Forskningsrådet

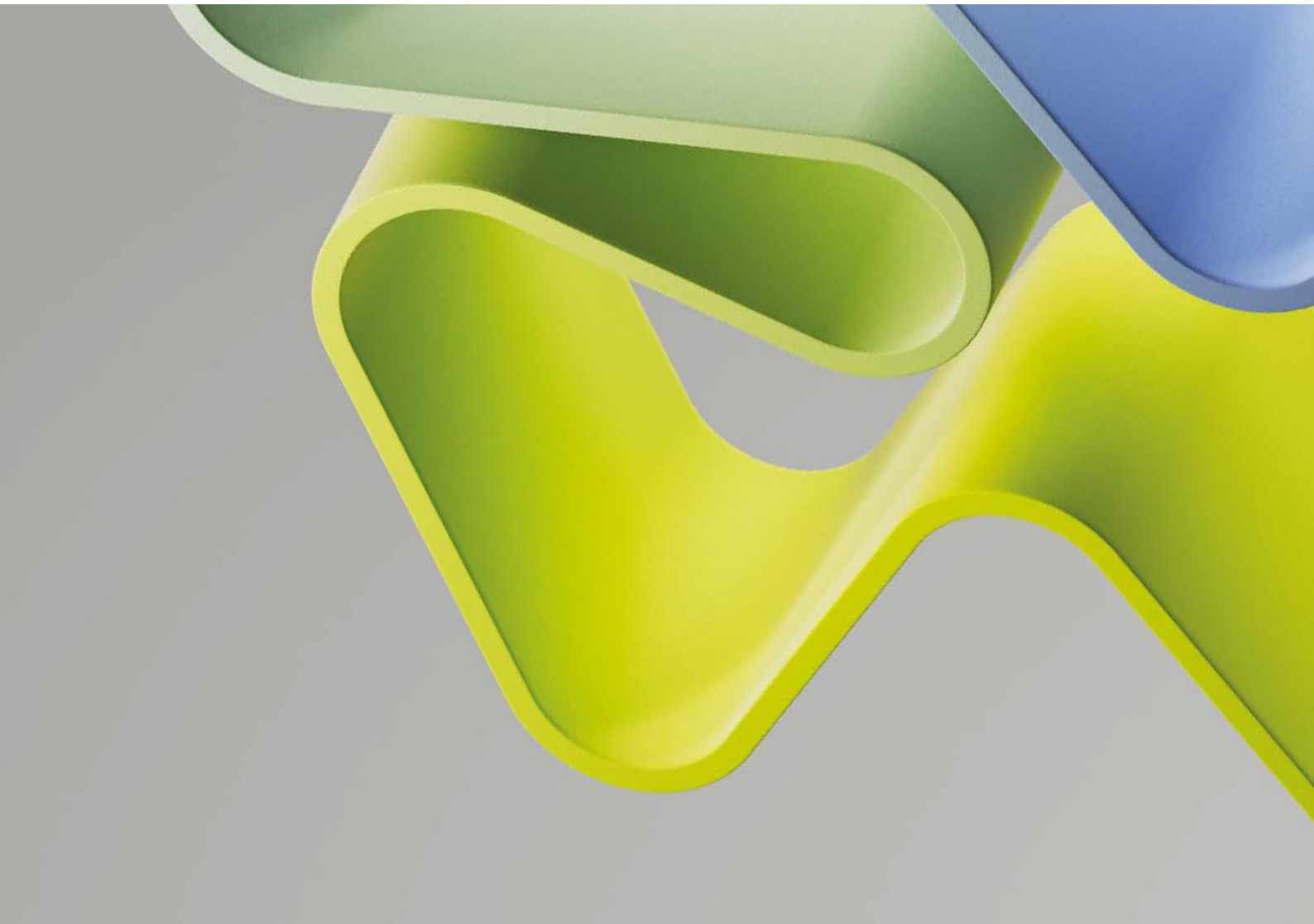
Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Department of Global Public Health and Primary Care
INSTITUTION: University of Bergen (UiB)

December 2024



Contents

Statement from Evaluation Committee Higher Education Institutions 4

This report is from Evaluation Committee Higher Education Institutions 4 which evaluated the following administrative units representing the higher education sector in the Evaluation of medicine and health 2023-2024:

- Faculty of Health Sciences and Social Care, Molde University College
- Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology (NTNU)
- Faculty of medicine and Health Sciences, NTNU, Norwegian University of Science and Technology (NTNU)
- Department of Clinical Dentistry (IKO), UiT Arctic University of Norway
- Department of Community Medicine, UiT Arctic University of Norway
- Department of Medical Biology (IMB), UiT Arctic University of Norway
- Faculty of Health and Sport Sciences, University of Agder (UiA)
- Department of Global Public Health and Primary Care, University of Bergen (UiB)

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 4. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

Evaluation committee Higher Education Institutions 4 consisted of the following members:

Professor Anja Krumeich (Chair)
Maastricht University

Professor John de Wit
Utrecht University

Professor Paul Hatton
University of Sheffield

Professor Marialuisa Lavitrano
Milano-Bicocca University

Professor Patrik Midlöv
Lund University

Professor Louise Torp Dalgaard
Roskilde University

Rebecca Babb, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

The Department of Global Public Health and Primary Care (IGS) at the University of Bergen conducts research and training across diverse disciplines and is organised into 19 research groups within seven sections, promoting academic autonomy and collaboration. Additionally, IGS hosts several specialised centres, operates two research schools for approximately 150 PhD candidates, and engages in innovation through partnerships with health services and private sector initiatives, providing resources for early-stage funding and networking opportunities. The research personnel at the department includes both permanent and temporary positions requiring doctoral competence, and includes 49 professors, 40 associate professors, and 13 postdoctoral researchers. Additionally, there are 13 researchers affiliated with externally funded research projects. The department also has 52 employed PhD students, six engineers, one head engineer and one head of department. Women represent a majority in all categories except among professors in which they represent 43 percent.

The Department of Global Public Health and Primary Care has submitted four research groups for evaluation: Bergen Centre for Ethics and Priority Setting (BCEPS), Section for epidemiology and medical statistics (EPISTAT), Centre for International Health (CIH) and Section for general practice (FAM).

The departments current research and innovation strategy runs from 2020-24. IGS aims to fulfil the UN's Sustainable Development Goals (SDGs), with emphasis on SDG3, "ensure healthy lives and promote well-being for all at all ages", through high quality inclusive research, innovation, and educational activities within global health, public health, and primary health care. Their research also supports SDG1 (no poverty), SDG4 (quality education), and SDG10 (reduced inequalities). IGS hosts two Centres of Excellence and manages key research infrastructures. They are considered pivotal and are the larger partner in the Alrek Health Cluster, promoting innovative solutions for health and health care, based on excellent research and education, arenas for practice development and cooperation. They also run two research schools and are adapting the medical curriculum to accommodate more students of which a share will be trained at decentralised campuses.

