



Council of Deans of Health: Response to Lord Stern's review of the Research Excellence Framework Call for Evidence

March 2016

Council of Deans of Health

The Council of Deans of Health (CoDH) is the representative voice of UK university health faculties engaged in education and research for nursing, midwifery and the allied health professions (AHPs). Further information about us can be read at:

<http://www.councilofdeans.org.uk/>.

Executive Summary

The Council has been impressed by the volume of existing evidence on the REF process, as outlined in section 3 of the consultation document. We have sought to avoid addressing issues already covered in depth by existing research. Instead we direct our comments to those matters of particular interest to our members – faculties engaged in education and research for nursing, midwifery and allied health professions.

The Council is broadly supportive of the REF process for the reasons outlined by existing sector-wide research. Our members are however mindful of the time and money invested by universities in REF submissions and support the work of this review to look at ways of further improving the efficiency of the process.

While we support the review's consideration of appropriate use of metrics, we would oppose a solely metric-based process. Metrics are not universally applicable across academic disciplines and should therefore be treated with caution and calibrated within rather than between disciplines.

We consider the existing UOA to be broadly appropriate but urge the review to consider more detailed identification of REF submissions by discipline, particularly in the more diverse UOAs, to facilitate interrogation of REF results by discipline.

Impact assessment has encouraged institutional and disciplinary reflection on the benefits of research. We therefore support the continuation of this element of assessment.

The easiest way to reduce the cost of the REF process would be to extend the length of time between each assessment. Delaying the next REF would also give universities, funding and regulatory bodies a chance to adapt to the changes set out in the Green Paper, the Nurse Review and this review. It would also allow health faculties (our members) to focus on the implementation of radical new funding and commissioning arrangements from 2017/18.



Consultation Questions

- 1. What changes to existing processes could more efficiently or more accurately assess the outputs, impacts and contexts of research in order to allocate QR? Should the definition of impact be broadened or refined? Is there scope for more or different use of metrics in any areas?**

The Council supports the appropriate use of existing datasets, where available, robust and relevant. We would however strongly oppose sole reliance on a metric-based approach, both because our members value the peer review process and because there is [well documented evidence](#) of the drawbacks of widespread metric use. Indeed peer review must remain central to the REF process. We believe that the balance between metrics and peer review in the 2014 REF assessment is probably right, possibly with scope for some increased use of metrics for environmental assessment (though even here peer review of contextual information will be important).

Conventional metrics, particularly citation metrics, can pose problems for assessment of nursing, midwifery and AHP research. This is because in these applied fields research is commonly intended to inform practice and often more likely to be disseminated to clinical practitioners than used to inform further academic work. This is one reason that we would argue that metrics should be calibrated within academic disciplines rather than between them.

In the last REF exercise our members invested a great deal of time in understanding and conveying the impact of their research. This is a resource-intensive undertaking but does encourage institutional and disciplinary reflection on the benefits of research. The Council therefore supports the inclusion of impact assessment and urges that it is continued subject to ensuring that impact claims are auditable.

Burdens on universities could be reduced by ensuring that wherever possible REF and research council requirements are aligned.

We would caution against making any fundamental changes to the next REF. While there may be scope for refinement, universities have learnt to manage the current process. Running the next REF exercise along broadly similar lines will allow universities to build on past experience rather than spending time on new processes.

- 2. If REF is mainly a tool to allocate QR at institutional level, what is the benefit of organising an exercise over as many Units of Assessment as in REF 2014, or in having returns linking outputs to particular investigators? Would there be advantages in reporting on some dimensions of the REF (e.g. impact and/or environment) at a more aggregate or institutional level?**

REF is not only used to allocate QR funding at institutional level. It is also a source of rich, valuable information for universities and other funders. We feel that the current level of



granularity is currently about right for these purposes. It also helps to ensure that panel members are familiar enough with the research areas to make informed judgements.

We can however see certain advantages to reducing the range of sub-panels to which submissions are made, particularly for our disciplines for whom during the last exercise submissions were split between social policy, social work clinical medicine, psychology, sociology, community health etc. This spread of submissions might result in differential assessment of the disciplines if each sub-panel adopts a slightly different approach.

Our members have considered the existing Units of Assessment. We are particularly cognisant of comments reported in HEFCE's paper *Evaluating the 2014 REF (March 2015)* that UOA 3 (Allied Health Professions, Dentistry, Nursing and Pharmacy), which covers our member faculties, is a particularly large and diverse UOA, aggregating disciplines previously treated separately under the RAE.

Generally we feel that the current UOA 3 is acceptable but we would like this review to look at ways of 'tagging' and indexing submissions by discipline at submission stage and ensuring that diverse UOAs record information which is sufficiently nuanced to improve the REF results search function and allow interrogation of the REF results by individual discipline. This would increase the value of REF data for future discipline-based policy making and research, particularly for smaller disciplines such as midwifery and allied health professions.

The Council would be interested in this review's assessment of the benefits of reporting the environmental dimension of REF at a main panel or institutional level. Our perception is that effort invested in this element of REF for each UOA seems disproportionately great with fewer extrinsic benefits for faculty staff than for example submissions on impact assessment which encourage reflective practice. This is one area where greater use of metrics might be most effective.

While the primary purpose of REF is QR resource allocation, data collected through the REF and results of REF assessments can also inform disciplinary, institutional and UK-wide decision making.

3. What use is made of the information gathered through REF in decision making and strategic planning in your organisation? What information could be more useful? Does REF information duplicate or take priority over other management information?

As noted above, our members have found impact assessment to be useful for promoting reflection on the use of their research. This is particularly relevant in applied subjects like nursing, midwifery and the allied health professions, where research rapidly informs practice.



As stated above, we believe that including disciplinary indexing within UOA 3 submissions would help nurses, midwives and AHPs to use REF results to evaluate the state of research in these fields.

4. What data should REF collect to be of greater support to Government and research funders in driving research excellence and productivity?

REF submissions should index disciplinary background of each researcher – particularly in the more diverse UOAs - to aid interrogation of REF results by discipline.

5. In your view how does the REF process influence, positively or negatively, the choices of individual researchers and / or higher education institutions? What are the reasons for this and what are the effects? How do such effects of the REF compare with effects of other drivers in the system (e.g. success for individuals in international career markets, or for universities in global rankings)? What suggestions would you have to restrict gaming the system?

The Council believes that all eligible staff should be submitted to the REF exercise. This would help reduce gaming. If this option is not pursued, the REF could require institutions to state what proportion of eligible staff were entered. Institutions should be required to identify the discipline of each researcher to increase transparency and facilitate REF data interrogation.

8. How can the REF better address the future plans of institutions and how they will utilise QR funding obtained through the exercise?

It is likely to be difficult for REF to take into account institutions' future plans without fundamentally changing the basis of the exercise. If methods of rewarding longer-term research and strategic investment are suggested as part of this review we would be open to their consideration.

REF should certainly be mindful of the impact of research over longer periods. The rules relating to the submission of impact assessments case studies should reflect the fact that impact may take time to become evident. It would be logical to allow universities to resubmit case studies where subsequent impact of research can be clearly demonstrated.

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