Section 3: Criteria and working methods

Main Panel A
Covers the following UOAs:

- 1 Cardiovascular Medicine 23
- 2 Cancer Studies 33
- 3 Infection and Immunology 43
- 4 Other Hospital Based Clinical Subjects 53
- 5 Other Laboratory Based Clinical Subjects 63

Absences of chair and declaration of interests

1. The main panel will deal with planned or unforeseen absences of the chair by nominating in advance an alternate chair, noting that more than one member could be asked to fulfil this role at different times to take account of conflicts of interest. The deputising chair will have the same powers and duties as the main panel chair. In the case of a prolonged absence of the chair, the higher education funding bodies will appoint an interim chair.

2. The main panel will retain an up to date register of interests (as defined in Annex 4), which will be regularly reviewed to include changes and additional interests.

3. Individuals will not be directly involved in assessing submissions from those institutions in which they have declared a current or recent major interest, and will withdraw from panel meetings during detailed discussion on the assessment of submissions from the higher education institutions in which they have declared an interest. Recent major interests are defined as institutional affiliations since 2001. Sub-panel members will declare minor interests, where appropriate, and these will be noted and the member’s involvement in assessing a submission may be restricted. The formal note of discussion provided by the panel secretary and agreed with the members present will be the only part of that discussion to which they are party.

How the main panel will work with its sub-panels

4. Sub-panels are responsible for:
   a. Preparing draft statements of relevant criteria and working methods.
   b. Making recommendations to main panels on the quality profiles to be awarded for each submission.

5. Main panels are responsible for:
   a. Reviewing and endorsing the criteria and working methods to be used by the sub-panels.
b. Deciding on the quality profile to be awarded to each submission following recommendations from the sub-panels.

c. Maintaining a good level of communication and joint working with the other main panels.

6. The main panel will liaise closely with its sub-panels in the following ways:

a. Ensuring full and open sharing of main panel and sub-panel meeting minutes and reports, and providing a clear framework for sub-panels to follow in setting their own working methods and criteria.

b. Ad hoc attendance by the main panel chair at sub-panel meetings.

c. Holding main panel meetings, teleconferences and facilitating group e-mail discussion, before and after each round of sub-panel meetings, and arranging for provision of feedback on the main outcomes from such discussions. This level of communication will allow full iteration of issues, to help the main panel and sub-panels agree coherent and consistent working methods. Similar levels of communication and liaison will be maintained with main panels covering similar cognate areas – particularly Main Panels B, C and D.

d. In particular, the main panel will provide clear guidance to the sub-panels in such areas as defining the criteria and range of indicators of excellence to be used in assessing quality, so as to ensure a consensus is reached within sub-panels and that a commonality of approach is adopted across sub-panels, appropriate to the cognate subject areas.

e. Providing specific help and expertise to sub-panels in testing their consistency of approach in applying the criteria for assessing and measuring quality.

7. The main panel recognises that it will be particularly important to ensure an optimal level of liaison between it and its sub-panels at the assessment stage and at the point when sub-panels make their proposals on the quality profiles. To this end, the main panel will coordinate the final rounds of its own and its sub-panel meetings during the assessment phase, so that they are held over the same days and location, in order to ensure coherence and consistency of approach. Organising the meetings in this way will:

• enable the main panel to observe and quality-assure the operation of the sub-panels directly, to ensure that common methods and standards are adopted and applied consistently

• enable sub-panel chairs to raise specific queries with ease

• ensure that everyone has full and prompt access to supporting information when queries are directed to the main panel and responses received back

• provide a straightforward way of ensuring the maximum input of expertise across the sub-panels

• enable international experts to engage actively with the process.

