

This statement should be read alongside the statement for Main Panel B and the generic statement.

Absences of chair and declaration of interests

1. In the event of the absence and/or declared interests of the sub-panel chair, a deputy chair has been appointed.
2. Where a sub-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. The formal note of the discussion provided by the sub-panel secretary and agreed with the members present shall be the only part of that discussion to which they are party.
3. 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.

UOA descriptor

4. The UOA includes: research that can be applied, theoretical and methodological. It focuses on healthcare, healthcare systems, services and policy. Health services research informs decision making in healthcare, health services and policy, and may include research from any healthcare discipline including: medical sociology, medical statistics and biostatistics, health psychology, clinical psychology, health economics, modelling, clinical trial methodology and organisation, community-based clinical trials, medical anthropology, medical geography, medical ethics, medical education, healthcare policy evaluation, health service organisation and management, health technology assessment, patient experience, clinical epidemiology and decision analysis, methodologies for complex interventions and health informatics.

UOA boundaries

5. The sub-panel expects to receive submissions from all areas of health services research. The sub-panel recognises that there may be a breadth of research that extends beyond the definition of the UOA descriptor. In these instances it will work closely with the appropriate sub-panels and will

consider cross-referring work as specified in a department's submissions or on its own initiative, or seeking the advice of specialist advisers. It recognises the diverse range of research, and departments will not be penalised if submissions contain work that overlaps UOA boundaries. Research in medical education and in medical ethics will be referred by other sub-panels in Main Panels A and B to UOA 7. The final recommendations to the main panel on assigning quality profiles will remain with the sub-panel to which the submission was originally made.

Research staff

6. Departments may indicate the contribution of Category A, B, C and D staff in RA5 under both research environment and esteem indicators. In addition, Category C staff may list research outputs for assessment in RA2, which will be assessed in the same manner as outputs of Category A staff. A description of the long-term research links that Category C staff have with the department should be given in RA5c, eg, co-supervision of students, or membership of research groups.

Research outputs

7. Departments are reminded of the RAE definition of research that will be used for the assessment, which can be found at Annex 3.
8. All forms of research output will be evaluated by the sub-panel in the same way using criteria including the originality, scientific rigour, contribution to knowledge and conceptual framework of the field as well as the challenge and logistical difficulty posed by the work. According to these criteria, meta-analyses, systematic reviews, qualitative and quantitative research, and new hypotheses will be considered equally. The sub-panel will also assess the potential and actual implementation of the research and its potential impact on health and healthcare, and on public health, public policy and society more broadly. The sub-panel expects to receive outputs in the forms described in paragraphs 14-15 of the main panel statement. These will most commonly consist of journal articles but can be published in

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a wide range of media. Other forms of output may be submitted, but sufficient evidence should be presented in the 'Other relevant details' field in RA2 (50 word limit), and if necessary in the narrative in RA5, to allow the sub-panel to evaluate the quality of the output in terms of its originality, significance and rigour.

9. The normal expectation is that each member of staff should submit four research outputs. Details on circumstances where it may be permissible for fewer than four outputs to be submitted are described in paragraph 39 of the generic statement and in paragraphs 34-36 below.

10. Author order will have no relevance to the sub-panel's assessment of outputs. Where outputs have multiple authorship and occur more than once in a submission, departments should indicate in the 'Other relevant details' field in RA2 (and, if this proves too limited, in the narrative in RA5) the level of contribution made by the submitted author. The expectation of the sub-panel is that this should be substantial.

11. Submissions should list outputs that best reflect the quality of research undertaken over the assessment period.

12. The sub-panel will consider research outputs that reflect collaborative research between several research-active staff at the same or several different institutions. These will be treated equally to those outputs submitted by individuals on an independent basis. When listing such outputs in submissions, a department should indicate the contribution made by its individual staff member(s) in the 'Other relevant details' field in RA2.

13. The sub-panel members will use their combined expertise in reviewing and establishing the merit of the work submitted. Those contributing to the assessment will be asked to use their expertise and judgement in assessing the work, using criteria including the originality; scientific rigour; potential and actual implementation, and impact on health and healthcare, public health, public policy and on society more broadly; and contribution to knowledge, and conceptual framework of the field.

