

Overview report from UoA2 – Community Based Clinical Subjects

All three sub-panels reported improved quality in the submissions, reflected in the overall increase in the graded awarded compared to 1996. Quality was not necessarily maintained at an equally high level across all three areas of research submitted by individual institutions whose work was considered by all three sub-panels.

Epidemiology, public health research and health services research

34% of the submissions (10 out of 29) considered by the Epidemiology, public health research and health services research were rated 5 or 5*. Substantial contributions of undoubted international excellence were seen in the areas of cancer and cardiovascular disease epidemiology, in the elucidation of the relative importance of early and later life influences upon disease, in nutritional epidemiology and neuropsychiatric epidemiology amongst others. It was encouraging to see the rapid developments in genetic epidemiology in a number of centres. With the exception of HIV/AIDS, communicable disease epidemiology of a high standard was being developed in a few centres only, a trend which may not reflect the renewed importance of this area. Clinical trials, systematic overviews, meta-analysis and the multidisciplinary evaluation of health care showed great strengths and expansion.

An issue that required extensive debate concerned the standards for assessing both research synthesis and output dealing with the dissemination of known research findings. The view was unequivocal that the nature of the data under examination is immaterial when judging the quality of the research output. Research synthesis and secondary analyses can display international excellence as readily as primary research through their originality and impact. In the same way primary research can be regarded as of sub-national standard where the output is mundane or flawed. However the sub-panel distinguished between output that served to reduce uncertainty and output that served to reduce ignorance. For this reason work that served to summarise and disseminate research findings known to specialists in the field, though perhaps not adequately known by practitioners, could not be regarded as original where neither the approach nor the question were innovative. The sub-panel had no doubt about the valuable contribution that dissemination of this sort plays in enhancing evidence-based practice, but was clear that the RAE was not the appropriate forum for judging the value of work of this sort. This was the area of greatest potential difficulty in the sub-panel's deliberations, as this view could be represented, quite wrongly, as a lack of respect for this key task that falls to health service researchers. The quality of health services research within many institutions was very high, and the sub-panel was able to designate much of this work as of international standard.

Psychiatry

In general, psychiatric research appeared stronger in 2001 than it did in 1996 as reflected in an overall increase in the grades. 11 out of 22 (50%) of Departments or research groups referred to the psychiatry sub-panel by their HEI or the main UOA2 panel were graded 5 or 5*. Overall 16 (73%) of the 22 (73%) departments or research groups referred to the psychiatry panel achieved a grade of 4 or higher. This means that nearly $\frac{3}{4}$ of UK Psychiatry Departments were considered to be carrying out a significant amount of research that was at an international level of excellence. Against this, HEI's appear to have exercised considerably more selectivity in their 2001 than in their 1996 RAE submissions and 4 universities which made psychiatry RAE submissions in 1996 produced no returns under the heading of psychiatry to UOA2 in 2001. Several of the submissions that were referred to the psychiatry sub-panel were small, consisting of just a handful of senior researchers.

In general, those research teams that showed greatest coherence, productivity and quality of output were those that had chosen to focus and concentrate their efforts on a comparatively small number of themes. Themes that were at an international level of excellence include the development and assessment of psychological treatments, cognitive and neuro-psychological mechanisms in psychiatric disorders, psychopharmacology, neuro-imaging, the genetic and molecular biological basis of mental disorders, and epidemiology and health services research.

The main potential weakness was in the relatively small size of some research groups which may pose difficulties in sustaining a lively research culture over a prolonged period. Although not explicit in any of the returns there was an impression that tensions between academic duties and clinical service delivery remain difficult for clinical academics and may have increased for NHS consultants with university affiliations. The latter was reflected in a fall in the number of category C staff with NHS appointments that were returned in the 2001 exercise.

Primary care

The quality of work assessed by the primary care sub-panel was encouraging – all but one of the institutions assessed submitted some work of international quality. This reflects an improvement in the overall quality of primary care research in the UK in recent years and the decision of a substantial number of institutions involved in primary care teaching not to make a research submission. The grade awarded to each institution depended largely on the extent to which quality was maintained – only a few institutions achieved a consistent international or high national standard across all outputs. Some institutions submitted material that was outwith the criteria for research defined for the exercise.

The critical mass of primary care researchers in the UK remains small. The total number of researchers referred to the sub-panel (by institutions or by the main panel) was 169 from 20 institutions (median 9 per institution, range 1-19). The total number of researchers assessed from the 6 institutions rated 5 or 5* was 53 (median 8.5, range 6-11).

The range of research activity assessed was wide and the breadth of methodological expertise displayed was impressive. There was no difference in the assessed quality of outputs employing quantitative and qualitative methodology, but one area which stood out as methodologically weak was medical education. The lack of focus and uneven quality evident in a few institutional submissions, particularly those presenting a mixed portfolio of mainly health services research, may reflect the consequences of unfocused and short-term research funding. It may also reflect lack of adequately funded infrastructure (e.g. statistical and data management support).

The best institutional submissions reflected multi-disciplinary research appropriately employing both qualitative and quantitative techniques to answer questions of obvious importance to primary health care. Highly rated institutions invariably displayed good collaboration with experts from other disciplines (both clinical and non-clinical) and submitted focused work with a strong theoretical and methodological base.

Conclusion

In summary, research in the community based clinical subjects in the UK remains strong and internationally competitive. However, in some areas the absolute number of researchers working at a high national or international level is small and raises concerns about critical mass and long term viability. Lack of research focus and continuity was also a feature of some submissions, particularly in relation to health services research. This may merit review of the research commissioning process.