Specialist advice

8. The sub-panels include a broad range of subject expertise but it is recognised that there will be an element of highly specialised work that may be submitted. In such cases, the sub-panel may seek specialist advice. The use of specialist advisers will be decided once submissions have been received and any gaps in expertise identified. Specialist advice will be organised by the RAE team, using standard procedures and formats for requesting and providing external advice. Feedback from cross-referral and specialist advice will be made available to the whole panel, and will be considered as part of the assessment of the whole submission. The final recommendation on the quality profile will remain with the sub-panel to which the submission was originally directed by the submitting department, for final endorsement by the main panel.

9. The main panel intends to establish similar working methods and liaison procedures with Main Panel B.
Elements of variation in the criteria statements

10. No significant variation is expected across the sub-panels of Main Panel A.

Consistency of quality levels

11. Weightings for each of the research components will be set and applied consistently across each sub-panel.

12. The three elements of research which build the quality profile will be broken down and weighted as follows:
   a. Research outputs ........................................... 75%
   b. Research environment ..................................... 20%
      with the component elements sub-divided and weighted as follows:
      i. Fellowships, studentships and research training ........5%
      ii. Research income ......................................... 10%
      iii. Strategy and infrastructure ....................... 5%
   c. Esteem indicators ............................................ 5%

Indicators of excellence

13. The sub-panels expect to receive four outputs for each individual submitted, except in cases where individual staff’s circumstances fall into those categories described in RA5b (see paragraphs 22-25 below), and this has affected their research activity and the quantity of output.

14. The sub-panels will take account of departments’ submissions in their totality, and in evaluating research outputs, environment and esteem will look for evidence of scientific rigour and excellence, originality, novelty, potential applicability to human health, applicability and significance to health service and research users, significant addition to knowledge and to the conceptual framework of the field, and contribution to the development of the researchers of the future.

15. The main panel expects the majority of research output in its field to consist of papers describing original research, published in peer-reviewed scientific journals. The main and sub-panels will give equal weight to individual and collaborative research, and to work of direct relevance to the needs of commerce and industry, potential applicability to human health, including to the NHS or other health care agencies, and to other parts of the public and voluntary sectors. Other forms of output – including monographs and exceptionally books, patents and other applied research output such as software packages, images and devices – will also be accepted and judged on their individual research merits. The sub-panel will assess research output based on the definition of research provided in Annex 3.

16. Departments must complete the ‘Other relevant details’ field in RA2 to provide brief factual information on the contribution made by the submitting author (in cases of duplicate submission) and a factual statement on the importance or scientific impact of the specific output concerned (rather than on the outlet or journal in which it was published) for each output submitted.

17. Specific examples of the range of indicators of excellence to be applied in assessing research output, environment and esteem are provided in the sub-panel templates.

Methods for ensuring consistency

18. The main and sub-panels’ liaison methods (as described in paragraphs 6 and 7 above) will be applied proactively to ensure consistent application of common criteria.

19. The main panel’s methods of ensuring consistency between the sub-panels in applying quality levels include:
   a. Ensuring clear criteria are set and applied by each sub-panel.
   b. Adopting a proactive approach to liaison and iterative dialogue at every stage of the process.
   c. Seeking the advice of international experts in the assessment process.
Applied research and practice-based research

20. The main panel recognises that clinical science embraces a broad range of research methodologies and subject areas. The panel is well aware that its remit encompasses a broad spectrum of research, from the laboratory to patient settings, which aims to improve and maintain human health. The main panel refers departments to the Medical Research Council’s descriptors of ‘medical research’, available on the RAE web-site, as a summary of the types of research including applied and practice-based research that it covers. The main panel will apply the same criteria equally across the spectrum of research methodologies it covers.

21. Membership of the main and sub-panels includes a broad range of subject expertise and user representatives, to ensure the range of research is dealt with appropriately.

