Section 3: Criteria and working methods

Main Panel B
Covers the following UOAs:

- 6 Epidemiology and Public Health 21
- 7 Health Services Research 27
- 8 Primary Care and Other Community Based Clinical Subjects 33
- 9 Psychiatry, Neuroscience and Clinical Psychology 39

Absences of chair and declaration of interests
1. In the event of the absence of the chair of the main panel, one of the chairs of the sub-panels will deputise.

2. Where a main panel member has declared a major interest in an institution they will withdraw from the meeting room when discussion in relation to the assessment of a submission from that institution takes place. Members will declare minor interests, where appropriate, and these will be noted and the member’s involvement in assessing a submission may be restricted.

How the main panel will work with its sub-panels and methods for ensuring consistency
3. 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.

4. 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 recommendation from the sub-panels.
   c. Maintaining a good level of communication and joint working with the other main panels.

5. The primary method of liaison between Main Panel B and its sub-panels will be via sub-panel chairs’ membership of and attendance at main panel meetings. The expectation will be that sub-panel chairs will bring any areas of difficulty in the assessment of submissions to the main panel’s attention.

6. During the course of the assessment, the main panel will consider examples of complete submissions for each UOA from a selection of
departments that cuts across a breadth of different types of research and quality levels. Furthermore, the chair of the main panel will, as often as possible, attend the meetings of sub-panels as an observer. In addition, sub-panel chairs will, from time to time, attend meetings of other sub-panels. The main panel will also use iterative dialogue including ongoing discussion by telephone and electronic methods. The objective of this process will be to observe and compare assessment practices to ensure consistency and equity.

7. Sub-panels making cross-reference to UOAs in Main Panels A, C or D or seeking specialist advice will inform the chair of Main Panel B.

Elements of variation in the sub-panel criteria statements

8. All four sub-panels falling under Main Panel B will consider five components under the heading ‘research environment’. These are:
   a. Level of research income.
   b. Source of research income.
   c. Data on research students and studentships.
   d. Details of the research structure including culture and coherence, research environment, staffing policy, and policies for developing new researchers; and details of the research strategy, including future plans and achievements since RAE2001.
   e. Narrative on the impact or potential impact of the research on health and healthcare.

9. Sub-panels may vary in their detailed approach to assessing the research environment, and the weighting they apply to each of its components. For some fields it will be assessed for each research group and in other subject areas this will not be appropriate.

Consistency of quality levels

10. In making their assessment of submissions and producing quality profiles, all four sub-panels under Main Panel B will weight each element of the quality profile as follows:
   • research outputs: 75%
   • research environment: 20%
   • esteem: 5%.

11. These three over-arching elements will comprise the following:
   a. Research outputs – products and outturns of research such as journal articles, books, reports, patents etc.
   b. Research environment – research students and studentships (RA3), levels of research income (RA4), sources of research income (RA4), the narrative in RA5 on research structure (including culture and coherence, research environment and its sustainability, staffing policy, and policies for developing new researchers), and the narrative on research strategy, including future plans and achievements since RAE2001 and indicators of an actual or potential impact on health and healthcare.
   c. Esteem indicators – indicators of esteem as described in the textual commentary of submissions (RA5) that have impact on the research community/scientific leadership.

Range of indicators of excellence

12. The indicators of excellence described below have been selected to cover the breadth and range of research that the sub-panels under the main panel expect to assess.

13. The quality and level of research excellence in submissions will be judged on the basis of the indicators/elements described below.

Research outputs

14. These will normally comprise papers in scientific journals, monographs and books; patents and other outputs of applied research and other forms of output will also be accepted and judged on their individual merits. The normal expectation is that staff should submit four outputs for assessment; four is also the maximum. The main and sub-panels will not undertake analysis of bibliometric data when making judgements on research outputs.

15. Meta-analyses and systematic reviews will be considered equally with papers describing primary
research. However, work that comprises outputs that disseminate the findings of other researchers, without additional intellectual input, will not be considered research.

16. In the case of multi-authored outputs where different individuals have nominated the same outputs in the same submission, it is mandatory that departments give an explanation, in each case, of the role of the submitting author in the ‘Other relevant details’ field in RA2. In exceptional circumstances, departments may also use RA5 if they need to provide more information.