The department collaborates actively with large national and international networks within its three pillars: public health, global health, and primary care, and has a significant number of national and international co-authors in their publications. They focus on fostering equal partnerships by contracting and distributing research funds. The total budget in 2022 was 210 MNOK, of which 63 MNOK was base funding from the ministry and 147 MNOK was external funds for research. Of the latter, our international partners managed approximately 72 MNOK. The administrative unit is involved in national initiatives like research schools and research infrastructures and collaborates extensively with national institutions such as regional hospital trusts and the Norwegian Institute of Public Health. Internationally, they partner with universities in low- and middle-income countries such as India, Nepal, Pakistan, Uganda, Ethiopia, Zambia, and Tanzania, engage in collaborations with Nordic partners (e.g. Karolinska Institute, Aarhus University and Finnish Cancer Registry) for

example regarding health registry-based studies, and collaborate with prominent institutions like Harvard University and the University of Washington.

According to its self-assessment, in the future, the department may leverage its national and international networks within academia and the health sector, securing substantial research funding and benefiting from high-quality infrastructure and proximity to health institutions. Collaboration with non-academic institutions and user representation ensures practical research applications, while a good work environment and significant roles in medical education can enhance its academic influence. High media interest boosts visibility, and alignment with UiB’s strategy supports coherent goals. Challenges include high workloads affecting work-life balance, an underdeveloped innovation culture, administrative burdens, and limited EU funding applications. External threats like data access issues, marginalisation of non-capital institutions, and strategic changes could impact effectiveness.

Overall evaluation

IGS' dedication to tackle health inequities through transdisciplinary and applied research is very relevant and clearly described in ToR and SA, and as such aligns well with the University's Norwegian long-term plan for research and higher education. The strategies seem to be well supported by allocation of resources, policies and administrative structures at the university level. It was less, however, clear to the committee how and to what extend each of the department's different groups and sections contribute to the departments' work on local/national level or to its international research activities. Nor was it clear how each of these groups and sections contribute

Career development, mobility and research/teaching time are well organised, although the increasing time spent on administrative procedures needs attention. Since the merging of the previous centre for international health and the departments involved in public health and primary care research, the new department has a more robust organisation, including a strong administrative section. Moreover, insights from national-local public health and primary care research and findings can be applied in other parts of the world and vice versa (see also section 1.1). The department is facing some challenges, though, if it comes to overseas project spending, which impedes financial incentives within important funding streams. Moreover, tailored administrative support is required to manage these projects and align practices between partner countries and domestic requirements.

While the IGS's interdisciplinary focus is clearly and frequently mentioned, the self-assessment does not describe how collaboration, communication, prioritising and decision-making with regards to research topics, which research grants to apply for, what research collaborations to build, etc. is formally or informally organised and how the different groups/sectors have a voice in this. Nor was it clear if/how all groups and sections contributed to the department's output.

While IGS' acquisition capacity is well according to expectation it remains important to involve more researchers in external acquisition, especially as EU grants appear to align better with the department's interdisciplinary, applied ambitions. It also agrees that a more team-wise approach might be explored where some contribute in other ways than through grant acquisition per se.

IGS does not participate in international data infrastructures.

IGS participates in diverse national and international collaborations. A challenge is the complexity involved in international collaborations especially where this involves capacity building projects in low- and middle-income countries.

There was a concern regarding an apparently strong representation, possibly over-representation of women in all categories, except for the category "full professor". A second question concerned a disbalance between senior staff (a total of 89) and PhD and Postdocs (a total of 65) as indicated in the table presented in the SA. The number of PhDs (52) however, only included PhDs with a full position in Norway.

A well-established system seems to be in place, including a fund for OA publishing, but as indicated in ToR, processes related to research ethics sometimes lead to delay.

UiB has many policies and practices in place to ensure diversity and a safe work environment. These apply to IGs as well. It is not clear how effective these policies are and how they are evaluated and monitored, especially with regard to IGS.

Research at IGS seems well aligned with Institutional, sectorial and national objectives. Innovation and commercialisation have a well-established place in IGS research practices and it seems a well-established support system for innovation and commercialisation is in place. The nature of the output, however, remains based on the assumption that scientific knowledge and evidence based advise will finds its way into society by itself rather than via a complex process of translation that requires transdisciplinary and multisectoral effort.

IGS is involved in curriculum development and delivery at many levels, bringing in innovations in content (interdisciplinarity, coloniality) and educational approach (active learning).

Considering the impact cases IGS has a considerable and impressive track record of applied and socially relevant research projects. Except for some of the examples by the section “Centre for International Health”, however, most of IGS’ impact is primarily research based and largely traditional, with quite some focus on publication in international journals or reports. None of the impact cases mention any impact related to the innovation and commercialisation strategies employed by UiB (see section 4 of this report) and hardly of IGS’s engagement in translational or implementation research.

Recommendations

- Insights from national-local public health and primary care research, can be applied in other parts of the world and vice versa, insight and experiences elsewhere can have relevance for the local situation. Hosting these different foci gives the department a unique opportunity for crosspollination between research with a local focus (in particular in a welfare state such as Norway) and research with an international focus. it may be good to not only document, map and detail these opportunities more explicitly, but to use them more consistently as a base for innovation in research and research methodologies.
- Internationally the awareness of the need for interdisciplinary and applied research is growing. Therefore it is crucial to capitalise on the diverse, multidisciplinary environment of IGS. It is recommended to map the potential contributions of the different groups and to explicitly define policies and strategies that make full use of the potential for internal interdisciplinary networks. Not only for IGS itself, but also in the context of advocacy; as example and basis for new policies at national level. Exploration of possibilities to have an administrative and financial support system attuned to this and for overseas project collaboration might be considered.
- In line with the above IGS may explore the organisation of small (internal) networks in which individual researchers can take part in the development of proposal writing
- As infrastructure needs evolve, the committee recommends a periodic review and adaptation, of available and required infrastructure. The committee also recommends exploring opportunities to participate in international infrastructure in the context of possible (new) collaborations with international partners.
- The committee recommends working with all parties involved to develop and implement workable models to address the challenges that arise from the complexities international transdisciplinary collaboration as well as with of international collaborations. This may involve scaling up to the institutional level and possible to national level.
- Keep an eye on gender-parity and consider strategies that ensure a good balance, rather than strategies that favour recruitment of women.
- Make sure the ratio senior staff – PhDs/postdocs is well documented, providing clear insights in different constructions for PhD positions and the benefits and challenges this brings. Explore strategies for overcoming inequalities (if and where required) and further reflect on dilemma’s brought about by differences in PhD constructions.
- Consider evaluation and monitoring, especially with regards to its impact on recruitment and retention of staff, and ensuring diversity.
- Exploration of a more explicit, stakeholder/community based approach to translation of scientific evidence for application in society may be considered.
- A dialogue about definitions and practices of innovation and societal impact may be initiated among the different IGS groups in interaction with relevant stakeholders. Based on this more state-of-the-art policies and practices with regard these issues can be formulated and implemented.

1. Strategy, resources and organisation of research

1.1 Research strategy

IGS's current strategy runs from 2020-24, Aim is to fulfil the UN's sustainable development goals, in particular SDG3, through contributions to SDG 1,4, and 10). This strategy is fully aligned with the thematic area in "Health" in UiB's priority area "Global Challenges". IGS also plays an important role in achieving UiB's strategic vision to be among Europe's leading universities, internationally recognised for its high-quality research and education.

