The Council's mission is set out in our Royal Charter. In summary MRC's purpose is:

- To encourage and support high-quality research with the aim of maintaining and improving human health.
- To train skilled people, and to advance and disseminate knowledge and technology with the aim of meeting national needs in terms of health, quality of life and economic competitiveness.
- To promote public engagement with medical research.

The Council members 1999

Sir Anthony Cleaver
Chairman
Professor G K Radda CBE FRS
Chief Executive
Professor J I Bell MA MD FRCP
Professor L K Borysiewicz FRCP
Professor L Donaldson QHP MSc MD FRCS (Ed)
FFPHM FRCP
Professor Sir David Carter MD FRCS (Ed)
Professor R Fitzpatrick PhD MFPHM
Professor E Johnstone MD FRCP (Glas and Ed)
FRCPsych DPM
Professor A M McGregor MA MD FRCP
Mr P McLachlan OBE DL MA
Rabbi Julia Neuberger MA
Professor J Swales MA MD FRCP
Professor T Robbins MA PhD FBrPsychSoc
Professor R Mirsky PhD
Sir Ross Buckland
Dr R Auty
Mr A L Quigley CEng FIEE
Representing the Secretary of State for Trade and Industry
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This symbol appears throughout the Strategic Plan wherever more information is available on our website
WWW.MRC.AC.UK
The period covered by our previous Corporate Plan, 1996 to 1999, has brought extensive changes to the environment in which we operate and to the MRC itself.

Change of Government in 1997 provided new challenges and opportunities for medical research and for the contribution it can make to public policy and to society at large. Notable developments in Government which have had, and continue to have, an impact on MRC include: the increased focus on public health, health inequalities and social exclusion; the emphasis on the role of global health and population issues in eliminating world poverty; a new approach to Foresight; new policies to encourage UK economic competitiveness; devolution; and concern to preserve public confidence in science. This Plan has been formulated within the context of that new policy framework.

The previous Plan signalled our intention to work more closely with partners - notably the medical research charities, the universities, and the NHS. Developments have been reported in subsequent Annual Reports and elsewhere and need not be repeated here. The numbers and scope of our collaborations with the charities continues to grow and we now have a new form of partnership working with The Wellcome Trust and others to manage the joint

Professor George K Radda
Chief Executive
Infrastructure Fund (see Chapter 3). Our new range of awards for research in universities (see Chapter 3) introduced in 1997 has provided innovative solutions to the need to develop infrastructure and support for interdisciplinary research in universities which were being mooted when the last Plan was published. A new Concordat with the Health Departments has streamlined our arrangements for jointly co-ordinating health research and research policy. The MRC’s highly productive work with industry has continued to develop, most notably through increasing numbers of start-up companies, a new technology incubator in Scotland, and the new seed fund (see Chapter 6).

The last three years have seen excellent progress in implementing scientific strategy through the range and quality of science we have been able to fund. A particular priority in the previous Plan was to try to develop interdisciplinary approaches which would maximise opportunities to integrate molecular and cellular work, with disease and population-based approaches. Many of the initiatives which have come to fruition during this period bear testimony to that approach - the MRC-funded Centre for Social, Genetic and Developmental Psychiatry in London, which aims to elucidate the interaction between nature (genetics) and nurture (the environment) in behavioural disorders, is but one example (full details of our research support schemes are available on our Internet site).

Achievements in science continue to be our primary performance indicator. These are widely reported and a list appears in each Annual Report – however the award of the shared Nobel Prize for Chemistry to Dr (now Sir) John Walker in 1997 ranks above all. This was a supreme achievement for him, for the Council, and for its Laboratory of Molecular Biology in Cambridge.

Another key area has to be to maintain the leading edge research skills of new generations of scientists and doctors. We are strengthening our support for the critical new discipline of bioinformatics and other important areas such as health services and public health have seen encouraging growth. We will continue to develop the pool of scientific talent in the UK in these and other areas over the next five years.

Another high point of the last planning period was the outcome of the Government’s Comprehensive Spending Review, announced in July 1998, which awarded an additional £90m to the MRC over three years taking our budget to £360m in 2001/2. We were delighted with that outcome which was described at the time by the then Secretary of State for Trade and Industry as ‘a resounding vote of confidence in our scientists’. The policies and scientific strategy which will underpin deployment of that additional funding to the MRC are outlined in this Plan.

Sir David Plastow and Sir Dai Rees completed terms as Chairman and Chief Executive of the MRC respectively during the period covered by the previous Plan. We thank them for the enormous contribution they had made to the MRC. Thanks are also due to the many scientific and other advisers who continue to give their time so generously to the development of MRC strategy and policies and to peer review.
“...everyone stands to benefit from the outputs of our work”
MRC is a national organisation mostly funded by the UK tax-payer. Our business is medical research aimed at maintaining and improving human health: everyone stands to benefit from the outputs of our work.

This Plan is intended to inform the public, our staff, partners and other stakeholders about our research priorities and our main corporate aims, values, policies, objectives and metrics.

THE COUNCIL’S AIMS AND VALUES

The Council's policies and objectives are developed from a core set of organisational aims and values which we express as follows.

