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Welcome

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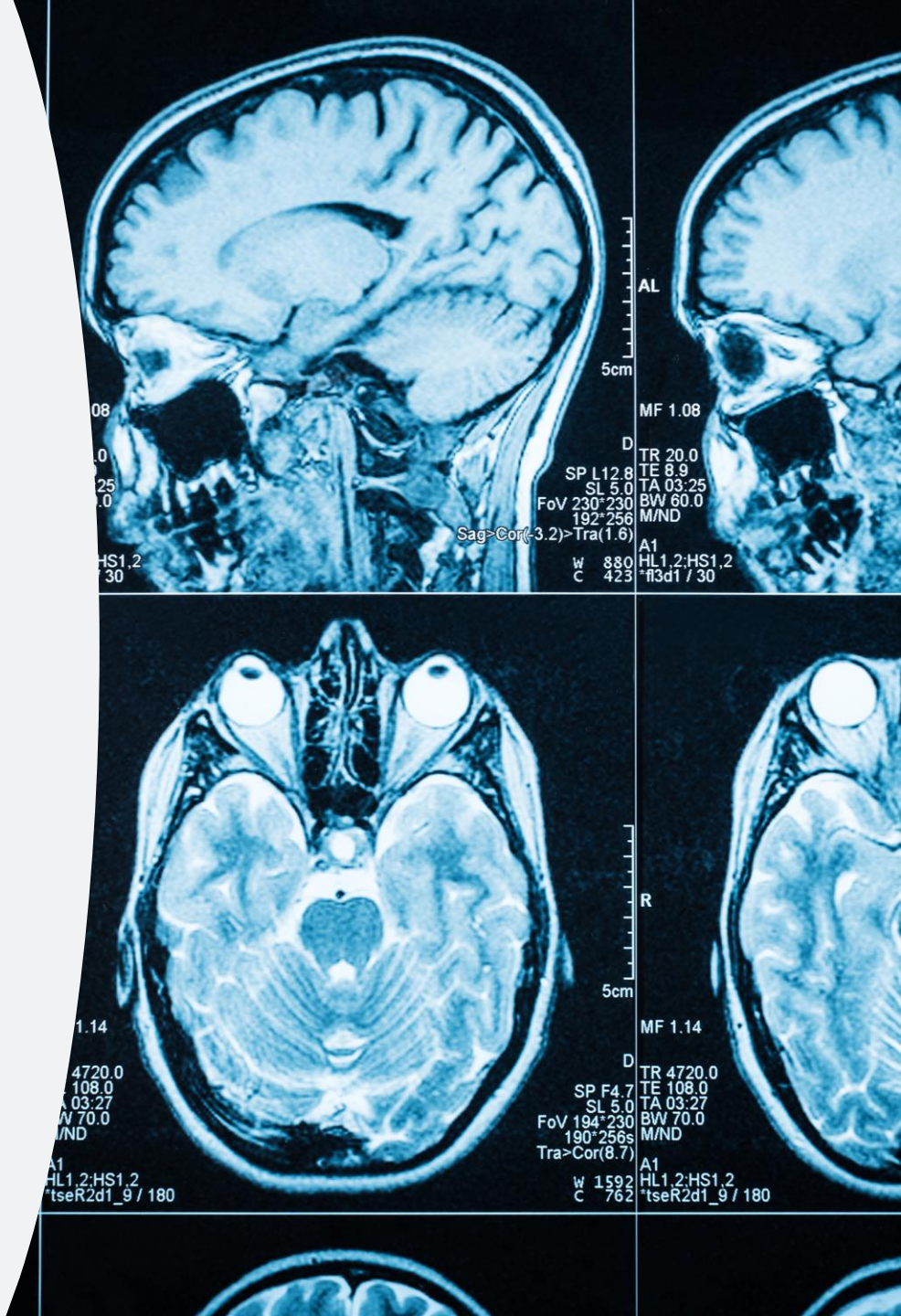
MRC Proof of Concept

Introductory webinar for prospective stage one applicants

2nd June 2026

Agenda

1. MRC translational funding landscape
2. MRC PoC scheme: purpose and scope
3. How applications are assessed
4. Advice for writing a strong stage one application
5. Policy updates & next steps
6. Q&A



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MRC translational research

An overview of our vision and schemes

Meet the team



Adam Babbs
Associate Director of Translational Research

Programme Managers



Sophie Mountcastle
MRC Proof of Concept Lead



Florence Théberge
MRC Experimental Medicine Lead



Claire De-May
MRC AZ-HTS Lead



Alicia Estacio Gómez
MRC IA Awards Lead



Diana Korniichuk



Yarunnessa Khan



Caroline Harris

Business Team



Lou Armstrong
Panel Manager
MRC PoC, MRC AZ-HTS, IA Accounts



Trinity Miles
Panel Officer (Pre-Award)
MRC PoC, AZ HTS



Jude Lynch
Panel Officer (Post-Award)
MRC PoC

DJ

Dale Jones
Panel Administrator
MRC PoC

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An evolving vision for Translation

