The Baroness Brown of Cambridge DBE FREng FRS
Chair, House of Lords Science and Technology Committee
Via email

28 April 2023

Dear Baroness Brown,

Clinical academics in the NHS inquiry

I am writing to you following your letter to the Secretary of State for Health and Social Care, dated 26 January 2023.

We are grateful to you and your Committee for your very timely scrutiny of the support for clinical academics in the NHS. To that end, I am glad that we have been able to support the Committee's work in this matter, through the evidence provided by Professor Rosalind Smyth, Chair of our Training and Careers Strategic Overview Group.

While we recognise that the health service is under significant pressure, the vital role played by clinical academics in improving healthcare must be acknowledged and supported. This is also reflected within the Independent Review of the UK's Research, Development and Innovation Organisational Landscape, led by Sir Paul Nurse, which highlighted the challenges of combining a research career with clinical training.[1]

Below, we set out actions that MRC, as part of UK Research and Innovation, has already taken to support clinical academics. We have also outlined additional activities that we will implement in response to your Committee's recommendations. Our response is complementary to that provided by the Secretary of State for Health and Social Care, and so should be read as our contribution to the wider efforts made across Government and its various agencies such as the National Institute for Health and Care Research (NIHR).

1. *The Government should urgently address inequalities in total remuneration that disincentivise clinical academia as a career path. It should work with universities, Governmental and non-Governmental research funders, and NHS trusts, to ensure that clinical academics are not financially disadvantaged by pursuing research compared to the earning potential of full-time clinicians.*

2. *Governmental research funders should help to address the career precarity of clinical academics at the postdoctoral level by offering more longer-term postdoctoral positions – for example, with five years of funding and the expectation of a permanent position.*

We agree with the Committee's conclusion that these are issues that need to be addressed through a collaborative effort between research funders, Government, academia and the NHS.

1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1141484/rdi-landscape-review.pdf

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Support for clinical fellowships is a key area of activity for MRC, and in recent years we have prioritised clinical academic careers by nearly doubling the budget available, from approximately £20 million in 2017/18 to £38.5 million in the current financial year. Our postdoctoral clinical fellowships already offer up to 5 years of funding, and fellows can also apply for an additional 2 years of support, if they have encountered unforeseen problems with their research. We work closely with other funders to ensure complementarity with MRC's current funding mechanisms, in order to maximise the support, we provide for the vital career transition between the pre- and post-doctoral career stage. For example, we partner with funders through the Academy of Medical Sciences Starter Grants for Clinical Lecturers scheme, which provides funding for research-active Clinical Lecturers across all medical specialties to gather data to strengthen their bids for longer-term fellowships and funding.

We also acknowledge that the career precarity of postdoctoral clinical academics has been exacerbated by a reduction in the number of senior clinical fellowships made available from charity partners and the ongoing uncertainty about the continuation, for UK applicants, of fellowships with the European Research Council. We are able to increase investment and work energetically in partnership to address other funding opportunities, but we will not be able to address the shortfall in overall funding for fellowships at that level.

Our awards are typically made to universities, but university employers should maintain pay parity with the NHS for their clinical academic staff. This means that university pay scales for clinical academics mirror the pay points for clinical staff in the NHS, however MRC has no control over this. We do acknowledge that there are issues, for example as clinical salary bands relate to clinical grading, taking time out of training to do research can slow progression. MRC is working actively with other funders, through the Clinical Academic Training Forum (CATF),[2] to address bottlenecks and issues facing key career transition points, without duplication of efforts. For example, CATF is currently reviewing the UK clinical academic training principles and obligations, which recipients of MRC awards must sign up to. These obligations include protection of occupational benefits that have been accrued as a result of continuous service of employment. We will continue to work with the other members of CATF to address inequalities in total remuneration.