High Quality Science: to manage high quality research relating to human health

Key Partnerships: to develop and nurture the partnerships on which good medical research depends

First-rate People: to attract and train the best people to meet scientific, and broader UK, labour needs

Knowledge Transfer And Provision Of Scientific Advice: to encourage knowledge transfer and commercial exploitation, and to provide scientific advice, for the benefit of national health and wealth

Public Engagement: to develop strategies for engaging the public in science and its wider implications for society

Business Principles: to operate responsibly and with integrity
These aims and values are described in a little more detail in the remainder of this chapter. Our scientific strategy is summarised in Chapter 2, and each of the remaining sections of the Plan then provides a brief overview of each policy area and of our main objectives:

**To continue to develop formal and informal opportunities for international collaboration in science and science policy**

**To participate in the Technology Foresight programme to broaden our links with the widest possible range of stakeholders**

**To attract and train the best people to meet scientific and broader UK labour needs**

MRC's key objectives over the coming years to achieve this overriding aim are:

- To maintain the competitiveness of MRC Units where research and training can be the primary functions
- To continue to work in partnership with universities to achieve optimal career structures in research
- To develop a cadre of high quality clinical researchers
- To monitor and influence equal opportunities issues both in employment and in the decision-making process for our award schemes
- To develop along with other bodies an evidence-base to help inform and develop policy on our personal award and studentship schemes

**To encourage knowledge transfer, commercial exploitation and provision of scientific advice for the benefit of national health and wealth**

We promote the take-up of MRC knowledge and research outputs - notably by the Health Departments and NHS, by industry and by Government as part of the scientific advisory system. Objectives for the future are as follows:

- To continue to develop our patent and licensing portfolio
- To extend our experience in establishing start-up companies based on MRC technology and to maximise the unique opportunities presented by UK Medical Ventures Fund
- To continue to highlight and disseminate the service and policy implications of current research
To continue to make authoritative input to the Government’s scientific and medical advisory system

To develop our strategies for engaging the public in science and its wider implications for society and for health

The public – whether consumer, patient, carer, public representative or tax-payer/citizen – is our ultimate paymaster and beneficiary of the work we do. Our communication strategies are designed to engage the public in scientific issues, and to learn from their input. We shall strive:

- To facilitate public access to science, and scientists, with a view to stimulating open and informed debate on science and its implications for society
- To enhance scientists’ appreciation of the views, preferences and opinions of the public regarding our research and research policies
- To achieve and demonstrate transparency about our intentions and objectives in medical research

To operate responsibly and with integrity

All individuals employed by or acting for the MRC are required to operate within the law and to conduct business honestly, scrupulously and free of deception or fraud. Any individual has the right to raise concerns or complaints regarding apparent breaches of this principle.

Relevant management systems in place include those:

- To develop and promulgate clear guidance on the ethics of research and peer review, and on scientific conduct
- To continue to develop robust systems for monitoring and reporting progress and performance against objectives in this Plan and in the annual Operating Plan(s)
- To achieve value-for-money in research and to make efficiency savings where possible, so that the maximum amount of funding is directed towards research
- To implement an environmental policy to ensure that MRC behaves responsibly and takes account of ‘green’ factors in its decision-making and in its operations
- To institute a system whereby complaints may be made and investigated

“...added value and complementarity in the interest of national health and wealth”
“We expect to increase funding in every area of our portfolio”
Health is not determined by one single factor, but by the interplay between many, including genetic inheritance and development, infection, diet, lifestyle and physical and chemical hazards; the cultural and socio-economic environment; and the public health and health care systems available. MRC invests in high quality research and training across all such areas.
In 1997/98 we spent £309,000,000 on research and training. Over the next three years, we will focus particularly on two broad linked strategic aims for the reasons described below:

**The Post Genome Challenge:** as the human genome sequence nears completion, and the pace of research accelerates internationally, UK medical research must strengthen its capacity to study gene function in health and disease. This calls for greater investment in proteomics, structural biology, biological informatics, model organisms, population genetics, and new research approaches. In parallel, we need to strengthen multidisciplinary, translational research programmes which combine basic and clinical research approaches to studying gene function in the major common diseases – for example, cancer and heart disease.

**The Health of the Public:** at a time of rapid social and economic change and growing health inequalities, MRC’s aims are to expand the UK’s capacity for high quality research into the developmental, environmental, and socio-economic factors affecting health, and to increase investment in research on interventions. MRC’s strategy emphasises health-related as well as disease-related endpoints.

**NOTE** - these planning priorities are intended as broad statements of where there is special need or opportunity: we continue to welcome applications in all areas of medical research.

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**MRC’S BUDGET**

Government’s 1998 Comprehensive Spending Review provided nearly £90 million extra for MRC over the three years from 1999/2000 to 2001/2002. We expect our total annual spend to be:

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<th>1998-99 £m</th>
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<th>2000-01 £m</th>
<th>2001-02 £m</th>
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<tr>
<td><strong>ANNUAL SPEND</strong></td>
<td>326.2</td>
<td>333.0</td>
<td>352.7</td>
<td>365.3</td>
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*Projected spend 1998 – 1999 to 2001 – 02*

We expect to increase funding in every area of our portfolio, with the largest growth in work on gene function, multidisciplinary research into the major causes of ill-health, and health of the public.
SPECIAL PLANS AND INITIATIVES

The post-genome challenge

New research centres of excellence: We will encourage research groupings - via Centres, Co-operatives and other funding methods - which bring together multidisciplinary basic and clinical research into major, multifactorial disease. By 2002, we expect to have spent at least £15 million on the initial costs of new Centres alone.

