

Response from the Academy of Medical Sciences

Annex A

Review of research assessment: response form

Please complete and return as a Word attachment to an e-mail, to responses@ra-review.ac.uk. The deadline for responses is 30 September 2003.

Response by (name of person or organisation): Academy of Medical Sciences

Corporate response (representing the views of the group or organisation): **Yes**

Private response (representing the views of one or more individuals):

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Recommendation 1 (see paragraphs 113-116 of the review)

Any system of research assessment designed to identify the best research must be based upon the judgement of experts who may, if they choose, employ performance indicators to inform their judgement.

Do you agree or disagree with recommendation 1? Place a cross beside the appropriate answer:

Strongly agree	...
Agree	...
Neither agree nor disagree	X
Disagree	...
Strongly disagree	...

Comments on recommendation 1:

Recommendation 1 (judgement of experts)

We accept that the next RAE must be based on expert peer review but recommend that alternatives are should be explored. See below: -

- (i) We recommend that radical alternatives should also be entertained for the future. While peer review has been traditionally favoured as the basis of assessment, it would be helpful to know if a similar overall result could be achieved by using metrics (e.g. grant income) alone. Is the dual support system as presently constituted redundant? The US and Australian systems (where research support is delivered as an overhead on the peer-reviewed grant) might work well in the UK for the scientific disciplines: however, some express disquiet about this system acting to reinforce the status quo.
- (ii) If performance indicators were to be employed, should grant income be the only metric? This is unlikely to be workable, given the different costs of research in different disciplines. Some would propose including bibliometrics as an additional criterion.
- (iii) We propose that a rigorous, quantitative and independent, exercise is now commissioned with both retrospective and prospective data (i.e. in parallel with RAE) to identify by multivariant sensitivity analysis what combination of indicator metrics would most closely match the RAE peer review conclusions (including the outliers). The results from modelling would serve as the evidence base for future decisions on alternative systems.

Recommendation 2 (see paragraphs 117-126 of the review)

- a. There should be a six-year cycle.
- b. There should be a light-touch 'mid-point monitoring'. This would be designed only to highlight significant changes in the volume of activity in each unit.
- c. The next assessment process should take place in 2007-8.

Do you agree or disagree with recommendation 2? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a		X			
Point b				X	
Point c		X			

Comments on recommendation 2:

Recommendation 2 (timetable)

- (i) 6-year cycle seems reasonable.
- (ii) The "light-touch mid-point" monitoring risks increasing bureaucracy – becoming a 3-year review cycle, and the mid-point review proposal is biased in focusing only on option of reducing funding. For a mid-point review to be fair, it would have to be conducted to the same criteria as the end-point review, i.e. requiring panel permanency. As HEIs monitor themselves on an annual basis anyway (and it is important to retain this institutional independence), we conclude that the mid-point review is superfluous.
- (iii) As part of our continuing strategic thinking, the Academy will give further consideration as to whether there are any special exemptions, within its constituency, who might benefit from the earlier (mid-point) review, i.e. the new Medical Schools, if they aim for rapid increase in research capacity. Conceivably, mid-point review would be appropriate for major sector developments but this would have to be rigorous, not "light-touch".

Recommendation 3 (see paragraphs 127-133 of the review)

- a. There should be an institution-level assessment of research competences, undertaken approximately two years before the main assessment.
- b. The competences to be assessed should be institutional research strategy, development of researchers, equal opportunities, and dissemination beyond the peer group.
- c. An institution failing its assessment against any one of the competencies would be allowed to enter the next research assessment but would not receive funding on the basis of its performance in that assessment until it had demonstrated a satisfactory performance.

Do you agree or disagree with recommendation 3? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a					X
Point b					
Point c					

Comments on recommendation 3:

Recommendation 3 (institutional competencies)

- (i) The competencies (equal opportunities etc) are a matter for institutional Human Resources attention, not research assessment and we recommend that these are not covered by the RAE.
- (ii) Declared research strategies are often highly aspirational and, as intended to be produced at institutional level, difficult to match with research assessment.
- (iii) It is not clear who would evaluate. As HEIs already cover strategy as part of their annual plan for HEFCs, we conclude that a further declaration would be redundant.

Recommendation 4 (see paragraphs 134-155 of the review)

- a. There should, in principle, be a multi-track assessment enabling the intensiveness of the assessment activity (and potentially the degree of risk) to be proportionate to the likely benefit.
- b. The least research intensive institutions should be considered separately from the remainder of the HE sector.
- c. The form of the assessment of the least research intensive institutions would be a matter for the relevant funding council.
- d. The less competitive work in the remainder of institutions should be assessed by proxy measures against a threshold standard.
- e. The most competitive work should be assessed using an expert review assessment similar to the old Research Assessment Exercise.

