Minutes of the meeting held on Tuesday 19 September 2006, The Himsworth and Fletcher Rooms, UKCRC, 20 Park Crescent, London, W1B 1AL

Present

Members

Professor Sally Davies – Department of Health (DH) (Chair)
Professor John Bell – The Academy of Medical Sciences (AMS)
Professor Colin Blakemore – Medical Research Council (MRC)
Professor Adrian Newland – Academy of Medical Royal Colleges (AOMRC)
Professor Sir Alasdair Breckenridge – Medicines and Healthcare Products Regulatory Agency (MHRA)
Mr Glyn Edwards – BioIndustry Association (BIA)
Professor Alex Markham – Cancer Research UK (CRUK)
John Neilson – Office of Science and Technology (OST) / Department of Trade and Industry (DTI)
Richard Tiner – The Association of the British Pharmaceutical Industry (ABPI)
Simon Denegri – Association of Medical Research Charities (AMRC)
Nick Partridge – INVOLVE
Peter Littlejohns – National Institute for Health and Clinical Excellence (NICE)
Wendy Fisher – Strategic Health Authorities (SHAs)
Professor Jung – Scottish Executive Health Department
Dr Mark Walport – The Wellcome Trust
Professor John Williams – Welsh Assembly Government
John Wilkinson – The Association of the British Healthcare Industries (ABHI)
Dr Russell Hamilton – Department of Health (DH)
Dr Liam O’Toole – UK Clinical Research Collaboration (UKCRC)

Observers/Invited

George Sarna – Medical Research Council (MRC)
Mr Marc Taylor – Department of Health (DH)
Louise Wood – Department of Health (DH)
Dr Helen Campbell – Department of Health (DH)
Dr Janet Darbyshire – UK Clinical Research Network (UKCRN)
Roger Wilson – UKCRC Public and Patient Involvement Project Group (Chair)
Catherine Johns – Department of Health R&D (DH)
Sarah Fox – Department of Health R&D (DH)
Mike Conway - Association of Medical Research Charities (AMRC)
Lisa Cotterill – National Co-ordinating Centre for Research Capacity Development (NCCRCD)
Professor Leszek Borysiewicz – Chair of the Clinical Academic Careers panel
UKCRC Secretariat

Dr Sue Bourne
Dr Janet Valentine
Susannah Keeling
Dominique Capostagno
Dr Andrew Speakman
Philippa Yeeles
Caroline Lane

Announcements and Apologies

Apologies
Sir Jonathan Michael – NHS Confederation
Professor Bob Stout – Research and Development Department for the Northern Ireland Health and Personal Social Services
Paul Hubbard – UK Higher Education Funding Councils
Allan Baxter – Senior R&D Representative from the Pharmaceutical Industry
Peter Selby – UKCRN

Announcements

The Chair welcomed everybody to the ninth meeting of the UKCRC Board.

The Board congratulated Professor John Bell who will become President of AMS with effect from 17 November 2006.

Members noted the following changes to Board membership:

- The new Board Alternate for the Academy of Medical Sciences (AMS) will be Professor Patrick Maxwell, the Academy’s Registrar.

- The new permanent Board Member for the SHAs following Dr Neil Goodwin’s departure from the SHAs earlier this year, will be Candy Morris. The position of Board Alternate will be filled by Dr Adrian Pollitt, Director of the Office of Strategic Health Authorities.

Board Members welcomed Philippa Yeeles as a new Programme Manager in the UKCRC Secretariat. Phillippa will work on Public and Patient Involvement.

Attending the Board for the first time were Professor Jung, from the Chief Scientists Office, representing the Scottish Executive Health Department, attending instead of Dr Alison Spaull and Wendy Fisher, Head of Research (in what was South East London SHA), attending to represent the SHAs, instead of Candy Morris.

Mike Conway, a new member of staff from the Association of Medical Research Charities (AMRC), was attending for the first time as an Observer in order to learn about the UKCRC.

