outstanding research environments to deliver training and skills in data management, analysis and statistics • Co-ordination of best practice, collaboration and inter-disciplinary culture 	<p>Publish landscape mapping exercise for e-health capability in the UK (involving cross-funder input and ABPI) Q2.</p> <p>Following this prioritisation, report on progress with evolving strategy. Multi-funder initiative to support new centres expected in 2011/12 (MRC contribution £5m) Q4</p>	<p>Annual reporting of spend and commitment in this area starting 2012/13.</p>	<ul style="list-style-type: none"> • Significant contributions to medical informatics, leading to improvements in the utilisation of medical data
iii) Public health infections research			
<p>MRC will address the need to have a robust rapid response capability for outbreaks and epidemics of new or re-emerging infections, refresh the approach to antimicrobial resistance, identify and target effective prevention and treatment strategies towards the most vulnerable groups in society and foster innovation in detection, treatment, and prevention. Research approaches will include partnership with BBSRC to deliver strong, multidisciplinary virology programmes, translational vaccine and anti-infective work as a priority, and development of work on the ecology of infection, modelling, and dataset integration.</p>		<p>2012 report on potential joint programme in antimicrobial research</p>	<ul style="list-style-type: none"> • Significant contributions to preparedness for new disease outbreaks and monitoring and treatment of existing infectious disease.

2.2. National Capability			
<ul style="list-style-type: none"> Continue to develop the The Francis Crick Institute as a key element of our strategy to increase the impact of basic science on health now and for decades to come. The new Laboratory of Molecular Biology building will be complete in 2012, providing modern infrastructure to maintain LMB's leading role in supporting innovation and translation of fundamental research discoveries into new technologies UK Biobank and other longitudinal cohorts are key resources for population health studies: investment will be focussed on maintaining effective usage of these cohorts and making data available for widespread use across the UK and internationally Development of the national capability in experimental medicine, including development of new methodology for clinical studies and to support the work of the National Institute of Clinical Excellence. Investment will be co-ordinated with NIHR, adding value to anticipated additional NIHR investment in Biomedical Research Centres and Units 	<p>Complete QOR for NIMR (Council March 2012, Q4)</p> <p>Sign off Deed of Accession to allow KCL and ICL to join the JV (September 2011, Q2)</p> <p>Complete QOR for LMB (Council December 2011, Q3)</p> <p>For BIOBANK see 2.1.4</p> <p>Evaluate options for future University Units (Q2)</p>	<p>Establish a "Virtual Institute" based on existing programmes at NIMR, starting 2012/13.</p> <p>Complete the transition to the New LMB Building and commence full operations in October 2012, Q3</p>	<p>Research infrastructure for the delivery of highest quality biomedical research is developed and sustained, driving inter-disciplinarity and engaging with partners in Government, industry and the charity sector</p>
2.3. Cross Council Themes			
2.3.1. Lifelong Health and Wellbeing			
<p>LLHW is core to MRC's strategy in ageing research. See section 2.1.2.</p>			

2.4. Other Government research and development initiatives

2.4.1. Translational Medicine

The overall spending in this area is likely to reach £250m over the spending period, including an increase in spending on the managed programmes to £50m pa by 2014/5. MRC will:

- Sustain investment in the Developmental Pathway Funding Scheme (DPFS) and increase funding for the Developmental Clinical Studies (DCS) scheme, for preclinical and clinical development of novel interventions, including stem cells
- Enhance support of experimental medicine through co-ordination of national and regional resources and facilities, and the training of researchers, ensuring investment is aligned to add value to NIHR funding for translation
- Further develop productive alignments between basic and experimental clinical research in academia and industry, based on the successful model of the Immunology and Inflammation initiative
- Evaluate and further develop novel ways of supporting translational activities, building on Translators and Devolved Portfolios Awards
- Provide the cross-Council lead for relationships across the pharmaceutical sector, to simplify and speed up policy dialogue and maximise the impact from RC investments
- Lead a stocktaking of RC and TSB regenerative medicine investments and their alignment with changing business models and pathways from research to impact promote best use of research resources across academia and industry, including imaging facilities, tissue and informatics resources

Continue to report spend in this area, broken down into the different strands of translational work annually.

Regular reports on the “pipeline” of developments from MRC research, illustrating the impact of MRC’s investment in translational medicine.

Summarise policy progress (from funders forum etc.)

Analysis of EME pipeline to examine the strategic positioning of this portfolio, and maximise impact to be carried out in 2013/14.

