



# Findings from the consultation on the MRC public partnerships strategy

## 1 Executive summary

Last year, MRC committed to develop a “strategy that sets out clear principles, expectations, and good practice for public involvement and engagement in biomedical research”. MRC specifically highlighted the need to extend public involvement into non-clinical research, where there is currently less activity. Working closely with UK and international researchers, MRC staff, public partners, voluntary, community and social enterprise organisations, and public involvement and engagement professionals, MRC co-developed the new public partnerships strategy in 2023. The draft strategy went out for public consultation in January 2024.

The public consultation consisted of an online survey and three online workshops (attended by 61 people, including: public involvement and engagement professionals, funder organisations and policymakers). The online survey received 354 responses, and those who responded were from a broad spectrum of ages, genders and ethnic groups. The majority of respondents (40%) were ‘Public’ to include members of the public, public partners and members of voluntary, community or social enterprise organisations. Responses to the online survey were overwhelmingly positive: overall 87% of respondents agreed with the strategy and 81% thought it was written clearly. There were no marked differences in responses by age, gender, ethnicity, disability, role or research interest.

Respondents welcomed specific aspects of the strategy, including the value placed on the public voice, inclusiveness, the focus on non-clinical research and support and training for researchers and public partners to build sustainable long term partnerships. They highlighted specific initiatives which they considered vital to the success of the strategy such as, having a clear payment policy for public partners, appointing a new MRC programme director for public partnerships, setting up a public advisory group at MRC and piloting pre-application funding. These initiatives will play a key role in establishing the expectation that public partnerships become central to MRC research culture. Respondents also recommended that MRC publish the new strategy in accessible formats, alongside clear delivery (action) and evaluation plans.

Findings from the consultation have informed the final MRC public partnerships strategy (you can read more about this at 3.4.1). The final strategy, which includes ambitious goals for the whole MRC research community, will be published later in 2024. The full consultation findings are described below and summarised in an infographic.



## 2 Background

The Medical Research Council (MRC) invests public money in world-class biomedical research and innovation which aims to improve human health and economic prosperity for everyone, regardless of background, place or upbringing.

MRC is part of UK Research and Innovation (UKRI), which has set out a clear priority “for everyone working in research and innovation... to forge much deeper connections with wider society.” [UKRI public engagement strategy](#).

MRC’s new public partnerships strategy outlines how we aim to improve these connections and ensure effective collaboration and genuine partnerships between researchers, MRC staff, public involvement and engagement professionals, individuals and communities. We have written this three year strategy as an initial commitment to our long term ambition.

### What we mean by public partnerships

By public partnerships we mean all the different ways that people and the research community can come together to shape and share scientific research. Public partnerships cover the whole spectrum of public engagement, which includes involvement and community engagement.

Public partners encompass a diverse range of people and communities who bring different life experiences, knowledge and perspectives. This includes members of the public, patients and voluntary and community groups.

### Why public partnerships are important

For public partners and researchers, these relationships offer opportunities to share knowledge and experience. This collaboration improves the relevance of research, making it more likely that everyone will benefit.

### The types of research we are talking about

MRC supports clinical research which takes place in healthcare settings, public health research which looks at whole populations and non-clinical research, for example lab-based experiments and data science.

Our public partnerships strategy applies to all the research that MRC supports. We particularly want to increase public partnerships in non-clinical research where they can bring benefit to research and society.

### Working with others

Across UKRI, we are working to improve how we involve people in research. We have signed up to the [Shared Commitment to Improve Public Involvement in Health and Social Care Research](#) because we want to give people a meaningful say in how health and social care research is carried out.



## Review of best practice in public involvement

In 2021, MRC commissioned [Vocal](#), a not for profit organisation focused on bringing people and health research together, to carry out a review of best practice in public involvement in health and biomedical research. The review specifically focused on non-clinical research where public involvement is less common, including discovery science, data science and laboratory based research. The findings of the review are publicly available at: [Looking Forward – Working with the Medical Research Council towards a public involvement strategy](#). A key recommendation from the review was for MRC to co-develop a vision and strategy for public partnerships.

The review identified good examples of public partnerships within MRC in the UK and internationally. MRC's public partnerships strategy builds on these foundations and outlines our ambition and actions for closer collaboration and genuine partnerships between researchers, MRC staff, public involvement and engagement professionals, individuals and communities.

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### 2.1 Co-development of the strategy

MRC worked together with [Vocal](#) and an External Advisory Group to gather insights, suggestions and views about future MRC priorities for inclusion in the strategy. Five workshops were held in Summer 2023 with over 140 attendees, including public partners; the workshops explored MRC's ambitions for public partnerships.

We heard that values are important. The public partnerships strategy was therefore based on MRC's core values of integrity, collaboration, innovation and excellence and the belief that a diversity of ideas, opinions, knowledge and people enrich our work.

The workshops also emphasised that MRC needs to develop as an organisation and share power to enable public partnerships to flourish. We are committed to this change in culture, continued learning and reflective practice.

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### 2.2 Consultation

MRC ran an online survey on the draft strategy from 8 to 29 January 2024.

Respondents to the survey were asked to answer two multiple choice questions:

1. Overall, do you agree with MRC's draft strategy for public partnerships?
2. Is the strategy written in clear language?

And four open questions which allowed written answers:

3. What do you like about the strategy?
4. What could be improved?
5. Is there anything you want to add?
6. What difference do you think this strategy will make to you?

The survey was anonymous, but we asked for some details about individual respondents so we could monitor whether they were representative of the population and to understand their role or background.

A link to the survey was widely distributed via MRC mailing lists and social media and we publicised the survey at internal MRC and UKRI events, plus via an MRC newsletter. We asked those receiving the survey to send the link on to anyone who they thought may be interested in responding. There was a one minute video which introduced MRC and the public partnerships consultation and supported the cascading approach.

As part of the consultation, we held three online workshops in January 2024 where stakeholders discussed their views on the strategy. 61 stakeholders attended from key groups, including: public involvement and engagement professionals, funder organisations and policymakers.

Analysis from the consultation informed the final public partnerships strategy, which has been reviewed by MRC Council and Executive Board and will launch in 2024.

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## 2.3 Methods for analysis of consultation responses

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We explored responses to the survey overall, and to the initial multiple choice question, by respondent gender, ethnicity, age, disability, role and research interests.

For the analyses, gender was grouped into 'women', 'men', 'non-binary' and 'other'; ethnicity was grouped into five high-level groups ('Asian', 'Black', 'Mixed and Multiple', 'Other' and 'White') and there were five age-groups: 'under 18 years', '18-29 years', '30-44 years', '45-60 years' and 'over 60 years'. Respondents were also asked if they considered themselves to have a disability, reported as yes/no. There was an option to select 'Prefer not to say' in answer to any of these questions.

Respondents were asked to describe themselves from a list of options and were free to select all options that applied. Based on their answers, a hierarchical system was created which assigned each respondent to a single primary role. The roles created were 'Public' which includes members of the public, public partners and members of voluntary, community or social enterprise organisations, 'Researcher' to include the wider research team, 'Public involvement and engagement professionals' (PIEP), 'Funder', or 'Group response'. Respondents were also asked about their interest in different types of research: clinical research, population health research and non-clinical research.

Responses to the four open questions were analysed by identifying key themes. Notes taken at the three stakeholder workshops in January were included in the thematic analysis.