1) Minutes

The minutes were accepted as a correct record of the meeting held on 6 June 2006.
Matters Arising

WHO Trial Registration Platform

The Board agreed to send an open letter to express its support of the World Health Organisation (WHO) Trial Registration Platform, while noting some implementation issues. The Board noted that the sending the response to WHO would be timely in advance of an international meeting in late November.

Action:
- The UKCRC Secretariat agreed to send the letter in October

UKCRC General

2) Chief Executive’s Report

Communication

A copy of the fourth UKCRC Newsletter was published in early September 2006 and has been circulated to the wider research community.

The Secretariat will publish a series of summaries on the UKCRC website.

UKCRC Two Year Progress Report

Members were reminded that the UKCRC is producing a Progress Report, the purpose of which is to report on the progress of the activities of the UKCRC over the two years since we became operational, October 2004 – 2006. The aim is to publish the report in November 2006.

The Progress Report will provide an overview of the UKCRC and provide detailed information on each of its different activities including their main achievements. The UKCRC Secretariat is coordinating contributions and input from external activity leads where appropriate. All Partner organisations had been given the opportunity to comment on the draft text of the report and final feedback was due by 22 September 2006.

Once finalised the report will be circulated to UKCRC Partners, key stakeholder groups and other interested parties, and will also be made publicly available to download on the UKCRC website.

Staff

The Board noted that Dr Janet Valentine is now acting as Deputy to Liam in the area of Operations and Delivery. Dr Mags Sara will be leaving the UKCRC at the end of September to take up a post at Cancer Research UK.

Budget Committee

The Board noted that the Secretariat had provided a report to the Budget Committee in advance of the Board meeting. Nick Partridge the Chair of the Committee reported that they had reviewed the expenditure for the first quarter of 2006/07 and no action was required at this stage.
Activities

3) Workforce and Careers

3a) Workforce and Careers – Update Paper

Workforce & Careers – Nurses and Midwives

The Board noted that the draft report is currently with the members of the Subcommittee Chaired by Professor Janet Finch. Once finalised it will then be the subject of a three month consultation process.

The Board agreed that the consultation should also ask whether any of the recommendations that emerge from the Nurses Report could be equally applicable to the Allied Health Professions. Responses to the consultation could assist in identifying a way forward for the research workforce needs of these professions. Members agreed that the consultation process should ensure that appropriate professional bodies would to be targeted in the consultation and acknowledged that their might be a need for further focused pieces of work to be undertaken with some of the professions. It was noted that in Scotland there already was a joint training scheme for nurses, midwives and the allied health professions.

3b) Delivery of Integrated Academic Training Programme

- Update on progress and a strategic approach to the second phase of the national competitions

Professor Leszek Borysiewicz, Chair of the Clinical Academic Careers Panel, presented the Board with an overview of progress and development of the competition for national training programmes to support the Integrated Academic Training Programme. Round 2 of the competition to run the training programmes supporting Academic Clinical Fellowships and Clinical Lectureships is underway, following the successful completion of Round 1. The deadline for applications is 10 October 2006.

During the presentation Professor Borysiewicz made the following points:

- In Round 1 decisions had been based purely on the quality of proposals, however in Round 2 the additional considerations of geographical spread and underrepresented specialties would be taken into account.
- The second round aims to target specialties that are endangered in terms of clinical academic capacity and geographical gaps identified following the first round. Some of the key centres that were unsuccessful in Round 1 are being encouraged to reapply, having taken on board feedback from the review process and the revised requirements for Round 2. A workshop has been organised for applicants in Round 2 on 28th September 2006.
- A third round is planned.
- Where there are relatively low numbers in a specialty the approach taken could either be to spread those numbers geographically or to concentrate them in recognised centres of excellence.
- There are concerns as to whether there is support for an academic career pathway in medical education. This issue would need to be considered carefully by the Council of Heads of Medical Schools (CHMS).
There are inherent tensions in trying to balance clinical and service needs against academic and research needs.

Appropriate mentoring of trainees is vital. Trainees’ clinical mentors may not necessarily be appropriate as academic mentors.