MRC's Translational Forward Look

- Over the next 5-10 years we aim to:
  - engender **an embedded translational culture** within UK life sciences that draws upon capabilities from all disciplines and sectors
  - create a **fully integrated UK translational ecosystem** that can efficiently drive high quality, innovative ideas along a flexible and streamlined translational pathway

- We're developing a delivery plan of actions and near / further-term ambitions in the following areas:
  - **Ideas** - driving innovation and value with new approaches (scale and flexibility) and the right risk / benefit balance
  - **People** – building a diverse, sustainable pool of translational researchers and leaders
  - **Ethos** - embedding a translational mindset and maximising opportunities to create impact from UK discovery research
  - **Partnership** - delivering our plans through a proactive, creative approach to partnership
  - **Quality** - improving the opportunity and successes for the best ideas across the UK
  - **Communication** - demonstrating our impact, value and identity

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Simplifying UKRI translation funding

- UKRI is streamlining its research translation and commercialisation funding opportunities to make them clearer and more consistent.
- This update affects only the **naming** of UKRI funding opportunities and **not existing remits, funding modes and processes**.

MRC Developmental Pathway Gap Fund *(DPGF / Gap Fund)* →	**UKRI Translation: MRC Impact Acceleration Awards** *(IA Awards)*
MRC Developmental Pathway Funding Scheme *(DPFS)* →	**UKRI Translation: MRC Proof of Concept** *(MRC PoC)*

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IA Awards not to be confused with IA Accounts!

https://www.ukri.org/news/ukri-simplify-research-translation-and-commercialisation-funding/

MRC Translational Research Opportunities

~£75 million budget in 2027-28

Proof of Concept funding** to support projects across the **scale and scope of the system



Other funders e.g. NIHR/industry

Discovery Research

Fellowships

Other Councils (BBSRC/EPSRC)

AZ HTS

AZ HTS ~ £1m pa

IAA | IAA | IAA | IAA

IA Accounts ~ £12-14m pa

IA Awards | IA Awards | IA Awards

IA Awards ~ £15m pa

MRC Proof of Concept

MRC PoC ~ £42m pa



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MRC Proof of Concept

Purpose and scope

MRC Proof of Concept (PoC)

(formerly DPFS)



~£42 million budget a year across three funding meetings

- From **product discovery & design through to Phase IIa trials**
- Open to **any therapeutic, preventative, diagnostic, prognostic or surgical** technology
- Also covers tools or platforms that **increase the efficiency of developing other interventions** with a clear clinical need
- Targeting **unmet clinical needs** in **any** disease area
- Projects must be **academically-led**
- **No restrictions** on duration or value

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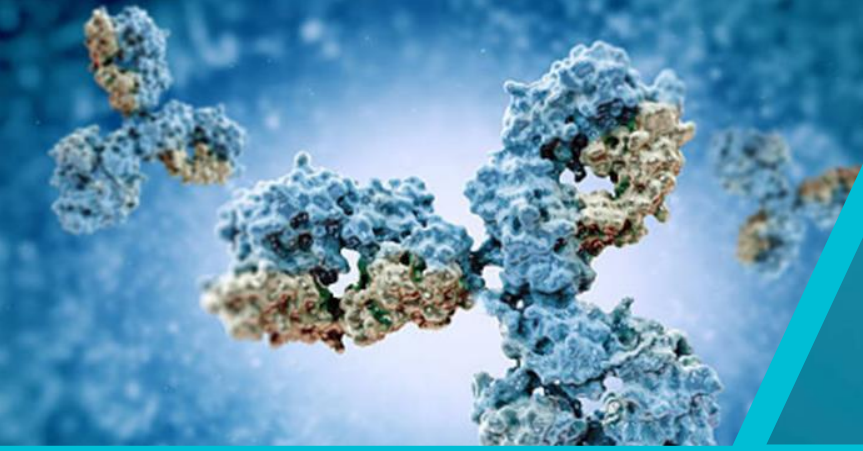
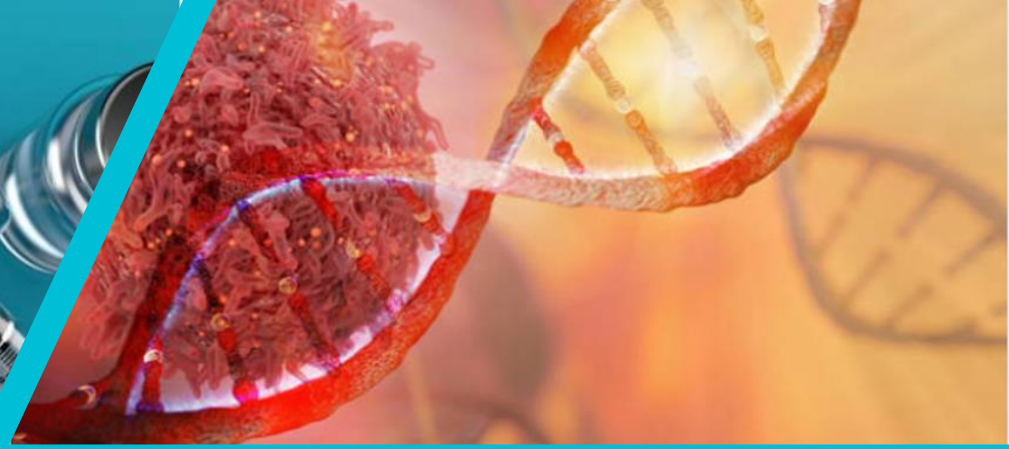


