

## For Debate

# RAE: “Rarely Acknowledged Endeavour”?

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Since 1990, the academic community in the UK has participated in three Research Assessment Exercises (RAEs). Depending on how the data collection and collation were organised at the local University level, the production of the necessary documentation for each RAE placed an inordinate strain in individual colleagues groups of staff during times of limited resource.

The “Former Polytechnics” were certainly caught unprepared by the 1992 exercise and probably did not take that exercise seriously enough, being unaware of the consequences of a poor rating. Indeed, of the 18 submissions made to the Pharmacy Unit of Assessment (UoA 9) in the 1992 exercise, half were rated either 1 or 2 (Table I) and these included all five of those recently renamed Universities. These Universities have been playing “catch up” ever since.

A cynical examination of the aims of the RAEs suggests that they are intended to inform the Government so as to justify its distribution of funding. In terms of Pharmacy, the pharmaceutical community knows where the expertise lies and what areas of the excellence may be found in each School of Pharmacy. So should there be another way of assessing the excellence of each School? Certainly, doubts were raised about the ratings following publication of the results of the 1996 RAE and a number of questions were asked within academia.

1. In what esteem is traditional pharmaceutical technology held? Certainly unofficial feedback

after the 1996 survey (nothing was ever put in writing or made attributable) was that traditional pharmaceuticals was outmoded and was not blue sky research worthy of significant research council funding.

2. How much kudos is given to working closely with industry? A number of Schools, my own included, showed high revenue from industry per person submitted as described in the 1996 RAE. Yet again, unofficial, non-attributable feedback suggested that industrial sponsorship was easily obtained and could not be held in as high esteem as Charitable or Research Council Income. The decisions made by the panel members in 1996 dictated where some Schools of Pharmacy would submit in the 2001 RAE.
3. Was industrial collaboration really taken into account in that 1996 exercise when funded solely by industry?
4. In what esteem is the subject of Pharmacy Practice held? Again, unattributable comments following the 1996 RAE suggested that Pharmaceutical Practice was considered research unworthy of merit.

These particular issues, highlighted in points 1–4 above, relate to Pharmacy Practice and Pharmaceuticals, subjects that most pharmacists would recognise as being the true kernel of Pharmacy. Unallayed fears after the 1996 Exercise probably contributed to Universities seeking other Units of Assessment into

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TABLE I Ratings of schools of pharmacy or units assessed to the pharmacy panel in the 1992, 1996 and 2001 research assessment exercises

Submission	Basic rating		
	1992(a)	1996(b)	2001(c)
Aston University	4	3a	3a
University of Bath	5	5	5*
University of Bradford	3	3a	4
University of Brighton	2	3b	5 <sup>¶</sup>
De Montfort University	2	2	4 <sup>¶</sup>
Derbyshire College of Higher Education	1		
University of Keele	1		
Institute of Cancer Research		5	5
Liverpool John Moores University	1	1	4 <sup>¶</sup>
King's College London	4	4	5
School of Pharmacy, London	5	5	5
University of Manchester	4	5	5*
University of Nottingham	5	5*	5
University of Portsmouth	2	4 <sup>¶</sup>	5 <sup>¶</sup>
University of Sunderland	2	2	3a
Queen's University of Belfast	2	3b	4
Robert Gordon University	1	1	3b <sup>¶</sup>
University of Strathclyde	3	4	5
University of Wales, Cardiff	4	5	5

Sources of information: (a) Universities Funding Council, Research Assessment Exercise 1992: The Outcome: Circular 26/92: Table 9 [www.niss.ac.uk/education/hefc/rae92/c26\_92t9.html]. (b) HEFCE, 1996 Research Assessment Exercise 1996: The outcome. Unit of Assessment: 09 Pharmacy RAE96 1/96 [www.niss.ac.uk/education/hefc/rae96/1\_96/t09.html]. (c) 2001 Research Assessment Exercise: The outcome. Unit of Assessment: 09 Pharmacy, RAE4/01 [www.rae.ac.uk/results/byuoa/uoa09.htm] except those marked <sup>¶</sup> *Pharmaceutical Journal*, (2001) 267, 875.

NB. 5\* is highest rating in 1996 and 2001.

which to submit their pharmaceutical research. Consequently, several Universities, including Brighton, Portsmouth and Liverpool John Moores submitted their pharmaceutical staff into Units other than "UoA 9: Pharmacy" (Table I), no doubt heartened by a similar decision by Portsmouth in 1996.

