

GOVERNMENT AND RESEARCH

HIGHER EDUCATION DYNAMICS

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The titles published in this series are listed at the end of this volume.

GOVERNMENT AND RESEARCH

Thirty Years of Evolution

by

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Abbreviations

ACSP	Advisory Council on Social Policy
AHPSR	Alliance for Health Policy and Systems Research
CBA	Cost Benefit Analysis
COHRED	Council on Health Research for Development
CPRS	Central Policy Review Staff
CRDC	Central Research and Development Committee
CSO	Chief Scientist's Organisation
CSP	Council for Scientific Policy
CSRC	Chief Scientist's Research Committee
DES	Department for Education and Science
DH	Department of Health
DHSS	Department of Health and Social Security
DSIR	Department of Scientific and Industrial Research
EAO	Economic Advisers' Office
EU	European Union
HPSS	Health and Personal Social Services
HSR	Health Services Research
HSRB	Health Services Research Board
HTA	Health Technology Assessment
MRC	Medical Research Council
NAO	National Audit Office
NEAT	New and Emerging Applications of Technology
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
OCS	Office of the Chief Scientist
OECD	Organisation for Economic Co-operation and Development
OPCS	Office of Population Censuses and Surveys
PAC	Public Accounts Committee
PAR	Programme Analysis Review
PESC	Public Expenditure Survey Committee
PMR	Panel on Medical Research
PPBS	Programme, Planning and Budgeting System
PRP	Policy Research Programme
PSSRG	Personal Social Services Research Group

RAWP	Resource Allocation Working Party
R&D	Research and Development
RLG	Research Liaison Group
SDO	Service Delivery and Organisation
SGC	Small Grants Committee
SHHD	Scottish Home and Health Department
SSRC	Social Science Research Council
UGC	University Grants Committee
UKCRC	United Kingdom Clinical Research Collaboration
WHO	World Health Organisation

Introduction to Second Edition

Purpose and scope of the book

THERE HAS been a flare-up in interest in science policy, both in national governments and international bodies, and in the academic networks that track and criticise its progress. A key factor in this is the increased interest in analysing the role research can potentially play in informing policy-making. This is manifest, in particular, in areas such as health.

A pioneering venture in this field was *Government and Research: The Rothschild Experiment in a Government Department* (Kogan and Henkel, 1983).^{*} This work, described in a sustained review in *Nature* as ‘methodologically path-breaking’, sought to depict the ways in which two sets of institutions, science and government, possessed their own characteristics which were however moulded and changed by the interactions between them. It sought to be an authoritative statement on the relationships between science and government and lodge itself in the political science literature of the subject. It thus fell into the tradition being established by American leaders in the field such as Caplan and Weiss.

It was a unique study, inasmuch as none other had penetrated the deepest recesses of government to observe at first hand the attempts of a major department - the then Department of Health and Social Security (DHSS) - to determine its research agenda through collaboration with leading scientists in a whole range of fields, to observe how research was commissioned, and then evaluated by scientific teams, and how it began to enter the policy blood streams of the departments. In order to do this, the two authors of the 1983 work had secured unrivalled access to private meetings and papers to the point of observing scientific groups being evaluated and the subsequent meetings and exchanges of papers within the Department. Over seven years it was possible to evaluate the whole cycle of policy into research commissioning and reception (See Appendix).

Much has changed since the 1970s and 1980s, but much remains the same. The forces at work in the story we told in 1983 about government and science have

^{*} In the Appendix to this book we reproduce the Preface to the first edition, which contains an account of our methods and acknowledgements due to many collaborators.

grown stronger, if also more complex. 1971, the year in which the Rothschild Report was published, saw a major international shift in science policy, which has not been reversed. The idea that science, if left to itself, would serendipitously yield new discoveries that could be harnessed to societies' needs partly gave way to the view that governments, rather than scientists, should set research priorities and that social and economic goals should be the driver of science policies (OECD, 1971). The trend towards utilitarian goals and external influence on scientific agendas gathered momentum in the 1980s and 1990s. The 1993 UK White Paper on Science Policy made it clear that in future 'decisions on priorities for support [of science] should be much more clearly related to meeting the country's needs and enhancing [its] wealth-creating capacity' (para 3.9).

At the same time, industry became an increasingly important player, as collaborator with government and science in pursuit of market success driven by technological innovation, an idea that found expression in the Foresight policies adopted in a number of countries (Irvine and Martin, 1984; Martin, 1996). Long established boundaries not only between government and science but also between the state, the market and academia became more permeable, giving rise to a complex set of relationships sometimes referred to as 'the triple helix' (Etzkowitz and Leydesdorff, 1995, 2000) of government, business and universities.

'The knowledge society' has become one of the most universally adopted characterisations of the contemporary world, signalling, certainly, recognition of knowledge (not least science and technology) as a growing force in politics, economies and social organisation. Whilst the nature of knowledge (including science and technology) is increasingly contested, one of the most significant manifestations of its growing importance is the movement towards evidence-based approaches. A review of the growth of the evidence-based movement across a range of public services recently concluded that, 'the research community in healthcare is truly global, and the drive to evidence-based policy and practice is pandemic.' (Davies and Nutley, 2000). Within the UK, the National Audit Office (NAO) recently reported to Parliament on how government departments could best organise the commissioning of research so that it would inform policy: *Getting the Evidence: Using Research in Policy Making* (NAO, 2003).

