Forskningsrådet

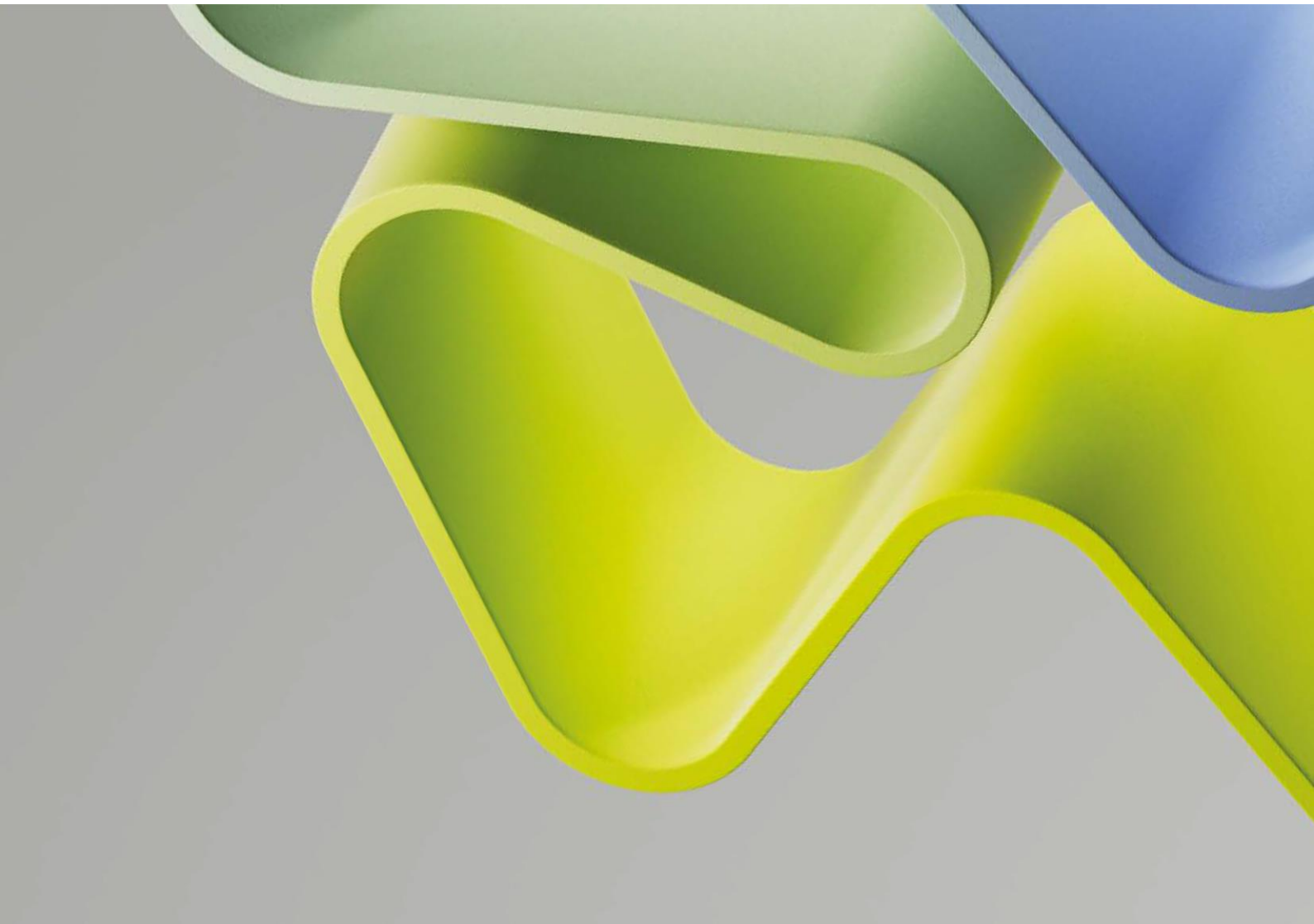
Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Institute of Health and Society (Helsam)
INSTITUTION: University of Oslo (UiO)

December 2024



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Statement from Evaluation Committee Higher Education Institutions 1

This report is from Evaluation Committee Higher Education Institutions 1 which evaluated the following administrative units representing the higher education sector in the Evaluation of medicine and health 2023-2024:

- Faculty of Health and Social Sciences, Høgskulen på Vestlandet (HVL)
- Faculty of Social and Health Sciences, Inland Norway University of Applied Sciences
- Faculty of Nursing and Health Sciences, Nord universitet
- Faculty of Health Sciences (HV), Oslo Metropolitan University - OsloMet
- Faculty of Health, Welfare and Organisation, Østfold University College
- Department of Health and Care Sciences, UiT Artic University of Norway
- Department of Social Education, UiT Artic University of Norway
- Institute of Health and Society, University of Oslo (UiO)
- Faculty of Health Sciences, University of Stavanger (UiS)

The conclusions and recommendations in this report are based on information from the administrative units (self-assessment), digital meetings with representatives from the administrative units, bibliometric analysis and personnel statistics from the Nordic Institute for Studies of Innovation, Research, and Education (NIFU) and Statistics Norway (SSB), and selected data from Studiebarometeret (NOKUT). The digital interviews took place in Autumn 2024.

This report is the consensus view from committee Higher Education Institutions 1. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

Evaluation committee Higher Education Institutions 1 consisted of the following members:

Professor Falko Sniehotta (Chair)
Heidelberg University

Professor Lars Göran Kecklund
Stockholm University

Professor Joakim Öhlen
University of Gothenburg

Professor Maria Kristiansen
University of Copenhagen

Professor Nicola Shelton
University College London

Professor Annette Boaz
King's College London

Professor Stephanie Taylor
Queen Mary, University of London

Ivette Oomens, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

The Institute of Health and Society (Helsam) consists of six departments, each with their own research portfolio and academic leader. Heads of institute and departments, including the administrative head, is an important arena for coordination and discussions of strategic actions. One of the academic staff has a role as coordinator of research training at Helsam and is the point of contact for the PhD programme at the faculty. HELSAM's researchers consists of 186 full-time equivalent positions divided on positions ranged from 5 to 100%. The number of persons is: 50 professors, 56 associate professors, 51 researchers, 21 postdoctoral fellows, 70 doctoral research fellows, 250 lecturers, three senior lecturers, three professors (dosent) and 14 scientific assistants. Women represent a majority in all categories except lecturers (45%) and professors (dosent) (33%).

Helsam is comprised of six departments which in the evaluation is defined as six research groups: Department of Interdisciplinary Health Science – HELSEVIT, Centre for Medical Ethics – CME, Department of Health Management and Health Economics – HELED, Department of Community Medicines and Global Health- ComGlob, Department of Public Health Science - FOLKEVIT and Department of General Practice -ALLMED.

Helsam covers mainly the fields between Clinical Medicine and Basic Medical sciences but conducts also clinical research especially in general practice. The main research is targeted on addressing societal needs as well as emphasising theoretical and fundamental research. Following a 2012-20 strategic plan, they aim "to be a prominent and pioneering institution that conducts research and provides education that is of importance at local and global levels". This involves knowledge dissemination and interdisciplinary research and education in health, disease, and health services. A new strategic plan for 2023-2030 is in development. Meanwhile, Helsam's three-year annual plan guide resource allocation and hiring, fostering collaboration and external funding.

Helsam collaborates nationally and internationally, across disciplines and sectors, ranging from academic institutions, health trusts (hospitals), public sector, private sector and industry to NGOs, government institutions and authorities. Research collaboration is primarily initiated by the researchers themselves at the department level, while the institute serves as a facilitator. Most research collaborations stem from project partnerships, but more longstanding and institutionally formalised collaboration has also been established over the evaluation period. The purpose of these agreements has been to foster collaboration related to both research and education and ensure institutional collaboration to facilitate knowledge exchange and address organisational needs related to, for example, recruitment.

Based on its self-assessment, in the future, Helsam may take advantage of their highly valued expertise as contributors to new, substantial knowledge and innovative solutions that is relevant to academia, the healthcare system and the society at large. Especially as there is a particular demand for more research on healthcare and public health, where Helsam's researchers can provide valuable knowledge. The administrative unit may also take advantage of their diverse staff, and the strong national and international networks developed by their research groups. Helsam does, however, have a high proportion of external funding, making the quantity of their research particularly vulnerable to limited and

unpredictable funding, such as the recent reduction in national research funds e.g. RCN. According to their self-assessment, there are concerns that this will come to affect the positive impact of their programmes on research and society. Additionally, the division of the institute into four locations will continue to pose challenges to internal collaboration.

Overall evaluation

The Institute of Health and Society (Helsam) currently has six Departments or Research Groups. Following the previous RCN evaluation, a Strategic plan 2012-2020 was developed for Helsam's research and education on health, disease, healthcare and society locally and internationally. In its ToR, Helsam asked the committee to provide a qualitative assessment in relation to its strategic targets, to assess the strategy in the years ahead and the extent to which Helsam will be capable of meeting its targets for research and society during this period based on available resources and competence. Key elements of the 2012-2020 strategy for research and education which are related to this review and the terms of reference supplied by Helsam included promoting: interdisciplinarity; international collaboration and partnerships; the international profile; the application of research based knowledge into health care services; work related to health care reforms; together with: advocating for good infrastructure; utilising collective expertise to strengthen research communities/ individual researchers; and identifying priority areas for research. Helsam is in the process of developing a strategic plan for 2030, so the committee is unable to comment on this.

Helsam is a large and very successful research institute with 186 FTE academics, currently. Staff work between 5% and 100% FTE. There are 50 Professors, 56 Assistant Professors, 51 researchers, 21 postdoctoral fellows, and 70 doctoral students and 250 lecturers. This workforce represents many clinical specialities and a wide range of scientific disciplines. The institute has a strong track record in attracting competitive, external funding including EU funding. The work of Helsam's Research Groups is often characterised by extensive external collaboration. However, collaboration across the Research Groups within Helsam is limited and there is scope for greater collaboration here. The research produced by Helsam was assessed as of internationally excellent quality by the Research Evaluation Group and bibliometric indices for Helsam are impressive.

Helsam contributes considerable social and service innovation to health care. Much of its research focuses on improving health care services through innovation, implementation of evidence or effective practice, or capacity building. Other research focuses on ethical issues in healthcare or promoting integrity in research and innovation. Although many research groups and researchers in Helsam involve users and carers in their research, the structure for the involvement of users and carers in research in Helsam is less well developed than other aspects of research infrastructure.

Recommendations

- The Institute should consider how it routinely embeds the patient and public voice into its research (and education) work, and whether more formal arrangements should be introduced.

- Helsam should develop a strategy to promote and sustain internal collaboration, across Research Groups and across the University, to balance the excellent external collaboration undertaken.

- Research Groups should continue to focus on applying for international research funding, increasing EU funding and applying for other sources of international funding. Helsam leadership should identify how this strategy could be best supported.

- The Institute leadership should consider developing strategies to support and, where appropriate, encourage, Helsam researchers to work with commercial partners and to commercialise relevant aspects of their research.

- Early on during the next evaluation period we recommend that Helsam considers conducting some work on the needs and career aspirations of its early and mid-career researchers with the aim of developing a strategy to promote good and transparent career progression pathways.

- The committee also recommends Helsam to consider succession planning.

- Helsam should keep monitoring the effectiveness of its antidiscrimination policies, for example through an annual staff survey with review and action, if indicated.

- Helsam should consider if there are ways to promote and assess the inclusivity of its workforce, especially with regard to ethnicity.

- When the next research strategy is developed, specific, time bound, measurable targets to assess progress should be developed by the individual Research Groups operationalising the strategy. These targets should be periodically reviewed at Research Group and Institute level and, if necessary, revised.

1. Strategy, resources and organisation of research

1.1 Research strategy

The Institute of Health and Society (Helsam) currently has six Departments or Research Groups (the latter term will be adopted in this report): Department of Community Medicine and Global Health, Department of General Practice/ Family Medicine, Centre for Medical Ethics, Department for Health Economics and Health Management, Dept Interdisciplinary Health Sciences, and Dept of Public Health Science.

The previous RCN evaluation led to a 'Strategic Plan 2012-2020'. Its vision was for Helsam "to be a visible and pioneering academic community conducting research and education at a high international level, having an impact on health and society, locally and globally," and a strategy to meet this vision was outlined. Struts of the strategy which are relevant to the terms of reference of this review and to the particular requests of Helsam for the review included (amongst others):

- Strengthening research and education on health, disease, healthcare, and society, locally and globally.
- Fostering interdisciplinary research and education within the institute, as well as towards the faculty and the university.
- Promoting international collaboration and partnerships in research and education.
- Enhancing the international profile of research and education at the institute.
- Working towards the application of research-based knowledge by healthcare services and administration.
- Encouraging research, education, and development work related to healthcare reforms.
- Advocating for good infrastructure for research, education, dissemination, and innovation.
- Utilising the institute's collective expertise to strengthen research communities and individual researchers.
- Identifying and enhancing priority areas for research.

