

## Annex A

### Consultation response form for the Research Excellence Framework

1. Respondents should complete the form below.
2. Responses should be e-mailed to [refconsultation@hefce.ac.uk](mailto:refconsultation@hefce.ac.uk) by **Thursday 14 February 2008**. HEIs in Northern Ireland should send a copy of their response to [research.branch@delni.gov.uk](mailto:research.branch@delni.gov.uk)
3. Institutions wishing to express an interest in taking part in the pilot of the bibliometrics indicator should e-mail their details to [refconsultation@hefce.ac.uk](mailto:refconsultation@hefce.ac.uk) by Thursday 31 January 2008.
4. 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](http://www.informationcommissioner.gov.uk).

#### Respondent's details

**Are you responding:**  On behalf of an organisation  
(Delete one)

**Name of responding organisation/individual** Council of Heads and Deans of Dental Schools (CHDDS)  
.....

**Contact name** Dr Katie Petty-Saphon  
.....

**Position within organisation (if applicable)** Executive Director  
.....

**Contact telephone number** 020 7419 5495  
.....

**Contact e-mail address** [Katie.petty-saphon@medschools.ac.uk](mailto:Katie.petty-saphon@medschools.ac.uk)  
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## Consultation questions

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

**Consultation question 1a:** Do you endorse our proposals for defining the broad group of science-based disciplines, and for dividing this into six main subject groups, in the context of our new approach to assessment and funding?

The principle is reasonable but decisions on the composition of the 6 groups should be informed by the experience of the Main Panels in RAE2008. It is not yet clear how staff and their publications might be allocated to a particular subject group, and by whom. This is of particular relevance for subjects such as Dentistry that span a broad range of research topics and for individual researchers whose outputs may be published in journals with widely differing citation patterns. It is important that all publications by an individual be assessed together, not split between groups simply because of the journal chosen (e.g. papers on oral microbiology should be allocated to Dentistry, regardless of whether they appear in dental or general microbiology journals). Dentistry would thus encompass a wide range of journals, with a broad range of citation patterns.

**Consultation question 1b:** Are there issues in relation to specific disciplines within this framework that we should consider?

Overall, CHDDS favour Dentistry being in the Subjects Allied to Health grouping, so long as the same broad definition of dental research used in previous RAE is retained. Dentistry in RAE2008 included submissions ranging from sociology to molecular biology, appearing in journals with very different citation patterns. Furthermore, individual researchers may publish in a wide range of journals. The concern is that behavioural response of universities will be to 'game-play' by maximising bibliographic scores rather than be driven by the excellence of the science, or by the need for research in a particular area. It is important to recognise that individual researchers may publish both in journals with a high-citation rate and also in specialist or professional journals (e.g. those aimed at dental practitioners) that are listed in the databases but have a low citation rate since they are targeted primarily at 'users' rather than researchers. Staff should not be penalised for publishing in journals that may have a low citation rate yet have an important function in informing user communities.

"Dentistry" appears to be the Thompson ISI field for most work derived from dental institutes. There is a concern that this will tend to devalue work in some "sub-fields" such as Orthodontics, and be used to dictate emphasis on research in disciplines with a higher impact in the field such as Periodontology and Materials Science to the exclusion of many academic staff.

**Consultation question 2a:** Do you agree that bibliometric indicators produced on the basis that we propose can provide a robust quality indicator in the context of our framework?

Yes, but concerns about time lag have been noted.

**Consultation question 2b:** Are there particular issues of significance needing to be resolved that we have not highlighted?