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## 3 Findings

### 3.1 Response rates and respondents

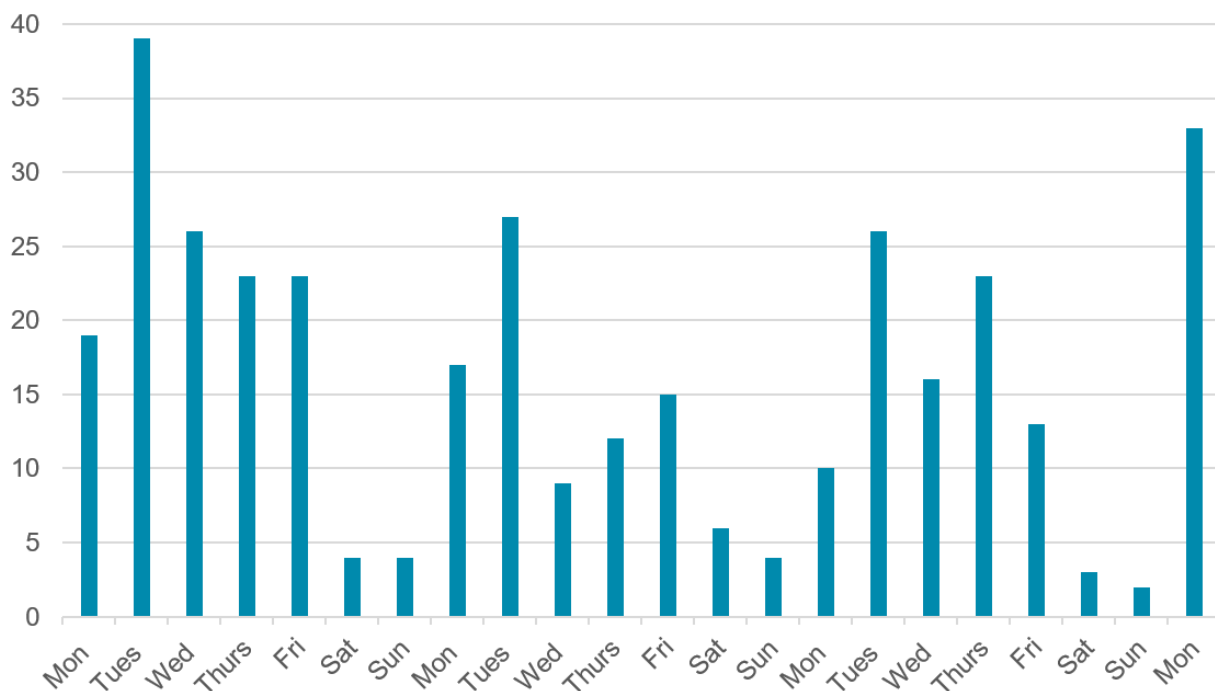
#### 3.1.1 Response rates – quantitative

Overall, there were 354 responses to the online survey.

All respondents answered the initial closed questions ('yes', 'no' or 'not sure') and on average over 80% of respondents answered at least one of the open questions.

There was a steady flow of responses to the online survey with an average of 20 responses submitted on each weekday.

#### Survey responses by day of submission (from 8 to 29 January 2024)



#### 3.1.2 Respondents

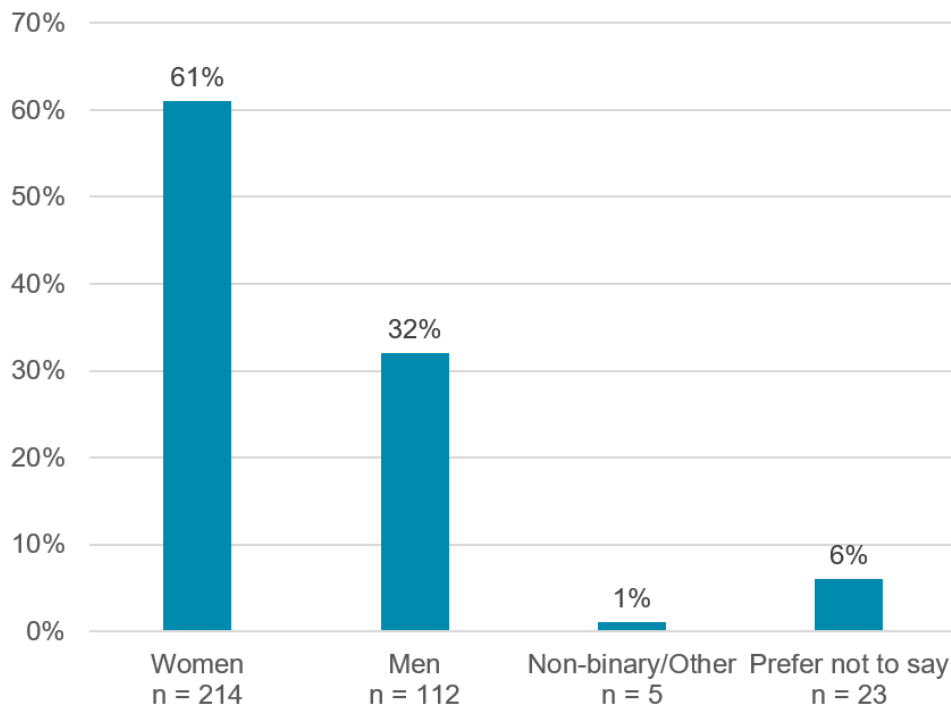
Most responses were from individuals, although seven were group responses (which were the collective views of a number of individuals, from the same organisation or group, in one survey response). The online survey was anonymous, although some who submitted a group response identified their group or organisation within their response. This included an MRC Unit, Health Data Research UK's Patient and Public Involvement and Engagement team, Use MY Data, a Young Persons Advisory Group, and the voluntary Patient Advisory Group to the ME/CFS Research Collaborative.

We have included respondent characteristics for group responses where these were provided. Although in most cases these were either not included or the response highlighted multiple characteristics. For this reason, most group responses are included.

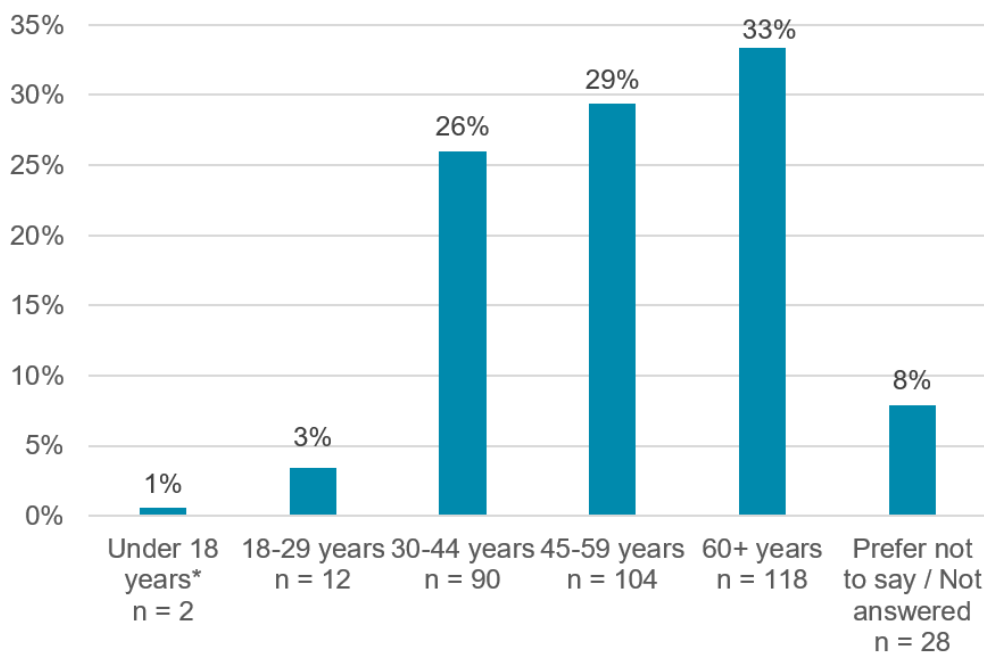
as ‘Prefer not to say’ or ‘not stated’ in the graphs below. However, it is relevant to note that all members of the Young Persons Advisory Group were under 18 years, therefore there are more than two respondents within this age group.

