

# The contribution of cross-sector mobility to the sustainability of health research in the UK

**Report from FORUM workshop, June  
2022**

### **The Academy of Medical Sciences**

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The Academy of Medical Sciences' FORUM provides an independent platform for senior leaders from across academia, industry, government, and the charity, healthcare and regulatory sectors to come together with patients and take forward national discussions on scientific opportunities, technology trends and associated strategic choices for healthcare and other life sciences sectors.

Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Academy of Medical Sciences, or its Fellows.

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# Executive summary

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**On 17 June 2022, the Academy of Medical Sciences convened 21 individuals from across academia, the NHS, industry, charities, as well as lived experience experts and others, to discuss the contribution of cross-sector mobility to the sustainability of health research in the UK.**

The discussions covered the definition, benefits of, barriers to, and possible interventions to support, cross-sector mobility – i.e. the movement of health research staff between sectors. **This report summarises those discussions, including possible interventions, and informed the Academy of Medical Sciences' Working Group project on future-proofing UK health research.**

The workshop was run as part of the Academy's FORUM programme, which was established in 2003 to provide a neutral and independent platform for individuals across industry, academia, the NHS and the wider life sciences sector to connect and take forward national discussions on scientific opportunities, technology trends, translational challenges and strategic choices in healthcare. The meeting was chaired by Professor Timothy Eisen FMedSci, Professor of Medical Oncology at Cambridge University and Franchise Head of GU Oncology at Roche. The following key themes emerged at the meeting:

- Participants agreed that cross-sector mobility is beneficial for individuals and institutions in all areas of UK health research and there is therefore **a collective responsibility for enhancing movement between sectors.**
- They noted the links between enhanced cross-sector mobility and the sustainability of health research in the UK, including:
  - The importance of understanding and **supporting the needs and priorities of the younger generations of research staff**, who will 'inherit' the system.
  - The **shared benefits of multi-directional movement of research staff** (as opposed to uni-directional, which could be perceived as harming one sector in favour of another).
- Ultimately, **enhanced cross-sector mobility should contribute to better research outputs and better outcomes for patients.** As intermediary benefits, cross-sector mobility may also provide the following benefits to individuals and/or institutions: promote improved diversity in the research workforce; sharing innovation between sectors; improved employability and skills; and enhanced knowledge exchange and mutual-understanding. However, to fully achieve these benefits, cross-sector mobility must be multi-directional and flexible, so that it does not benefit the workforce of one sector at expense of another.
- Participants noted **a number of persistent barriers to cross-sector mobility**, which centred around a need for coordination across sectors to enhance awareness of existing opportunities; to share best practice; and to identify and address common challenges.
- They noted two reasons for optimism: the **existence of many positive schemes designed to promote cross-sector mobility** and **a possible cultural shift** in

which younger generations of health research staff may be more open to cross-sector mobility than their predecessors.

- Participants discussed **a range of possible interventions that could enhance cross-sector mobility**. A number of cross-cutting themes emerged, including: increasing awareness of opportunities; promoting exchange (rather than 'extraction') of talent; considering the experience and expectations of different sectors; increasing diversity (of backgrounds, thought, disciplines, etc.); promoting opportunities for mutual benefit; coordinating responsibility for enhancing cross-sector mobility; and addressing the sometimes lengthy processes which reduce the attractiveness of cross-sector movement for individuals and their employers.
- Participants identified **a number of variables that are important to the success of cross-sector mobility**, including:
  - At an individual level – background, behaviours, experience, incentives, perceptions, skills, and values.
  - At an institutional level – constraints (e.g. financial, regulatory), culture (including technical language), incentives, perceptions, support systems, timeframes, and values.