Do you agree or disagree with recommendation 4? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a		X			
Point b		X			
Point c		X			
Point d			X		
Point e		X			

Recommendation 4 (two-track system)

- (i) It is a reasonable goal to remove the less research-intensive universities from the process (green channel), when the reward is disproportionate to the effort and we support the principle of a threshold level of research as entry criterion for Institutions. However, one inadvertent consequence may be demoralisation of less research-intensive departments in research-intensive universities. The proposal is likely to encourage game playing to create new departments populated by less research-intensive staff diverted from the research-intensive departments. It is important to realise that departmental rankings are important for league table purposes as well as for HEFC funding decisions.
- (ii) A radical alternative might be proposed – a one-track system where HEIs must enter everybody (100%) who has a contract to do research but we acknowledge that it can sometimes be difficult to ascertain whether individual contracts do cover research and we would not want to add to pressures on teaching staff to start research, if not otherwise appropriate. We are prepared to accept the “not less than 80% criterion” providing that further manipulation/game playing can be discouraged.

Recommendation 5 (see paragraphs 156-171 of the review)

- a. The output of the Research Quality Assessment should be a ‘quality profile’ indicating the quantum of ‘one star’, ‘two star’ and ‘three star’ research in each submission. It will not be the role of the assessment to reduce this profile to summary metrics or grades.
- b. As a matter of principle, star ratings would not be given to named individuals, nor would the profile be published if the submission were sufficiently small that individual performance could be inferred from it.
- c. Panels would be given guidelines on expected proportions of three star, two star and one star ratings. These proportions should normally be the same for each unit of assessment. If a panel awarded grades which were more or less generous than anticipated in the guidelines, these grades would have to be confirmed through moderation.¹

Do you agree or disagree with recommendation 5? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a		X			
Point b		X			
Point c					X

Comments on recommendation 5:

Recommendation 5 (star system)

- (i) A continuous scale of assessment is welcome but the proposal will encourage game playing (e.g. moving researchers between UoAs to achieve 3*), will detract from team work and provincial activities (a particular issue for medical sciences, if it is assumed that every medical school needs research), and we remain unconvinced that it will not lead to awareness of individual * grades. Bestowal of *s for previous individual performance will not help to develop a strategy for group performance, e.g. it is irrelevant to creating a departmental environment to encourage progression of younger scientists.
- (ii) The greatest concern is *Recommendation 5c* – the predetermined, assumed

¹ This consultation question reflects an edited version of recommendation 5. The recommendation in the review report also states that ‘the funding councils should provide institutions with details of the relative value, in funding terms, of one star, two star, and three star research, and of research fundable through the Research Capacity Assessment in advance of the assessment. These ratios might vary between disciplines.’ In the event that the review recommendations are accepted, each funding council will develop its own policies for reflecting the assessment results in funding, taking proper account of Sir Gareth’s recommendation.

similar, distribution of 3/2/1* between areas of science although we are slightly reassured that the pre-ordained distribution does not necessarily extend to individual disciplines. Logically, the ratio must be determined by the analysis of the performance evidence. We emphasise that there is evidence to show differences in performance of research in different UoAs – and that biomedical research performs at a level above average globally, whereas other fields are only at the world average (there is also evidence to show differences within medicine, as judged previously by the sub panels). It is not clear how this ratio will be determined or what evidence the Panels can use to modify the distribution, and when. What might be the role of moderators in adjudicating between Panel efforts and what is the role of international involvement if the ratios are pre-set? We believe that it is already difficult to attract good international advisors – it will be much more difficult if their role is undermined. Artificially constraining the numbers of 3* will devalue perceived research quality; pre-judging the distribution of * will undermine the principle of research assessment.

- (iii) The problems are compounded, of course, by pre-assigning the money available to areas of science – we wish to see a system where improving research performance in a discipline attracts new money without detriment to other areas.
- (iv) Although the Consultation document asks that *Recommendation 5d* is not answered at this stage, it is critically important that the HEFCs provide explicit details of relative funding well in advance. It is likely, however, that variation in funding between UoAs will encourage further game playing: given that funding across the scale of *s will be nonlinear, the consequences of game playing will be high (and may be destabilising). It is, again, difficult to judge the merit of the proposals without modelling data to quantify financial consequences for Institutions.
- (v) Although not discussed in the document, we also wish to highlight again the distortion of funding in previous rounds occasioned by ring-fencing funding for UoAs, such that in UoAs where there were many excellent departments, the funding per unit (i.e. per FTE returned) was reduced compared to weaker subjects, irrespective of the absolute quality assessment or any consideration of actual costs of research.