From analysis of the demographic data: 61% of respondents were women, 77% were of white ethnicity, 55% were aged between 30 and 59 years, and 23% live with disability.

### How would you describe your gender?

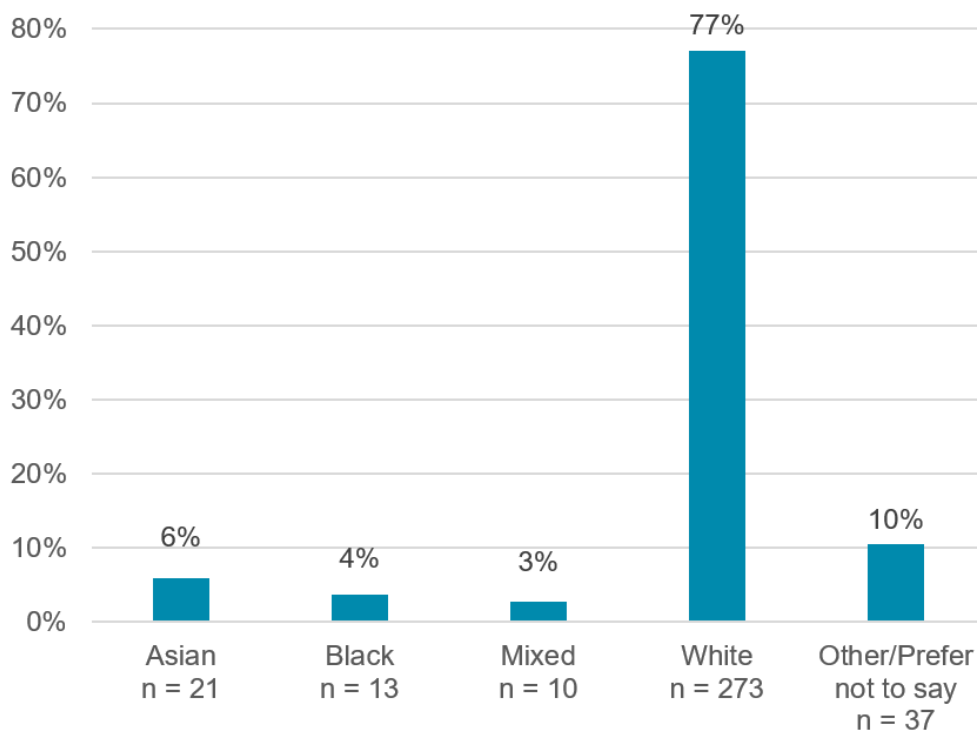


### Which age group are you in?

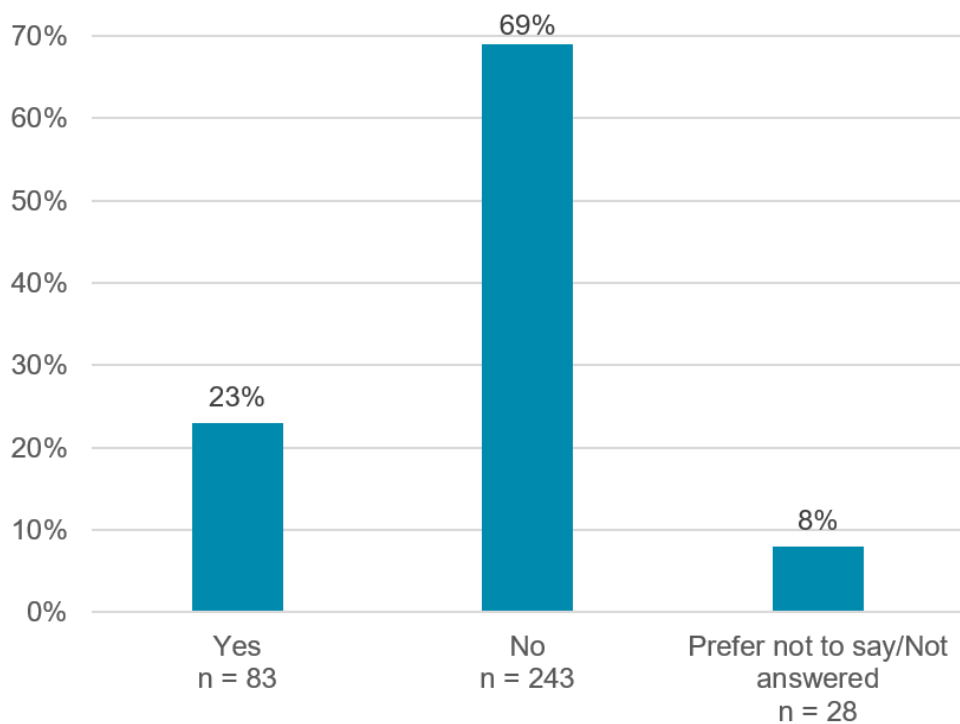


\* One of these responses was from a Young Persons Advisory Group.

### How would you describe your ethnicity or ethnic background?



### Do you consider yourself to have a disability?



The percentage of respondents in each role is shown in the table below. Most respondents were 'Public', clearly demonstrating that the online survey had attracted wide interest beyond MRC funded researchers and research organisations.

Primary role	Respondents (n)	Percentage
Public (to include members of the public, public partners and members of voluntary, community or social enterprise organisations)	143	40%
Researcher to include the wider research team	120	34%
Public involvement and engagement professionals (PIEP)	50	14%
Funder including MRC Head Office, UKRI	34	10%
Group Response	7	2%

Respondents' research interests are shown in the table below (respondents were free to select more than one research interest).

	Number of responses
Clinical research (studies health and illness in individuals, usually in healthcare settings)	221
Public health research (studies the health of whole populations)	196
Non-clinical research (for example lab-based experiments, animal research, data science)	162

Most respondents were interested in clinical research, however high numbers indicated an interest in public health and non-clinical research. All three categories were well-represented within the survey responses.

