

## Joint funding bodies' review of research assessment Response from the Association of Medical Research Charities

### Introduction

1. The Association of Medical Research Charities (AMRC) has over 100 member charities who together contribute around £600 million annually to medical research in the UK. Over 70% of the funds provided by member charities is allocated to universities; all AMRC members use peer review mechanisms to inform their decision making.
2. The AMRC welcomes this inquiry and the opportunity for stakeholders to contribute to the review of the RAE. Member charities make a substantial contribution to medical research within UK universities; they need to be assured that the research they support takes place in a secure, stable and adequately funded environment.
3. Charities fund medical research primarily to improve human health and wellbeing and support research of public benefit.

### Approaches to the review

4. The consultation suggests four approaches to research assessment: expert review, algorithm, self-assessment and historical ratings. Issues within these approaches that the AMRC considers may affect the assessment of medical research are discussed below.

#### *Approach: Expert review*

5. AMRC members suggest that a component of quality should be the impact of the research beyond the research community, particularly where the research is social or patient based. Therefore, the AMRC recommends that experts able to comment on the impact of research, including those from user or patient groups, should be used in any future panels.
6. Members highlight the need to recognise the importance of new and emerging subjects. It may be difficult to assess the international competitiveness of such areas and it is likely that they will continue to be disadvantaged in competition with more established disciplines. Consideration should be given to assessing these areas separately or by applying an additional or alternative set of criteria. Incorporation of a system to allow prospective plans to be cross-checked with a retrospective review may also help in rating the quality of these areas.
7. The AMRC recommends that, if panel assessment continues, greater emphasis is placed upon the use of evidence. Many quantitative measures are collected and yet it remains unclear how these are used by panels or how they contribute to the final score. AMRC members would like to see a greater use of evidence or at least a more transparent mechanism showing how quantitative measures contribute to the formulation of a final score.
8. Member charities were concerned that the perception remains that interdisciplinary areas of research were not assessed adequately, despite the use of sub-panels. The expertise and viewpoints of the sub-panels (in particular those in UoA1 & UoA3) is lost if the final decision for scoring remains with the main panel. What advantage is there for a HEI to refer their submission to a sub-panel?

#### *Approach: Algorithm*

9. As outlined above (Pt 7) a variety of metrics have been collected for each RAE, yet it remains unclear how these are applied to derive a final score. While the AMRC is not supportive of the use of an algorithm alone, it might create a more transparent system if the use of metrics was quantified in some way. The current lack of clarity regarding the use made by panels of the quantitative data brings into question the value of collecting it in the first place.

#### *External research income*

10. In the last RAE, submissions to UoAs 1, 2 and 3 were required to indicate how much of their UK-based charitable funding derived from AMRC sources. Our analysis found that very few institutions supplied this information to panels (e.g. in UoA 1 out of 25 submissions, only three universities gave a detailed breakdown and two others indicated percentages in the textual part of their submissions). Although the advice from panels was that a greater weighting would be given to forms of support known to use a rigorous peer review assessment process and open to broad competition (as applies to AMRC members), panels did not have this information for all submissions to UoAs 1,2 and 3. This finding is a

concern to the AMRC as it seems to indicate that all UK charitable income was given an equal weighting by the panels, despite their advice to institutions.

11. Our analysis (see graphs attached) of total research income over the period of the RAE shows that income from UK charitable sources is 2.4 to 3-fold greater in UoAs 1 and 3 respectively than from the Research Councils, but only slightly greater from charities for UoA 2. It is clear that medical research in the UK would be difficult to sustain at its current level without charitable investment. This data supports the conclusion from the Government's 'Investing in Innovation' document published in July this year which acknowledged the national role played by charities in funding UK research.
12. When income is adjusted to allow comparison between submissions (by dividing income by number of research active staff submitted) and plotted against RAE score, it is apparent that income varies widely within each rating and there is considerable overlap of income for different RAE scores.
13. It is understood that a variety of quantitative and qualitative measures account for the final score given by a panel and no single metric is likely to be predictive. However, as mentioned above (Pt.9) it would be beneficial to universities to understand how metrics are taken into account by panels and perhaps, in future, a more formulaic approach could be used in some areas.

### ***Bibliometric***

14. Many others have commented on the problems with bibliometric methods to assess quality. AMRC members suggest that use of metrics in this area may underestimate the importance of the research, particularly in some medical specialties and in new and emerging areas.

### ***Approach: Historical ratings***

15. This sort of analysis allows well established research departments with strong track records to receive high RAE scores. However, it is a disincentive for emerging and developing subjects. For some of AMRC's smaller disease specific charities there is anxiety that lines of research may be stopped. This approach may also mean that universities discourage their researchers from developing new areas or continuing to work in unpopular or unfashionable disciplines.

### ***Summary***

16. We wish to suggest an example of how all four approaches could be taken together:

An individual institution can look at their historic ratings and what they have achieved since the most recent RAE, through self-assessment. The RAE panel could consider the quantitative metrics and devise an algorithm based on this. Comparison between the self-assessment and algorithm would only result in an expert panel review should they differ greatly. If not, then there would be no need for further action. By combining these approaches, the effort involved could be substantially reduced for all concerned (as could the expense of the exercise).