DNA collections and genotyping facilities: We will develop new collections of DNA samples with associated phenotypic, health and environmental information, as a unique national resource for research into multifactorial disease. £12 million has been earmarked for this major initiative, which MRC will develop in collaboration with the charity sector and NHS.

Biological informatics: We will expand training in informatics, allocating up to 94 studentships and fellowships over the coming three years, and actively promoting entrants from other disciplines and overseas.

Model organisms: We will give priority to developing work on mouse models of gene function, strengthening gene sequencing, research, and central facilities, and increasing investment by up to £2 million every year.

Proteins and structural biology: We will promote investment in proteomics facilities and expertise in key research centres and teams. We will work with The Wellcome Trust and the
Office of Science and Technology (OST) to ensure improved synchrotron facilities for biomedical research. The Trust and OST have already earmarked over £130 million for this initiative, and MRC is organising consultation with research users.

The health of the public

Multidisciplinary research into the Health of the Public: We issued a call for proposals for research into:

- inequalities;
- environmental, psychosocial, behavioural and biological aspects;
- interventions;
- life course influences on health;

as a first step towards increasing the scale of high quality research in the UK. We will also provide extra funds for 6 new fellowships over the next three years.

Within MRC establishments, we will develop a new five-year programme for the merged MRC/Scottish Office Social and Public Health Sciences Unit, which will also concentrate on inequalities and interventions.

Primary care: The joint MRC / Department of Health initiative in primary care will provide up to £12 million over the next five years. A call for proposals was issued in December 1998. MRC has also earmarked funds for 6 extra fellowships.

Epidemiology: We will continue to support centres of national excellence in epidemiology, and will work to ensure better integration of epidemiology with other basic and clinical disciplines.

Clinical Trials: We will continue to support high quality clinical trials, in particular to encourage proposals that are underdeveloped in our research portfolio, such as primary care, respiratory disease, and rehabilitation.

Other developing initiatives

Full details of scientific plans and of the research we fund appear on the web. Some other initiatives during this period are as follows:

Spongiform encephalopathies: We will open the new MRC Prion Unit in London during 1999, and will continue to fund new Strategic Project Grants to expand our special programme on TSEs.

Nutrition: During 1999, we will launch the new research programme for the MRC Dunn Human Nutrition Unit, and develop the new Resource Centre for Human Nutrition Research.

Healthy Ageing: We will work with the University of Newcastle to develop a new Centre in Clinical Brain Ageing, as part of the wider Institute for the Health of the Elderly.

Environment and Health: Together with NERC, we issued a joint Highlight Notice inviting collaborative proposals from environmental and medical researchers and plan to make the first new awards in 1999.
MRC’s basic research underpins our own clinical and public health research, whilst applied research feeds into improvements in healthcare and innovation in industry.
“...funding for research is targeted selectively on the basis of scientific quality and national strategic considerations”
The aims and values which inform our policies and objectives in the support of research are set out briefly below, with some information on how we intend to implement them and to evaluate the outputs.

To draw on inputs from a wide range of stakeholders in developing MRC research plans and priorities, and in assessing research proposals

The planning priorities for research outlined in the previous chapter are developed by drawing on strategic input from scientists and from a wide range of stakeholders from England, Scotland, Wales and N. Ireland. They include industry, the Health Departments/ NHS, and other Government Departments. We also draw on other strategic planning systems such as Foresight.

Similarly, assessment of research proposals takes account of a wide range of stakeholder views - however research excellence and importance to health are the primary considerations in our funding decisions. MRC funding decisions are independent of direct commercial or political pressure from any one source.

Stakeholder input to MRC planning priorities and to assessment of research proposals is shown in the figure overleaf.

As a publicly-funded organisation, we welcome comments and questions from consumers and other stakeholders on the overall balance of our research portfolio and on our planning priorities. Consultation with consumers and patient support groups is currently directed towards priority setting and research design in respect of research being planned on particular diseases, or relevant to particular client groups (see Chapter 7).
To provide a range of funding schemes and opportunities designed to support the best science, and scientists, across the full spectrum of research disciplines relating to health, and to encourage innovation and inter-disciplinarity.

We will continue to support research through a diversity of mechanisms, tailored to the needs of the science base. These are currently as follows:

**Long-term, stable funding for major programmes of work:**

Units and Institutes will continue to be one of the most important means of supporting innovative medical research. They provide an ideal framework for strengthening areas that are underdeveloped in universities, for capitalising on high quality scientific leadership, and for building multidisciplinary approaches particularly in areas of national need.

We will develop new research Centres to strengthen support and infrastructure for multidisciplinary, goal-oriented programmes within universities, where there is clear synergy between the research aims of the university and MRC.

We will continue to support many of the UK’s best teams through 5-year Programme Grants, and will ensure the scheme also provides flexible support for outstanding individuals and smaller groups.

**Promoting co-operation and collaboration, and strengthening infrastructure:**

We will develop the Co-operative Group schemes, and expect to support at least 100 Groups by the end of the period. These will benefit from shared facilities and expertise, from complementary research approaches, or from integrating basic and applied approaches.