# Detailed discussions

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## Definition of a mobile researcher

Participants were presented with, and asked to reflect on, the following definition:

*A mobile researcher is one who has the necessary skills and experience to move to a new sector (whether permanent, secondment or joint appointment) and thrive in their new environment.*

Participants felt this offered a good starting point, but that it should be adjusted to accommodate the following points:

- Cross-sector mobility should be thought of as bi- or multi-directional, not uni-directional (one-way). There was general agreement that the movement of health research staff between sectors should be thought of, and approached, in terms of **exchange**, with a focus on porous boundaries between sectors that provide opportunity for movement in either direction.
- There is a tension in requiring individuals to be 'pre-skilled' before cross-sector mobility – i.e. already possessing the skills they will require in the sector to which they are moving – because a key benefit of cross-sector mobility is to upskill. More important might be **preparedness** for cross-sector mobility, in terms of:
  - Sufficient knowledge (and therefore accurate expectations) of the landscape and career options beyond one's own sector.
  - A permeability mindset (which could be viewed as agile, collaborative in nature, and willing to learn).
- Relatedly, it would be helpful to clarify to which career stages this definition is intended to apply (and if at every stage, noting how career stage may affect an individual's experience of cross-sector mobility).
- It will be important to avoid implying that all health research staff must be mobile. Cross-sector mobility is currently poorly understood, under-supported and undervalued as an option. Even if all these things were addressed, cross-sector mobility is still unlikely to be necessary or beneficial for all health research careers.
- Participants also noted that continual movement is unlikely to be the ideal model of cross-sector mobility.
- It may be desirable to include in the definition of cross-sector mobility how it contributes to the ultimate goal of improving outcomes for patients and the public.

The considerations above informed the principles underpinning cross-sector mobility in the Academy's report on future-proofing UK health research.

## Benefits

Participants agreed that enhanced cross-sector mobility would likely contribute to the sustainability of UK health research, in part by: **attracting and retaining** staff, especially those early career researchers and emerging research leaders who place a high value on agility and personal development; **empowering** the next generation to develop a sense of ownership over, and investment in, the health research system that they will 'inherit'; and promoting **resilience** through porosity, ensuring staff can come and go (not just go).

There was agreement that cross-sector mobility has great potential to promote **mutual benefit** for those involved, in two senses: first, by enhancing the overall quality of the UK's health research talent pool, from which all sectors draw ('a rising talent pool lifts all sectors'); but also, by enabling and accelerating progress on problems that are common across (or jointly faced by) multiple sectors, which require the expertise and skills of individuals and teams from multiple sectors.

This concept of mutual benefit was discussed as a way to reframe tensions between sectors about whose **responsibility** it is to enhance cross-sector mobility. While there will be many sector-specific actions and responsibilities on the way to enhancing cross-sector mobility (see below), it is more useful to see the UK's health research talent pool as a common resource, and because all sectors ultimately benefit from cross-sector mobility, all can and should contribute to its enhancement.

A benefit of cross-sector mobility that is common across sectors is the opportunity for health research staff to gain first-hand **experience**, and therefore more accurate **understanding**, of the processes, constraints, incentives and drivers of behaviour in other sectors. This would support 'myth-busting', or the correction of false **expectations**.

At the level of the individual, improved understanding of other sectors enhances the **skills** and **employability** of the individuals involved. Greater awareness of, and openness to, cross-sector mobility might also contribute to the stability of certain career pathways (for example, feeling less affected by the short-termism of contracts in academia, in the knowledge that cross-sector mobility to and from academia is possible).

Cross-sector mobility was thought to contribute to the **diversity** of views within institutions and sectors, which in turn supports creativity and drives innovation.

## Challenges

A **lack of experience** of different sectors leads to **poor understanding**, at an individual and institutional level, of how other sectors operate, and/or why they operate the way they do. This leads to **inaccurate expectations** of their behaviours, but also of partnerships with them, what it would be like to work in that sector, or what might be required of a shared endeavour (from individual collaborations to joint cross-sector mobility initiatives). Improved understanding between sectors could also lead to a higher proportion of academic research that **meets industry and regulatory requirements**.

Participants also noted that there is generally **low awareness of the opportunities for cross-sector mobility** that already exist.

