



www.LtdDents.org.uk

© 2011 Nature America, Inc. All rights reserved.

Straight talk with... Phil Willis

When Phil Willis, a former school headmaster turned politician, landed a seat on the UK government's Science and Technology Committee in 2005, he found a way to make his mark as a nonscientist by obsessively asking for evidence from researchers. Now in the House of Lords, he continues to advise the government on biomedicine, among other topics. Willis recently found a new cause to champion as well, the Association of Medical Research Charities (AMRC). The AMRC represents 124 UK nonprofits that collectively spend £1 billion (\$1.6 billion) a year on biomedical research, around one third of the total amount of money put toward health research in the country. As Willis stepped into his role as chairman of the association in November, he spoke with **Asher Mullard** about his plans to drive the sector forward through tough economic times.

You've previously called the AMRC a 'unique' organization. What makes it special?

The AMRC is the only organization in the world that brings together virtually the whole of a country's medical charity sector so that it can speak with one voice. Consequently, competition between the charities that rears its head around the rest of the world does not rear its head in the United Kingdom. The model that the AMRC has adopted is really an exemplar of how you can preserve individual identity whilst at the same time actually promoting the whole of a sector. Another key success of the AMRC has been in actually persuading its members and the public that research is a long-term game and that only by having the resources to fund the very best research can you actually find cures and treatments. The AMRC's work has never before been more important, but its efforts are clearly under threat because of the recession.

I became obsessed, constantly asking people, "where's the evidence to support your conclusions?" I will continue to ask this question.

Will the role of the AMRC, and of medical charities generally, change as the downturn continues to hit public spending?

If anybody believes that the charitable sector will make up for any loss of research funding normally put in by the government, or indeed by the private sector, then they are deeply mistaken. Evidence that was brilliantly put together by the Royal Society earlier this year clearly shows that when state funding goes down, so does private sector and charitable funding. And this is true around the world. I'm really quite anxious that in my tenure as chairman of the AMRC we must not get locked into the idea that we are a backstop for when government doesn't put in enough resources. Once we get into that sort of ideology, then government is allowed to take their foot off the pedal—they must not be allowed to do that.

How will you use your experiences to address this challenge?

When I joined the House of Commons Science and Technology Committee in 2005 and was elected as its chair, I had no previous involvement in science and no academic training in science, technology or engineering. But I was passionately interested in these topics. Very quickly I realized that, as a nonscientist in a policy role, one of the great things I could do was to ask very obvious questions that the specialists don't ask. I became obsessed with this idea of evidence, constantly asking people who told me that their proposal was good or that another idea was bad, "where's the evidence to support your conclusions?" I will continue to ask this question, because it challenges people to come up with responses. My experiences have taken me through a journey, and now that I'm in the House of Lords I need to use my time here to advocate passionately for that link between the public sector and the private sector and the charitable sector in terms of advancing medical science.

How can the charitable sector itself minimize the effects of the economic downturn on biomedical research?

First, the biggest boost to the charitable sector, both in medical research and otherwise, has been the move to increase Gift Aid [a scheme that allows charities to increase the value of donations by reclaiming taxes]. The fact that the government has reduced the value of Gift Aid and is actually looking at reducing it further is something that we have really got to fight against very strongly. Secondly, the whole of the charitable sector, including the medical charities, have really got to make more effort in saying to their giving public that, whilst people may not have as much money in their pockets as before, they still need to continue to support biomedical causes. Thirdly, charities themselves have got to find ways to reduce their costs so that they can give more money to front-line research. Every pound that is spent on administration is a pound that is not spent on research.

Do you have any initial ideas for solutions to, for instance, how charities can reduce their costs?

There is no doubt that if you look at the charities, they have a lot of common causes. Once you find these shared goals, you can see where to pool your resources more effectively. It is very difficult for organizations to look outside their own boxes, so one on my goals is to really try to get charities to work together and

learn from one another.

Will you champion specific medical fields?

I don't think that is my, or the AMRC's, role. We're not here to pick winners—we want to make everybody a winner.