Commission research on “testing pathways to innovation”, collaboratively with RCUK. The study will examine approaches, such as prospectively following a cohort of applied/translational research council investments through different exploitation routes in different sectors, and compare return on investment in detail. By selecting some developments at later stages of application it should be possible to develop results within three years (2014/15)

Using digitised repositories of guideline documents, existing audits of implementation, and the ability to track back to originating research, we will commission a study that seeks to illuminate “pathways to impact” in health. The study will aim to understand differences in implementation across areas such as public health, and social care, and recommend how the NHS can accelerate the uptake of research findings, and how this can make a larger difference. Collaboration will be sought with NIHR, ESRC, and medical research charities. (Q1 2013)

Evaluation of Biomarker research (see above 2.1.1. i).

Evaluation of new mechanisms for support starting with methodology in 2012/13 and then DPFS in 2013/14

- Quicker realisation of health and economic impact from basic research investment
- UK remains an attractive environment for R&D investment for the pharmaceutical and biotechnology sector.
- An increase in the number and diversity of new therapies, devices and diagnostics in development at all stages from validation of new targets to clinical trials
- Meeting academic & industry expectations for a pipeline of innovative, commercialisable research assets with high health impact
- Better tools and resources to facilitate more rapid development of novel therapeutics

- Explore and fund innovative models of pre-competitive and collaborative research partnerships with industry through the MRC Industry Collaboration Awards and CASE studentships, specifically targeting support for experimental medicine, biomarkers & stem cell medicine
- Form new partnerships with other industry sectors (e.g. food industry)

2.5. Safeguarding the skill base for UK biomedicine

i) PhD studentship provision

We will maintain our overall investment, reducing the number of students slightly but increasing the research training support provided to each, with the aim of enhancing the ability to attract the best students. We will sustain our recent increase in support for CASE PhD students at 35 pa. We will work with universities, industry and the TSB to enable CASE graduates to continue to act as agents of innovation in their host companies. Options include participating in the TSB's Knowledge Transfer Partnership scheme and extending MRC's existing People Exchange Scheme

Research masters

MRC does not fund taught masters, but supports research masters places, targeted at building capacity in strategic skills gaps identified by industry and academia. We will consult to ensure this scheme meets industry needs and plan to support 50 pa over the CSR period, to enable outstanding candidates aiming for PhD training to "re-route" their interests from their first degree discipline.

Monitoring of numbers of CASE studentships supported, and analysis of other aspects of private sector involvement (such as MRC staff that provide consultancy support to industry) (Q3).

Overall analysis of available next destination data, produced annually (Q1).

New academic/industry investment in studentships, post doctoral positions (with TSB) and fellowships.

Reform of Doctoral Training Grants completed (Q2)

Changes in reported skill shortages will be evaluated toward the end of the spending review period, in order that reforms to training provision feed through to delivering skilled people in key areas (2014/15).

- More CASE studentships, involving a wider range of users, delivering a new cohort of innovators in research used to working across disciplinary and sectoral boundaries to boost economic impact
- Closer alignment between academic research programmes and industry – with a greater proportion of students and staff supported on MRC grants finding employment in the private sector
- Expansion of fellowships to deliver 20 new early career entrepreneurial researchers.
- Increased supply of researchers with scarce quantitative & experimental skills to industry, academia & healthcare

Fellowships

We plan to increase the number of early and intermediate career fellowships. We shall align the new fellowships with Strategic Plan priorities – for example, to develop the following capabilities:

- Development and integration of biological and engineering technologies to provide insights and solutions to the challenges of tissue repair and regeneration
- Development and application of innovative mathematical and statistical methods to understand disease mechanisms, predispositions to disease and the interplay of genetics, development, lifestyle and environment in health and disease – working across a range of complex data sources
- Innovative research methods at the interface of preclinical and clinical medicine and population health sciences, developing researchers able to accelerate the translation of research knowledge towards practical applications for better health.
- Post-doctoral researchers developing careers in cross-industry/academia or translational areas, with long-term awards to complement the shorter MRC Research Leader Fellowships

Senior Fellowships We will sustain investment in Senior Fellowships at the current level.

Research Careers and Diversity

we shall continue to work closely with other Research Councils both directly and through the RCUK Research Careers programme, including supporting implementation of the Concordat for Researcher Development and managing the transition of the Vitae programme towards a self-sustaining position.

Clinical Research Training

MRC will rebalance the investment in clinical research training, increasing the number of intermediate Clinician Scientist Fellowships.