The main areas of research and innovation focus are (please note these areas do not necessarily link onto Research Group names):

- Public health - including work in low- and middle-income countries – with a good record of collaboration
- Interdisciplinary research
- Family medicine and antibiotics in primary care, including antibiotic resistance
- Health management and health economics - with a very strong record of research driven teaching and research collaborations, including international collaborations
- Medical ethics, research ethics and integrity and clinical ethics and priority setting- with a very strong record of achieving EU funding
- Digital health and complex interventions in health care – with a strong record of gaining external funding and addressing societal needs

Because the research focus is driven by the interests and expertise of the individual researchers, rather than by an overarching research strategy, it is not always clear what the particular focus and expertise of individual Research Groups is.

Overall, Helsam makes significant and wide-ranging societal contributions, but societal impact varies considerably across Research Groups:

- Societal impact is particularly strong from the Centre for Medical Ethics whose work directly influences and improves healthcare, health policies and public awareness of ethical issues in healthcare. CME is an internationally renowned group, and their work has a global reach.
- The Department of Health Management and Health Economics collaborates extensively with public agencies and stakeholders - such as hospital Trusts, industry and patient societies. It has won awards for its contribution to health policy during the Covid pandemic. This work shows a large amount of societal impact.
- Many of the staff in the Department of General Practice are clinical academics and the Group focuses on research relevant to the work of family medicine and public health. The Group's commitment to training general practitioners in research and their contribution to teaching in the medical school also contributes to their societal impact.
- The Department of Public Health Science is largely engaged in health services research with a focus on research on care pathways, digital health, and care of the elderly - all very important areas with potential to generate significant societal impact. Their Masters in geriatric medicine was commended by the Research Evaluation Group as a way of strengthening municipal health services.
- Members of the Department of Community Medicine and Global Health regularly contribute to public debate on topical medical issues, but their overall societal impact appears limited and could be strengthened.
- The Department for Interdisciplinary Health Sciences also demonstrated less extensive societal impact, and this is achieved mainly via books, articles, tools and participation in advisory review and expert panels. Although the Research Review group noted some substantial work on knowledge translation and implementation.
- Despite all this impact and potential impact, a common theme was the lack of formal stakeholder involvement and public and patient engagement in much of the work across Helsemed. It was felt that societal impact would be even greater if stakeholders and members of the public and patients were involved in all projects from initiation, i.e determining the importance of research topics, right through to supporting dissemination. Helsemed has set up the first Masters in Public Participation in Norway so this should be something that the Institute wants to work on.
- All researchers are offered training in dissemination of their research findings and outreach.

Helsam's core funding arises from its teaching and teaching responsibilities drive academic staff appointments limiting its ability to freely appoint research staff. Research is principally funded by external grants, and this could lead to insecurity when these funding streams are reduced, as has been the case recently (we understand RCN research funding reduced nationally). As described above, the research agenda is driven by the individual Research Groups, within these groups the Head is supposed to have oversight of the direction of the research strategy.

The committee's evaluation

Looking at the 2012-2020 strategy, it is clear that Helsam has addressed all the selected strategic activities listed above to some extent, but more could be done, and this would improve still further the impact of this highly successful Institute.

This is a highly productive and successful research Institute which appears to have largely followed its stated strategy. There are structural issues around funding of the institute as a whole which may influence its research productivity. The lack of formal, cross Institue mechanisms for the involvement of the patient and public voice in determining research priorities and influencing the research process could be seen as an omission in such a high

performing Research Institute. The routinisation of the input of the patient and public voice into research across the institute could promote its impact and support its research strategy further.

The committee´s recommendations

- The Institute should develop its new research strategy cognisant of potential structural impediments (teaching load, geography, research funding environment) and consider innovative ways to mitigate these potential challenges (e.g. consider teaching strategy alongside, consider changes to teaching provision and modalities).
- When the next research strategy is developed specific, time bound, measurable targets to assess progress should be developed by the individual Research Groups operationalising the strategy. These targets should be periodically reviewed at Research Group and Institute level and, if necessary, revised.
- The Institute should consider how it routinely embeds the patient and public voice into its research (and education) work, and whether more formal arrangements should be introduced

1.2 Organisation of research

Helsam is part of the Faculty of Medicine at the University of Oslo and was established in 2010 following the merger of three units. It currently has six Research Groups (RGs, Departments), described above. The research areas studied are “driven by the interests of the researchers” and the responsibility for the focus of research is devolved to individual Research Groups. The Research Group Heads have overall responsibility for the work of the researchers in their groups.

In 2015 the administrative staff were reorganised so that some “minimal” local administrative support is provided centrally to all Research Groups, supporting all academic staff and, particularly, the RG Heads, to ensure continuity; additional administrative support is grant funded. Other administrative support services, such as HR, ICT and communications, is provided across the Institute. One member of academic staff is responsible for coordinating research training and links to the faculty-wide doctoral programme. In practice, most training and supervision of early career researchers, doctoral and post-doctoral researchers is delivered locally within Helsam.

All senior academic staff have combined teaching and research roles with a small amount of time allocated for administration in addition. Most staff are part-time, and many have clinical appointments elsewhere, leading to good synergies between clinical practice and teaching and/or research. Students are encouraged to work as research assistants alongside their studies to gain research work experience and there are two PhD tracks: a three-year doctorate with no teaching responsibilities and a four-year doctorate which includes 25% of student time in teaching.

Helsam leads teaching across the medical faculty on research methods, ethics and integrity and the theory of science providing exposure to discussion with students and experts, both in research and in practice, from other fields. Doctoral and post-doctoral researchers are encouraged to assist in this teaching and gain from the exposure.

The number of full-time equivalent research staff is reported as steadily increasing since 2014 and by 2022 stood at 174. Currently there are 64.4 FTE professors or assistant professors – most of whom have permanent positions, and 92.5 FTE doctoral students,

post-doctoral researchers and researchers. The number of doctoral students almost doubled across the assessment period. An obvious strength is the very multidisciplinary nature of the workforce, in addition to clinical academics there are academics with backgrounds in the social sciences, law and the humanities.

Sabbaticals and working abroad are strongly encouraged for research staff. Leaders of the Research Groups or large research projects and new research leaders are encouraged to undertake a UiO Leadership Programme. Postdoctoral students can access a mentoring programme and the Faculty of Medicine's Post-doctoral Programme.

During the evaluation period, Helsam hosted three Research Schools and was involved in a fourth. Funding for the schools typically lasts eight years and the schools are cross-university platforms which offer people from similar disciplines the opportunity to revive more advanced training. Two of the Research schools hosted by Helsam (community health and general practice) have been particularly important as these disciplines are less well represented within the university.

All research staff are required to teach, Professors' and Assistant Professors' time is divided similarly between teaching and research (45% on each). Recruitment of academics is driven by the Institute's teaching requirements, but new educational provision can also arise from the research expertise of recruited staff. Permanent academic staff working on externally funded research can have their teaching responsibilities "bought out" by the project.

To support their development, mobility and taking up opportunities to work or study abroad, or elsewhere in Norway, is encouraged amongst research staff. Funding comes from competitive external grants and fellowships or a combination of external funding and researchers' own funding.

The committee's evaluation
Research is well organised at Helsam and there is some central administrative support. Research areas are determined by individual researchers within Research Groups.

The committee´s recommendations
The committee has no strong recommendations here.

1.3 Research funding
Approximately one third of the research funding for Helsam, primarily academic staff costs, comes from a share of the basic grant (*grunnbegvilgning*) provided by the Ministry. Most of the research conducted is externally funded and Helsam has a strong track record in attracting competitive external funding over the last five years of the assessment period. Average overall research income per FTE senior researcher (Professor or Associate Professor) is high. Approximately half of the external research funding comes from the RCN. National professional bodies are an important source of competitive funding for doctoral students and post-doctoral or small projects. EU funding has increased over the period and was over 9% of the total R&D budget in 2022, but other international grant income is negligible. Very little non-contract research funding from industry was recorded across the last five years of the assessment period. Helsam conducts a modest amount of contracted research (less than 4% of the total R&D budget) for Government ministries, industry and the public sector.

The committee's evaluation
All the Research Groups in Helsam are doing well with regard to gaining external research funding and some are doing particularly well. The proportion of EU funding obtained is relatively high but might be further improved and the Research Groups could explore currently untapped sources of international research funding. Industrial funding, beyond contracted research funding, is negligible and might also be leveraged.

The committee´s recommendations
- The committee recommends the Central Helsam administration to consider how it might best support awareness of, and access to, a diverse range of external research funding sources (e.g. inviting unfamiliar funders to talk to the faculty, grants clinics for new funding streams, etc).
- Each Research Group should consider its external funding strategy going forwards with cross-HELSAM work to share strategies and intelligence.
- Research Groups should continue to focus on applying for international research funding, increasing EU funding and applying for other sources of international funding.
- Research Groups should consider how they might increase non-contract industry funding.

1.4 Use of infrastructures
Since 2018, Helsam has been a partner in the Norwegian Primary Care Network (Praksisnett) which facilitates the recruitment of primary care patients. Helsam is the coordinating node for the East of Norway area.

Helsam staff have access to three necessary pieces of UiO infrastructure: UiO:eColab, which provides advanced computing, virtual research environments and secure data storage; TSD, a facility for the storage and manipulation of sensitive research data; and the library at UiO. Through the Norwegian research Infrastructure Services Helsam researchers have access to super computing and large-scale data storage. Researchers also have access to health data registries and SSB data (Norwegian Statistics Service). The Clinical Trial Unit at Oslo University Hospital provides mandatory specialised research support for clinical trials of medicinal products and the same hospital provides biobank facilities.

Helsam has taken several initiatives to meet the FAIR guiding Principles for scientific data and stewardship: data management planning, data repositories and providing training and support on managing and sharing research data.

The committee's evaluation
Helsam appears to have access to the necessary research infrastructure one might expect for such a large and successful institution. It is difficult from the information provided to identify if anything that would ideally be available is lacking.

The committee´s recommendations
- During the next evaluation period, Helsam might want to review its access to, and use of, research infrastructure to ensure provision remains optimal.

1.5 Collaboration

The work of Helsam's Research Groups is often characterised by extensive external collaboration initiated by the researchers themselves. The Institute sees itself as having a potentially important, strategic role in promoting collaboration *across* its different Research Groups, but the committee sensed frustration here. The Institute felt that there was little funding available to facilitate this cross-Research Group collaboration, with more credit given for external collaboration than for internal collaboration. This struck us as potentially wasteful and indeed the Institute interviewees noted "we often feel we are underusing our own [research] capacity." The Institute has supported some successful internal collaborations which have attracted external (RCN) funding, but these have been driven by members of the individual Research Groups. There was talk of establishing targeted workshops to promote internal collaboration but to date these have remained hypothetical rather than actual.

Beyond the Institute, collaboration with other Faculties across University of Oslo was reported as becoming strong with some Departments (Social Sciences, Humanities) over the past decade, but there was a recognition that more could be done.

UiO has a strategic focus on EU framework programmes. which Helsam has been very successful in, and which inevitably involves external national and international collaboration. There is also extensive research collaboration with universities in low- and middle-income countries (LMICs) – these collaborations started as capacity building and have matured into equal partner research collaborations with funding from the EU and other sources. (Some examples of capacity building projects in LMICs have also helped cross Institute collaboration because of the wide range of skills needed for the capacity building.)

Helsam has collaborations with the Oslo municipality, with other municipalities, and with many Norwegian hospitals. There are several collaborations with other higher education institutes in Norway. Some of these collaborations are long standing and have led to formal collaboration agreements, for example with the Norwegian Institute of Public Health involving several jointly employed individuals and Helsam acting as academic host for NIPH staff doctorates.

Collaborations are driven by the research staff. Institute funded PhDs that mandate cross RG supervision promote internal collaborations. Cross Research Group teaching was also seen as a potential way to foster internal collaborations.

The committee's evaluation

Helsam is strong on collaboration and has an impressive array of external national and international collaborations, many long-standing and supported by formal agreements. Internal collaboration between the Research Groups and across different faculties of UiO is less prominent. This is surprising because of the wide array of different disciplines and the focus on interdisciplinary methods and working in Helsam. It is obvious, but still bears consideration, that lots of external collaboration reduces the funding coming into the Institute and could undermine the viability of Research Groups or the presence of individuals with expertise. This trade-off between external and internal (cross-Research Group) collaboration might be worth examining further.

The committee´s recommendations

- Helsam should develop a strategy to promote and sustain internal collaboration, across Research Groups and across the University, to balance the excellent external collaboration undertaken.

1.6 Research staff

The NIFR reports that in 2021 there were a total of 154 researchers (58% women) of whom 27 were Professors (48% women) and 29 were Associate Professors (52% women), 41 (66% women) were researchers or post-doctoral researchers, and 57 (66% women) were doctoral students. Ten percent of overall staff were aged 62 years or older, but these individuals were concentrated at professorial level where 44% of staff were aged 62 or older and the average is 60 years. The average age of all staff is 45 years and the average age of doctoral students in 39 years, which seems relatively old.