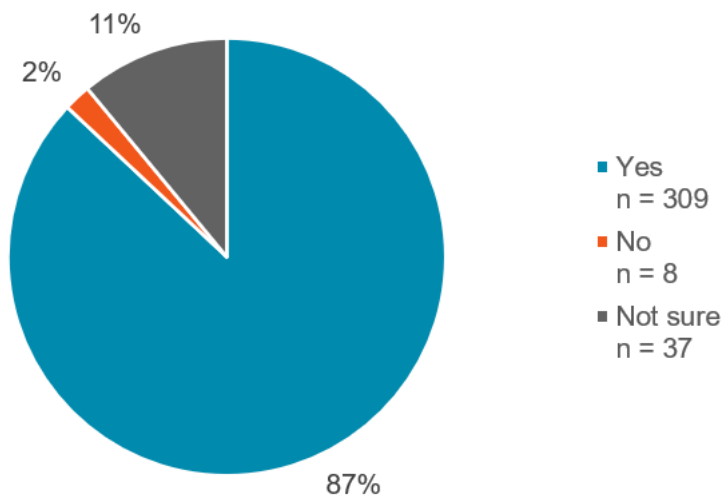
## 3.2 Overall reactions to the strategy

### 3.2.1 Do you agree with the strategy?

There were 354 responses to this question, of which 87% answered 'yes', overall they did agree with the strategy. (The following table and pie chart details the number and percentage of respondents answering 'yes', 'no' and 'not sure').

	Number of respondents (n)	Percentage
Yes	309	87%
No	8	2%
Not sure	37	11%



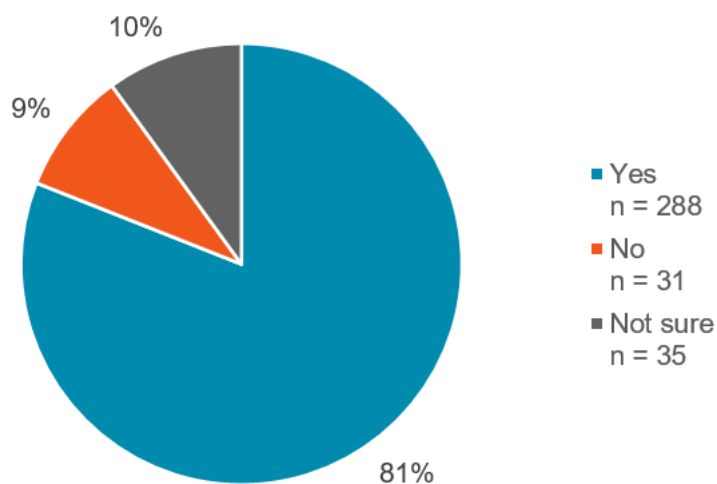


We also analysed responses to 'Do you agree with the strategy?' by age, gender, ethnicity, disability, role and research interest. We found no marked difference in terms of whether respondents answered 'yes', 'no' or 'not sure' based on any of these characteristics. (The Appendix provides more detail and the graphs from this analysis).

### 3.2.2 Is the strategy written in clear language?

There were 354 responses to this question, of which 81% stated 'yes', the strategy was clearly written. (The following table and pie chart details the number and percentage of respondents answering 'yes', 'no' and 'not sure').

	Number of respondents (n)	Percentage
Yes	288	81%
No	31	9%
Not sure	35	10%



### 3.3 Responses to open questions

The number of respondents answering these questions was high and ranged from 241 responses (for the least answered question) to 322 responses (for the most). The different themes drawn from the written answers are summarised below. Where large numbers of respondents answered in a similar way, the number of respondents is given.

#### A clear strategy

Overall, 114 respondents noted that the strategy was clear. 92 said that the language and layout of the strategy was clear and that it was not too long, including two with dyslexia:

“I liked the clarity the document had and the way sections were set out, it looked very well thought out”

“The strategy is a good length and very easy to read and digest quickly”

“[It is] clear and concise. the font and document is readable (as someone with dyslexia)”

Respondents also liked the video and the explanation of the different terms used:

“Clear video and also text about what is meant by ‘public’”

A number of respondents thought that the strategy had clear goals, objectives and a plan for action:

“Clear aims, objectives and roadmap to achieve the same”

“[The strategy has a] concise and precise statement of objectives and conveys good reasons for engagement and participation by the public”

“It recognises the need for improvements and has a clear strategy to reach them”

Despite the high number of respondents who praised the clarity of the strategy, 83 recommended that the strategy be made more accessible to a wider range of people. This was described in a number of different ways; such as a ‘simple’ or ‘easy read’ version, a shorter lay summary or a ‘simple graphic’ or ‘pictorial summary’. Some respondents noted that the language used in the strategy included words or ‘jargon’ that would not be familiar to many people and that more explanation of these was needed.

“I wonder if there’s a way to be even more clear and accessible, and present information/terminology so it’s easier to digest for all.”

Other respondents recommended that the strategy be made available in different languages or formats.

## Demonstrating progress and driving culture change

There were many encouraging views expressed about the strategy, including praise for its ambition, the sense of commitment from MRC, the way in which the strategy recognised the need for leadership and organisational culture change, and the emphasis on the importance of the next generation.

“it’s ambitious and much needed”

“forward thinking, now and for the future”

“the strategy signifies a genuine commitment to meaningful public partnerships at all levels”

“[The] focus on research culture change and leadership – recognises the huge culture shift and support needed to embed meaningful public partnerships in research”

“It feels like a more ‘open’ MRC – and an opportunity for new ways of working”

Respondents pointed out the wider benefits of a public partnerships strategy, emphasising that it would improve the quality and relevance of outputs from research and innovation:

“this strategy will make research more relevant and as a consequence, benefit more people”

“this approach will increase impact of MRC’s development funding, going forward”

“it will ensure that the best and most needed research and innovation is funded and prioritized”.

Respondents, from within MRC head office and the wider MRC research community, noted the difference that co-development of the strategy had already made in raising awareness of public partnerships and driving culture change:

“It already has started to make a difference - I think the development work has raised the profile of the area and I have started to hear senior leaders in MRC (staff, and also sometimes researchers) talking about public involvement much more frequently and with more positive framing/acceptance”

“At leadership level, it will be useful to demonstrate that MRC have a refreshed and more determined engagement strategy”.

However, some respondents from MRC’s units, centres and institutes expressed concerns about the changes that the strategy might bring for public engagement professionals:

“it is important to increase public partnership initiatives without losing the other ‘classic’ public engagement activities...most of them aimed at widening participation”

“[it is unclear] the role public and patient involvement and engagement professionals will play and how they’ll be supported”.

While these respondents feared a loss of support for ‘traditional’ public engagement methods, some saw new opportunities in a move towards using public involvement and co-production methods:

“Brings together PPI [patient and public involvement] and public engagement in one strategy. I think (one of) the biggest opportunities of the strategy is in bringing these two communities together”.

“The values reflected within the strategy are powerful and positive. It is important that both engagement AND involvement are recognised together – alongside research”.

Other respondents were uncertain that the strategy would make a difference to their work, but they often noted that this was because they were already working in partnership:

“I am not sure [it will make a difference]. We have been doing all these already.”

Despite the overall positive response to the public partnerships strategy, there was criticism of MRC for not having developed the strategy sooner:

“this is a catch up exercise”

“UKRI has been lagging [behind] other funders in this area”

“I’m very disappointed that this is not already happening. You are very late to the party”.

## Recognising the value of public partnerships

Many respondents were pleased to see the strategy recognising the value that public partnerships can bring to research:

“MRC is beginning to realise the important role patients, carers and the public can have in improving the quality of research projects, [and in making] them relevant to... the wider community”

“The clear understanding of how introducing public partnerships can change the way we look at research”.

