

Consultation questions and response form

1. Responses to the consultation should be made by completing the form below, and returning it by e-mail by **midday on Wednesday 16 December 2009**.
2. All responses should be e-mailed to ref@hefce.ac.uk. **In addition:**
 - a. Responses from institutions in Scotland should be **copied to** Pauline Jones, Scottish Funding Council, e-mail pjones@sfc.ac.uk.
 - b. Responses from institutions in Wales should be **copied to** Linda Tiller, Higher Education Funding Council for Wales, e-mail linda.tiller@hefcw.ac.uk.
 - c. Responses from institutions in Northern Ireland should be **copied to** the Department for Employment and Learning, e-mail research.branch@delni.gov.uk.
3. We will publish an analysis of responses to the consultation. Additionally, all responses may be disclosed on request, under the terms of the Freedom of Information Act. The Act gives a public right of access to any information held by a public authority, in this case HEFCE. This includes information provided in response to a consultation. We have a responsibility to decide whether any responses, including information about your identity, should be made public or treated as confidential. We can refuse to disclose information only in exceptional circumstances. This means responses to this consultation are unlikely to be treated as confidential except in very particular circumstances. Further information about the Act is available at www.informationcommissioner.gov.uk. Equivalent legislation exists in Scotland.

Respondent's details

Are you responding: (Delete one)	On behalf of an organisation
Name of responding organisation/individual	Academy of Medical Sciences
Type of organisation (Delete those that are not applicable)	Academic association or learned society
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Consultation questions

Consultation question 1: Do you agree with the proposed key features of the REF? If not, explain why.

The Academy of Medical Sciences welcomes the opportunity to respond to the Research Excellence Framework (REF) proposals. The Academy promotes advances in medical science and campaigns to ensure these are converted into healthcare benefits for society. Our 944 Fellows are the UK's leading medical scientists from hospitals and general practice, academia, industry and the public service. We champion the UK's strengths in medical science, promote careers and capacity building, encourage the implementation of new ideas and solutions – often through novel partnerships – and help to remove barriers to progress.

We are generally supportive of the proposals set out in the REF. We particularly welcome the inclusion of measures of research impact, the recognition of the value of mobility between sectors and the inclusion of NHS staff. We make the following key points, which we expand on in the subsequent questions:

Impact

We welcome the recognition of the importance of the impact of scientific research. However, we have some reservations:

Time lags: 10-15 years may not be long enough for basic scientific research departments. It can take up to 17 years to see the impacts of cardiovascular disease research, for example.

Attribution: Impacts usually emerge from several pieces of work, so cannot easily be attributed to only one or two departments, particularly for basic scientific research. We are concerned that the proposals will result in basic scientific departments being unable to claim credit for research impacts.

Weighting of Impact: As this is a new, as yet untested area, it may be prudent to start with a weighting of 15%, with a view to increasing this to 25% in the future.

Mobility

Mobility of researchers between sectors is vital for the future of UK health research, for securing industry's contribution to medical innovation and to the UK economy more broadly. It is important that movement between academia, industry and the public sector, including the NHS, is seen as a positive career move. We welcome proposals in the REF that aim to achieve this by allowing more flexibility in submissions for individuals who move between sectors and incentivising institutions by recognising such movement in the Impact and Environment sub-profiles.

Metrics

The Academy is broadly supportive of assessment using metrics data to support expert review, but care must be taken to appropriately select and weight metrics. Several metrics should be used in evaluation to reduce the possibility of encouraging perverse behaviour and to account for differences between fields. The REF should measure research quality rather than volume.

Overall outcome of REF

An objective of the Research Assessment Exercise (RAE) was to encourage universities to think strategically about their activities and organisation and it is important that the new REF proposals do not lose sight of this.

Consultation question 2: What comments do you have on the proposed approach to assessing outputs? If you disagree with any of these proposals please explain why.

Comments are especially welcomed on the following proposals:

- that institutions should select research staff and outputs to be assessed
- for the categories of staff eligible for selection, and how they are defined
- for encouraging institutions to submit – and for assessing – all types of high-quality research outputs including applied and translational research
- for the use of citation information to inform the review of outputs in appropriate UOAs (including the range of appropriate UOAs, the type of citation information that should be provided to panels as outlined in Annex C, and the flexibility panels should have in using the information)

and on the following options:

- whether there should be a maximum of three or four outputs submitted per researcher
- whether certain types of output should be ‘double weighted’ and if so, how these could be defined.