Almost all academic staff have a doctorate (92%) and 16% of those with doctorates have a doctorate from outside Norway - indicating a degree of inward migration of research staff or Norwegian researchers undertaking doctorates abroad. Overall, 40 per cent of staff have a temporary position but this is concentrated amongst researchers and postdocs (88% have a temporary contract). All PhD students have a temporary contract.

The committee's evaluation

Helsam appears to have a relatively old workforce, of note the doctoral students seem to be somewhat older with an average age of 39 years. The overall age profile may be a strength as it may reflect the fact that many members of staff are part-time and have clinical jobs as well – thus bringing valuable experience to the Institution. However, it may also indicate a lack of clear career progression for early and mid-career researchers and the potential for future problems with succession planning.

The committee´s recommendation

- Early on during the next evaluation period we recommend that Helsam considers conducting some work on the needs and career aspirations of its early and mid-career researchers with the aim of developing a strategy to promote good and transparent career progression pathways.
- The committee also recommends Helsam to consider succession planning.

1.7 Open Science

All staff employed after 4th July 2013 must deposit a post-print version of published scientific articles in an institutional repository and are obliged to make these openly available as soon as possible. Staff employed before this date are encouraged to do this as well. Staff are encouraged to publish in open access journals or where access via an institutional repository is allowed. UiO provided courses in open science.

In 2022 80% of Helsam publications were open access (compared to 44% in 2013). Researchers from the Centre for Medical Ethics made a large contribution to a three-year EU funded project resulting in a knowledge hub providing guidance to open science practitioners (Rosie Knowledge Hub).

UiO follows the FAIR principles (see previous). Ownership and exploitation of data is managed through an institutional IPR policy. UiO has an explicit duty to ensure that

research results are available for further use, including educational purposes. “Beyond this, ownership and utilization of the rights are subject to negotiation between UiO and the relevant collaborators.” All research projects in Helsam are subject to internal pre-approval which includes whether or not they have a data management plan.

The committee's evaluation

Helsam is making good progress on open science publishing, and researchers in the Institute have made large contributions to supporting open science practices at a European level. However, in 2022 20% of publications were still not open access, this seems a very high level for such an important and successful research institute.

The committee´s recommendations

- Helsam should aim for complete open access publishing as soon as possible with provision for exceptional circumstances.

2. Research production, quality and integrity

Introduction

Helsam is a strong research unit producing relevant, impactful research. The work of Helsam relates closely to many important aspects of the Norwegian Ministry for Education and Research Long-term Plan for Research and Higher Education 2022-2032 around health. Antimicrobial resistance is highlighted as one of the greatest threats to global health in the Plan. Helsam has led robust educational research on antibiotic prescribing in primary care and nursing homes which has been implemented across Norway and is likely to have directly contributed to the significant (30%) reduction in antibiotic prescribing in primary care across the country. Another highlighted area “sustainability of [health] services under pressure” has been demonstrably supported by the work of the Centre for Medical Ethics at Helsam. This group of researchers have demonstrated that Clinical Ethics Committees in hospital trusts – an initiative they have been developing and studying for years - lead to innovations and improvements in services.

2.1 Research quality and integrity

This section 2.1 contains the overall assessment from the expert panels for each research group, not the evaluation committee. The expert panels are responsible for the evaluation of the research group(s).

Centre for Medical Ethics (CME)

CME benefits from existing national and international networks, providing numerous opportunities for collaboration and knowledge exchange. The expanding research field of medical ethics presents opportunities for CME to explore emerging topics and contribute to new areas of inquiry. Several CME researchers have demonstrated success in obtaining research grants, indicating strong collective grant-writing competence and potential for further funding opportunities. Recent improvements in staffing, leadership, and administrative resources have enhanced CME's capacity to pursue its research and educational missions.

Unpredictability in funding from the NRC poses a challenge to CME's ability to plan and execute research projects effectively, impacting both basic and applied research. Securing funding for basic research in bioethics remains difficult, potentially hindering the development of the field's theoretical basis and the training of young scholars. Past extensive teaching duties may have strained resources and diverted attention from research activities, although recent improvements have been made. Insufficient administrative support for large research projects poses a challenge to CME's ability to manage and execute projects efficiently.

CME has established itself as a leading institution in medical ethics research, with strengths in reputation, collaboration, and grant acquisition. Its research has contributed to societal understanding and advancement in healthcare practices. However, challenges such as funding unpredictability and resource limitations need to be addressed to fully leverage its potential and continue making significant contributions to the field. Opportunities in expanding research areas, developing educational programmes, and enhancing collaboration offer avenues for further growth and impact. With strategic planning and

resource allocation, CME can continue to play a pivotal role in shaping medical ethics discourse and practice nationally and internationally.

Department of Community Medicine and Global Health

ComGlob seems an active research group although the high number of part-time employees raise some question marks towards continuity and involvement. The quality of research and publications is high. They contribute to social debate and are to a modest extent engaged in knowledge transfer and the importance of these actions for societal development in Norway. There is no description if the group involved non-academic partners in its research processes.

Department of General Practice

The organisation of the group is very solid, and the fact that almost all staff have posts in combination with clinical practice is of high value. Research is of high quality, with several publications in high-ranking international journals. The contribution of the research group in the project is obvious. The strong connection to clinical general practice ensures dissemination of research in clinical practice, and the groups has also active in disseminating through media to a wider audience. It is not clear to what extent end users are involved in the research process.

Department of Health Management and Health Economics (HELED)

The research group HELED is specialising in health management and health economics and are a large research group of 70 staff members of which 33 members are in temporary positions. The strengths of the research group are their large contribution to highly relevant research on health management and health economics and they have a strong focus on education. The research group supervises PhD students and currently ten students are connected to the research group. In addition, the research group has a large contribution of scientific papers as well as conference contributions and a strong portfolio of international collaborators and positions abroad. The societal partners play a considerable role in the research. But it is not clearly stated how the different stakeholders participate in the research process from problem formulation to publication and product innovation. This could be a future focus point to qualify.

Department for Interdisciplinary Health Sciences

The Department of Interdisciplinary Health Sciences (IHS) at the University of Oslo is a well-organised group with several senior researchers. It is integrated into the Medical Faculty through its contribution to education and having members in strategic positions at the faculty level. The self-assessment report does, however, only provide a rather generic description of the group’s objectives and aims. The research spans several areas, but it is unclear to the panel how these areas link to each other and how they benefit from internal collaboration to enhance research output. The group’s strategy and benchmarks are relevant but the implications in terms of prioritising or the need for recruitment are not discussed. IHS is doing well regarding education, having eight current doctoral students is a good contribution to capacity building. It also does well regarding funding, with several external grant applications having been successful. The interdisciplinary research approach seems to make the group an attractive collaboration partner. IHS manages reasonably large research data sources and is involved in several large and potentially impactful programmes. Articles were mostly published in established high quality peer-reviewed

journals and IHS members are well positioned as authors. I'HS societal contribution is as expected from a group of this size and appears to be useful in several areas. The group has undertaken some substantial work on knowledge translation and implementation science and deserves recognition for entering and contributing to this growing field of research.

Department of Public Health

This is a well-organised group that over the years have built up considerable external funding, including EU-funding. They are strongly focused on some areas in health care and health services research with very relevant projects. They have a solid publication record and could probably publish in more high-ranking journals. Their research is strongly linked to societal needs in contact with stakeholders and end users of results.

3. Diversity and equality

Helsam actively promotes diversity amongst its staff. As described above, it has a good gender balance at both senior staff levels and a greater representation of women at post-doctoral (81% women) and doctoral levels (64% women). No data on staff ethnicity was presented and we understand it is not possible to present this under Norwegian law, so it is not possible to confirm the impact of any measures to promote ethnic diversity in recruitment.

Helsam says it has welcomed several “Scholars at Risk” from the international programme of the same name, but no further details were supplied. The UiO has antidiscrimination guidelines (an Action Plan for diversity, equality and inclusion) and courses and a reporting system for bullying, harassment or discrimination. The Faculty of Medicine has a comprehensive Action Plan for Equality based on the UiO Action plan.

The committee's evaluation

Helsam appears to have all the structures in place necessary to promote a positive working environment free from discrimination and bullying and aims to promote a positive and inclusive culture. Helsam should keep monitoring the effectiveness of its antidiscrimination policies, for example through an annual staff survey with review and action, if indicated.

The committee´s recommendations

- Helsam should keep monitoring the effectiveness of its antidiscrimination policies, for example through an annual staff survey with review and action, if indicated.
- Helsam should consider if there are ways to promote and assess the inclusivity of its workforce, especially with regard to ethnicity.

4. Relevance to institutional and sectorial purposes

The Medical Faculty of the University of Oslo is the largest in Norway and Helsam is a key part of this Faculty contributing to sector-specific objectives. As has been mentioned previously, Helsam staff encompass a very broad range of disciplinary and clinical backgrounds. Research conducted spans fundamental science and theory development to very applied health services research and public health, health economics and medical ethics. Helsam is also very important for its educational provision, for example its Masters in International Community Health is internationally renowned, and the Institute was awarded a Centre for Excellence in Education focussing on Sustainable Healthcare in 2019.

Helsam contributes social and service innovation to health care. Much of its research focuses on improving health care services through innovation, implementation of evidence or effective practice, or capacity building. Other research focuses on ethical issues in healthcare or promoting integrity in research and innovation.

Helsam staff are well motivated to drive social innovation through their research and teaching. Helsam staff, who commonly work part time in clinical roles as well as research, bring a wealth of real-world experience of health and healthcare to their research and teaching. The rich interdisciplinary mix at Helsam provides superb opportunity for innovative and boundary spanning research and the self-assessment provides numerous examples of educational and research excellence and social innovation, although it also suggests that Helsam has the potential to contribute even more to social innovation in the future. However, based in a not-for-profit health and social care setting, Helsam researchers may be less ready to work with commercial bodies or consider commercialising their research. Although some examples of commercialisation of research are provided, there may be untapped potential here.

The committee's evaluation

This mature, successful institution with its wide range of staff representing different academic and clinical disciplines and its strong ethos of social innovation is well placed not just to fulfil, but also to provide national (and in some cases international) leadership, in institutional and sectoral work. Within Helsam there is scope for its social innovation to grow in significantly future and there may be untapped potential to work more extensively commercial providers and commercialise aspects of their research.

The committee's recommendations

- Helsam should consider how it might best recognise, and capitalise on, its ability to offer institutional, national and international research leadership and social innovation.
- The Institute leadership should consider developing strategies to support and, where appropriate, encourage, Helsam researchers to work with commercial partners and to commercialise relevant aspects of their research.

4.1 Higher education institutions

One of the strengths of Helsam is the importance it places on teaching. All Helsam academics are involved in teaching and nearly all teachers are engaged in some research. All teaching at Helsam is research driven or underpinned by current research evidence. Several researchers at Helsam are interested in educational research, which is used to develop teaching programmes, and some clinical research involves educational programmes, for example the extensive body of work of around antimicrobial resistance. Research from Helsam on health management, public health and health services research has inspired the content of courses in health leadership and a new master's programme in public health, respectively. Researchers at Helsam have helped shape the Norwegian national medical school curriculum and reform of other clinical specialty curricula is underway. All Helsam master's students have the opportunity to undertake a thesis based on ongoing staff research, some master's programmes provide research training specifically to enable students to go on to doctoral studies. Master's students can also undertake research internships

The committee's evaluation

Helsam provides research informed teaching and appears to value high quality teaching. Educational innovations are often underpinned by educational research. Master's students have good opportunity to conduct research as part of their theses. Helsam academics have shaped the national medical school curriculum.

The committee´s recommendations

The committee has no specific recommendations on this.

5. Relevance to society

Introduction

Helsam is a strong research unit producing relevant, impactful research. The work of Helsam relates closely to many important aspects of the Norwegian Ministry for Education and Research Long-term Plan for Research and Higher Education 2022-2032 around health. Antimicrobial resistance is highlighted as one of the greatest threats to global health in the Plan. Helsam has led robust educational research on antibiotic prescribing in primary care and nursing homes which has been implemented across Norway and is likely to have directly contributed to the significant (30%) reduction in antibiotic prescribing in primary care across the country. Another highlighted area “sustainability of [health] services under pressure” has been supported by the work of the Centre for Medical Ethics at Helsam. This group of researchers have demonstrated that Clinical Ethics Committees in hospital trusts – an initiative they have been developing and studying for years - lead to innovations and improvements in health services.

Comments on impact case 1 - Human papillomavirus (HPV) and cervical cancer prevention strategies

Nationally, the changes to Norway's cervical cancer screening and HPV vaccination policies have been influenced by the Helsam research team. Internationally, researchers at Helsam were pivotal in designing the WHO's Global Strategy to Eliminate Cervical Cancer, adopted by the World Health Assembly in 2020 and the US preventive service Task Force Guidelines. Evaluations of alternative targeted or more general use of home-based cervical cancer testing by the research team have demonstrated opportunities to reduce cancer burden and simultaneously improve the cost-effectiveness within the Norwegian programme. Helsam has also contributed to a WHO team doing model-based projections to achieve the elimination of cervical cancer in 78 LMICs. Extended to work for HIC including Norway and work for US Task force and to simulation modelling around Covid related disruption to cervical screening.