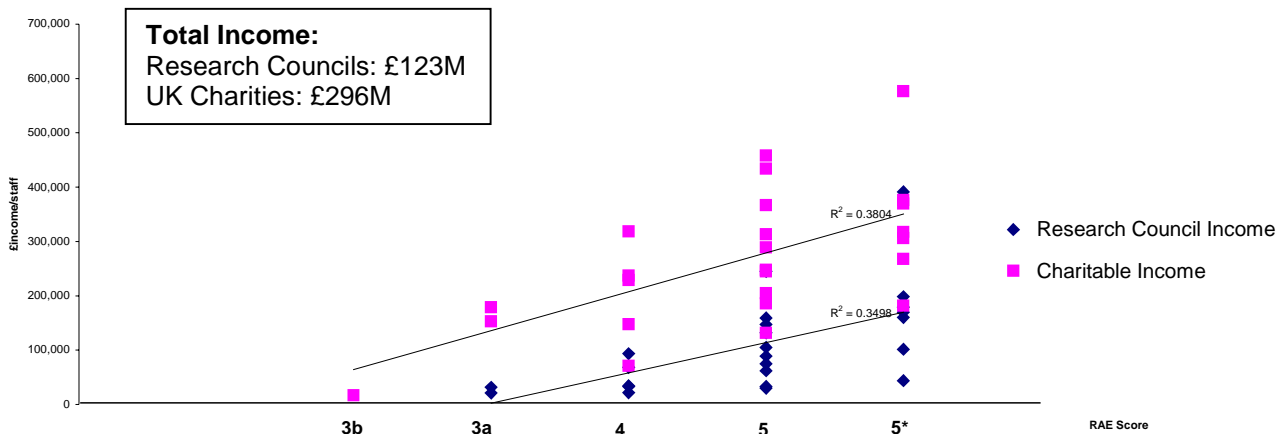
### ***Cross-cutting themes***

17. The AMRC agrees that the assessment of the research base should be used to provide information to calculate funding allocations. However, in the last RAE the impact of the results on the allocation of funding was not accounted for adequately. The consequences of this shortfall between expectation and allocation, especially for medical research, are not yet known but the AMRC suspects that many of its smaller charities may find a lack of researchers and/or resources within universities in the coming years. Areas that were developing or marginal may not be resourced in future and may never recover.
18. The AMRC members suggest that a longer period of time should elapse between reviews. Medical research is a long-term activity and the sector would not wish to see long-term programmes of research constrained by the time period of the RAE. Even periods as long as five years
- 19.
20. between assessments may prove to be a disincentive for research groups to engage in longer term forms of support or in research where outcomes will only be achieved in the medium to long term.
21. As we indicated above (Pt.5) AMRC members believe that 'excellence in research' should encompass a wider definition than appears to be used now. The application of research findings should be one of the factors used in assessing excellence.

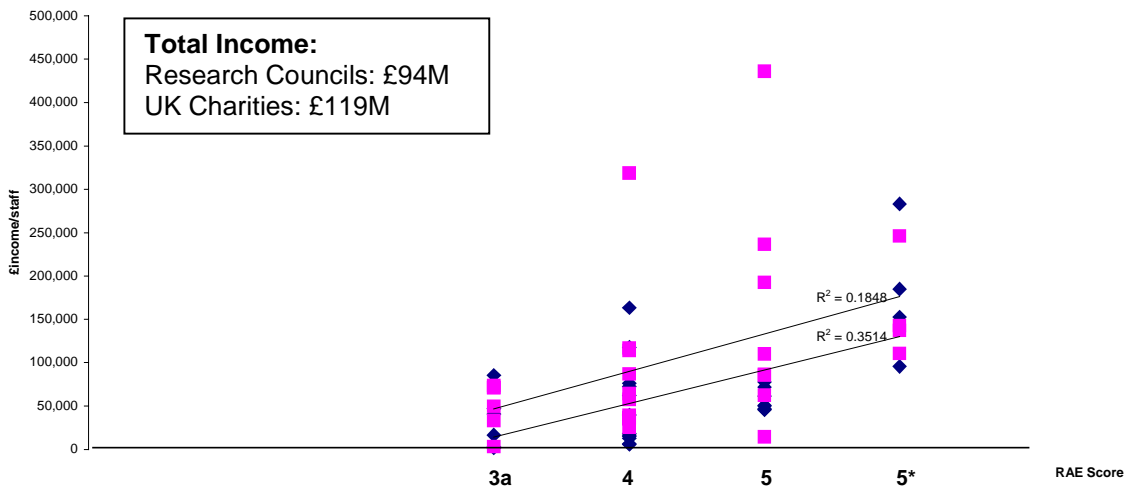
22. AMRC members agree that each subject or group of cognate subjects should be assessed in the same way. However, members are concerned that in areas where a large proportion of staff have clinical commitments not enough recognition is given to their dual contribution to medical care and research. Similarly, members felt that clinical trials were undervalued and were rated as being of national significance rather than of international significance.

### Income (per research active staff member) from Research Councils and UK Research Charities – RAE 2001

#### UoA1



#### UoA2



#### UoA3

