The Academy of Medical Sciences

Future-proofing UK Health Research: a people-centred, coordinated approach

2025 update report

Thursday 7 November 2024

Academy of Medical Sciences' Symposium

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Executive summary

In 2023, the Academy of Medical Sciences detailed key threats to UK health research in a major report, *Future-proofing UK Health Research: a people-centred, coordinated approach.*[1] The report proposed solutions for all in the system to enact, to: improve a precarious and exclusive research culture and career structure; promote cross-sector movement of researchers; encourage sustainable and adequate funding models, and maximise the research potential of the NHS. Underpinning all these areas, a need for strong coordination across all stakeholders and stages of research was identified.

While progress has been made across these areas since the report's publication, the system is still endangered by some sustained challenges, such as the ability of the NHS and higher education institutions to facilitate research. Taking steps to future-proof health research, while accounting for significant developments to both health and R&D policy under a new Government, is also of concern for all in the system. There is therefore an opportunity to explore how the *Future-proofing* project's overarching aims can continue to be successfully applied across the most recent policy environment. On 7 November 2024, the Academy convened stakeholders from across the health research sector to reflect on progress, explore best practice and consider next steps.

The following key themes emerged from these discussions:

1. **The changing policy environment presents a critical moment to future-proof health research.**

Despite the long-term focus of the original report, both participants and speakers were firm that there is still a significant opportunity to align *Future-proofing* activity more immediately to the busy initial phases of health and research activity shown by the Government in its first year and beyond. This includes the Plan for Change, which recognises the role of science and technology in delivering its main 'missions'.

The 10 Year Health Plan and associated 'three shifts', recommendations from the Sudlow Review, and other work were also cited as routes to making the health research system more sustainable. More recent developments – such as further acute effects of the higher education funding crisis, or the planned abolition of NHS England – highlight this need for responsiveness in aligning *Future-proofing* priorities to significant policy changes in the shorter term.

2. **Positive shifts have occurred across all four *Future-proofing* themes since the report's publication, but some persistent challenges remain.**

Discussions tended to unite around the project's four priority areas, with participants and speakers noting progress in, for example, an increasing recognition of the importance of research culture as a part of sustainable research (as reflected in proposed changes to the next Research Excellence Framework) and more high-quality cross-sector interactions (including those facilitated by the Academy, such as the Cross-Sector Programme).

[1] Academy of Medical Sciences (2023). *Future-proofing UK Health Research: a people-centred, coordinated approach.*

However, the important overarching challenges outlined in the original report remain, and will still need continued, targeted action to be overcome in the current policy environment. These include: job insecurity limiting opportunities for researchers (including for mobility across sectors); a fragmented funding environment and research infrastructure; and the difficulty of undertaking research in the NHS, which remains a particularly urgent issue with participants warning of stalling or even reversing progress. Despite this, participants were optimistic about the untapped potential in the healthcare system to, for example, connect more patients to research; maximise the uses of health data; and drive efficiencies in NHS processes.

The need for better collection and sharing of compelling evidence and effective practice emerged consistently as a means of further promoting sustainable health research.

3. **Two overarching approaches have therefore emerged for both capitalising on opportunities and overcoming challenges:**

a) **Connect *Future-proofing* aims to the policy environment:** To reflect the changing policy environment, both the Academy and the wider system have an opportunity to confidently demonstrate how the *Future-proofing* project's solutions can help enable new priorities signalled by the Government. These cut across the need to strengthen economic growth, national health, life sciences and research, and other related areas.

b) **Convening actors and practices:** The overarching need for coordination (outlined in the original report) and the need for more widely captured and emulated practice, emerged strongly. In response to this, participants highlighted a convening role for the Academy and other organisations, continuing to bring together:

    - Different parts of the research system, to promote strategic, coordinated working.
    - Impactful evidence, data, and case studies, to incentivise further uptake throughout the system and support from the Government (for example, through topic-specific policy projects and events).

The Academy will use this report as a guide to inform the next phase of *Future-proofing* follow-up activity, including work in collaboration with partners from across the health research system.

Introduction

For decades, the United Kingdom has been a leader in health research. From delivering important breakthroughs in the COVID-19 pandemic response, to the discovery of new therapies for cancer and autoimmune diseases, the system has delivered significant benefits for patients, society, and the economy.