This impact case shows strong evidence to support impact, including changes to national Norwegian cervical cancer prevention policies: research led to self-sampling of HPV to be provided by the Norwegian ministry; international changes to cervical cancer prevention policies: modelling research resulted in 2018 U.S. Preventive Services Task Force guidelines, recommending for the first time, the use of primary HPV testing as method of screening; and support to decision-making in cancer control both during and after acute COVID-pandemic phase: connecting experts around the world to address challenges in cancer control as a result of Covid and following Covid.

Comments on impact case 2 – improving antibiotic prescribing in primary care

Between 2012 and 2022 researchers in Helsam have conducted a coherent and influential suite of educational research and quality improvement projects aimed at improving and reducing antibiotic prescribing in primary care, thereby reducing the risk of antimicrobial resistance in Norway. The RxPAD study was a large, positive cluster randomised trial of 79 general practices involving education and individual feedback on antibiotic prescribing delivered by peer “academic detailers.” Following the success of this the researchers have developed and evaluated a quality improvement course in primary care “Riktigere antibiotikabruk i kommunene" (RAK) and have conducted trials in nursing homes, out of hours primary care, women with urinary tract infection and people with erythema migrans.

The research has been widely published in leading international journals (a couple of the RCTs were published in 2023 outside the assessment period).
This body of work has fed into the Norwegian Directorate of Health's National Professional Guideline on Antibiotics in primary Care, the roll out of the RAK course across primary care in Norway and education programmes promoting antimicrobial stewardship in out of hours services and nursing homes being rolled out and made permanent. The work has also impacted international antibiotic guidelines. The high-quality trials conducted by this research group have also greatly strengthened clinical trials in primary care in Norway. In 2021 the Norwegian Government reached its target of reducing antibiotic use by 30% of 2012 use. It seems likely Helsam research contributed to this impressive result.

Comments on impact case 3 – Transformation to Digital Health information
Beginning in 2005 and covering the evaluation period, researchers at HELSAM have conducted a body of largely qualitative research looking at the transformation of health information to digital modalities. The authors state that this multi-stakeholder research has influenced national guidelines, EU policy and international interoperability standards. A variety of research projects have focused on three areas of digital transformation in health: patient centred service co-ordination and co-ordination between health and care professionals; community resources and self-care interventions for people with chronic conditions; and co-creation and user involvement to promote active use of personal health data, trusted health information and knowledge sources and digital tools to support people living with chronic conditions.

A number of research papers describing a variety of well-conducted, original studies were referenced but on examination it is not clear how they all relate very closely to this impact case. Details of the impact were hard to follow since it is such a broad area and many links in this section (unlike the links to the research papers) did not appear to work (this issue was also found in other impact cases).

Comments on impact case 4 – Establishing clinical ethics support in Norway

The Centre for Medical Ethics in Helsam has a long history of research supporting clinical ethics in Norway. The Centre gets an annual government grant to improve the handling of ethical issues in the Norwegian health service and has special responsibility for Clinical Ethics Committees across all hospital trusts. These Committees discuss ethical challenges within the trusts, give advice, help set guidelines and provide staff training. The Centre for Medical Ethics has evaluated Clinical Ethics Committees through qualitative and quantitative research. The Committee has also researched health care practices in need of improvement in specific clinical areas, such as mental health and acute geriatric care, and has researched specific clinical ethics areas or issues, such as priority setting.

The Centre has conducted qualitative and quantitative research, including cluster randomised trials, of clinical ethics support and developed evidence informed teaching, training and guidance. They have published important, innovative, original research in international peer-reviewed journals. The most significant impact in the evaluation period is their long-standing work on hospital Clinical Ethics Committees. Their evaluation of these Committees has led to recognition of areas for improvement, and the development of teaching materials as well as the finding that Clinical Ethics Committees have role in finding new and improved solutions in hospital care. As a direct result of this work the Norwegian Ministry of Health mandated all hospitals should have a Clinical Ethics Committee based on a draft from the Centre in 2011, and this became law in 2021.

Comments on impact case 5 – Vitamin D and immigrant health

For the past two decades researchers from Helsam have made substantial contributions to the understanding of Vitamin D deficiency in immigrants in Norway with impact arising in the evaluation period. Their research has two strands: Vitamin D deficiency in infants and in adults.

Through randomised controlled trials and observational epidemiological studies published in international, peer-reviewed journals the researchers have demonstrated the efficacy of free Vitamin D drops for the infants of immigrants. Studies in adults have led to a much more nuanced understanding of the effects of Vitamin D deficiency in adult immigrants living in Norway and in the appropriate management of vitamin D deficiency in these groups. This work is of international significance. The group has made extensive contributions to advisory bodies including the National Council for Nutrition in Norway. Based on this body of work infants aged 0-6 months with parents from Asia, Africa and South and Central America have been offered free Vitamin D drops since 2009 and the need for more coherent policies to support adequate Vitamin D intake in adults from these countries across the Nordic area has been advocated.

Appendices

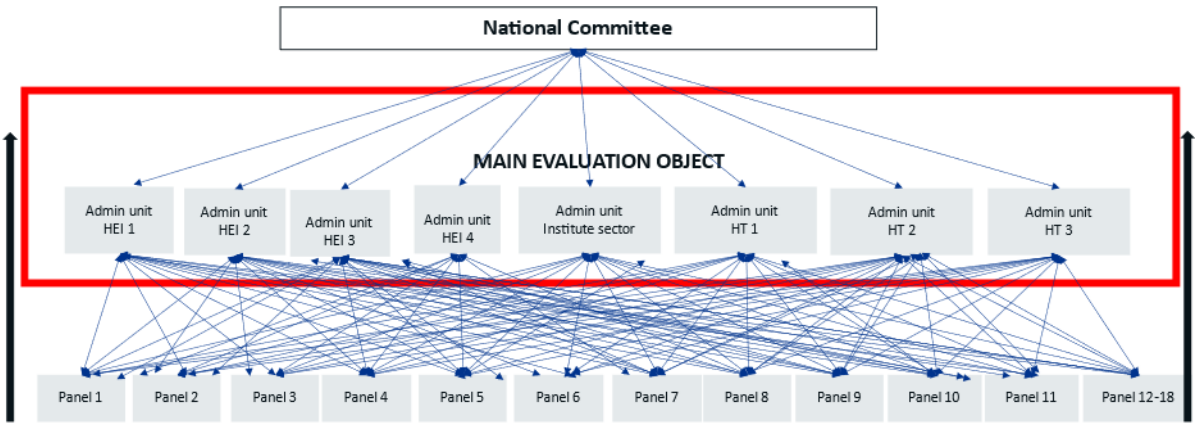
Evaluation of Medicine and health 2023-2024

By evaluating Norwegian research and higher education we aim to enhance the quality, relevance, and efficiency. In accordance with the statutes of the Research Council of Norway (RCN), the RCN evaluates Norwegian professional environments to create a solid and up-to-date knowledge base about Norwegian research and higher education in an international perspective.

The evaluation of life sciences is conducted in 2022-2024. The evaluation of medicine takes place in 2023-2024. The evaluation of biosciences was carried out in 2022-2023. The primary aim of the evaluation of life sciences is to reveal and confirm the quality and the relevance of research performed at Norwegian Higher Education Institutions (HEIs), the institute sector and the health trusts. The evaluation shall result in recommendations to the institutions, the RCN and the ministries.

Evaluation of medicine and health (EVALMEDHELSE) 2023-2024
The evaluation of medicine and health includes sixty-eight administrative units (e.g., faculty, department, institution, center, division) which are assessed by evaluation committees according to sectorial affiliation and other relevant similarities between the units. The administrative units enrolled their research groups (315) to eighteen expert panels organised by research subjects or themes and assessed across institutions and sectors.

Organisation of evaluation of medicine and health 2023-2024



The institutions have been allowed to adapt the evaluation mandate (Terms of Reference) to their own strategic goals. This is to ensure that the results of the evaluation will be useful for the institution's own strategic development. The administrative unit together with the research group(s) selects an appropriate benchmark for each of the research group(s).

The Research Council of Norway has commissioned an external evaluation secretariat at Technopolis Group for the implementation of the evaluation process.

Each institution/administrative unit is responsible for following up the recommendations that apply to their own institution/administrative unit. The Research Council will use the results from the evaluation in the development of funding instruments and as a basis for advice to the Government.

The web page for the evaluation of medicine and health 2023-2024: [Evaluation of medicine and health sciences (forskningsradet.no)]

Forskningsrådet

Se vedlagte adresseliste

Vår saksbehandler / tlf.	Vår ref.	Deres ref.	Sted
Hilde G. Nielsen/40922260	23/3056	[Ref.]	Lysaker 28.4.2023

Invitasjon til å delta i fagevaluering av medisin og helsefag (EVALMEDHELSE) 2023-2024

Vi viser til varsel om oppstart av nye evalueringer sendt institusjonenes ledelse 9. november 2021 (vedlegg 2).

Porteføljestyret for livsvitenskap har vedtatt å gjennomføre fagevaluering av livsvitenskap 2022-2024 som to evalueringer:

- Evaluering av biovitenskap (EVALBIOVIT) (2022-2023)
- Evaluering av medisin og helsefag (EVALMEDHELSE) (2023-2024)

Hovedmålet med fagevalueringen av livsvitenskap 2022-2024 er å vurdere kvalitet og rammebetingelser for livsvitenskapelig forskning i Norge, samt forskningens relevans for sentrale samfunnsområder. Evalueringen skal resultere i anbefalinger til institusjonene, til Forskningsrådet og til departementene. Den forrige fagevalueringen av biologi, medisin og helsefag ble gjennomført i 2010/2011 (vedlegg 3).

Fagevaluering av livsvitenskap retter seg mot UH-sektor, helseforetak og instituttsektor (vedlegg 4). Forskningsrådet forventer at aktuelle forskningsmiljøer deltar i evalueringene, selv om beslutning om deltagelse gjøres ved den enkelte institusjon. Videre ber vi om at deltakende institusjoner setter av tilstrekkelig med ressurser til å delta i evalueringsprosessen, og at institusjonen oppnevner minst én representant som kontaktperson for Forskningsrådet.

Invitasjon til å delta i fagevaluering av medisin og helsefag (2023-2024)

Fagevaluering av medisin og helsefag er organisert over to nivåer (vedlegg 4, side 11). Internasjonale ekspertpaneler vil evaluere forskergrupper på tvers av fag, disiplin og forskningssektorer (UH, institutt og helseforetak) etter kriteriene beskrevet i kapittel 2 i evalueringsprotokollen (vedlegg 4).

Panelrapporten(e) for forskergruppene vil inngå i bakgrunnsdokumentasjonen til forskergruppen(e)s administrative enhet (hovedevalueringsobjektet i evaluering), og som vil bli evaluert i internasjonale

sektorspesifikke evalueringskomiteer. Evalueringskriteriene for administrative enheter er beskrevet i kapittel 2 i evalueringsprotokollen (vedlegg 4).

Innmelding av administrative enheter og forskergrupper – frist 6. juni 2023

Administrative enheter (hovedevalueringsobjektet i evalueringen) – skjema 1

Forskningsrådet inviterer institusjonene til å melde inn sine administrative enhet/er ved å fylle ut skjema 1. Definisjonen av en administrativ enhet i denne evalueringen er å finne på side 3 (kap 1.1) i evalueringsprotokollen (vedlegg 4). Ved innmelding av administrativ/e enhet/er anbefaler Forskningsrådet institusjonene til å se innmelding av administrativ enhet/er i sammenheng med tilpasning av mandat for den administrative enheten (Appendix A i evalueringsprotokollen).

Forskergrupper – skjema 2

Forskningsrådet ber de administrative enheter om å melde inn forskergrupper i tråd med forskergruppedefinisjonen (kap 1.1) og minimumskravene beskrevet i kapittel 1.2 i evalueringsprotokollen. Hver administrative enhet melder inn sin/e forskergruppe/r ved å fylle ut Skjema 2. Vi ber også om at forskergruppene innplasseres i den tentative fagpanelinndelingen for EVALMEDHELSE (vedlegg 5).

Forskningsrådet vil ferdigstille panelstruktur og avgjøre den endelige fordelingen av forskergruppene på fagpaneler *etter* at alle forskergrupper er meldt inn. Mer informasjon vil bli sendt i slutten av juni 2023.

Invitasjon til å foreslå eksperter – skjema 3

Forskningsrådet inviterer administrative enheter og forskergrupper til å spille inn forslag til eksperter som kan inngå i evalueringskomitéene og i ekspertpanelene. Hver evalueringskomité vil bestå av 7-9 komitémedlemmer, mens hvert ekspertpanel vil bestå av 5-7 eksperter.

Obs. Det er to faner i regnearket:

- FANE 1 – forslag til medlemmer til evalueringskomitéene. Medlemmene i evalueringskomitéene skal inneha bred vitenskapelig kompetanse, både faglig kompetanse og andre kvalifikasjoner som erfaring med ledelse, strategi- og evalueringsarbeid og kunnskapsutveksling.
- FANE 2 – forslag til medlemmer til ekspertpanelene. Medlemmene i ekspertpanelene skal være internasjonalt ledende eksperter innen medisin og helsefaglig forskning og innovasjon.

