

## Response ID ANON-CVDF-YW3F-C

Submitted to **Research Excellence Framework review: call for evidence**

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### Introductory Section

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Professional Body

**F If you selected 'Individual,' please describe any particular relevant interest; teaching staff, student, etc. 'Please expand or write NA if not applicable.**

**Please enter here:**

NA

**G If you selected 'Other,' please give details. 'Please expand or write NA if not applicable**

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NA

### Section 1

**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?**

**Please tell us your thoughts in no more than 500 words:**

The last ref was very expensive and involved the assessment of thousands of outputs. Other forms of metrics could be used in combination with a light touch peer review. Such metrics might include a summary institutional publication profile- as part of an institutional CV. This could increase transparency by highlighting the total number of papers published per colleague and the total citations per paper. The profile could include the tagging of the best 4- 6 papers from that individual in the period - to check for quality, reach, relevance, impact and innovation. All papers should be made available on ORCA or similar, representing the total range of work produced, rather than only four papers.

We are clear that IMPACT FACTOR is not a sensibly proxy for quality, particularly in applied disciplines such as nursing where the aim of research dissemination is primarily to inform practice and policy rather than further academic work.

The definition of impact should be broadened and refined to include disciplinary specific impact that may not currently be acknowledged. For example, in nursing this could include: 1) ensuring that essential work carried out by members of the nursing profession in clinical trials research is made visible 2) purposefully including evidence where practitioners have demonstrated the impact of using research evidence in their practice

If, as anticipated, the significance of impact increases in the next REF then a template is needed that allows consistency of terminology as well as some measure of scoring or quantifying impact prior to submission. This could be verified in novel ways to check the claims submitted on forms and more 'research consumers' could actively participate in this process.

All forms of metrics have their strengths and their weaknesses, and these limitations must be acknowledged. We are clear however that IMPACT FACTOR is not a sensible proxy for quality. Whilst we commend the use of citation rates in an institutional publications profile we clearly acknowledge that there are incidences where citation rates are low but research has had a high impact in practice.

Overall we'd recommend citation rates, income and measures of esteem that can be quantified and checked by new peer-review mechanisms (rather than relying on statements written by professional writers).

**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?**

**Please tell us your thoughts in no more than 500 words:**

All professions and investigators should have equal access to potential QR funds. We should guard against giving money only to those who already have. In REF 2014, health care researchers from practice disciplines such as nursing were praised for the quality of their work into the challenges facing patients and public health. This work needs to be developed and built upon, including supporting new and emerging departments of nursing and health care research. Any new system needs to be equitable and fair above all else.

It is important to have Units of Assessments linked to main cognate areas as in the last REF so they are aware what is world leading, internationally excellent and internationally recognized in the area. It would not be possible for larger panel groups to make this judgement fairly.

Institutional statements are useful as they point out differences – but disciplinary hierarchies can privilege some impact over others. All research active staff should be encouraged to submit impact statements. These should be collated into an institutional CV that demonstrates the range and scope of impact and research development within each department within a university. Peer-review could be introduced. Discipline-specific representatives could be appointed to peer review and score the extent of the impact/environment within the discipline rather judge than entire units of assessment (with a checking mechanism built in to help minimize bias such as random checks by an external 3rd party).

## **Section 2**

**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?**

**Please tell us your thoughts in no more than 500 words:**

The RCN Research Society has used the publicly available impact case studies to categorise the 'hidden' impact of nursing research in REF 2014. This will be available as a publication shortly. Our analysis highlights the disciplinary invisibility within the current data set. If these data were captured in future exercises it would facilitate discipline specific analysis for research development and policy making

The HEFCE evaluation reports and available online data has also helped to shape the debate about the status of practice-led disciplines, such as nursing, who compete in the research funding stakes despite recognized challenges - We are aware that decisions about the future of research centres /units within HEIs is informed by REF results.

Funding sources for research, including low or unfunded work should not detract from the overall value of findings (as well as reach and impact) but would help clarify how QR funding distribution is impacting over time for different disciplines.

The importance of REF scores in HEIs means that it often takes priority over other management information.

Much of the individual profile work, such as publications, is available on ORCA or similar. As per our response to question 1, we recommend each institution could draw on these data and submit a summary of all research active staff and their activity and profile.

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

**Please tell us your thoughts in no more than 500 words:**

In the environment section, it could also collect information on networks / collaborations developed from the research outputs submitted, so national and cross national and interdisciplinary collaborations were captured more completely and could be seen as additional benefits from the funding.

The potential of nursing research to improve the quality of care is recognized but its potential to help discover new ways to address complex problems in the NHS and enhance cost-effectiveness has not yet been realised. If REF is to steer research excellence and productivity it could include measures that capture research priority setting initiatives especially where these are co-produced with knowledge users. It could capture peer review activity and dissemination work, especially where this is done in partnership with knowledge users such as policy makers and professional bodies. The translation of knowledge into practice maximizes impact but doesn't necessarily always generate theory. Consequently knowledge producers are often, ironically, steered away from maximizing the impact of their work because this activity is not necessarily valued as highly as generating knowledge per se. There needs to be a culture shift in what is valued and counted as 'the research process' if the impact of government investment in research is to be fully realised.