However, urgent action is needed to ensure the UK retains its exceptional strengths in health research. The Academy of Medical Sciences' 2023 report, *Future-proofing UK Health Research: a people-centred, coordinated approach* found that the system's continued ability to deliver health and economic benefits in the long term is threatened by precarious research careers; barriers to the movement of people between sectors; a financial model that fails to cover the full cost of health research; and insufficient support for research in the NHS and other clinical settings.

Proposing a series of targeted solutions, the report called on all stakeholders, including UK policymakers and funders, higher education institutions, the NHS, industry, patients, carers and the public to play a role in producing a strong, future-proofed research system that allows talented researchers, science and innovation to thrive.

In November 2024, the Academy delivered a follow-up symposium to assess these solutions in a more recent policy context, including within the initial stages of a new Government, and account for the potential of significant changes to the NHS, science, technology, and research policy. Participants considered new opportunities for making progress across the report's areas of focus and highlighted examples of best practices in support of future-proofing health research. Any significant remaining barriers to making the health research system more sustainable were also examined. The agenda and participant list for this symposium are annexed for further information, however discussions covered:

- People, workforce and culture
- Cross-sector mobility
- Financial sustainability of health research in academic institutions
- Research in the NHS and other healthcare settings
- Next steps for the health research community

This report summarises the key points that emerged from these discussions and suggests potential priority areas for the next phase of *Future-proofing* work.

People, workforce and culture

As in the original report, participants observed that research careers can still be inflexible, precarious and exclusive. There was a strong desire to capitalise on opportunities to reassert research culture as a national strategic research priority and as a means of addressing these persistent issues.

Opportunities

- **The Academy of Medical Sciences is engaging with UK Research and Innovation (UKRI) and the higher education funding bodies** to help shape the next Research Excellence Framework exercise (REF 2029), including how it incentivises environments, behaviours, and cultures in institutions to reduce precarity and inflexibility in research careers.[2]
- **Action is being taken to address equity, diversity and inclusion (EDI) issues**, with specific funding calls to increase the diversity of the field and improve retention of a wider range of people. Funders including the Medical Research Council (MRC) and UKRI are producing ideas to achieve this, which can be shared and emulated.[3]
- **National and organisational leadership was cited as a key driver of research-oriented cultural changes** (such as addressing risk aversion in NHS culture). These changes 'trickle down' through organisations and gain traction (as in the expectation-setting seen in the Chief Nursing Officer's strategic plan).[4]
- **There is a great opportunity within medical schools to foster an early interest in research culture** and minimum standards via skills and training, including addressing disincentives to intercalating among medical students.

Barriers

- **However, participants highlighted limitations on career opportunities** within, for example, the move from postdoc to tenure; the use of fixed-term and open-ended contracts; and progression into other roles such as expert specialisms.
    - Conversely, some participants warned that **longer contracts might reduce the mobility and flexibility of the system** and limit opportunities to gain experience in different careers.
    - **UK visa costs and salary thresholds** were said to **discourage international talent from the UK.**[5]
- As documented in the original report, some participants noted persistent gender disparities in job and contract security. Many suggested **employers should consider how to make researchers feel more valued**, particularly from an EDI perspective, to address a 'leaky talent pipeline' of underrepresented groups in research.[6]
- **The diminishing ability of the university sector to cover the costs of research** (see pages 9-10), **was a significant concern** and seen as a barrier to supporting researcher career stability and development, including in the medical schools and the academic talent pipeline.[7]

[2] Academy of Medical Sciences (2023). *Assessment of people, culture and environment in REF 2028*.
[3] UKRI (2024). *Equality, diversity and inclusion – MRC.*
[4] NHS England (2021). *Making research matter Chief Nursing Officer for England's strategic plan for research*.
[5] *Ibid.*
[6] Academy of Medical Sciences (2023). *Future-proofing UK Health Research*.
[7] Universities UK (2024). *Opportunity, growth and partnership: a blueprint for change.*

Cross-sector mobility

Participants were optimistic that health research is generally moving out of sector siloes. However, they felt that collaboration and mobility could be further improved by better knowledge-sharing of successes and embedding of effective practice.

