Annex A

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	Dental Schools Council
Type of organisation (Delete those that are not applicable)	Professional body (UK)
Contact name	Professor William P Saunders
Position within organisation	Chair
Contact phone number	+44 (0) 20 7419 5494
Contact e-mail address	admin@dentalschoolscouncil.ac.uk

Consultation questions

(Boxes for responses can be expanded to the desired length.)

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

The key features are acceptable with the following provisos:

1. Whilst the importance of applied research and assessment of the value of research outputs to the economy and society are fully recognized (and in many cases readily identifiable in relation to dental research), it is important that innovative and curiosity-driven research is still supported within UK HEI's.

2. The objective measurement of impact will be difficult and considerable additional thought needs to be given to this aspect of the exercise, particularly in view of the relatively high weighting this criterion is afforded in this draft document.

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.

1. We support the selection of research staff by institutions. This is especially important for dental schools in view of the very heavy clinical teaching load and the appointment of Clinical University Teachers whose main role is in delivery of teaching as opposed to research, but whose contracts in all other respects are full clinical academic contracts.

2. The definitions of eligible staff seem entirely appropriate. The ability to include NHS staff who are involved closely in a Dental School research strategy is important and it is good to see that this has been retained. The issue raised in Paragraph 34 relating to staff on fractional contracts whose work takes place mainly outside the HEI is unlikely to be a major issue in dentistry.

3. Much of the research undertaken in Dental Schools is applied and translational. Encouragement to submit such material is viewed positively.

It is likely to be difficult and possibly impractical to undertake an objective assessment of the grey literature as stated. In particular the reference to the inclusion of 'confidential' reports would, by its very nature, require a

breach of confidentiality in order to undertake a quality assessment, though it may be possible to find mechanisms for dealing with this problem.

4. Whilst it is accepted that citation information can be a useful additional criterion, and would be available for many of the papers submitted by Dental Schools, the over-riding factor should remain peer-review. We would urge the REF to publish details of the processes for obtaining citation data and the national and international benchmarks as early as possible. This will aid U0As in the preparation of their submissions.

5. The process would be as robust if based on three outputs as on four. This is a reasonable expectation for a five year review period and may also permit the inclusion of a slightly larger staff return.

6. Whilst the proposal of double weighting substantial outputs such as monographs seems reasonable given the amount of time and effort taken to produce them, it does raise a number of issues. First, some monographs are not very rigorous and are often 'double published' as papers. Secondly, there is an issue of timing. Even if institutions were to direct effort to competing for funding and then undertaking work in this area, they would be hard pressed to achieve this by the census date. So, whilst we think it is worth further consideration, we do not feel that it should be introduced for the forthcoming REF and that if it is introduced, this should not be until the second REF cycle to allow time for institutions to incorporate this within their strategic planning. In reality, it is unlikely that a significant number of outputs submitted by dental schools would be eligible for 'double weighting'.

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.

We anticipate that the assessment of impact will be extremely difficult to complete in a reproducible and objective manner. However, the mechanisms suggested provide a degree of structure within which the Panels can work.

It is good that HEFCE recognise that there may be a considerable time lag between research output and impact. However, it is hard to see how the proposed 10-15 year interval will be realistically incorporated into the assessment process. It will disadvantage newer research institutions in comparison to those that are longer established.

The introduction of provision of evidence from case studies will place an additional resource burden on institutions. Further, whilst the proposal of 1 for every 5-10 FTEs may appear reasonable at a global level, it will selectively disadvantage smaller institutions who may not have a considerable number of researchers who are all addressing the same topic.

The draft definitions of the levels for impact look workable, though the inherently subjective nature of the assessment is likely to cause difficulties for Panels in agreeing on the assignation of levels.

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

There are many parallels with RAE 2008. The approach appears acceptable. It will be important to be sure that this assessment is benchmarked against the RAE 2008 outcomes.

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.

It is accepted that the greatest weight should be given to the output sub-profile. Whilst we can see the merit of standard weightings for all UOAs, we believe that there should be a degree of flexibility. This is particularly important to allow the process to take into account UOAs of varying research maturity. We feel that environment should take a greater weighting in the profile. Environment will contain robust objective measure of grants, student data and investment as well as evidence of infrastructure, leadership, capacity building and strategic planning, and should have a significant weight compared to impact which as yet is unclear and not tested. We suggest an overall profile of 65% outputs: 20% impact: 15% environment.

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 would agree that dentistry is well positioned in the Sub-Panel with Allied Health Professions and Nursing. However, this is a very large UOA and despite some similarities between the disciplines there are also distinctions which affect both the types of research undertaken and the demonstration of impact. The logic for placing these areas into one UoA is, therefore, obscure and raises concerns about accuracy, transparency and quality assurance. The REF consultation document states that "The REF will assess excellence at the level of coherent research units that produce substantive bodies of work" (p25). It is difficult to see how these disparate, unrelated, research areas could be considered a coherent research unit, nor how such a submission could be effectively prepared. The idea that the subject-specific assessment may then take place via "informal sub-groups" is a cause of significant concern and would require transparency and clear processes for quality assurance. There would be a clear requirement for members of this Sub-Panel to organise themselves into sub-groups to ensure that the research submitted by the range of health care professionals included is assessed by those with appropriate expertise. It would seem appropriate if four formal groups were properly established. If this were done in a open and transparent manner, it would help to ensure that alternative clusters are not formed which may not interact well in the later stages of the process. Similar issues could also arise in some of the other larger and more disparate Sub-Panels.

We urge REF to ensure that there is clear guidance on how UoAs will receive and consider the disparate subject areas and how the results will be analysed and published. It would be advantageous for distinct subject areas such as Dentistry (also nursing, pharmacy etc) to be assessed as a separate subject area and have a distinctive outcome that can be compared to national and international peers.

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

As mentioned in response to Question 7, we believe that a small degree of flexibility in weighting of the sub-profiles would be advantageous. In other respects, the approach is acceptable.

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.)

There are no additional bodies relevant to dentistry.

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?

The approach should support assessment of interdisciplinary research.

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 proposals should support recognition of researcher mobility, though its relevance to most dental researchers is limited.

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

The procedures identified are thorough and will allow issues relating to equality and diversity to be managed appropriately.

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

We believe that the census date in 2012 is too soon, as we are already nearly halfway through the period. If the census date were moved forward by one year, this would be very helpful.

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

No.

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

No.