As written down in its ToR, IGS engages in high-quality interdisciplinary **global health** research, collaborating with institutions in low- and middle-income countries to build equal partnerships that enhance research capacity and innovation. The aim is to produce actionable research with a significant impact on health equity and health care practices worldwide, by building specific experience and expertise in project governance, management, and financing. With its research IGS also aims to strengthen the knowledge base for **public health**. To that end IGS engages in population-based and large-scale epidemiological studies to identify and understand the distribution and causal determinants of health, and their direct and indirect implications for public health. This includes a particular focus on social inequality as a determinant of health, for which a diverse array of methodologies is employed.

Thirdly, IGS is committed to enhancing **primary health care** both within Norway and on a global scale. IGS's research is committed to contribute to the integration of research into primary health care services and aims at achieving relevance in the domains of clinical practice, the organisation of primary health care, and health education.

IGS aims to conduct transdisciplinary research with a strong focus on applicability in order to tackle health inequities both on national as well as on global level. In this context it aims to fulfil SDGs 3 (ensuring healthy lives), 1 (no poverty), 10 (reduced in equalities) and 4 (quality education) through high quality research that assures success in securing national and international grants, and that impacts both national and international standards, models and policies for treatment and risk assessment. In addition, IGS's societal impact is also realised through its contribution to (innovations in) education of medical doctors which also prepares them for participation in IGS' applied and transdisciplinary research.

To further research at national level IGS host two centres of excellence (CISMAC and BCEPS), is responsible for research infrastructures such as PraksisNett and HRR, as well as for data surveys such as HUSK and BIOS. IGS also operates two research schools with +/- 150 PhD candidates and participates in national RCN financed schools. The cultivation of equitable partnerships with low- and middle-income countries is facilitated by a robust administration.

IGS's priorities are reflected in the way in which it makes funding and other resources available to its research staff, its administrative support systems, and announcement of new positions.

The committee's evaluation

IGS' dedication to tackle health inequities through transdisciplinary and applied research is very relevant and clearly described in ToR and self-assessment, and as such aligns well with the University's Norwegian long-term plan for research and higher education. The

strategies to achieve these are described in detail and seem to be well supported by allocation of resources, policies and administrative structures at the university level.

The IGS is the result of a merge between UiB's former Centre for International Health and the Primary care departments, meeting each other in its transdisciplinary and applied objectives to tackle health inequities. Strategies also include external collaboration at national and international level and appear to underlie IGS's success in securing national and international grants and the societal impact it seeks.

The self-assessment is not always clear about how and to what extent the described strategies, successes, outputs and challenges apply to IGS's work in Primary Care and Public Health in Norway or its activities in middle- and low-income countries, or to both. It was also less clear to the committee how and to what extent the department's different groups and sections contribute to the departments' work on local/national level or to its international research activities. For example, are these activities linked, do they overlap, do they mutually inform and support each other (academically and administrative), and thus also if, how, and to what extent resources, policies or administration systems as described in the self-assessment apply to or support these different activities. The interviews brought more clarity in that respect and IGS explained how the merger brought a stronger administrative section as well as a more robust organisation, that is (being) designed to make optimal use of the different groups and resources that were brought together through this merger. Insights from national-local public health and primary care research, for instance can be applied in other parts of the world and vice versa, insight and experiences elsewhere can have relevance for the local situation.

The committee's recommendations

- Hosting these different foci gives the department a unique opportunity for crosspollination between research with a local focus (in particular in a welfare state such as Norway) and research with an international focus. Such crosspollination may generate relevant new insights and research areas, and the committee suggests it may be good to not only document, map and detail this more explicitly, but to use it more consistently as a base for innovation in research and research methodologies.

1.2 Organisation of research

Research and research training at IGS cover a wide spectrum of disciplines and is organised within 19 research groups, each of which belongs primarily to one of seven sections. In addition, the department hosts several centres and groups, operates two research schools, participates in several national (RCN funded) research schools where it collaborates with other Norwegian universities and institutions and is the driving force behind the Alrek Health Cluster, a network built to enhance collaboration between health services, government, and private sector.

The seven sections are responsible for both research and education, thus allowing for a smooth connection between research and education. Research staff of all levels is involved in education and latest insights from research thus find their way into education. This also allows participation of medical students who opt for a "research track" in research projects via for instance their thesis projects, which then often lead to publication.

IGS established a career centre supporting young early researchers in career development and competence. At Faculty level annual career days involving career guidance and workshops in transferable skills are offered to PhD candidates and postdocs. The faculty of Medicine also requires a career development plan for Postdocs, which includes the possibility for individual consults with a research advisor. Female research staff enjoys favourable conditions with regard to research stay and research leave.

According to UiB guidelines staff spends 10% of work time on administration, 45% on teaching and 45% on research. Doctoral and postdoctoral candidates (when financed by faculty of medicine) spend 25% on “duty work” which often involves teaching, but must be relevant to the candidate’s career. Professors and Associate professor are entitled to a sabbatical year every six years (provided they have at least a 0,5fte position).

Mobility options include long and short-term visits during the sabbatical to research institutions abroad, funded by the UiB via the Meltzer foundation. The Faculty of Medicine also provides both UiB funded mobility grants for doctoral and postdoctoral fellows. The Faculty also allocates budget to support mobility for PhD candidates.

The committee's evaluation

The committee is very positive about the way career development, mobility and research/teaching time are organised, although the increasing time spent on admin may needs some attention. Since the merging of the previous centre for international health and the departments involved in public health and primary care research, the new department has a more robust organisation, including a strong administrative section. Moreover, insights from national-local public health and primary care research and findings can be applied in other parts of the world and vise versa (see also section 1.1). The department is facing some challenges, though, if it comes to overseas project spending, which impedes financial incentives within important funding streams. Moreover, tailored administrative support is required to manage these projects and align practices between partner countries and domestic requirements.

The committee recognises these issues, but also had some questions, however, with regards to synergy between IGS’ aims, mission and vision and the way in which the department ‘s research is organised. Central to the department’s mission/vision is the aim to tackle health inequities through interdisciplinary and applied health research. To that purpose the department hosts a wide spectrum of (discipline based) research groups organised in seven sections that should facilitate and allow for collaboration across and between these different groups. While the IGS’s interdisciplinary focus is clearly and frequently mentioned, the self-assessment does not describe how collaboration, communication, prioritising and decision-making with regards to research topics, which research grants to apply for, what research collaborations to build, etc. is formally or informally organised and how the different groups/sectors have a voice in this. Nor was it clear if/how all groups and sections contributed to the department’s output. During the interview this topic was extensively discussed, and this provided much insight in how abovementioned discussions take place at many different levels (via collaboration in teaching, via research advisors, discussion about what grant to apply for between head research and section heads, informally by being in same building, etc.), but some more reflection and detailing may be required.

