



Tertiary Education Commission  
Te Amorangi Mātauranga Matua

**Performance-Based Research Fund**  
Medicine and Public Health panel-specific  
guidelines 2012 Quality Evaluation

## Introduction

The Performance-Based Research Fund (PBRF) 2012 Panels have developed guidelines to assist staff members with the processes of developing and submitting Evidence Portfolios (EPs). These guidelines provide advice on specific areas that relate to the subject areas of Medicine and Public Health and do not replace or supersede the requirements for EPs that are set out in the *PBRF Quality Evaluation Guidelines 2012*.

The Medicine and Public Health panel-specific guidelines must be read in conjunction with the *PBRF Quality Evaluation Guidelines 2012*. In areas where the panel-specific guidelines do not provide additional information, this is because the advice provided in the *PBRF Quality Evaluation Guidelines 2012* applies.

The panel will be primarily interested in assessing the quality of the NROs and the staff member's contribution to them, and can also take into account the quality of the outlets through which the research has been published.

Please note that peer review panels assess EPs without reference to Quality Categories gained by staff members from their participation in the 2003 and/or 2006 Quality Evaluations.

# Medicine and Public Health panel-specific guidelines

## **Description of panel coverage**

The Medicine and Public Health Panel will assess EPs in the subject areas described below. The descriptions should be considered a guide – they are not intended to be exhaustive.

### **Biomedical**

Includes disciplines of physiology, pathology, biochemistry, molecular biology, genetics, cell biology, immunology, microbiology, neuroscience, genomics, developmental biology, pharmacology and bioinformatics when research outputs presented in EPs are being used primarily in medical science, clinical practice, public health and health interventions.

### **Clinical medicine**

Includes all clinically oriented research including research in medical disciplines such as psychiatry, surgery, obstetrics and gynaecology, general practice medicine, paediatrics, anaesthesiology, and internal medicine.

### **Public health**

Includes epidemiology, Hauora (Māori Health), environmental health, occupational health, community health, health education, health promotion, biostatistics, health policy and health services management.

## **Cross-Referrals**

The Medicine and Public Health Panel expects to cross-refer with the following panels: Health; Biological Sciences; Social Sciences and Other Cultural/Social Studies; and Māori Knowledge and Development.

Both this panel and the Biological Sciences Panel recognise the importance of the following disciplines: physiology, pathology, immunology, pharmacology, biochemistry, molecular biology, genetics, genomics, cell biology, microbiology, neuroscience, developmental biology, and bioinformatics. EPs with research outputs that are being used primarily in medical science, clinical practice, public health and health interventions will be assessed by the Medicine and Public Health Panel; other research outputs in these disciplines or subject areas will be directed to the Biological Sciences Panel. The panel Chairs will confer on those EPs where the primary orientation of the research outputs is unclear.

The membership of peer review panels is designed to enable panels to assess the quality of research in most areas, including those which have a professional, translational or applied outcome. It is recognised,

however, that a small number of staff members will have research outputs that require expert advice from outside the scope of the panel membership and/or that may need to be considered by one of the two Expert Advisory Groups.

**Expectations for standard of evidence to be supplied**

There are a number of dissemination channels that are broadly recognised as premier research outlets. Those tend to be general (but high-profile) journals. It is also recognised, however, that there are specialist outlets for research that are leading in their field. Staff members must make their own judgements as to the relative weight they give to presenting research outputs through general and specialist channels. Where information in the form of impact indices is available, that information may be included in the "Description" field when describing why a research output represents one of the staff member's best outputs.

Staff members completing EPs may wish to indicate in some way the relative ranking a journal may have.

The Medicine and Public Health Panel recognises that subject areas have different impact indices, and these indices will not be used as proxy for quality.

It is recognised that a staff member may have chosen to disseminate research findings directly to communities, to practitioners or in arenas that are not subject to traditional forms of refereeing. Under these circumstances, the EP should indicate whether any quantified measures of quality/or impact of those outputs exist and should comment on the nature of the quality-assurance process in the "Description" field.

**Elaboration of the definition of Research**

Clinical audit in itself is not research. However, audit-derived data may contribute to research outputs.

In order for participation in clinical trials (particularly multi-centre clinical trials) to meet the PBRF Definition of Research, that participation must involve substantive intellectual input consistent with the Definition of Research. (For the Definition of Research, see Chapter 1 Section D: What Counts as Research?)

Cochrane reviews are accepted as research outputs.