They stressed the importance of community and public ‘voices’ in driving high quality and relevant research:

“ensuring that medical research is being informed by the communities it seeks to benefit”

“gaining knowledge of research priorities and what matters to the public”.

Another common theme that emerged was that the strategy demonstrated to public partners and researchers that their involvement was valued by MRC:

“It [makes] me feel more confident that my role in health research is truly valued and is not merely a ‘box ticking’ exercise by applicants for research funding.”

“I am already very committed to public partnership so this will give endorsement for the time that I invest to be valued by my institution”

“As a member of the public/patient I feel that at last my input is considered to be important”.

Over 60 respondents said that they liked the way in which the strategy talked about partnerships and about involving the public and researchers in the co-development of research from an early stage:

“I like the fact that co-creation of research and that community partners can work on the design of projects from the beginning”.

Some also liked the fact that funders, researchers and the public had worked together to produce the strategy:

“Good to see that ‘ordinary people’ have been involved in creating the policy”.

Several respondents approved of the term ‘public partnerships’:

“I like the term public partnerships as it suggests a much broader set of stakeholders and an active role for all”

“‘public partnerships’ is a helpfully inclusive term which recognises the continuum between engagement, involvement and participatory research”.

However, it is worth noting that a few respondents wanted ‘public partnerships’ to be better explained, as it can also be used to include study participants or to describe partnerships with public bodies.

Some respondents felt that the strategy did not emphasise clearly enough the need to share power in the co-creation of research and to include public partners in making decisions about funding and strategy:

“where does the power lie and is it being shared?”

“Make it clear that you plan to seek involvement, where appropriate, of public contributors from the earliest stages in identifying research questions, prioritising research, in governance, e.g. funding panels and steering committees”

“We think the strategy should make clear that where members of the public are involved at any level, such as funding boards, advisory groups or project groups, that the members of the public will be involved at an equal level to the professionals [and] have an equal say...We would like to see a general move from patients and the public being in advisory roles, to decision making roles”

“I like that public partners or public engagement professionals would be involved in assessment of grant applications”.

One respondent expressed the fundamental importance of MRC demonstrating a clear commitment to:

“act on the insights/suggestions from public contributors, if opening up and requesting their input.”

## Wider partnerships and influence

Multiple respondents suggested that the strategy was an opportunity for the MRC to work with a wider range of partners, including the voluntary sector, patient charities, local government, policymakers, public service providers, the commercial life science industry, professional and government organisations. They emphasised the potential:

“to go beyond the MRC’s footprint and consider methods to reach untapped resources elsewhere.”

Many respondents felt that the MRC’s support for public partnerships would encourage public involvement more widely and influence others within the research community to develop public partnerships:

“This strategy has further highlighted the importance of public partnerships in non-clinical research and I hope it will provide a platform through which this can be achieved”

“It will encourage a healthy research culture, and drive funding towards involvement”

“A robust strategy that is aligned to funding schemes will hopefully encourage Higher Education institutions to invest properly in local PPI”

“It is a great reference for our PPIE [patient and public involvement and engagement] work. Make[s] our work easier and we can adopt it to our own work”.

“Funders with the same aims and vision start to influence institutions and researchers”.

## Diversity and inclusion

69 respondents wrote about the benefits of the strategy being inclusive and reaching beyond the usual range of people who are involved in research funded by the MRC and several specifically mentioned the inclusion of under-represented groups in the strategy:

“a strategy to deliver more impactful research by including diverse input from a range of contributors”

“I read with a smile on my face as I could feel that everybody was included”

Although many respondents liked the inclusiveness of the strategy, not all respondents could ‘see themselves’ in it and a few respondents made recommendations about explicitly mentioning specific groups. This included those who are socio-economically deprived, the homeless, women, all those with protected characteristics, hidden disabilities, refugees and asylum-seekers, and the LGBTQ+ community. Other respondents suggested reframing ‘under-represented’ communities as ‘underserved’ and including greater emphasis on equity throughout the strategy.

One group response from a Young Persons Advisory Group very clearly stated that:

“there is nothing engaging or aimed towards young people. If you want to include young people in these public partnerships then there needs to be a revision of the strategy as it stands or a version of the strategy that is aimed specifically at young people.”

Global health researchers also felt that there was:

“absolutely no mention of how this applies to MRC Global Health/International activities”.

They suggested that the public partnerships being proposed for UK research might not be suited to the research environments that they work in:

“There may need to be some adaptation of standard UK approaches for the different contexts of low and middle income countries...to include... a shift in terminology...[for] community engagement and involvement.”

## Non-clinical focus of the strategy

Many respondents supported the focus on public partnerships in non-clinical research:

“I like the focus on non-clinical research, I think this will really benefit our basic scientists, bioinformaticians, etc”

“I like the ambition to bring this into the non-clinical space”

However, some respondents were confused by this focus and felt that more explanation was needed:

“It would be good to explain the rationale for the desire to increase public partnerships in non-clinical research; is this... because it is harder for non-clinical researchers to develop public partnerships/there is an unfilled gap in this area?”

Several respondents, while welcoming public partnerships in non-clinical research, included a note of caution:

“The focus on pre-clinical research is well-received, but...there will be some challenges”

“In practice, there is a lot of enthusiasm from public group members to discuss with scientists, and vice versa, but the reality is that the public focus on aspects of the science that they can really relate to [and we found it] difficult to recruit participants to discuss a very fundamental [biology] project.”

There were also a few concerns raised about some types of research being less suited to, or unlikely to benefit from, public partnerships:

“I think there needs to be a clearer emphasis on PI/PP [public involvement and public partnerships] that add value to non-clinical research, and clarity that if not beneficial, PI/PP wouldn't be expected”.

“How would a public partnership contribute in a research program to, for example, solve the nanostructure of a macromolecular complex?”

“Not sure what they [public partnerships] can add to basic, underpinning knowledge generation”.

## Specific initiatives

There were specific initiatives included within the strategy that were highlighted by respondents as being high priority. These included the introduction of a clear payment policy for public partners, appointment of a new programme director, the establishment of a public advisory body and introduction of a pilot for pre-application funding to support public partnerships in the development of full funding applications.

“I am in full support of the aim to develop a clear payment policy”

“This role [programme director] is vital for championing and embedding public involvement in MRC-funded work”

“The stand out feature is the formation of a public advisory group”

“it is essential that funding is in place to support robust, meaningful and inclusive PPI [patient and public involvement] at the pre-design stage because this is where patients and the public can have most impact”

Respondents highlighted the importance of integrating public partners into MRC strategy and governance processes, for example:

“Clearly defining the role and influence of the public advisory group in decision-making processes would underscore their significance”

One initiative that was felt to be missing was:

“A specific commitment to help develop and learn from new methodologies in public engagement and involvement... [in MRC’s] funded calls. This is one of the strengths of the MRC and where it could help public involvement and engagement reach greater maturity.”

## Training and support

Training and support for researchers and public partners were included as priorities within the strategy and many respondents supported these as being critically important to the successful achievement of the strategic goals. Several respondents specifically highlighted shared learning networks and case studies as useful learning tools:

“Provision of training, establishment of and support for learning/practice networks and case studies will be important to the success of this strategy”.



They emphasised the value of support for researchers:

“Providing training and templates for how to engage in public partnerships - will save time and make it more achievable for researchers”

as well as for public partners:

“Pleased to see...that you realise [public partners] may need support and training to be effectively involved.”