Utfylte skjemaer (3 stk):

- innmelding av administrative enhet/er (skjema 1)
- innmelding av forskergruppe/er (skjema 2)
- forslag til eksperter (skjema 3)

sendes på epost til evalmedhelse@forskningsradet.no **innen 6. juni 2023.**

Tilpasning av mandat – frist 30. september 2023

Forskningsrådet ber med dette administrative enheter om å tilpasse mandatet (vedlegg 4) ved å opplyse om egne strategiske mål og andre lokale forhold som er relevant for evalueringen.

Forskningsrådet

Tilpasningen gjøres ved å fylle inn de åpne punktene i malen (Appendix A). Utfylt skjema sendes på epost til evalmedhelse@forskningsradet.no innen 30. september 2023.

Digitalt informasjonsmøte 15. mai 2023, kl. 14.00-15.00.
Forskningsrådet arrangerer et digitalt informasjonsmøte for alle som ønsker å delta i EVALMEDHELSE.

Påmelding til informasjonsmøtet gjøres her: Fagevaluering av medisin og helsefag (EVALMEDHELSE) - Digitalt informasjonsmøte (pameldingssystem.no) .

Nettsider
Forskningsrådet vil opprette en nettside på www.forskningsradet.no for EVALMEDHELSE hvor informasjon vil bli publisert fortløpende. Her kan dere lese om Fagevaluering av biovitenskap (EVALBIOVIT) 2022-2023. Fagevaluering av medisin og helsefag vil bli gjennomført etter samme modell.

Spørsmål vedrørende fagevaluering av medisin og helsefag kan rettes til Hilde G. Nielsen, hgn@forskningsradet.no eller mobil 40 92 22 60.

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge	Hilde G. Nielsen
avdelingsdirektør	spesialrådgiver
Helse	Helse

Dokumentet er elektronisk godkjent og signert og har derfor ikke håndskrevne signaturer.

Kopi
Helse- og omsorgsdepartementet
Kunnskapsdepartementet

Vedlegg
1. Adresseliste
2. Nye fagevalueringer – varsel om oppstart november 2021
3. Erfaringer med oppfølging av fagevaluering av biologi, medisin og helsefag 2010/2011
4. Fagevaluering av livsvitenskap 2022-2024 – Evalueringsprotokoll
5. Tentativ panelinndeling EVALMEDHELSE mai 2023
6. Skjema 1 – Innmeldingsskjema Administrative enheter
7. Skjema 2 – Innmeldingsskjema Forskergrupper
8. Skjema 3 – Forslag til internasjonale eksperter til evalueringskomiteene og ekspertpanelene
9. Appendix A – word format

The Research Council of Norway

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

By decision of the Portfolio board for life sciences April 5., 2022

The Research Council of Norway
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The report can be downloaded at
www.forskningsradet.no/publikasjoner

Oslo, 5 April 2022

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1 Introduction

Research assessments based on this protocol serve different aims and have different target groups. The primary aim of the evaluation of life sciences is to reveal and confirm the quality and the relevance of research performed at Norwegian Higher Education Institutions (HEIs), and by the institute sector and regional health authorities and health trusts. These institutions will hereafter be collectively referred to as Research Performing Organisations (RPOs). The assessments should serve a formative purpose by contributing to the development of research quality and relevance at these institutions and at the national level.

1.1 Evaluation units

The assessment will comprise a number of *administrative units* submitted for evaluation by the host institution. By assessing these administrative units in light of the goals and strategies set for them by their host institution, it will be possible to learn more about how public funding is used at the institution(s) to facilitate high-quality research and how this research contributes to society. The administrative units will be assessed by evaluation committees according to sectoral affiliation and/or other relevant similarities between the units.

The administrative units will be invited to submit data on their *research groups* to be assessed by expert panels organised by research subject or theme. See Chapter 3 for details on organisation.

Administrative unit	An administrative unit is any part of an RPO that is recognised as a formal (administrative) unit of that RPO, with a designated budget, strategic goals and dedicated management. It may, for instance, be a university faculty or department, a department of an independent research institute or a hospital.
Research group	Designates groups of researchers within the administrative units that fulfil the minimum requirements set out in section 1.2. Research groups are identified and submitted for evaluation by the administrative unit, which may decide to consider itself a single research group.

1.2 Minimum requirements for research groups

1) The research group must be sufficiently large in size, i.e. at least five persons in full-time positions with research obligations. This merely indicates the minimum number, and larger units are preferable. In exceptional cases, the minimum number may include PhD students, postdoctoral fellows and/or non-tenured researchers. *In all cases, a research group must include at least three full-time tenured staff*. Adjunct professors, technical staff and other relevant personnel may be listed as group members but may not be included in the minimum number.

2) The research group subject to assessment must have been established for at least three years. Groups of more recent date may be accepted if they have come into existence as a consequence of major organisational changes within their host institution.
3) The research group should be known as such both within and outside the institution (e.g. have a separate website). It should be able to document common activities and results in the form of co-publications, research databases and infrastructure, software, or shared responsibilities for delivering education, health services or research-based solutions to designated markets.
4) In its self-assessment, the administrative unit should propose a suitable benchmark for the research group. The benchmark will be considered by the expert panels as a reference in their assessment of the performance of the group. The benchmark can be grounded in both academic and extra-academic standards and targets, depending on the purpose of the group and its host institution.

1.3 The evaluation in a nutshell

The assessment concerns:

- research that the administrative unit and its research groups have conducted in the previous 10 years
- the research strategy that the administrative units under evaluation intend to pursue going forward
- the capacity and quality of research in life sciences at the national level

The Research Council of Norway (RCN) will:

- provide a template for the Terms of Reference[1] for the assessment of RPOs and a national-level assessment in life sciences
- appoint members to evaluation committees and expert panels
- provide secretarial services
- commission reports on research personnel and publications based on data in national registries
- take responsibility for following up assessments and recommendations at the national level.

RPOs conducting research in life sciences are expected to take part in the evaluation. The board of each RPO under evaluation is responsible for tailoring the assessment to its own strategies and specific needs and for following them up within their own institution. Each participating RPO will carry out the following steps:

1) Identify the administrative unit(s) to be included as the main unit(s) of assessment
2) Specify the Terms of Reference by including information on specific tasks and/or strategic goals of relevance to the administrative unit(s)

[1] The terms of reference (ToR) document defines all aspects of how the evaluation committees and expert panels will conduct the [research area] evaluation. It defines the objectives and the scope of the evaluation, outlines the responsibilities of the involved parties, and provides a description of the resources available to carry out the evaluation.

3) The administrative unit will, in turn, be invited to register a set of research groups that fulfil the minimum criteria specified above (see section 1.2). The administrative unit may decide to consider itself a single research group.
4) For each research group, the administrative unit should select an appropriate benchmark in consultation with the group in question. This benchmark can be a reference to an academic level of performance or to the group's contributions to other institutional or sectoral purposes (see section 2.4). The benchmark will be used as a reference in the assessment of the unit by the expert panel.
5) The administrative units subject to assessment must provide information about each of their research groups, and about the administrative unit as a whole, by preparing self-assessments and by providing additional documentation in support of the self-assessment.

1.4 Target groups

- Administrative units represented by institutional management and boards
- Research groups represented by researchers and research group leaders
- Research funders
- Government

The evaluation will result in recommendations to the institutions, the RCN and the ministries. The results of the evaluation will also be disseminated for the benefit of potential students, users of research and society at large.

This protocol is intended for all participants in the evaluation. It provides the information required to organise and carry out the research assessments. Questions about the interpretation or implementation of the protocol should be addressed to the RCN.

2 Assessment criteria

The administrative units are to be assessed on the basis of five assessment criteria. The five criteria are applied in accordance with international standards. Finally, the evaluation committee passes judgement on the administrative units as a whole in qualitative terms. In this overall assessment, the committee should relate the assessment of the specific tasks to the strategic goals that the administrative unit has set for itself in the Terms of Reference.

When assessing administrative units, the committees will build on a separate assessment by expert panels of the research groups within the administrative units. See Chapter 3 'Evaluation process and organisation' for a description of the division of tasks.

2.1 Strategy, resources and organisation

The evaluation committee assesses the framework conditions for research in terms of funding, personnel, recruitment and research infrastructure in relation to the strategic aims set for the administrative unit. The administrative unit should address at least the following five specific aspects in its self-assessment: 1) funding sources, 2) national and international cooperation, 3) cross-sector and interdisciplinary cooperation, 4) research careers and mobility, and 5) Open Science. These five aspects relate to how the unit organises and actually performs its research, its composition in terms of leadership and personnel, and how the unit is run on a day-to-day basis.

To contribute to understanding what the administrative unit can or should change to improve its ability to perform, the evaluation committee is invited to focus on factors that may affect performance.

Further, the evaluation committee assesses the extent to which the administrative unit's goals for the future remain scientifically and societally relevant. It is also assessed whether its aims and strategy, as well as the foresight of its leadership and its overall management, are optimal in relation to attaining these goals. Finally, it is assessed whether the plans and resources are adequate to implement this strategy.

2.2 Research production, quality and integrity

The evaluation committee assesses the profile and quality of the administrative unit's research and the contribution the research makes to the body of scholarly knowledge and the knowledge base for other relevant sectors of society. The committee also assesses the scale of the unit's research results (scholarly publications, research infrastructure developed by the unit, and other contributions to the field) and its contribution to Open Science (early knowledge and sharing of data and other relevant digital objects, as well as science communication and collaboration with societal partners, where appropriate).

The evaluation committee considers the administrative unit's policy for research integrity and how violations of such integrity are prevented. It is interested in how the unit deals with research data, data management, confidentiality (GDPR) and integrity, and the extent to which independent and critical pursuit of research is made possible within the unit. Research integrity relates to both the scientific integrity of conducted research and the professional integrity of researchers.

2.3 Diversity and equality

The evaluation committee considers the diversity of the administrative unit, including gender equality. The presence of differences can be a powerful incentive for creativity and talent development in a diverse administrative unit. Diversity is not an end in itself in that regard, but a tool for bringing together different perspectives and opinions.

The evaluation committee considers the strategy and practices of the administrative unit to prevent discrimination on the grounds of gender, age, disability, ethnicity, religion, sexual orientation or other personal characteristics.

2.4 Relevance to institutional and sectoral purposes

The evaluation committee compares the relevance of the administrative unit's activities and results to the specific aspects detailed in the Terms of Reference for each institution and to the relevant sectoral goals (see below).

Higher Education Institutions

There are 36 Higher Education Institutions in Norway that receive public funding from the Ministry for Education and Research. Twenty-one of the 36 institutions are owned by the ministry, whereas the last 15 are privately owned. The HEIs are regulated under the Act relating to universities and university colleges of 1 August 2005.

The purposes of Norwegian HEIs are defined as follows in the Act relating to universities and university colleges[2]

- provide higher education at a high international level;
- conduct research and academic and artistic development work at a high international level;
- disseminate knowledge of the institution's activities and promote an understanding of the principle of academic freedom and application of scientific and artistic methods and results in the teaching of students, in the institution's own general activity as well as in public administration, in cultural life and in business and industry.

In line with these purposes, the Ministry for Research and Education has defined four overall goals for HEIs that receive public funding. These goals have been applied since 2015:

1) High quality in research and education
2) Research and education for welfare, value creation and innovation
3) Access to education (esp. capacity in health and teacher education)
4) Efficiency, diversity and solidity of the higher education sector and research system

The committee is invited to assess to what extent the research activities and results of each administrative unit have contributed to sectoral purposes as defined above. In particular, the committee is invited to take the share of resources spent on education at the administrative units into account and to assess the relevance and contributions of research to education, focusing on the master's and PhD levels. This assessment should be distinguished from an

[2] https://lovdata.no/dokument/NLE/lov/2005-04-01-15?q=universities

assessment of the quality of education in itself, and it is limited to the role of research in fostering high-quality education.

Research institutes (the institute sector)

Norway's large institute sector reflects a practical orientation of state R&D funding that has long historical roots. The Government's strategy for the institute sector[3] applies to the 33 independent research institutes that receive public basic funding through the RCN, in addition to 12 institutes outside the public basic funding system.

The institute sector plays an important and specific role in attaining the overall goal of the national research system, i.e. to increase competitiveness and innovation power to address major societal challenges. The research institutes' contributions to achieving these objectives should therefore form the basis for the evaluation. The main purpose of the sector is to conduct independent applied research for present and future use in the private and public sector. However, some institutes primarily focus on developing a research platform for public policy decisions, others on fulfilling their public responsibilities.

The institutes should:

- maintain a sound academic level, documented through scientific publications in recognised journals
- obtain competitive national and/or international research funding grants
- conduct contract research for private and/or public clients
- demonstrate robustness by having a reasonable number of researchers allocated to each research field

The committee is invited to assess the extent to which the research activities and results of each administrative unit contribute to sectoral purposes and overall goals as defined above. In particular, the committee is invited to assess the level of collaboration between the administrative unit(s) and partners in their own or other sectors.

