

<p><b>Institution:</b> University of Hertfordshire</p> <p><b>Unit of Assessment:</b> Panel A (4): Psychology, Psychiatry and Neuroscience</p> <p><b>a. Overview</b></p> <p>The Psychology unit at the University of Hertfordshire (UH) comprises 14 (12.2fte) Category A staff and 1 Category C staff. Psychology is part of the School of Life and Medical Sciences and is incorporated into the <a href="#">Health and Human Sciences Research Institute</a> (HHSRI), one of the university's three research institutes, which provide the wider organisational structure and support for research. The unit is organised into five areas: health and clinical psychology; cognitive neuropsychology; learning, memory and thinking; behaviour change in health and business; and the psychology of movement (including gesture, infant sign, and dance). The unit also has two research centres: the <a href="#">Centre for Lifespan and Chronic Illness Research</a> (CLiCIR); and the Centre for Personal Construct Psychology (CPCP). CLiCIR was established to provide a focus for the unit's research partnerships with NHS clinicians, as informed by NIHR initiatives, and it provides one hub of the NIHR-funded East of England Research Design Service network. The CPCP conducts applied PCP research and is the home of the Fransella Collection, the world's most complete archive of works relating to Kelly, Fransella and other CPCP researchers.</p> <p><b>b. Research strategy</b></p> <p>The unit's research strategy is informed by the university's research strategy, 2011–15, which aims to achieve research excellence in specific areas that demonstrate the capability to create a dynamic culture and environment, raise our international profile, excel in impact, exploitation and dissemination, and develop the next generation of researchers.</p> <p><b>Strategy post-RAE 2008</b></p> <p>The university has a policy of allocating the QR funding it receives on an annual basis back to the research areas, to be used for further research development. The unit invests the QR returned to it in those elements that will best sustain and enhance its research environment: staffing and the postgraduate research culture. This is budgeted through a Research Delivery Plan agreed and monitored at research institute and university level. The key aims of the unit's post-RAE plan included the deployment of funds for dedicated research time to identified staff, in return for deliverables specified in terms of the quality of published outputs, the breadth of impact achieved and the degree of research income attracted. Two further strategic goals were outlined, both in direct response to national priorities and initiatives: the development of commercially applicable research, promoted and disseminated through Knowledge Transfer Partnerships (KTPs) and other knowledge exchange schemes operated through the Technology Strategy Board; and the wider application and translation of psychological techniques and knowledge into health and social-care services, especially through NIHR funding schemes such as the Research Design Service. In relation to commercially applicable KTP-based research, the work applying <a href="#">FIT Science/Do Something Different</a> (DSD) in commercial settings, including the collaborative development of a number of healthcare products, stemmed directly from two KTPs (one award-winning). Our strategic aim to develop our research in those healthcare settings indicated by NIHR priorities is evidenced by the work conducted by CLiCIR, a centre in which multi-disciplinary research flourishes alongside clinical collaborations, described below and in our Impact Statement. The success of our post-RAE strategy can be measured by the fact that almost all of the research staff identified in our 2008 plan are significant contributors to this REF submission, the exceptions being retirees Marcel, Gilhooly (now Emeritus Professors) and two staff who returned to their native countries. The strategic decision was taken to replace these senior staff with early-career staff, six of whom are included in this submission (<b>Durand, Georgiou, Jenkinson, Kirk, Knight, Kondel</b>). Of these, <b>Kirk</b> was previously involved with continuing gesture research in the unit, demonstrating the positive translation of a (post)doctoral researcher into a full-time academic position. Other new staff have brought their own specialisms to our research groupings, refreshing our research portfolio and sustaining its vitality for the future.</p> <p><b>Research groupings</b></p> <p>The <b>Health and Clinical</b> group includes research in CLiCIR (<b>Done, Durand, Fineberg, Schulz</b>), whose research focus is on long-term psychological outcomes in chronic illness (renal disease,</p>
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rheumatoid arthritis) or lifespan disorders (schizophrenia, OCD). This group mentors some of the recently appointed ECRs and works with the Centre for Longitudinal Studies (UCL), the UK Renal Registry (with **Farrington**, also in HHSRI but submitted as Cat A in REF A3 Pharmacy and Pharmacology), and two national inception cohorts for early onset rheumatoid arthritis ([ERAS](#), [ERAN](#), with **Young** in HHSRI submitted as Cat A in REF A3 Allied Health). CLiCIR's research on early rheumatoid arthritis (with two RCUK studentships) features in National Audit Office reports and NICE guidelines. Both areas reflect our inter-disciplinary, multi-professional focus, consistent with our strategic aim of translating research into practice, in line with national priorities. **Kornbrot** conducts lab research on cognitive and psychophysical aspects of depression (with Msetfi in Lancaster), while providing advanced statistical support to a variety of applied clinical projects in the region.