**Fostering new ideas, talents, and initiatives:**

Our Career Establishment Grants scheme is designed to help new academic staff develop their research programmes.

We will continue to provide a full range of training and career support schemes (Chapter 5).

Our Innovation Grants will provide targeted funds for specific, high risk projects within existing groups.

Strategic Grants will be used to provide any extra flexibility needed in developing new priority areas, such as new work on the health of the public. They are also used to meet the special funding needs of clinical trials.
MRC stakeholder inputs
To work in partnership with universities

Most partnerships require agreement on common aims, with effort required in melding different approaches to achieving those aims in practice.

At a strategic level, MRC and universities share a common aim to provide infrastructure and human resource policies so that innovation and creativity in medical research can flourish.

In practice, MRC’s funding for research is targeted selectively on the basis of scientific quality and national strategic considerations (as described earlier in this Chapter). For their part, universities’ institutional aims and priorities extend far beyond medical research. Universities’ expectations of MRC – and ours of them - are conditioned by these different perspectives.

We shall give priority in future to extending our bi-lateral contacts with universities with a view to developing understanding, transparency and caselaw to inform management of these different approaches in practice. The OST-led review of research funding in universities (the ‘transparency review’), set up in the aftermath of the Government’s 1998 Comprehensive Spending Review, will be helpful in this respect.

To provide strategic input to The Wellcome Trust/OST Joint Infrastructure Fund

The Wellcome Trust/OST Joint Infrastructure Fund (JIF) was set up in the summer of 1998, as part of a package of increased funding for UK science following the Government’s Comprehensive Spending Review. The Fund provides £600m from OST and The Trust for universities in the biological and medical sciences, equipment and infrastructure-related needs. An additional £150m has now been added by HEFCE. Universities’ applications for JIF funding are being handled by The Trust for peer review by an International Scientific Advisory Board (ISAB). Final funding decisions will be taken by a Joint Executive Committee (JEC) chaired by the Director-General for the Research Councils. Through its membership of the ISAB and JEC, the MRC will aim to ensure that JIF awards reflect support for outstanding science in areas of national priority and that the associated implications for longer-term funding of staffing and running costs are explicit at the outset.

To continue to evaluate the quality of MRC-funded research and of its management

All our investments in research and training will continue to be reviewed in competition, against the highest national and international scientific standards, and taking account of medical research priorities, every 3 - 5 years.

To ensure our funding schemes are effectively operated, and contributing to the overall strength of the science base, and to assess and develop MRC’s peer review systems, we will conduct a series of special studies and reviews over the next five years. A group including some independent members, chaired by Sir Anthony Cleaver, will direct this work, consulting widely and publishing its findings: details are available on our website.
“We will continue to support research through a diversity of mechanisms, tailored to the needs of the science base.”
“MRC has a track record of working in partnership with a range of national and international organisations in the public, private and voluntary sectors.”
MRC has a track record of working in partnership with a range of national and international organisations in the public, private and voluntary sectors. We shall continue to evaluate our performance in partnership working in future - a number of key priorities have developed since our last Corporate Plan and these are highlighted below.

To work closely with other research councils particularly in genomics and in public health research

In announcing the increase in the science budget as a result of the Government’s Comprehensive Spending Review in the summer of 1998, the Government underlined the importance of co-ordination across the physical sciences, IT and engineering, biological sciences, environmental science and social science in taking forward national priorities.

Opportunities have been identified for collaborative working in proteomics, in structural biology, biological informatics and in the use of model organisms in progressing ‘the post-genome challenge’ (see Chapter 2). Cross-sectoral opportunities in public health research arise in nutrition, in the research questions associated with anti-social behaviour and in considering the need for more research on behavioural interventions in health.

Priority will be given to capitalising on these and a number of other opportunities for joint working across councils in the next few years.

To expand and nurture relationships with the medical research charities

We shall continue to work closely with The Wellcome Trust, collaborating on joint projects where respective aims can be met through that means. The aim is to ensure complementarity in our respective approaches to the funding of medical research and training. A partnership approach to management of the Joint Infrastructure Fund, also involving research councils, OST and HEFCE, will also be essential to ensure that funding reflects scientific quality and national priorities.

We shall aim to extend our range of partnerships with other medical research charities where joint action either in policy areas or in research funding will add value to our respective aims. Joint working in the management and funding of clinical trials is well-established: more generally, MRC’s new forms of support for research (see Chapter 3) have enhanced the scope for partnership funding with the charities. As we begin to work more closely with consumers (see Chapter 7), we hope to be able to draw on the experience of the charities in working with patient groups and carers.

A major new partnership with the Cancer Research Campaign to establish a new cancer institute in Cambridge will come to fruition during this planning period.
To continue to develop partnerships with Government Departments, with the NHS, and with industry, to help achieve added value and complementarity in the interest of national health and wealth.

Government Departments, industry and the NHS are stakeholders in the sense of having an influence on the development of MRC research strategies (see Chapter 3). They are beneficiaries in the sense of benefiting from the outputs of MRC research and horizon-scanning (Chapter 6). They are also partners in sharing research strategy and in exploring scope for joint funding: the substance of this chapter is confined to the partnership element of these stakeholder relationships.

