Research Assessment Exercise 2026
Panel 2 – Health Sciences
Panel-specific Guidelines on
Assessment Criteria and Working Methods

(October 2024)

Content:

Introduction

1. This document sets out the assessment criteria and working methods that the Health Sciences Panel of the Research Assessment Exercise (RAE) 2026 will apply. It should be read alongside the General Panel Guidelines of the exercise. The provisions set out in this document serve as further elaboration and amplification on the assessment criteria and working methods as applied to the Health Sciences Panel. In areas where no additional information has been specified, the provisions in the General Panel Guidelines will prevail and apply in the assessment process of the Panel. These guidelines do not replace or supersede the requirements for submissions that are set out in the Guidance Notes for RAE 2026.

2. This document describes the criteria and methods for assessing submissions in the Health Sciences Panel. It provides guidance on the type of information required in the submissions. It also provides a single, consistent set of criteria that will be applied by the Panel and sub-group(s)/sub-panel(s), if any, when undertaking the assessment having regard to any differences in the nature of disciplines of respective units of assessment ("UoAs") under purview. It also provides a common approach to the working methods applied within the Panel.

Section A: Submissions

UoAs under the Panel

3. The Health Sciences Panel will assess universities' submissions from the following UoAs –

Code	UoAs
3	clinical medicine
4	clinical dentistry
5	pharmacy, nursing, optometry, rehabilitation sciences and other health care professions
6	Chinese medicine

4. The Panel expects to receive submissions whose primary research focus falls within the respective remit of the above UoAs. The UoAs under the Panel's remit cover the full spectrum of the health sciences both with respect to basic laboratory research, translational research, clinical research, public health and epidemiology research and applications thereof. We expect to receive submissions covering one or more of these approaches in any of the units of assessment we cover. The units of assessment covered by this panel are –

UoA descriptors and boundaries

Unit of Assessment 3: clinical medicine

Unit of Assessment 4: clinical dentistry

Unit of Assessment 5: pharmacy, nursing, optometry, rehabilitation sciences and other health care professions

Unit of Assessment 6: Chinese medicine

4.1 Note that in general we are not expecting to receive submissions including clinical psychology or pedagogical research into Health Sciences education which should be submitted to panels 10 (Social Sciences) and 13 (Education) respectively.

Inter-disciplinary Research

5. The Panel recognises that certain aspects of research are naturally inter-disciplinary or span the boundaries between individual UoAs, whether within the panel or across panels. The Panel will adopt the arrangements for assessing inter-disciplinary submissions as set out in paragraphs 39-40 of the General Panel Guidelines.

6. Areas of inter-disciplinary research that are relevant to the Panel include, but not restricted to, biochemistry, materials science and material technology, physics, engineering, biology, mathematics and statistics, computer science and information technology, psychology and social sciences.

Assignment of Eligible Academic Staff in Each UoA

7. Pursuant to paragraphs 7-11 of the General Panel Guidelines, the Health Sciences Panel expects to receive information on any sub-discipline(s) under a research area that each eligible staff member and their respective research outputs belong to.

List of Sub-disciplines

Research Areas (code and name)	Sub-discipline(s)
3a clinical medicine	3a-01 clinical pharmacology and anaesthesiology/critical care
	3a-02 cardiovascular disorders including stroke
	3a-03 clinical immunology
	3a-04 dermatology
	3a-05 endocrinology/diabetology
	3a-06 gastroenterology
	3a-07 gerontology
	3a-08 infectious diseases
	3a-09 neurology/neuroscience/ neurosurgery
	3a-10 respiratory medicine
	3a-11 ophthalmology
	3a-12 paediatrics

Research Areas (code and name)	Sub-discipline(s)
	3a-13 psychiatry
	3a-14 reproductive and sexual health
	3a-15 pathology
	3a-16 thoracic and cardiac surgery
	3a-17 orthopaedics/emergencies
	3a-18 rheumatology
	3a-19 haematology
	3a-20 nephrology/urology
	3a-21 ear, nose and throat
	3a-22 general surgery
	3a-23 general practice/family medicine
	3a-24 public health, epidemiology, health services research and occupational medicine
	3a-25 oncology
	3a-26 palliative and supportive care
	3a-27 imaging/radiology
4a clinical dentistry	4a-01 clinical dentistry
5a pharmacy	5a-01 pharmacy
5b nursing	5b-01 nursing and midwifery
5c other health care professions	5c-01 other health care professions, for example, podiatry
5d optometry	5d-01 optometry
5e rehabilitation sciences	5e-01 rehabilitation sciences, for example, physiotherapy, occupational therapy, speech and language therapy
	5e-02 rehabilitation technologies
6a Chinese medicine	6a-01 Chinese medicine

The list of sub-disciplines provided is not exhaustive, neither are the sub-disciplines precisely defined. If universities or eligible staff members are uncertain about the research area or sub-discipline that should be assigned to an output, the Panel Convenor and Deputy Convenor will exercise their discretion in allocating that output for assessment to the most appropriate panel members.