## **Section 3**

**5 How might the REF be further refined or used by Government to incentivise constructive and creative behaviours such as promoting interdisciplinary research, collaboration between universities, and/or collaboration between universities and other public or private sector bodies?**

**Please tell us your thoughts in no more than 500 words:**

As above by encouraging institutional CV's that should highlight all disciplines they host and the merits of all their contributions. In the previous REF some universities excluded swathes of nurse researchers as they thought only 'hard science' would attract a good score. This is both ignoring the contribution of nursing research as well as being inequitable.

As above by supporting academic staff to realise the impact of their research and legitimizing the activities necessarily to do so. For example working more closely with knowledge users, engaging them in research priority setting work and building their knowledge use capability, and measuring and rewarding these activities through the REF exercise.

## **Section 4**

**6 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?**

**Please tell us your thoughts in no more than 500 words:**

In the last REF we know of many instances where nurse researchers, some of considerable standing, were excluded on the basis of not meeting a pre-determined GPA score (sometimes by a mere fraction). Some staff were also moved off research and teaching contracts to 'massage the figures' regardless of the impact on that individual or their career. Similarly, people were employed to boost the profile of a department whilst actually contributing little to the academic environment. In addition, with the focus on outputs and income in the REF, more collegiate activities such as supporting early career researchers and creating a supportive environments can be left to wither, to the detriment of the HEI community.

We strongly recommend that institutions should be required to identify the discipline of each researcher to increase transparency and as stated above, facilitate REF data interrogation.

Game playing, institutional reputation being the main driver, and prejudice towards what some institutions appeared to consider 'risky' disciplines (such as nursing, despite having its own UoA). The effects were negative on individuals, including low morale, but little attention was paid to this.

REF adds to a cumulative perception that reputation and ranking is all that is really important. The choice of four 'best' papers is actually quite arbitrary and in sub panels with multiple disciplines, members were asked to judge work when they know little about the nature of the discipline or the merits of individual outputs. This is why all academic subjects and research active staff hosted by a university should be included in the future- not merely a selection of perceived 'safe' subjects, or individuals.

Include everyone as above, and introduce some degree of face to face peer-review to check the accuracy of an institution's submission.

**7 In your view how does the REF process influence the development of academic disciplines or impact upon other areas of scholarly activity relative to other factors? What changes would create or sustain positive influences in the future?**

**Please tell us your thoughts in no more than 500 words:**

Our analysis of the hidden impact of nursing in REF impact case studies demonstrates that some academics fail to acknowledge the contribution of all the disciplines involved in research endeavours. The present approach to REF also allows disciplines, such as nursing, to celebrate progressive success and the growing impact of our research – such as contributing to the many complex challenges facing the NHS.

At the institutional level it should allow all researchers' work to be submitted, and, if not, to explain why.

Funding sources, indicating high impact work done with modest, little, or no, funding should also be noted as impact is not always related to research income (although we acknowledge that success with funding is important).

Changes to create or sustain positive influences in the future include: the inclusion of all eligible research active staff to give a truer picture of the research profile of each institution; a more hands-on approach to peer-review at the level of HEI's rather than reading large quantities of papers and professionally-produced impact statements; use of freely available metrics such as citations (adjusted for time since publication, perhaps taking a longer time period than the current REF cycle); assure the ongoing use of disciplinary-specific experts to judge the merit of claims about impact and environment. In the current system the game playing was acknowledged quite openly but nothing was done to stop it.

## **Section 5**

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

**Please tell us your thoughts in no more than 500 words:**

In practice-based disciplines the outputs of researchers, and the impact they have, needs to be considered alongside the amount of funding received. If funding is difficult to obtain then this should be taken into account in judging the contribution that was still achieved by a discipline on complex issues. Forward-looking institutional plans should, once again, consider all disciplines submitted not only those who have attracted the most funding.

Although REF causes individual researchers much concern and some significant stress it is not always clear where the QR funding actually goes. If all disciplines contribute to success of an institution then there should be some process to audit the eventual spend. At present it may go only to those disciplines that have already attracted funds (as a form of reward often), rather than disciplines who may have had a high impact from relatively low funding streams. Some publicly available audit trail of QR spend (public money after all) should be made available by all institutions.

## **Final thoughts**

**9 Are there additional issues you would like to bring to the attention of the Review?**

**Please tell us your thoughts:**

Consider a peer-review approach to institution-level assessment (as used to improve cancer services in the NHS). Rather than the panel sitting away from the institution, have teams going out to review institutional CV's, claims of impact, inclusion of all relevant staff, testimony of fairness in the process from random research active staff, future plans and previous QR spend.

The previous REF encouraged game playing and disciplines like nursing were not as evident in submissions as they should have been. Those who were included did well under the REF system, but many colleagues felt excluded and demoralized. Yet the nursing contribution to research on nursing, of relevance to nursing or involving nursing in its execution, is active but sometimes hidden from view, as we have argued (hidden impact paper).

The cost of REF 2014 was allowed to expand to an extent that it seemed indefensible. This was not helped by the game playing that some engaged in.

Whilst no system will be perfect we propose stronger institutional level peer-review, transparency in how staff were selected for inclusion, clearer criteria to

assess impact and disciplinary-appropriate focus when judging research environments (for instance nursing research commonly occurs in university departments whose main focus is the education of the future nursing and midwifery workforce). Thus the challenges of such environments should be openly acknowledged, and by doing so making successful research achievements more meaningful.

If a multi-disciplinary panel is again the likely approach then some disciplinary-specific information is also needed in terms of research income attracted, quality of the outputs and impact achieved, regardless of level of grant capture.

This would create a more level playing field for all academic disciplines.