

The Future of the National Institute for Medical Research (NIMR)

1. The Royal Society of Edinburgh (RSE) is pleased to respond to the House of Commons Science and Technology Inquiry into the future of the National Institute for Medical Research. This response has been compiled by the General Secretary, Professor Andrew Miller and the Research Officer, Dr Marc Rands, with the assistance of a number of Fellows with considerable experience of the MRC.
2. The current impasse regarding the location of the Institute must be resolved quickly and in such a way that the staff at NIMR as well as the Medical Research Council (MRC) can move forward in a co-operative mode. Biomedical research is at a critical stage and the prospects of real advances in areas, such as malaria, within the NIMR's Infection and Immunity group have never been better.

The rationale behind the move of the NIMR

3. There is no doubt that work of the highest quality is being done at the NIMR at Mill Hill and has been throughout its existence. The level of performance, however, has been patchy and the spread of expertise, facilities and world class research does not map onto current MRC priorities or its vision for the future. A key criticism is that the structure and management at the NIMR lacks the necessary flexibility and dynamism to respond to rapidly changing perspectives and capabilities in modern biological and medical research. A move was therefore proposed in order to put into place appropriate structures and staffing mechanisms and re-align the emerging institute with the developing strategy of MRC. This would introduce a flexibility to respond to future changing capabilities and priorities in biomedical science.
4. In early in 2003, a sub committee of the MRC was given the task of examining the MRC's Forward Research Strategy and recommended that NIMR at Mill Hill should be closed and moved to Cambridge. However, the rationale for this recommendation was poorly explained and none of the NIMR scientists were consulted. This resulted in significant loss of morale amongst the staff at the NIMR and has made it difficult for all to move into a more co-operative mode. The MRC Council subsequently created a Task Force with both national and international members (nominated both by the MRC and NIMR) and with two NIMR staff to re-examine this issue. The Task force reported in July this year and recommended that NIMR should be closed and moved to a site in London, proximal either to University College or King's College, identifying a clinically-aware culture and translational research as being important for the NIMR. However, the NIMR staff have disputed the Task force conclusions.
5. The MRC has now appointed a steering group to prepare the business and scientific cases for removing NIMR to the central London sites, as well as a base case to set out what would be required at Mill Hill in order to meet as closely as possible the Task Force vision.

The impact of the proposed move on the work of the NIMR

6. The impact of the proposed move on the work and, equally importantly, the international reputation of the NIMR should be enhanced greatly, as a result of its sharper focus and increased flexibility. Locating the NIMR within a hospital site should also further focus on clinical research and/or the translation of basic to clinical research. However, whilst these are laudable goals there are a number of concerns. While the ultimate location of NIMR is undoubtedly important, the geography of the site is not the only major factor; the status of research as viewed by clinicians as much as it does the geography of the collaborators. In the UK, there are no career paths that enable clinicians to devote themselves to scientific studies in the long term, and most clinician-scientist collaborations have a considerable ad hoc element. There needs to be more clinicians trained in research and the creation of effective multidisciplinary teams where the roles of clinical and basic research staff are better understood by all. These teams would have shared objectives, and commitments and leadership would not necessarily come from one side or the other.
7. These underlying, cultural aspects will not themselves be changed by relocating NIMR and re-moulding its brief. Overall, collaborations work best when the investigators choose whom they want to work with and where the most appropriate patient cohort is based. Forced collaborations tend not to be successful and an early attempt to artificially bring MRC scientists and clinicians together at the Northwick Park Hospital was unsuccessful and was abandoned.
8. In addition, the NIMR at Mill Hill has a 47 acre site with consequent flexibility for redevelopment that would not be the case in central London. It has high class containment facilities to study emerging infections (which will be important in light of climate change and the likelihood of new diseases appearing in Britain) and there are excellent animal facilities which are unlikely to be readily available in central London, or would have to be duplicated on a crowded site. Given the magnitude of future threats of infection cannot be foreseen in these uncertain times, limitations on NIMR's potential for expansion should be avoided at all costs.

The financial implications for the MRC

9. Through enhanced focus and the opportunity to close down ineffective research programmes, this initiative has the potential to deliver more world class science. It may be tempting to believe it will also save money but this is unlikely. However it should not undermine the key priority to further develop the science and its exploitation in the development of new treatments for major diseases. Overall, the rationale for moving to a central London location is unclear, and will not prove to be in any way cost-effective or provide a location capable of attracting and retaining the best scientists. It will lead to yet more pressure on housing and transport in Central London and the further consolidation of the Golden Triangle of research funding. Relocation to a major centre out with London would be preferable and consideration should be given to other possible locations. Alternatively, consideration should be given to addressing the situation at Mill Hill to meet the Task Force vision without relocation.

The balance of the MRC's strategic priorities

10. We welcome the MRC's interest in pursuing translational research, but there appears to be a narrow view of what this is and how best to approach it within the UK. There are various ways to pursue translational research which this initiative may ignore such as working successfully with pharmaceutical, biotech and diagnostic companies. These are, at least, equally important interfaces that in many areas of highly competitive basic research can provide more effective ways to develop new medicines and treatments for disease. And there are cultural issues that affect our ability nationally to develop an effective clinical-basic research interface which moving NIMR will not solve.
11. It is perhaps surprising that the MRC did not consider diverting resources away from NIMR, given that a significant component of the MRC budget is currently spent there and that there are great pressures on resources, not least from those with unfunded alpha plus-rated research grants. Other expensive projects, like the Biobank, are straining its resources and, in the absence of substantial new funding, it appears there is a need to redeploy resources in a more cost-effective way. This would be achieved for example, by only funding the most excellent basic science at the NIMR, perhaps without the very costly move, and re-investing the savings in several successful centres around the UK where the best translational research would be easier to achieve.
12. The role of MRC institutes should be recognised in providing the environment for tackling long term research questions that cannot be addressed easily through 5-year research grants to universities.

Additional Information

13. In responding to this inquiry the Society would like to draw attention to the following Royal Society of Edinburgh responses which are of relevance to this subject: *Healthcare in 2020* (September 2000), *Fighting Infection* (October 2002); *A Vision for the Future* (December 2002); *Health Protection in Scotland* (January 2003). Copies of this response and the above publications are also available from the Policy Officer, Dr Marc Rands (email: evidenceadvice@royalsoced.org.uk).

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