- **Some higher education institutions (HEIs) were said to manage cross sector mobility well** through sabbaticals and career development opportunities.
- **Effective promotion and recognition practices could be shared** between sectors, including recommendations for reward and recognition practices from the Academy's 2016 and 2018 reports on strengthening team science.[8]
- **Industry could work more closely with HEIs** on postgraduate curriculums, ensuring relevant skills for encouraging sector mobility are represented.
- **Research leaders**, with oversight of multiple siloes of research, **can help ensure organisations encourage different approaches to research problems.**
- More **researchers should recognise the positive effect of mobility** on their research and its impact, embedding a '**cross sector mindset'** from early on.[9]
- **It is critical to share examples of effective partnership working**. This includes challenges for those embarking on new partnerships, ensuring equality of actors within research partnerships, including locally (for example, at the NHS Trust level).

Box 1: Promoting cross sector mobility at the Academy of Medical Sciences

- Following engagement between the Academy and the Department for Science, Innovation and Technology (DSIT), **the Research and Innovation (R&I) Workforce Survey now captures information on the prevalence, drivers and barriers to cross-sector mobility, as recommended in the *Future-proofing* report**.
- **Academy programmes** like FLIER, SUSTAIN and the Cross-Sector Experience Awards[10], and events such as this Symposium **were frequently cited as examples of how to enable mobility** (in addition to other sector schemes, e.g. the Harkness Fellowships in Health Care Policy and Practice[11]). FLIER was noted for providing exposure to varied research and decision-making environments; focused facilitation of cross-sector collaboration and challenging of perceptions; and small group cohort structure.

[8] Academy of Medical Sciences (2019). *Team Science.* acmedsci.ac.uk/policy/policy-projects/team-science
[9] Academy of Medical Sciences (2022). *The contribution of cross-sector mobility to the sustainability of health research in the UK.*
[10] Academy of Medical Sciences (2025). *Programmes.* https://acmedsci.ac.uk/grants-and-schemes
[11] The Commonwealth Fund (2024). *Harkness Fellowships in Health Care Policy and Practice*.

- **Further case studies are required** to highlight successful examples of joint positions between academia and industry positions, and where challenges around contracts and information-sharing have been overcome.
- **Developing a 'partnership readiness toolkit'** was suggested by some as way to prepare researchers for working within different settings (for example, setting expectations around aspects of research that are harder to compromise on for some sectors).
- **It is important to leverage the power of identity and branding across sectors**. For example, the 'University Hospital' title is desirable for many hospitals, as the title's criteria creates potential to incentivise greater support for clinical academics and better NHS-academia partnerships.[12]

Box 2: Strengthening coordination through the UKCRC and OSCHR

- The UK Clinical Research Collaboration (UKCRC), established in 2004 in response to an Academy report on 'Strengthening Clinical Research', aims to strengthen the clinical research environment in the UK and benefit the public and patients by improving national health and increasing national wealth. Its board includes the main UK research funding bodies; academia; the NHS; regulatory bodies; the bioscience, healthcare, and pharmaceutical industries; and patients.[13]
- The Office for Strategic Coordination of Health Research (OSCHR) was established in 2007 to facilitate more efficient translation of research into health and economic benefits, through better co-ordination and more coherent funding arrangements.[14]
- The *Future-proofing* report identified the critical role both organisations play in the system and concluded that strengthened overall coordination was required to address many of the challenges identified in this report.
- To deliver on the coordinating strengths of both these organisations, the Academy now runs the secretariat of UKCRC and will liaise closely with OSCHR and other groups to ensure strategic alignment.

Barriers

Insufficient connectivity and coordination of research and implementation across the system, noted in the original report, still resonated with participants as a significant barrier to cross-sector working and sustainable research more broadly**.** This coordination was called for both 'horizontally' across similar institutions and career stages of the system, (e.g. coordination across mid-career researchers, or across different hospital trusts) and 'vertically' between different layers within the system (for example, across different career stages or levels of activity in a single hospital trust).

- **Differences in cultural perceptions were said to persist across sectors**. This results in a resistance to cross-sector partnerships due to anticipated compromises in research decisions;

[12] University Hospital Association (2023). *University Hospital Status.*
[13] https://www.ukcrc.org/
[14] https://www.ukri.org/who-we-are/mrc/how-we-are-governed/oschr/

perceived misalignment in behaviours and values between sectors; and the diversity of paths into the research system at any stage not yet being perceived or valued equally, including by recruiting managers/departments.

