

Consultation response to the Cooksey Review on behalf of the Experimental Psychology Society
27th July 2006

The membership of the Experimental Psychology Society represents distinguished academic psychologists, neuropsychologists and neuroscientists, who contribute significantly to health research. Many of our members have MRC support, and are playing a prominent role in the most successful academic centres in the UK. We support the Response by the Academy of Medical Sciences and the Royal Society as well as the Response by the MRC. We also participate in the response made by the Joint Committee for Psychology in Higher Education, which additionally represents the views of the British Psychological Society and the Association of Heads of Psychology Departments at British Universities. Our comments elaborate on the joint response and refer to the following questions posed by the Cooksey Review:

To question 2: What are the key scientific and organisational challenges?

Behavioural Science and Neuroscience are core disciplines within health research that have not been highlighted by the review. Yet they are poised to play a key role at many levels of health research. For instance, at the level of basic research they underpin methodology in animal behaviour, psychopharmacology and neurophysiology; at the level of translational and applied studies, they contribute quantitative methods for evaluating diagnosis and treatment. Indeed, the most critical output measures for applied health research in prevention, treatment and recovery are behavioural. Behavioural scientists have revealed mechanisms of addiction, stroke rehabilitation, diagnosis, treatment and epidemiology of mental disorders; they have revealed the brain basis of social insight, control of emotions; they have made crucial discoveries about language, communication and memory, in healthy people and in patients. Despite their successes, neuroscientists say that it is getting incredibly difficult for this basic work to get funding, even when international referees give maximum scores. It is imperative that we do not lose the drive and funding possibilities for basic research, otherwise we will see a drain of the best people from the UK and a weakening of the UK health science base. Thus, internationally highly rated research in behavioural and neuroscience needs a bigger budget than is currently at its disposal.

To question 4: How do we balance funding for basic science, translational and applied science?

Basic research needs to be strengthened, as it has lost out against politically motivated strategic research with a narrow practical agenda that is often not realised because of poor quality science. If basic research is not carried out, then there will be nothing to translate and nothing to apply. One of the greatest triumphs in this respect has been the discovery of the structure of DNA across two MRC units. This basic research was not linked to application initially, and yet has instigated a new era in diagnosis and treatments of many genetic disorders. Thus we believe that funding for basic research should be secure so as not to be eroded by the demand for fast returns of practical benefits, which can be unrealistic as well as unscientific. Basic as well as translational and applied research benefits from interdisciplinarity. We wish to make the point that the behavioural and cognitive sciences are interdisciplinary by their very nature. These sciences are ideally placed to link research from basic biology to the individual, and from clinical science to society. For example, the involvement of behavioural

scientists is vital to the development of methods to measure treatment effects in addiction, obesity and dementia. Behavioural assessments are critical also in the development of new drugs for mental and physical health from the animal lab to the GP surgery and hospital bedside.

To question 10: Should MRC and DH/NHS R&D be merged together?

The MRC is uniquely placed to develop future research strategy for basic health research. No other public body carries more scientific credibility and expertise in the use of the peer review process for this task. Funding mechanisms used in the NHS are not of equal rigour. Moreover, the NHS is an arm of the government, while independence and neutrality are essential to public confidence in scientific research. Independence of scientists from government agenda has been questioned in advice regarding MMR vaccination and sources of food contamination (salmonella, BSE). In their response to the Cooksey review the MRC make the point that more money is needed to fund projects from basic molecular through cognitive science to clinical problems. They rightly point out that they are in a unique position to properly knit basic and applied research together so as to deliver improved health care. At the same time they can safeguard the quality of the whole spectrum of basic and applied research. Thus, if there was a merger resulting in a whole new funding body, then there is a real danger that the administrative expertise that the MRC has gained over its lifetime could be lost. If instead it will create an enlarged MRC that would now, in effect, have responsibility also for R&D in the Health Service, then the merger may be a good thing for basic research and its translation into practical application. Importantly, the MRC serves the whole of the UK. It is essential if the 'single budget' model is adopted that scientists in the devolved administrations have similar opportunities to access the funding.

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