Recommendation 6 (see paragraphs 172-197 of the review)

- a. There should be between 20 and 25 units of assessment panels supported by around 60 sub-panels. Panels and sub-panels should be supported by colleges of assessors with experience of working in designated multidisciplinary ‘thematic’ areas.
- b. Each panel should have a chair and a moderator. The role of the moderator would be to ensure consistency of practice across the sub-panels within the unit of assessment.
- c. Each panel should include a number of non-UK based researchers with experience of the UK research system.
- d. The moderators of adjacent panels should meet in five or six ‘super-panels’ whose role would be to ensure consistency of practice between panels. These ‘super-panels’ should be chaired by senior moderators who would be individuals with extensive experience in research.

Do you agree or disagree with recommendation 6? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a				X	
Point b		X			
Point c	X				
Point d		X but ..			

Comments on recommendation 6:

Recommendation 6 (panel hierarchy)

- (i) We agree that UoAs must be reconfigured but why is a tier of RQA panels needed? The relative responsibilities of RQA panels and super-panels should be clarified – the multiple layer proposal is too complicated and will, again, encourage game playing (choice of UoA). The RQA tier can be abolished if, say, 10 super-panels were created. Experience teaches that “arbitration” panels don’t work because of the need to examine a greater level of detail in revisiting a decision. It will be imperative for chairs of higher panels to sit in on all meetings of their lower tier panels.
- (ii) The proposal increases the power of HEFC bureaucracy – diverting influence from the panels to the RQA panels. We support the proposal to empower independent moderators, if appropriately trained.

Recommendation 7 (see paragraphs 198-204 of the review)

- a. The rule that each researcher may only submit up to four items of research output should be abolished. Research Quality Assessment panels should have the freedom to define their own limits on the number and/or size of research outputs associated with each researcher or group.
- b. Research Quality Assessment panels should ensure that their criteria statements enable them to guarantee that practice-based and applicable research are assessed according to criteria which reflect the characteristics of excellence in those types of research in those disciplines.

Do you agree or disagree with recommendation 7? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a					X
Point b		X			

Comments on recommendation 7:

Recommendation 7 (criteria)

- (i) We support the objective of flexibility on discipline-specific metrics, but sub-panels rather than RQA panels should decide on the criteria. The Academy of Medical Sciences would welcome continuing involvement in identifying and validating professional activity-based assessment criteria for clinical impact.
- (ii) We propose that the scientific paper objective should remain 4 publications, but over the 6 years in order to resist re-introduction of pressures for “salami” publishing and to promote collaboration (and high quality outputs).
- (iii) Sub-panels need to be constituted now in order to identify and validate appropriate criteria, well in advance of assessment. An early start must also be made on international oversight and on the process (super panels) of auditing the comparability of the different metrics, achieving parity across sub-panels.

Recommendation 8 (see paragraphs 205-213 of the review)

- a. The funding councils should work alongside the subject communities and the research councils to develop discipline-specific performance indicators.
- b. Performance against these indicators should be calculated a year prior to the exercise, and institutions advised of their performance relative to other institutions.
- c. The weight placed upon these indicators as well as their nature should be allowed to vary between panels.

Do you agree or disagree with recommendation 8? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a		X			
Point b		X			
Point c		X			

Comments on recommendation 8:

Recommendation 8 (indicative performance)

- (i) It is going to be very difficult to develop universally acceptable performance indicators that can be used in advance of the main assessment to 'guide' institutions in the way that is envisaged.
- (ii) To reiterate, the Academy of Medical Sciences is interested to contribute to the development of discipline-specific indicators and, perhaps, to help identify composite indicators for translational research (that would also address issues raised in the Lambert Review).
- (iii) We will need to find better ways to evaluate craft specialties (internal medicine and its specialities, paediatrics, surgery, obstetrics and gynaecology, ophthalmology, psychiatry, general practice, pathology, radiology, anaesthesia, intensive care medicine, dentistry). The impact of work in these specialties can only be judged over a long time-span.
- (iv) Other, selected, performance indicators may be controversial – e.g. number of research students measures quantity not quality.