- **There were said to be concerns about job security and pay disparities** when changing sectors, which disincentivise mobility and exposure to other sectors. It was felt that placements and joint appointments between the NHS, academia and industry tend to be at both junior and senior levels rather than mid-career stages.
- **Industry-academia mobility was highlighted as a particular area for attention**. This was firstly related to either cultural and structural differences around, for example, IP and information sharing practices and the ability of grants and projects to cover Full Economic Costings. Secondly, signposting of opportunities to move into industry was said to be limited, particularly for those without sufficient existing personal connections.

Financial sustainability of health research in academic institutions

Participants reflected that an overly fragmented and competitive funding system is still posing a significant barrier to the financial sustainability of health research. Instead, as explored in the original report, funders should take a collective responsibility where possible, to innovatively partner in maximising the impact of research funding.

The impact of the changing financial incentives of the next REF on HEIs and their research activities was also a key topic of discussion. The shift in focus of REF2029 onto institutions rather than individuals was praised. This change was seen as an accurate reflection of the complexity and interconnectedness required for modern research to tackle issues such as climate change, and AI safety. However, some additional suggestions and opportunities for the next REF were raised.

Opportunities

- **Better recognition of commercial research** and time spent in industry by academics, in addition to purely academic research. Through REF, the academic sector could be incentivised to see the wider value of commercial research and promote better cross-sector mobility and understanding.
- **A sustained, organic cultural and behavioural shift needs to happen** beyond funding incentives and REF, although these were welcomed as a positive first step.
- **Separate mechanisms could be used to evaluate the quality of cross sector partnerships** and other cultural standards.
- **Any incentives should be defined accurately**, in a way that encourages a predictable response. If continual incremental changes to REF have unintended consequences, this might lead to a cycle of further adjustments to research, with a risk that REF becomes an additional strain on capacity.
- **Competitive funding practices were also discussed**, and how the REF should seek to eliminate any risk of the system being open to gaming from institutions better equipped to do so.

Barriers

The distribution of funding, rather than the amount, was suggested as the main problem with the sustainability of current research funding models by some participants:

- **Money for research is overly siloed,** but multiple pots could be pooled to maximise impact and reduce time researchers spend on piecemeal grant applications.
- **A competitive approach to funding was seen to pitch researchers against each other** with a scarcity mindset. Instead, **a joint approach** could more effectively direct and share the costs of research, promoting well-resourced research, collaboration and mobility.

This reflected the findings of the original report, which noted a fragmented and complex funding landscape that can be hard for researchers to navigate, (particularly early-career and lived

experience researchers), and a corresponding need to maximise research investment through innovative partnerships. However:

- **A lack of accurate costing for research, with existing funding therefore not covering the full costs, still emerged as a challenge.**[15] While the original *Future-proofing* report documents the growing gap between research income and research costs, particularly in HEIs, participants raised additional concerns that:
    - Researchers may be submitting funding bids that don't reflect the true cost of research, either to underbid and so increase the likelihood of winning funds, or in an attempt to increase the competitiveness of their application, if they have the ability to reduce costs elsewhere.
    - The need to address the decreasing real-terms value of the Charity Research Support Fund (CRSF) was explored in the original report. It was also suggested that any issues with uptake and access of the fund should be monitored.
- **Communicating value for money to funders is a major challenge** for research organisations. It was suggested this was due to a perception that health research has a longer return on investment than other fields, with a related perception that the ability to take this longer-term risk on generating returns from research is more manageable for larger organisations.

[15] Academy of Medical Sciences (2023). *Future-proofing UK Health Research*.

Research in the NHS and other healthcare settings

Concerns about the lack of capacity, infrastructure, and incentives for carrying out research in the NHS and other clinical settings echoed the original evidence-gathering discussions for the *Future-proofing* report. Participants were confident, however, that better evidence on the benefits of this research to the NHS and even modest increases in the time available for this could have a significant impact in opening further opportunities for research in these settings.