3.0. Economic Impact			
3.2. Implementing the vision			
<p>MRC actions include:</p> <ul style="list-style-type: none"> • Targeting investment in areas expected to have greatest societal impact and where UK research strengths can be leveraged (e.g. Addiction, mental health and dementia) see 2.1.2 above • Sustain translational research (e.g. By building on the success of DPFS and DCS) see 2.4.1. above • Raise the profile and impact of public health research. See 2.1.4. above. • Meeting industry needs and building enduring links with industry and TSB. See 2.4.1. above. <p>3.3. Measuring and disseminating the impact of MRC research</p>	<p>Commentary on economic impact is part of annual feedback on sections above, capitalising on information gathered on impact from MRC e-Val.</p> <p>By Q4 we will complete the third annual MRC e-Val data gathering exercise and our aim will be to maintain compliance and quality of responses from the community.</p> <p>Annual reports on the outputs and impacts from MRC research (Q3)</p> <p>MRC will commission at least one follow up study to “Medical Research: What’s it worth” in order to deliver enhanced information on the economic return from medical research by Q4 2011/12.</p> <p>Analysis of UK health research portfolios (in partnership with Wellcome Trust, NIHR, ARUK, CRUK, BHF, AMRC) setting the MRC portfolio in context of the gaps and opportunities in the UK (Q3)</p>	<p>MRC will explore the feasibility of a joined up approach to collecting output data across all major UK health research funders.</p> <p>A programme of economic impact studies will be developed to examine pathways to innovation, and mechanisms of translation, aimed at delivering results in 2013/14 – 2014/15 (see proposed studies in translational research).</p> <p>By 2014/15 the MRC e-Val dataset will encompass almost ten years of progress from MRC research, and we will have leveraged benefit from this evidence base across all areas of MRC strategy development and decision making.</p>	<p>Evidence of the progress, productivity and quality of MRC research. In particular quantitative and qualitative evidence of progress with the MRC strategic plan.</p> <p>MRC will use this evidence, plus feedback from the users and beneficiaries of research, to ensure that assumptions about what leads to impact can be tested, and that there is a sound evidence base upon which to develop future strategy.</p> <p>The MRC will work with NIHR, the devolved administrations, major medical research charities, the major research intensive Universities, HEFCE and other research councils to analyse the impact of medical research on the economy and society.</p>
4.0. Delivery Analysis			
4.2.1. Managing expenditure – resource			
	<p>Council and Management Board will review expenditure during the course of the year to ensure that this remains within budget</p>	<p>MRC will manage its expenditure as set out in its delivery plan, and report performance against budget regularly to BIS</p>	<p>MRC will ensure that funding is deployed to areas of work that support the delivery plan objectives.</p>

4.2.2. Capital projects and programmes			
<ul style="list-style-type: none"> i. The Francis Crick Institute ii. New LMB 	<ul style="list-style-type: none"> i. Judicial Review Period following Planning Permission complete and construction commenced Q1 2011/12 2nd Stage procurement started Q1 2011/12 ii. Construction project complete and building handed over to MRC Q4 2011/12. 	<ul style="list-style-type: none"> i. Construction work will be on-going throughout whole period. All construction procurement complete and Main Contractor appointed Q2 2012/13. Transition planning and implementation at advanced stages by the end of the period. ii. Transfer existing equipment to the new building and final fit out Q3 2012/13. Formal opening ceremony early Q4 2013/14. 	<ul style="list-style-type: none"> i. New building in commissioning phase for hand over in Summer 2015. ii. New building fully occupied and functioning.
4.2.3. Managing new MRC commitments			
	<p>Strategy Board and Management Board undertake stock-takes of commitment progress during the course of the year to ensure the commitment programme stays on course.</p> <p>MRC will introduce new processes for robust scrutiny of capital commitments, given the need to work to a significantly reduced capital budget Q1 2011/12.</p>	<p>MRC will manage new commitments as set out in its delivery plan. Progress toward achieving these commitments will be outlined in MRC's financial reports.</p>	<p>MRC will ensure that funding is deployed to areas of work that support the delivery plan objectives.</p>
4.3. Efficiency			
<ul style="list-style-type: none"> • Commitment to the Wakeham Agenda • Maximising funding value • MRC operational efficiency 	<p>The MRC will re-direct £7.8m of overhead costs to front-line research across its intramural and extramural research programmes. MRC will report to BIS on progress by Q3 2011/12.</p>	<p>Over the spending review period a total of £106m will be re-directed to front-line science.</p>	<p>Enhance and encourage the optimal use of resources provided through full economic costing in Universities and MRC Units and Institutes.</p>