Major partnerships with Government Departments include Health Departments; Department for Trade and Industry (DTI); Department for International Development (DFID); Department of the Environment, Transport and the Regions (DETR); and the Ministry of Agriculture, Fisheries and Food (MAFF). We shall be looking to develop partnerships with the new Food Standards Agency (FSA) over this planning period as well as with the Scottish, Welsh and Northern Ireland Offices in the wake of devolution. Details vary but each is covered by a Concordat providing a framework for the regular sharing of research plans and strategy. This element of joint working will continue to be important in the next few years and there is provision for joint review of the effectiveness of Concordats in practice. Concordats also provide a framework for joint funding and for review of jointly funded initiatives. For example, DFID contributed £3,911,000 in 1998/99. Many of our Units have funding from Government Departments for particular programmes, particularly those working in unique areas of national interest such as nutrition and medical sociology: however it remains MRC policy that Units should not become dependent on external funding from Government Departments or from any external source.

Similarly, Units will continue to be encouraged to accept funding from industry, subject to business terms being agreed. The proportion of MRC publications where work is partly supported by industry shows steady growth over recent years and now stands at 10 per cent. Our Units are set individual targets for income from external sources to promote collaboration with industry. The anticipated overall volume of funding we anticipate from this source over the coming years is given in Annex 1 (The Financial Framework).

Successful research partnership with the NHS and Health Departments is vital to MRC in delivering our mission. The current partnership, detailed in a Concordat, has the following aims:

- To ensure coordination in the missions and strategic planning of the MRC and the Health Departments, and that their research activities complement one another.
- To ensure that Health Department policies and priorities are informed by scientific advances and opportunities, and that Health Department research needs are understood and addressed by the MRC.
- To ensure that the NHS and public health perspectives are understood and taken account of by the MRC in decisions on research funding, and to ensure that the needs of MRC research for NHS support are understood and addressed by the Health Departments.

We shall continue to work with them on achieving partnership working in practice.

Opportunities for more specific joint funding and collaboration with the Health Departments will continue to be explored: a recent initiative is the new MRC Social and Public Health Research Unit in Glasgow.

To continue to develop formal and informal opportunities for international collaboration in science and science policy

Many areas of science require international collaboration: we shall continue to identify and influence opportunities for new areas of collaboration and try to ensure scientific quality and high standards of research management in the international programmes for which MRC has responsibility.
We shall also continue to maintain bi-lateral links with other countries on a scientific or topic-based basis where these serve mutual interests.

To participate in the Foresight Programme to broaden our links with the widest possible range of stakeholders

The national Foresight Programme in 1999-2000 provides an opportunity to promote a co-ordinated vision of the benefits and challenges offered by current biomedical research. In particular, Foresight can help develop new links with users - in public services and in industry - who may not normally focus on research. MRC intends to contribute to development of a consistent vision of current genetics research across all sector panels, and to co-ordinate special Foresight studies on food and nutrition, and on the workplace, environment and health.
“The people we support are vital to our success”
MRC employs people directly in its own units and supports others indirectly through grant award schemes at universities. The quality of our training and career structures are important factors in our continuing ability to attract high quality people to careers in the MRC. We will pay close attention to our remuneration and career structures to ensure that we are able to offer careers and salaries that are both attractive and competitive. We will seek to attract the best overseas based scientists to the UK by means of our International Appointments Initiative.

MRC Units offer some of the best scientific training environments. As part of our emphasis on training we will focus on a broad programme of complementary transferable skills training, particularly at the junior and intermediate levels. Emphasis will be given to ensuring that staff who have special responsibilities for health and safety are given the training and support necessary to enable them to carry out their duties competently.

“Our aim at all times is to attract and train the best people to meet scientific and broader UK labour needs.”

MRC’s key objectives over the coming years to achieve this overriding aim are:

To continue to work in partnership with universities to achieve optimal career structures in research

Our Fellowships and more senior personal awards make a key contribution to the provision of career structures in universities as do the new Career Establishment Awards (see Chapter 3). We shall continue to work with universities to ensure that all our personal and career awards remain attractive to the most able researchers.

Redesign of some of our other awards – Centres and Co-operative Grants for example - has
To develop along with other bodies an evidence-base to help inform and develop policy on our personal award and studentship schemes

Reliable information is needed to inform policy and to assess issues such as the value of alternative postgraduate training approaches or the balance of PhD provision. We will work with other funding organisations and employers to collate data with which to assess the quality of people entering research training, and those who move out from training into the employment market. We will keep under review the attractiveness of our personal award schemes and student stipends to ensure we remain capable of attracting the very best people into research.

We will continue to fund MSc courses as well as the MRes’ for those who either see this as a stepping stone towards a PhD or as an end in itself. Three year PhD programmes will remain central to our training programme, though other options will also be kept under review.

To develop a cadre of high quality clinical researchers

MRC wishes to support more good clinical research. We will tailor training and career awards to the needs of clinicians who want to take forward their own research programmes and continue their clinical and professional development. In particular we will seek to encourage clinicians into areas of patient-based research so as to ensure a clinical perspective on developments arising out of the post-genome challenge.

MRC’s existing portfolio of clinical schemes will be kept under review, within the wider framework for clinical training, and adapted so that they are flexible enough to meet the needs of clinical researchers.