Developing novel biologics (antibodies, peptides, proteins)



Developing vaccines for infectious & non-infectious disease



Developing advanced therapeutics (gene therapy, cell therapy)

WHAT ACTIVITIES ARE ELIGIBLE FOR MRC POC SUPPORT?

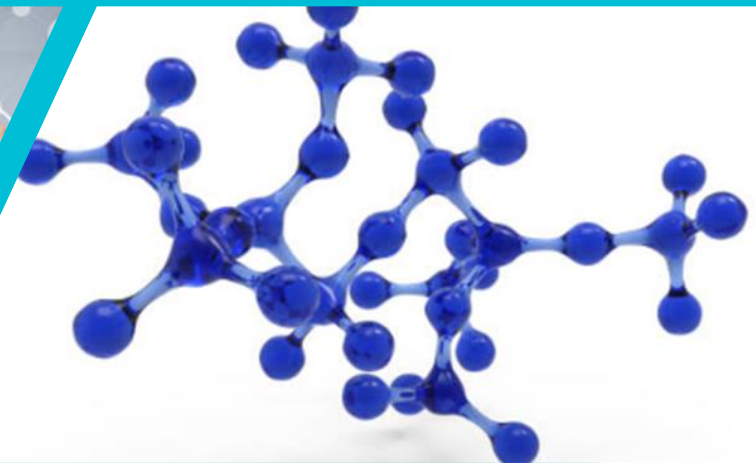
Repurposing existing therapies for new indications



Digital healthcare, app development, AI-enabled diagnosis



Developing candidate small molecule therapeutics





Interventions of benefit to the health of LMICs



Behavioural & psychological interventions



Developing & validating novel medical imaging technology

WHAT ACTIVITIES ARE ELIGIBLE FOR MRC POC SUPPORT?

Developing and testing novel medical devices



Developing & testing diagnostics (including biomarker validation)



Developing & validating radiotherapy & radiation protocols



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Out of remit

- Discovery science, experimental medicine
- Technology development where not aligned to a medical/clinical developmental plan
- Studies within NIHR remit
- Non-academically led work