There were many suggestions for different types of support that MRC could provide, ranging from producing teaching guides, to providing practical advice or running a ‘matchmaking’ service:

“Given the complexity of public partnerships, particularly in non-clinical research involving highly technical subjects, the need for comprehensive training for both researchers and public partners is paramount”

“MRC as the funder ideally needs to help: facilitate, equip and connect...If there was a public engagement person(s) at MRC who could hold [the researcher’s] hand through planning etc this would be of huge value”

“Need more about support for researchers to make these connections with non-research communities – training, understanding of how to budget for this in their work, possible matchmaking support etc”

“will the MRC help co-ordinate the establishment of public partnerships?...where MRC-funded institutions would be better off working together to develop public partnerships, for example involvement panels used for multiple projects, rather than competing to recruit the same people”.

## Brokers and champions

One group response suggested that ‘brokers’ could support the establishment and sustainability of partnerships:

“In terms of support for researchers and communities involved – we’d recommend investment in ‘broker’ roles that can help bridge the gap and be on hand to work through any challenges etc, to minimise the risk of doing harm”.

Medical research charities noted that they often provide a bridge or act as ‘brokers’ between researchers and patient communities but that there is:

“a risk that in implementing this strategy, researchers will rely more on medical research charities to support the delivery of the public partnership angle... [adding] burden on medical research charities, which are already stretched.”

Another suggestion was for public engagement professionals to take on this ‘broker’ role, especially as they could ensure the sustainability of these important relationships beyond a single project or grant:

“There is a need to reevaluate the focus on researchers and research leaders as the primary drivers of these partnerships. It is not always the case that they possess the optimal blend of skills, time, or resources to effectively manage these relationships...Instead, the development of a dedicated cohort of professional Public Engagement Professionals (PEPs) could be more beneficial... [for] building, maintaining, and sustaining these partnerships.”

Some respondents also wrote about the need for champions, who could support culture change by publicising the benefits of public partnerships for research and society. This included champions who were researchers,

“[you] need champions - researchers who have done it [public partnerships in non-clinical research] and have clear examples of the benefits for all”

and community champions,

“[you need] community champions who are able to assist and reach out to communities and individuals”

## Detailed delivery, monitoring and evaluation plans

Many respondents felt that the strategy lacked details of how it would be delivered, monitored and evaluated, and highlighted that these were fundamental to its success:

“To be effective it will need a delivery plan which is specific on timelines and measurable outcomes”

“[I am] interested in seeing concretely how the approach will be shaped into a sound implementation plan”

“It would be useful to see more detail on how public partnerships will be monitored and evaluated, including on how outputs and impact can be reported, and what systems MRC will be putting in place”

“I suggest there is also built in, at the start, a reflective process so we actively look at the processes we have taken to achieve the key aims of this work.”

They also acknowledged that measuring impact would not be simple:

“most academic papers on PPI [patient and public involvement] point to the need for more evidential, rather than anecdotal, support for determining impact, to endorse the benefit”

“The hard part will be measuring the effect that this strategy might have on the quality of research”.

## Funding, remuneration and reward

Several respondents felt that the strategy was insufficiently clear about the funding that would be available to support it:

“What is the budget? What is the size of funding and what does funding look like to potential partners?”

“How is MRC going to support the delivery of this strategy – where is the funding strategy? Lack of clarity around funding.”

They emphasised that it is essential to properly resource public partnerships:

“Need to commit money to this if public partnerships are to be a key part of research culture”

“Nurturing good partnerships takes time and resources”

As well as understanding the overall funding commitment, respondents wanted to have more details about payments to public partners, public involvement and engagement professionals and researchers for the time they commit to developing partnerships and sustaining these over the longer-term:

“priority should be given to remunerating people for their work and time...Just like researchers are paid, [public partners] should be too”

“it will be important to provide adequate funding for [public involvement and engagement] professionals, and to make requests for funds for staff and operational costs an expectation in [funding] applications”

Although respondents emphasised the need for proper remuneration via a payment policy, they also suggested a variety of other ways to recognise contributions and commitment to public partnerships, including acknowledgement in research outputs, feedback to public partners about research outcomes and recognition for staff promotion:

“All PPI [patient and public involvement] should be acknowledged and thanked in all publications resulting from research”

“it would be useful for feedback to be given to participants on their involvement. What has been achieved by their involvement”

“Respect the staff who do this – create stable roles and career pathways...Require that organisations have permanent, named teams who provide this expertise and who are not tied to specific grants”

“it might also be helpful for MRC to lay out some expectations about how individual researchers are to be recognised and rewarded for prioritising this type of engagement with public partners.”

“By emphasizing the recognition and rewards for public partnerships, the strategy intends to acknowledge the valuable contributions of individuals. This recognition can...highlight the importance of the involvement”.

## Communication and dissemination

A final area of interest to respondents was how the strategy would be communicated and disseminated to the public:

“There seems to be a strand missing – work with the media, PR, comms – how to raise the profile of research and public partnerships within it – with the general public.”

They thought that the MRC could use a range of communications methods more effectively to:

“improve public understanding of what MRC does, engage the public in our research, improve the quality of our research by ensuring it meets the needs and hopes of the public”.

### 3.3.1 Issues raised by respondents who said they did not like or were unsure about the strategy

There were 45 respondents who answered ‘No’ or ‘Not sure’ to the question: ‘Overall, do you agree with MRC’s draft strategy for public partnerships?’ In their free text answers these respondents raised the following key concerns:

- Detailed actions and a plan for monitoring were lacking
- Details of the funding available for public partnerships were lacking
- The language of the strategy was not accessible to all, and a glossary and easy read version would be helpful
- The payment policy was not clearly differentiated from other types of reward and recognition
- Protected characteristics were not mentioned in relation to being inclusive
- The additional burden on non-clinical and implementation science researchers
- The word ‘encouraging’ was used too frequently (it was felt that ‘encouraging’ will not lead to the culture change)
- Issues of transparency and power imbalance were not made clear

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## 3.4 Conclusions

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There were 354 responses to the online survey on MRC’s public partnerships strategy. Respondents represented a broad spectrum of ages, genders, and ethnic groups. The majority of respondents (40%) were ‘Public’ to include members of the public, public partners, and members of voluntary, community or social enterprise organisations.

Overall, 87% of respondents liked the strategy and 81% thought it was written clearly. There were no marked differences in responses by age, gender and ethnicity, role, or research interests.