To monitor and influence equal opportunities issues both in employment and in the decision-making process for our award schemes.

MRC is eager to afford equal opportunities for staff and appropriate representation on decision-making and advisory bodies. We will continue to monitor employee data so that women and ethnic minorities are fully supported by MRC’s schemes and procedures. We will take steps to increase the representation of women on MRC’s boards, committees and groups and will assess regional and ethnic disparities.
“...the U K ’s international competitiveness depends on attracting and supporting people with bold and innovative ideas”
“To encourage knowledge transfer, commercial exploitation and provision of scientific advice for the benefit of national health and wealth.”
We promote the take-up and exploitation of MRC knowledge and research – notably by the NHS, by industry and by Government – as part of the scientific advisory system. It is our aim over the period of this Strategic Plan;

“To encourage knowledge transfer, commercial exploitation and provision of scientific advice for the benefit of national health and wealth.”

MRC intends to work towards achieving these broad aims as follows;

To continue to develop our patent and licensing portfolio.

The Intellectual Property Rights arising out of research undertaken in MRC Units and Institutes are owned and managed by MRC. We expect the overall number of licensing agreements and patent filings, and our licensing income, to continue to increase over this planning period. Our objectives in exploiting MRC technology will continue to be – in priority order – to work with those partners judged most likely to develop products and services for the benefit of society; to contribute to UK wealth creation; to maximise, in the medium to longer term, income to MRC.

The actual and anticipated increase in patent and licensing income (1994 – 2001)
In developing our approach to licensing in future, we shall seek to develop mechanisms to strengthen MRC patent applications prior to exploitation, and to ‘package’ technologies with a view to enhancing their exploitation potential.

To extend our experience in establishing start-up companies based on MRC technology and to maximise the unique opportunities presented by the seed-fund – UK Medical Ventures Fund.

Licensing is one of a number of methods for knowledge transfer. An alternative is start-up companies founded on MRC technologies; numbers will continue to grow.

UK Medical Ventures Fund was launched in 1998 primarily to invest in companies based on MRC technology. The Fund is managed by MVM Limited, a wholly owned subsidiary of the MRC. The Fund has raised £40m from 8 private Limited Partners. A priority for the next few years will be to reap the benefits of this innovative approach to venture funding and management.

The “incubator” role of the Collaborative Centres in Mill Hill and Edinburgh will also be developed further.

To continue to highlight and disseminate the service and policy implications of MRC research strategies and outcomes to the NHS and Health Departments.

The Government’s emphasis on quality in ‘The New NHS’, on evidence-based medicine, and on cross-sectoral approaches to developing the health of the public, have provided new impetus to the MRC’s approach to disseminating research strategy and research outputs in the health service. Dissemination will be developed at a number of different levels:

The growth in MRC Start-up companies
This as follows ‘... the object of the research is the extension of medical knowledge with a view to increasing our powers of preserving health and preventing or combating disease...’.

This independence, and a broad approach to medical science, whilst remaining responsive to national needs, continues to be the mainstay of our approach today and gives us a unique role to play in the national scientific advisory system.

MRC has Concordats with many Government Departments. A key element of these is to provide Departments and thereby Ministers with access to authoritative scientific advice on the state of knowledge in particular policy areas and/or the likely impact of science on policy or service issues in the future. Such advice is, and will continue to be, channelled in a number of ways:

- by direct interface between the MRC Chief Executive and parliamentary committees and senior advisers in Government, notably the Chief Medical Officers and Director of Research and Development;
- through special MRC advisory committees (for example the MRC Gulf War Steering Committee which manages a research programme aimed at defining the nature and extent of ill health among Gulf War veterans, or the MRC/DH Research Advisory Group on TSEs Research);
- and through scientists employed by the MRC acting as expert, independent advisers or consultants to Government.

In making input to the scientific advisory system, both directly and via the learned journals or popular media, the MRC aims to communicate scientific information and advice honestly and openly, so that the scientific basis for policy-making can be well understood by the public.
“...scientists are encouraged to develop and implement communication strategies designed to increase public access to them and to their science”
Public and professional appreciation of the broader implications of research for healthcare and lifestyles will shape the benefits society ultimately derives from it. Over the period of this Plan, the MRC will continue to promote public awareness and discussion of medical research and its implications for health and society; this includes a continuing role in providing authoritative input to the national scientific advisory system (see Chapter 6).

Some key topics will continue to be important in the next few years and will feature prominently in our communications strategy – for example the implications of genetics research for health and for society at large and the case for using animals in medical research. However, our approach to engaging the public in science also needs to be opportunistic and reactive – reflecting the full range of scientific developments as they occur, and responsiveness to areas of public interest and concern as they arise.

The main thrust of our ongoing programme of engaging the public in science is expected to be as follows:

To facilitate public access to science and scientists, with a view to stimulating open and informed debate on the implications of science for society

Information on science and science policy reaches the general public through a variety of means including the print and broadcast media, and our own publications. Additional communication channels are important for particular groups – for example children, teachers and parents have contact with science through schools, patients may have contact with science through health professionals etc. We shall aim to continue to develop a dialogue with these different groups.