Recommendation 9 (see paragraphs 214-234 of the review)

- a. Where an institution submits to Research Quality Assessment in a sub-unit of assessment all staff in that sub-unit should become ineligible for the Research Capacity Assessment, even if they are not included in the Research Quality Assessment submission.
- b. The funding councils should establish and promote a facility for work to be submitted as the output of a group rather than an individual where appropriate.
- c. The funding councils should consider what measures could be taken to make joint submission more straightforward for institutions.
- d. Where an institution submits a sub-unit of assessment for Research Quality Assessment, no fewer than 80% of the qualified staff contracted to undertake research within the sub-unit of assessment must be included in the submission.
- e. All staff eligible to apply for grants from the research councils should be eligible for submission to Research Quality Assessment.

Do you agree or disagree with recommendation 9? Please indicate your views using the grid below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Point a		X			
Point b	X				
Point c	X				
Point d		X			
Point e		X			

Comments on recommendation 9:

Recommendation 9 (two-track qualifications)

- (i) It is not clear how group output would be assessed (*Recommendation 9b*) without intimate knowledge of individual contributions, and this goal seems to conflict with the fundamentals of an individual starred process.
- (ii) There was considerable discussion of *Recommendation 9d*: see also *Recommendation 4*. We agree to 80% (the minimum) as a compromise.
- (iii) *Recommendation 9e* needs clarification as Research Councils have different rules about eligibility (for post-docs/research fellows) – we support harmonisation of their approaches.

Recommendation 10 (see paragraphs 235-238 of the review)

Each panel should consider a research strategy statement outlining the institution's plans for research at unit level.

Do you agree or disagree with recommendation 10? Place a cross beside the appropriate answer:

Strongly agree	...
Agree	X...
Neither agree nor disagree	...
Disagree	...
Strongly disagree	...

Comments on recommendation 10:

Recommendation 10 (research strategy statement for panel)

Acceptable if similar to current system: there should be standard practice for the retrospective analysis of self assessment (as currently done for medical research).

Question 11 Burden for institutions

The review proposals have been designed to make the burden of assessment proportionate with the possibility of financial reward. Do you agree that this has been achieved? Place a cross by the appropriate answer:

- Strongly agree ...
- Agree ...
- Neither agree nor disagree ...
- Disagree
- Strongly disagree **X...**

Comments on question 11 – burden for institutions:

Question 11 (burden for institutions)

Strongly disagree – will be more burdensome. The proposal will not deter game playing.

Question 12 Value of research assessment

What value do you place on the research assessment if the financial reward is likely to be small? Place a cross by the appropriate answer:

High	...
Medium	X...
Low	...

Comments on question 12 – value of research assessment:

Question 12 (value of research assessment)

The system places a high value on research assessment but, to reiterate, if the number of 3* is artificially limited, then the assessment will lack credibility.

Question 13 Equality of opportunity for all groups of staff

The funding councils wish to promote equality of opportunity for all staff regardless of age, sexual orientation, political belief, disability, gender, race or religion and seek to ensure that its research assessment policies are compatible with this objective. How successful do you consider that the proposals of the research assessment review are in this respect? Place a cross by the appropriate answer:

- Very successful
- Successful ...
- Neither successful nor unsuccessful ...
- Unsuccessful **X**...
- Very unsuccessful ...

Comments on question 13 – equality of opportunity for all groups of staff:

Question 13 (equality of opportunity)

The objectives are important but, to reiterate, this is a matter for HEI Human Resources not research assessment. The proposal introduces the potential for age discrimination – bias against young researchers who do not yet have international status.

Question 14 Overall approach of the review

Notwithstanding your views on any specific recommendations, and given the responses to the earlier 'Invitation to contribute', do you agree or disagree with the broad approach taken by the review to the question of research assessment? Place a cross by the appropriate answer:

- | | |
|----------------------------|----------|
| Strongly agree | ... |
| Agree | ... |
| Neither agree nor disagree | ... |
| Disagree | X |
| Strongly disagree | ... |

Comments on question 14 – overall approach of the review:

The Academy recognises that the proposals try to address problems emerging in previous rounds, and that peer review enjoys considerable support, but expresses concern that the process is becoming increasingly burdensome and complicated.

With this increasing complexity, there will be new temptations for game playing. We would like a much simpler system to develop in due course and we emphasise the importance of ensuring coherence across the multiple current Consultations (HEFC, OST, HMT) otherwise, there may well be unintended consequences of uncoordinated strategies.

Question 15 Further comments

Question 15 – any further comments:

We would be concerned if there were excessive influence by Chair/members of the outgoing Panels in choosing the next sub-Panels (Recommendation 13). We recognise it is important to capitalise on the experience gained previously but it is also important to respond to the expressed need to start afresh by seeking independent views from the research community.