

## Medical Research

### “Priorities in Medical Research”: a summary of the recommendations of the House of Lords Select Committee on Science and Technology

The House of Lords Select Committee on Science and Technology's report, *Priorities in Medical Research*, was published on 12 April (HMSO, £6.30). A leading article comments on the report on page 1079.

Membership of the subcommittee was as follows: Lord Nelson of Stafford (chairman), Lord Adrian, Lord Erroll of Hale, Lord Flowers, Lord Hunter of Newington, Lord Kearton, Baroness Lockwood, Baroness McFarlane of Llandaff, Lord Perry of Walton, Lord Rea, Lord Sherfield, Lord Smith, Lord Taylor of Blackburn, and Baroness Warnock.

“The Committee's recommendations outline how decisions on priorities in medical research should be taken. They advocate a science-led approach in circumstances which allow research to thrive. This demands well-found laboratories, good medical schools and a strongly motivated and adequately supported body of researchers. They also recommend better recognition of the service needs of the NHS. The onus here is mainly on the NHS itself, to articulate its needs and to assist in meeting them. These two approaches—science-led research and service need—then have to be welded together, so that service needs stimulate research and promising ideas flourish. Provided that successful research is then carried through into practice, these measures should have an important impact on the efficiency and cost-effectiveness of the NHS, and of national research spending, in line with the Government's overall policy.

“The Committee do not consider themselves competent to recommend specific medical priorities, nor would this be appropriate in view of what has just been said. Such decisions rest principally with the research community and the managers of the NHS. But they do recommend more effective provision for public health research and operational research by the NHS and due attention to clinical medicine in the Medical Research Council. For its part, the DHSS has its own research needs to meet in support of Ministers; it has a crucial role in respect of NHS funding; and it is best placed to bring all the funding bodies together to pursue the common interest of national health. But the Committee urge the DHSS to recognise that the assumption of research responsibility by the NHS, as well as by the research community, is the right way forward.”

Any formal mechanism for directing national priorities would almost certainly be inefficient and could stifle research. The committee prefers to rely on pluralistic funding and administration of research in which good ideas compete for support.

The MRC is the right vehicle for funding basic and academic clinical research.

The University Grants Committee (and its successor the University Funding Council) should retain responsibility for funding adequately the academic infrastructure for medical research.

Medical research and medical education should be inseparable. Medical research should continue to be carried out for the most part in, or in association with, medical schools and universities rather than in national centres.

Some setting of priorities and some emphasis on problem led research is essential. There appears to be no effective means of setting priorities. Filling gaps in national research effort is not a responsibility which governments should leave to charity.

The MRC should take pains to strengthen the contribution of clinicians to its work.

The funding of applied research in medicine is unsatisfactory, and the key lies in the NHS.

The NHS is inextricably involved with medical research, yet the administrative remoteness of medical research from the NHS is a source of weakness to both sides. No research system can function efficiently when the principal customer for research (the NHS) has so small a direct input into the initiation of research programmes.

The DHSS and the NHS both require research programmes but these will be different in scale and kind. There is a clear distinction between the needs of ministerial policy and of NHS research.

The NHS should be brought into the mainstream of medical research. It should articulate its research needs; it should assist in meeting those needs; and it should ensure that the fruits of research are systematically transferred into service. For this purpose a National Health Research Authority (NHRA) should be created within the NHS. The NHRA should take on a primary role in funding public health and operational research and a part role (shared with the MRC) in funding clinical research, but should not pay for basic research. It should complement, not displace, the MRC and other funding bodies.

Public health research and operational research have been inadequately supported. It is especially serious that so large an organisation as the NHS devotes so small a part of its budget to seeking how to improve its own operations. Since public health and operational research will repay investment, spending should be markedly increased. The NHRA should foster at least three centres for these disciplines.

Medical charities give a direct means of establishing public priorities in research on the basis of perceived need, though this method of establishing priorities is not perfect. The government should consult the charities on the future and funding of the medical research base. Growth in charitable spending should approximately be matched by public sector research spending through the MRC and the NHS. The UGC should pay the general overheads for research funded by the charities in universities.

The delay in funding, and the underfunding, of pay awards to clinical academics has damaged morale and the research base. This should not be allowed to occur in future. Adequate career prospects for the medical research teams, that is to say a fair availability of research programmes and posts, are required. The NHRA should ensure that the needs of research are considered when decisions on NHS manpower policy are taken.