

1. Introduction

The Academy of Medical Sciences welcomes the opportunity to submit evidence to the House of Commons Science & Technology Committee in relation to the 'Cooksey Review'. We would be happy to expand on points made in this submission and to assist further with the Committee's enquiries. This submission was prepared by a working group of Academy Officers and Council members, chaired by Sir Michael Rutter FRA FBA FMedSci (see annex I).

2. Sir David Cooksey's report '*A review of UK health research funding*' is likely to mark a turning point in the funding of health research in the UK. The recommendations, endorsed by the Chancellor, offer a real opportunity for revitalising UK health research. However, implementation will be challenging and the success of the proposals will depend on the level of investment and the support and engagement of scientists, health professionals and industrialists from across biomedical research areas.
3. This submission focuses on seven areas in relation to the proposals set out in the Cooksey Report: the role of OSCHR; level of investment; importance of scientific leadership; Medical Research Council; translational medicine; peer review; and evaluation.

4. Role of the Office of Strategic Coordination of Health Research (OSCHR)

The Academy welcomes the proposal to establish an Office of Strategic Coordination of Health Research (OSCHR). This reflects the joint recommendations of the Academy and the Royal Society in their response to the Cooksey consultation in July 2006.¹ The definition of OSCHR as a 'light touch' organisation is particularly welcome (section 5.59). Lessons learnt from institutions overseas illustrate problems that may arise from complex and over-managed systems (3.18).

5. While we understand the arguments for identifying priority areas, we caution against too great a reliance on a top-down approach to setting research priorities. No amount of 'consumer desire' will overcome the practical reality that important health problems are often very difficult, or impossible, to address with existing approaches. Furthermore, some of the most significant medical advances have emerged from research on low incidence conditions with widely applicable mechanisms.

6. Level of investment

The Cooksey Report does not make recommendations concerning the overall level of funding for UK health research. The Academy considers there to be a very strong argument for increasing the level of investment.

¹ <http://www.acmedsci.ac.uk/images/project/AMSRsres.pdf>

7. We welcome the statement (4.24) that funding levels for basic science should be sustained. However, we are concerned by the recommendation that '*future increases in funding should be weighted towards translational and applied research until a more balanced portfolio is achieved.*' We are disappointed that the Report has not also called for additional research funds for basic science alongside an increase in funding for translational and applied research. Furthermore, if the Translational Medicine Funding Board were to take funding from both the MRC and the NIHR, the result would be a reduction of funding for basic science. In our view these should not be either / or choices, and there is a danger that under-investment in either area will limit the success of the overall endeavour.

8. Importance of scientific leadership

We strongly recommend that the Chief Executive Officers of both the MRC and the NIHR are individuals of significant standing in the research community. They will need to provide outstanding scientific leadership.

9. The Medical Research Council

We welcome the explicit acknowledgement of the Medical Research Council's outstanding record of scientific achievement and its role in establishing a strong base of investigator-led research.

10. Translational medicine and boundaries between the MRC and NIHR

Integration of the component parts of the translation pipeline is a key challenge. Structural separation of the NIHR and the MRC could hinder the necessary cross-fertilisation of basic science and its application to patients. The NIHR and MRC will need to work productively across the interface, and disputes over territory in either strategy or funding would be counter-productive. It will be important for the NIHR and MRC to develop complementary expertise. We argue strongly that Experimental Medicine should continue to develop primarily within the MRC. We welcome the Translational Medicine Board, which will need to be able to flush out opportunities, identify obstacles and encourage innovation.

11. Peer review

The report implies that the peer review system has contributed to the comparative lack of success of some areas of UK health research. We consider that the reasons for any lack of success are much more complex. We acknowledge that the peer review system requires a substantial amount of investment in time, but it has proved effective in enforcing scientific rigour – this has been shown to be the case across the world. We consider that a move away from peer review is likely to compromise scientific standards.

12. Evaluation

The Report emphasises the need to measure success against clearly defined objectives and to evaluate the impact and outcomes of medical research (4.17, 4.18 etc.). While applicable to applied research, short-term objectives are inappropriate for basic research from which important discoveries often result from many years of endeavour.

13. The Academy, in partnership with the Medical Research Council and the Wellcome Trust, will shortly be launching a new initiative to commission further work to evaluate the socio-economic benefits accruing from UK health research in exemplar disease areas. Further details regarding this study may be obtained from the Academy office. The Commissioning Team will be led by Professor Martin Roland CBE FMedSci.

Annex I: Working group membership

Sir Michael Rutter FRS FBA FMedSci (Chair)
Professor of Developmental Psychopathology, Institute of Psychiatry
Vice-president, Academy of Medical Sciences

Sir John Skehel FRS FMedSci
Formerly Director, National Institute for Medical Research
Vice-president, Academy of Medical Sciences

Professor Ian Lauder FMedSci
Dean, Leicester Warwick Medical School
Treasurer, Academy of Medical Sciences

Professor Patrick Maxwell FMedSci
Professor of Nephrology, Imperial College
Registrar, Academy of Medical Sciences

Professor David Delpy FRS FREng FMedSci
Vice-Provost (Research) University College London
Council Member, Academy of Medical Sciences

Professor Martin Humphries FMedSci
Professor of Biochemistry, University of Manchester
Council Member, Academy of Medical Sciences

Professor Robert Lechler FMedSci
Dean, School of Medicine Guy's, King's and St Thomas'
Council Member, Academy of Medical Sciences

Mrs Mary Manning
Executive Director, Academy of Medical Sciences

Dr Helen Munn
Policy Manager, Academy of Medical Sciences

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The Academy's Officers are:

Professor John Bell PMedSci (*President*); Sir John Skehel FRS FMedSci (*Vice-President*); Sir Michael Rutter CBE FRS FBA FMedSci (*Vice-President*); Professor Ian Lauder FMedSci (*Treasurer*) and Professor Patrick Maxwell FMedSci (*Registrar*).

The Executive Director of the Academy is Mrs Mary Manning.

The Academy of Medical Sciences
10 Carlton House Terrace
London, SW1Y 5AH
Tel: +44 (0) 20 7969 5288
Fax: +44 (0) 20 7969 5298
e-mail: info@acmedsci.ac.uk
Web: www.acmedsci.ac.uk

Registered charity no.: 1070618

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