The committee´s recommendations

- It is quite possible that the current structures for decisions making in in IGS’ interdisciplinary environment are clear and functional for those who work at IGS. However, as the need for and interest in interdisciplinary and applied research is growing, it may become more important to describe these structures and the way in which one organises true interdisciplinary collaboration more clearly and explicitly. Not only for IGS itself, but also in the context of advocacy; as example and basis for new policies at national level. Exploration of possibilities to have a administrative and financial support system for overseas project collaboration might be considered.

1.3 Research funding

The total budget in 2022 was 210 MNOK, of which 63 MNOK was base funding from the ministry and 147 MNOK was external funds for research. Of the latter, our international partners managed approximately 72 MNOK.

During the interview with ISG, it was pointed out that, because of the applied, interdisciplinary nature of ISG's research, international grants are becoming increasingly important. While national grants remain popular (which are less difficult to manage than EU grants), in the last year the EU was by far the most important source of new funding as it is easier to win an EU grants for applied interdisciplinary research. However, this brought along an important challenge: Only 10% of the researchers bring in 50% of external funding. To address this issue and to encourage the involvement of more researchers in acquisition of external grants, the department brings its department leadership, research advisors and the research group leaders together at regular intervals to find matches between the different calls and the expertise within the different groups. Matchmaking structures to enhance collaboration between individual researchers, is also considered as that might be the most effective way of involving researchers that are not involved yet in successful projects. Alternative performance strategies could be explored where staff members are not (only) assessed according to the traditional output criteria. Some may not be "fantastic grant winners", but have (equally important) contributions to the teams. Success in research (and acquisition of grants to fund it) is still considered most important by many, however. Finally it was pointed out that the developing of proposal in itself is a continuous process from which much can be gained even if an application is not immediately successful.

The committee's evaluation

While IGS' acquisition capacity is good, the committee agrees with the department's analysis that it is important to involve more researchers in external acquisition, especially as EU grants appear to align better with the department's interdisciplinary, applied ambitions. It also agrees that a more team-wide approach might be explored where some researchers contribute in other ways than through grant acquisition per se.

The committee´s recommendations

- Besides the "matchmaking" strategies the department is already employing, the organisation of small (internal) networks in which individual researchers can take part in the development of proposal writing and share in the success of winning grants could be considered. The committee also would like to encourage IGS to further explore how/when acquisition can be approached as the outcome of teamwork in which members each have their own roles and tasks in developing of a proposal, even if not immediately successful, has value of its own.

1.4 Use of infrastructures

IGS participates in 3 research infrastructures as indicated by the Norwegian roadmap for research infrastructures: PraksisNett (led by former IGS department head); HRR (led by IGS 2014-2019), but further developed by Directorate of e-health in HAP initiative, helsedataservice, and helsedata.no) and Biobank Norway (following recommendation from previous RCN evaluation in 2011, IGS led initiative to strengthen biostatistics and bioinformatics capacity for biobank research in Norway). IGS also participates in BBMRI-ERIC through Biobank Norway. IGS pays a share of the Norway BBMRI-ERIC membership fee.

Research infrastructure is prioritised at the faculty of medicine and is primarily consolidated in core facilities at the faculty, including IGS. It is fundamental principle for the faculty that all infrastructure should be made available in the best possible way for researchers, and

that the faculty contributes to the research community with up-to-date infrastructure. Core facilities are anchored in, and operated by, an institute on behalf of the faculty, following an approved operational model that involves a user fee for internal users, constituting approximately 25% of the actual costs. The faculty has a dedicated committee for core facilities that advises the faculty leadership and the institutes on matters related to core facilities and other advanced infrastructure. The faculty has also developed a strategy for research infrastructure, and it's its own roadmap for research infrastructure in line with the *Norwegian Roadmap for Research Infrastructure*.

UiB's policy for Open Science states that "UiB will promote open access to research data and the FAIR principles in national and international networks and collaborations." Data management plans (DMP) are an instrument to support good data handling practice throughout the whole research data life cycle. A DMP also includes how ethical aspects and sensitive data are managed. The University Library offers resource pages on open science and DMPs, as well as webinars and tailored courses by request.

The committee's evaluation

Participation in national infrastructures seems to provide adequate access for researchers and research groups. IGS does not participate in international data infrastructures.

The committee´s recommendations

- As infrastructure needs likely evolve, the committee recommends a periodic review and adaptation, as needed, of available and required infrastructure. The committee also recommends exploring opportunities to participate in international infrastructure in the context of possible (new) collaborations with international partners.

1.5 Collaboration

IGS is involved in extensive collaboration on a national level. This includes collaboration with trusts and academic hospitals, national research and or public health institutes, and municipalities. No project titles were listed as there would be too many to fit the space allotted.

Internationally, they partner with universities in low- and middle-income countries such as India, Nepal, Pakistan, Uganda, Ethiopia, Zambia, and Tanzania, engage in collaborations with Nordic partners (e.g. Karolinska Institute, Aarhus University and Finnish Cancer Registry) for example regarding health registry-based studies, and collaborate with prominent institutions like Harvard University and the University of Washington.

Sectors with which IGS collaborates include: Academia, Government, research institutes, universities, municipalities, registries, and international organisation (UN).

The committee's evaluation

IGS participates in diverse national and international collaborations. A challenge mentioned by IGS and extensively discussed during the interview is the complexity involved in international collaborations, with respect to application of Norwegian labour legislation and financial aspects of collaboration, and especially where this involves capacity building projects in low- and middle-income countries. While current debates around issues such as coloniality were not explicitly addressed in the self-assessment or the ToR, the IGS was happy to highlight how they pay attention to the issue at different levels. Coloniality is addressed thoroughly in the department's education programs, but also in its collaboration with partners from the Global South, which remains strongly focused on capacity building.

The committee's recommendations

- The committee recommends working with all parties involved to develop and implement workable models to address the challenges that arise from the complexities of international collaborations. This may involve scaling up to the institutional level and possible collaborating at the national level.

1.6 Research staff

IGS's highly international research staff consist of 175 individuals from 30 different countries who together constitute 118,5 fulltime scientific staff positions. Scientific personnel include 49 Professors (21 women), 40 Associate Professors (24 women), 13 researchers (10 women), 52 PhD fellows (34 women),13 Post Docs (9 women), 6 senior engineers (all women), and 1 head engineer (a woman). About 40% of research staff (with exclusion of PhDs and Post docs whose position is per definition temporary) has a temporary position.

Two issues were discussed during interview. The first concerned an apparent strong representation, possibly over-representation of women in all categories, except for the category "full professor". It is expected, however, this will change in a couple of years due to retirement. This new gender-disbalance could be associated with societal trends where girls tend to do better in at school. The department is considering applying policies for recruiting more women less strictly and in some cases even encourage men to apply for vacant positions.

A second question concerned a disbalance between senior staff (a total of 89) and PhD and Postdocs (a total of 65) as indicated in the table presented in the self-assessment. The number of PhDs (52) however, only included PhDs with a full position in Norway. However, the department is also involved in other PhD trajectories, for instance, some PhDs are appointed at one of the partner institutions, in particular in low- and middle-income countries. These PhDs were not included in the table. The department is facing a dilemma with regard to these constructions. Had these PhDs been appointed directly by a Norwegian Institute, they would have been subject to Norwegian labour laws which require them to be in Norway regularly and this brings a considerable risk of brain drain. These PhDs however receive the same support and education as those appointed in Norway.