14. The sub-panel will not undertake bibliometric analyses in making its assessment of research outputs.

15. Teaching material or work on higher education pedagogy that embodies research outcomes will be admissible, but institutions should ensure that the work complies with the RAE definition of research at Annex 3. As noted in paragraph 5, research in medical education will be considered by this sub-panel.

Research environment

Research students and research studentships

16. The data on research students and studentships (reported in RA3) will be judged – in addition to wider aspects of research capacity building such as research training fellowships, which should be described in RA5 – as components of the research environment. The sub-panel will consider global totals as well as analyses of studentships and research students supervised per FTE research-active staff. Greater credit will be given for studentships that have been awarded through a rigorous process of peer review and competition.

Research income

17. Data on research income reported in RA4 will be judged as a component of the research environment. In making its assessment of the research income the sub-panel will give greater weighting to funding known to have been awarded as the result of a rigorous peer-reviewed assessment process, open to broad competition. The sub-panel will consider global figures for research income as well as analyses normalised against the number of FTE research-active staff included in the submission.

18. Due account will be taken of long-term support from major funding bodies known to require the very highest application of rigorous peer review standards, including income derived from international sources, members of the Association of Medical Research Charities and UK Departments of Health, including NHS

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R&D funding, and other government departments. Departments are requested to identify separately income derived from different sources in RA4.

19. In making its assessment the sub-panel will take account of the availability and relevance of funding in relation to the profile of research for the submission. The sub-panel recognises that a department may have been involved in raising research income that is not reported through its own institution's accounts, for example, through collaborative projects where funding is held by another institution or NHS R&D funding that does not pass through HEI accounts. In these cases, the level of income generated should be referred to in the narrative in RA5 on the research environment.

Research structure

20. Departments may choose to indicate a structure of research groups for staff submitted, but this is not a prerequisite. Research groups selected and identified by the department should be consistent between RA1, RA2 and RA5.

21. Difficulties of fit between departmental structure and the UOA framework should be described, and other UOAs to which related work has been submitted should be listed.

22. The mechanisms and practices for promoting research and sustaining and developing an active and vital research culture should be explained.

23. The research infrastructure should be described. This might include: availability of computing and statistical support, efficient access to libraries and relevant databases and support for development of collaborative links; the procedures for internal review of research proposals; the facilities for research students; and the means and extent to which interdisciplinary research is facilitated, given that much research in the UOA should have input from multiple disciplines.

24. Information should be given on research relationships with the NHS and other service providers, with international research or health organisations, non-governmental organisations,

industry and other research users. Account taken of government policy initiatives and objectives should be noted where appropriate.

25. Where staff included in the submission have been involved in a major collaborative research programme with a number of other institutions, departments may choose to explain this in the narrative on research structure.

Staffing policy

26. Departments should document how they have worked to maintain a sustainable staff structure. The arrangements for the development and support of the research work of staff should be described. Any arrangements which are in place for developing the research of early career researchers and for integrating them into a wider, supportive research culture should be described. The arrangements for the research career development of both non-clinical and clinical lecturers should be included. Particular mention of the role of clinical lecturers would be helpful.

Research strategy

27. The department's main objectives and planned activities in research over the next five years should be stated in RA5. This should include the balance sought between long-term and short-term research; the development of infrastructure to facilitate research and ongoing work that is not producing immediate visible outcomes. The procedures for developing the research strategy should be described.

28. Departments may wish to document any changes since the 2001 RAE which have affected research capacity. If no submission was made to the Community-based Clinical Subjects UOA in 2001, departments may comment on the development of research in this area since 2001.

29. The impact or potential impact of the department's research on health and healthcare, public health, public policy and on society more broadly should be described in the narrative in RA5.

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Esteem indicators

30. Departments should list indicators of peer esteem and national and international recognition which relate to the staff submitted, including those relevant to early career researchers.

Examples of indicators of esteem are given in paragraph 19 of the main panel statement, although this list is not exhaustive and departments may wish to include other indicators in their submission. The sub-panel will be looking for measures that have a high impact on the field of research, rather than routine measures.

31. The sub-panel will be looking for measures of esteem that relate to scientific leadership.

32. The sub-panel will not necessarily expect each member of staff returned in a submission to be able to submit information on indicators of esteem.

