

UoA1 – Panel Report 29/10/01

1. The number of submissions returned to this panel has diminished from 32 in 1996, to 25. The total category A staff submitted were however very similar, at 1097 FTE in 1996 and 1108 FTE in 2001. Institutions that were submitted to panel 1 in 1996, but not in 2001, are Bournemouth, Roehampton Institute, Sheffield, University College London and Edinburgh. The Royal Postgraduate Medical School, The Royal Free Hospital, and UMDS have amalgamated with other institutions. The University of East London submitted to UoA1 for the first time in 2001.
2. The quality of submissions received is high, showing evidence of considerable restructuring and greater selectivity since 1996. The major restructuring of London HEI's is particularly apparent. We have been presented with many significant interdisciplinary groupings that have achieved critical mass and skill balance.
3. Many of the research groups presented to us have been strategically focussed on specific research areas, rather than simply representing their disciplinary background. In many HEI's, the traditional laboratory medicine departmental divisions appear to have all but disappeared as the basis of research grouping.
4. Initiatives such as the JREI have facilitated and stimulated the use of modern research technologies. There is evidence of widespread adoption of new molecular research approaches such as genomics, proteomics and bioinformatics that bind the disciplines. The recent JIF and SRIF initiatives may be expected to lead to further future improvement. The panel believe that the improved ratings are in part a reflection of this investment in the sector. Further funding of these approaches will undoubtedly be needed over the coming years.
5. We have been impressed by the contribution of those in receipt of personal research fellowships. Fellowship schemes appear to have contributed to the improvement in quality in this research area.
6. Most staff referred to the panel have made clear intellectual contributions to the research, and much of this research is of international calibre. There has been a noticeable diminution in the return of staff whose contribution is predominantly clinical, with little personal research.
7. Over the period under review, total research income for the HEI's relevant to this panel increased by 30%; that from OST/Research Councils by 23%. The number of doctoral degrees awarded per year has increased by 29%. Although not all indicators have shown such improvement, we are encouraged by this evidence of vitality in the area of research.
8. We have identified and rewarded high quality work showing evidence of relevance to users (e.g. HTA and other work of importance to NHS), and of interdisciplinary working. We have noted an increase in work reported as supported by, or in collaboration with, industry.
9. These many welcome improvements are reflected in the substantially altered grade profile in this UoA, compared to 1996.
10. Within the submissions presented to us, we have been impressed by the UK strengths in several areas including cancer biology, pathogen biology, infectious diseases, immunology and autoimmunity research. We are concerned that we may be losing strength in other areas, such as medical

microbiology and clinical virology, radiation physics, radiation biology and histopathology, although some effective groups are working in these areas.

11. The extent of interdisciplinary research has made the boundaries between several UoA's exceedingly artificial. We have worked very closely with UoA3 and the creation of joint specialist sub-panels has greatly facilitated the assessment of scientific quality of submissions, and ensured comparability of standards. We believe the trend to increased co-ordination of the assessment process in the biomedical subjects, including both clinical and non-clinical main panels, will have to develop even further before the next round of the RAE.