It was acknowledged however that not all senior staff had similar number of PhDs, and that the low number of PhDs is a known phenomenon across Norway. it was suggested that the issue might need some further looking into.

The committee's evaluation

IGS may consider whether current issues regarding gender parity in its research staff may pose problems in the future. Based on the information in the self-assessment there seems to be a low number of PhDs and postdoc relative to number of full and associate professors. There is some unclarity about the status of about 100 other PhDs, who are attached to IGS but not considered staff, and if these are included the professor-PhD ration is sufficient.

The committee´s recommendations

- Keep an eye on gender-balance and consider strategies that ensure a good balance, rather than strategies that favour recruitment of women. If feasible: advocate for the promotion of research into performance of boys in education at national level.

- Make sure the ratio of senior staff, PhDs and postdocs is well documented, providing clear insights in different constructions for PhD positions and the benefits and challenges this brings. Explore strategies for amending (if and where required) and further reflect on dilemma's brought about by differences in PhD constructions.

1.7 Open Science

Specialised library teams provide training courses in open Access (OA) and are available for guidance and support on issues related to OA publication and OA to data. UiB participates OA publishing agreements and covers publishing costs involved through the OA Publication Fund. Scholarly articles submitted after December 1st 2022 are made available in UiB's institutional repository BORA (Bergen Open Research Archive) in accordance with UiB's rights retention policy. Other publications are made available in accordance with the copyright owner and publishers' archiving policies.

The UiB's Policy for Open Science is based on the EU's, Research Council of Norway's and the Norwegian government's open-science principles and states that research and research processes are to be "as open as possible, as closed as necessary". UiB's Data Protection Officer provides guidance on issues related to data protection and privacy issues in research and research projects.

IGS adheres to UiB's policy for open science, as is indicative from the According to the NIFU Bibliometric report, since 2018, more than 90% of all publications are open access. The share of Gold OA publications has increased, reaching 56.4 % in 2022.

Archiving and making the data openly available must be done in accordance with legal regulations on personal privacy, information security, business secrets and intellectual property rights (IPR). UiB also has a curated institutional research data archive, DataverseNO.

According to UiB's regulations for handling of personal data in research, data should be stored and analysed in SAFE (Secure access to research data and e-infrastructure), a solution for secure processing of sensitive personal data in research, developed by the IT division at UiB.

The UiB policy for open access states that "*all research projects lead by researchers at UiB will have a data management plan"*. UiB offers guidance on various aspects of research data handling and data management planning.

The use of data management plans is systematically implemented for projects where funding sources require it, but not otherwise. Safe handling of data is part of what should be included in a data management plan. This part is handled for all projects in RETTE, "risk and compliance in research projects", which is UiB's system for monitoring and control of the processing of personal data in research and student projects, and in DPIA (data protection impact assessment. So even though not all IGS projects have a separate document called "Data management plan", some of the elements included in such a plan are taken care of by other reporting systems.

The committee's evaluation

A well-established system seems to be in place, including a fund for OA publishing, but as indicated in ToR, processes related to research ethics sometimes lead to delay.

The committee´s recommendations

- The committee recognises that processes related to research ethics can lead to delays. We suggest initiating dialogue with those responsible for organising these processes to explore potential solutions and to see how processes and practices involved can be streamlined.

2. Research production, quality and integrity

Introduction

The administrative unit’s aim is to produce actionable research with a significant impact on health equity and health care practices worldwide, by building specific experience and expertise in project governance, management, and financing. This includes a particular focus on social inequality as a determinant of health, for which a diverse array of methodologies is employed. With its research the unit thus aims to strengthen the knowledge base for public health and engages in population-based and large-scale epidemiological studies to identify and understand the distribution and causal determinants of health, and their direct and indirect implications for public health. Translation of its transdisciplinary research findings for the betterment of primary health care services worldwide reflects the unit's mission to achieve relevance in the domains of clinical practice, the organisation of primary health care, and health education In Norway as well as in low- and middle-income countries.

Policies for research integrity include promotion of publication in open access and data projection and management. For research projects led by UiB staff a data management plan is required. The university offers support on various aspects of data handling and management planning.

2.1 Research quality and integrity

This part includes one overall evaluation of each research group that the administrative unit has registered for the evaluation. The overall assessment of the research group has been written by one of the 18 expert panels that have evaluated the registered research groups in EVALMEDHELSE. The expert panels are solely behind the evaluation of the research group(s). The evaluation committee is not responsible for the assessment of the research group(s).

Research group: Bergen Centre for Ethics and Priority Setting (BCEPS)

BCEPS prioritises high-quality research while emphasising societal impact, reflecting a commitment to academic excellence and relevance. Including normative perspectives in priority setting adds value to the discipline and practice, highlighting BCEPS' unique contribution. Its strong ethical theory and practice foundations enable BCEPS to make methodological contributions that would otherwise be challenging. BCEPS fosters interdisciplinary collaboration, resulting in well-coordinated research efforts and the integration of diverse perspectives. BCEPS is proactive in dissemination and communication, with plans to improve visibility through targeted training and engagement with media and policymakers.

Transitioning research prototypes into software products requires IT expertise and resources which are not readily available within the current organisational structure and funding framework. Rapid expansion has posed challenges in terms of organisational structure and administrative resources, highlighting the need for stability and a long-term perspective.

BCEPS has made significant strides in defining its role as an academic centre, focusing on foundational research with societal impact. Despite challenges such as resource constraints and organisational adjustments, BCEPS leverages its strengths in interdisciplinary collaboration, methodological expertise, and normative perspectives to contribute

The group received meaningfully to the field of ethics and priority setting in health. Through ongoing efforts to enhance visibility, communication, and policy dialogue, BCEPS aims to further solidify its position as a world-leading centre for research and innovation in healthcare ethics and priority setting.

Research group: Centre for International Health

The unit has a clear position and is surrounded by a strong and supportive institution and governance structure and hosts or contributes heavily to several centres in both education and funding derived from ancillary funding. The research portfolio of this group is very strong in several ways. The unit has a well-balanced breadth across diverse global health problems, while maintaining its focus to achieve international recognition in the global health aspects of HIV, maternal-child health and occupational health. These areas of strength also give it a platform for strong post-graduate education with collaborating LMICs. The unit is well funded from diverse sources, leads a diverse range of projects with diverse methodologies, ranging from clinical trials to observational studies and multi-component program grants. The unit also excels in publishing high impact papers in tier 1 and tier 2 journals; its societal impact is multi-faceted, and perhaps most obvious in their stimulation and influence of education for emerging scientists from low and middle-income country settings. Overall, the unit is competitive and impactful on the international level due to its breadth of science, productivity, and collaborations in education and research amongst LMIC partners.