There are a number of issues concerning the proposal to develop a bibliometric based profile which need to be addressed through the pilot and prior to implementation. These include:

- How multiple authorship within and between HEIs will be quantified fairly; I do not think there should be any attempt to allocate fractional ownership - far too time-consuming and cumbersome
- How individual fields of research will be identified initially and then in subsequent years; Will they be based on RAE2008 panel descriptors?
- How the normalisation of citation data will be determined for each separate field of research and made known to the sector; How will this be done when an area embraces a very broad range of subject specialities?
- How the appropriate time frame for each field of research will be determined and made known to the sector, and the impact of this on the timeframe for HEIs to prepare their submissions;
- Whether the submission will be for groups of staff or for a particular unit (as over a period staff within a unit may be transient);
- How will interdisciplinary work, especially that at the boundaries of the broad subject areas, be taken into account and assessed fairly?
- A bibliometric approach is essentially retrospective in its approach and fails to take account of the trajectory of an Institution in terms of new initiatives, infrastructure developments or staff recruitment.

**Consultation question 3a:** What are the key issues that we should consider in developing light touch peer review for the non science-based disciplines?

n/a

**Consultation question 3b:** What are the main options for the form and conduct of this review?

n/a

**Consultation question 4:** Is there additional quantitative information that we should use in the assessment and funding framework to capture user value or the quality of applied research, or other key aspects of research excellence? Please be specific in terms of what the information is, what essential element of research it casts light on, how it may be found or collected, and where and how it might be used within the framework.

While research income will be part of the overall assessment it will be important to include some measure of the successful impact of research. For example, successful translational research should lead to an improvement in the cost effectiveness of health care. An analysis of NHS spend might be appropriate here.

Although sources of research income will undoubtedly be included in the submission data, the value of income from industry and the DoH or of work in partnership with industry or the NHS (which may not show as direct income to the HEI) should be recognised as a measure of confidence in the quality of the research carried out by the unit concerned. CHDDS are concerned that the value of applied research will in many cases be extremely difficult to assess quantitatively. For example, the existing RAE peer-review process reaches a judgement on the impact of changes in procedures used by General Dental Practitioners that have been influenced by research, but there is currently no mechanism for determining this impact in quantitative terms.

It would be helpful to have an age (or career stage) profile of the staff included as a measure of capacity and the likelihood of appropriate succession planning for the future.

**Consultation question 5:** Are our proposals for the role of expert panels workable within the framework? Are there other key issues on which we might take their advice?

The expert panels (including end-users) should retain a role of moderation in the assessment process.

In addition, it would be helpful to have expert panels as a reference point to ensure that over time the broad subject groupings remain appropriate.

**Consultation question 6:** Are there significant implications for the burden on the sector of implementing our new framework that we have not identified? What more can we do to minimise the burden as we introduce the new arrangements?

The need for HEIs to carry out staff selection, and possibly output selection as well, will require resources at a similar level to those required to prepare similar selections for the RAE2008. A less burdensome and less divisive approach would be to include all eligible staff and all outputs from a defined publication period. CHDDS are strongly in favour of everyone being included (this is also supported by the Russell Group). An all-inclusive approach is particularly suited to Dentistry, where all UoAs are of similar size and composition.

Should staff selection remain a factor of the REF then HEIs will continue to be faced with the need to resolve the issue of quality versus quantity in preparing their submission for assessment. This is an unnecessary burden and could well detract from achieving a simpler submission and assessment process.

**Consultation question 7:** Do you consider that the proposals in this document are likely to have any negative impact on equal opportunities? What issues will we need to pay particular attention to?

The bibliometric indicators approach will, in comparison to the RAE2008 process, potentially have a negative impact on equal opportunities in particular:

- (a) early career researchers which citations are lower than for established researchers;
- (b) staff taking career breaks e.g. maternity leave or leave to care for infirmed relatives where substantial time away from research is required;
- (c) staff who have suffered illnesses which have required a significant time away from work;
- (d) staff holding part-time contracts – particularly those with less than 60% fte;
- (e) staff with disabilities who require a longer time period within which to deliver quality research.
- (f) staff who are required to devote time to professional training (e.g. on clinical pathways) that take them away from teaching and research.

**Consultation question 8:** Do you have any other comments about our proposals, which are not covered by the above questions?

No