At the individual level, lack of awareness is often joined by **concerns about the risks** that cross-sector mobility may pose for careers, including:

- Differences in measuring success in different sectors.
- Loss of professional identity.
- Difficulty in establishing recognition.
- Perceived insecurity of 'starting again' in a new sector or 'moving on' from one's current sector (not considering returning as an option).

Time was often cited as a challenge for cross-sector mobility, not least associated with the bureaucracy and complexities of developing and managing a cross-sector mobility initiative.

Relatedly, the concept of **bureaucratic drag** was explored in detail, particularly in relation to how processes and structures can inhibit flexible and agile ways of working, when those processes are not designed with rapid decision-making in mind. The example of **process engineering** was explored, from which came the suggestion that cross-sector mobility may encourage leaner processes across sectors via: upskilling individuals about the needs of different parties and the benefits of rapid decision-making (or indeed, the ways in which slow decision-making can derail good research, including cross-sector work); and aggregating individuals around the clear end goal for a project, which itself implies a reason for encouraging a lean process.

Also relevant is the concept of **institutional incentives** and how they conspire against cross-sector mobility at present. For example, extreme pressures within the NHS make it difficult to incentivise research, while financial pressures on universities may encourage conservative approaches to partnerships.

**Trust** was a commonly cited challenge: at the individual level, in terms of perceived risks of cross-sector mobility to personal security and career progression; but also at the institutional level, where attitudes of aversion to 'loss of personnel', or 'extraction' of research staff from one sector, form barriers to effective cross-sector mobility. This institutional mistrust was reported to be more common in some sectors than in others, and participants noted it would be helpful to understand and address these attitudes.

A lack of **coaches and mentors** was highlighted as a common problem, particularly mentors with experience of other sectors. Participants also reported a variable 'culture of mentoring' across sectors, where some sectors such as academia seem to value mentoring more than others. When discussing such **values**, it was noted that industry may value the personal development of their staff more than other sectors. Participants agreed that addressing these cultural and value variations between sectors is a priority.

Finally, **HR processes** were cited as a practical but significant challenge to cross-sector mobility. Much like the need to align contracts between sectors, or make cross-sector mobility processes leaner, differing HR processes between sectors makes cross-sector mobility more complicated and time-consuming than perhaps it needs to be.

## Possible areas for interventions

Throughout the discussions, participants highlighted a number of actions that could enhance cross-sector mobility, in the context of the challenges outlined above. The following is a summary of the actions that were discussed at the meeting. **These proposals were not prioritised in the workshop, but fed into the deliberations of the Academy's wider Working Group on future-proofing UK health research.**

### Awareness and education

- Audit the existing options and examples of best practice (e.g. cross-sector mobility in response to COVID-19 pandemic).
- Inform students and early-career researchers about their options (e.g. include cross-sector mobility on relevant undergraduate curricula).



- Inform all researchers, especially early-career researchers, on the cross-sectoral elements of the life of their research (e.g. from study to delivery).
- Motivate and approach enhancing cross-sector mobility in terms of its ultimate benefit to patients.
- Highlight role models for individuals considering cross-sector mobility (e.g. through coaching and mentoring).
- Design evidence-based cross-sector schemes informed by:
  - Increased understanding of individuals' perceptions of cross-sector mobility (e.g. what makes one sector more attractive than another to a health researcher).
  - Increased understanding of institutions' perceptions of cross-sector mobility (e.g. why some organisations are more receptive to cross-sector mobility than others and how this relates to the perceptions/priorities/constraints on the senior leadership).
- Share best practice (e.g. via cross-sectoral hubs).

## Employment and logistics

- Align contract needs across sectors for cross-sector mobility (e.g. create common HR frameworks between institutions and sectors).
- Encourage co-localisation (geographical proximity) of individuals and institutions from different sectors, for example in business parks.
- Explore the use of metrics to measure and incentivise cross-sector mobility, but from a holistic, sector-wide perspective (e.g. measuring the benefits of talent 'exchange').
- Consider flexible approaches to cross-sector mobility solutions (not 'one-size-fits-all').
- Explore flexible working for individuals.
- Identify research challenges that are common across (or jointly faced by) multiple sectors, which cross-sector mobility may help progress.