Calculating the numbers of academic staff that are needed by specialty group is difficult, particularly as there is a tendency in current academic research activity for specialties to merge.

More thought needs to be given to the interface with funders other than the Health Departments and HEFCE, in particular medical charities. Charities are expressing interest in contributing funds to these schemes but there is some concern on their part that by contributing to Academic Clinical Fellowships and Clinical Lectureships they may be funding trainees that would otherwise be supported by the Health Departments rather than adding to the pool of trainees in a given specialty.

The following issues were raised in the ensuing discussion:

- The Board agreed that it would be helpful to retain an amount of funding for the 3rd round of competition for any rebalancing that might be required.
- The Board agreed that the performance of both the training programmes and their appointees will need to be carefully monitored and evaluated. Ideally this will include a system for site visits.
- The Board noted the suggestion that there may be a role for funders to play in brokering mentoring arrangements, as otherwise there could be a tendency to automatically amalgamate the clinical and academic mentor’s role.
- The Board noted that in the past, two areas that had been identified as being underrepresented specialties were public health and general practice, however they had been well represented by strong applications in Round 1. This may, in part, be a consequence of previous strategic investment in these areas by the DH.
- The Board agreed that it would be helpful if the AMRC worked with the Implementation Group to address the challenges that some smaller charities face when considering funding traineeships. It could be that larger charities are invited to establish links with smaller charities to support them in the process of funding traineeships.
- The Board noted that Cancer Research UK already fund clinical fellowships in research centres and are therefore waiting for the outcome of Round 2 of the current competition to see which centres are appointed future training programmes.

On behalf of the Board, the Chair thanked Professor Borysiewicz for all the work that he has done.

4) Connecting for Health

The UKCRC Board noted that the UKCRC R&D Advisory Group to Connecting for Health (CfH), chaired by Professor Ian Diamond, held its first meeting at the end of July. The meeting had been very positive and that two key issues were discussed:

- There were a number of groups within CfH and DH with responsibility for providing advice on governance issues, in particular the Care Records Development Board (CRDB) Secondary Uses Committee chaired by Professor Sir Robert Boyd. The UKCRC R&D Advisory Group to CfH stressed the importance of close links with
these groups. Subsequently, Ian Diamond and Robert Boyd had agreed to greater cross-representation and to hold a joint meeting of the two groups in November 2006.

The Advisory Group agreed to initiate four paper-based simulation projects to investigate the suitability of the planned architecture of the NHS Care Record Service to support research. These are to be overseen by DH, CfH, MRC, Wellcome Trust and ABPI, and will focus on surveillance (pharmacovigilence), interventional clinical trials, cohort prospective tracking and observational epidemiology. The Board noted that the simulations would receive sign off at the UKCRC R&D Advisory Group to CfH meeting on 4 October 2006.

The Board noted that the finalised report on the findings of the simulations will go to DH sponsors (Sally Davies and Richard Jeavons) in early 2007 who will then respond with an action plan.

In order to assess the need for any additional resources to enable research uses of the CRS, the Wellcome Trust, DH/CfH, and pharma, including the ABPI, are discussing the possibility of establishing a joint programme of activity. The Board noted that:

- DH have engaged a consultant to develop a business case for any additional activity related to realising the R&D potential of Connecting for Health;
- the findings of the simulation teams will be used to refine the business case, which in turn, will inform the next CfH and Treasury spending reviews;
- involvement from other UKCRC Partner organisations is welcome.

The Chair thanked the Wellcome Trust for their leadership on this issue. The Board agreed that there had been significant progress made in engaging with CfH.

The Board also noted that good progress was being made in Scotland and Wales to ensure appropriate integration with CfH and agreed that this presented a good opportunity to develop standards across the UK.