Research group: Epidemiology and Medical Statistics

The group's organisation and administration seem very suitable for conducting its research activities. The group has a decentralised but seemingly cohesive strategy for its activities. The benchmarking seems comparatively humble. There seems to be an opportunity of increasing the contribution to education and supervision at master's and research level. The group's national and international collaboration is on an adequate level, given available resources. The research group has been very successful in attracting funding from international sources, while their share from RCN is comparatively low. The research group performs very well to the strategies of their host institution. The research group makes very important contributions to the international body of knowledge in their area, and to the advancement of research methodology in their discipline. The research group contributes very significantly to the internal collaboration in which they are involved, both in terms of infrastructure for this research and in terms of analytical and innovative skills. The societal impact of the group's research is deemed important as knowledge that could guide policy makers and individuals, both in Norway and internationally. The group has to some extent involved non-academic stakeholders in the research process.

Research group: General practice

In summary, this is a strong research group with considerable external funding, well placed in the department's mission of strong public health and general practice-oriented research. Research is on high level and very relevant to public health and primary care practice. They have good outreach and many contacts with regional and national stakeholders, for some activities, involvement of end users is reported. They have strong contacts with other

national likeminded research environments, though international contacts seem more to be on research and teaching collaborative initiatives.

The committee´s comment to the assessment of the research group(s)

The expert panel's evaluation of four of the research groups is very positive with regard to the quality of these groups' research and research output as well as for the institutional support for their research. The panel was also generally positive about the groups' societal impact, although less than for output and organisation. The panel's recommendations included suggestions related to this, as well as recommendations with regard to further extending international collaboration and international grant application.

3. Diversity and equality

There are four university and faculty level policies and actions plans in place to protect against any form of discrimination and to promote diversity at IGS. These are the action Plan “Diversity, inclusion and equal opportunity 2023-2025" (UiB); “The policy for bullying, harassment and conflict” (UiB); the “Diversity, inclusion, and gender equality plan 2023-2025" (Faculty of Medicine); and the “Health, safety, and Environment action plan 2023-2026" (UiB)

The committee's evaluation

UiB has many policies and practices in place to ensure diversity and a safe work environment. These apply to IGS as well. It is not clear how effective these policies are and how they are evaluated and monitored, especially with regard to IGS.

The committee´s recommendations

- Consider evaluation and monitoring, especially with regards to its impact on recruitment and retention of staff, and ensuring diversity.

4. Relevance to institutional and sectorial purposes

The Ministry for Research and Education has defined four overall goals for Higher Education Institutions (HEI) 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 way in which IGS contributes to these goals is outlined below.

IGS's strategy is well aligned within the HEI goals of providing high quality and accessibility in research and higher education. IGS is specifically contributing to the thematic area health, an imperative part of welfare in the society. In 2014, the HealthCare21 strategy was launched based on efforts from many researchers nationally, including IGS. An IGS professor led one of the five working groups, "The knowledge system". Results from this strategy was a strong emphasis on research for primary care and global health, which has later been followed up by national health and research authorities.

IGS is organised in sections that are responsible for both education and research. We believe this contributes to the HEI goals by smoothing the coordination between education and research, and by creating an environment where our students are exposed to an active research environment. Furthermore, IGS has a long tradition for emphasis on faculty development in pedagogics, including practice-based training and research-based teaching. Thus, in 2021, when the Faculty of Medicine appointed the first six educators in the new excellency of teaching programme ("*merittert underviser*"), all six were IGS employees. Substantial efforts are made to keep up the quality of decentralised practice-based training.

Educators at IGS are actively working to develop the quality of education through empirical and theoretical research on established study programmes, especially medicine and pharmacy. This research addresses professional identity formation, patient-centred medicine, students' mental health, student-active educational methods, and the quality of workplace learning during practice periods.

IGS contributes significantly to increased access to education. First, IGS operates two research schools with approximately 150 active PhD candidates. Secondly, master students from our master programs are introduced to research and research training through their course work and master thesis. Thirdly, the medical school at UiB is currently adapting the curriculum to the uptake of more medical students and increased use of distributed campuses. IGS, as the main responsible unit for learning goals related to primary care and global health, is heavily involved in this development. We contribute to ensure that academic staff working at decentralised campuses have an active research portfolio within these subjects. Finally, IGS contributes to continuing education (of health personnel) by offering health personnel a continuing education master programme in health management, quality improvement and health economics, and a programme of continuing education in digital health, in addition to continued medical education (CME) for doctors.

IGS aligns with UiB's equality action plan and the medical faculty action plan with the core theme *everyone is welcome* to express the vision for ensuring diversity, equality, and inclusion at the faculty (link in Table 8-3). Furthermore, in one of our master programmes, the master's programme in global health, we have been offering potential students from

LMIC scholarships to increase their access to a high-quality master programme tailored to prepare candidates for work in global health settings. A high proportion of the candidates who are enrolled and qualify for the degree are from low- and middle-income countries. IGS researchers at the Centre for International Health have established several joint PhD degrees with universities in low-income countries, to strengthen capacity in research through collaborative partnerships. IGS emphasises sustainable partnerships with research and higher education institutions in LMIC. In this respect, we contribute to the solidity of the higher education sector and research system.

In relation to practices for innovation and commercialisation, IGS aims to:

- Include industry partners into the development of research projects;
- Maintain a presence in incubator environments (Eitri Medical Incubator);
- Initiate and participate in project proposals under calls for innovation, national and international;
- Hold a membership in the Bergen Chamber of Commerce and Industry;
- Foster interdisciplinary and transdisciplinary collaboration within and outside the department, i.e., employing specialists from outside the medical field in order to engage new ideas and ways of thinking;
- Network with political entities (e.g., within embassies) to drive innovation internationally;
- Include students at bachelor, master, and PhD level in innovation activities.

When a researcher identifies the innovation potential in the research project, they contact VIS Innovation/TTO and the faculty's innovation advisor for early clarification of the potential and IPR opportunities. If VIS Innovation recommends the project, it is included in the TTO portfolio and developed, financed by UiB's funding from Service Purchase Agreement with VIS and external funding. UiB has made available an Innovation Handbook to guide researchers and advisors on how to foster, scale, and accelerate innovation across UiB. The Innovation Handbook is only available on UiB's internal network or by VPN connection.

The research staff at IGS are highly motivated to innovation activities that may promote the goals of creating equitable and high-quality health services nationally and internationally. Working inter- professionally, including user representatives and students in research and working closely with external partners from hospitals, primary care or private sector all contribute to the department being a highly innovative research hub. While commercialisation is one possible end point of the department´s innovations (see Table 10), service innovation, ground-breaking research structures and projects, and excellent education are others. The department's placement in the Alrek Health Cluster has increased the staff's focus and motivation for innovation.