8. It is critical that research outputs are assessed by the most appropriate panel. If the Panel suspects any anomaly regarding universities' assignment of eligible academic staff (and therefore their outputs) to research area(s) and UoA(s) under its remit, it will follow the procedures for re-assignment of eligible staff according to paragraphs 10-11 of the General Panel Guidelines. The Panel also recognises its responsibility to handle submissions arising from any re-assignment of eligible academic staff to the Panel.

Section B: Assessment Criteria: Research Outputs

Output Types

9. The Health Sciences Panel will consider the eligibility of research outputs as described in paragraphs 15-17 of the General Panel Guidelines, paragraphs 5.7-5.11 and Appendix E of the Guidance Notes.

10. The Panel will assess the quality of each eligible output on its own merits and not in terms of its publication category, medium or language of publication. The Panel will examine each item in detail and will not assess outputs mechanistically according to the publication venue. The Panel recognises that there can be work of the highest quality in various output forms, and no distinction will be made between types of output submitted nor whether the output has been made available electronically or in a physical form.

11. Forms of research outputs that are admissible and specifically relevant to the Health Sciences Panel include the following examples. The panel expects the vast majority of research outputs will be peer reviewed research papers as defined below. This should not be regarded as an exhaustive list. Equally, there is no implication of priority or importance in the ordering of examples in this list –

- Published papers reporting new findings in peer-reviewed journals.
- Review articles that incorporate a new meta-analysis or meta-ethnographic synthesis of research findings and/or articles based on recognised methodologies such as those in the Cochrane review process, where this leads to new insights.

Other types of review article will only be considered as research if they clearly lead to novel and original insights and/or generate novel hypotheses. Editorials and "teaching" reviews will not normally be considered as research.

- Patents.
- Technical reports where these include new research findings.
- Conference proceedings that comprise a full paper.
- Research papers in press, or pre-prints of such papers where they are not superseded by published papers.

12. Research outputs will be assessed for the quality of original research they include. Such outputs, including meta-analyses and similar outputs, will be judged only on their original research or novelty of insight.

13. The Panel will consider outputs that simply repeat previously published findings as "unclassified".

14. Other than the requirement in paragraph 18(a) of the General Panel Guidelines, the Panel does not require a brief statement of no more than 100 words be submitted for each output item to specify the originality and significance of the output.

Double-weighting of Research Outputs

15. Paragraphs 29-31 of the General Panel Guidelines indicate that in exceptional cases a submitting university may request that outputs of extended scale and scope be double-weighted in the assessment. However, given the usual publication norms within Health Sciences, this Panel expects items proposed for double-weighting to be extremely uncommon.

16. In exceptional cases the Panel will consider items submitted for double-weighting in line with the General Panel Guidelines. When requesting double-weighting of an output, universities should submit a statement in not more than 100 words, explaining in what ways the output is of sufficiently extended scale and scope to justify the claim. The Panel expects that such outputs will have been peer reviewed and will agree to double weighting only where the output is clearly equivalent to at least two or more single outputs.

Co-authored/Co-produced Outputs

17. The Panel affirms the principles and arrangements on assessing co-authored/co-produced research outputs as set out in paragraphs 32-34 of the General Panel Guidelines.

18. The Panel will consider co-authorship to be a normal element of research activity in health sciences and will assume all named co-authors to have made a significant contribution to the research process leading to the output concerned where there are 15 authors or fewer. In the case of outputs with more than 15 authors, the Panel requests a statement of no more than 100 words confirming that the submitted author made a substantial contribution in both the following domains: Domain 1 - either to the conception and design of the study; or to the organisation of the conduct of the study; or to carrying out the study (including acquisition of study data); or to analysis and interpretation of study data; *and* Domain 2 - helped draft the output; or critique the output for important intellectual content.

Non-traditional Outputs

19. The Panel will handle research outputs in non-traditional form according to paragraphs 35-37 of the General Panel Guidelines. However, given the usual publication norms within Health Sciences, this Panel expects such outputs to be uncommon.

Criteria and Quality Levels for Assessing Research Outputs

20. Panel members will use their professional judgement with reference to international standards in assessing research outputs.

21. In assessing outputs, the Panel will look for evidence of originality, significance and rigour, and will grade each output into one of the five categories of quality level as set out in paragraph 19 of the General Panel Guidelines. The generic description of the quality levels as set out in paragraph 20 of the General Panel Guidelines will be applied in the Panel's assessment.