5) Streamlining the Regulatory and Governance Environment

The UKCRC Board considered the update on work to streamline the regulatory and governance environment. They agreed that a great deal of progress has been made in this Activity and in particular noted that:

- The work on the revision of the model agreement for contract pharmaceutical research (mCTA) is nearing completion and the Council of Heads of Medical Schools (CHMS) is now content with the wording of the mCTA and guidance. The UKCRC Board noted that the mCTA is going through the final sign off process and that it would be used as the standard for the networks and NHS funding. The Board agreed the statement of endorsement, which will be used to promote use of the agreement, and the Chair thanked the NHS Confederation and their legal team for their contribution to this work.
- The National Patient Safety Agency (NPSA) and the Central Office for Research Ethics Committees (COREC) had recently published their implementation plan in response to the recommendations of the Ad Hoc
Advisory Group on the operation of Research Ethics Committees (RECs). The Board discussed the implementation plan and agreed that the Ad Hoc Advisory Groups recommendations were being addressed and that the planned programme of work was moving in the right direction. Members agree that implementation should be carefully monitored. They noted that some actions, in particular those in response to recommendation 3, were dependant on the Comprehensive Research Networks being in place. However, there was some disappointment that non-NHS REC members would not be paid and this might hinder REC’s ability to attract members from a cross-section of society. It was noted that COREC was committed to achieving broad involvement and was working with INVOLVE to take this forward.

- The Board noted that the UKCRC Working Group to streamline information requirements for permissions, approvals and reporting, chaired by Professor Sir John Lilleyman, was making good progress and that work had started on aligning NHS and ethics permissions. It was agreed that this is an important step and would contribute to the work of the National Institute for Health Research (NIHR) Information Systems.

6) Building up the Infrastructure in the NHS

6a) **UK Clinical Research Network (UKCRN)**  
- **UKCRC/06/26**

The Board was updated on progress in building up the different components of the UKCRN. A number of key developments were highlighted including the appointment of Professor Paul Wallace as the Director of the Primary Care Research Network (PCRN) in England and the launch of the implementation plan for the Comprehensive Research Network (CRN) for England. The UKCRN Coordinating Centre (UKCRN CC) will provide the coordination functions for the CRN. Plans are underway to second individuals from each of the geographical areas encompassed by the new SHAs to assist in the development of the Comprehensive Local Research Networks.

The Board noted progress on the adoption of industry sponsored trials into the UKCRN trials portfolio. The Diabetes Research Network is leading on the adoption process and ABPI reported that at least three of these new trials would not have come to the UK without the Diabetes Research Network. The Juvenile Diabetes Research Foundation International has also been attracted to funding UK studies in the Network. The Board agreed that good progress was being made and this would be continuously monitored by the Partners.

6b) **Experimental Medicine**  
- **UKCRC/06/27**

The Board were updated on progress with the initiative, as follows:

- All three arms of the initiative have now completed. It was reported that the Wellcome Trust led call had provided 12 grants for new and existing clinical research facilities and 28 research grants were funded through the MRC call. Nineteen centres were now supported through the Cancer Research UK/DH call for Experimental Cancer Medicine Centres.
• Consensus had been reached on the need for networking between the centres and discussions were ongoing on the appropriate approach and level of funding.

• Work is being undertaken by the UKCRN CC to develop a database of experimental medicine activities, with the project overseen by a core group of funders.

The Board noted that there were no immediate plans for further infrastructure support in this area but following the enthusiastic response to the MRC call for research proposals, further funding in this area was under consideration.

7) Research Coordination UKCRC/06/28

7a) UK Health Research Analysis

The Board heard a report of progress in this area, as follows:

• The Health Research Classification System had been embraced widely by public sector organisations and a number of training days and workshops have been arranged to facilitate uptake of the system.

• Good progress had been made in partnership with the AMRC towards an analysis of the research portfolios of other charities.

• A meeting with the ABPI had been arranged to consider an analysis of Industry research data.

7b) Public Health

It was reported that the Public Health Research Strategic Planning Group (SPG) would be finalising plans for proposed ‘centres of excellence’ at a meeting on 10 September 2006.

7c) Microbiology and Infectious Diseases

It was reported that the Microbiology and Infectious Diseases Research SPG was at an earlier stage than the Public Health Research SPG and would be considering actions and outcomes at the next meeting in October 2006.