Opportunities

- **Research helps to improve and innovate the NHS** while generating long term gains and cost savings. However, some participants acknowledged that **better evidence is still needed to demonstrate this**.
    - This supports the Government's mission to 'build an NHS fit for the future' in a challenging fiscal environment, and more recently, in ensuring minimal impact on research capability during the transition of NHS England into the Department of Health and Social Care.[16]
    - Better data and metrics about the economic power and benefits of research are needed, but previous successes, such as the COVID-19 response and Hepatitis C elimination efforts from the NHS, highlight the role of research.[17]
- **There is an increasing acceptance of joint roles** that should be capitalised on to promote protected time for research across all professions and career stages including Nursing, Midwifery, and Allied Health Professionals (NMAHPs), in addition to the important focus on clinical academics.
    - It was suggested that **just a few hours a week of research time would broaden opportunities** for NMAHP contributions.
    - **Research managers and leaders could be instrumental in enabling such opportunities**, and there is a precedent for releasing clinical time for other activities, such as mandatory training.
    - As referenced in previous Academy reports, research activities boost job satisfaction and reduce job burnout, which could solve some of the health service's staff retention issues.[18]
- **Cleaning up processes and creating efficiencies would be a relatively quick win**. This includes increasing digitisation and digital readiness and reducing duplication across systems.
    - It was suggested that only a handful of the 42 Integrated Care Boards (ICBs) have published research strategies, so some plans could be joined up across ICBs.
    - More locally devolved research budgets could also reduce bureaucracy, while accounting for differences between trusts.
- **DSIT should work closely with the Department of Health and Social Care** to strengthen research in the NHS and support clinical academic careers. This should be considered as part of Change NHS and the 10 Year Health Plan.

[16] HM Government (2024). *Build an NHS Fit for the Future.*
[17] NHS (2024). *Hepatitis C Identification case study.*
[18] Academy of Medical Sciences (2020). *Transforming health through innovation: Integrating the NHS and academia.*

Barriers

The difficulty of embedding research in the NHS and other clinical settings was noted as a particularly urgent and lasting challenge. The discussed barriers to research included:

- **A lack of research capacity in the workforce**, with clinicians facing understaffed teams, a lack of incoming talent, burnout and high turnover (particularly to industry).
    - **This also hampers the ability of the NHS to undertake clinical trials**, which are increasingly driven to other countries and settings with quicker setup and recruitment processes.[19]
    - **The clinical academic workforce is also both shrinking and ageing,** even though the total NHS workforce has grown considerably.[20]
- **The need to sift through a 'bombardment' of hierarchical communications, which squeezes research time**. This was said to be compounded by numerous government and independent NHS reviews, with little progress or clarity seen by staff on the broader strategic direction of the NHS.
- **Challenges with navigating or accessing research infrastructure and funding,** particularly in small NHS and charity settings such as general practices and care homes. Access to this infrastructure, such as well-funded university facilities and assets, needs to be improved with community, patient, and researcher input.
- **A fragmented system,** with an imbalance of national expectations of research with local research-awareness, infrastructure and other pressures. **Fragmentation is also seen between social care and the NHS**, with patient contributors often 'lost' from research when transitioning between the NHS and social care systems.
- **A lack of data integration.** There is a need to bring together different sources of data around key challenges, such as medical schools' data and clinical trials data. As part of its role with UKCRC, the Academy will support work to review the future of the UK Health Research Analysis, a comprehensive source of information for strategic decision making in health research.[21] (*See Box 3 for opportunities discussed around health research data).*

The overall lack of staff time, opportunities, and incentives was said to lead to **'initiative-itis':** an organisational culture of risk aversion to exploring new ideas.

Patient and Public Involvement (PPI)

Participants felt strongly about the positive impacts of PPI on research quality and sustainability, but as called for in the *Future-proofing* report, saw a need to dispel any remaining perceptions that it is merely 'good practice'.

Opportunities

As with the need to embed research in the NHS more broadly, there is significant potential for research organisations to more **effectively capture and demonstrate how the input of patients improves the quality of trials and make outcomes more meaningful and higher quality.** Benefits discussed included the following:

[19] ABPI (2023). *Getting back on track: Restoring the UK's global position in industry clinical trials.*
[20] OSCHR (2025). *Clinical researchers in the UK: reversing the decline.*
[21] UKCRC (n.d.). *UK Health Research Analysis.*

