Draft Scottish Government Health Research Strategy 2014
Response by Chairman of the Board for Academic Medicine, Sir David Carter

General comments

The consultation exercise is timely and welcome. In general the document reads very well and addresses an appropriate range of issues if Scotland is to capitalise on its medical and life sciences research strengths and become established as 'a global destination of choice' for those working in the field. It points rightly to Scotland's existing strengths in medical/life sciences research, the close collaboration between world-class universities and the NHS, and the success of initiatives such as NHS Research Scotland and Health Sciences Scotland. At the same time there can be no complacency about Scotland's continuing ability to succeed and prosper in an internationally competitive arena. While league tables all have limitations and different tables measure different attributes, the QS World University Rankings 2014 place three Scottish Universities in top 100 overall but only two Scottish Universities hold places in the top 50 when Life Sciences and Medicine are considered together. This ranking system places 18 Universities in the world top 100 in Medicine, three of them being Scottish Universities (Edinburgh, Glasgow and Dundee). To return to the present consultation, much interest centres on the impending results of the Research Excellence Framework that will assess, rank and reward universities according to the excellence of their research between 2008 and 2013 with particular reference to research impact.

As Indicated in my covering e-mail, this response will concentrate on the issue raised in Chapters 3 – 5 of the consultation document.

CHAPTER 3 – TARGETED DEPLOYMENT OF RESOURCES

Question 10 –proportion of CSO funding that should be available for deployment in new research initiatives relevant to the NHS

CSO is correct to focus on funding research of high quality that aims to improve the quality and cost-effectiveness of services offered by NHS Scotland and so secure lasting improvements in the health of the people of Scotland. The six guiding principles set out in the Chief Health Scientist's introduction to the consultation document are excellent as is the emphasis on the use of Scotland's databases and informatics. Arguably Scotland's linked health (and socioeconomic) databases and burgeoning use of informatics give it an internationally competitive edgein the drive to transform healthcare delivery and improve health outcomes.

With its budget currently limited to £68M per annum CSO will always have difficult decisions to make when balancing the need to fund longer term commitments while remaining able to fund new research priorities and grasp emerging opportunities. Now that Scotland has voted to remain part of the UK its research workers can continue to apply to UK funding sources. This means that it is still possible to use CSO funds to support potentially exciting pilot, feasibility and early phase development studies that can go on to attract more substantial support from UK and European sources.

Question 11 – focus of CSO response-mode grant schemes, need to complement and avoid overlap with other funding streams, upper level for CSO grants

The consultation exercise will in itself provide insight for any members of the research community who have difficulty defining and understanding the focus of CSO response-mode grant funding. I imagine that once the consultation exercise is concluded the draft strategy will be replaced by a definitive research strategy that will banish any lingering uncertainty.

As mentioned earlier, CSO needs to remain willing to fund feasibility studies and promising early phase studies that have good prospects of progressing to win major grant funding from UK/European funding sources. With this in mind it seems likely that a substantial proportion of such early studies can be supported satisfactorily within an envelope of some £225k. While regarding this upper limit as the 'norm' there needs to be recognition that specific projects may be sufficiently promising to merit a higher 'exceptional' award where the upper limit is say £500k.

CSO should continue to contribute to the NIHR NETSCC funding streams as long as this investment continues to pay a worthwhile dividend for Scottish medical research aimed at nationally defined research priorities.

NRS strategic Investments

Intelligent use of CSO funds to strengthen and develop robust infrastructure for NHS research has been an outstanding success. At the same time this must remain a 'work in progress' and subject to periodic review. CSO is absolutely correct to revisit the allocation of infrastructure funds to ensure that it reflects activity and plays a key role in facilitating and supporting competitive research of the highest quality. The proposed partition of NRS Infrastructure allocations seems eminently sensible, particularly in the light of the increased demand that will almost certainly flow from development of stratified medicine.

