Joint funding bodies' review of research assessment
Response from Bart's and the London Queen Mary's School of Medicine and Dentistry

This response was prepared by the Research Deanery of the School of Medicine and Dentistry of Bart's and London and takes into account the views of those staff who responded to an invitation to comment on the Joint Funding Bodies Review of the RAE.

There is considerable strength of feeling that *in principle* the RAE is a constructive means to improve the overall standard and output of research in HEI's and to provide a mechanism for comparing these parameters between different HEI's and thus apportion funding. However there is an equally strong opinion that *in practice* the RAE, and in particular the 1996-2000 exercise, has been a destructive force in terms of its effects on staff morale, on specialty areas of medical research and ultimately on the financial viability of the institution. Largely these destructive aspects have been caused by the failure of government adequately to fund the outcome of the last exercise such that in this School, a significant increase in overall grades across the UoA's since the previous RAE led to a significant reduction in the level of HEFCE R income. Hence, although beyond the remit of this review by the Joint Funding Bodies, we would advocate that in future RAE, improvements in research performance are rewarded by appropriately increased levels of funding.

Group 1: Expert review

Expert review remains the most acceptable means of assessment

a. Should the assessments be prospective, retrospective or a combination of the two?

A combination:
Retrospective assessment should give accurate indications of current and most recent performance but prospective assessment is important given the long time scale before investments in staff/infrastructure come to fruition.

b. What objective data should assessors consider?

Current performance indicators are appropriate (research expenditure, PDRA's, PhD's throughout the assessment period and publication quality and output). Number and time to completion of successful PhD's could also be included.

It is vitally important in the case of medicine, that appropriate reviewers and indicators are selected for the "craft specialties" (eg surgery, urology) which may be viewed as uncompetitive in terms of research expenditure and journal impact factor when compared with some of the larger groupings, such as cancer/cardiovascular disease research, but which nonetheless are critically important research areas and vital for improvements in patient care. Unless we acknowledge the need to protect these disciplines and put in place suitable assessment measures there is a danger that these research areas could disappear entirely.

c. At what level should assessments be made – individuals, groups, departments, research institutes, or higher education institutions?

Assessment should continue at the level of HEI's - the potential for internal divisions within an HEI if individuals/groups/depts are competing against one another is very real and would increase the level of disruption associated with the RAE.

d. Is there an alternative to organising the assessment around subjects or thematic areas? If this is unavoidable, roughly how many should there be?

In medicine there may be a case to combine the current UoA's 1&3. The current division may be viewed as artificial which does not reflect the lab/clinical interface that is evident in many areas.

However we would suggest that UoA2 should be retained given the distinctive nature of research in this area and specialist review requirements. Assessment of UoA2 requires more representation of HSR on the panel

e. What are the major strengths and weaknesses of this approach?

The process must not only be fair but be seen to be fair.

Panel composition is critical and a transparent process of panel selection with broader representation across HEI's essential. Greater usage of more neutral reviewers would be beneficial – eg international reviewers/industry. As described above selection of reviewers able critically and objectively to analyse the "craft specialty" disciplines is essential.

The medical panels should contain representatives from the NHS and from all Medical Schools. Hitherto, the RAE has tended to operate to the disadvantage of Clinical Medicine, as opposed to basic science, although the former may carry major importance in terms of future patient care, contribution to the economy and capacity building through training.

Group 2: Algorithm

You have been asked in providing your advice to consider the following questions:

a. Is it, in principle, acceptable to assess research entirely on the basis of metrics?

The algorithm approach should only provide adjunctive information

b. What metrics are available?

If this system of assessment is to be used then more sophisticated metrics should be considered. Impact factors alone are good demonstrators for the pure sciences however not a fair judgement of more applied research. Other measures such as patent filings and successful knowledge transfer, time to completion of successful PhD's and other research degrees should be considered.

It is critical that the influence of the proportion of returned staff on the overall score is known in advance. Alternatively it should be compulsory for all HEFCE funded staff to be included in the submission with appropriate allowance made for those whose job description is more teaching or administration focused.

c. Can the available metrics be combined to provide an accurate picture of the location of research strength?

Metrics alone are inadequate

d. If funding were tied to the available metrics, what effects would this have upon behaviour? Would the metrics themselves continue to be reliable?

The system would be open to manipulation and inevitable "games-playing"

e. What are the major strengths and weaknesses of this approach?

Probably less time consuming and more predictive but too easily open to manipulation

Group 3: Self-assessment

We regard self assessment as a minor indicator of research performance unless it is based upon the attainment of targets set by the external assessor. These would have to vary between HEI's to acknowledge the current positions and it is difficult to envisage how this could work in practice.

