

## Medical Schools Council response to the consultation document on the Research Excellence Framework

Many of the general points have already been made in multiple submissions into which our members have had input, from organisations such as their own universities, the Academy of Medical Sciences, and the Royal Society.

However, the following points are made on behalf of the Medical Schools Council and are more specifically directed as problems that could be encountered from the biomedical aspect of this proposed process.

1. We note that Medicine is mentioned in three of the six areas which will be assessed. We believe that it is axiomatic that there be extremely close co-ordination between these separate areas to ensure that multidisciplinary research – such as where medicine interacts with engineering and the social sciences, for example, be adequately and appropriately assessed.
2. There is a genuine fear that the importance of translational research which leads directly to improvements in patient care will be lost in a system which relies purely on metrics. One main reason for this is that such translational advances are not necessarily published in high-impact journals which will attract large numbers of citations, and even when the work impacts the clinical arena, the original observations are not credited in the citation system.

In the current RAE arrangements, this is to some extent taken care of by having an individual on each Sub-Panel who assesses the relevance of the research for the NHS. It is imperative that this is underpinned in any new system that might be adopted.

3. In the same vein, it is clear that a good deal of the research expenditure which will pay for such translational research and development will come from the Department of Health via its Best Research for Best Health initiative. Now this comes, not through the university, but through the NHS Trusts associated with individual medical schools. But in the main, the researchers who win such grants are clinical academics employed by the university.

In establishing metrics which attempt to assess research expenditure, it is critical for Medicine that such income is captured and assessed in the same way as expenditure through the classical sources – viz. Research Council and major charities. We would recommend that this should be a full volume driver but if not, then it should count substantially in the quality/esteem formula if we are to encourage engagement in translational research.

4. There is concern about the fate of younger investigators in a metrics-based system. This has been looked after to some extent in the 2008 RAE through a reduction in the number of outputs. We would look for some similar arrangements which would take care of such individuals.



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5. It is not clear to us in this document whether there is going to be assessment of individuals or of institutions, and thus how the unit of resource will then be mapped to the institutions concerned. We imagine that such will be decided *post hoc*, but we would submit that this is a critical point which should be considered prior to the introduction of any system.
6. We are disturbed to hear that there is consideration of allocating journals to specific fields. We would submit that because of the eclectic nature of material published even by so-called specialist journals, this would be a very retrograde step and could lead to imbalance in comparators between the various fields.
7. There is also concern about the time period over which these measures will be made, given the finite time between publication and citation. There is a real danger that over-reliance on such metrics will discourage innovation and foresight and lock researchers in the past.
8. We would also be very concerned if there was no peer-review in this process, and would agree with the Royal Society that one of the key issues in research assessment is the need for subject-based review panels, which make decisions based on both qualitative *and* quantitative indicators.
9. We would consider it axiomatic that any proposed metrics-based system be correlated extremely closely with its performance compared with the 2008 RAE. Otherwise we shall have absolutely no idea of the validity of any such system.