Question 12 –creation and continued funding of CSO units

The simplistic knee-jerk response to this question is that an organisation addressing the range of (expensive) priorities that CSO has to grapple with on an annual budget of £68M should not be creating or even sustaining CSO units, particularly when such units are usually much easier to establish than they are to close. This said, personal involvement with most of the six existing CSO units at various points in their flight paths has generally proved reassuring in that they have delivered high quality research at a cost of 'only' 5.8% of CSO's annual expenditure. In some cases the units have fostered research in 'difficult and/or underperforming' areas and in others an outlay of CSO funds has enabled acquisition of funds from partner charities or the MRC.

It goes without saying that (1) CSO is well advised to undertake a strategic review of Unit purpose and funding in 2015-16, (2) review panels should be populated with leading figures in the relevant international research community, and (3) great emphasis is placed on Unit research output and quality when set against performance targets. Life for CSO will be much easier if the default position in future is that it does not establish CSO units unless there is an overwhelmingly strong case for doing so

and only then on the basis that (1) CSO funding is only guaranteed for 5 years, (2) matched funding is available from the host institution and/or defined partners, (3) performance targets are clearly defined, and (4) there is a working assumption that CSO funding will cease or taper significantly after five years.

CHAPTER 4 – WORKING IN COLLABORATION

Question 13 – key areas of partnership

The range of partnerships set out in the consultation document is impressive and reflects well on CSO's existing vision and drive. I appreciate that the naming of some medical charities is intended to illustrate that this type of partnership continues to grow but the definitive strategy document needs to emphasise the huge role played by existing major medical research charities in Scotland's research endeavour. I see no mention of the importance of funding sources outwith the UK (eg. fund-raising to build the Queens Medical Research Institute in Edinburgh was greatly assisted by major grants from European funds and North American charities) or mention of significant research initiatives supported by other parts of Scottish Government (eg the SINAPSE funding pool supported by SFC).

Question 14 – CSO International Advisory Board

Scotland is a small country and its CSO grant awarding committees have always had to go to great lengths to define and wherever possible avoid, any conflicts of interest or parochialism. When creating an appointment panel for the Scottish Senior Clinical Fellowship scheme the Board for Academic Medicine eliminated any possibility of parochialism by forming a panel of internationally acknowledged experts working in countries other than Scotland. When CR-UK formed a Research Strategy Group to advise the charity's Council it benefit enormously by appointing some leading international figures who were based outwith the UK (including one Nobel Laureate from the USA). The suggestion that CSO should create an International Advisory Board is an excellent one, as is the proposal that this Board should meet annually and concern itself with strategic rather than operational issues. I suggest that most if not all of its members should be drawn from outwith Scotland.

Question 15 – support for the Health Directorates Quality Agenda

The creation of a Scottish Improvement Science Collaborating Centre is warmly endorsed particularly as it is co-funded by NES, SFC and The Health Foundation.

CHAPTER 5 - INVESTING IN THE FUTURE

Question 16 – Primary Care Research Award scheme

CSO does well to address this issue and express concern at lack of interest in the scheme. It is difficult to know whether CSO can breathe new life into primary care research. However, the Greenaway Report and its implementation and the potential role of community physicians in new models of community care surely justify a new dialogue with the Scottish School of Primary Care on a new-look Award scheme.

Question 17 – CSO personal award schemes and capacity building

As chairman of the BfAM I am predictably pleased to see CSO's emphasis on the importance of renewing the SSCF scheme. The hope is that SSCT-mark 2 may be able to award 15 five-yearfellowships over the next five years, funding being provided by a three-way partnership between CSO, NHS Scotland and the participating Universities with medical schools. The consultation document alludes to the positive assessment of the first SSCF scheme and it is worth emphasising that review of 16 appointed Senior Fellows in 2013 revealed that collectively they had won 118 awards bringing in a total of £68.7M of research income for Scotland. The importance of this scheme in recruiting and retaining internationally competitive clinical academics of outstanding ability is obvious.

CSO is encouraged to continue working with NES and the Universities with medical schools/BfAM to monitor the range of personal award schemes available to clinical academics wishing to build and sustain a research career in Scotland.

CSO Research Strategy 2014

The CSO intention to publish the health and bio-informatics research strategy in 2014 is welcomed as is its support for the NHS Stratified Medicine Applied Research Programme.

DC Carter
Chairman, Board for Academic Medicine
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