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## MRC gets thumbs up

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The UK Medical Research Council's (MRC) radical [reform](#) of its grants system, announced last Friday (February 13), is receiving qualified approval from the scientific community. This will be a profound relief to the MRC, whose last major reorganization - in 1997 - was felt to be largely a failure.

Investigators contacted by us offered warm applause for the creation of New Investigator Grants for young researchers trying to launch new fields of investigation, and for the phasing out of Cooperative Grants, which encouraged collaborations but were seen to force young scientists into joining the nearest herd.

There is also great enthusiasm for the promised attempt to smooth out cyclic fluctuations in the availability of MRC funds, which received close attention in the aggressive House of Commons Select Committee [report](#) on the MRC last year.

However, it is recognized that the UK Treasury is at least as much to blame as MRC management, as it demands each year that unspent money be returned. Scientists will be carefully monitoring MRC progress on this issue.

Robin Weiss, professor of viral oncology at University College London, expressed the feelings of many investigators in saying that "the MRC has responded to the community" in its review. Graham Collingridge, professor of anatomy, Bristol, said: "I full support the simplification of the grant scheme. It's a positive move. Streamlining the application procedure is welcome."

These feelings are widespread, but there is also disappointment in some quarters that the first-line assessment of grant proposals will remain 'virtual,' with a vast committee of referees (the 500 or so members of the advisory board) creating and sending reviews without face-to-face meetings.

"Most of us have found this a disaster... There's nothing like sitting down and talking to people," said Anne Cooke, professor of pathology at Cambridge University.

Elizabeth Simpson, head of the MRC Clinical Sciences Centre, Imperial College, London, agreed with Cooke. A member of review boards at the Wellcome Trust and Cancer Research UK that meet face-to-face, she said: "I think people change their views about a grant listening to other experts talk." Solitary, personal judgements are human and can be skewed by prejudice, she felt.

Nevertheless, both Cooke and Simpson supported the other major changes the MRC will introduce. "Many of us are happy they've disbanded the Cooperative Grant system," said Cooke. "The idea was to facilitate interdisciplinary links, but it ended up as a dead end for many scientists, because if they didn't fit into a co-op, they were disenfranchised. So there's a great relief they are getting rid of that, and going back more to a reactive funding mode, so you put in a project or program proposal."

The new system will still encourage collaborations, Cooke believed. "Supposing you get a 3- or 5-year grant, and you find someone with a nice bit of work you might like to bolt on, to collaborate; then they can link that in. So it's a bit like the old co-op scheme, but much more flexible."

Simpson said there were "very mixed feelings" about the cooperatives. After 1997, "if you weren't part of a co-op, you couldn't put in a project grant. They cut off funding for ordinary [2- and 3-year] project grants, and this resulted in all the charities being absolutely flooded with project applications, as the MRC had cut off a whole bottom layer of grants."

That was "a real crisis point," as it coincided with the end of a 3- or 5-year cycle in funding at the MRC. "That happened again last year." It was crucial to smooth out those variations, as in a poor year, judgements on even 5-year grants "were being made on the available funding and not on the science" said Simpson.

"I also welcome boards having their own budgets," said Weiss. "It's a democratization. However, I don't think all the MRC's money should go that way. The MRC head office and council have to keep some freedom for new initiatives."

There are still complaints about the level of MRC funding, however. "By comparison with the US, medical research in the UK gets peanuts from government," said Weiss. "But per head of population, we have a lot more from charity, because of the Wellcome Trust and Cancer Research UK, the British Heart Foundation, and others. Any one of them spends about as much as the MRC. In the US, the American Cancer Society is a very worthy organization, but probably spends less than 10% of the National Cancer Institute. And that's only one little piece of the National Institutes of Health. We just spend much less of our GDP [gross domestic product] on medical research."

## References

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