

## Review of research funding method (Consultation)

**The Academy of Medical Sciences was granted a one-day extension to the deadline of 6 November for returning responses.**

### Administrative questions

1. Do you wish your response to remain confidential:

No

2. On whose behalf has this responses been submitted? In particular, please indicate whether it represents the corporate view of an institution, organisation or grouping, or the private view of an individual or group of individuals.

Corporate View of the Academy of Medical Sciences

3. Please provide the details (name, telephone number and e-mail address) of someone we can contact if we have any queries about the response.

Mr Laurie Smith  
Policy Officer  
The Academy of Medical Sciences  
0207 969 5233  
laurie.smith@acmedsci.ac.uk

**Proposal 1**

For the duration of the current RAE funding cycle, we propose to distribute the funds available for the leading 5\* departments between:

- departments rated 5\* in both 1996 and 2001, and
- departments rated 5\* for the first time in 2001 which achieved this without a drop in the number of staff submitted.

We envisage that the amount of grant allocated in this way for 2004-05 will be similar to the £20 million we have allocated for 2003-04.

Do you approve or disapprove of Proposal 1? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve or disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 1**

Respondents to the Academy discussion did not reach consensus and we do not now offer a collective view. It is difficult to compare the outcomes from the 1996 and 2001 exercises because some Units of Assessment (UoA) were re-organised, for example, the Biochemistry UoA disappeared.

We would like to use the opportunity to raise a general point: we are concerned that the Research Assessment Exercise (RAE) assessment and funding mechanisms are becoming increasingly burdensome and complicated, and it is difficult for institutions to plan. There have been multiple recent consultations and we emphasise the importance of ensuring coherence, otherwise there may well be unintended consequences of uncoordinated strategies.

**Proposal 2**

We propose to maintain the sum available for allocation to institutions with 4-rated departments at £118 million, allocated through our present formula. We wish institutions to consider how best to respond to our policy aim for the continuing selective development of promising departments and units. We also propose to maintain our funding for capability in selected subjects until the next RAE, and to keep the list of eligible subjects under review.

Do you approve or disapprove of Proposal 2? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

Neither approve nor disapprove

**Disapprove**

Strongly disapprove

**Comments on Proposal 2**

There is a basic problem underlying Proposal 2 (and 1) – lack of money. The RAE is a blunt instrument and the mechanism fails to support strong groups and departments in medicine contained within four star rated UoAs. Declining net four-star rated support (according to effects of inflation) will have significant consequences for many medical schools.

**Proposal 3**

The Government has earmarked £8 million for additional capital support for the leading research institutions. We propose to allocate this by formula to four institutions with the greatest amount of high quality research (using the same measure of research income as for SRIF). This funding will be subject to satisfying ourselves that these institutions have strong and appropriate management and governance arrangements.

Do you approve or disapprove of Proposal 3? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve nor disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 3**

We do not have strong feelings on this. It is a very modest sum of money and can have relatively little impact overall. However, we do not see the rationale in the restrictive rewarding of only four-star institutions.

**Proposal 4**

We will use the Strategic Development Fund actively to promote substantial research collaborations, and propose to seek opportunities for 'mainstreaming' collaboration through the design of other funding streams. We welcome suggestions for what more we might do to recognise and support collaborative activity through the RAE and QR funding.

Do you approve or disapprove of Proposal 4? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve nor disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 4**

We support the principle of encouraging appropriate collaborations, but see no rationale for supporting them simply because they are in different institutions – this may lead to contrived collaborations. The problem is that the RAE, to some extent, actively discourages collaboration between disciplines – flexibility is needed here.

In the biomedical and clinical sciences collaborations with NHS Trusts are of paramount importance. It would be helpful if the HEFCE could consider whether University/public body collaborations could also benefit from support from the Strategic Development Fund.

We are not convinced that HEFCE has the peer review capability to ensure that it makes informed decisions on such research-led proposals.

**Proposal 5**

We propose to establish a Promising Researcher Fellowship Scheme. In designing the scheme we will look for ways to encourage lasting collaborative relationships between HEIs.

Do you approve or disapprove of Proposal 5? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve nor disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 5**

We do not object, provided it is more carefully thought through than the OST Academic Fellowship Scheme that was developed in response to the Roberts' Report: 'SET for success. However, an alternative prospect might be to consider increasing funding to Research Councils/other funders, to pursue their own schemes, rather than establishing and administering another scheme.

**Proposal 6**

We propose from 2005-06 to pull together the Council's supervision fund grant for students on research degree programmes into a single stream within the block grant for research; and to pay this at a level reflecting a study of RDP costs to be conducted in the meantime. We also propose to investigate further the options for maintaining the level of grant per student and for supporting collaborative provision.