We do not believe that reducing the number of outputs submitted from four to three and sampling outputs for evaluation will make a significant difference to the workload of institutions and panels, or give a more accurate idea of the research profile across UK institutions. It would be better to choose fewer outputs, even two per returnee, and review all submitted outputs. Further, we are concerned that allowing institutions to select research staff for assessment creates an opportunity for game-playing and it is important that that REF avoids this. Requiring all staff that are expected to undertake research to make submissions would come closer to providing a more accurate assessment of research quality across the UK and of the effectiveness of institutions and their budget management.

We welcome the recognition that individuals within the NHS carrying out high quality clinical research should be encouraged to submit to the REF and this is the one exception where institutions selecting staff to submit research would be appropriate.

The Academy seeks to ensure the rapid application of research into medical practice. We therefore welcome the move to encourage institutions to submit applied and translational research.

We support the use of metrics to aid expert review, but they must be appropriately selected and weighted. A number of different indicators should be used within disciplines to avoid the perverse behaviour that may accompany over-reliance upon a single metric; it will be important to choose the right metrics and weight them appropriately both within and between disciplines.

Consultation question 3: What comments do you have on the proposed approach to assessing impact? If you disagree with any of these proposals please explain why.

Comments are especially welcomed on the following:

- how we propose to address the key challenges of time lags and attribution
- the type of evidence to be submitted, in the form of case studies and an impact statement supported by indicators (including comments on the initial template for case studies and menu of indicators at Annex D)
- the criteria for assessing impact and the definition of levels for the impact sub-profile
- the role of research users in assessing impact.

The Academy is committed to seeing research applied to the practice of medicine. In addition, we have previously highlighted the need to acknowledge and reward excellence in science communication and public engagement.¹ We welcome the recognition of the value of these activities in the REF proposal. Impact is an important new feature of the framework, but we are concerned that the weighting of 25% for this new, as yet untested, area may be too high. This is going to be a very complex area of assessment and it might be prudent to start with a weighting of 15%, with a view to working towards 25%.

With respect to the time lag between initial research and its eventual impacts, we have major concerns that the time frame of 10-15 years suggested in paragraph 55a may disadvantage basic science departments. The findings of a study commissioned in 2008 by the Academy of Medical Sciences, Medical Research Council and Wellcome Trust entitled, *Medical Research: What's it worth?* suggests this may be too short.² For example, the time lag between initial research and health care benefit can be up to 17 years for cardiovascular disease research. We would like the REF to recognise these extended time lags in basic scientific research. We are also concerned that new Medical Schools or research units, some of which were created less than ten years ago, may be disadvantaged by these proposals, and this may in turn inhibit the development of such Schools and units.

Impacts do not usually arise from only one piece of research, but many: it is often not possible to attribute impacts to a single department. This applies to all science, but particularly basic scientific research and it is important that the REF accounts for this. We are also concerned that paragraph 68, which reports that HEFCE does not envisage that a unit may be able to claim credit for the impact of research where the impact was achieved through the efforts of others, will further disadvantage basic science departments.

It is widely recognised that the National Academies play an important role in informing policy.³ Thus, participating in the activities of such institutions, e.g. working parties dealing with topics that have policy implications, allows researchers to increase the impacts of their research. This kind of activity would be a useful indicator of impact.

¹ For example, the Academy of Medical Sciences' response to the 2008 Department of Innovation, Universities and Skills consultation: *A vision for science and society*.

² Health Economics Research Group, Office of Health Economics, RAND Europe. *Medical Research: What's it worth? Estimating the economic benefits from medical research in the UK*. London: UK Evaluation Forum; 2008.

³ For example, House of Commons Science and Technology Committee (2006). Seventh Report of 2005-2006 Session, *Scientific Advice, Risk and Evidence Based Policy Making*.

Consultation question 4: Do you have any comments on the proposed approach to assessing research environment?

