

## **Problems at the MRC?**

In 1993, the BMJ carried a leading article by the editor (Richard Smith) about problems of management within the MRC; the title is **Management at the MRC: old fashioned and in need of reform.** (ref: *BMJ* 1993;306:1627-1628). In the same issue, there are two papers by Gillett and Harrow about the MRC entitled

### **Prescription for medical research:**

- (I) [\*\*Management within the Medical Research Council\*\*](#)
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The ME community may be interested in all three articles, extracts from which are set out below; people may wish to know if anything has really changed in the last decade.

### **Management at the MRC: old fashioned and in need of reform**

“The main thrust of the government’s reforms of the NHS was to push management responsibility downwards so that hospitals, units within them, general practices and community units could be rewarded if they performed well -- or punished if they did badly. The aim was to get away from the top down management style of the monolithic NHS”

“Readers will have their own ideas on whether these reforms have been successful, but in management and economic terms, they make perfect sense. Planned economies are doomed to failure because those doing the planning can never have enough information”

“...the management trend is to...break down departmental divisions and reward those who show real initiative and ability to learn and change: otherwise, the organisation fails to adapt quickly enough to the rapidly changing world ”

“The most rapidly changing world of all is that of science and technology, and managing a community of scientists and researchers is one of the most difficult challenges in management”

**“The challenge must be to give power to those close to the research while making sure that they operate within a strategy that will bring benefits to those paying for the research”**

“...two papers in this week’s journal...look at the management structure of the Medical Research Council (MRC) from the point of view of the directors of its smaller units”

“All of the unit directors cooperated with the study, but the central MRC bureaucracy was unhelpful. This in itself is a bad sign: organisations that want to move forward welcome opportunities for critical examination”

“The picture that emerges is that the unit directors feel impeded rather than aided by the central MRC bureaucracy. One in eight of the MRC staff works in the head office, which is positioned in an expensive part of central London and does no research”

“The centre is seen by the unit directors as bureaucratic and dictatorial...**A survey of middle managers at the MRC’s head office described the organisation as ‘introspective, secretive, paternalistic, bureaucratic, compartmentalised, lacking in team spirit, perfectionist, slow and amateur in approach to managing’**”

“The authors of the two paper published this week and most of the unit directors would like to see profound changes in the management style of the MRC....Indeed, the best solution to the underlying problems might be to introduce a purchaser-provider model like that introduced to the NHS...With this proposal, the MRC (and the other research councils) would become purchasers of research....The remote, heavy handed management style of the councils would become irrelevant (and) **Resources would quickly be released for more rewarding research**”

“If management styles of the research councils are not radically reformed....then nothing will change”.

## **Prescription for Medical Research**

### **(I) Management within the Medical Research Council**

“In their submission to the government in advance of the white paper on science policy in the United Kingdom the Medical Research Council commends the MRC’s own approach to managing directly funded research (but) a series of interviews with the directors of some of the MRC’s units suggests a gap between the MRC’s model of managed research and the reality”

“The data presented relate to the MRC’s in-house research, conducted by 45 research units, most embedded within universities. These units consume about 60% of the £235 million that the MRC spends annually”

“The role of scientific liaison between the MRC and its units falls to a head office department recently renamed the research management group”

“If one accepts that a research unit should be dynamic, innovative, and aware of new developments, then (this) suggests that a manager driven outward looking stance is the most appropriate”

“The current structure robs the system of the pace so vital to the rapidly changing environment surrounding research”

“The picture painted by nearly 24 hours of interviews with ...the MRC’s key active research managers, its unit directors, does little to support the council’s assertions of managed excellence....Neither effectiveness nor efficiency could be claimed to be good”

“The purchaser-provider system...envisages that executive funding bodies commissioning research could be separate from research providers....the commissioning bodies would offer research programmes of three types: curiosity-driven research; mission-oriented research, and experimental development, aimed at bringing research discoveries closer to the marketplace”

“many would question whether the MRC has the will or the management ability to change at the pace required simply to keep up with its changing environment...The MRC’s own set of proposals to the Office of Science and Technology very much defends the status quo...it contains little new thinking and its retrospective stance in defence of current arrangements seems complacent. It does not suggest the existence of a willingness to see, or be part of, change in the organisation of research within the United Kingdom...its secretary Dr Dai Rees, chose to attack the radical proposals as ‘false prophets preaching false remedies’ ”

“In its reaction to this challenge to look into the future, the MRC has shown again that its culture does not embrace change easily”.

## **(II) Is medical research well served by peer review?**

“The research community uses peer review widely for assessing work both when making funding decisions and for publishing the results. The appropriateness of peer review in both areas is being questioned increasingly on theoretical and practical grounds. Its use in both contexts, however, continues undiminished and largely unaltered”

“Within the MRC peer review is carried out by ad hoc panels of the ‘great and the good’ from the scientific community, who are asked to review researchers’ achievements or their future plans – or both. The flaws in this system lead to suboptimal application of available funds...and result in many lost opportunities”

**“The work of Kuhn and others shows that peer review must favour research which defends the existing body of understanding of a subject – the current paradigm”**

**“In Braben’s words: The central problem with the peer review approach is that it is only any good for next step research of limited vision. It is totally inappropriate for the exciting big leaps which carry understanding forward”**

“Kuhn and others argue that **those chosen to perform peer review, having long careers and prestigious reputations founded in the current paradigm, are likely to be hostile to its overthrow and thus least receptive to innovative science**”

“No final mechanism exists within peer review to resolve conflicting views amongst reviewers...This makes the process essentially subjective”

“One leading academic researcher acknowledges that **‘We seem to suspend scientific method when involved in peer review and objectivity (is) replaced by preconception and subjective conviction. I have seen it on all sorts of granting committees’** ”

“**Addiction to peer review encourages a culture within the MRC in which its central managers fail to develop an understanding of the current issues in science**”

“Finally and most sensitively, peer review makes the assumption that intellect and integrity go hand in hand...recent work calls this premise into question...with funding decisions, there is the pervasive view that ‘less for him means more for me’ ”

“Views current within the MRC would seem to uphold these concerns. Six of the unit directors regarded the system as unfair. One said of the process: ‘It’s just not honest’.

Another was more acerbic: **‘It’s a stitch-up. They know the outcome they want and the referees and committee members are chosen in the expectation of the view they will deliver’**”.

This confirmation from an MRC insider will come as no surprise to the UK ME community.

In the light of what is already known about the current situation at the MRC concerning its “CFS/ME” Research Advisory Group deliberations about the direction of future research (which will have long-term and far-reaching effects on about 240,000 people), it is interesting to note the striking lack of consideration of any **potential benefit to patients** in these articles from 1993. Ten years down the line, it may be naive to believe that benefit to patients as opposed to *“benefits to those paying for the research”* will be the deciding factor in determining future research strategies for “CFS/ME”.

This being so, the UK ME community may wish to enlist the help of their Members of Parliament and the media in bringing some degree of accountability to bear on the MRC at the present critical time.

Margaret Williams  
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