Box 3: Opportunities for data in health research

- **The UK is data rich and has good data expertise, but there is great potential to further integrate data** to improve health outcomes in many areas (and all four themes of the *Future-proofing* report):
    - Scotland has been successful in integrating diabetes data and working effectively across regional Secure Data Environments (SDEs).[22]
    - The Vivaldi Project was noted as a good example of social care data sharing.[23]
- **SMART data[24] and AI hold great potential** for improving health research outcomes, processing complex data, and engaging patients. There could be an opportunity to maximise the potential of data generated through the NHS app, for example. However, ethical concerns and scope for biases in AI processing must be approached with great care.
- **Public confidence and understanding around data sharing is improving** but more trust around the use of data in the healthcare system still needs to be built:
    - While many patients and the Government were felt to be open about data deposition in the UK Biobank, a hesitancy in the GP and clinical community was noted which may be related to the culture of risk aversion in the NHS.
    - **Data can be used to illustrate incentives and disincentives in the system**. For example, there is an international T1 diabetes project that counts the people who would be alive today if they would have had basic access to diagnostics and treatment.[25] There was a suggestion of a similar project for the missing clinical academics who could have improved the system if disincentives were removed.

- **PPI is beneficial for all sectors**.[26] For example, the competitive edge gained from meaningful PPI can be attractive to industry, and engaging with children about research is important for the Government's prevention agenda.
- **Enabling patient-driven ideas often needs little money** to make a big difference. For example, inpatients can act like potential ready-made cohorts for research and can be immediately connected with relevant teams. **There is also a domino or cohort effect**, seen on Academy programmes, where patients often re-engage with follow-up work and signposting to others when meaningfully engaged.
- **Signposting opportunities for involvement is a low-cost opportunity**, but remains an important one for patients, particularly via healthcare teams in a patient's trust who act as a primary source of information and 'front door' to the wider system. Strong connections between these teams and research delivery teams are essential, especially as much PPI activity exists outside of the public domain.

[22] Scottish Government (2021). *Diabetes improvement plan: Commitments - 2021 to 2026.*
[23] UCL Institute of Health Informatics (2023). *VIVALDI.*
[24] https://www.sdruk.ukri.org/
[25] Breakthrough T1D (n.d.). *Type 1 Diabetes Index.*
[26] Health Research Authority (2023). *Putting people first - embedding public involvement in health and social care research.*

- **Better feedback and reporting processes are also steadily improving** across the system. While more challenging for larger, multinational trials, a strong feedback loop enables signposting staff to better demonstrate benefits and incentivise patient involvement with clear recognition and impact — for example, through co-authoring patients on published research findings and other outputs.

Barriers

- Despite public enthusiasm for participation in research on more commonly known areas (such as cancer) and strong efforts from the charity sector to develop this awareness, **more compelling evidence, incentives and data are needed** on the opportunities for and benefits of involvement in research to patients and researchers more widely, including for those highlighted above.
- **This is most acutely needed in demographics with higher deprivation levels,** such as coastal or traveller communities and for ICBs in areas of deprivation, who some participants found harder to engage about research.
- To build an accurate picture of health inequalities and ensure priorities between researchers and public contributors are representative of all socioeconomic groups, these **underserved communities need to be involved from the very earliest stages of research.** Consistent and fair remuneration, lay-friendly contracts, and specialist training were raised as means of finding and building these trusted relationships with contributors. Potential scope for the Academy to help shape the research landscape as a funder was raised here, as a way of supporting for those with lived experience and growing previously underfunded areas of research.

Next steps for the health research community

Connect *Future-proofing* aims to a shifting policy environment

While the longer-term *Future-proofing* principles should be on the table no matter the administration, attendees observed that **emerging Government activity and direction provide opportunities to demonstrate the link between life sciences, a healthy nation and economic growth**. This includes:

- **Longer term thinking with 10-year timelines** for R&D budgets[27], the 10 Year Health Plan[28], 10 Year NHS Plan[29], and Invest 2035.
- **Some positive signals on the financial sustainability of research**, considering the fiscal environment - with a slight uplift to tuition fees and maintenance of R&D budgets. **But this must be met with longer term reform** to fix issues such as the reliance on international student fees and other systemic challenges to higher education funding. All parts of the system will have to make decisions about where to most efficiently invest in this environment, and the potential of less traditional funding packages and grand challenges was raised.
- **The link between life sciences research and economic growth**, in conversations around the Government's industrial strategy and growth missions.
- **Embedding research through teaching and training**, including the Teaching Excellence Framework and other curricula. However, the reduction in length of medical degrees and shape of training provides a challenge.
- **The new APPG for Life Sciences** and other APPGs like the APPG on Diversity & Inclusion (D&I) in STEM, present opportunities for influence, especially if several APPGs align to speak as a 'consortium' on certain issues. The D&I STEM group could be important for embedding EDI in the Government strategy.