17. The main panel will work closely with each of the sub-panels on a benchmarking exercise to assess and assign quality levels to a sample of research outputs. This will be undertaken after 30 November 2007. For each sub-panel, 15 outputs will be selected from overseas institutions by the international members of the main panel. More than one sub-panel member will independently make an assessment of each output, assign a quality level to it and present it to the sub-panel, which will recommend the quality level to the main panel. The main panel will ensure that there has been consistency in the application of the quality levels to the sample of outputs. The final results will be used by the sub-panels to help inform their assessment of outputs submitted by departments to the exercise.

The research environment

18. This will include the extent of research activity as indicated by:

a. Research students (RA3a) and research studentships (RA3b), and measures to build and develop research capacity.

b. Research income levels (RA4).

c. Source of research income (RA4). Funding awarded through a competitive process of rigorous peer review – such as by Research Councils, members of the Association of Medical Research Charities (AMRC) and UK Departments of Health including NHS R&D – will be given the greatest weight in the assessment. Income from prestigious and competitive international sources will also be given due weight.

d. The research structure, including culture and coherence, research environment and its sustainability, staffing policy, and policies for developing new researchers; the research strategy, including future plans; and where appropriate information on research relationships with service users and carers, the NHS and other service providers, with international research or health organisations, non-governmental organisations, industry and other research users.

e. The narrative in RA5 on the impact or potential impact of the department’s research on health and healthcare.

Evidence of esteem

19. This comprises esteem measures presented in the submission relating to the assessment period, documented in the textual commentary (RA5). Sub-panels will consider indicators which have an impact on the research community/scientific leadership. Examples are: prestigious personal fellowships; named lectures and keynote addresses; awards that mark significant achievement in research; membership of national or international bodies, review boards, funding bodies or NHS advisory committees; and editorships of international journals.

20. Esteem indicators will be considered for each submission as a whole, and whilst they may be listed by research-active members of staff, individuals will not be assessed. Furthermore, esteem indicators will not necessarily be expected for all staff. Only significant, rather than routine measures, including those relevant to early career researchers, should be reported in submissions.

Applied research and practice-based research

21. The main panel expects much of the research submitted to some of its UOAs to be applied and practice-based. Full recognition will be given to applied research and practice-based research included in submissions which is directly relevant to the needs of the NHS and other healthcare systems, other parts of the public and voluntary sectors, and commerce and industry. Departments should ensure that such work is innovative and
that it adheres to the RAE definition of research. Equal weight will be given to such research in the main and sub-panels’ assessment of its scientific excellence.

**Individual staff circumstances**

22. The main panel strongly encourages departments to submit the work of 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 who is submitting fewer than four outputs, to describe the mitigating factors which explain the impact of such circumstances on their work. This will enable the sub-panels to take full account of such mitigating circumstances. The main and sub-panels recognise that there may be exceptional circumstances where departments wish to submit one output for staff. The main and sub-panels are concerned that such submissions may not be a fair indication of the existence of a body of work and will expect supporting evidence to be submitted.

23. In assessing submissions all sub-panels will take fully into account researchers’ circumstances which prevent them from submitting four outputs that fall in the categories described in paragraph 39 of the generic statement. They will also take account of the position of clinical lecturers or equivalent, who have not yet completed their clinical training and who have not received a Certificate of Specialist Training (CST) before 30 April 2007.

24. Explanations of individual staff circumstances should be provided in section RA5b of submissions and should, where appropriate, give an indication of the amount of time the circumstance has affected the individual’s ability to undertake research during the assessment period.

25. Where staff have submitted fewer than four research outputs for assessment, the sub-panels will refer to RA5b for an explanation. The sub-panels’ expectation will be that where departments have submitted fewer than four outputs for an individual, the number of outputs should be proportionate to the duration of the special circumstance that obtained during the assessment period. Where there is a justifiable reason, the absent output(s) will be disregarded but where there is no suitable justification the output(s) will be marked as Unclassified.

26. 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 main panel still expects this group to submit four outputs, where they are employed full-time by a university.

**Panel observers**

27. Panel observers from Research Councils UK and the Association of Medical Research Charities will sit on the main panel. Within the assessment process, their role will be a passive one. They will not offer information or opinion on particular institutions or submissions, or on the quality of any research activity presented in submissions. Their role will be to provide advice that the main panel may request on the Research Councils’ arm of dual-support funding, such as the peer review and assessment of research grant applications. This will be used to verify assertions made in submissions.

**Discipline-specific matters**

28. The main panel recognises that many of the discipline-specific matters relevant to it also apply to Main Panels A, C and D. Main Panel B will therefore liaise closely with Main Panels A, C and D to adopt similar working methods where appropriate.