22. The Health Sciences Panel provides the following amplifications on the criteria for assessing research outputs –

- originality: this will be understood as the extent to which the output makes an important and innovative contribution to understanding and knowledge in the field. Research outputs that demonstrate originality may do so in one or more of the following: produce and interpret new empirical findings or new material; propose a new paradigm shift; engage with new and/or complex problems; develop innovative research methods, methodologies, measurement and analytical techniques; show imaginative and creative scope; provide new arguments and/or new forms of expression, formal innovations, interpretations and/or insights; collect and engage with novel types of data; and/or advance theory or the analysis of doctrine, policy or practice.
- significance: this will be understood as the extent to which the work has influenced, or has the capacity to influence, knowledge and scholarly thought, or the development and understanding of policy and/or practice in health care.
- rigour: this will be understood as the extent to which the work demonstrates intellectual coherence and integrity, and adopts robust and appropriate concepts, analyses, sources, theories and/or methodologies.

23. In addition, the Panel provides the following advice on their understanding of the quality definitions adopted for assessing research outputs –

- Whether or not the output demonstrates scientific rigour and excellence with regard to the design, research methodology, execution and analysis of the work.
- Whether or not the output has been subject to peer-review (the Panel expects that outputs that have not been peer reviewed will be uncommon).
- Whether or not the output makes a significant addition to knowledge and to the conceptual framework of the field, or challenges accepted ideas.
- The potential and actual significance of the research both within and beyond the field of health and health care.

- The scale, challenge and logistical difficulty posed by the research.
- The logical coherence of argument.
- Significance of work to advance knowledge, skills, understanding and scholarship.

Metrics/Citation Data

24. Pursuant to paragraph 24 of the General Panel Guidelines, the Panel acknowledges that metrics and citation data may serve as advisory or secondary information, and that they should not be used in any algorithmic or deterministic way for the evaluation of research quality.

25. While the Health Sciences Panel will examine each output in detail for the assessment, the Panel may use metrics such as citation data to help inform its assessment of individual items. Such metrics will not be used in an algorithmic or deterministic way for the evaluation of research quality and the Panel is aware of the limitations of such data, in particular their variability within as well as between disciplines.

Additional Information on Research Outputs

26. Other than the information required on research outputs as specified in the Guidance Notes, and unless specifically required by the Panel during the assessment process, no other information should be provided. The Panel will take no account of any such information if submitted.

Section C: Assessment Criteria: Research Impact

Range of Impacts

27. The Health Sciences Panel will accept submissions on research impacts that meet the generic definition and criteria as set out in paragraphs 47-49 of the General Panel Guidelines.

28. The Panel will assess the quality of all eligible impact submissions based on their merits on equal footing with no consideration given to the

differences among submitting universities/units in terms of staff size, resources and histories. The Panel recognises that impacts within its remit can be manifested in various ways and may occur in a wide range of spheres whether locally, regionally or internationally and including, but not limited to, the many types of beneficiary (individuals, organisations, communities, regions and other entities) impacts on products, processes, behaviours, policies, practices, health outcomes and avoidance of harm or the waste of resources.

29. Examples are provided to illustrate the range of potential impacts from research across the Health Sciences Panel in Table A. These examples are indicative only, and are not exhaustive or exclusive. Equally, there is no implication of priority or importance in the ordering of examples in the list. The Panel does not consider the development of continuing professional developments courses by themselves to constitute research impact, although these could form part of a wider impact case where they demonstrably have led to improved health care outcomes or other change in practice.

30. Universities are expected to submit their strongest impact cases and not to align submitted cases specifically with the particular types of impact listed, as an impact case may describe more than one type of impact, such as a new drug which can generate both health and economic impact and a new method can contribute to both public policy and social welfare.

Table A: Examples of Impact[1]

Impacts on health and welfare *Impacts where the beneficiaries are individuals and groups whose quality of life has been enhanced (or*	• Outcomes for patients or related groups have improved. • Public health and well-being have improved. • A new clinical or lifestyle intervention (for example, drug, diet, treatment or therapy) has been developed, trialled with patients, related or other groups (for example, prisoners,

[1] Examples of impact case studies in RAE 2020 may be accessed online at <https://impact.ugc.edu.hk/> and <https://www.ugc.edu.hk/eng/ugc/activity/research/rae/2020/impactsubmissions.html>. Other examples of research impact as assessed in other jurisdictions may be accessible online such as <https://results2021.ref.ac.uk/impact> from the United Kingdom.
Universities may also refer to examples of impacts and indicators detailed in Annex A of <https://2021.ref.ac.uk/media/1450/ref-2019_02-panel-criteria-and-working-methods.pdf> of the United Kingdom Research Excellence Framework 2021.