In providing your advice, you are asked to consider the following questions:

a. What data might we require institutions to include in their self-assessments?

b. Should the assessments be prospective, retrospective or a combination of the two?

c. What criteria should institutions be obliged to apply to their own work. Should these be the same in each institution or each subject?

d. How might we credibly validate institutions' own assessment of their own work?

e. Would self-assessment be more or less burdensome than expert review?

f. What are the major strengths and weaknesses of this approach

Group 4: Historical ratings

Assume you have been asked to advise on how such a system might work. In developing your advice, you have been asked to consider the following questions:

a. Is it acceptable to employ a system that effectively acknowledges that the distribution of research strength is likely to change very slowly?

No. Research strength in a given area can change quickly through targeted investment/recruitment. It would be unfair on many HEI's to use previous/historical perfomance as a method of assessment.

b. What measures should be used to establish each institution's baseline ratings?

Could probably one be done using existing RAE ratings and for reasons given above this would be unfair to those HEI's who have made concerted efforts to improve their research performance.

c. What mechanism might be used to identify failing institutions or institutions outperforming expectations? Could it involve a 'value for money' element?

d. What would be the likely effects upon behaviour?

e. What are the major strengths and weaknesses of this approach?

We regard this system as too inflexible and lacking in competition

Group 5: Crosscutting themes

You have been asked to provide advice to the funding councils on the following fundamental issues:

a. What should/could an assessment of the research base be used for?
Assuming the system of dual support continues then assessment should guide the apportionment of research funding. The process could also identify those areas of research requiring investment and highlight training needs

b. How often should research be assessed? Should it be on a rolling basis?
A 5 year cycle is appropriate. This allows adequate time for re-positioning the research activity within an HEI when appropriate, enables some higher risk strategies to be contemplated and forward planning against a stable (if insufficient) financial background.

c. What is excellence in research?
In no particular order, research excellence should:
provide intellectual stimulation
be ground breaking (ie develop new areas for exploration or alternative ways of examining existing problems)
be good value for money
in some instances feed the development of new technology/therapeutics/commerce
in the case of medicine, have an impact on patient care
be accessible to the general population

d. Should research assessment determine the proportion of the available funding directed towards each subject?

Not necessarily. The formula for apportionment of research funds should take into account the costs of doing research in different areas, the potential for alternative funding (eg industrial) as well as the need to develop different areas

e. Should each institution be assessed in the same way?

It may be may be appropriate to introduce a system which uses tailored methods of assessment to acknowledges for example the uneven playing field with respect to research institutes versus traditional HEI structures. Alternatively a handicapping system could be applied.

f. Should each subject or group of cognate subjects be assessed in the same way?

There is probably a case for assessing sectors differently to acknowledge that not all of the current performance indicators are universally applicable to all areas of research.

g. How much discretion should institutions have in putting together their submissions?

In the interests of fairness and transparency a single standard approach is required.

h. How can a research assessment process be designed to support equality of

treatment for all groups of staff in Higher Education?

i. Priorities: what are the most important features of an assessment process?

Transparency
Fairness and neutrality of review
Broad representation
Adequate funding
Prior publication of the rules (eg effect of proportion of staff returned on eligibility for high grades)

Group 6: Have we missed anything?

We invite respondents to tell us whether there are other issues or options not considered here. In particular, we would be interested to hear of any approach to research assessment that could not be described as a variant of the approaches listed above.

The agenda and mission of the RAE need to be explicitly described at a very early stage in the process. This is to include the political agenda, NHS agenda and whether the purpose is to close down smaller institutions and concentrate research into centres of excellence. These principles should be clear, transparent and not subject to arbitrary changes of reinterpretation during the course of the exercise.

The funding stream should be announced beforehand, then institutions would know what they were aiming for and self-assessment would therefore be part of the process.

Embedded units such CRUK researchers within the Institution should be included in submission. Category A/Category C staff should be merged.

A cost:benefit analysis of any proposed RAE system should be performed prior to implementation. This should include not only central HEFCE administrative costs but also an estimate of costs to HEI's in terms of administrative and academic staff time spent in preparation of their RAE submissions.

Specifically in relation to UoA2:

There is a clear impression that there is a tension between the criteria of excellence applied to RAE submissions, and the type of work which is undertaken in collaboration with, and which is highly valued by, the local community and the health service. This tension can also have an impact on funding agencies, and thereby reduce the opportunities open to researchers. This is particularly relevant in relation to efforts to secure support for, and recruitment of, postgraduate students. Paradoxically the need to increase the number of postgraduate research students is highlighted by the RAE, yet many organisations operate eligibility criteria based on RAE score. Hence it becomes increasingly difficult to improve this research performance indicator when starting form a low RAE score.
There is a further tension between recognition of the importance of the RAE, and of securing a high score, with the attendant financial benefits, the maintenance of effective relationships with the community and with the NHS and seeking to implement Government priorities. Considerable effort goes into developing close working relationships with NHS partners and new strategic health authorities and this could be undermined by a reduction in resources. It is of particular concern that the opportunity to create working research partnerships with new primary care organisations from the outset could be lost.
A dynamic synergy between communities and researchers may fall victim to a narrow, overcentralised and elitist review of health sciences research.

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