The **Psychology of Movement** group includes research on expressive movements such as gestures and infant sign. Directed by **Pine**, the gestures subgroup provided PhD/postdoc training for **Kirk** and has led to the rolling out of an infant-sign programme to low-income families in Hertfordshire Sure Start centres. The group also includes a recently established Dance Psychology subgroup, which carries out research on health and biological factors in dance. This new research works with [Parkinson's Disease patients](#) on the impact of dance on their mood and movement. Its work features strongly in our future development plans.

The **Learning, Memory and Thinking** group contains researchers whose primary collaborations are with groups outside the university. **Page** collaborates with researchers in working memory in the MRC Cognition and Brain Sciences Unit Cambridge (Norris); the University of York (Baddeley, Hitch); and the Universities of Gent and Louvain (Duyck, Szmalec). The latter collaboration has benefited considerably from our unit's hosting and supporting Szmalec on a month-long research visit in 2011. Similarly, **Kvavilashvili's** work on prospective and involuntary memory is enhanced by international collaborations with colleagues in Geneva, Australia and the USA. Her work on thought suppression in health and clinical settings is conducted in association with **Georgiou**.

Members of our **Cognitive Neuropsychology** group (including **Jenkinson, Kondel, Knight, Laws**) collaborate closely together, as well as with those in other groups (**Done, Fineberg**) and with others in clinical settings (e.g. Gale at the QEII Hospital, Welwyn Garden City). **Laws and Kondel's** meta-analyses of a range of clinical data have been widely disseminated and discussed inside and outside of academia. Both continue to work on cognitive aspects of various disorders (e.g., schizophrenia, Alzheimer's disease, OCD). **Jenkinson's** specialist work on anosognosia builds on Marcel's prior work in the unit and is being taken forward together with a university-funded studentship. **Knight**, an early career researcher, retains her collaboration with UCL colleagues, and is opening up a new research area in the cognitive neuropsychology of spatial navigation. Both **Jenkinson's** and **Knight's** work promise future collaboration with our Movement group, and recent investments in equipment for recording movement were made to facilitate this.

The **Behaviour Change** group includes **Pine** and **Fletcher's** work with FIT Science, DSD and related initiatives, carried out in business and community health settings. Some of this work is described in detail in one of the impact case studies, illustrating how research with a long history of development at UH is now being widely applied outside academia. **Wiseman's** work on public engagement is perhaps the clearest example of our deliberate strategy to promote and disseminate our research widely, through a variety of media. As one of the most read (and viewed) psychologists globally (as evidenced, for example, by over 140 million YouTube views, 125,000 Twitter followers and his international book sales), **Wiseman's** worldwide communication of research on personal change (among other subjects) falls within this broadly defined research group, as does the applied research conducted by the Centre for Personal Construct Psychology.

### Future plans

We plan to continue with the existing research groups and to develop new lines of research, such as within Dance Psychology. The **Health and Clinical** group will continue its Research Design Service work, having secured funding of £800,000 for another five years. A Clinical Trials Support Unit has been established within CLiCIR in response to an NIHR initiative. Research relating to psychological factors in treatment adherence and in long-term medical conditions will continue to develop as part of CLiCIR's collaboration with NHS-based clinicians and UoA 3 staff (Pharmacy