potential harm mitigated)	community samples), and definitive (positive or negative) outcome demonstrated. • A new diagnostic or clinical technology has been adopted. • Disease prevention or markers of health have been enhanced by research. • Animal health and welfare has been enhanced by research. • Care and educational practices have changed. • Clinical, dietary or healthcare guidelines have changed. • Healthcare training guidelines have changed. • Decisions by a health service or regulatory authority have been informed by research. • Public awareness of a health risk or benefit has been raised. • Public engagement/involvement in research has improved. • Public behaviour has changed. • The user experience has improved. • The control of diseases has changed.
<u>Impacts on society, culture and creativity</u> *Impacts where the beneficiaries are individuals, groups of individuals, organisations or communities whose knowledge, behaviours or practices have been influenced*	• Public understanding has improved. • Public debate has been stimulated or informed by research. • Changes to social policy have been informed by research. • Changes to social policy have led to improved social welfare, equality or social inclusion.
<u>Impacts on the economy</u> *Impacts where the beneficiaries are usually the public health*	• Policies have been introduced which have had an impact on economic growth or incentivising productivity.

services, or private health care	• The costs of treatment or healthcare have changed as a result of research-led changes in practice. • Gains in productivity have been realised as a result of research-led changes in practice. • The roles and/or incentives for health professionals and organisations have changed, resulting in improved service delivery.
<u>Impacts on commerce</u> *Impacts where the beneficiaries are usually companies, either new or established, or other types of organisation which undertake activity that creates wealth*	• A spin-out or new business has been created and established its viability by generating revenue or profits. • Industry (including overseas industry) has invested in research and development. • The performance of an existing business has been improved. • A business or sector has adopted a new technology or process. • The strategy, operations or management practices of a business have changed. • A new product or service is in production or has been commercialised. • Highly skilled people have taken up specialist roles (including academic consultancy) in companies or other organisations. • Jobs have been created or protected. • Social enterprise initiatives have been created.
<u>Impacts on public policy and services</u> *Impacts where the beneficiaries are usually government, public sector, and charity organisations and societies, either as a whole or groups of individuals in society, through the*	• Policy debate has been stimulated or moved forward by research evidence. • Policy decisions or changes to legislation, regulations or guidelines have been informed by research evidence. • The implementation of a policy (for example, health, environment or agricultural policy) or the delivery of a public service has changed. • A new technology or process has been adopted.

implementation of policies	• The quality, accessibility, acceptability or cost-effectiveness of a public service has been improved. • The public has benefitted from public service improvements. • Control measures for infections have improved.
<u>Impacts on production</u> *Impacts where the beneficiaries are individuals (including groups of individuals) whose productivity has been enhanced*	• Production, yields or quality have increased or level of waste has been reduced. • Decisions by regulatory authorities have been influenced by research. • Costs of production, including food, have been reduced. • Management practices in production businesses have changed.
<u>Impacts on practitioners and services</u> *Impacts where beneficiaries are organisations or individuals, including service users involved in the development of and delivery of professional services*	• Professional standards, guidelines or training have been influenced by research. • Practitioners/professionals have used research findings in conducting their work. • The quality or efficiency of a professional service has improved. • Work force planning has been influenced by research. • Forensic methods have been influenced by research. • Educational or pedagogical practices and methods have changed outside of the submitting unit. • Law enforcement and security practices have changed.
<u>Impacts on the environment</u> *Impacts where the key beneficiary is the natural or built environment*	• Policy debate on climate change or the environment has been influenced by research. • Environmental policy decisions have been influenced by research evidence. • Planning decisions have been informed by research.

	• The management or conservation of natural resources has changed. • The management of an environmental risk or hazard has changed.
Impacts on international development *Impacts where the beneficiaries are international bodies, countries, governments or communities*	• International policy development has been influenced by research. • International agencies or institutions have been influenced by research. • Quality of life in a developing country has improved.

Impact Strategy

31. Universities are reminded to set out their impact strategy in the University-level and UoA-level Environment Overview Statements.

Impact Case Study(ies)

32. Following paragraphs 7.7 (a) and (b), 7.9-7.10 and Appendix F of the Guidance Notes and also paragraph 50 of the General Panel Guidelines, submitting units are required to provide a narrative account in each case study that should be coherent, clearly explaining the relationship between the research and impact, and the nature of the changes or benefits arising.

33. Each impact case study should include appropriate evidence and indicators that support the claims for the impact achieved, including who and what has/have benefitted, when the impact occurs/occurred, and the relationship between the case study and how it has/had sustained further innovation and impact. Individual case studies may draw on various evidence and indicators, which may take different forms depending on the type of impact.