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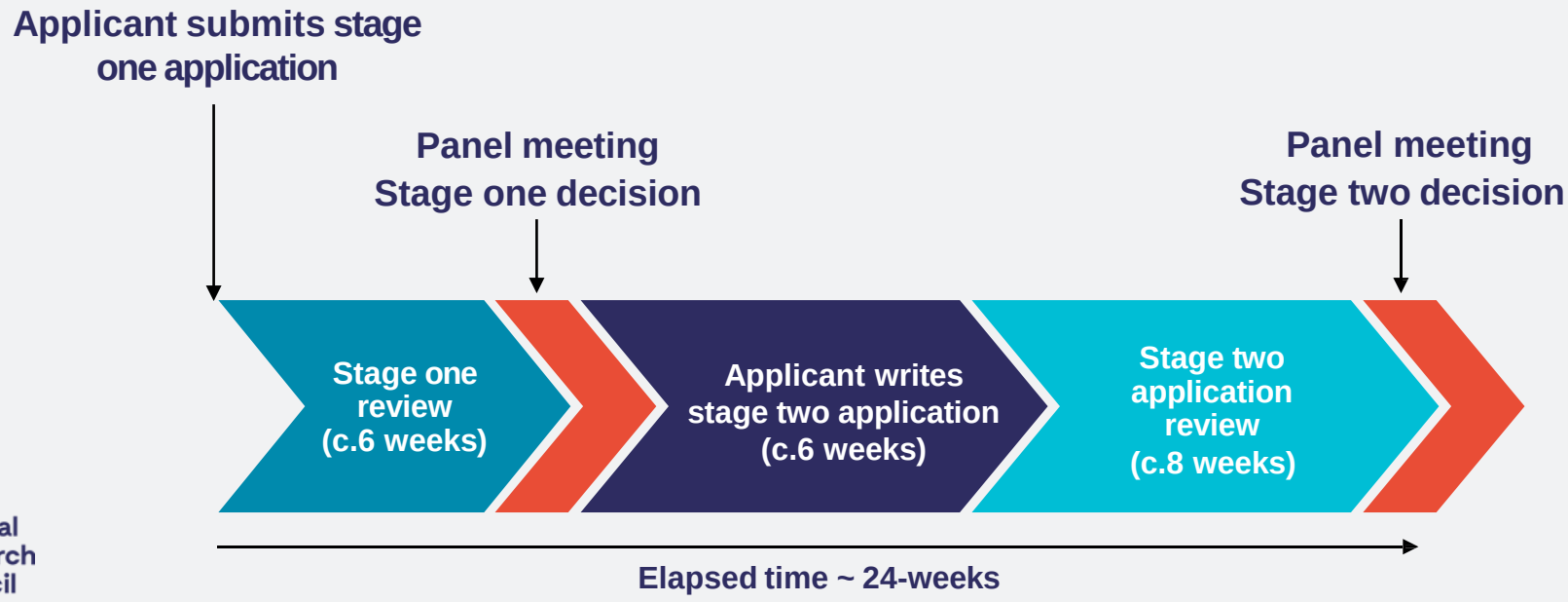
MRC PoC assessment process

MRC PoC application process

- Two-step decision process:
  - Stage one application: Panel review
  - Stage two application: External peer review and Panel review

- Stage two applicants have six months in which to submit their application (i.e., they can choose to skip a meeting).



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The Panel

- **29 Members**
  - including academics (clinical and non-clinical), industry representatives, statisticians
  - **Chair:** Professor Peter Parker, Francis Crick Institute
  - **Deputy Chair:** Professor Rachel Williams, University of Liverpool

- **Broad expertise:** not all members are specialists in your field
- **Clear explanation and context** are essential

https://www.ukri.org/who-we-are/mrc/board-and-panel-membership/developmental-pathway-funding-scheme/



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Stage one assessment criteria

- **Need:** clinical need, competitive advantage
- **Rationale:** rationale and supporting evidence
- **Deliverability:** Is the plan realistic? Value-for-money, access to necessary assets
- **IP and downstream development:** intellectual property strategy, downstream funding/partnering

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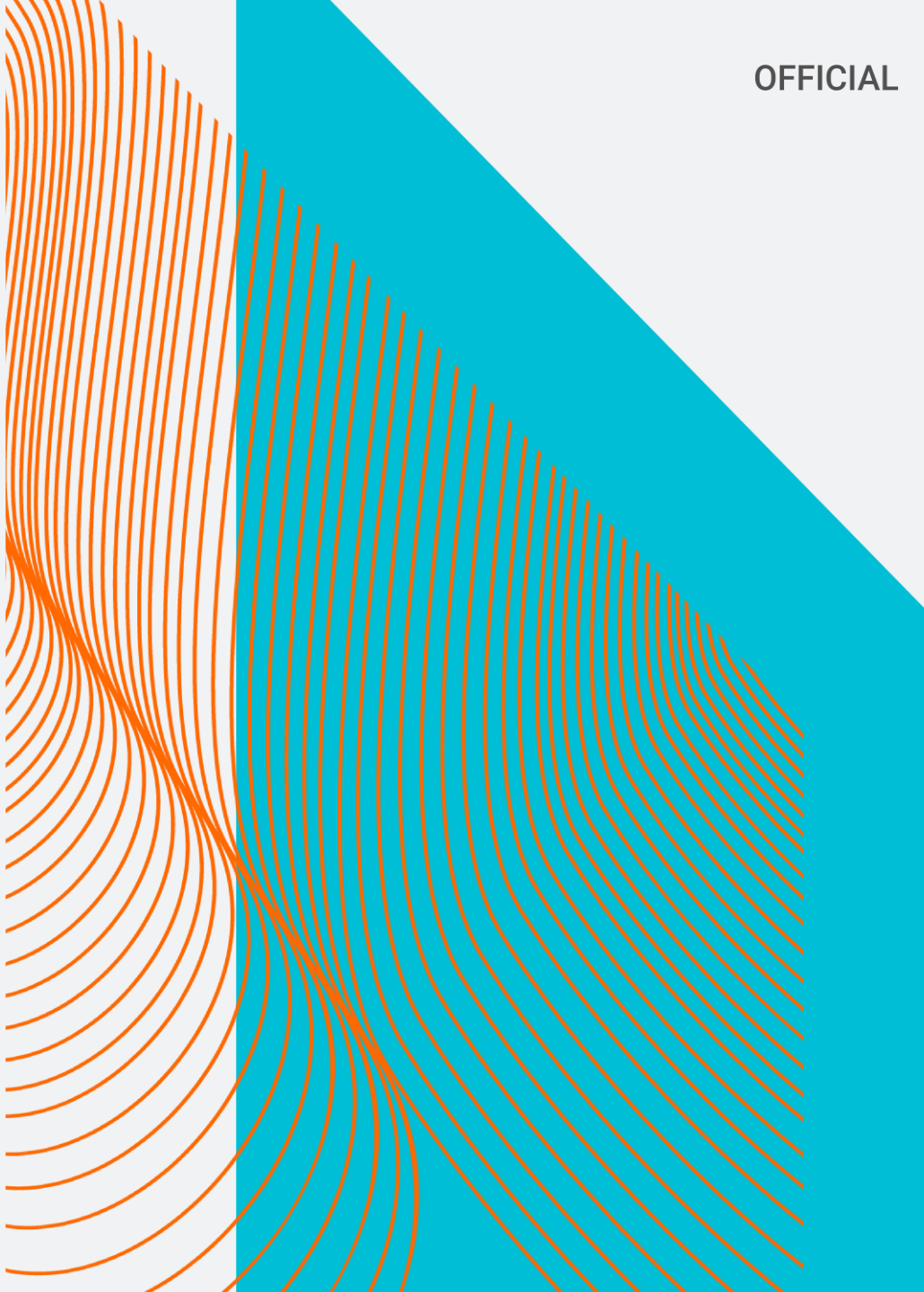
Preparing a stage one application