It is important that the criteria for assessment of both Impact and Environment are unambiguous. We do not think it is clear to which sub-profile some information should be submitted. In particular, public engagement activities could be perceived to contribute towards both Impact and Environment. There is a need for clear statements on what to submit to each sub-profile to ensure that such data is not counted twice towards an institution's overall score. We believe that public engagement would be better assessed within the Impact sub-profile.

The RAE encouraged universities to think strategically about their activities and organisation, and it is important that the Framework continues to promote these objectives.

Consultation question 5: Do you agree with our proposals for combining and weighting the output, impact and environment sub-profiles? If not please propose an alternative and explain why this is preferable.

Although a weighting of 25% for Impact may be desirable in the long term, the assessment of this sub-profile is still evolving, so it might be prudent to start with a lower value, perhaps 15%, with a view to working towards 25%. The weighting of Outputs could then be increased by 10% to 70%, with Environment remaining at 15%.

Consultation question 6: What comments do you have on the panel configuration proposed at Annex E? Where suggesting alternative options for specific UOAs, please provide the reasons for this.

We welcome a structure that avoids multiple layers of panels and are supportive of UOAs that account for the increasingly inter-disciplinary nature of research. However, given the enormous breadth of these panels, care must be taken to ensure that there are enough individuals qualified at a senior level to participate in these panels and that they are not over-burdened by the volume of submissions. Good communication between the main panels and UOAs will be important to successful assessment.

Consultation question 7: Do you agree with the proposed approach to ensuring consistency between panels?

We support the objective to allow comparisons to be made between subjects, but different disciplines may require some variation in assessment criteria and some discipline-specific metrics. The specific circumstances under which flexibility is allowed should be clear and panels should be able to make a case for being granted such flexibility. There is a need for clear statements on how interdisciplinary research will be assessed.

It is important that the assessment of Outputs recognises excellence *per se* and does not penalise departments submitting to UOAs where there is a higher-than-average proportion of top rated departments.

Consultation question 8: Do you have any suggested additions or amendments to the list of nominating bodies? (If suggesting additional bodies, please provide their names and addresses and indicate how they are qualified to make nominations.)

The Academy has previously recommended that organisations such as the Medical Royal Colleges be included in the list of nominating bodies. We welcome their inclusion in the current list.

Consultation question 9: Do you agree that our proposed approach will ensure that interdisciplinary research is assessed on an equal footing with other types of research? Are there further measures we should consider to ensure that this is the case and that our approach is well understood?

Interdisciplinary research should be encouraged, although it is important that it serves a purpose and is not done simply to improve assessment scores. It is important that all kinds of interdisciplinary collaboration are acknowledged and encouraged, including those of academia with industry, government departments and the NHS. There is a need for clear statements on how interdisciplinary research will be assessed and by whom. For example, robust mechanisms should be put in place for the cross-referral of interdisciplinary research, so that where necessary, it can be considered by experts on more than one panel.

Consultation question 10: Do you agree that our proposals for encouraging and supporting researcher mobility will have a positive effect; and are there other measures that should be taken within the REF to this end?

The Academy believes that maintaining researcher mobility, in particular between academia, industry and the NHS, is vital for the future of UK health research, and for securing the pharmaceutical industry's contribution to medical innovation and to the UK economy more broadly. The public and private sectors, as well as academia, stand to benefit from wider exchange of expertise. We welcome the REF proposals that allow flexibility in career options and provide researchers with assurance that moving between sectors represents a positive career choice. The Academy has most recently examined this issue in its November 2009 FORUM meeting on 'Collaboration and Innovation'. A report will be available on the Academy's website shortly.

Consultation question 11: Are there any further ways in which we could improve the measures to promote equalities and diversity?

Consultation question 12: Do you have any comments about the proposed timetable?

We recognise the need to assess the quality of research across UK institutions at regular intervals, but are concerned to ensure that there is a sufficient gap between the end of RAE 2008 and the start of the REF process. Delaying implementation of the REF by one year would enable individuals to focus on their research before the next round of assessment begins.

Consultation question 13: Are there any further areas in which we could reduce burden, without compromising the robustness of the process?

Consultation question 14: Do you have any other comments on the proposals?