Applied research and practice-based research

33. Main Panel B expects much of the research submitted to some of its UOAs to be applied and practice-based. The sub-panel will give full recognition to applied research and practice-based research included in submissions which is of direct relevance 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

34. The sub-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 sub-panel encourages departments to include in their submissions those staff whose quantity of output may have been affected by prolonged 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-panel to take full account of such mitigating circumstances. The sub-panel recognises that there may be exceptional circumstances where departments wish to submit one output for staff. The sub-panel is 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.

35. Departments should note any individual staff circumstances which have significantly affected their contribution to the submission. In making its assessment the sub-panel will take account of circumstances that fall within one of the categories listed in paragraph 39 of the generic statement and in paragraph 36 below. While the normal expectation is that staff should submit four research outputs for assessment, the sub-panel will make allowances for a lower number of outputs for staff that have special circumstances. Where departments have submitted fewer than four outputs for an individual, the number of outputs should be proportionate to the duration of the special circumstances that obtained during the assessment period.

36. The sub-panel is aware of the contribution clinical academic staff (with clinical and/or training commitments) make to the vibrancy of the research culture, and would encourage departments to include these individuals in submissions. Departments may wish to submit clinical lecturers or equivalent with fewer than four outputs. Such staff are defined as those who have not yet completed their clinical training and who have not received a Certificate of Specialist Training before 30 April 2007. Departments are also encouraged to submit work of early career researchers, who are defined as individuals who entered the academic profession on employment terms that qualified them for submission to RAE2008 as Category A staff on or after 1 August 2003. In these circumstances, the expected number of outputs may be fewer than four.

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Working methods

37. The assessment will be one of peer review based on professional judgement. A minimum of two sub-panel members will be appointed to act as lead assessors for each department's submission.

38. In undertaking its assessment of submissions, the sub-panel will carry out a benchmarking exercise, and will consult with the main panel and international members to test its application of the quality levels to the three components of submissions. Further details on how the benchmarking exercise on outputs will be performed are given in paragraph 17 of the main panel statement.

Research outputs

39. The assessment of research outputs will comprise 75% of the overall quality profile.

40. A minimum of two sub-panel members will independently judge each output and present their quality level scores to the lead assessors described in paragraph 37. All outputs will be allocated randomly to members of the sub-panel and will be considered in sufficient detail to form an assessment. Sub-panel members will refer outputs which they consider fall outside their area of expertise to a sub-panel member who is better qualified to judge it, or to another sub-panel. Where appropriate, they will seek the advice of specialist advisers or the international advisers who serve on the main panel.

41. Data on the number of research-active staff in RA1 will be compared with the total number of research outputs listed in RA2. Account will be taken of staff with fewer than four outputs where special circumstances are described in RA5b. Where there is a justifiable reason, the absent output(s) will be disregarded but where there is no suitable justification the absent output(s) will be marked as Unclassified.

Research environment

42. The research environment will comprise 20% of the overall quality profile. It consists of the following elements:

- 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 the Research Councils, members of the Association of Medical Research Charities, 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 its culture and coherence; the sustainability of the research environment, including the staffing policy and policies for developing new researchers; and the research strategy, including future plans.
- e. The narrative in RA5 on the impact or potential impact of the department's research on health and healthcare.

In making its assessment the sub-panel will give due consideration to each of the elements.

43. The assessment will not be formulaic, and the sub-panel will make a structured judgement by considering all elements of the research environment. All members of the sub-panel will independently assess the research environment for each department and their quality level ratings will be summed to produce a quality profile.

Esteem indicators

44. Measures of esteem documented in the narrative of RA5 will comprise 5% of the overall quality profile for submissions. All sub-panel members will make an assessment of the indicators of esteem. A single quality level rating will be given for measures of esteem documented in submissions.

45. In undertaking its assessment of submissions the sub-panel may make reference to appropriate quality level benchmark indicators to help inform consistency in its judgements. In addition, it will consult the main panel and international members to test its application of the quality levels to the three components of submissions. For each submission the lead assessors will present to the sub-panel separate quality profiles for each of the

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three elements that sum to make the overall, final quality profile. The sub-panel will discuss this assessment and will confirm that, in its expert judgement, the overall profile is a fair reflection of the quality of the research included in the submission. If consensus cannot be reached, voting will be used as a last resort. The sub-panel will then make a final recommendation of quality profiles to Main Panel B.