UiB and the Faculty of medicine have several policies in place to enhance and facilitate innovation and commercialisation. Moreover, IGS has a dedicated innovation leader who is part of the department's management team and the Faculty's Innovation Leader Forum. The forum is led by the Vice-dean for Innovation. IGS has access to two dedicated innovation advisors at the medical faculty and several innovation advisors and legal advisors at UiB's central Division of Research and Innovation. Researchers who are interested in developing their ideas and network in an innovation environment can use resources in Eitri Medical Incubator. Researchers and students can apply for early-stage innovation funding through UiB's in-house verification programs, UiB Ide and UiB Early Idea. As of 2023 the Faculty of Medicine also awards prices for Innovation of the Year. The department's place in Alrek Health Cluster and its closeness to other partners within and outside the university is also an important promoter for innovation at IGS. The success of

these policies and activities is illustrated in an extensive table overviewing IGS many successes, ranging from vaccine patent, to pandemic preparedness centre, a priority setting tool for Middle income countries, a device for taking samples of intestinal matter, and many more.

The committee's evaluation

Research at IGS seems well aligned with Institutional, sectorial and national objectives. Innovation and commercialisation have a well-established place in IGS research practices and it seems a well-established support system for innovation and commercialisation is in place. Its considerable output is detailed in table 10 and includes examples from the three foci (Global Health, Public health and Primary Health Care) as described in the ToR. The nature of the output, however, remains based on the assumption that scientific knowledge and evidence based advise will finds its way into society by itself rather than via a complex process of translation that requires transdisciplinary and multisectoral effort.

The committee´s recommendations

- Exploration of a more explicit, stakeholder/community-based approach to translation of scientific evidence for application in society may be considered.

4.1 Higher education institutions

As main responsible for integration of learning goals related to primary care and global health, IGS is heavily involved in the UiBs medical school's curriculum revision. ITG also brings in discussions about issue related to coloniality.

Master and PhD-level courses are given by IGS researchers who teach based on the latest results, methods, techniques, and practices in their respective fields. IGS operates two research schools hosting approximately 150 active PhD candidates: The Research School in Public Health and Primary Health Care and the CIH-CISMAC Research School. Additionally, IGS participates actively in several national research schools funded by RCN (e.g., The Norwegian Research School in General Practice and Norwegian Research School of Global Health) and IGS's contribution consists of offering courses, summer schools, and seminars etc. for the participating PhD candidates.

IGS regularly hosts the scientific leadership for the Bergen summer Research school for PhD students attracting around 100 international PhD candidates annually for 6-10 credit courses. These courses are multidisciplinary and influenced by our global health research.

IGS is also leading other PhD courses in domains within global and public health and has periodically funding for so called "National PhD schools", like EPINOR. IGS's organisation of research within research groups and centres is well suited to receiving candidates at the PhD and master's levels.

In addition, IGS contributes to common meeting places for the candidates by organising the department's research day and joint seminars for all its research groups and centres. Researchers at IGS lead FREMFARM and PROFMED, two DIKU/HKDir-financed projects in "student active learning". In both projects new teaching methods are tried out and followed up with research, conference presentations, and publications. One postdoc and one PhD student conduct research with a focus on quality in teaching and assessment.

In terms of opportunities for master students to become involved in research activities at the administrative unit. Students may choose to write a scientific paper as their master's thesis, and such papers are often published.

Master students take part in research projects run by staff members at IGS, e.g., designing their own qualitative or quantitative subprojects or assisting with quantitative data collection and/or analysis for the larger project, often in collaboration with other institutions in Bergen, Norway, and abroad. Students may choose to write a scientific paper as their master's thesis, and such papers are often published.

Medical students are often involved with our research, either via a "research thesis" they must submit in the fifth year of medical school or via the Research track-program, which enrolls students who participate in research activities in parallel with medical studies. Upon completion of their medical degree, Research track students are prioritised for PhD positions at the faculty.

The annual student conference at Alrek health cluster serves as a hub for students, professionals, and academics. The student conference is a special opportunity for students to present their work, for professionals in the workforce to network with individuals who will address future health and care concerns, and for bachelor's students to find motivation for their master's. The student conference was awarded with the medical faculty's main price for education in 2021.

The committee's evaluation

IGS is involved in curriculum development and delivery at many levels, bringing in innovations in content (interdisciplinarity, coloniality) and educational approach (active learning).

The committee´s recommendations

- Some concrete examples of course development and delivery might have underscored and illustrated IGS' important contribution to education.

5. Relevance to society

Introduction

While IGS's strategies contribute to the faculty's and the University's strategies regarding internationalisation, and while they aim to contribute to the achievement of UN's SDG's, IGS' relevance for society is diverse and can be identified at many levels.

Besides publication of important findings from applied research in high impact journals, expected to impact public health and primary care across the globe, the SA report also mentions how IGS projects have had an important contribution to the training of future health professionals and researchers who can play a role in strengthening (building blocks of) health care systems in low- and middle-income countries.

IGS research has led to several recommendations for better clinical practice (assessment, treatment, relationship professional user) some of which found their way in national and international standards and protocols. Moreover, IGS researchers have participated in advisory boards for policy makers or directly in policy making bodies. Finally, research results have been picked up by media and led discussion (even at parliamentary level) in several European countries and countries in the Global South.

This is a considerable and impressive track record. But, except for some of the examples by the section "Centre for International Health", most of IGS' impact is primarily research based and largely traditional. There is no mention of any impact from the innovation and commercialisation strategies employed by UiB (see section 4 of this report) nor of particular strategies with regard to communication with public or other stakeholders or their involvement in research, or IGS's engagement in translational or implementation research.

The committee`s comments on impact case 1 – Post-discharge malaria prevention in children (PDMC)

The findings of randomised controlled trials in Kenya and Uganda, compared with other relevant studies on post-discharge malaria prevention in children (PDMC) confirmed the potential benefit of different antimalarials used post-discharge in high-risk populations, including children. Findings contributed to revision of WHO Guidelines recommending including PDMC in prevention strategies for children with severe anaemia living in areas of moderate-to-high transmission after they are discharged from a hospital, when they are at high risk of re-admission. Moreover, Malawi, Uganda, Kenya and Benin initiated and championed the process of adopting and implementing the new guidelines. Beyond the interaction with the WHO, the consortium's policy-engagement group had also been involving national decision-makers throughout the research period, especially in the countries hosting research sites. Six articles/research reports were published.

The committee`s comments on impact case 2 – Cardiovascular Disease in Norway 1994-2014 (CVDNOR)

The Cardiovascular Disease in Norway (CVDNOR) project was initiated to study burden and trends over time in CVD occurrence and prognosis, provide CVD endpoints for national and regional health surveys conducted throughout Norway, and facilitate studies of the impact of known and potentially new risk factors in CVD occurrence. Using a system called FS (Forskning i Sykehus = Research in hospitals) developed by Tomislav Dimoski at the NIPH, the project extracted retrospectively information on all hospital stays with a CVD, diabetes or congenital malformations of the circulatory system code diagnoses, as well as all related procedures (diagnostic or treatment) performed from Patient Administrative

Systems (PAS) from all Norwegian somatic hospitals from 1994 to 2009. Later the data were expanded with data from the Norwegian Patient Registry from 2009 to 2014.