The hospital sector

There are four regional health authorities (RHFs) in Norway. They are responsible for the specialist health service in their respective regions. The RHFs are regulated through the Health Enterprises Act of 15 June 2001 and are bound by requirements that apply to specialist and other health services, the Health Personnel Act and the Patient Rights Act. Under each of the regional health authorities, there are several health trusts (HFs), which can consist of one or more hospitals. A health trust (HF) is wholly owned by an RHF.

Research is one of the four main tasks of hospital trusts.[4] The three other mains tasks are to ensure good treatment, education and training of patients and relatives. Research is important if the health service is to keep abreast of stay up-to-date with medical developments and carry out critical assessments of established and new diagnostic methods,

[3] Strategy for a holistic institute policy (Kunnskapsdepartementet 2020)

[4] Cf. the Specialist Health Services Act § 3-8 and the Health Enterprises Act §§ 1 and 2

treatment options and technology, and work on quality development and patient safety while caring for and guiding patients.

The committee is invited to assess the extent to which the research activities and results of each administrative unit have contributed to sectoral purposes as described above. The assessment does not include an evaluation of the health services performed by the services.

2.5 Relevance to society

The committee assesses the quality, scale and relevance of contributions targeting specific economic, social or cultural target groups, of advisory reports on policy, of contributions to public debates, and so on. The documentation provided as the basis for the assessment of societal relevance should make it possible to assess relevance to various sectors of society (i.e. business, the public sector, non-governmental organisations and civil society).

When relevant, the administrative units will be asked to link their contributions to national and international goals set for research, including the Norwegian Long-term Plan for Research and Higher Education and the UN Sustainable Development Goals. Sector-specific objectives, e.g. those described in the Development Agreements for the HEIs and other national guidelines for the different sectors, will be assessed as part of criterion 2.4.

The committee is also invited to assess the societal impact of research based on case studies submitted by the administrative units and/or other relevant data presented to the committee. Academic impact will be assessed as part of criterion 2.2.

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

- Commission a professional secretariat to support the assessment process in the committees and panels, as well as the production of self-assessments within each RPO
- Commission reports on research personnel and publications within life sciences based on data in national registries
- Appoint one or more evaluation committees for the assessment of administrative units.
- Divide the administrative units between the appointed evaluation committees according to sectoral affiliation and/or other relevant similarities between the units.
- Appoint a number of expert panels for the assessment of research groups submitted by the administrative units.
- Divide research groups between expert panels according to similarity of research subjects or themes.
- Task the chairs of the evaluation committees with producing a national-level report building on the assessments of administrative units and a national-level assessments produced by the expert panels.

Committee members and members of the expert panels will be international, have sufficient competence and be able, as a body, to pass judgement based on all relevant assessment criteria. The RCN will facilitate the connection between the assessment levels of panels and committees by appointing committee members as panel chairs.

3.1 Division of tasks between the committee and panel levels

The expert panels will assess research groups across institutions and sectors, focusing on the first two criteria specified in Chapter 2: 'Strategy, resources and organisation' and 'Research production and quality' The assessments from the expert panels will also be used as part of the evidence base for a report on Norwegian research within life sciences (see section 3.3).

The evaluation committees will assess the administrative units based on all the criteria specified in Chapter 2. The assessment of research groups delivered by the expert panels will be a part of the evidence base for the committees' assessments of administrative units. See figure 1 below.

The evaluation committee has sole responsibility for the assessments and any recommendations in the report. The evaluation committee reaches a judgement on the research based on the administrative units and research groups' self-assessments provided by the RPOs, any additional documents provided by the RCN, and interviews with representatives of the administrative units. The additional documents will include a standardised analysis of research personnel and publications provided by the RCN.

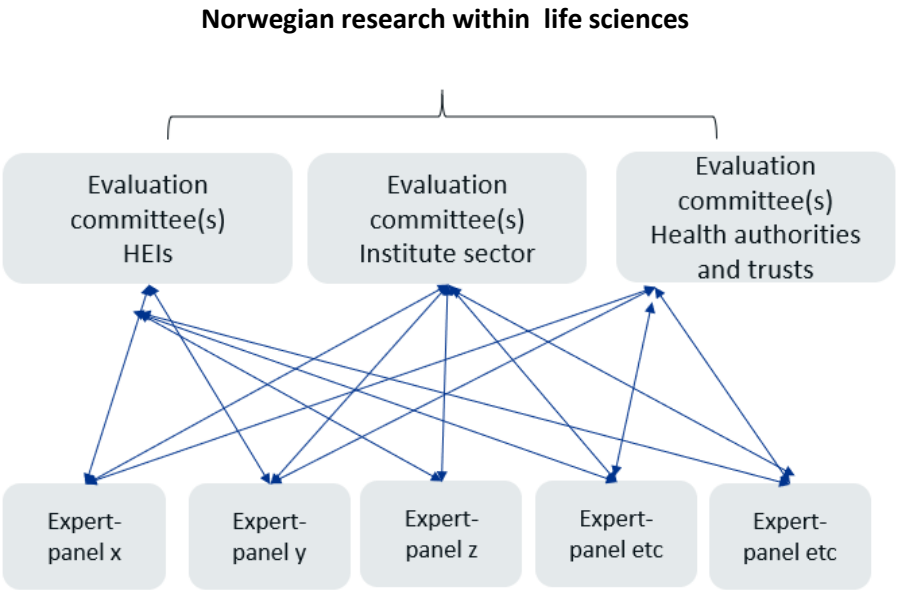

Figure 1. Evaluation committees and expert panels

The evaluation committee takes international trends and developments in science and society into account when forming its judgement. When judging the quality and relevance of the research, the committees shall bear in mind the specific tasks and/or strategic goals that the administrative unit has set for itself including sectoral purposes (see section 2.4 above).

3.2 Accuracy of factual information

The administrative unit under evaluation should be consulted to check the factual information before the final report is delivered to the RCN and the board of the institution hosting the administrative unit.

3.3 National level report

Finally, the RCN will ask the chairs of the evaluation committees to produce a national-level report that builds on the assessments of administrative units and the national-level assessments produced by the expert panels. The committee chairs will present their assessment of Norwegian research in life sciences at the national level in a separate report that pays specific attention to:

- Strengths and weaknesses of the research area in the international context
- The general resource situation regarding funding, personnel and infrastructure
- PhD training, recruitment, mobility and diversity
- Research cooperation nationally and internationally
- Societal impact and the role of research in society, including Open Science

This national-level assessment should be presented to the RCN.

Appendix A: Terms of References (ToR)

[Text in red to be filled in by the Research-performing organisations (RPOs)]

The board of [RPO] mandates the evaluation committee appointed by the Research Council of Norway (RCN) to assess [administrative unit] based on the following Terms of Reference.

Assessment
You are asked to assess the organisation, quality and diversity of research conducted by [administrative unit] as well as its relevance to institutional and sectoral purposes, and to society at large. You should do so by judging the unit's performance based on the following five assessment criteria (a. to e.). Be sure to take current international trends and developments in science and society into account in your analysis.

a) Strategy, resources and organisation
b) Research production, quality and integrity
c) Diversity and equality
d) Relevance to institutional and sectoral purposes
e) Relevance to society

For a description of these criteria, see Chapter 2 of the life sciences evaluation protocol. Please provide a written assessment for each of the five criteria. Please also provide recommendations for improvement. We ask you to pay special attention to the following [n] aspects in your assessment:

1. …
2. …
3. …
4. …

…

[To be completed by the board: specific aspects that the evaluation committee should focus on – they may be related to a) strategic issues, or b) an administrative unit's specific tasks.]

In addition, we would like your report to provide a qualitative assessment of [administrative unit] as a whole in relation to its strategic targets. The committee assesses the strategy that the administrative unit intends to pursue in the years ahead and the extent to which it will be capable of meeting its targets for research and society during this period based on available resources and competence. The committee is also invited to make recommendations concerning these two subjects.

Documentation
The necessary documentation will be made available by the life sciences secretariat at Technopolis Group.

The documents will include the following:

- a report on research personnel and publications within life sciences commissioned by RCN
- a self-assessment based on a template provided by the life sciences secretariat
- [to be completed by the board]

Interviews with representatives from the evaluated units
Interviews with the [administrative unit] will be organised by the evaluation secretariat. Such interviews can be organised as a site visit, in another specified location in Norway or as a video conference.

Statement on impartiality and confidence
The assessment should be carried out in accordance with the *Regulations on Impartiality and Confidence in the Research Council of Norway*. A statement on the impartiality of the committee members has been recorded by the RCN as a part of the appointment process. The impartiality and confidence of committee and panel members should be confirmed when evaluation data from [the administrative unit] are made available to the committee and the panels, and before any assessments are made based on these data. The RCN should be notified if questions concerning impartiality and confidence are raised by committee members during the evaluation process.

Assessment report
We ask you to report your findings in an assessment report drawn up in accordance with a format specified by the life sciences secretariat. The committee may suggest adjustments to this format at its first meeting. A draft report should be sent to the [administrative unit] and RCN by [date]. The [administrative unit] should be allowed to check the report for factual inaccuracies; if such inaccuracies are found, they should be reported to the life sciences secretariat no later than two weeks after receipt of the draft report. After the committee has made the amendments judged necessary, a corrected version of the assessment report should be sent to the board of [the RPO] and the RCN no later than two weeks after all feedback on inaccuracies has been received from [administrative unit].

Appendix B: Data sources

The lists below shows the most relevant data providers and types of data to be included in the evaluation. Data are categorised in two broad categories according to the data source: National registers and self-assessments prepared by the RFOs. The RCN will commission an analysis of data in national registers (R&D-expenditure, personnel, publications etc.) to be used as support for the committees' assessment of administrative units. The analysis will include a set of indicators related to research personnel and publications.

- **National directorates and data providers**
- Norwegian Directorate for Higher Education and Skills (HK-dir)
- Norwegian Agency for Quality Assurance in Education (NOKUT)
- Norwegian Agency for Shared Services in Education and Research (SIKT)
- Research Council of Norway (RCN)
- Statistics Norway (SSB)

National registers

1) R&D-expenditure
    a. SSB: R&D statistics
    b. SSB: Key figures for research institutes
    c. HK-dir: Database for Statistics on Higher Education (DBH)
    d. RCN: Project funding database (DVH)
    e. EU-funding: eCorda
2) Research personnel
    a. SSB: The Register of Research personnel
    b. SSB: The Doctoral Degree Register
    c. RCN: Key figures for research institutes
    d. HK-dir: Database for Statistics on Higher Education (DBH)
3) Research publications
    a. SIKT: Cristin - Current research information system in Norway
    b. SIKT: Norwegian Infrastructure for Bibliometrics
    (full bibliometric data incl. citations and co-authors)
4) Education
    a. HK-dir/DBH: Students and study points
    b. NOKUT: Study barometer
    c. NOKUT: National Teacher Survey
5) Sector-oriented research
    a. RCN: Key figures for research institutes
6) Patient treatments and health care services
    a. Research & Innovation expenditure in the health trusts
    b. Measurement of research and innovation activity in the health trusts
    c. Collaboration between health trusts and HEIs
    d. Funding of research and innovation in the health trusts
    e. Classification of medical and health research using HRCS (HO21 monitor)

Self-assessments

1) Administrative units
    a. *Self-assessment covering all assessment criteria*
    b. Administrative data on funding sources
    c. Administrative data on personnel
    d. Administrative data on the division of staff resources between research and other activities (teaching, dissemination etc.)
    e. Administrative data on research infrastructure and other support structures
    f. SWOT analysis
    g. Any supplementary data needed to assess performance related to the strategic goals and specific tasks of the unit

2) Research groups
    a. *Self-assessment covering the first two assessment criteria (see Table 1)*
    b. Administrative data on funding sources
    c. Administrative data on personnel
    d. Administrative data on contribution to sectoral purposes: teaching, commissioned work, clinical work [will be assessed at committee level]
    e. Publication profiles
    f. Example publications and other research results (databases, software etc.) The examples should be accompanied by an explanation of the groups' specific contributions to the result
    g. Any supplementary data needed to assess performance related to the benchmark defined by the administrative unit

The table below shows how different types of evaluation data may be relevant to different evaluation criteria. Please note that the self-assessment produced by the administrative units in the form of a written account of management, activities, results etc. should cover all criteria. A template for the self-assessment of research groups and administrative units will be commissioned by the RCN from the life sciences secretariat for the evaluation.