Application structure, key sections and tips



Preparing a stage one application

- **17 sections** to describe your proposed project, from your starting point to your exit strategy and long-term development plan.
- **Mandatory and optional sections**
  - Stick to the word counts – no workarounds!
  - Carefully read the questions and guidance.
  - Use recommended sub-headings.
  - Only upload attachments where allowed (e.g. Project Partner letters of support).
  - Include tables and/or figures, where permitted.
  - References: applications should be self-contained, and hyperlinks should only be used to provide direct links to the referenced information, ideally using a persistent identifier.

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Preparing a stage one application

1. Summary
2. Core team
3. Keywords
4. **Related applications** *(optional)*
5. **Opportunity and market**
6. Scientific background and current stage of development
7. Small molecule supplementary information *(optional)*
8. **Development plan and route to patient benefit**
9. **Approach**
10. **Reproducibility and statistical design**
11. Projects involving advanced manufacturing of cell and gene therapy products *(optional)*
12. Applicant and team capability to deliver
13. **IP management and dissemination of project outcomes**
14. Project partners
15. Ethics and responsible research and innovation
16. Summary costs
17. Trusted Research and Innovation

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Related applications

If you have been invited to resubmit a stage one or stage two application

- Use this section to address all previous Panel feedback (stage one or stage two).
- You may also respond to peer review feedback (stage two).

Tips:

- Engage with the feedback - respond **meaningfully**.
- Provide **data** in support of any rebuttal.
- Clearly show how your application has changed.
- Use Panel feedback to **strengthen** your application, not to defend the original proposal.

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Opportunity and market, development plan

What to include

Opportunity and market

- Describe the **clinical need** & how your technology meets this need.
- Outline the **market** and **end-users** for the proposed solution (e.g., specific patient populations, clinicians).
- **Competing solutions**: advantages and limitations (in-market and in development).
- Advantages of **your solution** over alternatives.
- Engagement with end-users, patients, or the public.

Development plan and route to patient benefit

- Plan for further development (following MRC PoC award) to achieve **patient benefit**, including project outputs required to enable progression.
- Identification of potential **follow-on funding** sources.
- Route to market (e.g. licence or spin-out).
- Identification of potential **downstream** partners, licensees or investors.
- Demonstrate awareness of the **regulatory requirements** for your intervention.
- Engagement with funders, partners, regulators or industry.

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Approach

What to include:

- Project plan
- Methodology and experimental design
- Risk management

Milestones

- Minimum two milestones (including the project end)
- Clear **go/no-go criteria** for each milestone

Gantt chart

- Tasks should be **specific** and **measurable**, with **ownership**
- Show dependencies between tasks
- Show milestones as decision points

Common weaknesses: vague milestones not linked to project deliverables, lack of detail in Gantt chart

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Approach: Milestones and Gantt charts

Weak example:

M1: Complete testing

M2: Final report submitted

Task	Month								
	J	F	M	A	M	J	J	A	S
Testing	■	■	■	■					
Validation					■	■	■	■	
Write end report									■

- Tasks too vague
- No ownership or dependencies shown
- Not measurable
- No decision points
- Do not de-risk the project.