and Pharmacology), all with a view to informing NHS policy and practice. This focus on health service collaboration and impact will also be taken forward by **Durand's** work on shared decision-making and patient empowerment, a national priority area (as evidenced by DoH and Health Foundation initiatives). **Done, Laws, Kondel** and **Fineberg** will continue to focus on psychiatric (schizophrenia, OCD) and other (e.g., Alzheimer's) disorders, building on already close collaborations with local clinical groups, including **Fineberg's** specialist OCD treatment service at QEII Hospital Welwyn, and Gale's work as Research Lead at Hertfordshire Partnership NHS Trust. These collaborations are enhanced by **Fineberg's** part-time secondment to UH and Gale's appointment as a Visiting Professor. **Jenkinson's** work will benefit from the support of a Department-funded studentship (in collaboration with Fotopoulou at UCL) and by internal investment in equipment for measuring EEG signals and patient movements. In the **Learning, Memory and Thinking** group, **Page** will work with colleagues in the UK and abroad to extend the application of his and Norris' computational model of memory into lexical acquisition and dyslexia. He and Szmalec will also build collaborative links with early work in the Department on movement sequences in Parkinson's Disease and in dance. The clinical application of **Kvavilashvili's** research is undergoing development, aided by a Department-funded studentship investigating the use of smartphone technology in the acquisition of therapeutically oriented diary data with patients with mild cognitive impairment, psychosis (intrusive thoughts), and depression. This work is showing promising synergy with **Georgiou's** work on thought suppression in clinical/health settings, and one focus for the group is the application of similar technologies to memory problems in Alzheimer's Disease, an NIHR priority area. The **Behaviour Change** group's strategy is to broaden the application of **Pine** and **Fletcher's** DSD behaviour-change methods to NIHR priority areas, such as exercise and weight control, and smoking cessation. **Rennie**, a behavioural epidemiologist, has been employed to develop this work. The group has also been working with **Page** on the development of FIT Green, a pro-environmental behaviour change tool that will build on **Page's** innovative work in relation to low-carbon living. This work has been directly supported by over £50,000 of university investment for collaborative projects (principally the [Cube Project](#)) and responds to a very clear priority at governmental and international level for innovation in this area. **Wiseman** will continue to communicate practical behaviour change based on critical thinking through his wide-ranging public engagement activity. We plan to develop the collaborative breadth of our **Movement** group, and have made a staff appointment to help take forward current work on Parkinson's disease and the potential therapeutic benefits of dance. An attempt will be made to build further links between the work on movement and both **Knight's** cognitive neuropsychological work on spatial navigation and **Jenkinson's** research into anosognosia in hemiplegia.

### **Mechanisms and practices for promoting research**

One key aspect of our research environment is [a weekly seminar programme](#) organised over recent years by senior staff. The seminars are well attended by staff, postgraduates, clinical doctorate students and undergraduates. Postgraduates must attend as part of their research training programme. There is fruitful collaboration with other UH seminar programmes, including philosophy, computer science and life sciences. The programme covers a wide range of topics in psychology, neuroscience and psychiatry; the majority of speakers are external, from research institutions in the UK and abroad. Since 2008, they have included the prominent researchers Mike Anderson, Chris Brewin, Nicky Clayton, Sue Gathercole, Chris Frith, Glyn Humphreys, Brian Butterworth, Richard Bentall, Mike Burton, David Healey, Josef Perner, Usha Goswami, and William Marslen-Wilson. Most invitations are suggested by members of staff, with consideration given to the topic of the presentation, its fit with research conducted in the unit, and its appeal to a wide audience. Feedback from presenters has been positive, especially regarding the quality of the discussion following the talks.

### **c. People, including:**

#### **i. Staffing strategy and staff development**

A key part of our strategy has been to replace retiring research-active staff with early career researchers. Since RAE 2008, all job descriptions for new staff appointments refer to the requirement for research strengths contributing to at least one of the unit's research groups. Over the period, nine early-stage academics have been appointed, of whom six (**Durand, Georgiou, Jenkinson, Kirk, Knight, and Kondel**) are included in this submission. We have set ambitious

goals for these researchers and have ensured that their workloads take account of this ambition. In 2010 UH was one of the first universities awarded the European Council HR Excellence in Research Award, recognising our commitment to, and achievements in, implementing the [Concordat to support the career development of researchers](#) and the QAA Code of Practice for Research Degree Programmes. In February 2013, UH was one of 12 institutions whose HR Excellence in Research Award was extended for a further two years. The university participated in the 2010, 2011 and 2013 Careers in Research Online Survey (CROS). The 2013 results show that in 12 out of 18 categories UH responses are above or more positive than the national average. The survey provides valuable feedback to the unit on its staff development strategy. In 2011 an **Early Career Research Group** (ECRG) was established, with a broad remit. Offering seminars in specific topics (e.g. funding opportunities), it acts as a forum for peer-reviewing papers/grants and meets twice per semester, coordinated by an ECR and overseen by the Research Leader (**Page**).