34. Examples are provided in Table B to illustrate potential evidence or indicators that may be mostly relevant to the Health Sciences Panel. These examples are not intended to be exhaustive. Equally, there is no implication of priority or importance in the ordering of examples in the list. Some indicators may be relevant to more than one type of impact. The Panel will consider any appropriate evidence that is verifiable. Wherever

possible, quantitative indicators should be included. Verifiable sources for key evidence and indicators should be provided in section (5) of the impact case study template, and must be available on request. The Panel does not welcome testimonials offering individuals' opinions as evidence of impact; however, factual statements from external, non-academic organisations would be acceptable as sources to corroborate claims made in a case study. Institutions may submit case studies that describe impacts at any stage of development or maturity. However, the assessment will be solely on the impact achieved during the assessment period, regardless of the stage of maturity. No account will be taken of anticipated or future potential impact.

Table B: Examples of Evidence or Indicators for Impact[2]

Impacts on health and welfare	• Measures of improved clinical outcomes, public behaviour or health services (lives saved, reduced infection rates). • Measures of improved well-being. • Documented changes to clinical and public health guidelines (documented references to research evidence in guidelines). • Evidence from audit, change in guidelines. • Documented changes to animal welfare codes or guidelines. • Evidence of enhanced awareness of health risks and benefits by consumers. • Evidence of enhancement of patient experience.

[2] See footnote 1.

Impacts on society, culture and creativity	• Documented evidence that public understanding has been enhanced through active collaborative involvement in research. • Critical reviews in the media. • Evidence of public debate. • Documented evidence of changes to social policy. • Measures of improved social equality, welfare or inclusion. • Increased public uptake of scientific training, through public engagement. • Documented shift in public attitude (for example, to sexual behaviour, or social factors in health).
Impacts on the economy	• Evidence of improved cost-effectiveness. • Evidence of service change.
Impacts on commerce	• Sales of new products/services. • Business performance measures (for example, turnover/profits, trends in key technical performance measures underlying economic performance). • Employment figures. • Licences awarded and brought to market; market authorisation. • Demonstrable collaborations with industry (including knowledge transfer partnerships, and contracts). • Commercial adoption of a new technology, process, knowledge or concept.

Impacts on public policy and services	• Documented evidence of policy debate (for example, in the scrutiny processes of the Legislative Council). • Documented evidence of changes to public policy/legislation/regulations/guidelines. • Measures of improved public services. • Documented evidence of influence on health policy and/or advisory committees. • Evidence of use of process/technology.
Impacts on production	• A new product has been recommended for use or adopted. • Evidence of improved sustainability. • Documented changes to working guidelines. • Documented evidence of improved working practices.
Impacts on practitioners and services	• Literature/web information from practitioners and advisers, including the research findings and how they are applied in practice. • Evidence of adoption of best practice (for example, by educators or law enforcement personnel).
Impacts on the environment	• Sales of new products, or improvements in existing products, that bring quantifiable environmental benefits. • Verifiable influence on particular projects or processes which bring environmental benefits. • Evidence of generic environmental impact across a sector, confirmed by independent authoritative evidence. • Traceable reference to inclusion of research into government policy papers, legislation and industry guidance.

Impacts on international development	• Documented evidence of changes to international development policies. • Measures of improved international equality, food security, welfare or inclusion. • Evidence of take-up and use of new or improved products and processes that improve quality of life in developing countries.

35. The Panel provides the following advice on particular aspects of impact case studies –

- All the material required to make a judgment should be included – no further reading should be required.
- There should be a clear definition of who the non-academic beneficiaries were, or what had changed as a result of the research.
- The narrative should be coherent, clearly explaining the relationship between the research and the impact, and the nature of the changes or benefits arising.
- Indicators should be meaningful, contextualised and precise in support of the case study, and the evidence should be focused and concise.
- Supporting evidence and claims should be verifiable.
- There should be a brief explanation of what is original or distinctive about the research insights that contributed to the impact.
- The case study should include details of the names of researchers, their position in the institution, and the dates and locations of the research activity.
- Specific and appropriate independent sources of corroborating information should be supplied.
- Where the research was carried out in collaboration with other institutions, or was part of a wider body of research, this should be acknowledged and the specific input of the submitting unit's research clearly stated.

- For case studies claiming impact from public engagement:
  - There must be a clear link between the research and the engagement or involvement activity.
  - Evidence should be provided about dissemination, as well as a clear explanation about the significance or the demonstrable benefits to audiences e.g. what change in behaviour has occurred as a consequence.
  - The activity should go beyond "business as usual" engagement or involvement (for example, there was active involvement of service users and/or the public, the activity informed the focus of the research or created widespread interest, was particularly innovative, or created legacy resources).

Underpinning Research

36. The Panel acknowledges the level of quality required for research underpinning impact cases, i.e. equivalent to at least 2 star (2*) or international standing, as stipulated in the General Panel Guidelines. Case studies should include references to underpinning outputs that clearly demonstrate the threshold has been met. They should include additional indicators, as appropriate, of the quality of the underpinning research, for example evidence of citation and peer-reviewed funding. The Panel will use the information provided in case studies, and where necessary will review outputs referenced, to ensure the quality of the underpinning research is of at least 2 star quality (2*).