### 3.4.1 Changes to the strategy arising from the consultation

There were many points raised during the consultation that have informed changes to the final strategy. These include:

- Clearly stating that this strategy is an initial three-year commitment to our long-term ambition
- Clarifying that the strategy has been co-developed
- Specifically mentioning the involvement of international researchers, public partners, and public involvement and engagement professionals
- Making clear that the consultation informed the final strategy
- Emphasising that this strategy is intended to be inclusive, and will be aligned with MRC's Embedding Diversity in Research Design policy
- Acknowledging the importance of sharing power
- Making clear that we will implement our new payment policy for public partners, and that other rewards and recognition are additional to payment
- Emphasising that we will support public partners to take on leadership roles and responsibilities, such as chairing groups or co-leading projects
- Committing to publish our action and evaluation plans

### 3.4.2 Priorities for implementation

Respondents to the consultation highlighted several priorities, ranging from how the strategy is communicated to its implementation, funding, and evaluation. In response to the consultation findings, we will:

- Produce the strategy in different formats so it is more accessible. We propose developing an easy read version of the strategy and will consider whether other formats are needed, such as a version for children and young people
- Produce a detailed glossary to explain more clearly any unfamiliar or technical language used in the strategy
- Publish a delivery (action) plan to explain how the strategy will be put into practice
- Co-develop and publish a plan to monitor progress and evaluate impacts of the strategy
- Provide more information about the funding that MRC is committing to public partnerships

Several initiatives within the strategy were identified as key priorities and we will focus on the early delivery of these:

- Publish a clear payment policy for public partners
- Appoint a new programme director to provide leadership at a senior level
- Establish a public advisory group within MRC head office
- Provide funding to enable public partners to be part of the development of funding applications

- Develop public partnerships that will influence funding decisions and strategy
- Provide training and support to researchers, public involvement and engagement professionals and public partners, to enable them to build effective and sustainable public partnerships.

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### 3.5 Next steps

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Analysis of the consultation informed the final public partnerships strategy which was reviewed by MRC Council in February 2024 and then approved by MRC Executive Board in March 2024. The final strategy will be published on MRC's website in 2024.

A new programme director will be appointed in 2024 to support MRC in establishing a public advisory group. This group will advise MRC on the implementation of the public partnerships strategy, as well as co-developing the evaluation plan to assess the achievement and impact of the strategy.

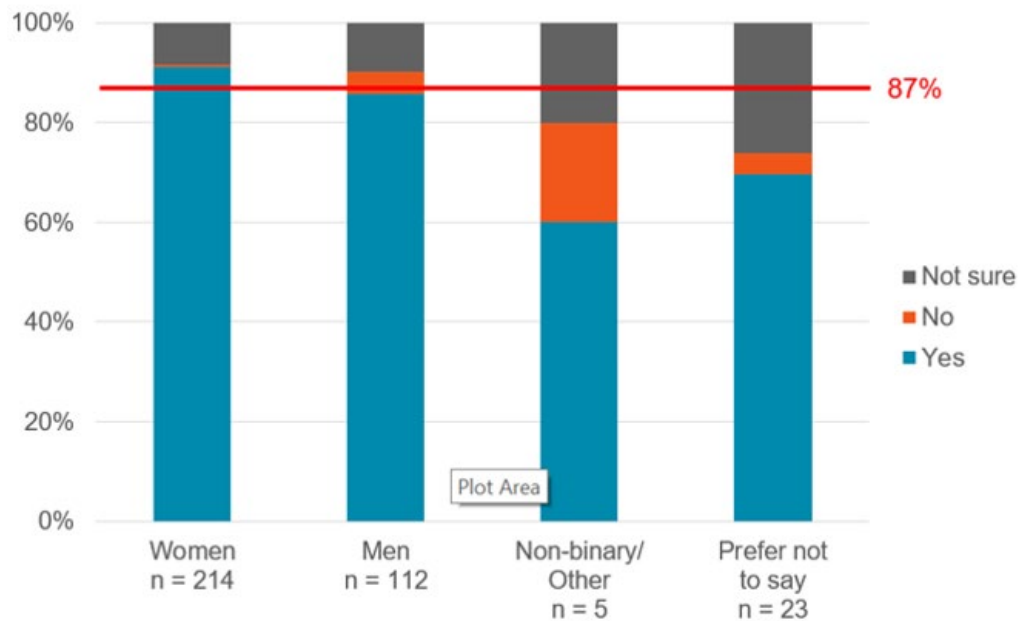
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## Appendix

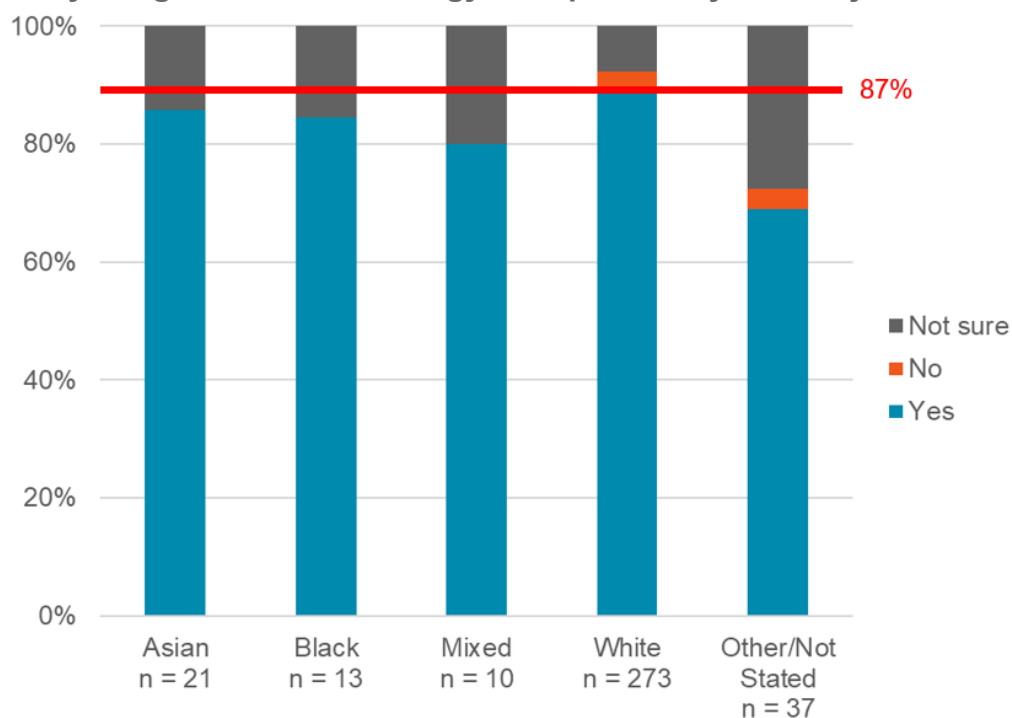
The following graphs show the percentage of respondents who said 'yes', 'no' or 'not sure' in answer to the question 'Do you agree with the strategy?' by gender, ethnicity, age, disability, role and research interests.

The 87% line in each of the graphs below, represents the percentage of respondents who agreed with the strategy (i.e. all respondents who answered 'Yes').

