Approved by MRC Council: Tuesday 7 July 2026
Author: Kate Vellender

Minutes of the MRC Council Meeting

Date: Thursday 12 March 2026
Location: Wellcome Trust
Time: 10:00 – 15:00

Council Members	
Professor Patrick Chinnery (MRC Executive Chair)	Professor Simon Hollingsworth
Ms Kay Boycott (SIM)	Dr Precious Lunga
Professor Sir Mark Caulfield	Professor Sir Munir Pirmohamed
Professor Lucy Chappell	Dr Andy Richards
Professor Kim Graham	Professor Eleanor Riley
Dr Roger Highfield	Professor Nadeem Sarwar

Attendees	
Dr Charlotte Durkin, Interim Programme Director - UKRI Life Sciences / MRC Associate Director of Molecular and Cellular Medicine	Dr Cynthia Bullock, Programme Director – UKRI Life Sciences - Observer
Dr Louise Jones, MRC Executive Director of Investigator Led Themes	Professor Graham Hart, UCL / Co-Chair Global Health Task and Finish group – item 6
Dr Glenn Wells, MRC Deputy Executive Chair	Jill Jones, Associate Director of Global health and Population and Systems Medicine – item 6
Dr Ceri Williams, MRC Executive Director of Challenge Led Themes	Professor John-Arne Røttingen, Wellcome CEO – item 7
	Professor Stephan Sanders, Paediatric Neurogenetics, University of Oxford – item 4

Secretariat	
Simone Bryan, MRC Associate Director of Governance	Kate Vellender, MRC Senior Governance Manager
Kathryn Jackson, MRC Secretariat and Governance Manager	

1. Council Private Business

1.1. Before the start of the meeting, Council held a private business meeting.

2. Welcome and apologies

2.1. Ms Kay Boycott, Senior Independent Member of Council chaired the meeting. Ms Boycott welcomed all members, including Dr Cynthia Bullock, who observed the meeting ahead of commencing her role of UKRI Life Sciences Programme Director from 1st April 2026. Apologies were received from Professor Dame Nancy Rothwell and Alastair Lamb.

2.2. Members were asked to declare any new interests. Professor Nadeem Sawar declared he was no longer affiliated with Novo Nordisk and holds a new appointment with Our Future Health. Members were reminded that the annual update to declarations of interest is underway and to contact the secretariat if support is needed.

2.3. Council approved the minutes of the Science Strategy Board / Council meeting, and the Council Business meeting held on 1 and 2 December 2025 respectively.

3. Council member roundtable updates and reflections

3.1. Council was asked to update on current high priorities facing members in their own domains. Members highlighted the following:

- Redistribution of clinical trials and the risk it poses is still a concern. Slow adoption of innovations, a decrease in participant numbers, inconsistent regulatory processes across NHS trusts and limited access to trial endpoints are further reducing the UK's appeal to investors. There is a need for a sector-wide strategy to address the known issues.
- The investment climate shows signs of improvement though investors remain cautious due to ongoing economic uncertainty. Recent system level initiatives such as the NIHR Life Sciences Industry Hub and DHSC's work on medicine access demonstrate progress, but members noted that a more joined-up, cross system approach is still needed.
- Understanding the global offering and strengthening international engagement with industry was highlighted as a need. The MRC should consider how best to engage; for example, an MRC roadshow could highlight the UK's global position in life sciences and attract industry investment.
- Research talent and capacity are under growing pressure, with early career researchers particularly affected by the recent funding pause, leading to decreasing morale. At the same time, HEIs are facing significant financial constraints, reducing their ability to sustain research infrastructure and skills development. NHS governance delays and limited research capacity further hinder both academic and commercial research delivery, creating additional bottlenecks across the system.
- Gaps were highlighted in the Industrial Strategy priorities (IS8), especially around food, animal and plant health, and the importance in integration with life sciences priorities was stressed, particularly in relation to obesity and wider public health.

3.2 Council highlighted a number of potential areas to explore at future meetings.

- Talent and workforce strategy (ECRs, team science, delivery partners)
- Food, nutrition and health.
- Industry incentivisation and the full R&D value chain.
- How MRC engages with partners to attract investment in UK pharma/tech

ACTION: Council secretariat to add suggested potential discussion items to the Council Workplan.

4. Science Talk: MRC CoRE in Therapeutic Genomics

4.1. Members enjoyed a presentation from Prof. Stephan Sanders, Professor of Paediatric Neurogenetics at the University of Oxford, on the MRC Centre of Research Excellence in Therapeutic Genomics.

5. MRC reform plans – Closed session

5.1. Council held a closed session focussing on MRC reform plans.

6. Recommendations from the Global Health Task and Finish Group

6.1. Jill Jones, MRC Associate Director for Global Health and Population and Systems Medicine, presented a summary of the Global Health Task and Finish (T&F) group, convened in response to a shifting global health landscape and to provide recommendations to shape MRC's strategic approach to global health with a focus on the core remit of biomedical discovery science and early translation. The group convened a wide range of stakeholders in four workshops focussed on MRC's strategic aims[1].

6.2. Key recommendations from the group included emphasising the importance of not treating global health and UK health as separate topics, highlighting shared challenges such as obesity, ageing, infectious disease, and the increasing use of AI, integrating and promoting the global perspective across MRC portfolio and adopting a more proactive approach to partnership and global networks.

6.3. Professor Graham Hart and Dr Precious Lunga (Co-Chairs of the T&F group) highlighted the broad range of stakeholders, across all disciplines, who participated in the workshops had widespread enthusiasm for embedding global health across the MRC portfolio and showed an appetite for joint working across MRC's remit, creating equitable relationships. The discussion explored distinctions between global health and MRC's international science strategy but ultimately the remit of this group was focused on LMIC global health.

6.4. Members were supportive of the shift towards a more integrated, outward looking model for global health and collaboration with LMICs was recognised as mutually beneficial, supporting both scientific excellence and the UK's global economic and soft power links. The importance of equitable partnerships was stressed, and it would be important to emphasise this in communications linked to global health. Members highlighted the importance of climate change as a driver of emerging diseases and global population shifts; the recommendations would benefit from including a clearer emphasis on this topic.

[1] Integrated understanding of disease mechanisms; Precision prevention; Early diagnosis; Advanced therapies

6.5 The role of commercialisation and industry partnerships, particularly regarding scale-up activities in LMICs instead of the UK, were identified as significant challenges. It was recognised that there are already HEIs in the UK with strong global health departments, connected to industry partners and there is an opportunity to be innovative in creating translational models.

ACTION: The MRC Global Health team will incorporate Council feedback and finalise recommendations, including co-funding opportunities with a plan to revisit implementation of the refreshed approach, once government priorities are clearer, reporting to the MRC Senior Executive Team with an update provided at a future Council meeting.

7. External Partner Engagement: Wellcome CEO

7.1. Professor John-Arne Røttingen, Wellcome CEO joined Council to present Wellcome's strategy and shared opportunities for partnership.

8. Reflections on External Partner Engagement

8.1. Members reflected positively on the engagement session with Wellcome, noting clarity around Wellcome's strategy, philanthropic positioning, and opportunities for partnership were helpful.

Items for Information

Council noted the following papers for information:

9. Updates from the Executive

10. MRC Quarterly Executive Chair's Report

11. Update from the Animal Facilities Task and Finish Group

Meeting End