

# **THE FUTURE OF THE NATIONAL INSTITUTE FOR MEDICAL RESEARCH**

## HOUSE OF COMMONS SCIENCE AND TECHNOLOGY COMMITTEE INQUIRY

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The Academy welcomes the opportunity to provide evidence for the Science and Technology Committee's deliberations on the future of the National Institute for Medical Research. In preparing this paper, the Academy took the view that, given the considerable strategic investment associated with the review of the NIMR, it was important to focus the Academy response around basic principles.

- 1.** The Academy is convinced that the future health of biomedical science in the UK requires investment in an appropriately renewed national institute. Such an institute should offer outstanding scientists the opportunity to pursue long-term goals with secure long-term funding, and without the distraction of short-term grant applications and major teaching and managerial duties. The Academy recognises the past success of the MRC strategy in support of medical research in this way.
- 2.** The Academy believes that a national institute for medical research should concentrate on basic biomedical science. Such an institute should be complementary to the existing investments by the MRC, such as the Laboratory of Molecular Biology in Cambridge, the Clinical Sciences Centre at Imperial and institutes funded by the major research charities, such as the Wellcome Trust Sanger Institute and the Cancer Research UK institutes.
- 3.** Increasingly, basic biomedical science is highly dependent on productive interactions with chemists, physicists, mathematicians, computer scientists and engineers. These relationships are difficult to achieve without active measures to promote interaction or close geographical proximity. A renewed national institute must not be isolated from such resources and steps should be taken to ensure wide connectivity.

4. As well as pursuing long-term major research programmes, such an institute should be able to draw upon a supply of outstanding young people in a wide range of relevant disciplines.
5. The Academy has been a strong proponent for the MRC and other research funding agencies to place more emphasis on the translation of basic medical science into the prevention, diagnosis and treatment of disease. See the Academy's report *Strengthening Clinical Research*, published in October 2003. [The opportunity to utilise basic research technologies and skills to solve problems associated with well-defined clinical problems has been identified by funding agencies worldwide as being a major strategic target.] However, the Academy is unconvinced that such translational research should be a core activity of a national institute. A culture should be fostered that will allow the institute to relate to clinical research centres where research is translated into practice.
6. While the institute should have a ready means of translating its basic biomedical research into clinical practice, that process ultimately depends on the major medical centres and is essentially a distributed function. There are many centres of medical excellence in the UK and it would be in the best interests of a national institute to collaborate where there are the best facilities and with those best able to conduct translational research.
7. The Academy further recommends that consideration be given to establishing connectivity between the national institute and the networks being established for clinical research through the UK Clinical Research Collaboration. The UKCRC is committed to the development and training of a new generation of clinical scientists.

## **Conclusion**

The Academy hopes that the Science and Technology Committee will consider the opportunities now presented for MRC strategic investment in both basic and translational research – an investment that looks well into the future.

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