Table 1. Types of evaluation data per criterion

Evaluation units / Criteria	Research groups	Administrative units
Strategy, resources and organisation	Self-assessment Administrative data	Self-assessment National registers Administrative data SWOT analysis
Research production and quality	Self-assessment Example publications (and other research results)	Self-assessment National registers
Diversity, equality and integrity		Self-assessment National registers Administrative data
Relevance to institutional and sectoral purposes		Self-assessment Administrative data
Relevance to society		Self-assessment National registers Impact cases
Overall assessment	*Data related to:* *Benchmark defined by administrative unit*	*Data related to:* *Strategic goals and specific tasks of the admin. unit*

Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024

Self- assessment for administrative units

Date of dispatch: **15 September 2023**
Deadline for submission: **31 January 2024**

Institution (name and short name):_____
Administrative unit (name and short name): _____
Date:_____
Contact person:_____
Contact details (email):_____

Content

Introduction

The primary aim of the evaluation is to reveal and confirm the quality and the relevance of research performed at Norwegian Higher Education Institutions (HEIs), the institute sector and the health trusts. These institutions will henceforth be collectively referred to as research performing organisations (RPOs). The evaluation report(s) will provide a set of recommendations to the RPOs, the Research Council of Norway (RCN) and the responsible and concerned ministries. The results of the evaluation will also be disseminated for the benefit of potential students, users of research and society at large.

You have been invited to complete this self-assessment as an administrative unit. The self-assessment contains questions regarding the unit's research- and innovation related activities and developments over years 2012-2022. All submitted data will be evaluated by international evaluation committees. The administrative unit´s research groups will be assessed by international expert panels who report their assessment to the relevant evaluation committee.

Deadline for submitting self- assessments to the Research Council of Norway – 31 January 2024
As an administrative unit you are responsible for collecting completed self-assessments for each of the research groups that belong to the administrative unit. The research groups need to submit their completed self-assessment to the administrative unit no later than 26 January 2024. The administrative unit will submit the research groups' completed self-assessments and the administrative unit's own completed self-assessment to the Research Council within 31 January 2024.

Please use the following format when naming your document: name of the institution and short name of the administrative unit, e.g. *NTNU_FacMedHealthSci* and send it to evalmedhelse@forskningsradet.no within 31 January 2024.

For questions concerning the self-assessment or EVALMEDHELSE in general, please contact RCN at evalmedhelse@forskningsradet.no.

Thank you!

Guidelines for completing the self-assessment

- Please read the entire self-assessment document before answering.
- The evaluation language is English.
- Please be sure that all documents which are linked to in the self- assessment are in English and are accessible.
- The page format must be A4 with 2 cm margins, single spacing and Calibri and 11-point font.
- The self-assessment follows the same structure as the evaluation protocol. In order to be evaluated on all criteria, the administrative unit must answer all questions.
- Information should be provided by link to webpages i.e. strategy and other planning documents.
  - Provide information – provide documents and other relevant data or figures about the administrative unit, for example strategy and other planning documents.
  - Describe – explain and present using contextual information about the administrative unit and inform the reader about the administrative unit.
  - Reflect – comment in a reflective and evaluative manner how the administrative unit operates.
- Data on personnel should refer to reporting to DBH on 1 October 2022 for HEIs and to the yearly reporting for 2022 for the institute sector and the health trusts. Other data should refer to 31 December 2022, if not specified otherwise.
- Questions in 4.3c should **ONLY** be answered by administrative units responsible for the Cand.med. degree programme, cf. Evaluation of the Professional programme in Medicine (NOKUT).
- It is possible to extend the textboxes when filling in the from. **NB!** A completed self- assessment cannot exceed 50 pages (pdf file) excluding question 4.3.c. The evaluation committees are not requested to read more than the maximum of 50 pages. Pages exceeding maximum limit of 50 pages **might not** be evaluated.
- Submit the self- assessment as a pdf (max 50 pages). Before submission, please be sure that all text are readable after the conversion of the document to pdf. The administrative unit is responsible for submitting the self-assessment of the administrative unit together with the self-assessments of the belonging research group(s) to evalmedhelse@forskningsradet.no within **31 January 2024.**

Please note that information you write in the self- assessment and the links to documents/webpages in the self- assessment are the only available information (data material) for the evaluation committee.

In exceptional cases, documents/publications that are not openly available must be submitted as attachment(s) to the self- assessment (pdf file(s)).

1.Strategy, resources and organisation

1.1 Research strategy

Describe the main strategic goals for research and innovation of the administrative unit. You may include the following:

- How are these goals related to institutional strategies and scientific priorities?
- Describe how the administrative unit's strategies and scientific priorities are related to the "specific aspects that the evaluation committee should focus on" indicated in your Terms of Reference (ToR)
- Describe the main fields and focus of research and innovation in the administrative unit
- Describe the planned research-field impact; planned policy impact and planned societal impact
- Describe how the strategy is followed-up in the allocation of resources and other measures
- Describe the most important occasions where priorities are made (i.e., announcement of new positions, applying for external funding, following up on evaluations)
- If there is no research strategy – please explain why

Table 1. Administrative unit`s strategies

For each category present up to 5 documents which are most relevant for the administrative unit. Please delete lines which are not in use.

Research strategy		
No.	**Title**	**Link**
1		
2		
3		
4		
5		
Outreach strategies		
No.	**Title**	**Link**
1		
2		
3		
4		
5		
Open science policy		
No.	**Title**	**Link**
1		
2		
3		
4		
5		

1.2 Organisation of research

a) Describe the organisation of research and innovation activities/projects at the administrative unit, including how responsibilities for research and other purposes (education, knowledge exchange, patient treatment, researcher training, outreach activities etc.) are distributed and delegated.

b) Describe how you work to maximise synergies between the different purposes of the administrative unit (education, knowledge exchange, patient treatment, researcher training, outreach activities etc.).

1.3 Research staff

Describe the profile of research personnel at the administrative unit in terms of position and gender. Institutions in the higher education sector should use the categories used in DBH, https://dbh.hkdir.no/datainnhold/kodeverk/stillingskoder.

RCN has commissioned reports from Statistics Norway (SSB) on personnel for the administrative units included in the evaluation. These reports will be made available to the units early November 2023.

Only a subset of the administrative units submitted to the evaluation is directly identifiable in the national statistics. Therefore, we ask all administrative units to provide data on their R&D personnel. Institutions that are directly identifiable in the national statistics (mainly higher education) are invited to use the figures provided in the report delivered by Statistics Norway. Please delete lines which are not in use.

Table 2. Research staff

	Position by category	**No. of researcher per category**	**Share of women per category (%)**	**No. of researchers who are part of multiple (other) research groups at the admin unit**	**No. of temporary positions**
No. of Personell by position	Position A (Fill in)				
	Position B (Fill in)				
	Position C (Fill in)				
	Position D (Fill in)				

1.4 Researcher careers opportunities

a) Describe the structures and practices to support researcher careers and help early-career researchers to make their way into the profession.

b) Describe how research time is distributed among staff including criteria for research leave/sabbaticals (forskningstermin/undervisningsfri).

c) Describe research mobility options.

1.5 Research funding

a) Describe the funding sources of the administrative unit. Indicate the administrative unit´s total yearly budget and the share of the unit's budget dedicated to research.

b) Give an overview of the administrative unit's competitive national and/or international grants last five years (2018-2022).

Table 3. R&D funding sources
Please indicate R&D funding sources for the administrative unit for the period 2018-2022 (average NOK per year, last five years).

For Higher Education Institutions: Share of basic grant (grunnbevilgning) used for R&D[1] **For Research Institutes and Health Trusts: Direct R&D funding from Ministries (per ministry)**	
Name of ministry	NOK

National grants (bidragsinntekter) (NOK)	
From the ministries and underlying directorates	
From industry	
From public sector	
Other national grants	
Total National grants	
National contract research (oppdragsinntekter)[2] (NOK)	
From the ministries and underlying directorates	
From industry	

[1] Shares may be calculated based on full time equivalents (FTE) allocated to research compared to total FTE in administrative unit

[2] For research institutes only research activities should be included from section 1.3 in the yearly reporting

From public sector	
Other national contract research	
Total contract research	
International grants (NOK)	
From the European Union	
From industry	
Other international grants	
Total international grants	
Funding related to public management (forvaltningsoppgaver) or (if applicable) funding related to special hospital tasks, if any	
Total funding related to public management/special hospital tasks	
Total all R&D budget items (except basic grant)	

1.6 Collaboration

Describe the administrative unit's policy towards national and international collaboration partners, the type of the collaborations the administrative unit have with the partners, how the collaboration is put to practice as well as cross-sectorial and interdisciplinary collaborations.

- Reflect of how successful the administrative unit has been in meeting its aspirations for collaborations
- Reflect on the importance of different types of collaboration for the administrative unit: National and international collaborations. Collaborations with different sectors, including public, private and third sector
- Reflect on the added value of these collaborations to the administrative unit and Norwegian research system

Table 4a. The main national collaborative constellations with the administrative unit
Please categorise the collaboration according to the most important national partner(s): 5-10 institutions in the period 2012-2022. Please delete lines which are not in use.

National collaborations

Collaboration with national institutions – 1 -10	
Name of main collaboration or collaborative project with the admin unit	
Name of partner institution(s)	
Sector of partner/institution(s)/sectors involved	
Impacts and relevance of the collaboration	

Table 4b. The main international collaborative constellations with the administrative unit
Please categorise the collaboration according to the most important international partner(s): 5-10 international institutions in the period 2012-2022. Please delete lines which are not in use.

International collaborations

Collaboration with international institutions – 1-10	
Name of main collaboration or collaborative project with the admin unit	
Name of partner institution(s)	
Sector of partner/institution(s)/sectors involved	

Impacts and relevance of the collaboration	

1.7 Open science policies

a) Describe the institutional policies, approaches, and activities to the Open Science areas which may include the following:

- Open access to publications
- Open access to research data and implementation of FAIR data principles
- Open-source software/tools
- Open access to educational resources
- Open peer review
- Citizen science and/or involvement of stakeholders / user groups
- Skills and training for Open Science

b) Describe the most important contributions and impact of the administrative unit's researchers towards the different Open Science areas cf. 1.7a above.

c) Describe the institutional policy regarding ownership of research data, data management, and confidentiality. Is the use of data management plans implemented at the administrative unit?

1.8 SWOT analysis for administrative units

Instructions: Please complete a SWOT analysis for your administrative unit. Reflect on what are the major internal Strengths and Weaknesses as well as external Threats and Opportunities for your research and innovation activities/projects and research environment. Assess what the present Strengths enable in the future and what kinds of Threats are related to the Weaknesses. Consider your scientific expertise and achievements, funding, facilities, organisation and management.

Internal	**Strengths**	**Weaknesses**
External	**Opportunities**	**Threats**

2. Research production, quality and integrity

2.1 Research quality and integrity

Please see the bibliometric analysis for the administrative unit developed by NIFU (available by the end of October, 2023).

a) Describe the scientific focus areas of the research conducted at the administrative unit, including the unit's contribution to these areas.

b) Describe the administrative unit's policy for research integrity, including preventative measures when integrity is at risk, or violated.

2.2 Research infrastructures

a) Participation in national infrastructure

Describe the most important participation in the national infrastructures listed in the Norwegian roadmap for research infrastructures (Norsk veikart for forskningsinfrastruktur) including as host institution(s).

Table 5. Participation in national infrastructure

Please present up to 5 participations in the national infrastructures listed in the Norwegian roadmap for research infrastructures (Norsk veikart for forskningsinfrastruktur) for each area that were the most important to your administrative unit.

Areas in roadmap	Name of research infrastructure	Period (from year to year)	Description	Link to website

b) Participation in international infrastructures

Describe the most important participation in the international infrastructures funded by the ministries (Norsk deltakelse i internasjonale forskningsorganisasjoner finansiert av departementene).

Table 6. Participation in international infrastructure

Please describe up to 5 participations in international infrastructures for each area that have been most important to your administrative unit.

Project	Name	Period (from year to year)	Description	Link to infrastructure

c) Participation in European (ESFRI) infrastructures

Describe the most important participation in European (ESFRI) infrastructures (Norske medlemskap i infrastrukturer i ESFRI roadmap) including as host institution(s).

Table 7. Participation in infrastructures on the ESFRI Roadmap
Please give a description of up to 5 participations that have been most important to your administrative unit.

Social sciences and the humanities				
Name	**ESFRI-project**	**Summary of participation**	**Period (from year to year)**	**Link**

d) Access to research infrastructures
Describe access to relevant national and/or international research infrastructures for your researchers. Considering both physical and digital infrastructure.

e) FAIR- principles
Describe what is done at the unit to fulfil the FAIR-principles.

3. Diversity and equality

Describe the policy and practices to protect against any form of discrimination and to promote diversity in the administrative unit.

Table 8. Administrative unit policy against discrimination
Give a description of up to 5 documents that are the most relevant. If the administrative unit uses the strategies, policies, etc. of a larger institution, then these documents should be referred to.
Please delete lines which are not in use.

No.	**Name**	**Valid period**	**Link**
1			

4. Relevance to institutional and sectorial purposes

4.1 Sector specific impact

Describe whether the administrative unit has activities aimed at achieving sector-specific objectives or focusing on contributing to the knowledge base in general. Describe activities connected to sector-specific objectives, the rationale for participation and achieved and/or expected impacts. Please refer to chapter 2.4 in the evaluation protocol.

- Alternatively, describe whether the activities of the administrative unit are aimed at contribution to the knowledge base in general. Describe the rationale for this approach and the impacts of the unit's work to the knowledge base.

