

## **Response to the Higher Education Funding Council's and Department of Employment and Learning Northern Ireland consultation on the Research Assessment Exercise 2008: panel configuration and recruitment.**

### **FOREWORD**

Below is the Academy of Medical Sciences response to the RAE 2008 consultation about panel configuration and recruitment. This document was prepared on behalf of the Academy by a working group chaired by Professor Peter Rigby, FMedSci and has received endorsement from the Academy's Council.

The Academy welcomes the opportunity to respond to this consultation. This paper reinforces and elaborates on our previous response to the 2003 consultation about the review of research assessment.

### **SECTION 1**

#### **Stakeholders should address the proposed configuration of units of assessment and their groupings under main panels given in Annex A of the consultation document.**

The Academy welcomes the decision to avoid multiple layers of panels, as was recommended in our response to the 2003 consultation. However, a very high level of organization will be required to ensure the necessary communication between the main panels and the Units of Assessment (UoAs).

The configuration of UoAs and main panels proposed in Annex A of the consultation document takes little account of the increasingly interdisciplinary nature of research and erects curious barriers between closely related subjects. We do not understand the logic of basing some UoAs on an organ system (e.g.: Cardiovascular Medicine or Neuroscience), others on a disease area (e.g.: Cancer Studies or Infection and Immunology) and yet others on an experimental approach (e.g.: Epidemiology). Much epidemiology is concerned with cardiovascular medicine, cancer and infection and is likely to be submitted to UoAs 1, 2 and 3. In this case how will their deliberations be coordinated with those of UoA 6 that is charged with considering Epidemiology?

It is highly likely that many workers undertaking genetic epidemiology will much prefer to be considered by Panel A than by the community-orientated Panel B. Similar issues arise from the allocation of the so called Pre-clinical subjects to Panel D, when much work in these subjects will be submitted to UoAs 1 to 5. Much work in Cancer Studies, Infection and Immunology and Neuroscience could equally well be submitted to UoA 15, Biological Sciences, as occurred in the last RAE. Furthermore, as is discussed later in our response, UoA 5 is so broad as to be unworkable. Given that highly related work could legitimately be submitted to different UoAs reporting to different Main Panels, the Academy finds it very hard to understand how uniform standards will be set and maintained. The proposed structure will require a very large volume of cross-referral between UoAs.

The proposed UoA 3 'Infection and Immunology' is too diverse. A huge tranche of immunology has nothing to do with infection, which is itself a heterogeneous discipline. At the least great care will be needed ensuring this UoA has a balanced membership.

The fields covered by the proposed UoA 5 are very broad and a large number of advisors are likely to be required to do the topics submitted justice. After the last RAE stakeholders commented that areas such as genetics and genomic science, and developmental biology and reproductive medicine required a great deal of work. Given that the work is not likely to be reduced in the next RAE UoA 5 might run into difficulties. One solution would be to

introduce 'molecular' medicine and 'physiological' medicine UoAs in place of the proposed UoA 5. This would reduce the overall burden on this UoA and would probably be recognised by submitting centres as it is little different from the current way they seek support from the MRC and Wellcome Trust. A similar challenge is presented by UoA 9 'Other Community Based Clinical Subjects' as it is currently proposed.

The Academy is greatly concerned by the allocation of dentistry and psychiatry to the community-based Panel B. For example, biological psychiatry (imaging, genetics, psychopharmacology, neurochemistry etc.) actually comprises the majority of psychiatric research in the UK which makes it better placed in a panel dealing with neuroscience, genetics or even hospital-based clinical science. Furthermore, psychology might be better placed alongside psychiatry and the neurosciences. It will therefore be crucial to ensure that, at the very least, both UoAs contain sufficient breadth of expertise to cover the more biological areas and have strong chairs, if this configuration is to be continued. We reiterate our concern about the neurosciences being split across several main panels. Everything will depend on whether cross-reference of groups to other panels will continue or if it will be in the same bracket as external advisors (see paragraphs 28 & 29 of the consultation document).

We are firmly of the view that Pharmacy should be removed from the proposed UoA 12 'Allied Health Professions' and placed closer to medicine and the basic biomedical sciences, which is where it belongs.

The Academy calls upon the Funding Councils to reconsider the panel structure for biomedical sciences, in full consultation with appropriate stakeholders.

## SECTION 2

**Stakeholders are invited to suggest amendments or additions to the list of nominating bodies given in Annex B of the consultation document.**

The Academy finds the list of nominating bodies surprising, both in terms of exclusion and inclusion. Therefore, we recommend that it should be reassessed to ensure it better reflects the stakeholder community. For example, the Academy notes with great concern the exclusion of Medical Royal Colleges (Royal College of Psychiatrists), major funders of biomedical research (Cancer Research UK and the British Heart Foundation) and large learned societies (British Societies for Cell Biology and Developmental Biology). In the Academy's view this list should be completely reworked in consultation with the sector.

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## **DISCLAIMER**

The members of the Working Group participated in the production of this response purely in an individual advisory capacity and not as representatives of, or on behalf of, their individual

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