Strong example:

- Clear outputs
- Measurable success criteria
- Explicit decision points

M1 objective: Optimised prototype developed

Go/No-go criteria:

Achieves ≥X performance threshold

Meets predefined safety parameters

M2 objective: Preclinical efficacy demonstrated

Go/No-go criteria:

Statistically significant improvement vs comparator

Meets predefined TPP criteria

Task	Month								
	J	F	M	A	M	J	J	A	S
Design optimisation (lead RO)	■	■							
Prototype build (industry partner)		■	■						
Preclinical testing (CRO)				■	■	■	■		
Data analysis (statistician)								■	■
Regulatory advice (consultant)	■	■	■	■	■	■			

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Statistical design

What to include:

- Statistical analysis plan
- Sample and effect sizes

You should:

- Provide enough detail for the Panel to **replicate** your calculations
- **Justify** your design and any assumptions
- Seek professional statistical or other relevant **advice**

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Intellectual Property

What to include

IP ownership, protection and management

- Describe the **background and foreground IP** relevant to the project.
- Outline **ownership** of all IP.
- Where IP is or will be owned jointly or by a third-party, provide details of how this will be **made available** for the project.
- Describe the plans to **identify and protect new IP**.
- Describe how background IP will be managed and protected.
- Describe plans for governing ownership or **exploitation** of IP.

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Industry Collaboration Framework (ICF)

The ICF supports academics and project partners to manage IP sharing and dissemination arrangements.

- Primes discussions for collaboration agreements and helps set out:
    - relative responsibilities
    - intellectual property rights
    - financial contributions
    - access to data, materials and equipment
- Ensures compliance with MRC funding requirements and subsidy control legislation.
- Enables MRC monitoring of industry collaborative grants.

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[MRC Industry Collaboration Framework (ICF) – UKRI]



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Application tips

What strong applications do:

Be clear on the need:

- Clearly articulate the unmet clinical need
- Show how your solution addresses it
- Position your project on the pathway (what comes next).

Build the right team:

- Assemble a team with all necessary expertise (clinical, technical, statistical)
- Engage end-users and patients where relevant.

Design a strong plan:

- Develop SMART, de-risking milestones
- Consider downstream partnerships and commercialisation routes early.
- Use available guidance and institutional support.

Common gaps: missing expertise, poor need justification, unclear milestones, unclear project partner roles

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Application tips

✗ Common pitfalls to avoid:

Planning and resourcing

- Under-costing or over-stretching the project
- Unrealistic timelines

Writing for your audience

- Making the Panel work hard to understand your proposal
- Writing too technically.

Strategic gaps

- Ignoring competing solutions
- Lack of freedom-to-operate awareness
- Weak understanding or description of downstream development pathway

Process

- Rushing an application unnecessarily.
- Lack of (timely) consultation with research office / TTO or equivalent.