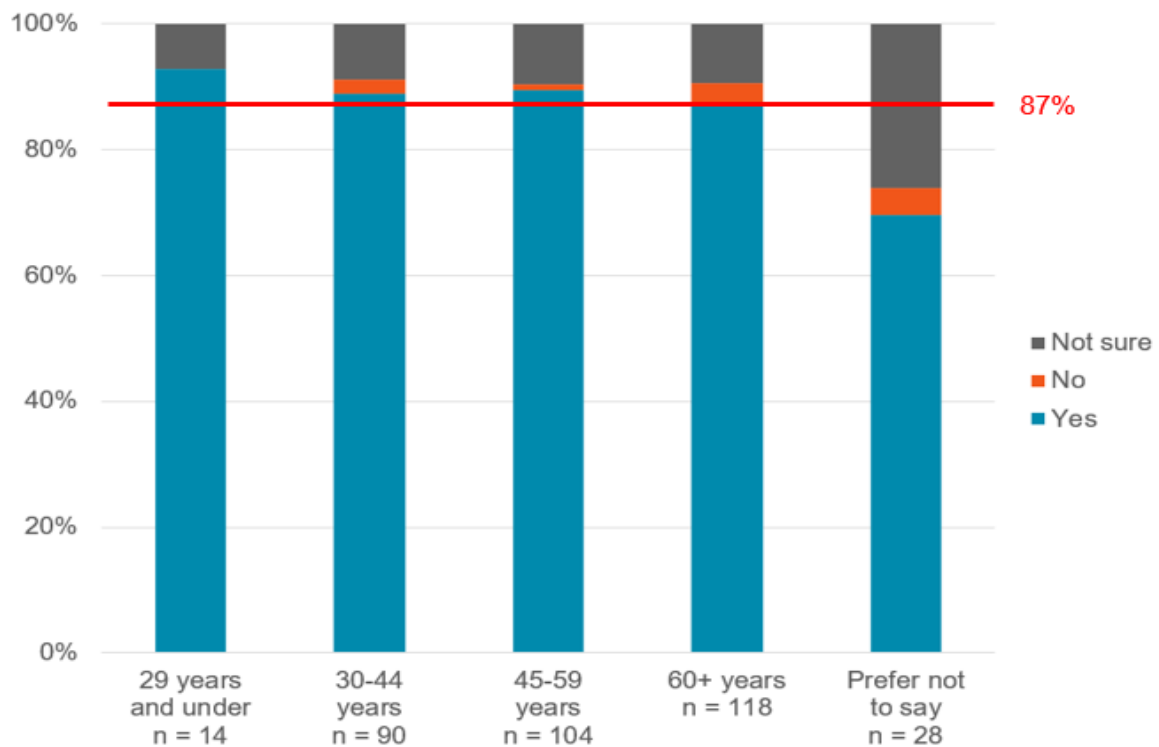
### 'Do you agree with the strategy?' responses by gender



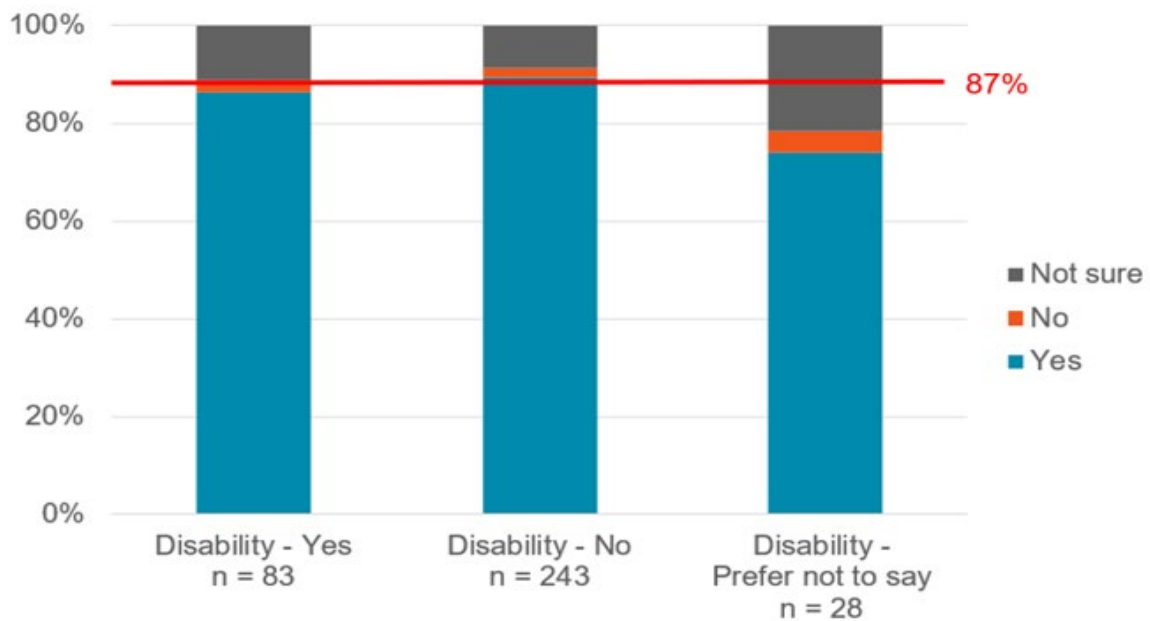
### 'Do you agree with the strategy?' responses by ethnicity



‘Do you agree with the strategy?’ responses by age

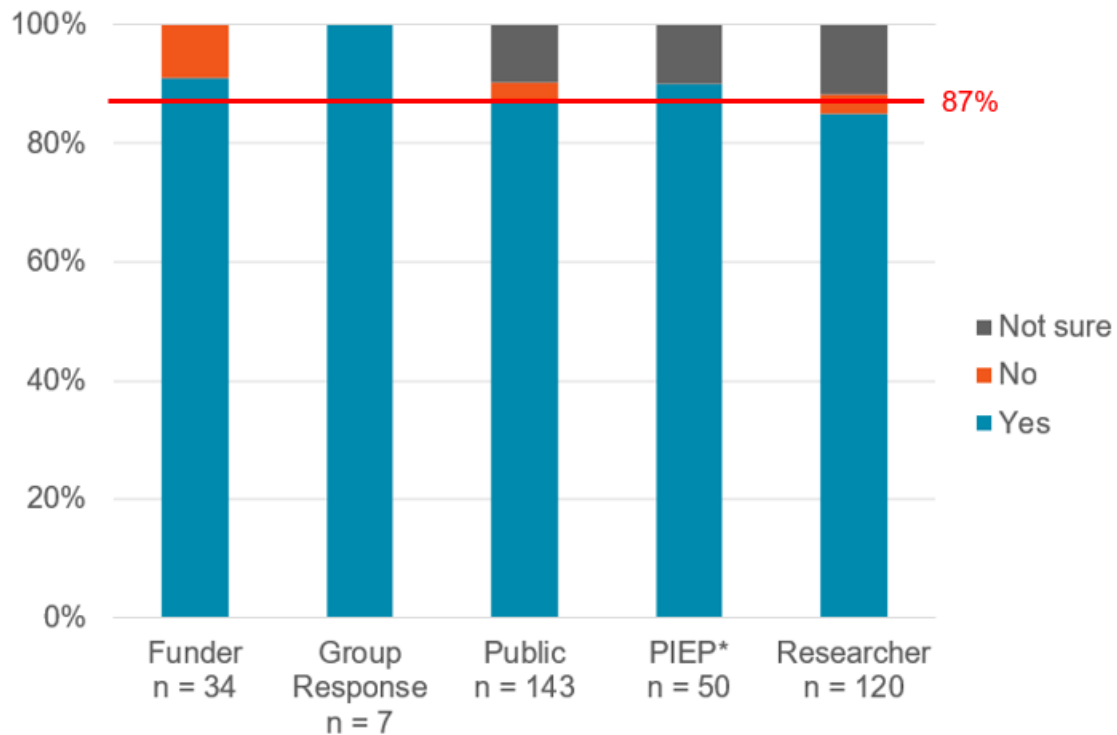


‘Do you agree with the strategy?’ responses by disability





### 'Do you agree with the strategy?' responses by role



\* Where PIEP is Public Involvement and or Engagement Professional.

### 'Do you agree with the strategy?' responses by research interest