The research informed a Norwegian risk model for acute cerebral stroke and myocardial infarction which is implemented in national guidelines for primary prevention of CVD. The project was also a cornerstone for the development of a national CVD register. The project provided for the first time unique, nationwide data on CVD over two decades in Norway (1994-2014). 11 PhD dissertations were based on this project. Further, the data were used to develop a Norwegian risk model for acute cerebral stroke and myocardial infarction which is implemented in national guidelines for primary prevention of CVD. The project was also a cornerstone for the development of a national CVD register. Six publications in international and national journals were listed; 2023, 88 papers using data from the CVDNOR project have been published in international peer-reviewed journals

The committee`s comments on impact case 3 – Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of- hours care: a registry-based observational study in Norway

Continuity of care in general practice is shown to increase patient satisfaction, improve health, and contribute to more efficient use of total health care. However, when holding different policy goals against each other access has often been prioritised over continuity of care. In the research environment, there has been a focus on the utilisation of health care with continuity of care as one main pillar. Research was conducted with the aim to increase knowledge regarding continuity of care and analyse the association between longitudinal continuity with a named regular general practitioner (RGP). The duration of the RGP-patient relationship (I.e. being listed to the same RGP) was used as an predictor for the use of OOH services, acute hospital admission, and mortality in 2018. The research led to a publication of the study that was covered by media and led to high level political discussions in several European countries

The committee`s comments on impact case 4 – Kangaroo Mother Care to enhance the survival of low birth weight infants

This study in India indicated that promoting home-based (or community- initiated) kangaroo mother care (ciKMC) to babies with low birth weight can substantially and equitably increase their survival over the first 6 months of life, while also reducing risk of illnes and maternal post-partum depressive symptoms. Being by far the largest of its kind, the high-quality trial contributed important evidence to a systematic review and meta- analysis which constituted the base for the new 2022-WHO recommendations for care of preterm and other low-birth-weight infants. Moreover Health economic evaluations indicated that ciKMC can substantially reduce the cost of care-seeking, the risk of impoverishment of households, and may thus offer financial risk protection.

The committee`s comments on impact case 5 - Disease Control Priorities – Ethiopia (DCP-E)

The overall aim of DCP-E was to establish a participatory, inclusive and evidence-based prioritisation process. Within this context research activities took place with differing aims:

1) To summarise and synthesise evidence of the effectiveness of global health interventions;
2) To provide comparative economic evaluation of policies;
3) To generate an evidence base that informed the development, design, and recommendations for Ethiopia's current essential health services package;
4) To measure progress towards universal health coverage by national and subnational analysis in Ethiopia, by supporting decision makers to save lives, by cost-effectiveness analyses for priority setting.

DCP-E, successfully delivered on its two objectives: DCP-E provided input, through research and evidence led by Ethiopian researchers, to the revision of the Essential Health Services Package (EHSP) for the Ethiopian health sector. BCEPS, Bergen Centre of Ethics and Priority Setting, through this project, helped develop priority-setting capacity in Ethiopia through 7 master's degrees and 2 PhD degrees for civil servants recruited from and for the Health Economics and Financing Case Team in the Ministry of Health.

DCP-E has had societal impact by concretely shaping key policies and four policy documents (2019-21) in Ethiopia. Reference list 6 policy report, and articles in international peer reviewed journals.

Appendices

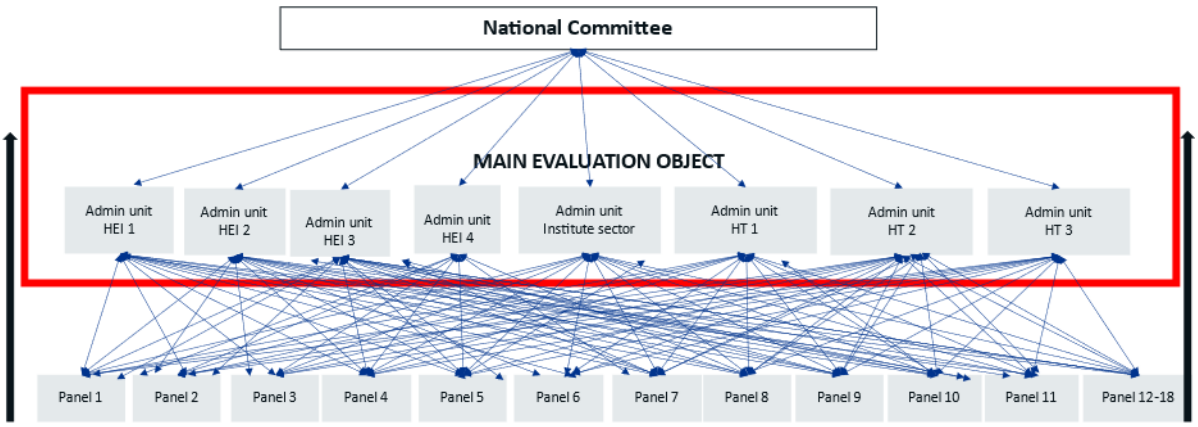
Evaluation of Medicine and health 2023-2024

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

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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.

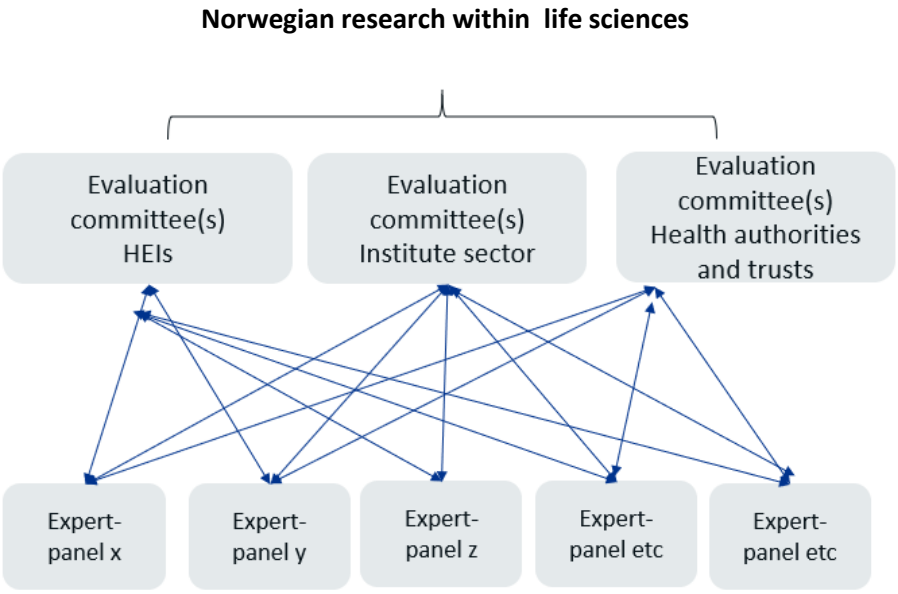

Figure 1. Evaluation committees and expert panels

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
UiB	Department of Global Public Health and Primary Care	Bergen Center for Ethics and Priority Setting	Panel 4c
UiB	Department of Global Public Health and Primary Care	Centre for International Health (CIH)	Panel 4f
UiB	Department of Global Public Health and Primary Care	EPISTAT	Panel 4e
UiB	Department of Global Public Health and Primary Care	Section for general practice (FAM)	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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