4.2 Research innovation and commercialisation

a) Describe the administrative unit's practices for innovation and commercialisation.

b) Describe the motivation among the research staff in doing innovation and commercialisation activities.

c) Describe how innovation and commercialisation is supported at the administrative unit.

Table 9. Policies for innovation including IP policies, new patents, licenses, start-up/spin-off guidelines
Describe up to 5 documents of the administrative unit's policies for innovation, including IP policies, new patents, licenses, start-up/spin-off guidelines, etc., that are the most relevant. If the administrative unit uses the strategies, policies, etc. of a larger institution, then present these documents. Please delete lines which are not in use.

No.	Name	Valid period	Link
1			

Table 10. Administrative description of successful innovation and commercialisation results
Please describe up to 10 successful innovation and commercialisation results at your administrative unit in the period 2012-2022. Please delete lines which are not in use.

No.	Name of innovation and commercial results	Link	Description of successful innovation and commercialisation result.
1			

4.3 Higher education institutions

a) Reflect how research at the administrative unit contributes towards master and PhD-level education provision, at your institutions and beyond.

b) Describe the opportunities for master students to become involved in research activities at the administrative unit.

c) **ONLY** for administrative units responsible for the Cand.med. degree programme, cf. Evaluation of the Professional programme in Medicine (NOKUT).

- Reflect on how research at the administrative unit contributes towards the quality of the Cand.med. degree programme at your institutions and beyond.
- Describe the different opportunities for students on the Cand.med. degree programme to become involved in research activities at the administrative unit, and the extent to which students use those opportunities.

4.4 Research institutes

a) Describe how the research and innovation activities/projects at the administrative unit contribute to the knowledge base for policy development, sustainable development, and societal and industrial transformations more generally.

b) Describe the most important research activities with partners outside of research organisations.

4.5 Health trusts

a) Reflect on how the administrative unit's clinical research, innovation and commercialisation contribute towards development, assessment and implementation of new diagnostic methods, treatment, and healthcare technologies.

b) Reflect on how research at the unit contributes towards the quality of relevant education programme at your institutions or beyond.

c) Describe the different opportunities for students on relevant educational programmes to become involved in research activities at the administrative unit, and the extent to which students use those opportunities.

5. Relevance to society

Reflect on the administrative unit's contribution towards the Norwegian Long-term plan for research and higher education, societal challenges more widely, and the UN Sustainable Development Goals.

5.1 Impact cases

Please use the attached template for impact cases. Each impact case should be submitted as an attachment (pdf) to the self-assessment.

Impact case guidelines

Each case study should include sufficiently clear and detailed information to enable the evaluation committee to make judgements based on the information it contains, without making inferences, gathering additional material, following up references or relying on members' prior knowledge. References to other sources of information will be used for verification purposes only, not as a means for the evaluation committee to gather further information to inform judgements.

In this evaluation, impact is defined as an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia.

Timeframes

- The impact must have occurred between 2012 and 2022
- Some of the underpinning research should have been published in 2012 or later
- The administrative units are encouraged to prioritise recent cases

Page limit

Each completed case study template will be limited to **five pages** in length. Within the annotated template below, indicative guidance is provided about the expected maximum length limit of each section, but institutions will have flexibility to exceed these so long as the case study as a whole remains no longer than **five pages** (font Calibri, font size 11). Please write the text into the framed template under the sections 1–5 below. The guiding text that stands there now, can be deleted.

Maximum number of cases permitted per administrative unit

For up to 10 researchers: one case; for 10 to 30 researchers: two cases; for 30-50 researchers: three cases; for 50-100 researchers: four cases, and up to five cases for units exceeding 100 researchers.

Naming and numbering of cases

Please use the standardised short name for the administrative unit, and the case number for the unit (1,2,3, etc) in the headline of the case. Each case should be stored as a separate PDF-document with the file name: [Name of the institution and name of the administrative unit] [case number]

Publication of cases

RCN plans to publish all impact cases in a separate evaluation report. By submitting the case the head of the administrative units consents to the publication of the case. Please indicate below if a case may not be made public for reasons of confidentiality.

If relevant, describe any reason to keep this case confidential:

Please write the text here

[Name of the institution and name of the administrative unit] [case number]

Institution:
Administrative unit:
Title of case study:
Period when the underpinning research was undertaken:
Period when staff involved in the underpinning research were employed by the submitting institution:
Period when the impact occurred:

1. Summary of the impact (indicative maximum 100 words)
This section should briefly state what specific impact is being described in the case study.

2. Underpinning research (indicative maximum 500 words)
This section should outline the key research insights or findings that underpinned the impact, and provide details of what research was undertaken, when, and by whom. This research may be a body of work produced over a number of years or may be the output(s) of a particular project. References to specific research outputs that embody the research described in this section, and evidence of its quality, should be provided in the next section. Details of the following should be provided in this section:

- The nature of the research insights or findings which relate to the impact claimed in the case study.
- An outline of what the underpinning research produced by the submitted unit was (this may relate to one or more research outputs, projects or programmes).
- Dates of when it was carried out.
- Names of the key researchers and what positions they held at the administrative unit at the time of the research (where researchers joined or left the administrative unit during this time, these dates must also be stated).
- Any relevant key contextual information about this area of research.

3. References to the research (indicative maximum of six references)
This section should provide references to key outputs from the research described in the previous section, and evidence about the quality of the research. All forms of output cited as underpinning research will be considered equitably, with no distinction being made between the types of output referenced. Include the following details for each cited output:
- Author(s)
- Title
- Year of publication
- Type of output and other relevant details required to identify the output (for example, DOI, journal title and issue)
- Details to enable the panel to gain access to the output, if required (for example, a DOI or URL).

All outputs cited in this section must be capable of being made available to panels. If they are not available in the public domain, the administrative unit must be able to provide them if requested by RCN or the evaluation secretariate.

4. Details of the impact (indicative maximum 750 words)
This section should provide a narrative, with supporting evidence, to explain:

- How the research underpinned (made a distinct and material contribution to) the impact;
- The nature and extent of the impact.

The following should be provided:
- A clear explanation of the process or means through which the research led to, underpinned or made a contribution to the impact (for example, how it was disseminated, how it came to influence users or beneficiaries, or how it came to be exploited, taken up or applied).

- Where the submitted administrative unit's research was part of a wider body of research that contributed to the impact (for example, where there has been research collaboration with other institutions), the case study should specify the particular contribution of the submitted administrative unit's research and acknowledge other key research contributions.
- Details of the beneficiaries – who or what community, constituency or organisation has benefitted, been affected or impacted on.
- Details of the nature of the impact – how they have benefitted, been affected or impacted on.
- Evidence or indicators of the extent of the impact described, as appropriate to the case being made.
- Dates of when these impacts occurred.

5. Sources to corroborate the impact (indicative maximum of ten references)

Institution	Administrative unit	Name of research group	Expert panel
UiO	Institute of Health and Society	Centre for Medical Ethics - CME	Panel 4c
UiO	Institute of Health and Society	Department of Community Medicine and Global Health- ComGlob	Panel 4f
UiO	Institute of Health and Society	Department of General Practice -ALLMED	Panel 4f
UiO	Institute of Health and Society	Department of Health Management and Health Economics - HELED	Panel 4c
UiO	Institute of Health and Society	Department of Interdisciplinary Health Sciences - HELSEVIT	Panel 4a
UiO	Institute of Health and Society	Department of Public Health Science - FOLKEVIT	Panel 4f

Scales for research group assessment

Use whole integers only – no fractions!

Organisational dimension

Score	Organisational environment
5	An organisational environment that is outstanding for supporting the production of excellent research.
4	An organisational environment that is very strong for supporting the production of excellent research.
3	An organisational environment that is adequate for supporting the production of excellent research.
2	An organisational environment that is modest for supporting the production of excellent research.
1	An organisational environment that is not supportive for the production of excellent research.

Quality dimension

The quality dimension consists of two judgements: 1) Research and publication quality, and 2) Research group's contribution. The first judgement is defined as follows:

Score	Research and publication quality	Supporting explanation
5	Quality that is outstanding in terms of originality, significance, and rigour.	**The quality of the research is world leadin**g in terms of quality, and is comparable to the best work internationally in the same area of research. The publications submitted provide evidence that the work of the group meets the highest international standards in terms of originality, significance, and rigour. Work at this level should be a key international reference in its area.
4	Quality that is internationally excellent in terms of originality, significance and rigour but which falls short of the highest standards of excellence.	**The quality of the research is internationally excellent**. The research is clearly of an international standard, with a very good level of quality in terms of originality, significance, and rigour. Work at this level can arouse significant interest in the international academic community, and international journals with the most rigorous standards of publication (irrespective of the place or language of publication) could publish work of this level.
3	Quality that is recognised internationally in terms of originality, significance and rigour.	**The quality of the research is sufficient to achieve some international recognition.** It would be perceived nationally as strong and may occasionally reach an internationally recognised level in terms of originality, significance and rigour. Internationally recognised journals could publish some work of this level.
2	Quality that meets the published definition of research for the purposes of this assessment.	The international academic community would deem the research to be nationally acceptable, but below world standards. Legitimate nationally recognised peer-reviewed journals could publish work of this level.
1	Quality that falls below the published definition of research for the purposes of this assessment[1].	**The quality of the research** is well below international level, and is unpublishable in legitimate peer-reviewed research journals.

[1] A publication has to meet all of the criteria below:

Societal impact dimension

The societal impact dimension is also composed of two judgements, defined as presented in the table below.

Score	Research group's societal contribution, taking into consideration the resources available to the group	Score	User involvement
5	The group has contributed extensively to economic, societal and/or cultural development in Norway and/or internationally.	5	Societal partner involvement is outstanding – partners have had an important role in all parts of the research process, from problem formulation to the publication and/or process or product innovation.
4	The group's contribution to economic, societal and/or cultural development in Norway and/or internationally is very considerable given what is expected from groups in the same research field.	4	Societal partners have very considerable involvement in all parts of the research process, from problem formulation to the publication and/or process or product innovation.
3	The group's contribution to economic, societal and/or cultural development in Norway and/or internationally is on par with what is expected from groups in the same research field.	3	Societal partners have considerable involvement in the research process, from problem formulation to the publication and/or process or product innovation.
2	The group's contribution to economic, societal and/or cultural development in Norway and/or internationally is modest given what is expected from groups in the same research field.	2	Societal partners have a modest part in the research process, from problem formulation to the publication and/or process or product innovation.
1	There is little documentation of contributions from the group to economic, societal and/or cultural development in Norway and/or internationally.	1	There is little documentation of societal partners' participation in the research process, from problem formulation to the publication and/or process or product innovation.

Methods and limitations

Methods

The evaluation is based on documentary evidence and online interviews with the representatives of Administrative Unit.

The documentary inputs to the evaluation were:

- Evaluation Protocol Evaluation of life sciences in Norway 2022-2023
- Administrative Unit´s Terms of Reference
- Administrative Unit's self-assessment report
- Administrative Unit's impact cases
- Administrative Unit's research groups evaluation reports
- Panel reports from the Expert panels
- Bibliometric data (*NIFU Nordic Institute for Studies of innovation, research and education*)
- Personnel data (*Statistics Norway (SSB)*)
- Funding data – The Research Council´s contribution to biosciences research (*RCN*)
- Extract from the Survey for academic staff and the Student Survey (*Norwegian Agency for Quality Assurance in Education (NOKUT)*)

After the documentary review, the Committee held a meeting and discussed an initial assessment against the assessment criteria and defined questions for the interview with the Administrative Unit. The Committee shared the interview questions with the Administrative Unit two weeks before the interview.

Following the documentary review, the Committee interviewed the Administrative Unit in an hour-long virtual meeting to fact-check the Committee's understanding and refine perceptions. The Administrative Unit presented answers to the Committee's questions and addressed other follow-up questions.

After the online interview, the Committee attended the final meeting to review the initial assessment in light of the interview and make any final adjustments.

A one-page summary of the Administrative Unit was developed based on the information from the self-assessment, the research group assessment, and the interview. The Administrative Unit had the opportunity to fact-check this summary. The Administrative Unit approved the summary without adjustments. ***(Adjust the text if the AU asked for corrections. Include the AU request and explain what adjustments were made).***

Limitations

(Choose one of the three options below and delete the others. Feel free to elaborate slightly if necessary. For example, if you choose option 3, explain the missing information. Note that the Committee can provide detailed feedback and suggestions on improving the evaluation in the Memorandum to the RCN. This section has to remain concise and only summarise whether the information was or was not sufficient.)

(1) The Committee judged the information received through documentary inputs and the interview with the Administrative Unit sufficient to complete the evaluation.

(2) The Committee judged that the Administrative Unit self-assessment report was insufficient to assess all evaluation criteria fully. However, the interview with the Administrative Unit filled gaps in the Committee's understanding, and the information was sufficient to complete the evaluation.
(3) The Committee judged that the Administrative Unit’s self-assessment report was insufficient to assess all evaluation criteria fully, and some information gaps remained after the interview with the Administrative Unit.

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