8) Incentives UKCRC/06/18

The Board noted that there had been some progress in ensuring that research was now part of the criteria for Clinical Excellence awards. Members agreed that this would need close monitoring to ensure that it was properly and consistently implemented. It was explained that in Scotland, both merit and discretionary awards are being reviewed, and research will be added to them. Ministers have agreed this and the new system should be in place by June 2007.

The Board noted with disappointment that, following consultation, the Healthcare Commission was unlikely to include research in their developmental standards. Members agreed that it was important for the UKCRC to write to the Commission expressing this disappointment. However, it was not yet clear where responsibility for setting standards by which Trusts could be judged, would be in the future. It would be
important to identify which organisation would be responsible for governing Trusts in the future and to initiate dialogue with them. The Chair thanked everyone for the considerable amount of effort they had put into engaging the Healthcare Commission.

The Board agreed that developing incentives for research in the NHS was essential if the UK was to become a world leader in health related research. Incentives should continue to be an important part of the UKCRC’s workplan.

Action:
- Write to Healthcare Commission to reflect the Board’s disappointment that research will not be included in the standards.

9) Patient and Public Involvement - UKCRC/06/20

The Chair congratulated INVOLVE on their recent and successful conference.

The Board was briefly updated on the status of current projects:

Public awareness:
- *Understanding Clinical Trials*, booklet shortly to be printed and launched
- *Clinical Trials: What they are and what they are not*, shortly to be printed and launched
- Dissemination of both documents will be piloted by the UKCRN

Patient and public involvement – 4 projects currently underway:
- ‘The Exchange’ - a website providing information for members of the public
- Developing standard criteria for assessing patient and public involvement in research applications
- Ensuring research contracts encourage appropriate patient and public involvement
- Developing the evidence base

The Board’s attention was drawn to two further issues. Firstly, CRC Cymru has submitted a proposal to host a UKCRC international conference on patient and public involvement in May 2007. The Patient and Public Involvement Project Group expressed enthusiasm for the concept but felt that the May 2007 deadline would be too early for a UKCRC conference on this topic. However, the Project Group would wish to support a strong UKCRC presence at the CRC Cymru conference by hosting a seminar or conference sessions. The Board suggested that in future the UKCRC could hold a patient and public involvement conference in the years alternate to the biennial INVOLVE conference, possibly moving around the different administrations.

Secondly, at the INVOLVE conference the issue of payment for the active involvement of patients and the public in the research process had been the subject of much discussion. While an issue for individual funders, the Board agreed to return to this topic at a future meeting in order to clarify the UKCRC’s position.

The Board’s attention was also drawn to further areas of work that the Public Awareness Task & Delivery Group is considering and that will require a higher level of activity on a larger scale, such as:
• Developing a module on clinical research for the national curriculum or a similar educational package
• How to participate most effectively in National Science Week

The Board noted the relevance of the Royal Society’s report, ‘Science and the public interest’, to the UKCRC’s work in this area (Tabled Paper 3).

Any Other Business

RAE
Professor Leszek Borysiewicz, Chair of the Clinical Academic Careers panel, updated the Board on the details of replacing the current system with metrics explaining the challenges. The Board noted the concerns.

PubMed
The Board noted that, following tender, the British Library has been appointed to run PubMed UK. It was agreed that this was a major step forward. Both MRC and Wellcome Trust policy is now to put research information in the public domain as part of their funding conditions. DH agreed to review the issue and how it can be incorporated in their current funding process. Other Partners were encouraged to explore the issue to increase the momentum.

Metrics

It was proposed that Metrics be added as a Board item for the next Board meeting in December 2006.

Dates of Next Meetings

Tuesday 12 December 2006 14.00 – 17.00
Wednesday 14 March 2007 14.00 – 17.00
Thursday 7 June 2007 14.00 – 17.00
Thursday 20 September 2007 14.00 – 17.00
Thursday 6 December 2007 14.00 – 17.00

To be held at The Himsworth and Fletcher Rooms, UKCRC, 20 Park Crescent, London, W1B 1AL.