

EXECUTIVE SUMMARY

EMERGING RESEARCH LEADERS' VIEWS
ON THE ACADEMY OF MEDICAL
SCIENCES' REPORT 'FUTURE-PROOFING
UK HEALTH RESEARCH'

Report for the Academy of Medical Sciences

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INTRODUCTION

On 10 May 2023, the Academy of Medical Sciences published a report on “Future-proofing UK health research: a people-centred, coordinated approach”. This report, published in the Academy’s 25th year, sets out a range of solutions which organisations and individuals across the sector can take to ensure that UK health research continues to improve lives across the globe, deliver for the UK economy and meet evolving expectations of excellence.

The Academy commissioned independent consultants Lisa Jamieson and Kerry Leslie to conduct a series of in-depth interviews with 25 emerging research leaders (ERLs) to test the response of ERLs to this report, exploring their views and priorities on the future of health research, the role of the Academy and their own part in delivering on the report’s recommendations.

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The Emerging Research Leaders (ERLs) we interviewed were very positive about the report and felt that it demonstrated the unique role the Academy plays in providing an independent cross-sector view. It was felt to be an important and timely piece of work as they said that the sector is at a strategic inflection point and unless there were changes, the UK would no longer be a leader in healthcare research.

Interviewees were very pleased to see the focus on people as they said that without a strong, diverse workforce and participant pool, health research would not achieve its full potential. Throughout the interviews the ERLs often shared experiences from their own careers and how they had been affected by for example, short-term contracts, high costs for visas or inequitable metrics, reinforcing the picture painted by the report.

Overall interviewees were supportive of the solutions offered in the report and optimistic that they would future-proof UK health research. However, some interviewees were concerned that the report was not bold enough in calling for change and would not result in any significant difference. It was felt that the solutions were predicated on an acceptance of the current system when what was needed was a radical new vision of how health research was conducted in the UK and how to mitigate the impacts of climate change on the system.

‘One of the first things that jumped out at me was the fact that it was people centred, and I think that’s really resonated with me. Fundamentally, without people there is no research, and it’s not just about the people that are currently here, but... inspiring and bringing on other [people].’

‘We’re at a strategic inflection point across the whole sector. And it’s a timely report from the Academy. To really be thinking about “how do we provide joined up thinking across the sector to deliver better health and care”. If we don’t, healthcare research in the UK will go from being world leading to being an all-star player. Which will not benefit the population in the UK.’

Views on Chapter 1: Placing people at the heart of health research

The solutions around *placing people at the heart of health research* provoked the most discussion and commentary. Interviewees were pleased to see the issues of precarious and inflexible research careers highlighted as these issues had directly affected their careers and too often were simply accepted as part and parcel of being a researcher. Many felt addressing these issues was of the highest priority and sounded a warning that if issues of retention were not addressed the whole system would be at risk of collapse.

'For the researcher... the precarity of those short-term contracts... that's a fundamental issue. They're really doing it because they love academia, or they love research, and they want to pursue a career in this but there's a lot of sacrifices they have to make to try to achieve that.'

Interviewees agreed that more should be done to support those working as part of interdisciplinary teams ('team science'). The huge benefits of 'team science' were spoken about including increased international collaborative networks, increased reputation and ground-breaking clinical impacts. Interviewees felt that because this was not the 'usual' career pathway, it was not recognised, rewarded and supported. It was suggested that the Academy should expand their schemes and programmes to offer more support for team science in addition to their existing support for individuals.

Interviewees agreed that more was needed to support an improved research culture. One of the challenges spoken about was that the role of the researcher has expanded, however, the same research output was expected. Therefore, although there was a desire to embrace the wider markers of inclusive research and the wider markers of good academic citizenship, it was felt that this piled more pressure onto already overstretched researchers. It was said that these expectations are much higher for the new generation of researchers than they were for those later in their careers.

'It feels like what academics and researchers are expected to now is a lot more. You know, they're all good things. You've got to do engagement; you've got to do translation; you've got to show impact. But all of that requires a lot of work as well and laying the ground. And so, it just feels like the expectations have really increased quite a bit both from higher education institutions as well as research funders.'

There were concerns that the system is still focused on metrics which have a fixed sense of success, for example, although organisations say that academic citizenship is important, within promotions and funding models, prominence was still given to research outputs.

Interviewees supported the call for innovations and standardisation in grant-making processes to reduce the workload for researchers and to encourage bolder funding decisions and outcomes.

There were strong views on the importance of increasing the inclusivity of health research to ensure all lives could be improved. But more measures were not the answer as existing efforts had led to little change, rather the focus should be on changing the culture and the way in which diversity was recognised and valued. Interviewees with protected characteristics were particularly damning about

their experiences, the impact that had on them personally and the system, and the need for significant change.

'For me, it's understanding how those systems that you're trying to put in place to hold people to account will be gamed, and because those people [that] have intersectional characteristics are the most likely to be gamed out. We've got to find a way to empower their voices and their experiences to hold those institutions to account ...that for me is the core and [only] once that's addressed [then] all of the other stuff matters.'

Interviewees had a lot of concerns about the challenges that the UK is currently facing in attracting global talent and felt strongly that Brexit had exacerbated this. Interviewees agreed that more needed to be done to ensure our visa and immigration system works effectively, in an expedient fashion and is competitive with other strong research nations. They believed the Academy could make a real difference by reaching out to international collaborators and equivalents.