All staff have an **annual appraisal** with a six-month follow-up progress meeting. The Research Leader appraises all research-active staff, and workload is assessed using a model supported by staff, with realistic research deliverables being agreed. The unit spends around £30,000 per year on People Development (including conference attendance). Staff are encouraged to access the academic development programmes provided centrally by the HR Development Group as well as the [Generic Training for Researchers Programme](#), which provides a comprehensive programme of over 50 short courses annually, aimed at addressing staff and research students' research needs. The programme includes courses on personal development (e.g., research career development) through to specialist research skills and techniques (e.g., statistics). UH has also implemented a **Research Staff Mentoring Scheme** specifically aimed at ECRs. NHS and other clinical researchers are effectively integrated within our research, most prominently through CLiCIR. Its contract as one hub within the NIHR Research Design Service, and its engagement with a variety of clinical projects (notably on psychological aspects of long-term illness) permits direct work with clinicians, six of whom now have part-time university contracts through the HHSRI. Our DClinPsy doctoral programme enables doctorate students to carry out and support research in a range of local mental health services. Students' appreciation of these arrangements is expressed in an excellent write-up for the course in the BPS Alternative Guide. The DClinPsy team also runs an active service-user forum to ensure its work is compatible with patient demands.

The unit has shown considerable flexibility in allowing researchers time to develop their careers with new research lines of enquiry. For example, in 2008 **Page** initiated a number of cross-disciplinary projects concerned with pro-environmental behaviour change. These projects involved colleagues from other areas of the university and from Exemplar, its business development company. This initiative resulted in an award of £310,000 from the European Regional Development Fund (ERDF) for the EASIER Project (Environmental Assistance to SMEs in the Eastern Region), £55,000 of consultancy income, and over £50,000 of investment from two university business development schemes. The outcome (Cube Project) has internationally registered designs and IP, which are now exploited commercially, under licence, by a UK SME (Bolton Buildings).

The unit also fully supports the university's equality and diversity principles: all new staff receive equality and diversity training as part of their induction, to ensure the delivery of considerate and inclusive services. In developing its approach to staffing and staff recruitment, the unit is supported by the university's [Equality Office](#) and Disability Services, with every member of this UoA required to attend equality and diversity training over the last two years to learn about the Equalities Act 2010. UH promotes family-friendly policies such as flexible working, has an on-site children's nursery and offers support for staff with caring responsibilities. The university is a member of the Athena Swan Charter and is a Stonewall Diversity Champion. All four of the most recent appointments of academic staff were women with recently obtained PhDs, and women make up over 40% of the FTE staff in this submission. In addition, three of our seven professors are women, and since 2008 both **Kvavilashvili** and **Pine** have been promoted from Reader to Professor.

## ii. Research students

The unit currently has 76 students studying at doctoral level, including 28 PhD students and 48 DClinPsy students. There is also a small but growing number (3) of Masters by Research students. Since RAE 2008, an average of 19 doctorates have been completed per year. All applications for PhD study are reviewed by the Research Tutor and Research Leader, who engage staff on