Do you approve or disapprove of Proposal 6? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve nor disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 6**

We would agree that graduate students should be properly resourced for both the training and research components of their degree programme.

It is entirely fallacious to claim that: "students do not generally conduct research at the level considered by the RAE". Much world-class research in the biomedical sciences is performed by graduate students. Their contribution to research output and capacity is considerable, particularly in the final year(s) of their degree programmes.

We agree that the system should not encourage excessive recruitment of graduate students, with a consequent fall in supervision standards. But this problem should be dealt with through the procedures currently being put in place to enforce standards, and not through the QR formula.

**Proposal 7**

We propose to cease counting numbers of postgraduate research students within the QR volume measure with effect from 2005-06.

Do you approve or disapprove of Proposal 7? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

**Neither approve nor disapprove**

Disapprove

Strongly disapprove

**Comments on Proposal 7**

We are concerned that the funding that will be made available will not be sufficient to cover the full economic cost of supporting graduate students, and that there is no knowledge of the true cost of supporting such students.

The consultation document specifies what the HEFCE wishes not to measure in the future, but it does not offer any indication as to what will be measured. This makes planning extremely difficult.



**Proposal 8**

We propose to move towards funding arrangements following the next RAE in which all of the minor volume indicators are eliminated, and the treatment of charity funding better reflects our policy aims and the imperative for sustainability. In the meantime we propose to prevent significant growth in the amount of QR funding allocated using each of the indicators as set out above.

Do you approve or disapprove of Proposal 8? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

Neither approve nor disapprove

Disapprove

**Strongly disapprove**

**Comments on Proposal 8**

Overall this is the most important proposal. We are very concerned, if we have understood correctly, that institutions would have to provide all of the full economic cost recovery for charity funded research. This is not acceptable.

We agree that it is important for research to be properly costed, but the present proposal would be disastrous for biomedical science and the research intensive Higher Education Institutions (HEIs) - reducing the volume of excellent research. It must be recognised that medical research charities support HEIs in many other ways, for example, provision of training, fellowships, professorial support, capital equipment, infrastructure, scientific leadership. HEFCE appears to assume that institutions have a choice of research funding sources, but this is not true for the biomedical and clinical sciences, where the charities provide more funding than government agencies.

We would agree that funding that is not subject to peer review should not be measured in the funding formula. However, the major research charities conduct peer review at a level equivalent to that of the research councils.

The proposal is unclear, but we ask that new options are entertained, so as to strengthen the partnership between research charities and HEIs. It is necessary for HEFCE to clarify what funding would be available to HEIs subject to their success in attracting charity investment – and there must be commitment to raise the issues through the Funders Forum before decisions are made. The relationship between this consultation and that recently conducted by the Office of Science and Technology on the Sustainability of University research needs to be fully and widely discussed. It is simply not adequate to say that individual HEIs should negotiate with individual charities. Charitably funded work in the biomedical and clinical sciences is essential to the health and wealth of the nation and the way that it is supported within HEIs is a matter that needs to be determined nationally. A reduction in charitable investment in biomedical and clinical research would be extremely counter-productive. The rationale for not counting research assistants in the funding formula is not clear. They are an accurate measure of research capacity and they are also undergoing advanced training. It is essential that the costs that they incur are recognised.

Once again, we would ask exactly what does the HEFCE propose to measure in the funding formula? Simply measuring the number of academic staff does not measure research capacity, nor the cost to the institution of providing the requisite infrastructure. Again, we would emphasise that it is entirely inappropriate for HEFCE to take steps that would lead to a reduction of research activity in an area that is vital for the health and wealth of the nation.

**Proposal 9**

We propose to review the basis for subject weightings and to calculate new weightings to be used after the next RAE. We welcome views on how this might be done. We do not propose to undertake further work on a possible policy factor to be incorporated in our allocations, unless a significant number of our partners and stakeholders feel that this now merits further investigation.

Do you approve or disapprove of Proposal 9? Mark the appropriate answer by putting it in **bold** type:

Strongly approve

Approve

Neither approve nor disapprove

**Disapprove**

Strongly disapprove

**Comments on Proposal 9**

We are worried that the proposal would make the RAE instrument even blunter. Within medicine there is great heterogeneity between subjects in the cost of research and research infrastructure. What we need is a system that relates funding to the costs of the different types of research. The present system, in which the five-star weighted units of resource for expensive laboratory-based subjects is roughly half that for nursing, is indefensible.