Attendees suggested the Academy capitalises on its influencing and convening abilities, to help ensure the Government works with the expertise of the whole health research community on these developments.

Sharing and embedding best practice

Consistent championing, connecting, and publication of best practice, including by reconvening organisations from across different sectors to focus on specific topics, was proposed as one of the most important ways of keeping *Future-proofing* issues on the research and innovation community's agenda. The aims of such activities include:

- **Developing better metrics, evidence, and case studies** to demonstrate impact to funders and investors, including measurement of any more incremental successes to demonstrate longer term impact.

[27] HM Government (2024). *Plan for Change.*
[28] NHS (2024). *Creating a new 10 Year Health Plan.*
[29] https://change.nhs.uk/en-GB/

- **Showcasing researchers** and their success stories, particularly ones who have taken 'the road less travelled' to overcome challenges in the research system, and comparative examples across different countries.
- **Helping charities and other less well-resourced organisations** to better advocate for their research activities and schemes.
- **Sharing research strategies and best practice among ICBs** to promote research in the NHS. With only a small minority of the 42 having published a research strategy, a common strategy could be shared with one another to simplify and encourage uptake.

The role of the Academy in promoting coordination and cross-sector collaboration was discussed here. With suggestions of, for example, the scaling of its successful cross-sector programmes and other opportunities for free and open multidisciplinary conversations; targeted funding opportunities; the UKCRC secretariat *(see Box 2)*; and highlighting and sharing insights from successful case studies of mobility and collaboration.

Annex 1: Agenda

Time	Item
10.00 - 10.10	**Welcome and introduction from Chair** Professor David Adams FMedSci, Emeritus Professor of Medicine at the University of Birmingham
10.10 - 10.20	**Background to the *Future-proofing UK Health Research* report from working group Co-chair** Professor Sir Peter Mathieson FRSE FMedSci, Principal and Vice-Chancellor of the University of Edinburgh
Part 1: Sharing progress and best practice	
10.20 - 10.50	**<u>People, Workforce and Culture 1: Research Careers</u>** **Keynote talk: REF2029 - building a sustainable heath research system** Professor Dame Jessica Corner FMedSci, Executive Chair of Research England
10.50 – 11.10	**<u>People, Workforce and Culture 2: PPI</u>** **Promoting patient and public involvement in health research through pre-award funding streams** Charlie Vickers, Public Engagement Officer at the Academy of Medical Sciences Dr Hannah Crane, NIHR Academic Clinical Lecturer in Oral and Maxillofacial Pathology at the University of Sheffield
11.10 - 11.30	**<u>People, Workforce and Culture 3: Developing the research workforce</u>** **How DSIT is supporting UK research talent** Matt Webster, Deputy Director (Endowment Projects) at the Department for Science, Innovation and Technology
11.30 – 11.45	**Break**

11.45 - 12.00	**<u>Innovative partnerships in health research</u>** **The Type 1 Diabetes Grand Challenge: Maximising funding and progress** Dr Elizabeth Robertson, Director of Research at Diabetes UK Rachel Connor, Director of Research Partnerships at Breakthrough T1D UK
12.00 - 12.20	**Driving effective cross-sector collaborations and skills** Professor Peter Bannister, Managing Director of Romilly Life Sciences and Honorary Professor at the University of Birmingham Institute of Applied Health Research
12.20 - 12.40	**<u>Supporting research in the NHS</u>** **Future-proofing health research in the NHS** Lindsey Hughes, Director of Research and Engagement in the Innovation, Research and Life Sciences (IRLS) Group and Accelerated Access Collaborative at NHS England
12.40 - 13.50	**Lunch**
Part 2: Strategic coordination, and what needs to happen next	
13.50 - 14.20	**Keynote talk: Driving better coordination across the health research system** Professor Lucy Chappell FMedSci, CEO of the National Institute for Health and Care Research (NIHR) and Chief Scientific Adviser for the Department of Health and Social Care (DHSC)
14.20 - 15.00	**Part 1: Reviewing *Future-proofing*'s solutions and identifying barriers to progress** *Attendees discuss their observations on the biggest current blockers to making the health research system more sustainable and evaluate the Future-proofing report's solutions in this context.*
15.00 - 15.20	**Break**
15.20 - 16.05	**Part 2: Identifying opportunities and actions for future activity** *Attendees identify the greatest opportunities that have arisen since the report's publication for future-proofing the UK health research system, and consider what roles they, their organisations, and the Academy can play in continuing to progress the report's solutions.*
16.05 - 16.30	**Reflections and close**