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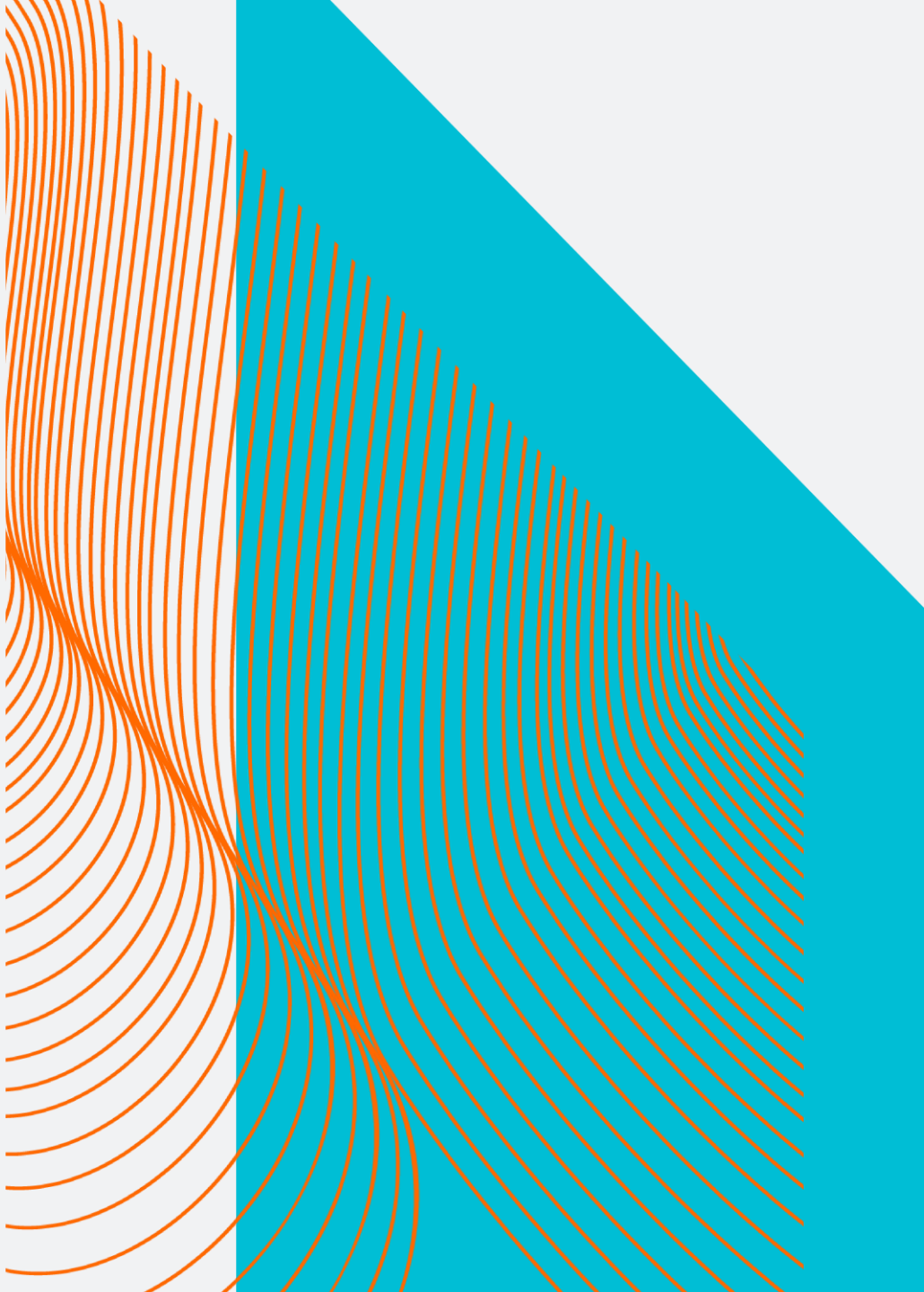
Policy updates and what's new



New question: GxP CGT manufacturing

What to include:

- Scale, quality standard (e.g. GLP, GMP) and intended use
- Manufacturing plan
  - including manufacturer(s), expertise, capacity, predicted timelines
- Testing and validation

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New policies

- We will not accept uninvited resubmission of applications that were submitted after 1 April 2026 to MRC, the rest of UKRI or any other funder.
  - An uninvited resubmission is an application that was previously unsuccessful and has been submitted again without being invited by MRC. This includes applications that are unchanged, minimally revised, or substantially the same as the original submission. You should contact us if you are unsure whether your application is a resubmission.
- You may only submit one application as Project Lead.

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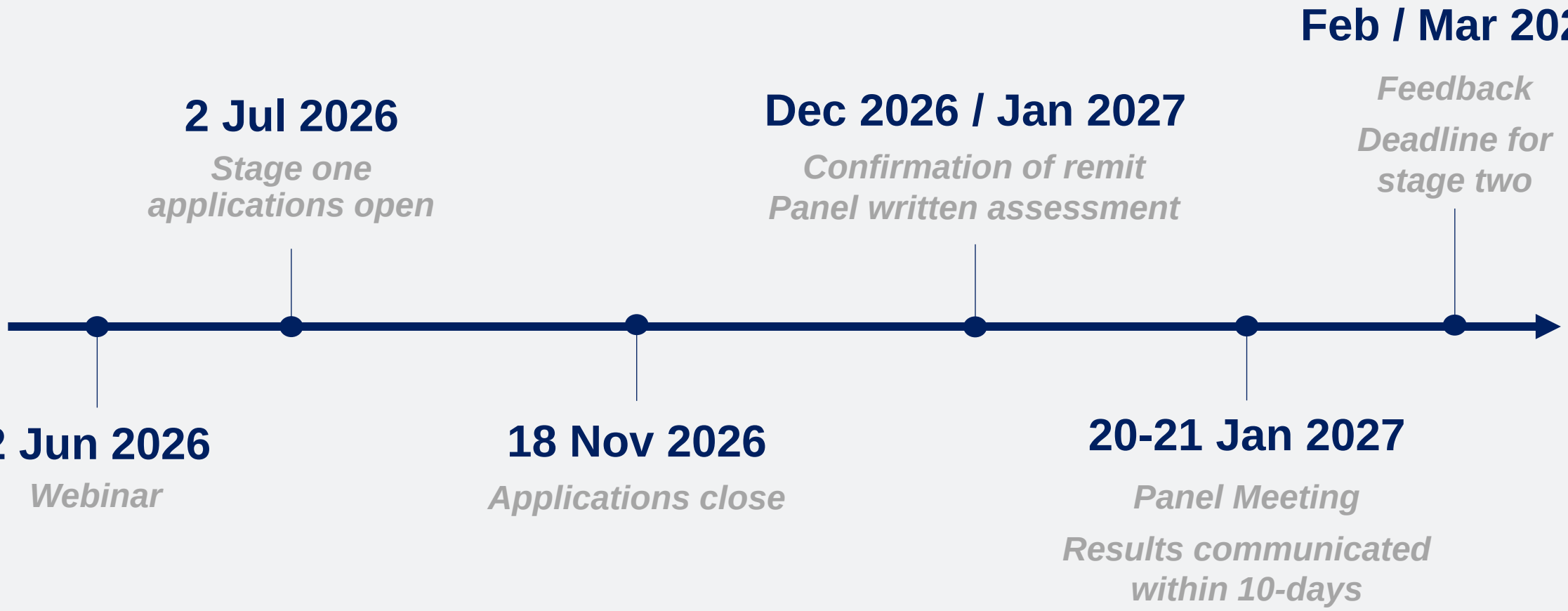
Resources and next steps

