

Dear Sir David,

I apologise for the late reply from the British Orthopaedic Association but hope you will consider our concerns.

The underlying aim of speeding translation from bench to bedside is correct and laudable. However it is vital to retain the correct balance

of spending on basic and clinical research, and there is felt to be substantial risk that this will not be achieved. In particular, there is

a risk that the MRC side, the basic scientists, will dominate, due to their longer establishment in the process of national peer review, to

the detriment of clinical research and achieving that right balance. Furthermore, there ought to be a genuine difference in values between

basic and clinical research, as to what constitutes excellence; a 'clinical RAE' might, for example, put greater weight on research output

that actually changes practice. It is likely to be easier for government to control the balance between basic and applied medical research by

retaining a high level split in the funding and allowing each arm to develop its own ethos and processes.

Yours sincerely,

Ian J Leslie FRCS
President
British Orthopaedic Association