Individual staff circumstances

22. The main panel strongly encourages departments to submit the work of all their excellent researchers, regardless of their individual circumstances. It welcomes the opportunity available to departments to use the confidential arrangements of RA5b to outline mitigating circumstances of individual cases. The main panel encourages departments to include in their submissions those staff whose quantity of output may have been affected by absences from research, including circumstances addressed by equality and diversity legislation. RA5b must be completed for each individual staff member (either Category A or C) who is submitting fewer than four outputs, to describe how the individual’s staff circumstances has affected their research activity and the impact of that on the quantity of output. All data supplied by HEIs in RA5b are subject to audit.

23. The panel recognises that there may be exceptional circumstances where departments wish to submit one output for staff. The main panel is concerned that such submissions may not be a fair indication of the existence of a body of work, and it will expect supporting evidence to be submitted.

24. The main panel is aware of the particular circumstances of many clinical academics employed by universities, where they have service commitments in addition to their academic workload. Nevertheless, the panel still expects this group to submit four outputs, where they are employed full-time by a university.

25. The main and sub-panels will normally expect the number of outputs listed for staff in these circumstances to be proportionate to the time they have had available for research. While the panels will consider each case on its own terms they will normally expect and accept two outputs to take account of the circumstances described in paragraph 39 of the generic statement and of the following discipline-specific circumstances:

   a. Where health and safety restrictions have been imposed on pregnant and breastfeeding women, which may have prevented them from undertaking some types of research during the assessment period (eg, certain laboratory-based or imaging research).

   b. Clinically qualified researchers who have not gained a Certificate of Completion of Training (CCT) prior to 30 April 2007.

   c. NHS-employed staff whose research is fully integrated with that of the submitted group.

   d. Early career researchers who are independent researchers (as evidenced through being a Principal Investigator on a research grant or significant piece of research) and who first entered the academic profession on terms of employment that qualified them for submission to RAE2008 as Category A staff on or after 1 August 2005. (The main panel would normally expect early career researchers who were appointed before 1 August 2005 to submit four outputs.)

Observers on the main panel

26. Main panel observers will receive the full minutes and working papers for all main and sub-panel meetings. Observers will advise the main panel on contextual information on research charities and Research Councils’ arm of dual-support funding, eg, by providing factual
information on the operation of a research grant awarding scheme, and in providing feedback to key stakeholders on RAE process.

**Discipline-specific matters**

27. The main panel is aware of the diverse working arrangements that place particular pressure on the development of the research careers of junior clinical academics, defined as clinically qualified academics who are still completing their clinical training and have not gained a Certificate of Completion of Training (CCT), or its equivalent prior to 30 April 2007. The remit of this group covers clinical training and delivery of service to the NHS, in addition to teaching and research. Accordingly they will normally be expected to submit two research outputs.

28. Likewise under Category C, where an individual investigator is submitted and they are employed by the NHS, for example as a consultant, two research outputs will be acceptable. This measure is intended to encourage the maintenance of clinical research environments involving research-active NHS staff. In such cases, the panel will expect to see evidence of how the research of individuals submitted under Category C is integrated with the research grouping which includes university employed staff.

29. The main panel is particularly concerned to acknowledge the relative stage of capacity development within the new medical schools and, as such, that they should not be penalised on the basis of size. Submissions from new medical schools will be assessed on the basis of the quality of their research. Furthermore, the panel is aware that smaller research groupings may be concerned that distributing their research between various UOAs may have a disproportionate effect in fragmenting their submissions. The UOA descriptors and membership of Sub-panels 4 and 5 in particular have been carefully designed so that they may receive cohesive submissions from multidisciplinary groups.

30. The main panel recognises that many of the discipline-specific matters which are relevant to it also apply to Main Panels B, C and D. Main Panel A will therefore continue to liaise with Main Panels B, C and D to apply similar criteria and working methods consistently.

31. It is expected that medical education research will be submitted to Sub-panel 7 within Main Panel B.

32. The main panel recognises the importance of epidemiology to the field of academic medicine, and has ensured sufficient levels of epidemiological expertise within its sub-panels to facilitate appropriate cross-referral to Sub-panel 6 (Epidemiology and Public Health).