Timeline for upcoming round



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Three deadlines per year

(Mar, Jul, Nov)

Contact us before applying

dpfsanddcs@mrc.ukri.org

- **Alicia Estacio-Gomez:** Medicines repurposing, protein and peptide therapeutics, non-small molecule drugs, nanomedicine, drug delivery technology, biomanufacturing. *IA Awards scheme lead.* Alicia.EstacioGomez@mrc.ukri.org
- **Florence Théberge:** Prevention of infectious diseases, including vaccines, diagnostics and challenge models. *Experimental Medicine scheme lead. NIHR EME liaison.* Florence.Theberge@mrc.ukri.org
- **Claire De-May:** Advanced treatments (not including cancer), including regenerative medicine, gene therapy, nucleic acid therapy, cell therapies and antibodies. *AZ-HTS scheme lead.* Claire.De-May@mrc.ukri.org
- **Sophie Mountcastle:** Advanced treatments in cancer, including cancer vaccines, gene therapy, nucleic acid therapy, cell therapies, radiotherapy and antibodies. *MRC PoC lead.* Sophie.Mountcastle@mrc.ukri.org
- **Diana Korniichuk:** Non-communicable disease prevention and early diagnosis, including diagnostics, biomarkers and clinical decision-making. Diana.Korniichuk@mrc.ukri.org
- **Yarunnessa Khan:** Medical imaging, medical devices and digital health, including psychological interventions. Yarunnessa.Khan@mrc.ukri.org
- **Caroline Harris:** Global Health Programme Manager, currently supporting MRC PoC with applications relevant to global health. Caroline.Harris@mrc.ukri.org

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Covered across the team: Small molecules, AI-enabled drug discovery and development.

Resources (1)

- The **MRC Centre for Research Policy** works with the research community to develop and implement policy that encourages good research practice, by promoting ethical and responsible research conduct.
- The National Institute for Health Research provides a **clinical trials toolkit** that gives practical advice to those planning or running clinical trials in the UK.
- The **MHRA Innovation Office** provides free advice to clarify regulatory requirements from an early stage of product development.
- Applicants considering a drug repurposing project may wish to explore the **Repurposing Medicines Toolkit**, developed by MRC and LifeArc.



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Resources (2)

- The **MRC Methodology Hubs** provide guidance and resources to help researchers design, conduct and analyse clinical trials, particularly in complex areas.
- In 2022, the MRC produced **supplementary guidance** to support DPFS applicants aiming to develop and validate clinical tests.
- To support applicants planning their next steps across MRC and NIHR funding schemes, this **guidance table** compares typical characteristics of projects supported by DPFS, EME and HTA.
- **Interim guidance** for applicants developing software and AI in research and innovation.
- **AI and Digital Regulations Service for health and social care** provides detail on AI regulations and effectiveness standards for relevant applications.

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Resources (3)

Guidance for applicants, application timelines, types of funding, T&Cs, What happens after you submit your proposal
Guidance for applicants – MRC – UKRI

Eligibility, role descriptions, assessment criteria
Application and policy guide for the UKRI Funding Service – UKRI

Roles, examples and cost headings
Roles in funding applications: eligibility, responsibilities and costings guidance – UKRI

Industry Collaboration Framework
MRC Industry Collaboration Framework (ICF) – UKRI

Checks before you submit:
Grant application checklist: eight checks to do before you submit – UKRI



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Thank you

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Questions?