supervisory teams. Admission to the highly competitive DClinPsy programme is handled by the clinical team. Our incorporation into the HHSRI gives flexibility in assigning experienced supervisors from beyond the unit when appropriate for multi- or cross-disciplinary research projects. As well as this responsive mode, the unit has supported two full PhD studentships each year (fees and full stipend), and plans to continue this policy. Studentships are allocated by a competitive process administered by the Research Leader. Each PhD student is assigned at least two supervisors, and normally three; at least one of the supervisors must have successful completion experience, with less experienced supervisors receiving mentoring in the relevant processes. After an induction programme, supervision/ monitoring systems are operated by the HHSRI and the [Doctoral College](#). Students must pass two progression reviews, conducted by an experienced academic external to the supervisory team, at intervals specified by UH regulations. Progression reviews examine work completed and planned, and also assess training needs and training completed. The Research Institute's 2012 Annual Report noted that 90% of doctoral students completed within four years, echoing the university's overall success rate. Doctoral students have full access to the Generic Training for Researchers programme, and a summer school runs each year for part-time research students. The unit also provides in-house research training for research students, principally through the modularised MSc Research Methods in Psychology, but also via ad hoc training sessions (e.g., analysing fMRI data; conducting meta-analyses). Doctoral students are obliged to attend the unit's weekly seminar programme and to present their work in at least one of these seminars. They also receive funding to present at international conferences. The effectiveness of these combined arrangements is evidenced by the fact that the university achieves consistently good results in the Postgraduate Research Experience Survey (PRES), with above-average scores. This trend has continued in 2013, with supervision and research skills being particularly highly rated.

#### **d. Income, infrastructure and facilities**

Since 2008, the unit's income has averaged £530,000 a year from bodies such as the ESRC, MRC, British Academy, Nuffield Foundation, NHS, Leverhulme, and the Royal Society. This represents a 45% increase over our annual grant income reported in RAE 2008. We have also received over £145,000 of RCIF funding to support research in the Health and Clinical Group (e.g., psychophysiology). The university has implemented a second-reader procedure to ensure all grant applications are quality-controlled, through peer-review, before submission.

#### **Infrastructure and facilities**

We maintain a number of high-quality systems for data capture and analysis, including: the Observer XT system for coding video; an eye-tracker system; an audio booth; a Biopac system for physiological measurement (with EEG recording modules); production-quality video equipment with a full AV editing and control suite linked to a dedicated laboratory with one-way-glass viewing facility; and a video and auditory capture system with motion detection (Etherevision). In 2012 a new Biopac system was obtained, specifically to enhance our ability to collect movement data in our anosognosia, gesture, dance psychology, and Parkinson's disease research. Researchers also have access to a 3T MRI scanner through our collaboration with the [Paul Strickland Scanner Centre](#). In general, however, our research does not require substantial capital or maintenance expenditure. Most clinical staff are housed in the Health Research Building, a state-of-the-art facility completed for £6m in 2006, which offers excellent accommodation for staff, in particular to those involved in the conduct and teaching of clinical and health psychology, and for the CLiCIR team. The university has just begun an over £110m investment programme in its College Lane campus; over the next decade, this will provide laboratories and office space for this unit's research. The unit also operates a sophisticated automated system, SONA, for booking participants in experiments. This complements the comprehensive IT support provided by Information Hertfordshire (IH). To respond to research funding bodies' recent data management requirements, in 2012 IH collaborated with the three Research Institutes in obtaining two JISC grants (totalling £295,000) to develop data management policies. It also has a Research Information System that allows researchers effectively to store, manage and disseminate their portfolio of research outputs. Clinical and health researchers also have access to various patient clinics. Support for income generation is provided by the university's [Research Grants Team](#), which assists with all aspects of pre-award funding activities.

### Policies on research governance

The University Research Committee of the Academic Board meets three times a year to determine strategy and policy, and receive reports from the three Research Institutes. The Health and Human Sciences RI facilitates research in its constituent areas by operating a number of schemes and policies to support the research environment. These include quarterly meetings of Research Leaders; administering the university's small grant scheme funded by QR (£300,000 since 2010); and operating the second-reader process. The Research Grants team provides infrastructural support in grant costing, application and administration, and advises on ethical issues. The university is a member of the RCUK Research Integrity Office, and in relation to NHS Research Sponsorship is a 'recognised sponsor'. The Intellectual Property and Contracts (IPACs) team produces and monitors all research contracts, and manages associated IP issues. A dedicated central Knowledge Transfer team assists staff in preparing business-related collaborations.