MRC’s communication strategy depends heavily on scientists employed in MRC Units (see Chapter 3). As part of the MRC’s mission to contribute to ‘public understanding of science’, our scientists are encouraged to develop and implement communication strategies designed to increase public access to them and to their science. Many of them are now much in demand in the media, and have close links with schools and other local stakeholders. Media and other communication skills training is provided and more general support is available to Units from communications specialists at MRC Head Office.
Some national communication initiatives such as public exhibitions and other events will continue to be initiated and managed by MRC centrally (for example the MRC contribution to Science, Engineering and Technology (SET) week.)

To enhance scientists’ appreciation of the views, preferences and opinions of the public regarding our research and research policies

MRC has developed an interface with consumers in recent years – mainly through dialogue in shaping particular research initiatives (for example in the design of AIDS trials, and trials for new anti-Alzheimer’s drugs). Consumer input has undoubtedly had a beneficial impact on the overall quality of the research. Our policy is to extend our dialogue with consumers in future. It is important to both sides that the objectives and methodology for this dialogue are clearly defined at the outset so that evidence-based good practice can be developed in partnership.

MRC supports research – which can add to understanding of public perceptions of science – for example in medical sociology. We shall aim to ensure that the outputs from this and other research inform our communications strategy in future.

To achieve and demonstrate transparency about our intentions and objectives in medical research and the research we fund

Information about MRC research and research policies is widely available in our publications, and on our Website: including, in future, summaries of business discussed at Council meetings.
“...promoting public awareness and discussion of medical research and its implications for health and society.”
“Both the Council as a corporate body and its employees are accountable to the public for what they do.”
MRC's key objectives over the coming years are as follows:

To develop and promulgate clear guidance on the ethics of research and peer review, and on scientific conduct.

MRC has a pivotal role to play in informing the research community and the public at large of the ethical principles and standards of conduct that apply to medical research. These principles are pervasive across Council's core business - for example in the management of peer review, the interface with applicants for MRC funding, in good research practice and the handling of allegations of scientific misconduct, and in the management of certain types of medical research, such as that involving human participants, material or personal information, animals etc.

Adherence to the highest ethical standards in medical research is in the interests of both patients and scientists. It helps to build public confidence in the integrity and value of medicine and research. Council already has separately published ethical policies in most of its key areas of scientific research. Where gaps are identified, we will investigate and evolve guidance for widespread dissemination, taking on board the opinions and interests of key stakeholders. Ethical issues which will command particular attention over the coming years will include the ethics of research in developing countries, and the management of human tissue and biological sample collections.
To implement an environmental policy to ensure that MRC behaves responsibly and takes account of ‘green’ factors in its decision-making and in its operations.

The White Paper, “This Common Inheritance”, affirmed Government’s intention to take greater account of environmental issues in decision making. Departments are encouraged to have policies and strategies in place to minimise the impact of their activities on the environment. MRC will adopt an environmental strategy which will embrace both operational and strategic decision making. This will raise the profile of ‘green’ issues among staff and decision makers, and will seek to keep a tight rein on energy consumption. A framework will be developed setting out the strategic goals MRC should aim for and the means of attaining them.

To institute a system whereby complaints may be made and investigated.

We are realistic enough to accept that we will not always get everything right all of the time. Decisions and actions taken by us may be open to challenge and complaint. A complaints procedure will be promulgated on the MRC’s website, so that administrative shortcomings may be investigated and rectified.

Instituting such a system will help ensure that we continue to maintain, at all times, the highest standards of responsibility, integrity and transparency in our business operations.

To continue to develop robust systems for monitoring and reporting progress and performance against objectives in this Plan and in the annual Operating Plan(s).

Like most other organisations, MRC expects to be measured on its performance and progress against objectives. Senior management monitors performance against annual Operating Plan targets, and a published account of corporate performance appears in our Annual Reports.

Improved data collection systems will enable us to maintain the highest standards of health and safety in our laboratories and research environments.

To achieve value-for-money and efficiency savings where possible so that the maximum amount of funding is directed towards research.

MRC will continue to promote efficiency by identifying areas of improvement, setting corporate and local targets, and by devolving responsibility for the achievement of these targets to the most appropriate managerial level. MRC Directors will be held accountable for the enduring strategic relevance of their scientific programmes and for identifying any areas of research which no longer meet strategic or qualitative standards and where resources may be recycled. Local efficiency plans, together with new procurement initiatives and systems of auditing will ensure – for example – that administrative, technical and support costs are kept to a minimum so that the maximum amount of funding can be channelled directly into medical research.

Stringent targets will also be set over the coming years with regard to central administrative running costs so that they continue to decline as a total of MRC spend and are benchmarked against the sums spent on administrative support by other similar organisations.

To achieve value-for-money and efficiency savings where possible so that the maximum amount of funding is directed towards research.
“...to maintain, at all times, the highest standards of responsibility, integrity and transparency in our business operations.”
The table opposite summarises the MRC’s financial framework over four years. Provisional income and expenditure figures are shown for 1998/99. Indicative estimates are given for subsequent years.