Critical reviews using research techniques and analysis such as meta-evaluations are accepted as research outputs.

**Types of research output**

Research outputs in printed form are likely to make up many of the research outputs presented in EPs. There will be other forms of research output, however, including products and equipment that a staff member wishes to present. Full consideration will be given to the range of types of research output.

TEOs should note that all research outputs included in EPs must be consistent with the PBRF Definition of Research, as set out in the general Guidelines, and must be accompanied by evidence as to quality.

**Additional advice from expert advisory groups**

EPs can be referred to an expert advisory group (EAG) by either a TEO or by the Chair of a peer review panel.

Where an EP has been referred to an EAG and has **at least one** Nominated Research Output (NRO) that meets the criteria set out by that EAG, additional advice can be sought. A score and opinion on the EP will be provided back to the peer review panel the EP is assigned to.

The criteria that will determine whether or not the EAGs will accept EPs for consideration will be published on the TEC website.

**Indications of the minimum quantity of research output expected to be produced during the assessment period**

The general Guidelines apply, see Chapter 2 Section C: Guidelines for Completing the Research Output Component and Chapter 3 Section C: Assessing and Scoring the Three Components of an EP.

**Special circumstances**

The Medicine and Public Health Panel is aware that some staff members will be working across a combination of clinical, teaching, and significant administrative and research positions. If this impacts significantly on the quantum of research outputs or their channels of dissemination, then staff members should comment on this in the Special Circumstances field of their EP. These comments should specify what proportion of time is available for research during the period of the review, and position or career duration, should be included.

For general Guidelines, see Chapter 2 Section F: Dealing with Special Circumstances.

**Definitions of Quality Categories**

The general Guidelines apply, see the topic: What do the Quality Categories Mean? in Chapter 3 Section A: Panel Assessment: Introduction, and the final three topics of Chapter 3 Section D: Assessing and Scoring the Three Components of an EP – starting with Scoring an EP: Allocating Points for Research Outputs.

**Treatment of non-standard, non-quality-assured and jointly produced research outputs**

The general Guidelines apply, see the topics: Quality-Assured and Non-Quality-Assured Research Outputs and Outputs involving Joint Research in Chapter 2 Section C: Guidelines for Completing the Research Output Component.

The Medicine and Public Health Panel emphasises the importance of jointly authored papers for the subject areas it assesses.

Where there are multiple authors, staff members must ensure that their contribution to the research output is

clearly defined in the “My Contribution” section. In cases where co-authors include the same NRO in their EPs, staff members are encouraged to confer about the details of their contributions, to ensure that there is no conflict in the information provided.

If the 2048 characters permitted in the EP are insufficient to list all authors, staff members should indicate where they appear in the author list (e.g. 23<sup>rd</sup> of 59 authors).

**Proportions of Nominated Research Outputs (NROs) to be examined<sup>1</sup>**

It is intended that the Medical and Public Health Panel will examine at least 50% of all NROs in the EPs submitted to it.

**Use of specialist advisers**

The general Guidelines apply, see the topic: Using a Specialist Adviser in Chapter 3 Section B: Allocating EPs to Panel Members and Obtaining Additional Input.

**Elaboration of the descriptor and tie-points for the Research Output (RO) component**

**The RO component descriptor**

For journal articles, an assessment of the scientific importance of the work will be the overriding criterion. The standing of the journal in the sub-discipline area may be an additional factor in demonstrating performance at this level.

The general Guidelines apply, see topics: Scoring the RO component and Scoring an EP: Allocating points for research outputs in Chapter 3 Section C: Assessing and Scoring the Three Components of an EP.

**Elaboration of the descriptor and tie-points for the Peer Esteem (PE) component**

**The PE component descriptor**

The Medicine and Public Health Panel will consider evidence of peer esteem in relation to clinical and public health work where it is explicitly linked to research.

The general Guidelines apply, see topic: Scoring an EP: Allocating points for peer esteem in Chapter 3 Section C: Assessing and Scoring the Three Components of an EP.

**Elaboration of the descriptor and tie-points for the Contribution to the Research Environment (CRE) component**

**The CRE component descriptor**

The general Guidelines apply, see topic: Scoring an EP: Allocating points for contribution to the research environment in Chapter 3 Section C: Assessing and Scoring the Three Components of an EP.

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<sup>1</sup> “Examined” is defined as either reading an NRO in full, substantially or sufficiently to make an informed assessment, or (for NROs which by their nature cannot be read) an equivalent level of scrutiny.