Globalisation and internationalisation have also become increasingly prominent themes in science policies, even if many health and other researchers believe that international working best starts with good national systems from which individual researchers and groups can make their own connections. At the international level, some key themes relevant for our analysis were identified by the World Health Organisation (WHO) in a report prepared for the World Ministerial Summit on Health Research in November 2004. This World Report, *Knowledge for Better Health* (WHO, 2004), its conceptual framework for the analysis of health research systems (Pang et al., 2003), background papers (Hanney et al., 2003) and the work of an accompanying Task Force (Task Force on Health Systems Research, 2004; Lavis et al., 2004), all highlight the importance of organising national health research systems so that they can inform policies to improve national health systems.

Recognition of the desirability of undertaking research to meet the needs of potential customers in local health systems has resulted in much analysis of priority setting methods - in relation to both developing and developed countries (Global Forum for Health Research, 2002; Department of Health, 1993). The 'Linkage and Exchange' initiative developed by the Canadian Health Services Research Foundation is widely viewed as a significant model and involves bringing policy-makers who can use the results of a particular piece of research into its formulation and conduct (Lomas, 2000). Such a collaborative approach, or at least interaction between researchers and policy-makers, is increasingly seen as the way of producing research that is most likely to be utilised (Lavis et al., 2002; Innvær et al., 2002). Furthermore, there is a growing focus on the importance of brokerage or translator roles in the transfer of health research findings to policy-makers (Walt, 1994; Dash, 2003) and on the role of receptor bodies (Lomas, 1997; Hanney et al., 2003). Illustrating the greater attention being given to such ideas, several of them now feature in training packages about organising health research systems that have been developed under the Collaborative Training Program (CTP, 2004) by international bodies such as the Alliance for Health Policy and Systems Research (AHPSR) and the Council on Health Research for Development (COHRED). Finally, the notion of the customer for research is itself being expanded. Some governments have promoted an increased focus on the public's perspective in health research agenda setting (Oliver et al., 2004) in addition to more widely encouraging public engagement with health research and utilisation of its findings (Haines et al., 2004).

These developments have given rise to new theories about how research systems work, how knowledge is produced and how science-government relationships operate. However, they mostly reflect substantial continuities with those that underpinned our earlier study, which, because it covered a whole cycle, was able to identify the obstacles facing such moves as well as the potential benefits. We have been persuaded that the account given in our earlier analysis of theories and of developing government practice remain relevant 20 years on. This is attested by reference to it in recent discussions related to the above developments; for example, analysis of how best to organise health research systems and promote collaborative research (Denis and Lomas, 2003) notes a convergence between emerging forces within academia and changing norms within policy and management. It refers to the 'seminal' role of the Rothschild Report, stating that Kogan and Henkel 'describe the lessons from this era well'. It goes on to show how the emerging mode of collaborative research commissioning identified in the first edition of this book has now been bolstered by developments such as the increased interest in commissioning research that, as described above (Davies et al., 2000; NAO, 2003), is intended to lead to evidence-based policies.

We have kept much of the text of the original book, which remains a sustained case study provoking many themes still salient today. We have incorporated some new theoretical perspectives in Chapters 2 and 3. Otherwise the main changes come in the final chapter where developments since 1983 are drawn upon selectively and brought into the analysis. In particular, we describe how, in the 1990s, various strands from the Rothschild period were revisited by those responsible for the health research system in the UK in what was perhaps the first comprehensive attempt in any country to develop a national R&D infrastructure for the health care system (Peckham, 1999; Black, 1997). In drawing conclusions about the lessons from the Rothschild period, it has, therefore, been possible to illustrate their continuing relevance.

The structure of this book

The book retains its previous three main sections. Following this Introduction, Part I (Chapters 1-3) sets the context for the relationship between government and science by considering some of the relevant theories. Part II (Chapters 4-10) is the empirical heart of our study. Here we describe how the organisation of the DHSS (Chapter 4) was extended to include the research management and advisory committee system

(Chapters 5-7) and to attempt new relationships with the research councils. The particular case of the DHSS research units is taken up in Chapters 8-10 where we examine their purposes and the processes of 'peer' review by scientists and of customer review by the DHSS policy divisions. These chapters provide the empirical grist to our conceptual mill: they substantiate our theses of government's and science's multimodality and explain the difficulties of arranging fruitful encounters between them. In Part III (Chapters 11-13), we take up the same experiences to examine the processes, functions and outcomes of the research commissioning system and how it precipitated such new or reformulated roles as customers and receptors of research, brokers between science and government, and contractors attempting to meet government's needs. In Chapter 13 we also give a brief account of developments over the last 20 years using key points from our earlier 1983 edition to highlight some of the major advances and remaining problems. In drawing our generalisations and conclusions, we show how the concepts developed in the first edition are still of considerable relevance when attempting to evaluate and analyse recent developments in health research systems, and not only in the UK. We recall the methods employed in our seven year empirical study in the Appendix.

Prefatory note to the second edition

In bringing the text up to date, the two original authors are joined by Steve Hanney who has undertaken a series of studies in the field of health research systems over the last decade (for example, Buxton and Hanney, 1996; Hanney et al., 2000; Pang et al., 2003). All three authors are grateful to colleagues who encouraged us to undertake the second edition and provided expert advice, in particular, Martin Buxton, Robin Dowie, Shyama Kuruvilla and Bryony Soper. We are also indebted to Avril Cook who provided excellent secretarial assistance.

Maurice Kogan, Mary Henkel
and Steve Hanney, Summer 2005