37. Provided the Panel is satisfied that the quality threshold has been met, the quality of the underpinning research will not be taken into consideration as part of the assessment of the reach and significance of the claimed impact. Underpinning research referenced in a case study may also be submitted for assessment under the research output element. The evaluation of the outputs concerned under the impact element is a separate assessment only for assuring the threshold of underpinning research. In this case, the guidance on output types and criteria for assessing research outputs as stipulated in paragraphs 9-14, 20-23 above would apply. The Panel recognises that several research groups or institutions may have made distinct research contributions to an impact, and they advise submitting institutions to ensure that their own critical,

scientific contribution is specified clearly and that the contributions of others are duly acknowledged. There will also be many cases where a researcher has moved to a different institution during the period in which a body of research underpinning a case study was produced. Where this is the situation, the submitting institution should make it clear that the research undertaken during the period the researcher spent at that institution made a material and distinct contribution to the impact claimed and met the 2* quality threshold.

Criteria and Quality Levels for Assessing Research Impact

38. Panels will exercise their expert judgement in assessing the quality of each impact submission, and will not judge in terms of the type of research underpinning the impact cases.

39. In assessing impacts, the Panel will look for evidence of reach and significance, and will grade each impact submission as a whole and give a rating using one or more of the five categories of quality level following paragraphs 53-55 of the General Panel Guidelines. In respect of the Health Sciences Panel, the criteria of reach and significance will be understood as follows –

- reach: the extent and/or diversity of the beneficiaries of the impact, as relevant to the nature of the impact. Reach will be assessed in terms of the extent to which the potential constituencies, number or groups of beneficiaries have been reached; it will not be assessed in purely geographic terms, nor in terms of absolute numbers of beneficiaries. The criteria will be applied wherever the impact occurred, regardless of geography or location, and whether in Hong Kong or elsewhere. For example, the Panel would evaluate the extent to which society as a whole, communities or individuals have been benefitted from the introduction of a new drug.
- significance: the degree of beneficial effects to policies, practices, perspectives or awareness of organisations, communities or individuals, constructive change to the prevention or reduction of harm, risk or cost. For example, the Panel would evaluate the degree of constructive change to the prevention or reduction of harm, risk or cost from the introduction of new drug.

40. The Panel will make an overall judgement about the reach and significance of impacts, rather than assessing each criterion separately. The criteria will be applied in the assessment of the research impact regardless of the domain to which the impact relates. Reach will not be assessed in purely geographic terms, nor in terms of absolute numbers of beneficiaries, but rather based on the spread or breadth to which the potential constituencies have been affected.

Section D: Assessment Criteria: Research Environment

Research Environment

41. The Health Sciences Panel will accept submissions on research environment according to paragraphs 57-58 of the General Panel Guidelines. The Panel recognises that excellent research can be undertaken in a wide variety of research structures and environments. The Panel has no pre-formed view of the ideal size or organisational structure for a research environment, and will judge each submission on its merits. The Panel will assess each submission based on what has been presented in relation to the work of the submitting unit in providing and ensuring the vitality and sustainability of the research environment.

42. A research environment submission will include one University-level Environment Overview Statement across the same university, and one UoA-level Environment Overview Statement and environment data for each UoA. The UoA submissions may relate to a single coherent faculty and equally to multiple departments, and may depict the commonalities and dynamics among faculties and departments within the submitting unit, and define their prime activities, how they operate and their main achievements.

Environment Overview Statements (One University-level Environment Overview Statement across the University and One UoA-level Environment Overview Statement for Each UoA)

43. Following paragraphs 9.6 (a) and (b), 9.7, 9.8 and Appendix G of the Guidance Notes, and also paragraphs 59 & 60 of the General Panel Guidelines, the Panel will use the information provided in the University-level Environment Overview Statement to inform and

contextualise their assessment of relevant sections of the UoA-level Environment Overview Statement. Submitting units are required to describe how they have supported the conduct and production of research, in the context of the university's policies as set out in the University-level Environment Overview Statement.

44. Within the terms of the Guidance Notes, the Health Sciences Panel will expect in particular to see the following in the –

44.1 University-level Environment Overview Statement

- context and mission: an overview describing the submitting university's size, structure, mission and stage of development in view of its role statement so as to provide a context for the submission.
- research policy and strategy: describing the institutional strategy for research (including research strengths, research focus areas, distribution of research activities across research areas), enabling impact (including stakeholder engagement and knowledge transfer), developing a sustainable research culture (including open access and open data policies, approach to contributing to the Sustainable Development Goals, how inter-disciplinary and collaborative research has been supported, how research integrity and research ethics are embedded in the institution), and how the overall institutional policy and strategy contribute to government priorities.
- people: institutional staffing strategy, staff development and training (e.g. recruitment, leave policies, equality and diversity agenda, measures/facilities for early career researchers/ research students, etc.), and development, training and supervision of research students.
- research funding sources: breakdown by funding source as a percentage total of overall funding; and university-level resources, infrastructure, and facilities available to support research and impact.

