Vision and Strategy for the Medical Research Council

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The half century since the discovery of the structure of DNA has seen extraordinary advances in basic biomedical science. Much of this has been at the molecular level. understanding how molecules are formed, what their structures are and how they interact with each other. In the coming decade, this knowledge will be increased, but there will also be a rapid extension to a more integrative level: increasing understanding of how cells, organs and organisms function, and the complex processes underpinning normal growth and development. This work will continue to require the use of animals, under the well-regulated conditions in the UK. In addition we will be extending our work on populations and on the social influences on health. The consequent benefits for the understanding of disease processes

will be immense. There is now widespread recognition, around the world, that the coming decade should see rapid payback to the public in benefits in health care. This may be expensive initially – new drugs and treatments often are - but costs will come down, and health benefits translate into economic benefits longer-term, through less use of services and a healthier workforce. To achieve these goals, we make a major effort to strengthen clinical research, through a partnership between academia, research funders, the NHS and industry. Our approach is two-fold: to promote strategic priorities and to seek out and nurture innovative ideas from the research community itself.

The key driver for the next decade for MRC is therefore the desire to work with partners to deliver health R&D goals, while maintaining the vitality of the underpinning research and skills base. We will continue to fund the best research with the potential to improve human health, but with the burden of disease playing an increasing role in influencing the decisions that the MRC makes about what research to support. The research the MRC supports will have an increasing relevance to disease, with a greater priority given to translational approaches at the basic/clinical interface. While we will make a special effort in the areas identified by the Department of Health for the UK Clinical Research Network diabetes, Alzheimer's disease, stroke and medicines for children - we will also continue to support other important areas. These include new and emerging infections, diseases of poverty (especially malaria,



HIV/AIDS, TB), cancer, mental health and understanding health behaviours.

How will we know if we are being successful? We expect there to be:

- more personalised, safe, effective prevention and treatment of disease;
- rapid responses to emerging and unpredictable infectious diseases;
- increased patient and public involvement in decision-making in health research, with greater focus on public preferences and valuations of health outcomes.

However, the size of the impact that the MRC can make will depend on the speed with which we can redirect existing funding and on the volume of additional resources we can secure through SR2004 and future Spending Reviews. I remain extremely optimistic for the future of medical research in this country. There are opportunities to be grasped; and researchers are keen to respond to those opportunities and to the needs of the country.

MRC Mission

- To encourage and support high-quality research with the aim of improving human health.
- To produce skilled researchers, and to advance and disseminate knowledge and technology to improve the quality of life and economic competitiveness in the UK
- To promote dialogue with the public about medical research.