The accompanying notes relate to and further define the terms used in the table.
## ANNEX 1
### the financial framework

<table>
<thead>
<tr>
<th>INCOME</th>
<th>1998–99 provisional £m</th>
<th>1999–00 estimated £m</th>
<th>2000–01 estimated £m</th>
<th>2001–02 estimated £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant-in-aid</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recurrent</td>
<td>294.0</td>
<td>283.0</td>
<td>288.1</td>
<td>297.2</td>
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<td>capital</td>
<td>0.0</td>
<td>21.5</td>
<td>31.1</td>
<td>36.9</td>
</tr>
<tr>
<td>Other Public Sector</td>
<td>12.8</td>
<td>11.9</td>
<td>11.0</td>
<td>10.2</td>
</tr>
<tr>
<td>Charitable [including MRC private funds]</td>
<td>3.4</td>
<td>3.1</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>International [including European Union]</td>
<td>5.9</td>
<td>5.2</td>
<td>5.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Industry</td>
<td>2.7</td>
<td>2.4</td>
<td>2.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6.4</td>
<td>5.9</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Brought forward</td>
<td>-</td>
<td>11.3</td>
<td>15.9</td>
<td>13.7</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>325.2</strong></td>
<td><strong>344.3</strong></td>
<td><strong>350.8</strong></td>
<td><strong>372.2</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>1998–99 £m</th>
<th>1999–00 £m</th>
<th>2000–01 £m</th>
<th>2001–02 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRC establishments (recurrent)</td>
<td>137.5</td>
<td>134.5</td>
<td>143.9</td>
<td>147.5</td>
</tr>
<tr>
<td>of which</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutes</td>
<td>46.4</td>
<td>44.4</td>
<td>48.5</td>
<td>49.9</td>
</tr>
<tr>
<td>Units</td>
<td>82.7</td>
<td>82.0</td>
<td>85.9</td>
<td>87.8</td>
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<tr>
<td>IRCs (core costs)</td>
<td>5.2</td>
<td>5.4</td>
<td>6.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Programme Support</td>
<td>3.2</td>
<td>2.7</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td>MRC establishments (capital building and equipment)</td>
<td>16.2</td>
<td>21.1</td>
<td>24.5</td>
<td>28.9</td>
</tr>
<tr>
<td>Grants</td>
<td>106.1</td>
<td>110.0</td>
<td>115.0</td>
<td>118.0</td>
</tr>
<tr>
<td>of which</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career Establishment Grants</td>
<td>0.4</td>
<td>2.9</td>
<td>4.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Centre Grants</td>
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<td>3.0</td>
<td>10.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Co-operative Grants</td>
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<td>20.0</td>
<td>25.0</td>
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<tr>
<td>Programme Grants</td>
<td>42.4</td>
<td>44.0</td>
<td>46.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Project Grants</td>
<td>28.8</td>
<td>16.1</td>
<td>8.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Other Grants</td>
<td>32.8</td>
<td>39.0</td>
<td>26.4</td>
<td>26.9</td>
</tr>
<tr>
<td>(including Strategic and Innovation etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training and Career Development Awards</td>
<td>30.7</td>
<td>38.3</td>
<td>40.7</td>
<td>44.6</td>
</tr>
<tr>
<td>International Subscriptions</td>
<td>5.6</td>
<td>5.8</td>
<td>5.9</td>
<td>6.2</td>
</tr>
<tr>
<td>Special Contributions</td>
<td>5.4</td>
<td>6.1</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Administration</td>
<td>12.4</td>
<td>12.6</td>
<td>12.8</td>
<td>13.0</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>313.9</strong></td>
<td><strong>328.4</strong></td>
<td><strong>347.1</strong></td>
<td><strong>362.5</strong></td>
</tr>
<tr>
<td>Carried Forward</td>
<td>11.3</td>
<td>15.9</td>
<td>13.7</td>
<td>9.7</td>
</tr>
</tbody>
</table>
Income:
By far the greater portion of MRC’s income is made up of the grant-in-aid, which is the MRC share of the science vote allocated by Parliament. Under the Comprehensive Spending Review MRC has for the first time been notified of its grant-in-aid allocations for recurrent and capital expenditure for three years. In addition, MRC has greater scope to carry forward unspent grant-in-aid into later financial years.

MRC is committed to supplementing its grant-in-aid by maximising revenue from a variety of sources, as listed below.

- Other public sector: this includes other UK Government Departments, such as the Health Departments and the Department for International Development, and other research councils.
- Charitable: this covers income received from collaborations with UK medical research charities, and also from the MRC’s Private Fund portfolio, which is a registered charity.
- International: mostly European Union funding, but also includes other sources such as the World Health Organization and overseas agencies.
- Industry: this is income derived from collaborative agreements with UK industry.
- Miscellaneous: includes contributions arising out of non-contractual services such as scientific sales, bench fees and asset sales.

Expenditure:
MRC research spending is divided into two broad areas: support to MRC’s own establishments and salaried staff, and grant support to universities.

- MRC Establishments and Grants (see Chapter 3).
- Training and Career Development Awards: includes Studentships, Fellowships and Professorships.
- International subscriptions: these include contributions to bodies such as the European Molecular Biology Laboratory and Council, the Human Frontier Science Program and the International Agency for Research on Cancer.
- Special contributions: these cover a small number of exceptional activities that fall beyond the scope of other established types of funding and includes the Council’s contribution to the European Science Foundation.
- Administration: includes Head Office costs and the Information Systems Strategy as it relates to Head Office.