In the context of research environment, the university is encouraged to comment on the extent to which generative AI

technologies have been addressed, applied or used within any of the above elements.

44.2 UoA-level Environment Overview Statement

In the context of the university's policies as stipulated in the University-level Environment Overview Statement –

- UoA context and structure: the submission in this part is expected to briefly describe the organisation and structure of the unit, which research groups are covered in the submission and how research is structured across the submitting unit.
- research and impact strategy: evidence of the achievement of strategic aims for research and impact during the assessment period, details of current/future strategic aims and goals for research and impact; how these relate to the structure described above; and how they will be taken forward; methods for monitoring attainment of targets; new and developing initiatives not yet producing visible outcomes but of strategic importance; identification of priority developmental areas for the unit, including research topics, funding streams, postgraduate research activity, facilities, administration and management.
- research integrity and research ethics: give evidence of the steps taken to ensure that research is undertaken in an ethical manner with rigour, honesty and care and respect for those involved in the process. Research conducted with integrity leads to findings people can trust and have confidence in. Disciplinary best practice may consider, but is not limited to, issues ranging from approaches to training, ensuring dissemination and accessibility of results, data availability, registration of protocols, ethical compliance, authorship policies, reproducibility, open research, participatory research, the handling of conflicts of interest and intellectual property, and approaches to dealing with allegations of research misconduct and questionable research practices.
- people: evidence of staffing strategy, staff development and training (e.g. leave policies, equality and diversity agenda, measures for early career researchers, etc.) and evidence of

their effectiveness; how individuals at the beginning of their research careers are being supported and integrated into the research culture of the submitting unit; information on postgraduate recruitment, training and support mechanisms; measures/facilities for development and supervision of research students; numbers of postgraduate students and completion rates.

- income (e.g. grants received), infrastructure and facilities: information on research funding portfolio; evidence of successful generation of research income; major and prestigious grant awards made by external bodies on a competitive basis; provision and operation of research infrastructure and facilities, including special equipment, library, technical support, space and facilities for research groups and research students; information on joint-university or cross-institution shared or collaborative use of research infrastructure.
- collaborations: information on support for and exemplars of research collaborations; mechanisms to promote collaborative research at local and international level; support for inter-disciplinary research collaborations; research collaboration with research users.
- esteem: prestigious/competitive research fellowships held by individual researchers; external prizes and awards and elections to fellowships and academy membership in recognition of research achievement.
- contribution to the discipline or research base: exemplars of leadership in the academic community such as guideline committee work, advisory board membership; participation in the peer-review process for grants committees or editorial boards.

In the context of research environment, the submitting UoA is encouraged to comment on the extent to which generative AI technologies have been addressed, applied or used within any of the above elements.

Environment Data

45. Following paragraphs 9.6 (d) and (e), 9.9 and Appendix H of the Guidance Notes, and also paragraph 61 of the General Panel Guidelines, submitting units are required to provide environment data in conjunction with the UoA-level Environment Overview Statement. The Panel will consider the environment data within the context of the information provided in the Environment Overview Statement, and within the context of the disciplines concerned.

46. Data on "staff employed by the university proper" and "graduates of research postgraduate programmes" will be used to inform the Panel's assessment in relation to "people" (section (4) of the UoA-level Environment Overview Statement). Data on "on-going research grants/contracts" will be used to inform the Panel's assessment on "income (e.g. grants received)" (part of section (5) of the UoA-level Environment Overview Statement). Additional quantitative data or indicators that are particularly relevant to the Panel are indicated in paragraph 44 above. Such additional information should be submitted within the appropriate section(s) of the UoA-level Environment Overview Statement.

Criteria and Quality Levels for Assessing Research Environment

47. Panels will exercise their expert judgement in assessing the merits of each environment submission, and will not judge automatically in terms of the scale of research environment concerned.

48. In assessing environment, the Panel will consider research environment in terms of vitality and sustainability, including its contribution to the vitality and sustainability of the wider discipline or research base. In forming the environment sub-profiles, the Panel will assess the environment template sections as four components of equal weighting as follows:

- research and impact strategy, research integrity and research ethics – 25%
- people and esteem – 25%
- income (e.g. grants received), infrastructure and facilities – 25%

- collaboration and contribution to the discipline or research base – 25%

The Panel will use one or more of the five categories of quality level as specified in paragraphs 63-65 of the General Panel Guidelines for assessing each aspect within the environment element and by aggregating assessments of individual aspects to form an overall assessment for each UoA-level environment submission.

