

# The Challenges of running a Research Institute or Centre

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# Background - 1

It is increasingly common for universities to set up research institutes or centres as focal points for research activity, especially multi- or inter-disciplinary research.

Such research institutes or centres vary in their autonomy and how they sit in the university structure.

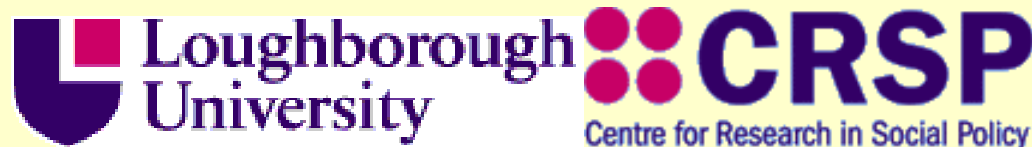
They typically range from:

- status of a new **academic department** in its own right,
- a **centre** situated within a single department,
- a **grouping** crossing a number of departments, or
- a “virtual **shop window**” eg on a website linking to diverse researchers in their own departments.

# Background - 2

There are also many non-university research institutes, often in competition with universities for public research funding.

In opening this session we will focus on two examples:



A self-funding centre situated within a single department.



A research institute with the status of a department in its own right but cross-cuts several teaching departments.

# Challenges



Research Administrators responsible for running such institutes face a range of challenges beyond those associated with day-to-day support of funded research projects, staff management, premises, etc. For example :

- local policy interpretation and development,
- overseeing employment of many diverse research staff from different backgrounds,
- financial oversight of a varied portfolio of funded research.

# Straw Poll

Who currently works in a research administration or support role in some sort of new research institute or centre?

Where would you place it in this typology?

- Multi-disciplinary but with the status of an **academic department** like any other,
- a **centre** set up within a single existing department,
- a **grouping** crossing a number of departments,
- Some sort of **shop window** that links diverse researchers who remain in their own departments.

# Management and Organisation of Research Support theme

We will try to avoid too much overlap with two other presentations in this theme in Parallel Session 4:

**402: Research Facilitation - different models, different contexts, specifically:**

- the relationship between research facilitation models and institutional research strategy; and
- the respective roles of the research facilitators and a central Research Office in a university.

**403: Comparative case studies of the management and organisation of research support, specifically:**

- examples of the review and re-organisation of research support offices.

# Contrasts

The session will include presentations from two speakers responsible for running research institutes in different disciplinary areas, and will offer plenty of opportunity for participants to share their experiences and to identify examples of good practice.

***We could just list the challenges...!***

***We hope that by raising awareness of these we can help each other to rise to them.***

# **Case study 1 – CRSP, Loughborough**



# Case study 2 – ISTM, Keele

Institute for Science & Technology in Medicine, one of two Research Institutes formed three years ago in Keele's Faculty of Health:

- Research Institute of ~75 academics and clinicians.
- Biomedical engineering, stem-cells, genomics, bio-magnetics, neuroscience, tropical diseases, etc, etc
- RAE 5(A) and 5\*(A) ratings in 2001 and 1996
- Grant activity = about 150 applications per year
- External research grant income = £3million per year
- Director, Deputy Director, PG Director, four internal Theme Heads, RI Manager, Facilities Manager.

# Main challenges at ISTM

- Devolved management vs central control:
- A. Culture clashes, split site management
  - B. Setting incentives and targets
  - C. Pricing and overhead policies
  - D. Funding, recruiting staff and students
  - E. Reliable data handling
  - F. Governance issues

# A. Culture clashes, split site management - 1

By their interdisciplinary nature, research centres aim to bring together researchers from different backgrounds and cultures of their disciplines. Example at ISTM:

1. Traditional, small bioscience department that did teaching and research for ~50 years.
2. Expanding biomedical engineering centre, funded for research only for ~15 years.
3. NHS researchers at a distant specialist hospital.

# A. Culture clashes, split site management - 2

Some of the problems this brings about:

Organisation culture – some staff are used to health service structures, hierarchy (egos and deference!?), others expect the loose associations found in a traditional university science department.

Research time – a typical science academic has 20-30% time for research, a typical clinician 10-20% time, but many of our biomedical engineers and Med Sch staff are typically 80-100% research time.

