ate-school dean at the University of California, Berkeley, and head of the $75,000 study, which is being funded by the Mellon Foundation. Cerny hopes to track down some 1500 students who graduated between 1983 and '85 (to link them as closely as possible to the 1982 survey) in five fields spanning the curriculum. "We want to know if they're using their Ph.D. and if the degree prepared them for what they are doing," he says.

While some are upset that the study falls short of a comprehensive assessment, neuroscientists are leery of any rankings at all. In January the heads of the Society for Neuroscience and the Association of Neuroscience Departments and Programs (ANDP) wrote Bruce Alberts, president of the National Academy of Sciences and chair of the NRC, that such ratings are "premature" and that they are "anecdotal rather than based on fact." Because neuroscience graduate programs occupy varied positions in the existing hierarchy of academic departments, it is "very difficult to rank neuroscience programs effectively," the two organizations argued. They were not happy with Alberts' effort to reassure them, nor with his insistence that participation was voluntary (a program can choose not to be included in the survey).

"He basically patted us on the head and said, 'Nice doggy,' " says the University of Minnesota's Robert Miller, immediate past president of ANDP. "What we're trying to achieve is a uniformly high-quality graduate program in neuroscience throughout the country. If we participate in a ranking, we are opening ourselves up for internal warfare."

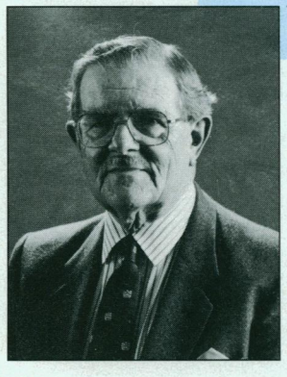
Co-chair Maher says the panel carefully examined each of the points raised by critics and decided that the academic community would be best served by a modification of the 1982 report that preserved its essential features. But that doesn't mean there's no room for improvement, he adds, especially in more applied fields that would benefit from an examination of how their graduates fare. "While I strongly defend the report," he says, "it's less clear that the interests of industry, notably parts of engineering, are well served by it. I'd like to see an ongoing, field-specific data survey, say every 2 years, that would better reflect the rise and fall of individual programs. The goal is to make this as useful as possible to as many people as possible—students, deans, industry, faculty, and anybody else involved in graduate education."

–Jeffrey Mervis

U.K. HEALTH CARE

Will Research Be Priced Out of the Market?

For almost 50 years, Britain's National Health Service (NHS) has been the pride of the country's welfare system, providing free medical treatment for everyone. In 1990, however, the Conservative government sought to improve its efficiency by injecting an element of competition among medical centers, building an "internal market" within the NHS. Whether this change has improved patient care is still hotly debated. But last week, the influential House of Lords' Select Committee on Science and Technology pointed to another hot concern arising from the NHS reforms—the possibility that the competition to cut costs is limiting the ability of NHS hospitals to do basic research.



"It is vital to retain centers of excellence."

—Lord Walton

A report issued last week by the Lords' committee notes that the government has taken some measures to protect research from the pressure of the internal market, but finds that they may not be adequate. The warning has struck a nerve. For example, David Gordon, program director at the Wellcome Trust, Britain's largest private foundation for biomedical research, welcomes the report. Medical funding arrangements, he says, ought to be "simple, transparent, and cover basic as well as applied research." He says it's vital that changes in the NHS maintain these conditions.

The NHS internal market created a split in 1990 between service providers and purchasers—generally, between hospitals and family doctors. Under this system, doctors must "pay" hospitals to treat their patients. As a result, doctors have an incentive to seek the cheapest center, which tends to steer patients away from high-priced research hospitals.

The government did try to safeguard research. In 1991, it launched a health service R&D strategy, prompted by advice from an earlier Lords' advisory panel. The goal of this strategy was to determine priorities, develop a research infrastructure, and forge better links with other government and charitable funding bodies. To manage the new strategy, the government appointed Michael Peckham, former director of the British Postgraduate Medical Federation in London, and set a target of increasing R&D spending from 0.9% ($350 million) of the NHS budget in 1990 to 1.5% by 1995–96. The strategy was widely welcomed, and it helped raise the profile of research. But many of the changes that Peckham tried to introduce were stalled by organizational changes in the NHS and the market reforms themselves.

More serious concerns about research in the NHS arose as the internal market began to hit its stride in 1992 and 1993. Large research hospitals, burdened with teaching and research costs, began to realize that the market system favored smaller regional hospitals.

In an attempt to address this crisis, the government convened a task force in 1993 led by Anthony Culyer, an economics professor at the University of York. The task force proposed radical measures to separate research and treatment costs, allowing the academic centers to compete in the marketplace and still support research. Its principal recommendation was to provide a single funding stream—separate from the internal market—for research, including core funds for facilities and support staff. The Culyer report suggested that the money be divided up among hospitals based on an assessment of research quality—a procedure already employed to carve up funds among Britain's universities. The government wants to begin implementing Culyer's recommendations by next year.

Even with Culyer's remedy in place, the new Lords' report warns, the funds available may not allow all the main academic centers to continue basic research. And if funds are concentrated at key centers, the report observes, it "could mean the end of curiosity-driven research in [other] major university hospitals." But Malcolm Green, current director of the British Postgraduate Medical Federation, says, "If you are going to reward success, some centers are going to be less successful. The key is to choose an appropriate time scale," so that the changes are not too traumatic.

The Lords also expressed concern over the trend for doctors to send patients to "cheaper" regional hospitals. This is starving university hospitals of an essential part of research and training—patients. "It is vital to retain centers of excellence," says Lord Walton, chair of the committee. The Lords urge academic centers to advertise their superior success rates in treatment. In addition, the Lords suggest that the NHS allow academic hospitals to use research funds to improve competitiveness.

It remains to be seen whether the Lords' advice will spur the government to yet further action. "We hope to get a response from them in September," says Walton.

–Nigel Williams