## Targeted actions

- Enhance the role of existing coordinators or convenors, who may already be in a strong position for enhancing cross-sector mobility (e.g. UKRI, National Academies, Learned Societies).
- Incentivise institutions to be more supportive of mobility.
- Enhance mentoring (and coaching) capacity.
- Scale-up existing successes (e.g. encourage investors towards schemes with proven track records).

# Annex I: Participants

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## Chair

**Professor Timothy Eisen FMedSci**, Professor of Medical Oncology, Cambridge University and Franchise Head of GU Oncology, Roche

## Breakout Group Leads

**Dr Harren Jhoti FRS FMedSci**, President and CEO, Astex Pharmaceuticals

**Dr Maria Palmer**, Director, NHS R&D Forum

## Attendees

**Kate Barclay**, Skills Consultant, BioIndustry Association (BIA)

**Dr Hubert Bland**, Country Medical Director, Bristol Myers Squibb (BMS)

**Dr Natalie Bohm**, Medical Director, External Engagement, Pfizer

**Oliver Burnham**, Policy Analyst, Universities UK

**Dr Ben Challis**, VP & Head of Cardiovascular, Renal & Metabolism Translational Science & Experimental Medicine, AstraZeneca

**Andrew Croydon**, Skills & Education Policy and Examinations Director, Association of British Pharmaceutical Industry (ABPI)

**Dr Jamie Duckers**, Lead for the CF Centre Research Programme, Cardiff and Vale University Health Board

**Jennie Evans**, Director of External Affairs, British Society for Immunology (BSI)

**Professor Gary A Ford CBE FMedSci**, Chief Executive, Oxford Academic Health Science Network

**Professor Gráinne Gorman**, Director, Wellcome Centre for Mitochondrial Research, Newcastle University

**Jacqui Hall**, Head of Early Careers, AstraZeneca

**Dr Paul Mercer**, Head of Collaboration, Francis Crick Institute

**Dr Christoph Oing**, NUPAcT fellow, Newcastle University CRUK Drug Discovery Unit and Astex Pharmaceuticals, and Honorary Consultant Medical Oncologist, Northern Centre for Cancer Care, Freeman Hospital

**Nanik Pursani**, Expert by Experience

**Sarah Rae**, Expert by Experience

**Tom Sastry**, Head of Sustainability, Research England

**Peter Thompson**, Director of Programmes and Impact, National Institute for Health and Care Research (NIHR)

**Dr John Williams**, Managing Director, Birmingham Health Partners (BHP)

## Staff and secretariat

**Dr Rachel Quinn**, Director of Medical Science Policy

**Dr Tom Livermore**, Head of Science Base and Careers Policy

**Dr James Squires**, Interim Head of Policy, August 2021-September 2022

**Helen Denyer**, Programme Manager

**Joseph Ewing**, Policy Manager, September 2021-September 2022

**Harry Chambers**, Policy Officer

**Rachel Bonnington**, Public Engagement Officer

# Annex II: Agenda

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<b>Time</b>	<b>Item</b>
09.30-09.40	Chair's welcome and introduction
09.40-10.15	Breakout discussions on: <ul style="list-style-type: none"><li>- Definition of cross-sector mobility</li><li>- Benefits of cross-sector mobility</li><li>- Challenges to enhanced cross-sector mobility.</li></ul>
10.15-10.35	Plenary – feedback and discussion
10.35-10.50	Break
10.50-10.55	Chair reconvenes
10.55-11.25	Breakout discussions on: <ul style="list-style-type: none"><li>- Responsibility of different stakeholders for possible solutions</li><li>- Possible solutions</li></ul>
11.25-11.45	Plenary – feedback
11.45-11.55	Chair and breakout chairs – summary and reflections
11.55-12.00	Chair's close



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