### e. Collaboration or contribution to the discipline or research base:

**Done's** schizophrenia work involves Leask (Univ. Nottingham), and Peters (Inst. Psychiatry); his birth/other cohort work also includes Sacker (Director, ESRC International Centre for Lifecourse Studies, on two RCUK-funded studentships), and Shepherd (Centre Longitudinal Studies, Univ. London). **Durand** works with Cardiff Univ., Univ. Dartmouth, USA, and the Ottawa Hospital Research Institute on shared decision making for in medical settings. **Fineberg** works with Robbins, Sahakian, Bullmore (Univ. Cambridge); Harrison (Univ. Oxford); Nicolini (Univ. Mexico City); Mataix-Cols (Inst. Psychology, London); Matthews (Dundee) on Cochrane Review; Denys (Amsterdam) and Stein (Cape Town) on metaanalysis of RCTs in treatment-refractory OCD. **Georgiou** conducts research on thought suppression and behavioural rebound in collaboration with Erskine (St George's Hospital Medical School) and Soetens (Lessius Univ., Belgium). **Jenkinson** collaborates in his work on anosognosia with Fotopoulou (UCL), Kopelman (KCL), Edelstyn (Keele), and Preston (Karolinska Inst., Sweden). **Kirk** represents the UK in an international network of infant-sign researchers (in US, France, Chile, Germany, Czech, Japan) and is a member of the International Infant Sign Research Group. **Knight** works with UCL and Oxford University and is an Honorary Research Associate at UCL. **Kondel** works with the Interdisciplinary Center (IDC), Herzliya, on Infant Mental Health Research. **Kvavilashvili** has international collaborations with Kliegel (Univ. Geneva), Rendell (Australian Catholic Univ.), Ford (Griffith Univ., Australia), and Einstein (US). **Laws** collaborates on schizophrenia with McKenna and colleagues (FIDMAG Research Foundation, Barcelona), Pomarol-Clotet (Benito Menni Complex Assistencial en Salut Mental, Barcelona) and Jauhar (Inst. Psychiatry), and on dementia with Sartori (Univ. Padua) and Moreno-Martinez (UNED, Spain). He has recently worked on multi-tasking with Stoet (Univ. Glasgow). **Page** works with Duyck (Gent), Szmalec (Louvain) on serial learning; Zamuner (Ottawa) on infant word-learning; and Norris (MRC CBU), Baddeley and Hitch (York) on working memory models. **Pine** is a Member of the International Society for Gesture Studies, and collaborates with gesture researchers/ psycholinguists at the MPI, Nijmegen and Institute of Clinical Medicine, Oulu, Finland. **Schulz** collaborates with Barnett (Oxford Brookes), and Henderson (Inst. Education) on the Detailed Assessment of Speed of Handwriting project. It has developed the leading test of its kind in the UK (DASH, DASH17). **Wiseman** has long-term research collaborations with Watt (Univ. Edinburgh) and works extensively with organisations involved in the public understanding of science/psychology.

**Collaborations with external bodies (e.g., NHS, industry, government):** **Done** was Chairman of the Board for the NHS Comprehensive Local Research Network (Essex and Herts), 2007–11, and is a member of the Pan Herts Hospitals R&D Committee. Several research-active clinicians are visiting professors/research fellows to the unit (e.g., Professors Ashaye, Sharp). **Durand** is a member of the UK Renal Registry/NHS Institute Expert Measurement Committee. **Fineberg** is Member, Education Committee, European College of Neuropsychopharmacology, and British Association for Psychopharmacology (Secretary for External Affairs – Clinical); Secretary, International College of Obsessive Compulsive Spectrum Disorders (2005– ); Patron and Medical Adviser, First Steps to Freedom; Medical Adviser, OCD UK; Leader (2003–5) Psychopharmacology subgroup NICE Guideline Development Group on OCD/BDD; Member of DSM-V OCD Workgroup. **Georgiou** (with Done, Kvavilshvili, Laws, Durand) all collaborate with NHS hospitals and community/mental health trusts throughout Hertfordshire, Essex and North London in their own research fields. **Kirk** is a member of the London Infant Feeding Network

