

Engagement and Impact Assessment Consultation Paper

About ASMR

Since 1961, the Australian Society for Medical Research (ASMR) has provided advice to government on behalf of the health and medical research sector. The ASMR represents more than 1700 direct members and an additional 120,000 Australians through our affiliated professional societies, medical colleges and corporate/disease related foundation members.

Advice from ASMR is always evidence based; our goal is to assist government in developing policies that allow our country's highly skilled health and medical research workforce to maintain and expand their contribution to the health and economic wellbeing of all Australians.

Summary

Knowledge and outcomes generated from University-based research pervade every aspect of our society, often in subtle ways that are not immediately obvious to the end users (e.g. business, community) or through assessment procedures. In terms of scientific research, including health and medical research, the research that generally has the greatest impact on society arises from knowledge collectively generated by many teams across the world, working either independently or collaboratively, with each making a unique and specific contributing to a larger solution over usually an extended period of time. This situation makes attribution of this larger solution, and its impact on the economy or society, extremely difficult.

In contrast to assessment of engagement, which is achievable using existing methodologies and imposes only a relatively small additional burden on universities, the Consultation Paper repeatedly notes that assessment of impact is incredibly problematic, particularly given that there are no clear metrics or timeline that are appropriate across all projects and disciplines.

The primary recommendations of ASMR to this Consultation are that:

1. Any quantitative assessment with implications for university funding should focus strictly on measures of **research engagement** and not **research impact**
2. Any qualitative assessment of **research impact** should be based on the **processes** put in place by universities to enhance impact
3. An **iterative dialogue** should be established between the Assessment Panel and each university to allow **constructive feedback** as to how processes might be improved to further enhance research impact into the future

Definitions

The ASMR endorse the definition of engagement provided by ATSE (reproduced on p6 of the Consultation Paper) and agrees with the reasoning of ATSE that assessment should focus on research engagement and not research impact. Reasons highlighted in the Consultation Paper

include difficulties in gauging research impact in its various forms (economic, social etc) and attributing impact to specific projects or universities. Furthermore, whereas choosing research directions and modes of dissemination to maximise potential impact (i.e. engagement) is within the control of a given university, the ultimate use of this research once it is in the public domain is generally beyond the control of that university. As such, universities should not be held accountable for how others utilise, or don't utilise, their research outcomes. Taking the example of climate change research, it could be argued that universities have shown a high degree of engagement in promoting climate science to the general public and advocating for action towards mitigating dangerous climate change, but that impact has been low due to a lack of corresponding change at the policy level. Should universities be penalised for failures to achieve impact that are outside of their control?

As also noted throughout the Consultation Paper, there is usually a long time lag between the performance of university-based research and its impact on society. The UK REF 2014 allowed a timeframe of up to 15 years, however for research funded by the National Health & Medical Research Council (NHMRC), Deloitte Access Economics assumes a time lag of 40 years between research expenditure and the mid-point of wellbeing gains <http://www.asmr.org.au/NHMRCReturns.pdf>. Such inconsistencies in the time lag between research performance and impact provide another reason for abandoning attempts to quantitatively assess research impact. As noted in the Consultation Paper, an emphasis on indicators of short-term impact will incentivise short-sighted research (i.e. the "low-hanging fruit") to the detriment of more ambitious yet more beneficial research programs with a longer time delay to impact.

Scope

The ASMR believes the scope of assessment should be restricted to measuring research engagement; this should include not just commercialisation activities and linkages with industry and business but also knowledge transfer to and engagement with the general public. This alternative yet critical form of engagement underlies much of the impact from public health research, which demonstrably improves the economy (through preventative health action) and population wellbeing. It is important to recognise such forms of engagement alongside those with the potential for commercial returns.

Case study approaches are likely to impose a considerable additional reporting burden upon already-strained university resources. Removing the requirement to thoroughly assess research impact will remove the need to develop case studies, allowing research engagement to be assessed based on existing metrics (e.g. ERA, HERDC), possibly combined with other international benchmarking tools (e.g. SciVal). The ASMR recommend that reporting requirements relating to research impact are restricted to a description of the strategies and processes implemented, either at the university or discipline level, to enhance research impact into the future. The Assessment Panel should provide feedback to universities as to how their strategies might be improved, opening a dialogue to guide the development, implementation and continual refinement of approaches to enhance research impact.

Key Issues

The vast majority of the key issues raised in the Consultation Paper are specific to assessment of research impact, again highlighting the problematic nature of attempting to systematically and equitably assess this facet of research. Focussing assessment solely on research engagement removes problems associated with attribution (which could potentially incentivise anti-collaborative research activities), eliminates the need to account for time lags, and minimises costs involved in

data collection and verification. Similarly, managing disciplinary differences is only a problem for attribution of research impact; comparing discipline-specific engagement across universities is less problematic.

Conclusion

If university-based research is to undergo an improvement in engagement and impact, the first priority should be on creating a fertile environment for knowledge translation and transfer rather than specific means of assessing and comparing universities. Improving research engagement and impact requires a change in culture that will take time to develop, irrespective of what incentives are put in place. To achieve this goal, the ASMR recommend that research engagement be made the focus of this assessment, and that Assessment Panels should work in a collaborative way with universities to develop, implement and refine strategies for enhancing research impact into the future.



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