The UoA 9 Pharmacy Panel Overview Report (2001) made some revealing comments in the light of the issues raised above. Certainly that report claimed that "the presence of two representatives of the pharmaceutical industry, and an observer from the Association of the British Pharmaceutical Industry, strengthened the appreciation of the application and exploitation of pharmaceutical research" almost a tacit admission of the wrongs of the 1996 exercise. Additionally, the report stated "Although the UK is a world leader in the area of pharmacy practice, much of this activity is based on the methodologies of health services research, which itself is a relatively new area of scholarship". This emergent status was cited as the reason why work within pharmacy practice had not yet reached national standing. But how can it not have reached national standing when a few lines earlier the report stated "the UK is a world leader in the area of pharmacy practice" and this research takes place in the UK Schools of Pharmacy?

The UoA9 Panel, also stated "classical pharmaceuticals and pharmaceutical technology, the backbone of medicine formulation and manufacture, continues to decline with no clear plans for the future of these key developmental areas defined in a number of submissions". One reason was that such work was submitted into other UoAs. Additionally, the RAEs do not recognize, because the real worth of the data can never be revealed, confidential studies resulting from collaboration with industry in traditional or secret areas.

The 2001 Exercise clearly highlighted concerns for the research in these areas of Pharmacy Practice and Pharmaceutical Technology. The people who research in these highly important areas are entitled to feel under-valued and the fruits of their endeavour do not appear to be acknowledged.

However, there must also be considerable impact from the 1996 and 2001 RAEs on teaching at the undergraduate level. Certainly, some Schools do not research into pharmaceutical technology and their graduates can only be given a review of current practice in this area by staff consistently updating themselves with the theoretical knowledge. This must be a problem for the future, with decline in University-based research knowledge in an area that is not considered by current undergraduates as having significance. Pharmacy practice is recognised by the undergraduate population as one of the most important areas of pharmacy and therefore its importance must be duly acknowledged by those assessing research.

Can the 2001 RAE overcome the set-backs suffered by some Schools following publication of the 1996 data? Several Schools have attempted to redress their perceived injustices from previous exercises by the expeditious use of the exercise to submit their research into more receptive panels. Why? Because of the financial rewards of a higher rating for research and because of the major concern that that research might not be seen as excellent by the pharmaceutical review panel.

Will Schools of Pharmacy be as supportive of each other as they were following the 1996 exercise? The "word on the street" evidence from 1996 was that due diligence had not been taken by the panel and that certain Universities had been underestimated in terms of their research. I personally drew considerable strength from support proffered from staff at other Schools of Pharmacy. Yet correspondence following release of the 2001 exercise (Brown, 2002) suggested that some Universities regard their research in pharmaceutical areas as more significant because their rating was achieved in UoA 9 whilst other Universities submitted their research into other Units (Table I). Does this represent the first schism between Schools, by implying that all research conducted

in Schools of Pharmacy is not significant if not given a rating blessed by UoA9?

Pharmaceutical scientists must recognise that collaboration between, or integration with, staff at Schools of Pharmacy and other Units within their University is a sign of diversity and strengthening of the science of pharmacy. Pharmacy has always taken strength from its "Jack of all Trades" nature. We all recognise that no one Pharmaceutical Scientist can be an expert in all aspects of Pharmaceutical research and that not only the research but also the teaching is strengthened by collaboration or delivery by Scientists with a non-pharmaceutical background. The Royal Pharmaceutical Society might also be seen to endorse the marrying of scientists of different disciplines into Pharmaceutical Research by partly devolving its interests in Pharmaceutical Research to the Academy of Pharmaceutical Scientists.

Another worrying aspect to the provision of Pharmaceutical education is the concern that the RAEs mistakenly move the emphases of Schools of Pharmacy away from the training of would-be pharmacists to a research orientated background. Most of our graduates need balanced training in all aspects of pharmaceutical practice, not just its Science.

The Research Assessment Exercise misses the whole point. Research at University should be about training minds to philosophise, not rating the UoAs on the basis of the quantity of research income or

from where the income was derived. A two-tier system, whereby Pharmacy undergraduates are taught differently at Universities, depending on how the research is perceived, is on the horizon and will this be to the benefit of the profession?

Finally, the 2001 Panel noted that the age profile in some departments was a cause for concern (Panel Overview Report, 2001). A bigger cause for concern is the lack of recognition in currency of research in Pharmacy Practice or Pharmaceutical Technology. If these are not developed as major, recognised research disciplines in the short term, which will be available, in the longer term, to teach the undergraduate populations subjects that are at the heart of the profession. And these are the very same areas where graduates employed in community or industry command salaries far higher than those obtainable by newly appointed academic staff with both undergraduate and postgraduate qualifications. Academics who research in these two areas now find themselves doubly undervalued by salary and their peers. Will those working in these disciplines continue to find their endeavours rarely acknowledged?

### References

- Brown, J.R. (2002) "Sunderland's position clarified", *Pharmaceutical Journal* 268, 19.  
UoA 9 Pharmacy Panel Overview Report (2001) [<http://www.rae.ac.uk/overview/docs/UoA9.doc>]