'A problem that this country is facing is related to Brexit, related with the difficulties to get visas and the fact that many people overseas see UK now in a different way.'

Interviewees believed patient and public involvement was an important part of the health research system and although there had been some improvements, this work was still not adequately valued or built into funding pathways and there was insufficient support to enable it to be done well. There were calls to move beyond involvement to co-creation and to ensure that all communities who want to be involved can be. It was said that more flexibility in administration and payment systems was required as well as equitable remuneration for lived experience researchers. This was an area that the ERLs believed required more investment.

'I thought it was really valuable that PPI was drawn out as an important recommendation to really ensure that that we're embedding that across all research.'

Views on Chapter 2: Ensuring talented people can develop careers which span sectors

Many interviewees agreed that there was a lack of multidirectional mobility and they felt that working across sectors would help to resolve challenges in the life sciences sector including retention, transparency, translation of research findings and establishing new collaborations. They believed that the younger generation was less focused on traditional careers and open to experiencing different roles throughout their careers and moving between sectors. Establishing ways to 'fail safely' would incentivise them further. Agreeing a common set of metrics that included skills and other impacts as well as publications, was believed to be important.

'The culture in academia is completely about the individual, and how they rise up...it's all about funding and publications...that's the main metric that's looked at and when you move to industry, it's completely different. And it's really about project success, which is driven by huge teams.'

'I think ways to enable people to try things out and fail safely, where if it doesn't work out for you, you've not given up all this stuff that you've invested in previously.'

Interviewees agreed that secondments and joint appointments were extremely valuable and that more should be done to support them. It was felt that the Academy were well placed to fund schemes to support multidirectional movement across the NHS, academia, industry and policy. The FLIER scheme was noted as exceptional for cross-sector skills and leadership training.

Interviewees spoke about how, during Covid, the acute need resulted in the current infrastructure adapting quickly and working collectively to provide solutions to the challenges faced. The importance of working together was spoken about and ensuring that the learning gained during Covid was not lost.

'That's something that we learned through COVID, when you put the right people in the room together, you can do special things. So, let's show people how to do that and get the right people.'

Views on Chapter 3: Covering the true cost of health research

Interviewees were concerned about the current funding model, the future direction of travel and the pressures that put on HEIs. Interviewees felt part of the problem was the short-term time horizons that were commonplace across the sector. Moving to a longer-term, more sustained investment would be a better funding model. They also wanted to see less competition for resource and more collaborative ways of working. It was felt that this would lead to greater impacts and advances without the need for more resource.

'I don't think the research community itself, ... disagrees with the findings of the report and the value of the importance of the research. I think it's just this chronic underfunding and chronic under resourcing that's making it very, very hard.'

Views on Chapter 4: Maximising the research potential of our healthcare system

The solutions relating to *maximising the research potential of our healthcare system* also provoked a lot of commentary. There was broad support for the solutions and a recognition that workforce and resource pressures were hampering progress. More cross sector working and pathways to impact were thought to be important to improve translation and capitalise on our research expertise. ERLs would like to see more opportunities to share innovation and learn from one another's experience of developing and implementing their research strategies, including how to involve patients, carers and the public in the process.

'This isn't going to be solved just by an individual. You know, it's not just the higher education problem. It's not just an NHS problem. Everyone needs to play their part because it's sort of like cogs of a system that won't work without [each other]'

More flexibility in training across the specialisms and more opportunities for individuals to dip their toe into the world of research was felt to be needed. In addition, investment in development of

underpinning research skills, and in particular data science skills, was said to be important to ensure everyone who wanted to conduct research was equipped to do so.

Interviewees were keen to stress that the solutions to making better use of patient data were often cultural rather than technical, and that again it would be important to focus on people and changing attitudes and behaviours as well as developing new systems and processes.

There was a concern that patients and the public were not aware of how data for research can make a fundamental difference to future health or of how stringent existing regulation is. It was felt that the Academy could play a role in awareness raising of the benefits of sharing health information and consenting to research studies.

MOVING FORWARD

Throughout the interviews the ERLs kept returning to the importance of a coordinated response to this report and that a detailed implementation plan was needed to ensure systemic change happened. There was broad support for the Academy to lead this work in close collaboration with HEIs, NHS and research funders and to look to other sectors and social movements for ideas and inspiration as to what works. Interviewees also believed the Academy should look internationally for examples of strong health research systems and should reach out to global collaborators and equivalents.

Other specific suggestions for what the Academy could prioritise included expanding their schemes and programmes to offer more support for team science; funding schemes to support multidirectional movement across the NHS, academia, industry and policy; and working to raise awareness amongst the public of the benefits of sharing health information and consenting to research studies.

All the ERLs interviewed were keen to continue to be involved and support the Academy in implementing the solution. However, they were also realistic about how much change one individual could affect. They suggested collective action would be needed and advocacy by themselves and the Academy at all opportunities.

'I think the Academy is uniquely positioned to understand the needs of each of the stakeholders, but also to hold them to accountAnd sometimes it takes a lightning bolt like this report to do that.'

'I would love the Academy to host a Research Summit, so I would love to bring everybody together after this report has sunk in and really start thinking about how do we make all of these really great recommendations become a reality? Who do we need to work alongside?'

'It's really important for members of the Academy to support and drive this forward to make sure that the recommendations don't end up just being another policy document.'