advisory board and collaborated with Herts NHS Speech and Language Therapy service and Hertfordshire County Council to roll out a Small Talk programme in Sure Start children's centres. She is Expert Advisor to Best Beginnings, a child-health charity. **Kondel** is a member of the Association of Infant Mental Health and Board. She represents BPS at the Early Intervention Foundation, Houses of Parliament, on best evidence in Infant Mental health. **Kornbrot** is statistics consultant to the Cancer Treatment and Research Trust in collaboration with Mt Vernon NHS Trust, and statistical expert for City Road & Hampstead NHS Research Ethics Committee. **Page** is a member of the Hertfordshire Chamber of Commerce Environmental Forum. His Cube Project was an invited exhibit at Edinburgh Science Festival 2011 and Grand Designs Live 2013. In collaborations with industry, the Cube Project is licensed for production by a UK SME, Bolton Buildings. His EASIER Project engaged 50 SMEs in low-carbon advice. **Pine** is a regular speaker to industry research forums, e.g. Financial Services Research Forum and the Capita Registrar Forum. **Schulz** works for Pearson UK as a consultant in psychometrics on the revision and refinement of established psychological tests and their norms. **Wiseman** was Invited Guest Director of the Edinburgh International Science Festival, 2011.

**Editorial activities and peer-review:** In addition to many members of the unit acting as reviewers for a wide range of national and international bodies, **Fineberg** is, since 2011, Associate Editor of *Journal of Obsessive-Compulsive and Related Disorders*. **Jenkinson** is on the editorial board of the *Int. J. of Brain and Cognitive Sciences*, is Review Editor of *Frontiers in Psychoanalysis and Neuropsychology*; and Co-editor of a *Cortex* special issue, 2014. **Kornbrot** was on the editorial board of the *Brit. J. of Mathematical & Statistical Psychology* 2009–11, and is now on the *Statistical Associates* editorial board. **Kvavilashvili**, an Associate Editor of *Memory*, reviews grant applications for the ESRC, National Science Foundation, and the Marsden Foundation (NZ). **Laws** is Section Editor, *BMC Psychology*, on the editorial boards of *PLoSOne*, *World Journal of Psychiatry* and *ISRN Geriatrics*, and a Cochrane editor (Depression Anxiety and Neurosis Group).

**Contributions to the discipline:** **Georgiou** is a BPS Cognitive Section committee member, co-organising annual conferences, chairing sessions, and acting as web manager. **Jenkinson** is an executive committee member of the British Neuropsychological Society. **Kondel** is committee member of the Faculty for Children and Young People (BPS) and editor of a special edition of the Faculty Briefing on Attachment. **Kornbrot** was President of the International Society for Psychophysics, 2008–10, and was invited consultant on the ESRC-commissioned International Benchmarking Review of UK Psychology. **Kvavilashvili** is on the Scientific Program Advisory Committee for the 4th International Conference on Prospective Memory (Naples, 2014), and organised the 1st International Conference on Prospective Memory (Hatfield, 2000). **Laws** co-organised the BPS Cognitive Section conference, 2009.

**Fellowships and awards:** **Durand** was awarded the Siôn Rhodri Eynon Evans Prize for Excellence in Healthcare Research, 2008. She is Honorary Research Fellow at Cardiff University School of Medicine. **Jenkinson** received a \$15,000 Fellowship in 2012 from the Neuropsychology Foundation. **Kvavilashvili** was awarded a British Academy/Leverhulme Trust Senior Fellowship in 2008–9. **Page** won a Green Organization Green Apple Award, 2012. **Wiseman** is Hon. Fellow of the British Science Association, Fellow of the Rationalist Association, and Fellow of Committee for Scientific Investigation of Claims of the Paranormal. His book *Paranormality* won the 2011 Robert P. Balles Prize in Critical Thinking.

**Responsiveness to national and international priorities:** Research responds to various NIHR priority areas, e.g., **Durand's** research on shared decision-making with patients, **CLiCIR's** work on quality of life in chronic illnesses; **Kirk's** work with Sure Start responds directly to recommendations made in the White Paper (Healthy Lives, Healthy People, 2010) addressing socio-economic inequality in child development. **Page's** work on pro-environmental behaviour change responds to regional, national and international priorities for low-carbon growth. He was academic lead on AGILE (Accelerating Green Informal Learning) in response to the government's Informal Learning Agenda. **Pine** gave an invited response to House of Lords Science and Technology Select Committee Call For Evidence: Behaviour Change, 2010, with her evidence being cited in the final report.