5. *The NHS should implement mentorship schemes in different regions, respecting equality, diversity and inclusion, to ensure that would-be clinical academics have examples to follow. More can be done to promote the value of clinical research to medical practitioners and to engage non-researchers with the research undertaken in their organisation, to engender a culture that values research.*

We partner with the Academy of Medical Sciences so that MRC-funded researchers can access their mentoring programme. However, this is currently only available to those already

[2] The Clinical Academic Training Forum (CATF) brings together stakeholders interested in the training of clinical academics to provide strategic coordination of clinical academic training pathways in the UK. MRC is an active member, along with the Academy of Medical Sciences, Association of Medical Research Charities, Cancer Research UK, Conference of Postgraduate Medical Deans of the United Kingdom, Medical Schools Council, Health Education England, NIHR, the Royal College of Physicians, and Wellcome.

funded by MRC, and so we will explore options for expanding this opportunity to would-be clinical academics.

We recognise the importance of local mentorship to clinical trainees so we will work with the NHS and research organisations at a local level to make sure that our researchers are getting sufficient local support. This will include inviting feedback from our researchers and addressing any concerns or complaints with the corresponding research organisation(s). We will also collaborate with other stakeholders to promote the value of clinical research throughout the health service, supporting MRC-funded researchers to participate in regional engagement and communications activities.

6. *The Government and its research funders of research should address these regional inequalities, for example through additional ring-fenced funding for clinical academia in certain regions, bursaries for clinical academics in less well-off areas, and/or hub-and-spoke models where established centres can support those in the surrounding region.*

The UK Government's Levelling Up White Paper reflects that UKRI has an organisational objective to *"Deliver economic, social, and cultural benefits from research and innovation to all of our citizens, including by developing research and innovation strengths across the UK in support of levelling up."* In line with this, we will explore options for tackling regional inequalities in funding, including for clinical academia, in order to build capacity and connectivity more broadly across the country. UKRI-wide activities in this area will aim to open up new areas for more impactful research, connecting strengths and specific areas of expertise, thereby increasing the diversity of our research communities and the populations they serve.

7. *NHS trusts and hospitals must set out a plan as to how they will meet the statutory commitment to allow consultants to spend an average of 25% of their time on supporting professional activities on average. Universities, NHS hospital trusts, and funders of research should work together to align the incentives for clinicians and consultants to ensure that they can continue to engage with research alongside/as part of clinical practice.*

8. *Governmental funders of research, including the Medical Research Council and the National Institute for Health and Care Research, and frameworks for awarding academic funding such as the Research Excellence Framework should further incentivise research that engages with clinicians.*

9. *Governmental research funders should support initiatives such as pairing schemes which bring together clinicians with academic partners. They should ensure that applied clinical research is accessible to a wider range of healthcare professionals than just consultants and that funding for these projects is more easily obtained.*

MRC has a long history of supporting clinicians to engage with research through our various funding activities. For example, we spend ~£65M a year on clinical and translational research in order to support and fund innovation that will speed up the transfer of the best ideas from discovery research into new interventions that reach patients. Clinical perspectives are critical to successful translational research proposals, and when making

these funding decisions we seek assurance that research teams include or at least have access to clinicians.

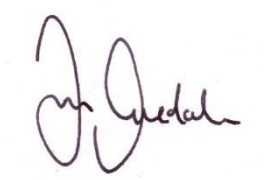
All of our fellowships support collaborations, including funding to spend time in second centres. This includes other academic institutions or industrial partners and helps to build collaborations.

In 2019 we introduced the Clinical Academic Research Partnership funding scheme to support research-qualified healthcare professionals not currently undertaking any substantial research activity to form a collaborative high-quality research partnership with established leading biomedical and applied health researchers. To date we have made 86 awards, investing ~£20M. This scheme is co-funded by NIHR so funds the full spectrum of medical research, projects ranging from discovery science through to translational and applied health research.

However, we are not complacent, and we will work with other funders and stakeholders to consider what more we can do to overcome the barriers to engaging with clinicians, including incentives.

I would like to conclude by reiterating my gratitude to your Committee for seeking to identify and address the issues facing clinical academics. I am also copying this letter to the Chairs of the House of Commons Science and Technology Committee and Health and Social Care Committee.

Yours sincerely,



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