# A. Culture clashes, split site management - 3

Also by their interdisciplinary nature, research centres often bring together researchers from different sites. Example at ISTM:

1. Bioscience department based in single building on main Keele campus. (~29 staff)
2. Biomedical engineering in University Hospital site 3 miles from main campus. (~34 staff)
3. NHS researchers at Robert Jones & Agnes Hunt Orthopaedic Hospital at Oswestry, 30 miles from main campus. (6 staff)
4. A few others scattered about! (~7 staff)

# A. Culture clashes, split site management - 4

Split sites are a common problem in HE but when your mission is precisely to get people to work together this can be very difficult, eg

1. ISTM is administered from the off-campus site at the University Hospital, where the majority of members work (just!). Main campus staff can feel “left out” of decisions.
2. Scientific facilities are split, staff and samples have to be transported about.
3. Where to hold our seminars so everyone comes?

# A. Culture clashes, split site management - 5

*How have we tackled these challenges?*

- Establishing our own, composite culture.
- Site specific, bottom-up committees.
- Always trying to reflect research % when analysing performance data.
- Free bus transport, travel expenses, and staff exchanges between sites.
- Seminars at a neutral location!

# B. Setting Incentives and Targets - 1

The different backgrounds and disciplines of ISTM members lead them to value different incentives and performance measures:

1. Bioscience lecturers typically place high reliance on securing extra research time to manage grants, whereas clinicians rarely take on more than they can manage in their existing research sessions.
2. Incentives and targets set at University level may be meaningless to a specific research centre.



# B. Setting Incentives and Targets - 2

*How have we tackled these challenges?*

- Using any DA staff cost recovery from grants to support staff in the way they say they need, ie technicians, trial managers or other support staff as well as buy-out of teaching or clinical sessions.
- Setting our own targets, co-funding schemes, etc, at Faculty or centre level.
- Choosing not to take part in University-wide schemes that don't offer us anything.

# C. Pricing and Overhead Policies - 1



A successful research centre is usually one that has developed its own niche of research excellence, *aka* its USP. Therefore:

1. The research centre usually knows best which funders to target, and how to price its research to attract and profit from the business it wants.
2. The research centre wants to give incentives to its members to attract grants and contracts, and encourage enterprise activity.

# C. Pricing and Overhead Policies - 2



*How have we tackled these challenges?*

- ISTM uses Keele central systems to establish costs, but (with NHS R&D) takes tough decisions on whether trials and commercial contracts are viable to accept.
- ISTM allows group leaders to build their own portfolio, including “zero-overheads” grants.
- ISTM set its own unique distribution of overhead recovery to ensure plenty of funds are held at local lab and group level.

# D. Funding, Recruiting Staff and Students - 1

Bringing together diverse researchers into one research centre means a wide range of funding sources and procedures. Eg in ISTM:

1. We fund staff employed in the University and recharged from two NHS Hospital Trusts, hence three sets of staff details, recruitment procedures, etc
2. The only Research Council we don't deal with is AHRC!
3. Every student (~100) is funded differently...

# D. Funding, Recruiting Staff and Students - 2

*How have we tackled these challenges?*

- ISTM takes all recruitment in house as far as possible and closely monitors funding.
- We use external services and consultants to help members find funding and write proposals.
- ISTM has set the agenda and led in Keele on the establishment of supervision procedures, learning plans, training courses, co-funding schemes, etc for PG students.

# E. Reliable Data Handling - 1



- A University centrally collects data on research activity in certain ways. Specific challenges in ISTM:
1. Co-investigators and specific details of funders were not recorded on Keele research grant datasets, but important at research institute level.
  2. The order of authors on papers is important in the biomedical field but not reflected in central publication records (or RAE2008...!)

# E. Reliable Data Handling - 2



*How have we tackled these challenges?*

- ISTM always uses Keele central datasets on research grant applications, awards and income, so reliable, consistent and comparable with other Keele Research Institutes.
- But, we then add our own information so we can analyse funders and individuals' track records.
- We create our own publication data.

# F. Governance Issues - 1

Managing the research time of staff but not their other roles in University or NHS brings challenges. Eg in ISTM:

1. If we want to buy a greater percentage of time, or a sabbatical for a member, the decision is not entirely ours: needs Heads of Schools and Clinical Directors' agreement.
2. We have to devise our own fair and transparent schemes to allocate resources.



## F. Governance Issues - 2

*How have we tackled these challenges?*

- ISTM starts negotiations for sabbatical leave with Heads of Schools a year ahead of time. Not much success with NHS though...
- ISTM tries to take as flexible approach as we can to the need to buy-out time to start new projects or enterprise activities.
- Working groups / panels are set up to allocate all internal resources, eg studentships, pump-priming funds, but takes a lot of time up.

# Discussion