Annex 2: Attendee list

Chair and Speakers

- **Professor David Adams FMedSci (Chair),** Emeritus Professor of Medicine, the University of Birmingham
- **Professor Peter Bannister,** Managing Director, Romilly Life Sciences
- **Professor Lucy Chappell FMedSci,** CEO of the National Institute for Health and Care Research (NIHR) and Chief Scientific Adviser for the Department of Health and Social Care (DHSC)
- **Rachel Connor,** Director of Research Partnerships, Breakthrough T1D UK
- **Professor Dame Jessica Corner FMedSci,** Executive Chair, Research England
- **Dr Hannah Crane,** NIHR Academic Clinical Lecturer in Oral and Maxillofacial Pathology, The University of Sheffield
- **Lindsey Hughes,** Director of Research and Engagement for the Innovation, Research and Life Sciences (IRLS) Group and Accelerated Access Collaborative at NHS England
- **Professor Sir Peter Mathieson FMedSci,** Principal and Vice-Chancellor, The University of Edinburgh
- **Dr Elizabeth Robertson,** Director of Research, Diabetes UK
- **Charlie Vickers,** Public Engagement Officer, Academy of Medical Sciences
- **Matthew Webster,** Deputy Director (Endowment Projects), Department for Science, Innovation and Technology

Attendees

- **Professor Franklin Aigbirhio FMedSci,** Professor of Molecular Imaging Chemistry, University of Cambridge
- **Dr Sabine Best,** Associate Director, Research Management & Impact, Marie Curie
- **Dr Frances Downey,** Head of Science and Research Policy, Cancer Research UK
- **Professor Tim Eisen FMedSci,** Global Franchise Head for GU Oncology, Roche
- **Bruce Etherington,** Head of UKRI Challenge Fund Delivery Team, Economic and Social Research Council
- **Joseph Ewing,** Head of Policy and Public Affairs, LifeArc
- **Dr Chris Fassnidge,** Senior Research Officer, Medical Schools Council
- **Professor Grainne Gorman,** Professor of Neurology, The University of Newcastle
- **Dr Emma Harvey,** Vice-President, Faculty of Pharmaceutical Medicine
- **Professor Cathy Henshall,** Associate Director of Nursing and Midwifery, National Institute for Health and Care Research (NIHR)
- **Professor Sallie Lamb FMedSci,** Pro-Vice-Chancellor and Executive Dean for the Faculty of Health and Life Sciences, The University of Exeter
- **Lucy Lehane,** Innovation Programme Lead, BIVDA
- **Dr Claire Lemer,** Chief of Strategy and Innovation, Birmingham Women's and Children's NHS Foundation Trust
- **Chris Manion,** Head of Grants, British Science Association
- **Dr Catriona Manville,** Director of Research Policy, Association of Medical Research Charities
- **Dr Gita Moghaddam,** Principal Investigator in Clinical Neuroscience, The University of Cambridge
- **Ngawai Moss,** Honorary Research Fellow, Wolfson Institute of Population Health (QMUL)
- **Dr Katie Petty-Saphon MBE,** Chief Executive, Medical Schools Council

- **Dr Berkeley Phillips,** Medical Director, Pfizer
- **Sarah Rae,** Lived Experience Expert
- **Dr Jenny Rivers,** Director of Research & Development, Barts Health NHS Trust
- **Jamie Roberts,** Policy Manager, Russell Group
- **Martin Smith,** Head of Policy Lab, Wellcome Trust
- **Professor Tom Solomon FMedSci,** Chair of Neurological Science, The University of Liverpool
- **Angela Topping,** Chair, NHS R&D Forum
- **Professor Paula Williamson FMedSci,** Professor of Biostatistics, The University of Liverpool

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