49. The Health Sciences Panel provides the following amplifications to supplement the generic criteria for assessing research environment –

- vitality: the extent to which a unit supports a thriving and inclusive research culture for all staff and research students, that is based on a clearly articulated strategy for research and enabling its impact, is engaged with the local and international research and user communities and is able to attract excellent postgraduate and postdoctoral researchers through a worldwide reputation.
- sustainability: the extent to which the research environment ensures the future health, diversity, wellbeing and wider contribution of the unit and the discipline(s), including investment in people and infrastructure, and the extent to which activity is supported by a continual portfolio of research funding.

50. The Panel will make an overall judgement about the vitality and sustainability of research environments, rather than assessing each criterion separately. In assessing the environment element of submissions, the Panel will apply the criteria in terms of both the research environment within the submitting unit, and its participation in and contribution to the academic discipline and community of relevance to the UoA.

Section E : Working Methods

Use of Sub-Group(s)/Sub-Panel(s)

51. Whilst the Health Sciences Panel has provided a list of sub-disciplines in paragraph 7, this is to help in the allocation of outputs and impact case studies to those most suited to assess them. There will not be any sub-group or sub-panel formed under the Health Sciences Panel; the final assessment and grading will be decided by the Panel as a whole.

Allocation of Work in the Assessment Process

52. The Convenor, consulting the Deputy Convenor and other panel members, as appropriate, will allocate work to members and, if necessary, lay members, impact assessors and/or external reviewers in light of their expertise and workload. In allocating the work, the Convenor will also take into account any potential conflicts of interest of respective panel members and assessors. All panel members will take account of the requirements of the General Panel Guidelines to ensure that the exercise is conducted fairly and equitably.

53. Panel members will examine the submitted outputs in detail, and put forward a recommendation to the panel for a collective decision on the final grading. To ensure fairness and consistency, each research output will be assessed in detail by at least two members, one of whom will be a non-local member to the extent possible. For UoA(s) which is(are) only housed at one or two local universities, submissions will be assigned to at least one non-local member in order to ensure fair and impartial assessment. Final grading on research outputs will be decided by the Panel as a whole.

54. Subject to conflicts of interest of individual members, the impact and environment submissions will be assessed by panel members and impact assessors for respective UoA(s) or research area(s) under the Panel. Final grading of individual submissions will be a collective decision of the Panel.

55. Where appropriate, the Panel will decide, by exercising their professional judgement, whether lay members (local “research end-users” or professionals in relevant fields from business, government or industry

who need not be academics) with suitable expertise will be invited to take part in the assessment of impact. Lay members who are academically qualified may also be invited for assessment of research outputs and research environment. The engagement of lay members will be by invitation from the Panel only.

Cross-Panel Referrals

56. This Panel will follow the procedures in paragraphs 41-43 of the General Panel Guidelines when initiating referrals to other panels and assessing submissions cross-referred by another panel.

57. Generally, research on pedagogy and education issues submitted to this Panel will be assessed by panel members or external reviewers with expertise in pedagogy or cross-referred to Panel 13 – Education (see guidance in paragraph 4).

58. If the panel members do not have appropriate expertise, the panel will cross refer as appropriate to other panels, potentially including biomedical engineering (to Panel 1 – Biology and/or Panel 6 – Engineering); medical imaging (to Panel 5 – Computer Science / Information Technology or Panel 3 – Physical Sciences) and medical ethics (to Panel 11 – Humanities).

External Advice

59. This Panel will follow the procedure in paragraph 67 of the General Panel Guidelines when referral to external reviewers for expert advice becomes necessary for panel assessment. External reviews may be sought in the cases for which members of the panel do not have the necessary expertise such as outputs in foreign language or niche research work.

Trial Assessment

60. With reference to paragraphs 91-93 of the General Panel Guidelines, the Panel will conduct a trial assessment using a sample of submissions selected from universities' submissions. These sample submissions will be assessed by all members of the Panel. Members will share among themselves any important observations in the assessment to ensure fairness and consistency in the actual assessment. Submissions used for the trial assessment will be assessed afresh during the main assessment

period regardless of their assessment results during the trial. The Panel will decide on the sample size after the submissions are received.

Panel Feedback Report

61. With reference to paragraph 73 and Appendices E and F of the General Panel Guidelines, the Panel will provide feedback to the University Grants Committee (UGC) after the assessment process. Non-local panel members will be involved in offering comments for an impressionistic international comparison. The Convenor on behalf of the whole panel will submit the panel feedback report to the UGC by November 2026. Sector-wide comments in the panel feedback report will be released for public information after announcement of the RAE results. Comments on individual universities will be provided to the respective universities under confidential cover in accordance with paragraph 11.3 of the Guidance Notes.